Preface

The Coronavirus pandemic has caused a disruption of conventional physical schooling throughout the world. While all children have undergone difficulties while transitioning to the online mode, marginalised children, especially those with psychiatric disabilities, have faced heightened academic losses and emotional difficulties. This exploratory study was conducted to understand the impact of the COVID-19 pandemic on the inclusive learning opportunities of children with Neuro-Developmental Disabilities.

Impact of COVID -19 on Inclusive Education in India

An Exploratory Research Study
Nivedita Krishna & Dr.Kirthika Rajaraman

Introduction

Right to Education for Children with Disabilities

The Rights of Persons With Disabilities Act, 2016 (the "RPWD Act") defines a "person with disability" as a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others. The RPWD Act took a significantly different approach to define disability, compared to the earlier Persons with Disabilities Act, 1995 which defined disability based on specific clinical diagnosis.

Only 8.5% of children with disabilities (CWD)[1] in India have completed schooling. India has asserted its commitment to Inclusive Education vide Sustainable Development Goals and international treaties like the Salamanca statement. Federal legislations - Right to Education Act 2009 (RTE), Rights of Persons with Disabilities Act, 2016 (RPWD) and National Trust Act, 1999 also mandate "reasonable accommodation" of CWD in mainstream education. In reality, CWD fall through the cracks of the system.

The Ministry of Education (MoE), The Ministry of Social Justice and Empowerment (MSJE), and The Ministry of Health and Family Welfare (MOHFW) have a separate program concerning the education for children with disabilities - The Education for All (*Samagra Shiksha Abhiyan*) by the MoE, The Accessible India Campaign (*Sugamya Bharat Abhiyan*) by the MSJE, and The District Early Intervention Center for early detection of disability by the MOHFW are just some examples of programs under the aegis of each ministry. However, there is a lack of symbiotic effort across the ministries at the state and central level.

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[1] Grills, Nathan, et al. "Inclusive Education' in India Largely Exclusive of Children with a Disability". *Disability and the Global South,* vol. 6, no. 2, 2019, pp. 1756-1771. URL: disabilityglobalsouth.files.wordpress.com/2019/07/06_02_04.pdf.

In the Context of COVID-19

When the COVID-19 pandemic hit India in early March 2020, the initial crisis was food and medicine for the poor & homeless. It was only afterwards that education came into focus. After a short break, most educational activities were transitioned into the "online mode". The transition was sudden, yet convenient for those with the resources. However, for many others, access to education became contingent on their socio-economic conditions. This meant that nearly 7.8 million CWD[2], particularly with moderate to severe disability and the economically weaker, completely lost their "Right to Education", a constitutional right guaranteed to all children in India between the age of 6-14 years.

The Ministry of Education (MoE), The Ministry of Social Justice and Empowerment, and The Ministry of Health and Family Welfare (MOHFW), through their apex bodies, issued well-intentioned but separate advisories to address the needs of CWD during the pandemic. For instance, the National Council for Educational Research and Training (NCERT), which is the Apex body for K-12 curriculum, issued guidelines and standard operating procedures to promote inclusive online education. It recommended accessible study material, audio/visual and teacher preparedness, and a non-discriminative approach. On another front, The Ministry of Social Justice and Welfare issued guidelines for the protection and safety of persons with a disability.

These guidelines were concerned with issues of access to essential products, priority treatment, toll-free helplines, availability of awareness material in an accessible format, and maintaining ease of access to their caregivers during the pandemic. While these were fairly comprehensive, ubiquitously missing was the state's accountability for efforts of education of CWD during the pandemic. Rather nonchalant were remarks that education had largely come to a halt and nothing specific was doable in the face of the pandemic.

For children with disability, shifting classes online led to a dearth of learning. Making adjustments to routines, like adapting to the closure of schools and daycare centres, social distancing and/or confinement to home, can prove to be a real struggle for children with physical and mental disabilities. In addition, there is a lack of assistive technology as well as educational assistance to children whose parents cannot replace special education teachers. This impacts development of children with Specific Learning Disabilities (SLD), Autism Spectrum Disorder, Down Syndrome, and the like.[3]

It is anticipated that pandemic has caused a learning disruption (and possibly learning losses), increased inequality in access to education and failure to access therapeutic interventions. There are also concerns regarding the transition back to physical schooling once the pandemic subsides.

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[2] UNESCO, "N for Nose, State of Education Report for India 2019: Children with Disabilities", 2019.
[3] Patel, Khushboo. "Mental health implications of COVID-19 on children with disabilities". *Asian Journal of Psychiatry,* vol. 54, Dec, 2020, pp. 102273. Doi: 10.1016/j.ajp.2020.102273.

Addressing these concerns would require an empirical understanding of the issue at hand. While COVID-19 has had an impact on the learnings of all children, there is a convincing assumption that the education of children with a disability has been impacted more grievously. In general, there has been little empirical research into the manifestation of inclusive practices of education in India. Furtherstill, there is a lack of qualitative understanding of the range of effects that the COVID-19 pandemic and the ensuing closure of educational institutions have had. This exploratory study attempts to fill this lacuna of information.

Methodology

Research Approach

The impact of COVID-19 was sought to be understood through a comparison of the current (post-outbreak) opportunities of inclusive education to the pre-COVID time. The same sample was studied to capture both the time periods. The research was also sensitive to the rural/urban dynamic.

Secondly, the exploratory nature of the study and the heterogeneity of the subject matter made it integral to approach the subject matter with a receptive standpoint. Thus, the mixed method was used to capture both qualitative and quantitative data. Wherever possible, qualitative information was asked to supplant quantitative inputs.

Lastly, the questionnaires/schedule underwent a revision during the survey to reflect increasing knowledge of the nuances of the field research.

Study's Purpose

The purpose of the study was to understand the extent, characteristic, and complications of inclusive education for children with Neuro-Development Diseases during the COVID-19 outbreak. The research demographic included children of 6-14 years of age who are diagnosed with Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Intellectual Developmental Disability (IDD), Learning Disability, Cerebral Palsy, or other Neuro-Developmental Diseases.

Areas Explored

The field study was conducted in the state of Karnataka, India.

Themes Explored

Areas explored through the primary stakeholder: Through the survey of teachers and parents of children with disabilities[4], the experience of inclusive education in pre-COVID period and during COVID outbreak was intended to be explored. The following broad themes were enquired about: (1) Preference and Accessibility of Inclusive Education (2) Pedagogy, syllabus and facilities for CWD at inclusive schools; (3) Special measures taken by schools to facilitate learning during COVID-19; (4) Learning Continuum of CWD during COVID-19; (5) Emotional well-being of CWD during COVID-19. While point number (1) provided general information regarding inclusive education, point number (2) to (5) were enquired in a comparative manner.

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[4]*Note:* Children with Disabilities, or CWD, throughout the study is used to refer to only those children with Neuro-Developmental Disabilities, including Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Intellectual Developmental Disability (IDD), Learning Disability, Cerebral Palsy or multiple Neuro-Developmental Diseases.

Areas explored through Other Stakeholders: Other Stakeholders were interviewed to understand broader issues surrounding education for children in an inclusive set up with a special focus on the COVID-19 period.

Procedure

The study had a total sample size of 35, 17 of whom were parents of children within the research demographic and 18 were teachers who engaged with children within the research demographic. Additionally, 6 Other Stakeholders were interviewed. The participants were selected through convenience sampling.

The primary stakeholders were surveyed through quasi-structured questionnaires with restricted and unrestricted questions. Three questionnaires were prepared for the subjects based on their role in the process of education. These were questionnaires for (1) Teachers of CWD in Inclusive Schools; (2) Teachers of CWD in Special Schools; and (3) Caregivers/Parents of CWD in Inclusive and Special Schools. Other stakeholders were interviewed with a Schedule containing open-ended questions.

The data was primarily collected by co-investigators. Parts of the sample were collected through the support of organizations, including the Association of People with Disability, Saadhya Trust (Hosapete), CBR Network. The subjects were informed of the scope, purpose and the voluntary nature of participation in the study before the collection of information.

Other Stakeholders were interviewed through video conference for qualitative inputs regarding their role as well as policy and practice of inclusive education during COVID-19. This is used to supplant the statistical findings from the study of primary stakeholders.

Data processing

For the quantitative data, data coding and categorization were done using Microsoft Excel. For the data obtained from the interviews, content analysis was conducted and the existence and frequency of the same concepts in the text were analyzed according to the research purpose and focus areas. Based on this, data was categorized into broader themes and sub-themes. *(Coding into themes & subthemes in annexure)*.

Data analysis and coding were individually performed by both the primary investigators who had previously discussed the explored fields and coding rules. Upon final data analysis, the categories of answers and differences were discussed in detail and an agreement was reached.

Participants

Type of Disability	Autism Spectrum Disorder	5
	Down Syndrome	4
	Slow Learner/LD/IDD	4
	Cerebral Palsy	4
	Multiple Disorders, including an Intellectual Disorder	
Severity of Disability	Mild	6
	Mild to Moderate	4
	Moderate to Severe	6
	Others (Including multiple levels of severity)	1
Type of School	Regular/Inclusive School	9
	Special Schools	8
Socio-economic Status of the Family	Lower SES/ Unskilled Labour	5
	Middle SES/ Skilled Labour	4

	Upper-middle/ Upper Class	8
Location of School	Rural	8
	Urban	9

Table 1: Case Study Report: Participant Caregivers/Parents

Note: The Information pertains to the Children

Type of School	Regular/Inclusive School	12
	Special School	6
Location of School	Rural	8
	Urban	10

Table 2: Case Study Report: Participant Teachers

Other Stakeholders included one organization carrying out interventions for the education of CWD, a medical professional, a psychologist, an independent consultant with experience in the field, a representative/founder of a therapy centre for children with Neuro-Developmental Diseases and a government official.

Limitation of the Study

During the initial stages of the study, a lack of inclusive schools in the rural setup was noticed. Rural schools in Karnataka did not seem to carry the distinction as urban inclusive schools did, particularly for lower grades. While children with undiagnosed or mild forms of neuro-disability were found to study in regular schools, it was either due to unawareness of teachers or non-acceptance of parents regarding the existence of any learning difficulties. Except one, all-inclusive schools we could access in the rural areas were those which undergo interventions from non-governmental organisations. Thus, the statistics from the rural inclusive school may reflect a more positive result than what can be generalised. Consequently, a comparison of inclusive schools in rural areas and urban areas may suffer from defects due to socio-political variances which exist in urban and rural societies but non-necessarily captured by the sample selected.

Secondly, with its small sample size and limited geographical coverage, the results from this exploratory study may not be fit for generalisation. However, keeping in line with the intent of the study, it has the potential to provide a range of effects that the pandemic has had on the lives, education and learnings of children with disabilities.

Lastly, a fluctuating number of total sample responses can be noticed throughout the study. Due to the receptive nature of this study, the questionnaires strategically went through a revision even after the launch of the field study. Although beneficial for the intent of the study, some questions were unanswered as a consequence of these revisions. In other instances, the subjects were found unwilling or uncomfortable to divulge particular information due to the sensitive nature of the subject matter. This limits the potential for comparison between the urban and rural samples or the inclusive school and special school samples. Nevertheless, this does not impinge the core purpose of the study, i.e. to explore the kind of impact that the pandemic has had/is having.

Literature Review

Pre-pandemic Status and Practices of Inclusive Education in India

The concept of inclusion is one that has evolved from integration. While integration opposes segregation, inclusion goes a step further. Integration tries to bring children with special needs to fit them in the existing classroom methods and goals, whereas the inclusionary approach tries to provide education that is responsive to the needs of all students.[5]

Generally speaking, there seems to be a concurrence that inclusion has as its basis respect and value for every child. Therefore, among educators, policymakers, and politicians, there is a lot of support in favor of inclusion and the theory that children with a disability must be provided services within the same classroom environment. However, this has not translated into the provision of adequate support for the child with a disability to be present in an inclusive learning environment.[6] This could be because of certain obvious challenges in handling children with a disability.

It is acknowledged that some children with disabilities may require personalized attention. Some scholars argue that individual attention and the smaller number of classmates (characteristics of a self-contained special education program) may be more beneficial for children with moderate/severe intellectual disabilities than being put in an inclusive classroom.[7] This is rooted in the assumptions that the needs of different children with disabilities are different. Thus, not only is the concept of inclusion ambiguous, but a normative adaptation of it is also challenged.

There are various degrees of inclusive practices of including a child with a disability in a mainstream school. This includes:

·full-time placement of a child with disabilities in a mainstream class;

·placement in a mainstream class only for non-academic subjects; or

·placement of a pupil in a special class or unit attached to a mainstream school. In this example, the extent to which pupils are 'integrated' alongside their non-disabled colleagues is often limited only to playtime and lunch breaks.[8]

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[5]Gulyani, Ritika. "Educational Policies in India with Special Reference to Children with Disabilities". *Journal of the Indian Anthropological Society,* vol. 47, no. 2, 2017, pp. 35-51.
[6]Browning, Ellen R, et al. "Cross-Cultural Considerations regarding inclusive and service provision for children with Disability in India". *Journal of International Special Needs Education*, vol. 14, no. 1, 2011, pp. 32–39.
[7]Wiele, Lindsay J. Vander. "The Pros and Cons of Inclusion for Children with Autism Spectrum Disorders". *Senior Honors Theses,* Liberty University, 2011. URL: digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=1265&context=honors.
[8]Farrell, P. "Promoting Inclusive Education in India". *Journal of the Indian Academy of Applied Psychology,* vol. 42, no. 1, 2016, pp. 18-29.

Farrell recognizes that it would be difficult for all stakeholders to agree on a specific definition of "inclusive education". Therefore, he propounds a framework based on the following pupil outcomes:

> ·**Presence** refers to the extent to which pupils with special educational needs and disabilities (SEND) attend lessons in mainstream settings in local schools and committees.

> ·**Acceptance** refers to the extent to which other staff and pupils welcome pupils with SEND as full and active members of their community.

> ·**Participation** refers to the extent to which all pupils with SEND contribute actively in all the school's activities including in the classroom, playground or school outings.

> ·**Achievement** refers to the extent to which pupils with SEND learn academic and social skills. It also considers the impact on the achievement of non-disabled pupils of having pupils with SEND in their school.

For context, the UNESCO's (2005) definition describes inclusive education as a process of addressing and responding to the diverse needs of all learners by increasing participation in learning and reducing exclusion within and from education.

There is a gap in the perceived concept of inclusion and the existing practice of inclusion. This clearly emerges from findings of studies of inclusive practices conducted in Hyderabad by Sawhney and in Kolkata by Taneja Johansson.[9][10] Taneja points out that an inclusive school is understood as a setting which could accommodate a child with a certain type of disability. For her, inclusive schools are a type of school which are wider than the mainstream school and could take in children with only a few types of disabilities. In other words, an inclusive school does not consider itself to be bound to take in any or all types of children with disability. Quoting from Taneja's interview of a special educator in an inclusive private school in Kolkata, *"....We cannot take children who are running all over the place, they are not meant to be in an inclusive school, but in a special school".[11]*

Similar observations are also found in Sawhney's study of a private and a government school in Hyderabad. She observes that the concept of inclusion was reserved only for admitting students with disabilities perceived as 'easy'. She goes on to highlight that inclusive education has turned out to be an ornamental tag to create an impression of inclusion rather than a sincere effort to follow inclusive practices.

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[9]Johansson, Shruti Taneja. "A Critical and Contextual Approach to Inclusive Education: Perspectives from an Indian Context." *International Journal of Inclusive Education*, vol. 18, no. 12, 2014, pp. 1219–1236., doi:10.1080/13603116.2014.885594.

[10]Sawhney, Sonia. "Unpacking the Nature and Practices of Inclusive Education: the Case of Two Schools in Hyderabad, India." *International Journal of Inclusive Education*, vol. 19, no. 9, 2015, pp. 887–907., doi:10.1080/13603116.2015.1015178.

[11]Johansson, Shruti Taneja. "A critical and contextual approach to inclusive education: perspectives from an Indian context". *International Journal of Inclusive Education*, vol. 18, no. 12, 2014, pp. 1226. DOI: 10.1080/13603116.2014.88559.

In addition to a practical mismatch between what is practised and perceived as inclusive education, 'N for Nose, State of Education Report of India'[12] identifies certain disjointed legal provisions curbing the efficacy in the implementation of inclusive education:

·Absence of a legal framework specifying norms and standards aimed at meeting the specific needs of CWDs that is applicable across neighbourhood school, special school and home-based education formats.

·Absence of coordinated authorities that can enforce the norms and standards across the multiple educational settings where children with disabilities can legally be studying. At present, the enforcement mechanism under the RTE Act does not extend to special schools, while the enforcement mechanism under the RPWD Act is powerless against schools that do not adhere to its provisions since the mandate to derecognize schools for non-compliance of norms and standards lies with the education authorities.

Rose conducted a systematic (not exhaustive) review of the existing literature indicative of the latest practices of inclusive education in India. He points out that much of the published work is discursive and addresses the progress towards inclusion through philosophical discussion rather than through exemplification based on findings from the formal investigation. Rose reaffirms similar concerns expressed by Jha and Rajasekhar.[13]

Another theoretical concern is regarding the western origin of the practices of inclusive education. Proponents of these, despite having concurrence on the need for inclusivity, caution against a blind transfer of tools from the global North to the South. These scholars argue that tools and measures towards inclusive education must be contextualized to the specific needs and settings of the Global South.[14][15][16]

Status and Practices of Education in India: During the COVID-Pandemic

[12]UNESCO. "N for NOSE, State of Education Report for India 2019: Children with Disabilities". 2019.

[13]Rose, Richard. "Seeking Practice Informed Policy for Inclusive Education in India". *Asian Journal of Inclusive Education*, vol. 5, no. 1, 2017, pp. 5-22; Jha, Jyotsna et al. "Implementing the Right to Education Act 2009: the Real Challenges". Centre for Budget and Policy Studies, 2013 as cited in Rose, Richard. "Seeking Practice Informed Policy for Inclusive Education in India". Asian Journal of Inclusive Education, vol. 5, no. 1, 2017, pp. 5-22; Rajasekhar, V.M. and Sekar, R. "Education as a child right: An analysis of Right to Education Act". *Asia Pacific Journal of Research*, 2016, 90–93 as cited in Rose, Richard. "Seeking Practice Informed Policy for Inclusive Education in India". Asian Journal of Inclusive Education, vol. 5, no. 1, 2017, pp. 5-22.

[14]Le Fanu, G. "The inclusion of inclusive education in international development: Lessons from Papua New Guinea". *International Journal of Educational Development*, vol. 33, no. 2, 2013, pp. 139–148 cited in Singal, Nidhi, et al. "Education of Children with Disabilities: Changing Landscape of New Opportunities and Challenges". *Education and Disability in the Global South: New Perspectives from Africa and Asia,* edited by Nidhi Singal, Paul Lynch, Shruti Taneja Johansson, Bloomsbury, 2018, pp. 8.

[15]Singal, Nidhi and Nithi Muthukrishna. "Education, childhood and disability in countries of the South – Re-positioning the debates". *Childhood,* vol. 21, no. 3, 2014, pp. 293-304. https://doi.org/10.1177/0907568214529600 cited in Singal, Nidhi, et al. "Education of Children with Disabilities: Changing Landscape of New Opportunities and Challenges". *Education and Disability in the Global South: New Perspectives from Africa and Asia,* edited by Nidhi Singal, Paul Lynch, Shruti Taneja Johansson, Bloomsbury, 2018, pp. 8.

[16]Singal, Nidhi. "Researching Disability and Education: Rigour, Respect and Responsibility". *Education and Disability in the Global South: New Perspectives from Africa and Asia,* edited by Nidhi Singal, Paul Lynch, Shruti Taneja Johansson, Bloomsbury, 2018, pp. 41-58.

With the onset of the Pandemic, the University of York initiated research into the impact of COVID on the families with Children with Special Educational Needs/Disabilities (SENDs) in England. The purpose behind the study was to examine home education of children with SEND, parents' opinion about the support they had received, and to ascertain how best to enable the transition back to school for children with SENDs. While a general sense of dissatisfaction as to the support received was clear, some families suggested that setting up a remote professional advice service for the parents/carers of SENDs would be welcomed. Families were also concerned about the transition back to school. They felt it essential to ensure that children have access to education that is tailored to their needs and that such education is delivered by the individuals that they recognized.[17]

Another study conducted in Kosovo captured the impact of COVID-19 on the wellbeing of children with disabilities and their parents. The study, *inter alia,* discussed the emotional impact of COVID-19 restrictions. [18] It reported that the change in daily routines, lack of socialisation, lack of emotional support and change in means of learning had impacted the emotional state of children with disabilities. The parents were also reported to have had increased stress and emotional distress due to incompetence to support their child's learning. However, several advantages, like better routine, increased participation in joint activities with the family, increased attention from and time with parents were noted as well.

In India, there have been a few studies on the impact of the pandemic on the education of children with disabilities. A survey in Delhi conducted from March–August 2020 by Astha[19] on 100 CWD with varied types of disabilities provided insights into the shattered status of education particularly in the online mode for CWD. The report captured innovative early practices to maintain the education continuum. These included activity kits and use of materials available at home as a medium of education, craft activities, and Tulika's free missed call service for story narration. Increased parental involvement to continue education was also captured. The report called out some crucial components of NGO involvement during the pandemic so as to be able to provide individualized support where needed and the need to keep the dialogue around the plight of the CWD so that they do not become even more marginalized in the post-pandemic world. The report also pointed out inaccessibility of disability pensions, food rations and mid-day meals, medical aid, nutritional supplements and rehabilitation which put the children with disability at a higher risk than neurotypical children.

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[17]Asbury, Kathryn, et al. "How Is COVID-19 Affecting the Mental Health of Children with Special Educational Needs and Disabilities and Their Families?" *J Autism Dev Disord*, 2020, doi: https://doi.org/10.1007/s10803-020-04577-2.
[18]Duraku, Zamira Hyseni and Mirjeta Nagavci. "The impact of the COVID-19 pandemic on the education of children with disabilities". 2020. DOI: 10.13140/RG.2.2.17807.41125.
[19]Alkazi, Radhika Mullick, et al. "COVID-19 & Issues facing Children and Persons With Disabilities and their Families in Delhi Strategies for Future Action" *Astha*. URL: asthaindia.in/wp-content/uploads/2020/09/COVID-19-Issues-facing-Children-and-Persons-with-Disabilities-and-their-Families-in-Delhi-.pdf.

According to a survey conducted by the *Swabhiman*[20] about 56.5 % children with disabilities were struggling yet attending classes irregularly, while 77% students said they would not be able to cope and would fall behind in learning due to their inability to access distance learning tools such as a smart phone and/or internet connection. It was also pointed out that parents (particularly, mothers) became the child's therapist as therapy also moved online and was accessible only to those with a device and internet.

The very recent report by Vidhi Centre for Policy[21] added to the growing body of literature on the impact of COVID-19 on children with disabilities. This report covered children across the states of Karnataka, Kerala, Tamil Nadu & Andhra Pradesh. Amongst other findings, it identifies the following challenges faced in the education of CWD during the pandemic:

- Restricted or no access to education due to inaccessibility to Information and Communication Technologies.[22]
- Need to prepare for learning losses that have occurred during the pandemic.
- Ineffectiveness of television-based lessons.
- High dependence on parents for the success of online education models.
- Challenges in home visitations by a teacher.
- Challenges faced by teachers in acclimatising to the online mode of education.

This research is an attempt towards correcting the inadequacies pointed out by Rose by the collection of real-life information that will contribute to the discourse on inclusive education, whether inhibiting or promoting the practices of inclusive education. The focus on education during the pandemic has been restricted to the challenges in enabling accessible opportunities for learning across various socially & economically disadvantaged groups. This has in itself been quite challenging and, therefore, special education has naturally been more complex. In this context, it is considered essential to conduct a study into inclusive education practices and the future of inclusive schooling.

Home-based education, earlier reserved for children with the most severe disabilities, has now become the sole source of education for all children, including neuro-typical children. The pandemic has opened a unique window of inclusion bringing the school to the homes of children, thus improving accessibility, that was otherwise difficult. Post-pandemic inclusive practices should utilise this opportunity and, nonetheless, be responsive to the specific needs of the

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[20]"COVID-19 Response Report: March-May 2020". *Swabhiman State Disability Information and Resource Centre*, 2020. URL: 57e7b526-0150-4fbc-b3e5-0f9fa1536427.filesusr.com/ugd/50c137_22cf48729fb0413b858bf7aec73934b0.pdf
[21]Vidhi Centre for Legal Policy. "COVID-19 and Exclusion of Children with Disabilities in Education: Insights from four states". 2020.
[22] While the parents/family may have access to it, it is not necessarily available to use for the sole purpose of education of the child, particularly for a disabled child.

children with disability. This study attempted to explore the field to provide valuable insights which may support future inclusive policies and practices.

Study Findings: Status of Inclusive Education in Karnataka Before the COVID-19 Pandemic

A. Inclusive Education: Preference and Accessibility

B. Expectations of Parents from School Education

C. Pedagogy, Syllabus and Facilities at Inclusive Schools

D. Special measures by the school to facilitate inclusive education during COVID

E. Learning continuity during COVID

F. Emotional well-being of CWD during COVID

A. <u>Inclusive Education: Preference and Accessibility</u>

Conclusion 1: Most parents prefer inclusive school & feel it is very important for their child's development. Parents of CWD with a moderate to severe disability gravitate towards special schools as they perceive special schools are better equipped to provide for their children.

Conclusion 2: The concept of inclusion is largely notional and subjective upon conditions that allow easy integration of the child with a disability into the school settings. Inclusive education is perceived by teachers' as needing some qualifications for entitlement i.e. lesser disability. Teachers feel that inclusion is better suited for children with lesser disabilities and that children with more severe disabilities are better suited to a special school.

Conclusion 3: Though the majority of special school goers have tried education in a mainstream school, they have switched to special schools for a variety of reasons.

Conclusion 4: There exists a practice of charging (differential) higher fees for CWD in Urban inclusive schools. The value for such higher fees however may not be consistent across schools.

Statistical Findings
1. In total, 10 out of 17 (59%) parents of CWD prefer inclusive education. On the other hand, 7/17 (41%) parents feel that inclusive education is not preferable/detrimental for their child. Among parents supporting inclusive education, 6 out of 10 report that it is crucial/favourable for their development; 3 parents stated that an alternate method will work equally well; and one parent mentioned that their child attends both inclusive and special school since both are found important. 6 out of 8 (75%) parents of children in special schools have clearly

said that they prefer special schools. Only 2 out of 8 (25%) parents of CWD in special schools stated that they prefer inclusive over special schools.

2. 6/9 CWD in inclusive schools face minimal-mild disability, while 3/9 CWD face moderate-severe severity of disability. However, all 8 children in special schools had moderate/moderate-severe disabilities. 7 special school parents, when asked if their child had ever experienced inclusive education, stated that their child was admitted to an inclusive/regular school before. Their reasons to discontinue inclusive schools were, broadly, a lack of professional knowledge, quality support, or opportunities in inclusive schools.

3. 5/6 parents with children in inclusive schools felt that schools must broaden criteria in the admission process of CWD into regular/inclusive schools so as to include more children with different disabilities. One parent was unsure. When enquired about from the teachers, 5/12 (42%) teachers don't think there needs to be a broader criterion for inclusive education. They find that the current criterion is perfect for the available support system and curriculum followed in the current schooling system. Another 5/12 (42%) teachers think that there is a need for broader criteria for admission. 2 subjects did not answer in clear terms. 5 teachers were not asked this question.

4. 8/12 of the inclusive schools (67%) have criteria for accepting children with disabilities in inclusive schools. In rural inclusive schools, 4/5 (80%) schools don't have criteria for admission. However, 3 out of these 5 are NGO run (APD) where inclusive.

5. 4/9 (44%) parents of CWD in inclusive schools felt that the inclusive school is not affordable and the education is worth the money they pay, whereas 5/9 (66%) parents felt that their inclusive school was affordable. However, among the latter, two parents mentioned that the school charges a much higher fee for CWD.

Analysis

Preference and Inaccessibility

Several parents indicated that mingling/learning with neuro-typical peers in an inclusive environment leads to better learning outcomes for children. However, they find that admission into inclusive schools is extremely difficult and with little bargaining power with the parents. Parents believe that schools are not always forthcoming and they often make excuses to refuse admission to CWD. Often, the actual cause of denial is also not informed. A parent stated that, "*Many (schools) didn't respond after our application; To find this school was very hard. Schools will generally tell what they can provide and if it is acceptable and workable, then they admit the child. They do not usually mould their ways for the children.*" Multiple parents indicated that schools agree to accept their children by "making no promises on academics". Another parent mentioned that her child faced difficulty to get admission in several schools because of his delayed learning disability which made it hard for the child to write. Lastly, a parent mentioned that, upon graduating to the 8th class, the school recommended them to enroll their child into a special school.

Further, access to inclusive school is limited by the formal/informal admission criteria. Inclusive schools conceded to making admissions of CWD based on certain criteria of suitability. During the interviews, a representative from an inclusive school mentioned that while screening children for fitness prior to admission into schools is legally not allowed due to governmental regulations. However, teachers in inclusive schools did mention that children are called for an observation at which time they are checked for IQ, SLD, ADHD issues. It was mentioned that, in case of doubt, teachers observe the child in the school environment to judge if the child can benefit from the inclusive schooling system. Even in a special school in Urban Bangalore, we found a practice of selecting children with a particular IQ so as to ensure that they are able to take examinations.

Teachers believed that, beyond mild difficulty in any of developmental milestones (motor, speech, language, social, intellectual, etc.), the child gets impacted in an inclusive class by constantly struggling to match the performance of neuro-typical children. Moderate to severe difficulties in any area of development tends to make the classroom environment extremely challenging for the teachers, children with a disability, and other students. This is believed to impact self-esteem. It was also pointed out that one-on-one attention, which is a requirement for children with ASD, is not feasible for inclusive or mainstream education.

Several special school teachers also second such beliefs. Teachers in rural special schools felt that inclusive education is better suited for children with mild to minimum disability and that children with a severe disability will be better off at special schools. One teacher mentioned that a CWD is less tolerant and hyperactive at times which makes it difficult for them to be in inclusive schools. The teacher argued that a CWD needs greater attention which a regular teacher with 25-30 pupils cannot manage.

In an interview with Other Stakeholders, a subject opined that, *"Children with moderate disability are not someone who cannot be taught, rather someone who has to be taught in a different way."* Instead, the need-based accommodation of children with disabilities was suggested. Similar to this, a few parents indicated a desire for the school to be more accommodative and understanding of the needs of the children. One subject mentioned that children with disabilities are often greeted with sympathy which is not conducive for their learning. Multiple teachers in urban inclusive schools agreed that the schooling system – classroom, instruction methodology, the evaluation system and the syllabus - will need to be modified for accommodating children with different abilities.

Differential School Fee

The interviews also revealed the practice of differential fee for neuro-atypical children and neuro-typical children and, with the latter often having to pay multiples more than the former. Several parents mentioned that while it is affordable for them, inclusive schools charge much more for their disabled children. Often this excess fee is demanded without any special service or facility provided by the school for the benefit of the CWD. Where additional services are provided, parents do not perceive it as worth the additional money charged for their child.

<u>Unavailability of Suitable Resources/Facilities in Inclusive Schools</u>

Parents of special school children were inquired about the reasons for not choosing/discontinuing inclusive education. The qualitative responses received gives the following information:

- Lack of teachers trained for special education.
- Inadequate learning due to a lack of individual time commitment from the teacher.
- Unavailability of one-on-one attention in inclusive setup.
- Advice given by the school to put the child in a special school.
- Child's behaviour could not be managed in an inclusive school. Going to a special school resulted in behavioural improvement.
- Child comfort/happiness in special school rather than inclusive schools

B. Expectations of Parents from School Education

Conclusion 1: Predominantly, parents expected that school education for their children must provide the skills required to face the real world, socialise and to lead an independent, productive life**.** Teachers also align with the view that for a CWD, school education should inter-alia provide an opportunity to acquire life-skills and vocational skills.

Statistical Findings

1. 7/11 (63%) teachers state that CWD approach school to have a structured routine and learn life skills. 5/11 (45%) teachers consider children with a disability approach inclusive schools for intellectual development in traditional subjects like language, mathematics, science, social science. 2 teachers mentioned that parents desire the development of fine-motor skills and arts (for therapeutic and recreational purposes), while one stated that the development of social abilities is looked for by parents. 7 subjects were not asked this question.
2. When asked about from the parents, 13/17 (76%) parents considered schooling for their child important for them to learn life skills for the child to lead an independent life. 9/17 (52%) considered schooling as an opportunity to teach their children social abilities like communication skills and better comfort in socialising. 9/17 (52%) of the parents found it important to their child to learn conventional subjects such as science, mathematics, social studies and the like. Lastly, 7/17 (41%) parents wished for school to assist the child in improving fine motor skills and arts for therapeutic or recreational purposes.[23]

Analysis

The survey showed that most parents expected their child to gain social abilities and life skills to support an independent life in the future. However, what amounts to these skills often vary. For

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[23] The percentage/number would not add up to total responses since the question had the option for multiple responses, if desired.

instance, one parent mentioned that she wishes her child to have an occupation or a hobby to keep him engaged. For instance, reading abilities. For others, such life skills may mean comfort in social gatherings. Yet others may desire their child to have the ability to navigate through the daily chores as an adult. Thus, generalisation cannot be drawn based on these. However, this information can help ascertain the wide array of expectations that the parents have.

Further, it was seen that there was a gap between what parents expected the schools to deliver and what teachers understood as desirable. However, since the sample size is not large enough, this difference is not certain. Assuming this is true, it can explain the high dissatisfaction which parents registered with inclusive school's provisions and facilities.

C. Pedagogy, Syllabus and Facilities at Inclusive Schools

Conclusion 1: Inclusive schools use different approaches to include children with disability, with some approaches inconsistent with the concept of inclusion.
Conclusion 2: Special Schools have a more favourable ratio of special educators to children with a disability than inclusive schools.
Conclusion 3: Special schools have better provisions for therapy needs of children with disabilities than inclusive schools do. This matches with parent's expectation of better attention in special schools for children with moderate-severe disabilities.
Conclusion 4: Majority of the parents are satisfied with the peer/teacher acceptance. However, qualitative inputs suggest the presence of adverse peer/teacher behaviors.
Conclusion 5: Though professional knowledge and policy towards inclusiveness are present, a significant number of parents found inclusive school's policy and infrastructure insufficient to support inclusiveness.

Statistical Findings

1. Practice of Inclusion:
   1.1. 5/12 inclusive schools place CWD in an age-appropriate class at most of the school hours with additional pull-outs for remedial intervention.
   1.2. 2/12 inclusive schools only place CWD in an age-appropriate class for extra-curricular activities (sports, music, dance, art & craft) and provide educational interventions separately.
   1.3. 1 school follows both point 1 and point 2.
   1.4. 2/12 inclusive schools follow an integrated education concept where schools have a separate section/building facility for CWD but allow for neuro-typical peer interaction certain activities (school functions, recess, etc.).
   1.5. 2 rural schools include CWD but could not define themselves as any of the above 3 models.
2. All 7/7 urban inclusive schools interviewed had special educators. However, only 3/5 rural inclusive schools had special educators. All 3 of these are NGO-run (APD).

3. Through the parents' survey, it was found that 6/9 (66%) children in inclusive schools had access to special educators through school. 3/9 (33%) parents reported that their school did not provide any special educators' support for learning purposes.

4. In urban inclusive schools, on average, a special educator caters to 20 children (range 7 to 33 children per teacher). In comparison, in rural inclusive schools, an average special educator caters to 22 children (range- 15 to 30 children per teacher). Lastly, in urban and rural special schools, a special educator caters to around 6 to 7 children.

5. 13/18 (72%) (8 inclusive & 5 special) schools do personalized assessments for children. 2/18 (11%) schools do only informal assessments. Lastly, 2/18 (11 %) schools treat CWD similar to their neuro-typical peers and conduct similar assessments as them.

6. 7/9 (77%) inclusive school parents are satisfied with additional teaching materials catering to the special needs of their children while 2/9 are not.

7. 9/12 inclusive schools augment education with other therapy requirements of the children. All rural inclusive schools which provide therapy are NGO-run schools where such therapy is conducted by school teachers trained and guided by experts from the NGO.

8. 4 out of 7 urban inclusive schools offer both speech and physio training to their students. Apart from these, 1 school offers sensorial training and 1 school offers only speech therapy. On the other hand, all 6 special schools do provide speech/physio/occupational therapy for the children.

9. 9 out of 12 (75%) teachers in inclusive schools stated that their general classroom teachers must compulsorily attend and have regular awareness training on acceptance and inclusiveness.

10. Only 5/9 only (55%) parents of children in inclusive schools are satisfied with acceptance by the class teachers and peers. 2/9 parents were unsatisfied in this regard. The latter clearly stated the existence of unacceptable peer or teacher behavior. 1 parent did not register a response.

11. Only 4/9 (44 %) of the parents were fully satisfied with the school's infrastructure, school policy on providing shadow teachers, exemptions on certain subjects and anti-bullying policy. On the other hand, 3/9 (33%) feels that their school policy does not support inclusiveness in any way. One parent found this question inapplicable. One parent did not answer.

Analysis

Though professional knowledge and policy towards inclusiveness are present, the practise of inclusion differs from school to school. Some schools include CWD in the mainstream classes and

provide remedial lessons for subjects where there is difficulty in learning. Others allow CWD to mingle with neuro-typical children only during the breaks or provide limited participation opportunities during the school annual day. Even at such times, as one parent pointed out, it would not be to give the child a lead role but rather something so as not make him/her feel left out.

As pointed out earlier, inclusive schools provide for children with a lesser disability and normal IQ. Consequently, the facilities provided by an inclusive school would cater to such children only. Special educators are not an assured component at all schools - particularly budget private schools and rural schools. Further, with an adverse student-special educator ratio, one-to-one attention and unique child-specific needs may not be met. Teachers, thus, mentioned that children with ASD, who often require individual attention, cannot do well in inclusive setups.

Special schools augment learning with therapy and this could be another reason why parents feel that the child is better off in a special rather than in an inclusive school. Since it's likely that children with a lesser disability don't have as much therapy needs as would children with moderate-severe disability, the necessity of catering to a child's therapy needs are not assumed by inclusive schools. In rural inclusive schools (not under NGO guidance) in our sample, the general teacher is trained in special education and no separate special educator is present. In such a case, it is unlikely that the teacher will get adequate time to teach neuro-typical children whilst also ensuring social attention to the needs of children with disability.

Despite the statistics, serious anecdotes of bullying and teacher neglect were informed about during the interviews. A special school teacher shared that her student in the previous inclusive school felt that his teacher was happy when he was not in class. According to the anecdote, the student was often sent on breaks and the teacher finished the teaching material before the child returned. A parent shared her concern of subtle bullying which often evades the knowledge of the teacher. Another mentioned that parents feel so indebted to inclusive schools for accepting their special needs child that they can't ask for anything more.

With regard to the school policy, a significant number of parents were found to be dissatisfied. One parent mentioned that it was very difficult for them to find a school which was transparent regarding the teacher process and let the parent observe the child during classes. It was informed that school often discouraged a parent to oversee the process, which can be unnerving for a parent of a CWD. It was also informed that, more often than not, shadow teachers have to be hired by parents for the child's safety or support.

Lastly, one parent stated their desire for special concessions in the difficulty level of curriculum for children with disabilities. Another parent stated their desire for exemptions in the case of academics. While some schools do adjust the difficulty level of the curriculum by informal or formal means, others teach and assess children with disability in the same manner as their neuro-typical peers. The former makes concessions in the form of different syllabus, lenient assessments and/or specially crafted exams.

Status of Inclusive Education in Karnataka During/Post the COVID-19 Outbreak

D. Special Measures by School to facilitate Inclusive/ Special Education During COVID

Conclusion 1: All urban schools provided technology-based education. 80% of urban schools could use live interactive technology for educating their students. Many of these schools provided additional asynchronous support via phone call/videos shared through Whatsapp.

Conclusion 2: Rural schools faced issues with the availability of technology and could support only asynchronous education (phone call) or direct home-based support. Some rural children did not get any opportunity for education during COVID.

Statistical Findings

1. Through the survey of parents, it was found that:
   1.1. 5/16 (31%) children received both synchronous online education in group and asynchronous online education. Among this, only 1 was rural school.
   1.2. 3/16 (19%) children received only synchronous online education in the group (no individual one-on-one support was received).
   1.3. 6/16 (38%) children, all from rural schools, received only asynchronous online education through recorded videos, worksheets, work plan and/or parental guidance through a phone call).
   1.4. 2/16 (13%) rural school children did not receive any online education.
   1.5. 1/16 urban parent didn't take the support from the school, though the school provides as she feels it's not very helpful.
2. 18 teachers, 12 among which were from inclusive schools and 6 from special schools, were asked the same question. 11/18 (61%) teachers followed both synchronous & asynchronous mode of online education. 2/18 (11%) teachers followed the asynchronous mode of online education. 1/18 (6%) teachers followed only synchronous group education. Lastly, 4/18 (22%) teachers followed no technology-based online education.
3. When carrying out a rural/urban comparison, it can be observed that while 3/8 (38%) rural schools (all of which were NGO-run) were found to use both synchronous (to a limited extent) and asynchronous methods during COVID, around 8/10 (80%) of the urban teachers used both the methods. Where 2/8 (25%) rural school teachers reported using only asynchronous technology, none of the urban schools did so. Lastly, 3/8 (37%) rural teachers reported that no technology-based online education was done, however, only 1/10 (10%) urban teachers reported not using any technology for online education.

Analysis

It was reported that in addition to live classes, YouTube links, modified downloadable worksheets, individualized activity book with different levels of learning skills, videos/pictures of learning activities which parents can make with home available products, voice messages to parents,

storytelling through Whatsapp (recorded videos) were provided to children during this period. Further, parents had to be provided with strategies to handle their children throughout the day by engaging the children equally in all the household work with appropriate prompting. Special educators had to monitor parents' stress and help them with appropriate counseling.

It cannot be contended that all children, neuro-typical and neuro-atypical, faced difficulties during the online mode. However, it was generally assumed that neuro-atypical children would face greater difficulties. For instance, one teacher stated that it was difficult to keep the child with ASD engaged in online classes, whether synchronous or asynchronous. However, there have been contrary responses as well.

An inclusive school teacher stated that demo classes held during the first month of the transition were helpful in making children, including those with disabilities, comfortable with the new mode. It was informed that these classes were not used to teach children any of the conventional academic material at all. Furthermore, the teacher explained with simple strategies, like initiating a class with a fun activity and keeping the sessions short, can help assure a child's continuous attention during the class.

It is important to note that several special school teachers in Rural Karnataka made home visits during the lockdowns. Parents also reported that home-visitations, when combined with the synchronous/asynchronous classes, helped their children better learn through online means. Further, it was reported that they provided direct training of parents, supplementary home kits for children, and suggestions on training daily life skills, telephonic counseling of both parents & children, and direct training of kids in teacher's home

One teacher reported that even though their school did provide technology-based online education, each parent was provided one-on-one training which enabled them to work with the child at home along with the provision of helpful materials.

Lastly, some teachers stated that it was the unaffordability and unavailability of information and communications technologies due to which education could not be conducted at all. Further, teachers noticed some instances where parents lacked the practical knowledge and skills required for the operations of smart phones or laptops during online classes.

E. Learning continuity during COVID

Conclusion 1: Learning through education imparted for CWD in the online mode has not been the same as learning in the physical form.

Conclusion 2: Learning in online mode implies high parental participation in the process owing to high dependency on support by CWD.

Conclusion 3: Learning in online mode has resulted in increased parental stress levels. Parents feel that they need to be better equipped to handle the learning needs of the child.

Statistical Findings

1. 6/17 (35%) parents reported that their child's learning during COVID is less than usual. 5/17 (29%) parents reported that their child's learning is variable – with some subjects showing progression, while others showed regression. 3/17 (18%) parents reported that their child is learning more than usual. Lastly, 3/17 (18%) parents reported that their child is learning as usual in online education.
2. 5/9 (55%) inclusive school parents and 6/8 (75%) special school parents felt that their child's learning has been less/variable during the persisting pandemic, indicating that online education is not suiting for the needs of CWD.
3. When enquired from the teachers, 9/18 (50%) teachers stated that a majority of children needed substantial support to cope with the online lessons. 6/18 (33%) teachers stated that their children could cope well without any substantial additional help. Lastly, 3/18 (17%) teachers did not perform assessments during online schoolings and, thus, could not give a definite answer.
4. 8/17 (47%) children are completely dependent on parents during online education. 5/17 (29%) children need help less than 50% of the time but parents' presence is needed. 2/17 (12%) children were completely independent in accessing online education. While most of the children in special school were completely dependent (7/8), only 1 child studying in an inclusive school was found to be dependent on the parent's support for online education.
5. 12/18 (67%) teachers felt that parents' role in teaching & involvement in educating their children in online education is more than what is usually expected from them, while 4/18 (22%) teachers stated that it is lesser than usual times. 2/18 (11%) stated that the expectation of parents to assist in their child's education is as usual.
6. 6/17 (35%) parents felt that teaching at home was very difficult for them and they needed more training to attain good results. 4/17 (24%) parents felt that they are not able to balance their work and teach and it was emotionally exhausting for them. 5/17 (29%) parents reported that they are confident about supporting their children in the teaching process. 2 rural parents choose not to comment as they did not receive online education.
7. 6/15 (40%) of the parents stated that they feel helpless, anxious, and/or exhausted due to the shift to online education and increased responsibility. 14/18 (78%) teachers opined that their parents are significantly stressed.
8. 15/18 (83%) schools provided counseling sessions. 5/6 special schools provided counseling support for parents to help them with additional responsibilities. Similarly, 10/12 inclusive schools provided counseling support for parents. When enquired about from the parents,

only 7/17 (41%) parents answered that their teacher provides counseling support to them. Among these, 5 had their children in rural special schools, 1 in an urban inclusive school, and 1 in a rural inclusive school.

Analysis

Online learning shows the potential for benefiting children who experience stress and difficulty with socialisation due to an underlying disability. Parents reported a relaxed emotional state of their children and consequent increase in learnings due to a shift to online education. As pointed out by a stakeholder (a medical professional), the cognitive stress of socialising makes it difficult for certain children, whether having a disability or not, to enjoy or learn through physical schooling. This is especially true for children with Autism Spectrum Disease where a person experiences difficulty in practicing social functions. Furthermore, some parents indicated that greater learning could be achieved due to the active participation of the parents.

However, no general trend of decrease/increase in learning can be concluded as several parents suggest that there is a general decline in the learnings of the children. Where aspects such as writing have shown a decline, life skills showed better learning results. Qualitative inputs from teachers suggest that abstract concepts in core subjects, like mathematics and science, were difficult to teach through online means, while language and life skills are easier to teach. However, they also stated that these subjects were more challenging to teach even before the transition to online teaching. Moreover, teachers stated that teaching children with ASD in the online mode is more difficult.

Many parents found that their active participation was required to facilitate online learning - either to support navigating the technology or to re-teaching the contents. For instance, one parent reported that they have to be present with the child to ensure that his attention is maintained. This was because the child had hyperactive phases. However, as explained by another stakeholder, this could be due to the very characteristic of online learning where a lack of physical and emotional presence of the teacher makes it difficult to maintain attention. It is due to this difficulty to maintain attention that active participation of parents is a key factor in online education.

Parents of CWD were found to be suddenly burdened with the additional responsibility of becoming their child's therapist as well as their educator. As noticed by the statistics, the majority of the parents indicated difficulty in being a facilitator for education at home. Among the reasons were lack of training, skills to teach the child and manage the associated behavioural difficulties, and physical and mental strain of being an active and key facilitator in the child' education whilst also balancing other responsibilities. Schools - both inclusive and special - do recognise high parental stress levels at this time and believe that ameliorative support is being provided. However, it appears that the same has not reached the parents or is not being viewed as sufficient to support their needs. Thus, there is a need for an improved and stronger support system for parents.

F. Emotional Well-being of Children with Disabilities during COVID

Conclusion 1: With the demanding school schedules being dropped, CWD are more relaxed but this does not correspond to higher learning levels.

Conclusion 2: Children who have had difficulty in socialising (ASD) are also more comfortable with not having to go to school. Other children miss going to school and meeting their teachers.

Conclusion 3: Social quarantine has resulted in behavioural problems among children.

Statistical Findings

1. 5/12 (42%) inclusive teachers opined that their children had behaviour issues while learning. 4/6 (67%) special teachers opined that their children had behaviour issues while learning.
2. 4/17 (24%) parents reported difficult behaviors at times other than during academic work. screaming/self-injurious behavior/more repetitive behaviors like flapping/more tantrums.
3. 7/17 parents reported that their child felt as usual despite the COVID restrictions. 6/17 parents reported that their children felt bored and longed for their peers'/teachers' company. 2 children were reported as having anxiety and sleep difficulties during the COVID restrictions. However, 2/17 children were reportedly more relaxed.

Analysis

During the COVID lockdowns, less outdoor engagement, boredom and a lack of structured routine were suggested by stakeholders as a cause of behavioral changes/difficulties for the children with disabilities. Additionally, certain characteristics of online learning were found to be more challenging for children with NDD. For instance, a parent was informed that technical difficulties in the communication devices, for instance, voice lag or video disruptions, was very disturbing and tensioning for her child. Furthermore, difficulty to achieve gains and confidence in social skills/learning were found to have regressed due to the disruption of school. A parent indicated that their child feels under-confident in performing certain skills, like writing, which he otherwise could before the COVID restrictions.

Close to a majority of parents reported a change in the emotional status of children. However, parents reported less problematic behaviour issues (24%) than teachers (42-67%). This could be attributable to the generally higher resilience of the parents in managing their children. The exact reason for a mismatch in the parental impression vis-a-vis educator impression will need further investigation. Because of lack of adequate knowledge/training of parents to handle the children, a few rural parents also sent their children for direct training with teachers during the COVID pandemic and felt the children responded better to their teachers (than parents) from an academic standpoint.

F. Others

Conclusion 1: Even though the majority of the parents found the current situation challenging and stressful and therapy & education in the online format not as effective, they were reluctant to resume school in the physical form.

Conclusion 2: Upon resumption of schools in the physical form, whenever it may, the resumption must be gradual/phased and time should be given for students to acclimatize to the new routine.

Statistical Findings

1. 8/15 (53%) parents felt that the current support received by them is not adequate and more support is needed to ensure proper education of their child. Apart from this, 2 parents informed that no online school was conducted during the pandemic. 7/15 (47%) parents feel the support is adequate.
2. Despite the difficulties, 13/17 parents do not support direct/physical schooling for their children during this risky period. However, 3/17 supported direct schooling stating that the benefits of physical education would be greater than the risks involved. 1 parent chose not to comment.

Analysis

Online/home-based learning must evolve and improve to support parents of CWD to equip them to support their child's educational and psychological needs. The qualitative responses of the parents ranged from a lack of trust in the capacity of the government to support their needs, to a desire for better-qualified staff and helpers and leniency in assessments. One parent stated that, pursuant to their successful efforts to teach the child at home, they have decided not to enroll the child in school anymore. The parent found that the child learnt much better at home as against learning in any school. Qualitative inputs like this suggest a bleak situation of education for CWD in schools.

Critical Comments and Policy Suggestions

Despite policy aspirations of inclusive education, it has emerged that schools tend to accommodate only those CWD who would require lesser accommodation and would more likely be able to perform well in academics. Though teachers and parents largely appear to be aligned in terms of expectations from the schools, admission policies and preferences suggest clear choices against true inclusive education. As mentioned in the results, this exploratory study is not large enough to identify, with precise certainty, the existence of a gap between the expectation of parents and what the educationalists/teachers perceive as desired for the education of CWD. However, this is a crucial comparison since this information would explain the deficit of the facilities and allow for the more appropriate policy to be developed. Other reasons for a lack of on-ground inclusion may range from resource inadequacy to pedagogic limitations.

A few critical observations can be made as a result of the survey. *Firstly*, inclusive institutions largely fail in truly accommodating children with different capabilities, including children with disabilities. While some organisations, like the Fourth Wave Foundation[24], work to educate children with disabilities to make them adept at attending and benefiting from schools, there is a need for the focus to shift from children to make the school more accommodating to the requirements of children of all capabilities. Schools should be the subject of change to better inclusion. Simple practices, like allowing a child who experiences difficulty in writing to give oral examinations can be very effective in the short term. However, comprehensive review and change of policies and practices of school education are needed in the long term.

Secondly, it is important to question the practice of a school "recommending" or "suggesting" the parents to enroll their child in a special school. Recommendations of this nature relinquish the responsibility of an inclusive school to accommodate children who they claim to welcome. On the other hand, even though it may be a child's right, it was found that the parents are hesitant to ask for any more consideration from the school than bare minimum as they feel grateful to the school for even accepting their child. The unbalanced distribution of power between the school authorities and parents need to be considered. Upon such a recommendation, it is unlikely that a parent would be left with much choice but to pull the child out of the school.

Thirdly, it is noticed that disability-specific accommodations in examinations have a limited reach. While children with learning disabilities having an IQ greater than 85 and those with Intellectual and Developmental Disability having an IQ lesser than 70 are provided relaxations and accommodations, children with specific learning disabilities (slow learners) with IQ between 70-85 are left without any accommodations. Children with more than 40% disability (legally referred to as children with "Benchmark Disability) such as intellectual disability with an IQ lesser than 70

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[24] The Fourth Wave Foundation, Bangalore conducts bridge courses where 50 children with disabilities are supported and trained to become "class ready" and capable of sustaining themselves in a classroom. They also work with several government schools in Karnataka to provide teacher training and other support for making several government schools an inclusive space.

are allowed benefits such as scribe, reader, assistive devices, or compensatory time.[25] Additionally, '*Guidelines for the purpose of assessing the extent of specified disability*' in a person included under the RPWD Act provides that children with an IQ score of more than 85 will be subject to a severity test and be certified accordingly.[26] Pursuant to this, they become eligible for the accommodations in the examinations. The gap between these two laws leaves CWD with an IQ between 70-85 without any supportive accommodations.

Fourthly, there is a need to have greater clarity regarding the subjects which have faced a regression during online teaching. This study gives only a peek into the range of challenges that are being faced by CWD, their parents, and teachers in sustaining inclusive education practices during the pandemic. A useful next step would be to study, anecdotally, various teaching-learning methods that have worked with success during this time. Another important point of inquiry would be regarding those CWD who have been successfully bridged into inclusive education and track subject-specific progression or regression in inclusive education.

Policy Recommendations

The policy on inclusive education and the laws thereunder, such as the rights available to CWD, assert an idealistic concept of inclusion. This ideal notion is far apart from reality and implementation. A few policy suggestions can be made based on the results of this study to better enforce the rights of children with disabilities to inclusive education.

The *Vidhi Centre*[27] makes certain recommendations addressed to the Ministry of Education and the Ministry of Social Justice and Empowerment (MSJE) for the delivery of education, social security, coordination within government departments and coordination between government and CSOs in the disability space. While these point out already existing provisions under utopian legislation, following are policy recommendations based on real-time blocks and how they may be overcome.

1. **Increasing the number of special educators:** Schools are understaffed. Currently, except for Kerala, State RTE Rules do not mandate all schools to have special educators. It is reported that there are nearly 8 million CWD in India but special educators constitute only about 1.35% of total teacher strength.[28] Reports also suggest that the special educator to CWD ratio is 1:65. This study suggests a trend of 1:20 to 1:22 ratio of special educators to children with disabilities. Although this is a large variation, the ratio is nonetheless not favourable for the education of CWD. It is also found that CWD, especially those with

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[25]"Guidelines for Conducting Written Examinations for Persons with Benchmark Disabilities". Department of Empowerment of Persons with Disabilities (Divyangjan), Government of India.
[26]Part IV of Rule 22.3 "Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)". *Department of Empowerment of Persons with Disabilities,* MSJE, Jan 2018. URL: https://upload.indiacode.nic.in/showfile?actid=AC_CEN_25_54_00002_201649_1517807328299&type=notification&filename=Guidelines%20notification_04.01.2018.pdf.
[27]Vidhi Centre for Legal Policy. "COVID-19 and Exclusion of Children with Disabilities in Education: Insights from four states". 2020.
[28]"Pragyata Guidelines for Digital Education". *Department of School Education & Literacy and Ministry of Human Resource Development* GOI, 2020. URL: www.education.gov.in/sites/upload_files/mhrd/files/pragyata-guidelines_0.pdf.

Autism Spectrum Disorder or multiple disabilities, often need individual attention from the educator. Therefore, mandating engagement of special educators in all schools and raising the capacity of existing teachers by providing incentives is the need of the hour. Furthermore, the teacher-student ratio for CWD must be stipulated based on disability, since children with different disabilities have different needs.

2. **Early assessment of functional literacy and training in life skills:** It is uncertain whether school education is designed to provide the skills necessary for a CWD to lead an independent and socially productive life. Schools must ensure that the pedagogy supports this by conducting an assessment of functional literacy capability at 3rd/5th-grade level and then introducing training in vocational and life skills of independent living, social interaction & productivity.

3. **Tailoring IEPs to meet ongoing student needs:** Comprehensive special educational needs are not being met in mainstream schools which compel students to discontinue education in a mainstream school and migrate to a special school. This view was also corroborated by the Fourth Wave Foundation during our conversation wherein it was understood that, while the NGO has a bridge course tailored to enable CWD to take the benefit of inclusive education, it is unlikely that the existing education infrastructure caters to the individual needs of CWD.

4. **Integrated Legal Framework for Inclusive Education**: There needs to be an integrated legal framework, norms and standards for school infrastructure, and curriculum which is accessible in order to enable a truly inclusive system. *Samagra Shiksha Abhiyan,* which has this mandate, is best placed to carry this ahead. Home-based education or special schools must be made a child-induced/care-taker choice, not an option forced by rejection from inclusive schools.

5. **Establishment of a Convergence Cell:** The Ministry of Education, Ministry of Social Justice and Empowerment, and the Ministry of Health and Family Welfare, through their respective apex bodies, issued well-intentioned but separate advisories to address the needs of CWD during the pandemic. However, generally, as well as during the pandemic, there is a lack of convergence in efforts of the said ministries. Despite several policies and programs for their welfare, only 8.5% of CWD in India have completed schooling.[29] A Convergence Cell, with participation from the three ministries, to conceive and orchestrate programs for inclusive education and impact measurement is likely to bring improved results. Furthermore, measures such as mandatory vetting of proposed programs and interventions by the Rehabilitation Council of India can also make the process more accountable to the needs of children with all kinds of disability.

6. **Creation of a Robust Database**: A unified federal/state database of CWD must be assembled. The study observed that, as the pandemic spread, the NGOs which had up-to-date databases of children within their impact/reach were able to respond faster to the needs

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[29]Grills, Nathan, et al. "Inclusive Education' in India Largely Exclusive of Children with a Disability". *Disability and the Global South,* vol. 6, no. 2, 2019, pp. 1756-1771. URL: disabilityglobalsouth.files.wordpress.com/2019/07/06_02_04.pdf.

of children. While the U-DISE data maintained by schools collects information of CWD, this does not lend itself to conduct outreach interventions. The UDID (Unique ID for Persons with Disabilities) Scheme has been introduced and is a step in the direction of creating a robust and actionable database. However, this scheme is, *firstly,* yet to be operationalised, and *secondly,* the registration under it is limited by the list of disabilities contained under the older RPWD Act (1995).[30]

7. **Pooling of Resources:** Pooling of resources such as workers, learning aids, teaching material, and budgets across the three above-mentioned ministries, and intensifying NGO engagement for the last-mile delivery of services will strengthen outreach. While the technology leverage is good, community and peer learning networks for education must be built where technology is a barrier.

8. **Provision of Compensatory Education:** Compensatory Education is a foreign concept which refers to free public education or costs to cover the expense of providing private education incurred by parents of CWD in case of lost educational opportunities.[31] Monetary support for the education of CWD in Tier I & II cities which have a good infrastructure for special education can be piloted to test the efficacy of compensatory education during the pandemic and as a model for adoption in the future. Alternatively, NGO collaborations can help to extend the benefit of education models developed during the pandemic to children under the public schooling system. This can help to bridge the learning losses that have occurred during the pandemic.

9. **Leveraging CWD rights through Special Courts:** India has committed to Inclusive Education vide the Sustainable Development Goals and international treaties like the Salamanca statement. Federal legislations - The Right to Education Act, 2009 (RTE), The Rights of Persons with Disabilities Act, 2016 (RPWD), and The National Trust Act, 1999 - mandate "reasonable accommodation" of CWD in mainstream education. In reality, CWD often falls through the cracks of the system.

   To ensure speedy trial to people with disabilities, the Rights of Persons with Disabilities Act, 2016 under Section 84 mandates the setting up of special courts. Further, Section 82 provides to the State Commissioner for Persons with Disabilities the powers of a Civil Court. Being bestowed with such significant powers, either the Commissioner or the Special Court must take *suo motu* cognizance of the failure of mainstream schools to fulfil the obligations of inclusive education. Specific directions may be made by these authorities to ensure the continuum of education during the pandemic and to examine whether the education system has done the best it could during the pandemic. Acknowledging the inadequacies is extremely important to ensure that human rights are ensured and that the blatant realities are not shrouded under a cloak of invisibility.

10. **Strengthening the SMCs:** The role of the School Management Committee (SMC) is vital and pivotal in establishing a network between the school, primary stakeholders such as

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[30] The older Act had a smaller set of listed disabilities than the Act from 2016.
[31] Individuals with Disabilities Education Improvement Act (2004) provides the right to Compensatory Education in the United States of America.

parents, and the community at large. Section 21 and 22 of the RTE, 2009 define the roles and duties of the SMC. The RTE, 2009, was amended in 2012 through which children with disabilities were explicitly included under the disadvantaged groups of children. It also added another clause which gave children with severe and multiple disabilities the right to opt for home-based education. As a result of this amendment:

- Children with disabilities now come under the 25% EWS category that private schools must admit.
- Parents of children with disabilities will now have to be included in all school management committees (SMCs).

However, unaided private schools are exempt from setting up SMCs under the Act. Furthermore, in Karnataka, private unaided schools are also exempt from the compulsion of reserving 25% seats for the EWS where there is a government school within the vicinity. A way must be found for reinforcing the rights of the CWD through earmarked provisions in schools. The SMC, which by design includes representation and the voice of the CWD, would be an appropriate body to reinforce the rights of the CWD.

Conclusion

The extent of disruption caused by the pandemic cut across all socially and economically disadvantaged groups. The pandemic's effects are likely to be felt well into 2021. Additionally, there is a looming threat to inclusive education practices and its manifestation in the post-pandemic school. A combination of short and long-term strategies must be adopted to retain CWD in the education system and ensure that there is a productive and meaningful engagement with teachers and therapists until the effects of the pandemic can be brought under control. Initiatives for enforcement of the various rights available to CWD under the RPWD Act would be poignant to sustain the voice of CWD in inclusive education.

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Annexure

I. Opinions from Teachers from the Inclusive School

S.No.	Themes	Sub-themes (questions from the questionnaire)
01	**Resistance from schools to admit CWD/prejudices regarding the abilities**	NDD children who are admitted to your school. Criteria for accepting children (6-14 yrs) with Neuro-Developmental Disabilities (such as ASD, ADHD, IDD, LD, Cerebral palsy) in age-appropriate class in your school. In your opinion, should there be a broader criterion to include a greater number of children with different disabilities in inclusive schools? Number of CWD with moderate-severe /Moderate Neuro-Developmental disabilities & Number of CWD with minimal-mild disability.
02	**Professional knowledge to meet the child's individual needs**	How many special education teachers are there in the school? On average, how many children does a special educator care for? Do you address therapy (speech/occupational therapy/vocational skills) needs of CWD? Do general classroom teachers of your school get trained in inclusive education/special education strategies? If yes, is such training optional/compulsory?
03	**School/ teacher's effort to Include CWD in the**	How do you include CWD in the school?

	regular learning process of school	How would you rate yourself (school) in having taken measures towards providing participation in school activities/social opportunities among neuro-typical peers? What measures have been taken? How would you rate yourself (school) in having taken measures towards providing acceptance of CWD (& avoidance of bullying) among the peers and general teachers? What are the measures?
04	**Effort towards holistic development of CWD in inclusive schools**	What curriculum/syllabus is being followed for the CWD? How are CWD assessed for academic purposes? In your opinion, through schooling, what kind of development are the parents expecting in their children?
05	**Effort towards educating CWD in COVID times**	Has the school continued educational activities through online methods during COVID? What kind of online learning (synchronous/asynchronous/ or both)? How is online learning conducted (one-on-one/group)? How much overall modification in your attitude and practice did you have to do to facilitate alternative learning & achievements for CWD (during COVID)? Do you provide any additional modified material (downloadable/home adaptable special education

		materials/additional videos/additional one-one help) to help CWD cope with online education?
06	**Adequacy of learning during online education**	Can all the CWD you teach cope with the academic rigor in online education? Please provide the numbers. (Answer to be in fractions/ percentage preferably) What are the reasons due to which the above-mentioned students could not cope well? Has it been difficult to teach any particular subject/areas (extracurricular/ social skills training) for CWD?
07	**Parental engagement in online education & stress levels**	During the online education, how much of parental guidance or presence (in comparison with neuro-typicals & also in comparison with their early parental guidance) is required for the CWD to cope with online education? Have you enquired regarding the stress level of the primary caregivers? Rate their perceived stress level. Do you (school) provide any emotional well-being services to the Caregivers?

08	**Emotional well-being of CWD**	Were the students with Neuro-Developmental Disabilities able to participate without any interfering behaviour (For eg: less attention span & not seated, daydreaming & couldn't follow what is being taught, more fidgety than usual, interrupting class with attention-seeking behaviors, etc)?
		If not, what measures were taken to address such disruptive behaviour?
		What do you think are stress levels of students with disability? Please rate.
		Do you (school) provide any emotional well-being services to the CWD?

II. Opinions from Teachers from Special Schools

S.No	Themes	Sub-themes (questions from the questionnaire)
01	**Resistance from schools to admit CWD/prejudices regarding the abilities**	NDD children who are admitted to your school. Criteria for accepting children (6-14 yrs) with Neuro-Developmental Disabilities (such as ASD, ADHD, IDD, LD, Cerebral palsy) in age-appropriate class in your school. In your opinion, should there be a broader criterion to include a greater number of children with different disabilities in inclusive schools? Number of CWD with moderate-severe/moderate Neuro Development disabilities & Number of CWD with minimal-mild disability. In your opinion, should some of the children in your school be taught in inclusive schools (currently available) instead?
02	**Professional knowledge to meet the child's individual needs**	How many special education teachers are there in the school? On average, how many children does a special educator care for? Do you address therapy (speech/occupational therapy/vocational skills) needs of CWD?
03	**Effort towards holistic development of CWD**	What curriculum/syllabus is being followed for the CWD? How are CWD assessed for academic purposes? In your opinion, through schooling, what kind of development are the parents expecting in their children?

04	**Effort towards educating CWD in COVID times**	Has the school continued educational activities through online methods during COVID?
		What kind of online learning? Synchronous/asynchronous/both
		How is online learning conducted? one-one/group
		What kind of activities/support does your school provide in asynchronous teaching?
		Additional special educational materials (home kit/ downloadable materials/home available materials/videos to make simple special education materials) to support special education at home environment?
		Rate overall modification in your attitude and practice did you have to do to facilitate alternative learning for CWD?
06	**Parental engagement in online education & stress levels**	What, in your opinion, is the role of parents in ensuring the success of an online schooling program?
		Do you think parents do their role effectively? Reasons for inefficiency.
		Have you enquired regarding the stress level of the primary care givers? Rate their perceived stress level.
		Do you (school) provide any emotional well-being services to the Caregivers?

07	**Emotional well-being of CWD**	Were the students with Neuro-Developmental Disabilities able to participate without any interfering behaviour (For eg: less attention span& not seated, day dreaming & couldn't follow what is being taught, more fidgety than usual, interrupting class with attention seeking behaviors etc.)?
		If not, what measures were taken to address such disruptive behaviour?
		Do you (school) provide any emotional well-being services to the CWD?

III.   Opinions from Parents of CWD in Inclusive Schools

S.No.	Themes	Sub-themes (questions from the questionnaire)
01	**General Data**	Nature of disability/ Diagnosis SE status of family Does your child have a disability certificate? If not, what are the reasons for not having disability certificate?
02	**Parent's opinion on inclusive education & resistance faced in admitting their child to inclusive school**	How important do you think inclusive education with other (Non-CWD) children is for your child? What is the severity of the disability (as per disability certificate/doctor's prescription or perception)? In your opinion, should there be a broader criterion to include a greater number of children with different disabilities in inclusive schools? Ease of acquiring admission **(if parent has specified in comments)** Are you satisfied with the school's **Affordability**? Do you find it worth for the money you pay?
03	**Professional knowledge to meet child's individual needs in school**	Do you find the school adaptable for of your child's need? Is the school's Infrastructure/ School policy in providing supporting materials or shadow teacher for special needs students/Anti-bullying policies sufficient and effective? Is the quality of support & learning materials good for your child? Are there specialized teachers for your child's needs?

04	School/ teacher's effort to Integrate CWD in regular learning process of school	Do you find that the peers/regular class teachers **acceptable** of your child? Is there awareness training for peers/teachers to make the school more welcoming? Does your child find Participation opportunities? Are opportunities created for your child to be a part of the class, extracurricular activities?
05	Opportunities for holistic development of CWD in inclusive schools	In your opinion, through schooling, what kind of development are the parents expecting in their children? What, if any, concerns/fears do you have for your child's long term future? Do you feel that the child's school education is addressing/reducing these concerns?
06	Effort towards educating CWD	How were you getting support for education/learning needs of your child in this COVID situation?- Synchronous/asynchronous How is it conducted? One-one/Group If your child is on asynchronous online learning (any technology based support other than live video), how do you get educational/learning support from your school/therapist?
07	Adequacy of learning	Do you feel that learning is adequately happening?

	during online education	If variable, which subjects/areas show regressive learning and which subjects/areas show normal results/improvement? (areas: Academic learning/ self-help skills/ life skills or hobby based engaging skills/ vocational skills) Are children having more behavioural issues? If so, when?
08	**Emotional well-being of children & caregivers**	How confident are you to handle learning part of the child (which was previously handled by teacher/therapist)? How independent is your child in taking online educational support? How well is your child coping with change during the lockdown? How do the additional requirements for education of special needs child make you feel? Do you receive counseling/emotional support services (for you) from your school or any other organization?
09	**Others**	Is the support adequate Opinion on direct schooling for CWD in this situation of COVID

IV. Opinions from Parents of CWD in Special Schools

S.No.	Themes	Sub-themes (questions from the questionnaire)
01	**General Data**	Nature of disability/ Diagnosis SE status of family.

		Does your child have a disability certificate? If not, what are the reasons for not having disability certificate?
02	**Parent's opinion on inclusive education & resistance faced in admitting their child to inclusive school**	How important do you think inclusive education with other (Non-CWD) children is for your child? What is the severity of the disability (as per disability certificate/doctor's prescription or perception)? In your opinion, should there be a broader criterion to include a greater number of children with different disabilities in inclusive schools? Have you tried inclusive regular schooling for your child? Reason for discontinuing /not choosing inclusive regular schooling (Based on comments- Due to lack of professional knowledge/ lack of opportunities to integrate/ lack of opportunities for holistic development)
03	**Professional knowledge to meet child's individual needs in school**	Is the quality of support & learning materials good for your child? Are there specialized teachers for your child's needs?
04	**Opportunities for holistic development of CWD in inclusive schools**	In your opinion, through schooling, what kind of development are the parents expecting in their children

		What, if any, concerns/fears do you have for your child's long term future?
		Do you feel that the child's school education is addressing/reducing these concerns?
05	**Efforts towards educating CWD**	How were you getting support for education/learning needs of your child in this COVID situation? Synchronous/asynchronous
		How is it conducted? One-one/ Group
		If your child is on asynchronous online learning (any technology based support other than live video), how do you get educational/learning support from your school/therapist?
06	**Adequacy of learning during online education**	Do you feel learning is adequately happening?
		If variable, which subjects/areas show regressive learning and which subjects/areas show normal results/improvement? (areas: Academic learning/ self-help skills/ life skills or hobby based engaging skills/ vocational skills)
		Are children having more behavioural issues? If so, when?
07	**Emotional well being of children & caregivers**	How confident are you to handle learning part of the child (which was previously handled by teacher/therapist)?
		How independent is your child in taking online educational support?
		How well is your child coping with change during the lockdown?
		How do the additional requirements for education of special needs child make you feel?

		Do you receive counseling/emotional support services (for you) from your school or any other organization?
08	**Others**	Is the support adequate? Opinion on direct schooling for CWD in this situation of COVID