Inclusive Education: Availability of Support Outside The School in Front-Line Communities of Ukraine

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ABSTRACT:
Inclusive education in war conditions depends not only on the resources of the educational institution, but also on the availability of a wider system of support for the child and the family. The aim of the study was to compare inclusiveness profiles of five frontline communities in Kharkiv Oblast, to identify differences between parents' and professionals' assessments and to identify barriers affecting children with disabilities and/or special educational needs' access to education and socialization opportunities. The study had a mixed design and combined a questionnaire survey of 993 respondents — parents of children with disabilities and/or special educational needs, parents of other children and professionals — with 10 focus group interviews involving 62 people. Comparisons were made between communities and between three groups of respondents. The most balanced inclusiveness profile was found in the Pisochyn community, the highest estimates of target families — in the Kegichiv community, while the largest intergroup differences were recorded in the Lyubotyn community. In all communities, experts rated inclusiveness higher than parent groups. The institutional and social dimensions were generally rated higher than the spatial security and participatory dimensions. Qualitative data showed that the main obstacles are fragmented support, the difficulty of finding information, transport and security barriers, limited socialization opportunities for children and insufficient participation of parents in decision-making. The results show that inclusive education is appropriate to consider as part of a local support ecosystem in which education, social and rehabilitation services, transport, safe infrastructure and parental participation mechanisms should be linked in a family-accessible route.

Keywords: inclusive education, children with disabilities, special educational needs, local support ecosystem, territorial community, Ukraine, war

1. Introduction

Today, inclusive education is viewed not merely as the joint learning of children in general education settings, but as a systemic transformation of the educational environment aimed at removing barriers and ensuring access, full participation, and support for all students. This understanding is based on Article 24 of the UN Convention on the Rights of Persons with Disabilities and was further developed by the UN Committee on the Rights of Persons with Disabilities in General Comment No. 4 on the right to inclusive education (United Nations, 2006; Committee on the Rights of Persons with Disabilities, 2016), and is further elaborated in contemporary scholarly publications on inclusion (Booth & Ainscow, 2011; UNESCO, 2020; Ainscow, 2020). Mitchell (2015) emphasizes the multidimensional nature of inclusive education, while Florian (2014) points out that a child's mere presence in a general education classroom does not in itself indicate their full participation in the educational process. Proponents of the ecological perspective view educational engagement as the result of the interaction between the family, school, peers, social services, and the local environment (McLinden et al., 2018). A review by Bani Odeh and Lach (2024) also shows that barriers to education for children with disabilities can arise at various levels—from the family and school levels to the institutional and community levels. According to this logic, the formal existence of an educational service does not necessarily mean it is actually accessible if, for example, the parents of a child with a disability are unaware of it, cannot travel with their child to the location where it is provided, or do not have a clear path for seeking assistance. Therefore, assessing educational inclusion must take into account not only the actual availability and organization of instruction but also a broader set of conditions that make a child's participation in the educational process truly possible. To examine these gaps, the analytical framework of the access model developed by Levesque et al. (2013) – which distinguishes between the availability of services and a user's actual ability to access them – may be useful.

It is also important for research in this area to take into account the differences in the perspectives of participants in the local support system. Parents of children with disabilities and/or special educational needs assess the system through their daily experiences of seeking information, accessing services, overcoming transportation and spatial barriers, and organizing their child's education. Professionals tend to focus on available resources, professional practices, and the organizational capabilities of institutions. Parents of other children represent a broader public perception of inclusion and demonstrate the extent to which inclusive practices are visible beyond the circle of their immediate users. That is why comparing these perspectives provides more insight into the actual state of educational inclusion than a separate survey of any single group.

Research by Ukrainian scholars shows that the development of inclusive education depends not only on regulatory frameworks but also on local capacity, the training of specialists, partnerships with families, and alignment between policy and practice (Loreman et al., 2016; Bocharova, 2020; Martynchuk et al., 2021; Telna et al., 2021). Even before the full-scale war, researchers had highlighted the uneven distribution of resources, organizational challenges, physical and informational barriers, as well as the dependence of the quality of inclusion on collaboration between educational institutions, professionals, and families.

The war has significantly altered the conditions for learning and access to support for children with disabilities and/or special educational needs. Remote learning formats allow education to continue but can simultaneously exacerbate social isolation; a service that is formally available may remain inaccessible due to transportation difficulties, damaged infrastructure, or the lack of safe shelter. Studies of the wartime period document an increased professional workload for specialists, complications in the operation of inclusive resource centers, uneven access to specialized support, and psycho-emotional risks for children with disabilities and/or special educational needs and their families (Velykodna

et al., 2023; Sushko & Prokhorenko, 2024; Nabochenko et al., 2024; Dovhopola et al., 2024; Bondar et al., 2026). Under these circumstances, the local level becomes particularly important for understanding the extent to which inclusion actually works in the daily lives of children and their families, rather than being merely declared in formal reports and political statements. Existing studies primarily focus on individual components of the issue: the organization of the educational process, the work of inclusive resource centers, the professional workload of specialists, the psychological well-being of children, or the experiences of families. Much less attention is paid to how these components interact at the local community level, where a child's access to education depends simultaneously on the work of the educational institution, interaction with the family, the availability of social and rehabilitation services, transportation, safety infrastructure, and parents' ability to influence decisions affecting their children's lives. In this article, community inclusivity is viewed as a set of conditions that determine the actual access of children with disabilities and/or special educational needs to educational services. Taken together, these interrelated conditions are viewed as a local support ecosystem that brings together educational institutions, families, social, medical, and rehabilitation services, transportation and safety infrastructure, and mechanisms for parental participation in community decision-making. The purpose of this article is to compare the inclusivity profiles of five communities in the frontline region of Kharkiv Oblast, identify differences in the assessments of three groups of respondents—parents of children with disabilities and/or special educational needs, parents of children without disabilities and without special educational needs, and specialists — and to identify the barriers affecting the access of children with disabilities and/or special educational needs to education and socialization.

2. Methodology

The study was conducted from January to May 2026 in the Slobozhanska, Vysochanska, Pisochynska, Lyubotynska, and Kegychivska communities of the Kharkiv region. A mixed-methods comparative design with an explanatory sequential logic was employed: the quantitative phase was used to identify differences between communities and groups, while the qualitative phase was used for an in-depth interpretation of the causes and everyday context of these differences. Comparisons were made at two levels: between communities and between three groups of respondents—parents of children with disabilities and/or special educational needs, parents of children without disabilities and without special educational needs, and professionals in the educational, social, medical, rehabilitation, and related fields who provide services to children with disabilities and/or special educational needs. This made it possible to compare the direct experiences of the target families, the broader parent community's perceptions of inclusion, and the professional perspective on the local support system. A total of 993 respondents participated in the questionnaire survey: 136 parents of children with disabilities and/or special educational needs, 630 parents of children without disabilities and without special educational needs, and 227 specialists. The sample was distributed among communities as follows: Slobozhanska—123 respondents (21; 78; 24 across the three groups), Vysochanska—127 (34; 64; 29), Pisochynska—65 (25; 17; 23), Lyubotynska—119 (23; 54; 42), and Kegychivska—559 (33; 417; 109). Parents of children with disabilities and/or special educational needs were treated as a single analytical group in the study; the study design did not provide for a separate analysis based on the presence of an officially recognized disability or special educational needs alone. The sample was purposeful and non-probability-based, largely due to the conditions under which the study was conducted in a frontline region, limited access to certain population groups, and uneven recruitment opportunities across different communities. Participants included adults who lived or worked in the respective communities and had experience that aligned with the study's objectives. Recruitment was conducted through educational institutions, local government

bodies, professional networks, project events, social media, and other local communication channels. This method of sample selection does not allow for statistical generalization of the results to the entire population of the studied communities; however, it does enable a comparison of the experiences and assessments of groups directly involved in issues of inclusivity.

A separate questionnaire was used for each group of respondents. At the same time, all questionnaires included a common set of questions used to assess five key dimensions of community inclusiveness. The institutional dimension addressed the extent to which children with disabilities and/or special educational needs and their families can access necessary information and services within the community, how clearly the process of seeking assistance from relevant institutions is organized, how interactions with specialists take place, and whether the support provided meets the actual needs of the children and their families. The spatial and safety dimension covered the physical accessibility of buildings and public spaces, the ability to move freely throughout the community, use transportation, and access safe shelters. The social dimension reflected the level of acceptance by community members of children with disabilities and/or special educational needs, the attitudes toward them on the part of other children and adults, as well as opportunities for communication, shared leisure activities, and social interaction. The participatory dimension characterized the opportunities for parents of children with disabilities and/or special educational needs to express their needs, participate in discussions regarding decisions affecting their children, and receive feedback from local government bodies. The subjective dimension reflected the overall sense of support, acceptance, and inclusion in community life.

The main indicators were assessed on a five-point scale. Sub-indices were calculated as the averages of the corresponding indicators from the common section of the questionnaires; their composition was determined by the study's theoretical model and the content-based alignment of individual items with a specific dimension of inclusivity. The composite index was calculated as the average of the institutional, spatial-security, social, and participatory sub-indices, while the subjective dimension was used separately as an additional interpretive indicator. The indices were used as descriptive composite indicators and were not considered psychometrically validated scales. For interpretation, the range of the five-point scale was evenly divided into three intervals: 1.00–2.33—low, 2.34–3.66—medium, and 3.67–5.00—high levels of inclusivity. For a generalized comparison of community profiles, an unweighted average of the three group scores ( ) was additionally calculated; each group was assigned equal weight regardless of the size of the corresponding subsample. This indicator was used not as a measure of the prevalence of a particular level of inclusivity among the community's population, but as a way to compare the three perspectives with equal analytical weight. In addition to the common section, the questionnaires included additional thematic questions tailored to the position of each group of respondents within the local support system. The questionnaire for parents of children with disabilities and/or special educational needs focused on actual use of services, unmet needs, the child's learning and socialization conditions, and experiences interacting with institutions. Parents of children without disabilities and without special educational needs were asked about their awareness of inclusive practices, their attitudes toward inclusion, their children's actual experiences of interaction, and their perceptions of community conditions. The questionnaire for professionals covered issues related to service organization, resource provision, interagency coordination, professional workload, and barriers in the work of institutions and professionals who provide support to children with disabilities and/or special educational needs. This structure of the assessment tools made it possible to compare assessments of common measures of inclusivity while also analyzing the specific experiences of each group of respondents.

The quantitative data obtained from the questionnaire survey were analyzed using

descriptive statistics: frequencies, absolute values, mean scores, and indices. To compare the positions of the three groups, differences between the mean values of the integrated index were calculated: between professionals and parents of children with disabilities and/or special educational needs; between professionals and parents of children without disabilities and without special educational needs; and between the two parent groups. These differences were used descriptively to analyze the pattern of intergroup differences. Given the purpose-driven nature of the sample and the non-uniformity of the subsamples, the results do not claim to be statistically representative of the entire population of the communities studied or of all communities in Ukraine. The qualitative phase of the study included 10 focus group interviews—two in each community. A total of 62 people participated: 27 parents of children with disabilities and/or special educational needs, and 35 professionals who work with such children and their families. The data were analyzed thematically. The initial thematic matrix was based on five dimensions of inclusivity and the study's key thematic areas; at the same time, recurring themes that emerged in participants' statements were identified during the analysis. The main focus was on the accessibility of services, finding information and pathways for seeking assistance, transportation and safety barriers, support for families, opportunities for children's socialization, parental involvement in decision-making, and interaction with local institutions and services. Comparisons were made between communities and between parental and professional perspectives. Qualitative data were used to interpret the survey results, including differences between communities and discrepancies in the assessments of various groups of respondents.

Participation in the study was voluntary. Before the survey began, respondents were provided with information about the purpose, content, and format of the study; how data would be processed and used; measures to ensure confidentiality; and their right to refuse to answer specific questions, decline to participate, or withdraw from the study at any time without any negative consequences. After receiving this information, participants gave their consent to participate in the study. Participants could, if they wished, provide their contact information separately for possible participation in a focus group interview. Before the focus groups began, participants were also informed about the purpose and topic of the study, the format of the group discussion, the possibility of recording, the subsequent processing of materials, and the confidentiality rules. Focus groups were recorded only after obtaining the participants' consent. Participation in the focus groups was voluntary; participants could choose not to answer questions or withdraw from the study at any time.

All study participants were of legal age; children were not interviewed directly.

Prior to the start of the fieldwork phase, the research materials, instruments, and planned procedures underwent ethical review by the Commission on Professional Ethics for Sociologists of the Sociological Association of Ukraine. According to Conclusion No. 05/01 dated January 5, 2026, the submitted materials and planned research procedures comply with the principles of the Code of Professional Ethics for Sociologists of the Sociological Association of Ukraine and are consistent with internationally recognized professional principles for the ethical conduct of social research involving human participants. The Commission raised no objections to conducting the field phase, provided that the stated procedures for recruitment, informing participants, obtaining consent, ensuring voluntary participation, confidentiality, protection of personal data, and anonymization of research materials are followed.

3. Results

3.1. Overall Level of Inclusivity and Differences Between Groups

According to the criteria adopted in the study, the Kegychivska (3.93) and Pisochynska (3.92) communities have a high level of inclusivity. In the Slobozhanska (3.60), Vysochanska (3.59), and

Lyubotynska (3.45) communities, the level of inclusivity is average. No communities with a low level of inclusivity were identified among those studied. At the same time, the overall indicators do not fully reflect the differences between communities, as the distribution of ratings among the three groups of respondents varies. In all five communities, experts rate inclusivity higher than both parent groups do; however, the magnitude and nature of these discrepancies vary significantly.

The Kegychivska (3.93) and Pisochynska (3.92) communities have the highest unweighted averages of the three group assessments. The lowest score was recorded in the Lyubotyn community—3.45. At the same time, similar average values do not indicate an identical situation, as the ratio of experts' and parents' ratings differs significantly across communities.

Table 1. Comprehensive Inclusivity Index and Intergroup Differences[1]

Community	BDI/ OOP[2]	BDBI/ OOP[3]	Specialists	Unweighted average	Specialists– BDI	Specialists– BDBI	BDI– BDBI
Kegychivska	4,04	3,44	4,31	3,93	0,27	0,87	0,60
Pisochynska	3,74	3,59	4,44	3,92	0,70	0,85	0,15
Slobozhanska	3,48	3,18	4,15	3,60	0,67	0,97	0,30
Vysochanska	3,56	3,14	4,06	3,59	0,50	0,92	0,42
Lyubotynska	3,43	2,80	4,11	3,45	0,68	1,31	0,63

The Kegychiv community has the highest rating among parents of children with disabilities and/or special educational needs – 4.04. Their ratings are closest to those of the specialists: the difference is only 0.27 points. At the same time, the rating given by parents of children without disabilities and without special educational needs is lower – 3.44. This pattern may indicate a relatively more positive experience among the target families and, at the same time, a more reserved perception of inclusivity among the broader parent community.

The Pisochyn community has the most balanced profile among the communities studied. The ratings given by the two parent groups are nearly identical – 3.74 and 3.59 – with a difference of only 0.15 points. At the same time, experts rate inclusivity significantly higher – at 4.44. Thus, the main line of divergence in this community lies not between the two parent groups, but between the professional and the parents' assessments of the state of inclusivity. This may indicate that experts view the available resources and organizational capabilities more positively than the parent groups do.

The Slobozhanska and Vysochanska communities have nearly identical unweighted average scores – 3.60 and 3.59, respectively. At the same time, a noticeable gap persists in both communities between the assessments of professionals and those of parent groups. This may indicate a similar gap in both communities between the professional assessment of the local support system and the assessments of parent groups.

The Lyubotyn community has the most controversial profile. Experts rate its

[1] Intergroup differences were calculated as the difference between the groups' mean scores in the specified order.
[2] BDI/OOP — parents of children with disabilities and/or special educational needs
[3] BDI/SEN — parents of children without disabilities and without special educational needs

inclusiveness at 4.11 points, parents of children with disabilities and/or special educational needs rate it at 3.43, and parents of children without disabilities and without special educational needs rate it at 2.80. This is where the largest discrepancy between the experts' ratings and those of the broader parent community was recorded – 1.31 points. This pattern indicates the greatest discrepancy among the communities studied between the professional perspective on the local support system and how families perceive it. At the same time, the difference between the two parent groups is also significant – 0.63 points – which indicates a disparity in how different groups of community residents perceive the state of inclusivity.

Thus, intergroup differences take on different patterns in individual communities, and similar average inclusivity scores may mask different patterns of assessment and varying nature of discrepancies between professional and parental perspectives.

3.2. Strong and Weak Dimensions of Inclusivity

A comparison of individual dimensions showed that communities have different profiles of inclusiveness.

Table 2. Community Profiles by Dimensions of Inclusiveness[4]

Community	Institutional	Spatial and Security	Social	Participatory	Subjective
Slobozhansky	3,89	3,38	3,75	3,39	3,69
Vysochanska	3,86	3,18	3,90	3,39	3,66
Pisochynska	4,07	3,64	4,05	3,92	4,03
Lyubotynska	3,82	3,18	3,61	3,17	3,32
Kegichivska	4,12	3,61	4,06	3,92	4,02

In most communities, the institutional and social dimensions are the strongest, while the spatial-security and participatory components tend to be weaker.

The Kegychivska (4.12) and Pisochynska (4.07) communities have the highest ratings for the institutional dimension. At the same time, the spatial-security dimension is rated lower: ranging from 3.18 in the Vysochanska and Lyubotynska communities to 3.64 in the Pisochynska community. These results indicate that the presence of institutions, specialists, and services is not necessarily accompanied by the same level of actual accessibility for families.

The social dimension is one of the strongest in most communities. The highest scores were recorded in the Kegychivska (4.06), Pisochynska (4.05), and Vysochanska (3.90) communities. This indicates a generally more positive social perception of children with disabilities and/or special educational needs compared to assessments of physical accessibility and parental involvement.

The participatory dimension is what distinguishes communities from one another the most. The Pisochyn and Kegychiv communities have the highest scores – 3.92 each – while the lowest score was recorded in the Lyubotyn community – 3.17. These differences reflect varying levels of development in local mechanisms for participation and feedback with parents.

The subjective measure generally corresponds to the overall data on community inclusiveness. The highest scores were recorded in the Pisochnaya

[4] The values of the measures for each community were calculated as the unweighted average of the corresponding group scores. The subjective measure is not included in the comprehensive inclusivity index and was used as an additional interpretive indicator.

(4.03) and Kegichivska (4.02) communities, while the lowest score on the subjective measure of inclusiveness was recorded in the Lyubotyn community – 3.32. Thus, the differences between communities on the subjective measure generally mirror the pattern of ratings for the main measures of inclusiveness: the highest scores were recorded in the Pisochnaya and Kegichivska communities, and the lowest in the Lyubotyn community.

3.3. Interpretation of Quantitative Differences Based on Focus Group Data

The focus group data helped explain why relatively high ratings on the institutional dimension could coexist with lower ratings on the spatial-safety and participatory dimensions.

The first recurring theme concerned the fragmented nature of support. Parents spoke of the need to independently seek out specialists, coordinate services from various institutions, and organize their child's complex daily routine. Particularly important were requests for daycare, respite care, parental counseling, and regular sessions with specialists. In the Lyubotyn community, one participant described this problem as follows: *"Here in Lyubotyn, we don't have any facilities or places where you can bring your child so that they can actually be engaged there, but without you, without your constant presence…"* This experience shows that the accessibility of support is linked not only to the availability of a specific service but also to how accessing it fits into daily life and the family's caregiving burden.

The second topic concerned information and seeking help. Focus group participants often mentioned that information about rights, services, and how to access them is scattered. In the Pisochyn community, one participant noted: *"We're not told much about our rights: what's available to the child and what isn't. We have* to *piece all of this together bit by bit on our own."* Thus, even an available service may remain inaccessible if the family is unaware of it or does not understand where and in what order to seek assistance.

The third topic concerned spatial accessibility. In rural and geographically dispersed communities, distance and transportation were the biggest problems. One focus group participant in the Kegychiv community described the situation as follows: "There's no transportation. Everyone has to figure this out on their own." In other communities, parents pointed out the inaccessibility of specific buildings, routes, and shelters. Qualitative data show that what matters to families is the accessibility of the entire route—from home to school, the inclusive resource center, social services, or the place where they receive rehabilitation support—rather than just the accessibility of a single building.

The fourth topic concerned opportunities for children's social participation. Focus group data revealed a disconnect between positive attitudes toward inclusion and the limited opportunities for children's regular social participation. Parents spoke of a lack of regular clubs, shared leisure activities, adapted sports and creative programs, and safe places for socializing. Thus, social acceptance is an important community resource, but for a child to fully participate in community life, it must be complemented by real opportunities for children to interact with one another.

The fifth topic concerned parental involvement in decision-making. Focus group data showed that the opportunity to reach out to local institutions is not always perceived by parents as a means of exerting real influence. For families, regular feedback, clear explanations of decisions made, and the opportunity to see how their suggestions are taken into account in community service planning are important. This helps interpret the discrepancies between the assessments of specialists and parents regarding the participatory dimension.

Focus groups with experts showed that some of them recognize the difference between a professional perspective and a family's everyday experience. When asked about the reasons for the discrepancies in assessments, one participant noted, "We cannot put ourselves in the parents' shoes." This may mean that the higher professional assessments do not deny the existence of barriers but reflect a different

perspective—the institution's professional experience—rather than the family's full daily routine.

Overall, qualitative data help interpret the main finding of the quantitative analysis: the presence of facilities, specialists, and specific services does not always mean that the system is accessible and understandable to families. For everyday experience, a combination of several conditions is important: the ability to find the necessary information, understand the process for seeking assistance, safely reach the location where care is provided, use the support regularly, integrate it into daily childcare routines, and receive feedback and influence decisions regarding the child.

4. Discussion

The study identified three main patterns. First, in all five communities, experts rated the inclusiveness of their communities higher than parent groups did, although the nature of these differences varied. Second, in the community profiles, the institutional and social dimensions generally received higher average ratings than the spatial-security and participatory dimensions. Third, qualitative data showed that participants attributed the main difficulties not so much to a complete lack of support as to the complexity of regularly using the available services.

Taken together, these findings suggest that inclusive education in wartime should be analyzed not only at the school level, but as part of a broader local support system. This conclusion is consistent with systemic and ecological approaches to inclusion, which emphasize the interdependence of the educational environment, the family, services, and the broader local context (Ainscow, 2020; McLinden et al., 2018; Bani Odeh & Lach, 2024).

Intergroup differences vary in meaning across different communities. In the Kegychiv community, the assessments of specialists and parents of children with disabilities and/or special educational needs are the most similar, while the broader parent community evaluates the community's inclusivity more cautiously. In the Pisochnaya community, the two parent groups view the situation almost identically, but specialists give a significantly higher rating. The greatest discrepancies were found in the Lyubotinskaya community. This indicates that similar average indicators or formally available resources may be perceived and utilized differently by different groups.

This result can be interpreted using the access model proposed by Levesque et al. (2013). Although the model was developed to analyze access to health care, the distinction it makes between the availability of services and a user's ability to actually use them is also useful for analyzing inclusive education at the community level. For a family, it is important not only that institutions and specialists exist, but also that they are able to find information, understand the referral process, reach the location where support is provided, and use it regularly. A system may have a well-developed network of institutions and services, but it will be rated much more negatively by families if the path to support remains complicated, unclear, or unreliable.

The lower scores on the spatial-safety dimension compared to the others highlight the limitations of an approach that assesses inclusion primarily based on conditions within the educational institution. Ukrainian studies have already described the gaps between policy and practice, as well as the physical and institutional barriers to inclusion (Bocharova, 2020; Martynchuk et al., 2021; Udych et al., 2024). The results of this study show that, in wartime, the safety component takes on particular importance. The availability of shelters, transportation, and a safe route to school or the service location can determine whether a child can actually take advantage of the available opportunities. War also alters the interplay of barriers: distance learning supports educational continuity but may limit socialization, while a service that is accessible in terms of content may become unattainable due to transportation or security constraints.

Focus groups revealed that families are often forced to coordinate interactions between educational institutions, medical facilities, rehabilitation centers, and social services on their

own. This increases the burden on parents and makes access to support dependent on their time, resources, and personal connections. This finding underscores the need for a family-centered approach to support: a child's participation in education depends not only on classroom conditions but also on the family's ability to coordinate schooling, medical treatment, rehabilitation, social services, and daily transportation. Therefore, a practical challenge for the community is not only to expand the range of services but also to create a clear pathway for families—from finding information to regularly receiving the necessary support. Day care, respite care, counseling, and social transportation formally fall outside the scope of education but actually influence a child's ability to participate in learning and community life.

Qualitative data also showed that a positive attitude toward inclusion does not always translate into regular interaction among children. Parents spoke of a lack of accessible clubs, joint activities, safe recreational spaces, and other opportunities for children to interact regularly outside of school. This confirms the importance of distinguishing between a child's physical presence and their actual participation, a point emphasized by contemporary approaches to inclusive education (Florian, 2014; Booth & Ainscow, 2011). For communities, this means that socialization requires special attention: joint activities, safe recreational spaces, and regular opportunities for children to interact.

A comparison of communities also shows that a one-size-fits-all set of recommendations would be insufficient. For some communities, transportation accessibility and the proximity of services are top priorities; for others, better communication, parental involvement, and building trust in the local support system are key. Therefore, practical solutions must be based not only on the overall level of inclusivity but also on the specific profile of each community and the nature of the discrepancies between the assessments of different groups.

The conceptual contribution of this study lies in the use of the local support ecosystem as an analytical framework for researching inclusive education. Unlike a school-centered approach, this framework encompasses the entire journey of the child and family as they navigate educational institutions, social, medical, and rehabilitation facilities, transportation, safety infrastructure, and mechanisms for participation in decision-making. This allows us to move beyond evaluating individual institutions and services to analyzing how they are interconnected and accessible to the family as a holistic support system. For the family, such a system works when information, requests for assistance, transportation, safety, educational support, rehabilitation, and opportunities for social participation form a clear and accessible pathway. In a wartime context, this framework also makes it possible to include transportation mobility, safe routes, and shelters in the analysis as conditions for a child's actual participation in education.

The study has several limitations. The purposive nature of the sample does not allow for statistical generalization of the results, and the size of the community subsamples is uneven. Parents of children with disabilities and/or special educational needs were treated as a single analytical group; therefore, the study does not allow for a separate analysis of differences between the experiences of families of children with disabilities and families of children with special educational needs who do not have an officially recognized disability. Intergroup differences were analyzed descriptively without statistical significance testing. Recruitment methods through local institutions, professional networks, and other local channels may also have influenced the composition of the study participants. The wartime context remains dynamic, so specific conditions in communities can change rapidly. Furthermore, the study does not directly include assessments of children with disabilities and/or special educational needs. Future studies should take these limitations into account and test the stability of the identified community profiles over time.

5. Conclusion

The comparison showed that the Pisochnaya community has the most balanced inclusivity profile, while the Kegichivska community received the highest rating for inclusivity from parents of children with disabilities and/or special educational needs; meanwhile, the Lyubotyn community exhibited the greatest intergroup disparities. The main conclusion is that a child's ability to fully participate in education during wartime is determined not only by the resources of the educational institution but also by the availability of a broader local support system. For a child to participate fully, a local support ecosystem is needed that combines education, social and rehabilitation services, transportation, safe infrastructure, family support, and parental involvement in decision-making. It is important not only that the individual elements of this system exist, but also that they are interconnected and actually accessible to the child and their family.

Further research should track changes in communities over time, assess the impact of local governance decisions, and incorporate the direct experiences of children with disabilities and/or special educational needs.

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Author Declaration

The authors confirm the originality of the manuscript, that it has not been simultaneously submitted to another journal, and that there is no conflict of interest. All study participants were of legal age; the direct involvement of children as respondents was not planned. Participation was voluntary and based on prior notification of participants regarding the purpose, format, and conditions of the study, the procedure for using the data, and the right to withdraw at any time. The data are presented in aggregated and anonymized form without disclosing participants’ personal information. The study materials, instruments, and planned procedures underwent ethical review prior to the start of the field phase by the Commission on Professional Ethics for Sociologists of the Sociological Association of Ukraine (Conclusion No. 05/01 dated January 5, 2026).