



## INCLUSIVE EDUCATION FOR VIETNAMESE PRIMARY SCHOOL CHILDREN WITH MOTOR DISABILITIES: CHALLENGES AND SUPPORT

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### Abstract/Izvleček

This qualitative case study explores the experiences of five Vietnamese primary students with motor disabilities to identify barriers to and facilitators of inclusive education. Findings reveal significant challenges, including inadequate infrastructure, social isolation, peer rejection, and teacher overprotection, especially in physical education. Effective inclusion is achievable through teacher training, adapted teaching methods, peer disability-awareness education, and strong family-school collaboration. The results highlight the need for a multifaceted approach addressing environmental adaptations, pedagogy, peer relationships, and community engagement. This study provides valuable insights into inclusive education in developing contexts and offers practical strategies for educators and policymakers to enhance educational equity.

### Keywords:

inclusive education, motor disabilities, primary schools, peer relationships, educational equity.

### Ključne besede:

vključujoče izobraževanje, gibalne oviranosti, osnovne šole, medvrstniški odnosi, izobraževalna enakost.

### Vključujoče izobraževanje za vietnamske osnovnošolce z gibalnimi oviranostmi: izzivi in podpora

Ta kvalitativna študija primera raziskuje izkušnje petih vietnamskih osnovnošolcev z gibalnimi oviranostmi, da bi prepoznala ovire in dejavnike, ki omogočajo vključujoče izobraževanje. Ugotovitve razkrivajo pomembne izzive, vključno z neustrezno infrastrukturo, socialno izolacijo, zavračanjem s strani vrstnikov in pretirano zaščitniškim vedenjem učiteljev, zlasti pri športni vzgoji. Učinkovita inkluzija je dosegljiva z usposabljanjem učiteljev, prilagojenimi učnimi metodami, izobraževanjem vrstnikov o invalidnosti ter tesnim sodelovanjem med družino in šolo. Rezultati poudarjajo potrebo po večplastnem pristopu, ki vključuje okoljske prilagoditve, pedagogiko, medvrstniške odnose in vključevanje skupnosti. Študija ponuja dragocene vpoglede v inkluzivno izobraževanje v državah v razvoju ter praktične strategije za učitelje in oblikovalce politik zaboljšanje izobraževalne enakosti.

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## Introduction

In recent decades, inclusive education, which emphasizes that schools must adapt to students rather than expecting them to conform to the existing system (Cerna et al., 2021), has evolved into an approach that reshapes policies and practices to meet the diverse needs of every learner and has gained global attention. Yet children with motor disabilities continue to face significant barriers to full participation in mainstream classrooms.

Motor disabilities comprise a spectrum of conditions that affect limb function, often resulting in limited mobility, muscle weakness, abnormal posture and gait, and difficulty with daily activities such as eating, exercising, and maintaining personal hygiene (Houwen et al., 2014; Pashmdarfard et al., 2021). This study focuses on gross motor disability, where movement challenges stem from motor limitations rather than cognitive impairments.

Despite policy commitments to inclusion, students with motor disabilities face educational barriers rooted in environmental and institutional constraints rather than their individual impairments. Much of the existing research on inclusive education focuses on general approaches or relies primarily on the perspectives of teachers, educators, and policymakers, while the voices and lived experiences of students with motor disabilities and their families remain underrepresented. This represents a critical gap, since understanding how inclusive policies translate into lived experience requires a focus on those most directly affected.

As a developing country undergoing rapid educational reform, Vietnam provides a compelling context for examining these challenges. The country faces the dual challenge of expanding access to quality education while simultaneously strengthening inclusive practices. According to the General Statistics Office (GSO, 2024), only 68.1% of children with disabilities enter primary school at the expected age, which is 27.1 percentage points lower than the 95.2% rate for their non-disabled peers. Factors contributing to this gap include inaccessible school facilities, limited specialized support, and persistent social stigma. Over the long term, such barriers translate into diminished employment opportunities, particularly for young adults with lower-body mobility impairments, thereby reinforcing cycles of disadvantage and economic inequality (GSO, 2024). Vietnam thus exemplifies the implementation challenges facing developing nations as they attempt to translate inclusive education policies into meaningful practice.

By highlighting student and family perspectives often absent from adult-centric policy discussions, this study contributes to understanding how the gap between inclusive education policy and implementation capacity manifests in the lived reality of those most affected. The research draws on the social model of disability (Oliver and Sapey, 2006), which locates exclusion in environmental constraints, and developmental theories emphasizing the importance of peer interaction for learning (Vygotsky, 1978; Allport, 1958).

## **Literature Review**

### *Inclusive Education and Motor Disabilities*

Inclusive education adopts a socio-ecological perspective, emphasizing the interaction between students' abilities and environmental demands and asserting that educational systems must adapt to all learners rather than expecting learners to adapt (Amor et al., 2019). An equitable and inclusive system enables students to reach their full potential regardless of personal or social circumstances, while fostering belonging, self-worth, and engagement (Cerna et al., 2021).

Motor disabilities, which affect mobility, coordination, and physical interaction with learning materials, should not hinder participation in education. These disabilities arise from diverse causes, including genetic conditions, congenital infections, environmental toxins, birth complications, and post-birth injuries (Rosenbaum et al., 2007). They often manifest as delays in motor development, muscle weakness, abnormal reflexes, and difficulty with activities such as grasping, maintaining posture, and coordinated movement (Hadders-Algra, 2018; Houwen et al., 2014; Pashmdarfard et al., 2021).

Research shows that motor disabilities influence not only physical functioning but also social participation and psychological well-being (Damiano and Abel, 1998). Children with motor impairments are more likely to face reduced participation in age-appropriate activities, increased social isolation, and limited opportunities for skill development. Consequently, they are at a higher risk of school dropout and exclusion from peer networks (GSO, 2024).

Responsive inclusive education can mitigate these challenges by providing tailored support that promotes academic engagement, emotional well-being, and a sense of belonging. Inclusive schools foster stronger communities where all learners, regardless of ability, can thrive both academically and socially.

*Challenges of Inclusive Education among Students with Motor Disabilities*

The effectiveness of inclusive education is heavily influenced by the physical accessibility of learning environments. However, many schools remain poorly equipped, with limited accessible entrances, elevators, adapted bathrooms, and suitable classroom furniture, creating persistent barriers that hinder the participation of students with motor disabilities (Ackah-Jnr and Danso, 2019; Pivik et al., 2002). Without adequate infrastructure, these students often face significant restrictions in navigating school spaces and engaging fully in classroom activities.

Individual motor functioning plays a critical role in shaping peer relationships. Early deficits in motor coordination not only limit participation in social and physical activities but also increase vulnerability to bullying and exclusion (Oksendal et al., 2022). Stronger motor functioning and joint attention skills are associated with higher-quality peer interactions, including improved cooperation and engagement (Estrugo et al., 2023). For children with reduced motor abilities, difficulty in performing age-appropriate tasks reduces opportunities for shared play and meaningful peer bonding, heightening risk of social isolation.

Beyond individual limitations, peer attitudes exert a powerful influence on inclusion. Children excluded from games and group activities report heightened feelings of discrimination and marginalization (Lindsay et al., 2018; Nowicki and Sandieson, 2002), demonstrating that social barriers play a decisive role in shaping inclusion experiences. Negative perceptions rooted in misunderstandings about capabilities, and limited exposure to diversity perpetuate stereotypes and exclusionary behaviours (Thaver and Lim, 2014).

Teaching-related barriers compound these challenges. While teachers value structured motor programs, many struggle with program expectations and behavioural management during physical activities (Cheung et al., 2023). Traditional methods and rigid curricula often fail to accommodate diverse motor needs: classroom activities requiring extensive handwriting, unadapted PE tasks, and inflexible assessments substantially restrict participation (Florian and Black-Hawkins, 2011; O'Connor and McNabb, 2021). Many teachers lack adequate training to modify instruction and adapt assessment, thus inadvertently excluding students from meaningful learning opportunities (Johnston et al., 2004).

These findings indicate that inaccessible infrastructure, negative peer attitudes, and limited teacher preparedness intersect to restrict participation, highlighting the need for targeted interventions that promote equitable and inclusive learning environments.

### *Curricular and Pedagogical Opportunities*

Inclusive classrooms enhance developmental, behavioural, and academic outcomes when supported by evidence-based strategies. School-wide positive behaviour support systems integrating goal setting, self-management, and collaborative problem-solving significantly improve retention and academic performance (Hill and Brown, 2013).

Effective family-school collaboration is equally critical. Such collaboration must engage families, educators, and external professionals multidirectionally (Boyd et al., 2025; Haight et al., 2013; Sakiz and Woods, 2014). Coordinated efforts among health professionals, educators, and families, supported by critically reflective practices, improve communication, advocacy, and shared understanding (Boyd et al., 2025). However, inadequate collaboration between staff and families, compounded by weak leadership, creates major barriers to inclusion (Sakiz and Woods, 2014). Poor cross-system coordination, particularly between child welfare, education, and mental health services, can leave students' needs unmet (Haight et al., 2013).

Research also emphasizes the importance of partnerships between parents and educators to design solutions tailored to the unique needs of disabled children (Dixon et al., 2022). Without such coordinated communication, disabled students, including those with motor disabilities, may be overlooked.

Collectively, these findings underscore that achieving meaningful inclusion requires an integrated approach combining evidence-based pedagogy and active family engagement.

### *The Vietnamese Context*

Vietnam has made strong policy commitments to promoting inclusive education, aiming to ensure equal learning opportunities for children with disabilities. A key milestone is Circular No. 20/2022/TT-BGDĐT (Vietnam Ministry of Education and Training [MoET], 2022), which regulates the organization and operation of centres for inclusive education development support to strengthen institutional capacity and improve accessibility. Alongside this, other legal frameworks, including the Law on Education (National Assembly of Vietnam, 2019), Circular No. 01/2019/TT-BLĐTBXH (Vietnam Ministry of Labour, 2019), and the Law on Children (National Assembly of Vietnam, 2016), guide Vietnam's inclusive education agenda and align with international commitments such as the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006) and Sustainable Develop

ment Goal 4 (United Nations, 2015). Collectively, these policies establish frameworks for resource allocation, institutional support, and teacher training to foster inclusive learning environments. Despite these advances, significant challenges remain. Among children aged 5–17, 4.7% have disabilities (GSO, 2024), and many face multiple difficulties in learning, playing, and mobility. Only 68.1% of children with disabilities begin primary school at the expected age, which is 27.1 percentage points lower than the 95.2% enrolment rate of their non-disabled peers (GSO, 2024). These gaps underscore the urgent need for early intervention and tailored educational support to ensure equitable participation.

Grounded in this policy landscape, the present study seeks to bridge the gap between policy intentions and classroom realities, offering practical recommendations to promote meaningful inclusion.

### **Research Questions**

This study investigates how students with motor disabilities experience inclusion and exclusion in mainstream Vietnamese primary schools and identifies interventions that effectively enhance their educational participation. The research is guided by the following questions:

RQ1: How do students with motor disabilities in mainstream primary classrooms experience challenges related to physical infrastructure, social interactions with peers and teachers, and attitudinal barriers?

RQ2: In what ways do inclusive teaching practices and family-school collaboration support the learning and participation of students with motor disabilities?

### **Methods**

#### *Study Design*

To answer the research questions, this research implemented a qualitative case study design. Data were collected from multiple sources, including classroom observation, student interviews, and parental feedback. Data was collected from regular academic classes (mathematics, Vietnamese language, science), PE, and extra-curricular activities.

### Case Selection

These cases (three females, two males, Table 1) were purposively selected to explore the experiences of students with limited mobility in a mainstream primary school in southern Vietnam. Consent was obtained from guardians, and students were informed of their voluntary participation.

**Table 1**  
*Demographics of participants*

Participant	Age	Grade	Affected Body Part
Female 1	9	3rd	Leg
Female 2	9	4th	Leg
Female 3	10	5th	Hand
Male 1	9	4th	Hand
Male 2	11	5th	Leg

### Interview Protocol and Structure

**Student Interviews:** To accommodate participants' initial timidity, interviews were conducted over multiple short sessions to build rapport. Semi-structured interviews, lasting 3-5 minutes each, were held in Vietnamese to ensure clarity and focused on students' experiences and perceptions, including questions like the following:

- Do you like this activity? Why or why not?
- What makes a good school day for you?
- What makes a bad school day for you?
- Can you tell me about your friendships at school?
- Do you have good/bad experiences at school? Why or why not?

**Parent/Guardian Interviews:** To complement students' perspectives, brief 3-5 minute conversations were held with parents or guardians (e.g., mothers, fathers, grandparents) after school. These interviews aimed to clarify contextual information regarding the following:

- The child's educational history and learning experiences.
- Parents' hopes and concerns regarding the child's education.

### Data Analysis

A narrative inquiry approach was used, focusing on descriptive, interpretive analysis rather than numerical measurement. Thematic coding identified recurring patterns related to barriers, and effective strategies for promoting educational equity.

## Results

### *Physical barriers, over-protection, and peer rejection*

Table 2 summarizes key findings from observations and interviews with five primary school students with motor disabilities in mainstream Vietnamese classrooms. It highlights the physical barriers and social-attitudinal barriers that influence their learning and participation in inclusive education settings.

**Table 2**

*Barriers for Students with Motor Disabilities*

Barrier Type	Frequency
Lack of ramps	5
Inaccessible bathrooms	4
Limited adaptive equipment	4
Peer rejection	2
Presumption of incompetence	4

Students with motor disabilities encountered significant stigmatization and exclusion from peers, often beginning from their first school experiences. These patterns of exclusion operated at multiple levels, from casual stereotyping to explicit rejection from group activities. Female 1 described immediate negative attitudes upon entering her classroom:

*“On the first day of each new school year, when I was excited to enter the classroom, I wanted to make friends and integrate. But as soon as I entered, some friends whispered to each other: ‘That girl walks too slowly, how can she participate in physical activities?’ When I heard such words, I could only bow my head and cry.”*

Female 2 experienced similar rejection when attempting to join peer games, being told:

*“Why play with [Female 2’s name]? She cannot run fast, it won’t be fun!”*

These experiences illuminate what the social model of disability (Oliver and Sapey, 2006) identifies as socially constructed barriers: students were excluded not because of their motor limitations per se, but through peer attitudes that positioned disability as incompatible with participation. The cumulative impact led to social withdrawal, as Female 1 explained:

*“Gradually, I stopped initiating conversations with anyone... I was afraid that if I tried to integrate, I would be pushed away again.”*

This withdrawal exemplifies what Vygotsky (1978) theorized as the developmental consequences of exclusion from peer interaction: denied access to collaborative social spaces, students lose both connection and the learning opportunities that emerge through joint activity.

Paradoxically, well-intentioned teacher protection often reinforced exclusion rather than fostering inclusion. Teachers frequently made unilateral decisions about student capabilities without consultation, particularly in PE. Male 1 was systematically excluded from physical activities:

*“Every week, during physical education class... I was often instructed by the teacher to sit out: ‘[Male 1’s name], just sit and rest, okay? This exercise is too difficult for you!’”*

Female 3 reflected on this pattern:

*“Every time, the teacher didn’t ask if I wanted to try or not, simply deciding that I couldn’t participate... gradually, I realized I was being separated from the class.”*

This exclusionary approach extended beyond regular classroom activities to school-wide events. Male 2 described a particularly painful rejection during a school festival:

*“[Male 2’s name] is too weak, participating will only make us lose!”*

These findings reveal how institutional practices, even those motivated by care, can cascade into developmental harm by restricting the peer interaction fundamental to learning and belonging.

### *Family Support and School Collaboration*

In contrast to these barriers, active family advocacy and school collaboration emerged as crucial facilitators. Families who worked proactively with schools to explain their children’s conditions and capabilities helped shift institutional responses.

Female 1’s family:

*“... actively worked with the homeroom teacher and school administration to inform them about her condition. As a result, the school adjusted teaching methods accordingly so our child could participate better in learning.”*

Equally important was family encouragement that countered stigmatization. Male 1’s family:

*“... regularly encouraged him, motivating him to express his thoughts, feelings, and difficulties he encountered so he would feel loved and understood, rather than feeling insecure about his disability. We encouraged him to participate in school activities rather than being overprotective or limiting him.”*

This dual approach, combining institutional advocacy with psychological support, enabled students to build resilience despite pervasive exclusionary pressures.

Moreover, several teaching strategies successfully promoted inclusion by addressing both attitudinal and structural barriers. Structured peer education proved effective in the hands of Female 2's teacher:

*"During class meetings and experiential activities, the homeroom teacher organized sessions sharing about the lives of people with disabilities. The teacher showed students a short film about disabled people overcoming difficulties and organized role-playing games to help classmates better understand and empathize with [Female 2's name]."*

These interventions align with Contact Theory (Allport, 1958), which posits that prejudice diminishes when groups interact under conditions of equal status and institutional support. By creating structured empathy-building activities, teachers transformed abstract disability into relatable human experience.

Teachers also demonstrated effectiveness through proactive activity modification. Male 2's teacher:

*"...arranged group activities integrated into lessons that I could easily participate in, such as drawing together with friends, crafting, or gentle games. As a result, I no longer felt isolated and received more support from friends."*

Critically, Female 3's PE teacher both adapted activities and respected student autonomy:

*"... instead of requiring running and jumping like other students, the subject teacher changed the exercises to gentle, stationary physical movements so [Female 3's name] could participate with everyone. Importantly, before each activity, the teacher always asked [Female 3's name] if she wanted to participate or not, avoiding pressure on the child."*

The cumulative impact of these inclusive interventions produced notable positive changes in student experiences. Female 3's transformation illustrated the potential for successful inclusion:

*"[Female 3's name] gradually became happier, more open, felt more comfortable in the learning environment, was ready to participate in class activities, and felt connected with her friends. Her classmates no longer avoided [Female 3's name] and demonstrated greater unity."*

This outcome demonstrates that inclusion is achievable when environmental barriers are systematically addressed through pedagogical adaptation, peer education, and respect for student agency, moving beyond physical proximity to foster meaningful interdependence.

## Discussion

This study's findings reveal both persistent barriers and promising pathways toward meaningful inclusion.

### *Barriers to Inclusion*

Despite policies promoting inclusive education in Vietnam, significant barriers persist. This study aligns with prior research, highlighting inadequate infrastructure as a key obstacle.

Consistent with Ackah-Jnr and Danso (2019) and Pivik et al. (2002), this study confirms that many schools lack accessible infrastructure, such as entrances, elevators, adapted bathrooms, and suitable furniture, creating substantial barriers to mobility and participation. These infrastructural deficits can be understood through the lens of the social model of disability (Oliver and Sapey, 2006), which positions environmental barriers, rather than individual impairments, as the primary source of exclusion. In Vietnam's case, the persistence of these barriers highlights the gap between policy aspirations and implementation capacity in developing contexts, where inclusive education laws are in place, but resource allocation remains insufficient to achieve meaningful change.

Beyond physical barriers, social exclusion emerged as a critical concern. Echoing Oksendal et al. (2022) and Estrugo et al. (2023), limited motor abilities were found to reduce opportunities for shared play and peer bonding, heightening the risk of social isolation, while peer attitudes played a decisive role in either fostering inclusion or reinforcing exclusion, as reported in Lindsay et al. (2018) as well as Nowicki and Sandieson (2002). This finding illuminates what Vygotsky's sociocultural theory (Vygotsky, 1978) describes as the critical role of social interaction in development: when children with motor disabilities are excluded from peer play, they lose not only social connection but also the collaborative learning opportunities that drive cognitive and emotional growth. The study thus reveals how physical barriers cascade into developmental consequences, underscoring the interconnected nature of access, participation, and learning.

Physical education settings exemplified these compounded challenges. In line with O'Connor and McNabb (2021), children with disabilities remained marginalized in PE, a situation compounded by teachers' lack of preparation and uncertainty about inclusive practices (Dixon et al., 2022; Walton et al., 2024). Supporting Pashmdarfard

et al. (2021), motor skill proficiency was closely linked to participation, and students with motor difficulties expressed a strong desire to engage in physical activities; however, excessive, well intentioned protection from teachers sometimes created additional barriers, further limiting participation in school based PE.

Regional comparisons provide instructive context for understanding Vietnam's challenges. Similar to Malaysia, where overly general laws and weak enforcement undermine the educational rights of children with disabilities (Othman et al., 2022), Vietnam's inclusive education policies often falter at the implementation stage, owing to inadequate infrastructure and limited teacher preparation. In contrast, Thailand's explicit legislation and resource commitments, alongside school-level reforms such as participatory action research to support the transition from traditional to inclusive programs, demonstrate how stronger legal frameworks and institutional development can reduce barriers (Andrade, 2022; Othman et al., 2022). More broadly, evidence from low- and middle-income Asia-Pacific countries highlights gaps in teacher professional learning, especially in supporting mental health and positive behaviour (Ahmed et al., 2022), challenges that clearly resonate with Vietnam's context. In other words, these regional comparisons underscore the need for Vietnam to pair policy intent with enforceable mechanisms and practical supports that address both infrastructure deficits and teacher capacity-building.

### *Promising Pathways to Inclusion*

Despite these substantial challenges, the findings highlight several pathways to meaningful inclusion. Effective teaching strategies, strong family-school collaboration, and students' own efforts significantly enhance participation and align with existing research (Boyd et al., 2025; Dixon et al., 2022; Hill and Brown, 2013).

Teacher preparation and adaptive pedagogy emerged as foundational elements. Since disabled students still struggle to fully participate in regular classroom activities, equipping educators with targeted training is key to fostering inclusive practices (Dixon et al., 2022). As Ktenidis (2026) emphasizes, genuine inclusion requires support that promotes both participation and autonomy rather than fostering dependence. In this study, government-driven teacher training and adapted teaching strategies improved Vietnamese students' engagement and independence.

Structured peer interactions proved particularly powerful in fostering inclusion. The essence of a fulfilling childhood lies in bonds with friends and classmates (Mulderij, 1997). Disability-awareness education proved effective in fostering empathy among peers, while proactive modification of activities helped maintain social interaction

opportunities (Manav et al., 2024). Supporting this, research by Sablić et al. (2025) on peer feedback in elementary classrooms suggests that structured peer interactions can cultivate essential socio-emotional competences, including empathy, respect for others, and communication skills, which are foundational to inclusive peer relationships. These findings resonate with Contact Theory (Allport, 1958), which posits that prejudice diminishes when groups interact under conditions of equal status, common goals, and institutional support. In our study, structured peer interactions in modified PE activities created precisely these conditions, transforming children with motor disabilities from objects of pity to recognized classmates with valued contributions. This suggests that inclusion is not merely about physical proximity but about engineering meaningful interdependence among students. Moreover, Huang et al. (2021) found that students with disabilities influence classroom environments without diminishing their peers' learning or aspirations. Importantly, consulting students directly about their participation preferences proved effective in ensuring accommodation meets their actual needs.

Family engagement constituted another critical pathway. Family-school collaboration proved particularly effective when families shared insights about their children's capabilities and encouraged participation rather than protection. This collaborative approach helped bridge the gap between home and school environments, creating more consistent support systems for students with motor disabilities (Boyd et al., 2025; Jiang and Thompson, 2025). Parents' high awareness of inclusive education further supports effective family-school collaboration by enabling more informed and constructive engagement (Berwal and Dahiya, 2025).

These findings suggest that successful inclusion in Vietnam requires a multifaceted approach that addresses infrastructure, pedagogy, peer relationships, and family engagement simultaneously.

## **Implications**

The barriers and pathways identified in this study have direct implications for both educational practice and policy development in Vietnam and similar contexts.

### *Implications for Practice*

Schools and education systems should prioritize comprehensive teacher training that equips educators with practical strategies for including students with motor disabilities. Specifically, Vietnam should establish a tiered professional development system.

At the pre-service level, teacher education programs are encouraged to include coursework focused on disability awareness, differentiated instruction, and adaptive physical education. Practicum experiences can be enriched through placements in inclusive settings, supported by structured mentorship from experienced inclusive educators. For practicing teachers, schools are recommended to foster ongoing professional learning communities in which teachers work together to analyse student participation data, address inclusion challenges, and share effective strategies. Training can highlight practical, low-resource adaptations, such as engaging peer tutors, adjusting rules rather than equipment, and offering flexible participation options, to ensure all students feel included and supported. Such training must balance support with independence, helping teachers avoid overprotection while ensuring meaningful participation, particularly in PE.

Addressing infrastructure deficits requires systematic, phased approaches. In Vietnam, educational institutions can strengthen inclusion by conducting systematic accessibility audits to identify and address infrastructural barriers. Using national standards alongside input from students and families can help identify practical, context-appropriate improvements. Schools may prioritize high-impact modifications, such as installing ramps, accessible entrances, adapted bathrooms, elevators, and suitable classroom furniture, while planning phased upgrades to manage costs and feasibility. Partnerships with local businesses, NGOs, and parent associations can further complement government efforts by mobilizing additional resources and expertise to support the development of more inclusive learning environments.

Social inclusion requires deliberate cultivation. Schools should also strengthen disability-awareness programs to foster empathy and understanding, create inclusive play opportunities, and adapt activities to maintain social interaction, preventing isolation and promoting genuine peer relationships. Rather than assuming needs, educators should consult directly with students to ensure accommodations align with actual preferences and uphold student autonomy.

### *Implications for Policy*

In the Vietnamese context, the development of inclusive education policies must be approached through phased and context-sensitive strategies that balance ambition with feasibility.

Policy coherence across multiple dimensions is essential. Policymakers should prioritize the integration of physical accessibility, teacher preparation, and social integra

tion within a unified framework, recognizing that these dimensions are interdependent. Infrastructure standards for schools, especially in rural areas, should mandate basic accessibility features such as ramps, accessible toilets, and inclusive classroom layouts, while existing facilities can be gradually retrofitted through targeted government funding schemes and partnerships with local organizations. Teacher education programs, both pre-service and in-service, should embed inclusive pedagogy and disability awareness as compulsory components, ensuring that educators are adequately equipped to support diverse learners.

To strengthen family–school collaboration, policies should institutionalize structured communication channels, such as regular parent–teacher meetings, digital platforms, and feedback mechanisms. These interactions should be scheduled flexibly, with hybrid formats to accommodate working parents. Furthermore, policies should allocate resources for family support initiatives, including parent training workshops, peer support networks, and district-level resource centres that disseminate information on disability rights and effective home-school collaboration. Such measures, adapted to Vietnam’s socio-economic conditions and decentralized education system, would foster a more sustainable and culturally responsive model of inclusive education.

#### *Limitations and Future Directions*

While this study provides valuable insights, several limitations warrant acknowledgment. This study provides insights into the inclusion experiences of students with motor disabilities in Vietnam but is limited by its small sample size and single-case focus. Recruitment was challenging because many children were very young or reluctant to share their experiences. Future research should therefore involve larger and more diverse samples across varied contexts, including both developing and developed countries.

Comparative research would strengthen the evidence base. In particular, comparative studies across Southeast Asian nations at different stages of inclusive education reform (e.g., Vietnam, Thailand, the Philippines, and Indonesia) could identify which policy mechanisms and implementation strategies are most effective under differing resource and cultural conditions. Longitudinal studies tracking cohorts of students with motor disabilities from primary through secondary education would further illuminate how inclusion experiences evolve over time and help identify critical transition points requiring additional support.

More rigorous designs are needed to test interventions. Quantitative, longitudinal, and intervention-based designs are also needed to examine long-term impacts and to rigorously test strategies such as peer education, teacher training, and activity modification. In addition, future research should examine the mechanisms through which family-school collaboration influences student outcomes by testing mediation models that assess whether collaboration operates primarily through increased consistency of expectations, enhanced student self-efficacy, or reduced teacher and family anxiety. This type of mechanistic understanding would support the development of more targeted and effective interventions.

Finally, research is needed on processes of change in teacher beliefs. Given that inclusive practice requires not only pedagogical skills but also a conviction that inclusion benefits all students, studies should investigate which professional development approaches most effectively shift teachers' attitudes, self-efficacy, and intentions regarding inclusion in the Vietnamese context. Strengthening the evidence base in this way will support more effective policy and practice in inclusive education in Vietnam and beyond.

## **Conclusion**

This study examined the experiences of students with gross motor disabilities in Vietnamese mainstream primary schools, focusing on marginalized voices. Findings reveal persistent barriers, including inadequate infrastructure, inflexible pedagogy, and exclusionary peer dynamics, reflecting gaps between inclusive policies and implementation. However, targeted teacher training, disability-awareness education, family-school collaboration, and student consultation proved effective in enhancing participation.

For Vietnam and similar developing nations, meaningful inclusion requires enforceable mechanisms: phased accessibility improvements, embedded inclusive pedagogy, institutionalized collaboration structures, and student-informed accommodations. While limited by sample size, this study does offer foundational insights for transforming inclusive education from aspiration to reality through strategic, contextualized interventions in resource-constrained settings.

## Data Availability Statement

The article is based on data fully presented and discussed within the article itself; therefore, no additional data archiving is required.

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