

Parental Involvement in Indian Inclusive Schools: Models, Barriers, and Evidence-Based Pathways for Equity

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ABSTRACT

Parental involvement represents a critical yet under-realized dimension of inclusive education in India, where research demonstrates that active family engagement produces significantly stronger academic and developmental outcomes for children with disabilities compared to children without parental partnership. Yet, substantial systemic and contextual barriers prevent meaningful participation from marginalized families in rural, tribal, and urban-poor communities. This chapter examines parental involvement models grounded in Indian research, analyzes evidence on engagement outcomes demonstrating attendance increases of 15-20% and improved academic achievement, identifies context-specific barriers including social stigma (87.5% of parents of children with disabilities report feeling victimized), knowledge gaps (79.16% lack awareness of specialized teaching strategies), and systemic obstacles (75% experience absence of peer support services), explores evidence-based communication channels adapted to diverse literacy levels and technological access, investigates Individualized Education Plan (IEP) collaboration as foundational to inclusive practice despite limited legal mandate, provides detailed analysis of the Unessa Foundation case study demonstrating successful parent training models reaching 500 families in Uttar Pradesh, and offers systemic recommendations for reaching marginalized families through culturally responsive engagement, flexible communication systems, and institutional transformation. The chapter argues that parental involvement cannot be achieved through incremental school adaptations alone but requires deliberate institutional change recognizing parents as equal experts in their children's education, community-driven solutions addressing non-academic barriers, and systemic support enabling diverse family participation regardless of literacy, language, economic circumstance, or geographical location.

Keywords: *Parental Involvement, Indian Inclusive Schools, Models, Barriers, Evidence-Based Pathways*

I. Introduction: Why Parental Involvement Matters in Inclusive Education

Inclusive education, providing equitable access to quality education for all children regardless of disability status, is legally mandated in India through the Rights of Persons with Disabilities (RPWD) Act of 2016, the Right to Education (RTE) Act 2009, and the

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National Education Policy 2020. Yet implementation remains profoundly unequal. India is home to 65 lakh children with disabilities aged 5-19 years; 39% have dropped out of school, and 12% have never attended any educational institution. The gap between policy mandate and educational reality is substantial, with multiple systemic barriers impeding inclusive practice.

Parental involvement emerges as a critical lever for closing this gap. Research demonstrates conclusively that children with disabilities whose parents are actively engaged in education show significantly stronger outcomes across academic achievement, behavior, attendance, and social-emotional development compared to peers without parental partnership. Meta-analytic evidence demonstrates that parental education interventions improve child outcomes across multiple domains, with face-to-face parental education showing medium effect sizes ($d = 0.57$) compared to non-face-to-face approaches ($d = 0.23$), indicating the importance of direct engagement. Yet current evidence reveals that parental involvement in India's inclusive schools remains limited, unequal, and highly dependent on family circumstances, creating cycles where already-marginalized families (rural, tribal, urban-poor, low-literacy) become further excluded from educational partnerships.

This chapter examines parental involvement models evidence-based in Indian contexts, analyzes barriers preventing engagement, explores communication and collaboration strategies, provides a detailed analysis of successful case studies, including the Unessa Foundation, and offers systemic recommendations for creating inclusive family-school partnerships reaching all families regardless of circumstance.

II. Evidence on Parental Engagement Outcomes

A. Documented Benefits of Active Parental Involvement

Research on parental involvement in inclusive education contexts demonstrates consistent, measurable benefits across multiple outcome domains:

Academic Achievement and Learning Outcomes: Parent-implemented interventions (PIIs), intensive training enabling parents to deliver evidence-based instruction at home, produce effect sizes averaging $d = 0.76$ across Asian contexts, with children showing improvements in social skills, positive behavior, language/communication, and reduced maladaptive behaviors. A meta-analysis of 51 randomized controlled trials examining parent-implemented interventions with children with autism spectrum disorder found moderately strong overall benefits ($g = 0.553$), with positive behavior/social skills showing effect size $g = 0.603$, language/communication $g = 0.545$, and maladaptive behavior reduction $g = 0.519$. When parents receive structured training incorporating videos, role-playing, and interactive workshops, improvements in child communication and behavior reduction intensify, with face-to-face training producing stronger results than non-face-to-face approaches. Meta-analytic evidence on parent education for children with disabilities shows parenting attitude improvements with effect size $d = 0.41$ and parental depression reduction with effect size $d = 0.35$.

School Attendance and Engagement: A 2024 Unessa Foundation initiative training 500 parents in Uttar Pradesh in disability awareness and IEP collaboration resulted in 15% increase in school attendance among children with disabilities. Parent engagement through School Management Committees (SMCs) and community forums increases regular attendance and commitment to continued education. Research on parent-teacher communication effectiveness

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demonstrates that students with engaged parents show significantly improved attendance rates, with studies showing increased school engagement and motivation when families remain regularly connected with school staff. Studies specifically document that when families help ensure students attend class regularly, encourage learning at home, and maintain regular school communication, attendance rates increase by 15-20% within one academic year.

Behavioral and Social-Emotional Outcomes: Parent-implemented interventions targeting social skills, positive behavior, and communication skills show documented success with 57% of intervention studies reporting statistically significant gains in parents' ability to implement intervention strategies, demonstrating that trained parents successfully teach target skills to children with disabilities. Parents receiving training show increased competence and reduced stress managing their children's behavior. Research on parental stress indicates that structured parent education programs reduce parental depression and anxiety while improving parental self-efficacy. Longitudinal studies document that these benefits persist over time, with parents maintaining intervention implementation 6-12 months post-training.

Parental Efficacy and Psychological Well-being: When parents receive structured training, they gain increased confidence in supporting their children's learning and reduced parental stress and strain. Parents who participate in IEP development and decision-making processes report greater sense of partnership, ownership, and confidence in supporting their children's education. Meta-analysis demonstrates that parental education programs effectively reduce parental depression ($d = 0.35$) while improving parenting attitudes and parental sense of competence. Additionally, parents report enhanced life satisfaction and reduced burden when engaged as partners in their children's education.

B. Research Demonstrating Importance of Involvement Quality

Not all parental involvement produces equal benefits. Research distinguishes between types of parental involvement: passive support (parents present but not engaged in decision-making), skill-based training (parents taught specific intervention strategies), and collaborative partnership (parents recognized as experts, involved in planning and decision-making).

Research demonstrates that quality of parent-school interaction matters substantially. Students are more motivated to attend school, leading to better attendance and higher grades over time when parents are meaningfully engaged through multiple communication channels. Additionally, when families help ensure students attend class, encourage and support learning at home, and regularly communicate with school staff, teachers report significant changes in student motivation, behavior, and attendance. Research from diverse contexts confirms that parent involvement quality predicts outcomes better than involvement quantity.

Collaborative models producing strongest outcomes feature parents as equal partners: involved in IEP development, asked for input on their children's strengths and needs, recognized for their expertise about their own children, and provided clear communication about progress and strategies. When IEP meetings include parents as experts (rather than presenting deficits to them), outcomes improve significantly. Studies specifically document that collaborative IEP processes increase parent satisfaction, school partnership quality, and ultimately child achievement.

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Outcome Domain	Effect Size	Sample Size	Source
Parent-Implemented Interventions (PIIs) - Overall	d = 0.76	51 RCTs	Cheng et al. (2022)
Face-to-Face Parent Education	d = 0.57	Multiple studies	Jang et al. (2023)
Non-Face-to-Face Parent Education	d = 0.23	Multiple studies	Jang et al. (2023)
Positive Behavior/Social Skills	g = 0.603	51 RCTs	Cheng et al. (2022)
Language/Communication Skills	g = 0.545	51 RCTs	Cheng et al. (2022)
Maladaptive Behavior Reduction	g = 0.519	51 RCTs	Cheng et al. (2022)
Parenting Attitude Improvement	d = 0.41	12 studies	Jang et al. (2023)
Parental Depression Reduction	d = 0.35	12 studies	Jang et al. (2023)
Adaptive Behavior/Life Skills	g = 0.239	51 RCTs	Cheng et al. (2022)
Academic Achievement Improvement	Significant	Meta-analysis	Kim (2022)
Attendance Rate Improvement	15-20%	Multiple studies	Unessa (2025); NIFDI (2025)

III. Barriers to Parental Involvement in Indian Contexts

A. Comprehensive Analysis of Parental Barriers

Research on parents of children with disabilities in India reveals substantial obstacles to engagement:

Social Stigma and Victimization: 87.5% of parents of children with disabilities report feeling victimized and socially isolated in their communities. Research on disability in South Asian countries documents that the birth of children with disabilities is often attributed to Karma or past deeds of the family, with parents attempting to hide or deny their child's disabilities to promote "able-body-normativity". In rural India, cultural misconceptions about disabilities persist, with many believing that including a child with disability in a regular classroom will "disrupt" other students. Parents fear judgment from community members and schools, reducing willingness to participate visibly in school activities. Qualitative research in Nagaland reveals parents experiencing shame and social exclusion due to having a child with disability.

Knowledge Gaps and Inferiority Complex: 79.16% of parents of children with disabilities report experiencing inferiority complexes from lacking specialized teaching knowledge, believing they cannot contribute meaningfully to their child's education because they lack training. Many parents, particularly first-generation learners in tribal and rural communities, have limited formal education themselves, creating belief that they cannot help their children academically. Knowledge hierarchy between professionals and parents creates barriers to meaningful collaboration. Parents often lack deeper understanding of their child's condition and rationale behind specific therapies due to knowledge gaps with healthcare/educational

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professionals. Studies document that these knowledge gaps persist despite availability of information, indicating need for active knowledge-building through parent education.

Lack of Support Systems: 75% of parents report absence of parent-to-parent support services where they could learn from peers with similar experiences. Without peer support or community networks, parents feel isolated managing their children's disabilities while simultaneously maintaining household and economic responsibilities. Absence of disability-specific peer networks in rural areas compounds isolation. Research documents that parents without peer support experience significantly higher stress levels and lower sense of efficacy.

Mental and Physical Stress: 45.83% of parents report experiencing mental/physical stress managing children with disabilities; many work long hours in agricultural or informal economies, leaving limited time and energy for school engagement. Parents often experience parental depression and anxiety due to stress of managing disability combined with limited support. Qualitative studies document that parental burnout represents significant barrier to sustained school engagement.

Awareness Gaps: 58.33% of parents lack awareness of government programs, disability rights, IEP processes, or available support services. Additionally, studies document that parents often lack knowledge regarding disability rights, referral services, and available government programs. Without awareness, families cannot advocate for their rights or access available resources. Research shows awareness gaps are particularly pronounced in rural and tribal communities.

B. Systemic Barriers: Schools and Institutional Factors

Beyond parental challenges, schools create significant barriers to involvement:

Unwelcoming School Cultures: Many schools perceive parents as problems to be managed rather than assets to be engaged. Teachers report that parents hold negative attitudes toward school involvement or lack motivation to participate. Schools provide minimal outreach to parents, assuming responsibility lies with families to initiate contact. Teacher preparedness research from rural Karnataka shows 74% of parents felt teachers were not adequately trained to educate children with disabilities, with beliefs particularly strong among parents of children with autism, intellectual disabilities, and multiple disabilities. Studies document that unwelcoming school cultures significantly reduce parental participation.

Limited Communication Systems: 50% of parents report being prevented from classroom observation or prevented from attending IEP meetings to understand their child's educational progress. Many schools lack flexible communication systems accommodating diverse literacy levels, languages, or technological access. Traditional parent-teacher conferences assume parent availability during school hours, impossible for families in agricultural or informal work. Schools often fail to provide multiple channels of communication; research emphasizes need for translation services, training staff in cultural competence, and using digital tools to facilitate inclusive communication.

Language and Literacy Barriers: IEPs and school documents are often written in complex language difficult for parents with limited education to understand. Schools rarely translate materials into local languages or provide interpretation services. In India's multilingual context, mother-tongue differences between schools and parents create communication obstacles.

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Approximately 40% of India's population remains illiterate; in rural areas, illiteracy rates are substantially higher, creating significant barriers to accessing written school communications.

Peer Exclusion and Social Barriers: Research from rural Karnataka documents that 52% of parents reported their children were teased or sidelined in school. Children with intellectual and multiple disabilities face greater exclusion from schooling, with school enrollment showing significant association with disability type. Research demonstrates that peer exclusion creates additional barriers to parental engagement, as parents become reluctant to send children to hostile environments.

Geographical Distance and Infrastructure: In rural areas, distance between homes and schools (particularly multi-grade schools serving dispersed populations) makes regular parent participation logistically challenging. Rural parents often reside in areas where infrastructure limitations hinder access to services.

C. Context-Specific Barriers in Marginalized Communities

Community Type	Specific Barriers	Research Evidence	Impact
Rural Communities	Agricultural livelihoods requiring seasonal labor; limited literacy; geographic distance; limited tech access; stronger traditional beliefs about disability	Gaur & Singh (2024); Devi (2023); Mangal & Mangal (2025)	Lower school participation; seasonal enrollment drop-outs; limited written communication access
Tribal Communities	Extreme poverty; systemic exclusion; high illiteracy; different cultural views of education; gender stereotypes; dropout during crop seasons; belief in Karma-based disability origin	Desai et al. (2024); Desai & Parikh (2024); Zubair & Kumar (2024)	Highest dropout rates; girls face compounded exclusion; lowest baseline enrollment; strongest stigma
Urban-Poor Communities	Financial constraints; informal economy work - multiple shifts, inflexible; housing insecurity; limited tech access; competing family needs	Krishnan (2024); Sharma & Pant (2023); Mangal & Mangal (2025)	Chronic absenteeism; parents cannot attend fixed-schedule meetings; financial stress limits educational investment
Particularly Vulnerable Tribal Groups (PVTGs)	Extreme marginalization; limited government services; cultural isolation; literacy rates below 30%; economic vulnerability; limited school infrastructure	Mishra & Nayak (2024); Bhatt & Sharma (2023)	Enrollment rates <50%; virtually no parent engagement in formal schooling processes

IV. Communication Channels and Strategies for Diverse Families

A. Multi-Channel Communication Approaches

Evidence demonstrates that effective parental engagement requires multiple, flexible communication channels accommodating diverse literacy, language, and technological access:

In-Person Communication: Regular parent-teacher meetings, community forums, and school gatherings remain essential, particularly for families with limited literacy or technological access. Research demonstrates that face-to-face communication produces stronger parental

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engagement than electronic methods alone. Meetings must be scheduled flexibly (evenings, weekends, during harvest-off periods) accommodating family work schedules. In-person communication allows face-to-face relationship building and direct clarification. Schools following this approach show increased parental involvement and willingness to participate in school activities.

Written Communication: Newsletters, printed materials, and letters provide accountability and documentation. Materials must be written in simple language, translated into local languages, and use visual supports (diagrams, photos) accommodating varying literacy levels. Research emphasizes use of multiple written formats for maximum accessibility.

Digital Communication: Email, WhatsApp, school portals, and text messages enable asynchronous communication accommodating busy family schedules. Schools increasingly implement digital platforms standardizing communication processes. However, digital approaches presume technological access; schools must recognize that many families lack smartphones, reliable internet, or digital literacy. Approximately 40% of rural households lack internet access in India, limiting effectiveness of digital-only approaches.

Community-Based Communication: Engaging community leaders, religious figures, NGO workers, and trusted community members as intermediaries can facilitate parent engagement. These trusted figures can translate complex school concepts, provide peer support, and bridge cultural gaps between schools and families. Community health workers (ASHA, Anganwadi workers) are particularly effective in rural and tribal communities where they have existing trust relationships.

Phone Communication: Direct phone calls from teachers to parents, brief, positive, specific, remain effective for families without email access, enabling real-time conversation and relationship building. Research shows phone communication increases parent-school connection, particularly when supplemented with other approaches.

B. Comparative Effectiveness of Communication Channels

Communication Channel	Literacy Requirement	Tech Requirement	Accessibility	Cost	Effectiveness for Engagement	Best For
In-Person Meetings	None required	None	Medium (scheduling challenges)	Low	High (face-to-face)	Direct engagement, relationship-building
Phone Communication	None required	Basic phone	Medium	Low-Medium	High	Real-time interaction, clarification
Written/Printed Materials	Basic-Advanced	None	High	Low	Medium	Documentation, reference
WhatsApp/Text Messages	Basic	Smartphone/phone	Medium-High	Low	Medium	Asynchronous, quick updates
Email	Advanced	Internet/computer	Medium	Low	Low	Documentation, detailed info
School Portal/App	Medium-Advanced	Internet/computer	Medium	Medium	Medium	Centralized communication

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Communication Channel	Literacy Requirement	Tech Requirement	Accessibility	Cost	Effectiveness for Engagement	Best For
Community Worker Mediation	None required	None	High	Low-Medium	High	Rural, tribal communities
Social Media (Facebook)	Basic	Internet-capable device	Medium	Low	Low-Medium	Information sharing, community building

C. Culturally Responsive Communication Strategies

Recognize Diverse Forms of Involvement: Parental involvement takes different forms in different cultures. In tribal and rural communities, involvement may look less like homework help or parent-teacher meetings and more like ensuring regular attendance, providing nutritious food for learning, and valuing education. Schools must recognize these culturally-specific forms of involvement as valid. Research emphasizes that asset-based approaches recognizing existing family strengths prove more effective than deficit-focused approaches.

Use Community Assets and Values: Engaging local religious perspectives, community leaders, and traditional knowledge systems creates bridges between schools and families. When schools explicitly draw on community values in discussing inclusive education, parent receptiveness increases. Collaborative, community-centered approaches show improved parent engagement compared to top-down school-initiated approaches.

Provide Flexibility in Participation Forms: Not all parents can attend meetings or participate in specific ways. Schools should offer multiple participation options: observation visits at flexible times, written feedback mechanisms, phone check-ins, community forum participation, or home visits. Research demonstrates that providing flexible options increases participation from marginalized families.

Employ Community Health and Education Workers: In rural/tribal areas, leveraging existing community workers (Anganwadi workers, ASHA workers, teachers' aides from the community) as bridges between schools and families increases trust and accessibility. These workers have established community relationships and cultural credibility. Studies document significantly higher engagement rates when community workers serve as intermediaries.

Address Literacy Barriers Directly: Schools must provide materials in simple language, use visual supports, and offer oral communication options. For families with limited literacy, visual aids, pictorial representations, and verbal explanations prove more accessible than written documents. Additionally, training community workers to explain complex concepts in accessible language enables broader participation.

V. IEP Collaboration: Foundation for Inclusive Partnership

A. Understanding IEP as Collaborative Tool

An Individualized Education Plan (IEP) is a written plan developed collaboratively by school staff and parents detailing a child's strengths, needs, goals, and the specific supports and adaptations required for that child to access and succeed in the general curriculum. Though not

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yet legally mandated in all Indian schools, progressive institutions and NGOs including the Unessa Foundation have adopted IEPs as essential to inclusive practice.

IEPs fundamentally shift from deficit-focused diagnosis toward collaborative goal-setting recognizing each child's individuality. Rather than asking "What's wrong with this child?", IEP processes ask "What does this child need to succeed?" and "How can we work together?". Research documents that this shift improves parent-school relationships, parental sense of partnership, and ultimately child outcomes.

B. IEP Process as Parental Engagement Model

Effective IEPs engage parents as equal decision-making partners through structured processes:

1. **Pre-IEP Parent Engagement:** Before meetings, schools provide parents with clear information about the IEP process, their rights, and their role as essential contributors. Schools invite parents to share observations about their child's strengths, needs, home behavior, and family goals. Pre-meeting preparation increases parent confidence and active participation. Research documents that preparation time significantly improves parent contributions to IEP meetings.

2. **IEP Meeting with Parent Participation:** The meeting includes structured time for parents to contribute their perspectives, ask questions, and provide input on proposed goals. Meetings are scheduled flexibly accommodating parent availability, conducted in parents' home language, and explained in accessible language avoiding jargon. Research emphasizes that true collaboration requires genuine dialogue rather than information-presentation.

3. **Recognition of Parent Expertise:** Effective IEP meetings explicitly acknowledge that parents know their children better than anyone and their insights are essential. Teachers present assessment data but contextualize it with parent information, creating collaborative interpretation. This recognition fundamentally shifts the power dynamic from hierarchical to collaborative.

4. **Parent-Agreed Goals:** IEP goals reflect not only school priorities but also family goals and values. A child's goal might include "independently manage morning routine" if morning routines are challenging for that family. Family-centered goals prove more likely to be implemented consistently.

5. **Regular Communication:** Post-IEP, schools maintain regular communication with parents about progress toward goals, implementation strategies, and adjustments needed. Progress monitoring with parent input enables responsive goal adjustment.

C. IEP Implementation Status and Barriers in India

Aspect	Status	Barriers	Evidence
Legal Mandate	Not uniform across states; Recommended in NEP 2020	Lack of state-level policy mandate	NGIFEIE Guidelines (2019); NEP 2020; Vidhi (2024)
School Adoption	Progressive schools/NGOs implementing; Majority not using	Resource constraints; Teacher training gaps; Limited awareness	Unessa Foundation (2025); Vidhi Report (2024); Dey (2025)

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Aspect	Status	Barriers	Evidence
Parent Understanding	Limited; Varies by education level	Language barriers; Complex terminology; Limited pre-meeting preparation	Dey (2025); Mangal & Mangal (2025)
Document Accessibility	Documents often in English or complex language	Lack of translation; High literacy requirement	Mangal & Mangal (2025); Rossetti (2015)
Implementation Quality	Variable when attempted; Often hierarchical rather than collaborative	Teacher training on collaborative facilitation lacking; Time constraints	Dey (2025); Gallaway (2020); Vidhi Report (2024)
Parental Participation Rate	23% baseline; 89% post-Unessa training	Awareness gaps; Scheduling barriers; Language barriers; School culture	Unessa Foundation (2025); Dey (2025)

VI. Workshops and Parent Training Models

A. Evidence on Parent Training Effectiveness

Structured parent training programs produce documented improvements. Parent training typically includes didactic instruction, demonstration, role-play practice, coaching, home practice assignments, and feedback. When incorporating interactive elements (videos, role-plays, workshops), effectiveness increases substantially. Meta-analysis of parent-implemented interventions shows parents successfully implement intervention strategies taught in training and teach target skills to children; however, training procedures are often poorly documented, making it difficult to identify specific effective components. Face-to-face parent education produces medium effect size ($d = 0.57$) while non-face-to-face produces small effect size ($d = 0.23$), suggesting direct engagement as critical component. Research documents that parental participation in structured training predicts child outcome improvements.

B. Components of Effective Parent Training Models

Training Component	Description	Research Support	Effectiveness
Didactic Instruction	Classroom-style teaching on disability, development, rights	Jang et al. (2023); Cheng et al. (2022); Liu et al. (2020)	Foundation-building; moderate effectiveness
Demonstration (Video/Live)	Teacher/trainer models specific strategies or techniques	Cheng et al. (2022); Liu et al. (2020); Ono et al. (2024)	High effectiveness when combined with practice
Role-Play Practice	Parents practice strategies with feedback in safe setting	Jang et al. (2023); Liu et al. (2020); Ono et al. (2024)	High effectiveness; increases confidence
Peer Learning	Parent-to-parent learning; Sharing experiences; Group discussion	Jang et al. (2023); Liu et al. (2020); Unessa Foundation (2024)	High effectiveness; reduces isolation
Coaching/Individualized Feedback	One-on-one guidance and feedback from trainer	Cheng et al. (2022); Jang et al. (2023); Liu et al. (2020)	High effectiveness; personalized support

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Training Component	Description	Research Support	Effectiveness
Home Practice Assignments	Parents practice strategies at home between sessions	Liu et al. (2020); Cheng et al. (2022); Ono et al. (2024)	High effectiveness; real-world application
Disability Rights/Awareness Content	Education on rights, legal frameworks, advocacy	Unessa Foundation (2025); Vidhi Report (2024); Dey (2025)	High effectiveness; empowers parents as advocates
Interactive Methods	Group discussion, Q&A, case studies, problem-solving	Jang et al. (2023); Liu et al. (2020); Ono et al. (2024)	Higher effectiveness than lecture-only
Childcare During Training	Enabling parent participation by providing childcare	Unessa Foundation (2024); Dey (2025); Desai (2024)	Essential for accessibility; enables participation
Flexible Scheduling	Evening, weekend, seasonal schedule flexibility	Unessa Foundation (2024); Devi (2023); Desai (2024)	Critical for working parents; enables broader participation

C. Designing Effective Parent Training in Indian Contexts

Disability Awareness and Rights-Based Content: Rather than only teaching skill-based strategies, training must include disability rights education, addressing stigma, and developing growth mindsets viewing all children as capable of learning. When parents understand disability rights and legal protections, they become advocates for their children. Research documents that rights-based approaches produce empowerment and increased advocacy behaviors. Studies show that rights education increases parents' understanding of legal entitlements and willingness to advocate.

Practical, Skill-Based Training: Training must teach specific, evidence-based strategies parents can implement at home: behavior support strategies, communication techniques, learning support approaches, and daily living skill instruction. Concrete strategies prove more useful than abstract concepts. Research documents that parents can effectively implement strategies learned in training.

Interactive Learning Methods: Training incorporating video demonstration, role-play practice, small-group discussion, and peer learning produces stronger engagement and skill development than lecture-based training. Face-to-face training ($d = 0.57$) substantially outperforms non-face-to-face approaches ($d = 0.23$). Studies confirm that interactive methods increase parent learning and satisfaction.

Peer Support Components: Incorporating parent-to-parent learning, where parents learn from peers with similar-age children or similar disability experiences, increases engagement, reduces isolation, and creates ongoing support networks. Peer leaders prove particularly effective in Indian contexts where hierarchical knowledge structures create barriers. Research documents that peer-led programs produce sustained engagement.

Flexible Scheduling and Accessibility: Training must accommodate parent schedules (evenings, weekends, off-season for agricultural families), provide childcare if needed, offer food/refreshments, and compensate parents' time when training occurs during potential work hours. Research documents that practical barriers (childcare, timing) determine participation

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more than motivation. Studies show that addressing accessibility barriers increases participation rates substantially.

Translation and Cultural Adaptation: Training materials must be translated into local languages, culturally adapted with examples relevant to local contexts, and delivered by trainers with community trust. Local language delivery increases comprehension and engagement. Research documents that cultural adaptation improves outcomes.

VII. Case Study: Unessa Foundation Parent Training Model

A. Organization Overview and Approach

The Unessa Foundation, established to advance inclusive education for underprivileged children with disabilities in India, implements comprehensive programs combining direct service, advocacy, and capacity-building. Their parent training model exemplifies evidence-based practices adapted to Indian contexts, serving as a replicable model for scaling inclusive family engagement. The organization operates across multiple states including Uttar Pradesh, Madhya Pradesh, and Maharashtra, reaching thousands of families through direct training, capacity-building of schools, and advocacy for inclusive education policies.

B. 2024 Uttar Pradesh Initiative: 500 Parents Trained

Initiative Design: In 2024, Unessa Foundation launched a parent engagement initiative in Uttar Pradesh targeting rural families with children with disabilities. The program trained 500 parents over a 6-month period (January-June 2024) through workshops combining disability rights education, IEP collaboration training, behavior support strategies, and communication techniques. The initiative targeted districts with particularly low baseline parent engagement and high dropout rates among children with disabilities. This initiative represents the largest systematic parent training program documented in rural India with measurable outcomes.

Workshop Content and Structure:

- **Module 1: Disability Rights and Legal Framework (2 sessions, 4 hours):** Education about RPWD Act 2016, RTE Act 2009, parental rights, school obligations, and grievance mechanisms
- **Module 2: Understanding Your Child's Disability (2 sessions, 4 hours):** Information specific to different disability types, strengths-based perspectives, developmental expectations, and capacity-building narratives
- **Module 3: Supporting Learning at Home (3 sessions, 6 hours):** Evidence-based strategies for reading support, communication, behavior support, and daily living skills with demonstration and practice
- **Module 4: Collaborating with Schools (2 sessions, 4 hours):** IEP processes, effective communication with teachers, written documentation, advocacy strategies, and handling school conflicts
- **Module 5: Peer Support and Self-Care (ongoing):** Parent-to-parent learning groups, stress management, addressing isolation, and building parent networks continuing beyond formal training

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Delivery Method:

- Workshops held in community settings (schools, community centers, religious spaces, panchayat buildings) accessible to families rather than centralized locations
- Scheduled flexibly: morning sessions (7-9am) for agricultural families before field work; evening sessions (5-7pm) and weekend sessions for other working parents
- Conducted in Hindi and local regional languages (Bhojpuri, Awadhi in UP region)
- Incorporated interactive methods: role-play, group discussion, video demonstrations, case studies, small-group problem-solving
- Provided childcare during workshops enabling parent participation
- Offered light meals during sessions, compensating parents' time at ₹200-300 per session (recognizing opportunity cost of participation)
- Led by facilitators with community trust, including trained parent peer-leaders from previous cohorts who modeled parent expertise

Participants and Recruitment:

- 500 parents of children with disabilities (ages 6-14)
- 52% mothers, 48% fathers
- 62% from rural areas; 38% from semi-urban areas
- 45% had completed primary education or less; 35% secondary; 20% higher secondary or above
- Children with diverse disabilities: autism (28%), intellectual disability (22%), cerebral palsy (18%), hearing impairment (12%), visual impairment (8%), multiple disabilities (12%)
- Recruitment through Unessa Foundation partner schools, anganwadi centers, community leaders, and word-of-mouth referrals

Outcomes:

- Attendance and School Engagement: 15% increase in school attendance among children with disabilities (from average 68% baseline to 78% post-training), sustained over 3-month follow-up period
- Parental Confidence: Parents reported increased confidence in supporting children's learning, pre-training: 21% reported high confidence; post-training: 78% reported high confidence on validated parental self-efficacy measures
- IEP Participation: 89% of trained parents participated in IEP meetings following training vs. 23% at baseline

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- **School Collaboration:** 94% of trained parents reported strong collaboration with schools (defined as regular communication, participation in decision-making, feeling respected) compared to 23% baseline
- **Reduced Parental Stress:** Significant reduction in parental stress scores measured via validated stress scales, with 71% reporting reduced stress post-training
- **Peer Support Network Development:** Parents established peer support groups that continued beyond formal training, with 67% participating in ongoing monthly meetings 3 months post-training
- **Knowledge Gains:** Parents demonstrated increased knowledge of disability rights, communication strategies, and learning support methods on post-training assessments; 91% demonstrated knowledge gains meeting proficiency criteria
- **Implementation of Strategies at Home:** 76% of trained parents reported regularly implementing home-based learning and behavior support strategies taught in training

C. Key Success Factors

The Unessa Foundation model demonstrates several replicable success factors:

Community-Based Delivery: Holding training in community spaces rather than schools reduced barriers for families hesitant about school contact, particularly families with prior negative school experiences. Community locations provided psychological safety and increased attendance. Research across India documents that community-based programming reaches more marginalized families than school-based programs.

Language and Cultural Adaptation: Delivering in local languages with locally-relevant examples increased accessibility and relevance, with 94% of parents reporting content was "easy to understand". Use of local examples (agriculture, cultural practices, local disability concepts) improved engagement. Studies confirm that language-adapted programming produces better comprehension and outcomes.

Rights-Based Approach: Combining skill-based training with disability rights education empowered parents as advocates, not just skill-learners. Parents reported increased understanding of their rights and increased willingness to advocate for their children. Research documents that rights-based approaches produce empowerment.

Peer Leadership: Employing trained parent peers as co-facilitators reduced hierarchy, increased trust, and created models of parent expertise. Peer facilitators demonstrated that parents without professional credentials could effectively teach other parents. Studies document that peer-led programs produce sustained engagement and stronger peer networks.

Flexibility and Accessibility: Accommodating diverse family schedules (agriculture, informal work), providing childcare and meals, and compensating time recognized barriers and demonstrated respect for parents' circumstances. Practical accessibility removed participation barriers. Research confirms that addressing practical barriers substantially increases participation.

Ongoing Support: Beyond time-limited workshops, establishing parent groups provided sustained peer support, reducing isolation. Ongoing support enabled skill maintenance and

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continued growth. Studies document that sustained support produces better long-term outcomes.

School Coordination: Coordinating with partner schools (training teachers, implementing IEPs, providing feedback to parents) created systemic support enabling parent strategies to align with school approaches. Systemic coordination was critical to effectiveness.

VIII. Reaching Marginalized Families: Systemic Strategies

A. Understanding Marginalization in Indian Contexts

Marginalization in education stems from intersecting factors: poverty limiting time/resources for engagement, low parental education limiting confidence/understanding, disability stigma creating social isolation, gender inequality limiting girls' access, rural/tribal location creating geographic barriers and cultural differences, and linguistic diversity creating communication barriers. Marginalization is not individual family failure but rather systemic exclusion rooted in institutional structures.

Research from rural Karnataka documents multiple intersecting barriers for marginalized families: children with intellectual and multiple disabilities face lower enrollment rates ($\chi^2(5, N=400) = 10.36, p = 0.08$), teacher preparedness perceived as inadequate by 74% of parents, and 52% of parents reporting peer teasing/sidemining of their children. These intersecting barriers create compounded exclusion. Understanding marginalization systemically is critical to designing effective interventions.

Reaching these families requires recognition that marginalization is systemic, rooted in institutions, not in families' deficits, and solutions must address systemic barriers, not blame families.

B. Systemic Interventions for Inclusive Family Engagement

1. Institutional Transformation: Schools must fundamentally shift from hierarchical models (where schools "tell" parents) toward collaborative partnerships (where parents are recognized as experts). This requires: professional development for teachers on family engagement; leadership training for principals on inclusive family partnerships; and policy-level commitment to family engagement recognized as foundational, not marginal.

Research demonstrates that principal support and institutional commitment are strongest predictors of successful parent engagement programs. Schools with principal leadership prioritizing family engagement show significantly higher parent participation rates and better student outcomes.

2. Accessibility and Flexibility: Schools must remove practical barriers: flexible meeting schedules accommodating work and agricultural calendars; multiple participation options (in-person, phone, written, community); language services including translation and interpretation; transportation assistance when needed; and accessible communication channels accommodating diverse literacy and technological access. Research documents that practical barriers (scheduling, childcare, transportation) are often stronger predictors of non-participation than parental motivation.

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3. Community Partnership: Schools cannot reach marginalized families alone. Partnerships with trusted community organizations (NGOs, religious organizations, community health workers, local leaders) extend reach and build trust. Community-based delivery through trusted intermediaries increases participation rates substantially.

4. Asset-Based Approaches: Rather than focusing on deficits ("parents lack education, lack involvement"), schools must identify community assets and strengths and build on them. Every community has resources, trusted leaders, cultural values supporting education, informal learning networks, social capital, that schools can leverage. Asset-based approaches prove more effective and respectful than deficit-focused approaches.

5. Disability Rights and Awareness: Community-wide awareness campaigns addressing stigma, promoting disability rights, and celebrating inclusion create enabling environments for family engagement. These campaigns must be culturally sensitive and co-created with community members rather than externally imposed. Research documents that community-based awareness campaigns reduce stigma.

6. Structural Support for Schools: Schools cannot implement robust family engagement without resources. This requires: dedicated staff for family engagement; professional development funds; flexibility in scheduling; and administrative recognition of family engagement as essential (not marginal) to school function. Resource allocation signals institutional priority.

7. Policy-Level Support: Policies must mandate inclusive family engagement, allocate resources for implementation, and establish accountability for results. National and state-level policy frameworks should specify parent involvement expectations, requirements, and accountability measures. Policy-level action is necessary for systemic scaling.

C. Implementation Framework for Systemic Change

Intervention Level	Specific Actions	Responsible Parties	Timeline	Success Indicators
School Level	Hire family engagement staff; Develop collaboration policy; Implement flexible scheduling; Establish community partnerships	School leadership, teachers	3-6 months	50%+ parent participation increase; Established partnerships
Teacher Level	Professional development on family engagement; Learn culturally responsive communication; Practice collaborative IEP facilitation	Teachers, school leaders, external trainers	Ongoing, minimum 20 hours/year	Teacher confidence increase; Parent satisfaction ratings

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Intervention Level	Specific Actions	Responsible Parties	Timeline	Success Indicators
Community Level	Engage community organizations; Recruit peer leaders; Establish parent support groups; Conduct awareness campaigns	NGOs, community leaders, parent volunteers	3-6 months	Active community partnerships; Parent support group attendance
District Level	Policy development; Resource allocation; Monitoring and evaluation; Capacity building for schools	District education officials, NGOs	6-12 months	State policy mandate; Resource allocation
State/National Level	Legislative mandate; National guidelines; Funding allocation; Accountability framework	Government education departments	1-2 years	Legal mandate; National framework; Consistent funding

IX. Systemic Recommendations and Implementation

A. For Schools and Educational Leaders

1. **Establish Family Engagement as Core Function:** Hire dedicated family engagement staff, allocate budget for family engagement activities, and establish accountability measures for family partnership quality. Evidence demonstrates schools with dedicated resources show significantly higher engagement rates.
2. **Develop Collaborative IEP Processes:** Implement IEPs (where permitted by state policy) with true parent collaboration; translate documents into local languages; provide pre-IEP parent preparation. Research shows collaborative IEPs improve parent confidence and school partnerships.
3. **Create Flexible Communication Systems:** Provide multiple communication channels (in-person, phone, written, digital); schedule meetings flexibly; offer interpretation when needed. Multi-channel approaches reach broader parent populations.
4. **Professional Development:** Provide teachers training on collaborative family engagement, culturally responsive communication, and recognizing parent expertise. Teacher preparation significantly influences engagement quality.
5. **Community Partnership:** Establish relationships with trusted community organizations, hire community members as family engagement liaisons, and co-design programs with communities. Community partnerships increase reach and trust.

B. For Teachers and Family Engagement Practitioners

1. **Adopt Strengths-Based Perspectives:** Focus on children's and families' strengths rather than deficits; recognize parents as experts about their own children. Research documents strengths-based approaches produce better outcomes.

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2. **Build Genuine Relationships:** Move beyond transactional communication toward authentic relationships; demonstrate respect, interest, and appreciation for families. Relationship quality predicts engagement.
3. **Practice Culturally Responsive Communication:** Adapt communication to families' linguistic, cultural, and educational contexts; use interpreters when needed; incorporate community values. Culturally responsive approaches increase participation.
4. **Collaborate in IEP Development:** Present assessment data collaboratively; solicit parent input on goals; explain in accessible language; document parent contributions. Collaborative processes improve outcomes.
5. **Create Peer Support Opportunities:** Facilitate parent-to-parent connections; celebrate peer expertise; create ongoing support groups. Peer support reduces isolation and increases sustained engagement.

C. For Policymakers and Government

1. **Mandate Inclusive Family Engagement:** Establish requirements for parent involvement in school policies and IEP processes across all states. Legal mandates create accountability.
2. **Allocate Resources:** Fund family engagement positions in schools, professional development, interpretation services, and community partnership programs. Resource allocation enables implementation.
3. **Address Structural Barriers:** Remove systemic obstacles through policies supporting flexible work arrangements for parents attending school events, subsidizing transportation, or providing childcare. Structural support removes practical barriers.
4. **Support Marginalized Communities:** Direct additional resources and support to rural, tribal, and urban-poor schools; mandate programs specifically designed to reach marginalized families. Targeted support reduces inequities.
5. **Establish Accountability:** Create accountability mechanisms measuring family engagement quality and student outcomes, disaggregated by disability status, caste, tribe, gender, and socioeconomic status. Disaggregated data reveals inequities.
6. **Commission Research:** Fund research examining family engagement models, effectiveness, barriers, and solutions in Indian contexts; support program evaluation and dissemination. Evidence-based policy development requires research.

X. Challenges and Future Directions

Current Gaps: Despite evidence demonstrating benefits, parental involvement in Indian inclusive schools remains limited and unequal. Only 61% of Indian schools are partially equipped for students with disabilities, limiting what parents can effectively support. Teacher preparation for family engagement is often absent from pre-service programs. Policy mandates for inclusive family engagement remain weak or absent in many states.

Research Needs: Greater research examining family engagement models in Indian contexts is needed, particularly: longitudinal studies tracking outcomes of parent-trained interventions;

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research on reaching marginalized families (tribal, rural, urban-poor); comparative research on different communication channel effectiveness across contexts; and implementation science examining how to scale programs like Unessa Foundation across diverse contexts.

Sustainability Challenges: Successful programs like Unessa Foundation depend on NGO resources, raising sustainability questions if government does not systematically fund and mandate these approaches. Building inclusive family engagement into school systems, rather than relying on external programs, requires institutional transformation and resource commitment.

Scaling Barriers: While model programs demonstrate effectiveness, scaling to national level requires: consistent policy mandates across states, dedicated resource allocation, teacher training infrastructure, and ongoing monitoring. Current institutional capacity for scaling remains limited.

Conclusion

Parental involvement in inclusive education is not optional or supplementary; rather, it is foundational. Evidence demonstrates conclusively that children with disabilities whose parents are engaged partners show stronger academic achievement, improved attendance, better behavior, and enhanced social-emotional development. Meta-analytic evidence supports effect sizes ranging from $d = 0.41$ (parenting attitude improvement) to $d = 0.76$ (overall parent-implemented interventions), demonstrating substantial benefits.

Yet current parental involvement in India's schools remains limited and unequally distributed, with marginalized families, those with greatest need for partnership support, most excluded. Barriers are substantial: 87.5% of parents of children with disabilities feel victimized and isolated; 79.16% lack knowledge; 75% experience no peer support; only 61% of schools are partially equipped; 74% of parents believe teachers are inadequately trained.

Transforming this reality requires moving beyond family-blaming perspectives toward systemic change. The barriers preventing parental involvement are not primarily family failures but institutional inadequacies: schools unwelcoming parents; communication systems inaccessible to diverse families; stigma preventing participation; teachers untrained in family partnership; and systemic structures failing to accommodate diverse circumstances.

The Unessa Foundation case study demonstrates that parent training models producing measurable outcomes, 15% attendance increases, significant confidence gains (21% to 78%), strong school collaboration (23% to 94%), are possible when thoughtfully designed, community-partnered, and sustainably supported. Yet isolated NGO programs cannot solve a systemic problem. Scaling requires policy commitment, institutional transformation, resource allocation, and genuine commitment to recognizing parents of children with disabilities as essential partners.

India's legal framework now mandates inclusive education through RPWD Act, RTE Act, and NEP 2020. Operationalizing this mandate requires treating parental involvement not as an add-on but as foundational, embedded in school structure, supported by resources and training, and reaching all families regardless of literacy, language, location, or economic circumstance. Only through such systemic transformation can India fulfill its commitment to inclusive education where all children, and all families, belong.

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