

Support Services through Mobile Phones to Families of Government School Children with Special Needs During COVID-19: A Case Study

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Abstract

The World is going through the unprecedented crisis, plenty of support (with respect to physical and mental health education and also academic education) is being imparted via virtual/online classes mostly on computers to the schools and colleges world over. Online education on a mass scale, is a new phenomenon and its accessibility is dependent on computer and internet literacy as well as access to computers and smartphones. Due to this, it is observed that large number of our population, who are neither internet literate or don't possess smartphones or laptops are being left out in the process of online education. The poor "Children with Special Needs" (CWSN) and their parents living in urban slums and rural areas are part of this deprived demographics in our country (India). Thus, to fill this gap Margika an NGO network for Training and Capacity Building for the better of Special Needs Children, undertook an initiative "Tele- Support to 8000 Families of Children with Special Needs (CWSN) and Training of Special Educators (referred to as IERPs- Inclusive Education Resource Persons) in Telangana, India during COVID-19 Pandemic 2021. The goal was to offer support to the parents of children with special needs (CWSN), for better care of the CWSN as well as the CWSN during the times of distress.

1. Introduction

As the world was and is still going through the unprecedented crisis, an almost universal response to school closures has been the creation of online learning platforms to support teachers, students and their families. However, not all students have the same access to information and communication. In such cases:

"While the most vulnerable students might not have access to digital learning resources, some governments and civil society organisations have provided these students with computers or tablets as well as internet access, or they have organised teaching through television, phones or radio." [1]

For example, in Columbia the government developed an online platform with more than 80000 pedagogical

resources to which low- income families also have free access. When they cannot access internet, there is a provision for accessing this platform without consuming their mobile data. In Chile, government distributed 125000 computers with internet access in various cities, throughout the country [1].

It is our observation that in India too, plenty of support (with respect to physical and mental health education and academic education) to the schools and colleges was and is being imparted via virtual/online classes mostly on computers.

2. Rationale for the Intervention

Online school education is a new phenomenon in India. Its accessibility is dependent on computer and internet literacy as well as access to computers and smartphones. Due to this, it is observed that large number of our population, who are neither internet savvy/literate or do not possess smartphones or laptops are being left out in the process of online education. The Annual Status of Education Report (ASER)2020 and International Monetary Fund (IMF) Report on India have highlighted the inadequate accessibility of smart phones and internet for learning among the poorer and rural populations in India [2]. This has resulted into more reliance on TV, videos, in some cases radios and sending study material home. The poor Children with Special Needs (CWSN) and their parents living in urban slums and rural areas are part of these deprived demographics in our country. Thus, to fill up this gap Margika, an NGO Network for Training and Capacity Building for the better care of children with special needs (CWSN) initiated support services through mobile phones with the support of Education Department of the State of Telangana in India. As a first step, Margika initiated a training program to train Inclusive Education Resource Persons (IERPs) to support parents of CWSN through mobile calls. Margika undertook the following activities:

- Training IERPs to teach online remedial classes.
- Offering teleservices to parents and families of children with special needs.
- Monitoring of these support calls made by IERPs.

- Feedback collection from the parents as well as IERPs and analysis and report on the same.

This effort was meant to empower and educate parents to support CwSN at home.

Goal

To offer support and empower the parents of children with special needs (CWSN), for better care of the CwSN and reduce the digital gap during the times of pandemic distress.

Objectives

- Provide training to the IERPs to reach out to the parents of CwSN via telephone calls; conference calls or individual calls to offer support for better mental health of CwSN and the parents.
- Provide training to the IERPs to teach online remedial classes.
- Support and empower the parents and families of CwSN who are economically the most backward in the State and have inadequate online means and literacy levels.

Expected Output

- Tele services to offer support to the parents of Children with Special Needs (CwSN).
- Trained special education teachers/IERPs and educated parents of CwSN. The Outcomes of the drive.
- Empowered parents to support CwSN for better care during distress.
- Enhanced capacity of special educators.
- Reduced digital gap in the society.

Action Plan

The high-level rollout plan had the following six execution process:

- i. Pilot in Warangal District.
- ii. Training IERPs.
- iii. IERPs reaching out to parents of CwSN to educate them.
- iv. Monitoring of these support calls by IERPs.

- v. Feedback collection from the parents as well as IERPs.

- vi. Analysis and report of the feedback.

Experts (national and international) in the field trained the IERPs on:

- How to communicate with parents,
- Why it is important to educate and support parents,
- Remedial teaching, and
- Importance of mental health during pandemic
- How to deal with behavioral changes in children with Special needs (emotional and social behavioural regulation).

The IERPs via telephone calls taught all the parents of CwSN and provided necessary support for the betterment of the child physically, mentally, and emotionally during times of distress. These telephone calls were monitored from both ends (Government as well Margika). This was to ensure that the telephone services were useful to the parents and Children.

3. Target group

The 8000 families and/or Parents of Children with Special Needs (CwSN) of the Bhavita Centers (Learning Centers for Children with Special Needs (CwSN)) in the state of Telangana, India. Telangana State Government has established these learning centers in every administrative unit called 'Mandal'. There are about 400 such centers and 800 special educators known as IERPs-Inclusive Education Resource Persons in the entire state. After two months of these phone calls, feedback was collected from the parents. A stratified, random sample of 400 parents, 12 parents/ families from each of the 33 districts was selected for an impact study to assess how useful these support calls were.

4. Analysis of Findings

It was apparent from the feedback that the sudden lockdown had disrupted the lives of these families in various ways such as loss of jobs and loss of income, children not going to schools, in already not so good medical facilities and services for the care of these CwSN etc. During our pilot for the intervention in one of the 33 districts, the IERPs reported deaths of two CwSN; both with down syndrome. Upon deeper enquiry, it was learnt that one of the children who was 14 years old had a fall in his house and then was admitted in the hospital and died there. And second

one also with down syndrome, had fever and died within four days, even before the parents could take him to a doctor. This happened soon after the lockdown in India and before our pilot. So, there was nothing that this intervention and the NGO could do to help the families of these two children apart from bringing it to the notice of the concerned Government officials. Apart from the latter, during the survey for the feedback of parents, IERPs and teleservices the following were our key findings (see Figures 1 to 5):

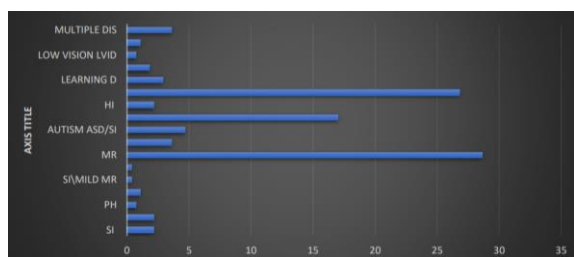


Figure 1. The percentage wise distribution of CwSN children

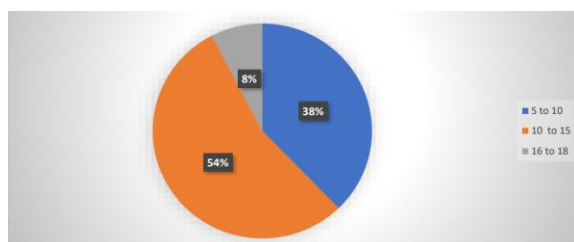


Figure 2. The percentage of students age wise

When asked question about whether COVID-19 result in increase in stress level because of not getting any help from outside like the Bhavita (disabilities learning center) or School (see Figure 3).

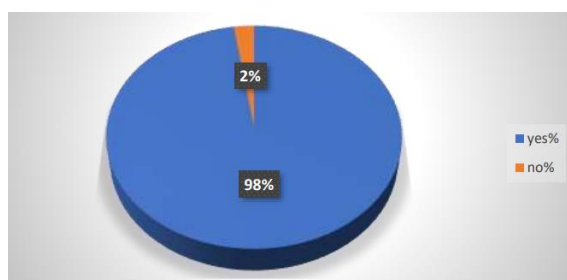


Figure 3. COVID-19 result in increased stress level

When asked if they had any help in the house from elders, siblings of the CwSN or extended family members or friends the following was the answer (see Figure 4).

The sudden lockdown was challenging to caregivers of special children in providing home therapies. This intervention helped us reach out to and

document the woes of day-to-day existence of the parents and families of children with special needs.

On a serious note, homecare interventions can play an important role in rehabilitation, in our case the parents and family caregivers of the CwSN belonged to the economically and socially most underprivileged strata of the society. They lacked the necessary knowledge and did not possess the desired appropriate techniques necessary to achieve the desired functional outcomes. Also lacked smooth and consistent support

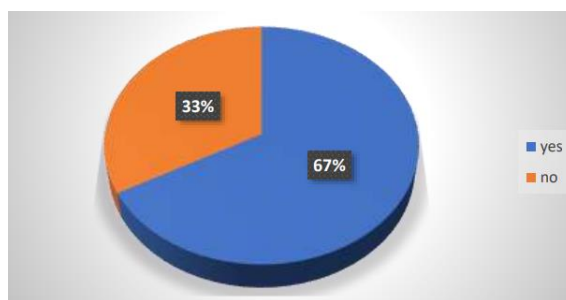


Figure 4. Help received



Figure 5. Type of improvement reported by parents

from health care providers. Thus, lack of ability to carry out homecare therapy among the parents and poor functioning of the child was a cause of deep distress for them. This was intensified further due to loss of jobs due to COVID-19 further worsening their quality of life in terms food intake and nutritional levels and other consequent health issues. Naturally, they had expectations from the Government for some kind of relief measures, it was observed. Thus, from the feedback collected it was apparent that support in any form during such distressful times is invaluable to parents/ families of children with special needs (CwSN). Unfortunately, these expectations are far removed from reality at the macro level due to the lack of appropriate policies with respect to digital education and persons with disabilities in India and its implementation on the ground. Although the Guidelines issued by the Ministry of Social Justice and Empowerment Government of India, talk about general assistance and services to persons with disabilities during COVID-19, they do not take into account educational needs of children with disabilities, leave alone children with disabilities from the most under privileged backgrounds [3]. As per an opinion piece in the daily newspaper in India “The

Print” states that the online classrooms in India are digitally outdated for persons with disabilities [4]. The Ministry of Human Resource Development’s (MHRD) National Policy on Information Communication and Technology (ICT) in school education is silent on Universal Design Principles for Digital Education. Neither does the MHRD policy find any mention in the recommendations released by Telecom Regulatory Authority India (TRAI) in 2018 on making ICT accessible for persons with disabilities. This indicates that the issue of accessibility of digital education is being addressed in silos. There is also the need to ensure that the long overdue recommendation from TRAI regarding making all government websites accessible to person with disabilities is implemented sincerely. Thus, there is a clear need for coordinated efforts between Department of Education, TRAI and Department of Empowerment of Persons with Disabilities for any effective solutions to be percolated down and actually implemented at the ground level. Support through mobile phones could be one such easily implemented initiatives.

5. Conclusion

The analysis of the feedback collected clearly shows that the role of tele – rehabilitation proves to be extremely useful and a good substitute to hands-on rehabilitation, especially during pandemic. This helps to reduce stress and burden on the caregivers. However, extreme patience and understanding by both the providers and caregivers is required for smooth and successful implementation of tele rehabilitation. Also, the perception on utility of tele-rehabilitation as an alternate option could be associated with poor psychological health, strain and thus needs to be managed proactively. Especially, in population that is the bottom most strata of the society economically and in terms of education, consistent efforts and motivation on part of the concerned local Government officials and Inclusive Education Resource persons (IERPs) is very important too. Most importantly the will and interest of the Government at the apex level to make appropriate gap filling in ‘ICT and digital education’ policies and its sincere implementation on the ground, can go a long way in empowering the children with disabilities and their families from the most under privileged strata of the Indian society.

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