

COVID-19 and Exclusion of Children with Disabilities in Education | Insights from four states

Executive Summary

Introduction

The COVID-19 pandemic has worsened systems of education for all children. One of the worst affected among these are children with disabilities (CWDs). Despite a legislative framework protecting the right to education for all children, one-fourth of CWDs between 5-19 years, and three-fourth of 5 year olds, are not enrolled in any formal schooling (UNESCO, 2019). Further, CWDs in India are more likely to belong to socio-economically worse-off households (Kalyanpur, 2008), than other children, with 72% of the disabled population in India residing in rural areas (UNESCO, 2019). Inaccessibility of education for many CWDs is thus also a function of poverty.

With this study, we contribute to a limited body of work documenting the unique challenges of students with different disabilities in accessing education during the COVID-19 pandemic in India. We further document other disruptions in lives of CWDs, their families and teachers during the pandemic – economic and health shocks, access to food, medical care and rehabilitation – and implications of this on educational access. Additionally, through consultations with civil society organisations (CSOs) and government officials in the disability space – we provide actionable recommendations for Ministries of Education (both centre and state) and Ministries of Social Justice and Empowerment (MSJE) (both centre and state). These include responses to the COVID-19 pandemic, and to addressing socio-economic vulnerabilities and inclusion in education in the long-term.

A combination of in-depth and semi-structured interviews were conducted via telephone with a sample of 164 students and their parents/caregivers, 50 teachers, 10 Civil Society Organisations (CSO) and 5 government officials across four states of Andhra Pradesh, Karnataka, Kerala and Tamil Nadu. Interviews were conducted between September and October 2020.

Key Findings

Students and caregivers

Households faced losses of jobs/income and housing, increased debts, inadequate nutrition, and inability to access medical care.

- Households reported being reliant on government support schemes for access to basic services, and some instance of disruptions in delivery of entitlements under schemes, which in the most dire circumstances impacted allocation of resources between children in the home.
- Caregivers reported increased household responsibilities and stress levels, taking a toll on their mental health.
- Access to determinants of child well-being- health, rehabilitation and routine- were disrupted, with some children being forced to discontinue medical treatments for illnesses such as epilepsy, or forego regular medical checks up and rehabilitation therapy.
- Disrupted routines affected mental health of children, especially those with intellectual disabilities.

Modes of education instruction used during the pandemic were inaccessible for many reasons:

- Non-availability of appropriate teaching learning materials (TLM)
- Unaffordability of digital devices and high-speed internet, and lack of technological know-how amongst parents and students.
- Most were unable to understand lessons and complete assignments, even among those who could access classes regularly
- Students having visual and hearing impairments reported unique issues of accessibility of TLM.
- Children with intellectual disabilities reported greater need for individual attention, social interaction, and routine. Experiences primarily varied based on categories of disability and socio-economic background of households.



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Teachers

Teachers reported increased non-teaching activities, job insecurity, and issues of using digital modes of instruction for teaching CWDs

- Government teachers and teachers employed in inclusive schools with CSOs, reported an increase in non-teaching activities, specifically assisting in COVID-19 relief work. Teachers in private mainstream schools did not report similar increase in non-teaching work.
- Teachers faced economic insecurity, such as delays in salary payments, and suspension of contracts with uncertainty about contract renewals
- Teachers faced similar difficulties in navigating online modes of instruction as students; access to devices and internet, technological know-how; effort and time taken to navigate new modes.
- Teachers were reliant on parental engagement, and echoed issues of CWDs and their caregivers on issues of accessibility to digital modes of instruction.

- Digital modes offer limited opportunities for two-way interaction. While some tried to conduct home visits, many were not allowed into communities or homes as people feared contracting the virus.
- Guidelines or training for education of CWDs were not issued to teachers (with the exception of Kerala).

CSOs reported a reduction and diversion of efforts and funds away from education of CWDs since the start of the pandemic. Similarly, government officials suggested education could not be a priority ahead of provision of food and health care. Across states, stakeholders expressed similar concerns regarding accessibility and efficacy of digital modes of education for students and teachers, and the need to support vulnerable households.

Recommendations

In consultation with key stakeholders - students, parents, teachers, CSOs and government officials - and based on the findings of this study, we provide actionable recommendations on the delivery of education, social security, coordination within government departments and coordination between government and CSOs in the disability space.

While findings in this study are limited to experiences of a sample from four states, recommendations might provide direction for other states in addressing issues of educational access for children with disabilities. Recommendations include responses to the COVID-19 pandemic, but also address socio-economic vulnerabilities and inclusion in education in the long-term.

Recommendations are addressed primarily to the Ministries of Education (both centre and state) and Ministries of Social Justice and Empowerment (MSJE) (both centre and state), including disability commissioners, health, and social welfare departments.



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1. Education provisioning and greater inclusion for CWDs

1.1 Identify needs of CWDs that require face-to-face interaction, and what can continue remotely, without compromising quality

Legislation: In accordance with

- Section 16(iii) of the RPWD Act, 2016 (on the duty of education institutions to provide 'reasonable accommodation' for CWDs), and
- Section 17(a) of the RPWD Act, 2016 (on conducting regular surveys to identify CWDs, their needs and the extent to which they are being met)

Recommendation

- Consult with parents and CWDs to assess modes of instruction used during the pandemic for accessibility, quality, and engagement of children

Children with intellectual disabilities might need access to special schools and rehabilitation centres. Children with chronic illness, low immunity, (possibly at higher risk of contracting the virus, and suffering more severely from it) and children below 5 years should not return to schools yet

1.2 Bring CWDs back to schools to ensure continued education and rehabilitation (where required)

Legislation: In accordance with

- Section 8(f) of the RTE Act, 2009 (on duties of appropriate governments to ensure and monitor admission, attendance and completion of elementary education by every child)

Recommendation

- Identify and track children at high risk of dropping-out, or who have discontinued education during the pandemic: *children with disabilities; girl children having younger siblings; children in most economically vulnerable households; children of migrants; tribal communities*
- Reopen hostels/ residential schools for older CWDs, following COVID-19 protocol

- Section 16(viii) of the RPWD Act, 2016 (on providing transportation facilities to CWDs and their 'attendants/caregivers')

- Prioritize transportation needs of children with restricted mobility due to disability

- Sections 16(ii) of the RPWD Act, 2016 (on making buildings, campus and various facilities accessible)
- Section 17 of the RPWD Act, 2016 (on specific measures to promote and facilitate inclusive education)
- Section 8(d) of the RTE Act, 2009 (on providing infrastructure)

Remove barriers to physical access of schools and anganwadis through implementation of both Acts.

- Ensure schools have appropriate TLM that is accessible to children with visual, hearing impairments
- Install appropriate infrastructure: *ramps for children with locomotor disabilities, physical ailments affecting mobility; assistive devices/aids; accessible toilets with handrails, space for assistive equipment such as wheelchairs*



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1.3 Making digital modes of education inclusive and accessible

Legislation: In accordance with

Recommendation

- Section 4.6 of National Policy for ICT in School Education, 2012 (on ICT for Children with Special Needs)

Ensure up-to-date revision and application of the National Policy for ICT in School Education, 2012

- Use multiple modes of communication to be more inclusive, interactive and efficient
- Enable two-way interaction between students and teachers, through home visits, follow-ups on calls or messaging applications
- Minimize reliance on personal devices and high-speed internet, by using blended modes of instruction such as physical delivery of TLM, and home visits where possible

- Section 17 of the RPWD Act, 2016 (on measures to promote and facilitate inclusive education)
- Section 40 of the RPWD Act, 2016 (on formulation of standards for access to information communication and technology for persons with disability)
- Section 42 of the RPWD Act, 2016 (on access to information and communication technology)

Address issues of access for students and teachers

- Assess accessibility of TLM used so far and adapt, through consultation with experts and other states. For example, sign language interpreters for television lessons. Consultations can feed into updating existing standards for access, where necessary
- Provide pre-recorded videos or television lessons, rather than live classes to minimize issues of accessibility due to power cuts, poor internet, sound quality, etc
- Assess the possibility of providing devices/ internet to vulnerable households where possible

- Section 17 of the RPWD Act, 2016 (on measures to promote and facilitate inclusive education)
- “Norms and Standard for Schools” in the Schedule to the RTE Act, 2009

Address issues of access for students and teachers

- Provide aids and assistive devices as per RTE Act, regardless of mode of instruction
- Train teachers on use of education technologies, and teaching children with specific disability types



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1.4 Address needs of CWDs more holistically, regardless of modes of instruction

Legislation: In accordance with

Recommendation

- Section 17 (c) of the RPWD Act, 2016 (on employing teachers qualified to teach children across disability categories in appropriate languages)
- Section 29 of the RTE Act, 2009 (on ensuring curriculum designed for schools contributed to all-round development of children)

- Open vacancies for special educators in mainstream schools and as resource persons in underserved regions
- Reorient pedagogical practices towards teaching children at their level rather than syllabus completion; different syllabus could be provided to reduce stress on CWDs with intellectual disability
- Encourage holistic approach to child's education, including mental, socio-emotional, psychosocial well-being. Classes must go beyond formal teaching, to include co-curricular and extra-curricular activities

2. Minimize disruptions in access to health, nutrition, other support schemes, and early intervention

In accordance with section 24 of the RPWD Act, 2016 (on social security) states are directed to ensure social security provisioning to vulnerable households, accounting for intersectionalities of disability, gender, age and socio-economic background.

2.1 Strengthen the following systems to support low-income households.

Legislation: In accordance with

Recommendation

- Section 16 (viii) of the RPWD Act, 2016 (on duty of educational institutes towards inclusive education)
- Section 25 of the RPWD Act, 2016 (on healthcare)
- Section 24(3)(f) of the RPWD Act, 2016 (on provision of aids and appliances, medicine and diagnostic services and corrective surgeries free of cost to persons with disabilities under certain income ceilings)
- Section 25(2)(i) of the RPWD Act, 2016 (on healthcare during the time of natural disasters and other situations of risk)
- Section 25(j) of the RPWD Act, 2016 (on essential medical facilities on life-saving emergency treatments and procedures)

- Ensure access to medical care for CWDs, especially transport facilities for those with restricted mobility due to disability and their caregivers, and for those in remote areas, such as public transport, special allowances (like E-passes)
- Create a repository of commonly used, and essential medicines by children with chronic illnesses, and ensure local stock availability. For example, medication for children with Epilepsy should be given priority



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- Section 27(3) of the RPWD Act, 2016 (appropriate Government and local authorities should consult non-Governmental Organisations working for PWDs, while formulating policies)

Improve service delivery by

- Systematizing the coordination between government and CSOs to improve implementation of schemes

- Section 17 of the RPWD Act, 2016 (on measures to promote and facilitate inclusive education)

Improve service delivery by

- Minimizing (direct and indirect) costs of acquiring benefits of support schemes through a common application process for schemes with similar eligibility criteria

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