Ensuring an inclusive return to school for children with disabilities
UNICEF East Asia and Pacific Region COVID-19 Technical Guidance

INTRODUCTION
Since the beginning of the year, the COVID-19 pandemic brought about school closures in almost all countries in the East Asia and Pacific Region and negatively affected the education of more than 360 million children. The rapidity and scale of the educational disruption is unparalleled and threatens the progress achieved in access and learning; millions of children are likely to suffer a loss or regression in learning. Children with disabilities and children who rely on classroom support staff or who use learning aids and equipment which were not made available at home during school closures are more likely to have missed out on their learning and are particularly at risk of completely dropping out of their education the longer the school closures continue.

These COVID related education challenges are compounded by the barriers children with disabilities faced before the pandemic. Before the COVID-19 pandemic children with disabilities faced serious barriers to attaining quality education. Children with disabilities are significantly less likely than their peers to attend primary school; one out of two children with disabilities is out of school. In some countries, the enrolment rate of children with disabilities in primary school is less than 1%. Segregated models of education delivery dominate where learners with disabilities are taught in special schools despite the significant progress in transitioning to systems that are more inclusive. Limited understanding and negative attitudes towards disability primarily push the education system in this direction. Even when children with disabilities are enrolled in the formal education system, they are less likely to succeed compared to their non-disabled peers.
school system, they may be taught separately in ‘special classrooms’ and/or do not receive quality instruction.

Additionally, the poorest and the most marginalized face an even broader set of risks related to lack of access to social protection services, such as school feeding programmes, information on disease prevention and water and sanitation. Children with disabilities are at increased risk of child protection issues without the protective and social environment of a school, and linked services.

RISKS AND OPPORTUNITIES FOR CHILDREN WITH DISABILITIES


In addition to the risks discussed above, a major risk exists that children with disabilities enrolled in school prior to the crisis, will not return to school. The crisis may exacerbate exclusion and isolation felt before the crisis. Parents of children with disabilities may also be concerned about the health risks for their children’s return to school.

A major opportunity is at the same time presented to make schools ‘Open Up Better’ by putting in place mechanisms to make school more inclusive than before the crisis. This note presents a checklist of considerations to ensure that:

1. Specific considerations are put in place to facilitate the return to learning for children with disabilities
2. Schools Open Up Better by making the learning environment friendly and welcoming for children with disabilities

CHECKLIST FOR AN INCLUSIVE RETURN TO SCHOOL IN EAST ASIA AND PACIFIC (EAP)

There are seven categories of considerations for ensuring an inclusive return to school. These categories are based upon the Education for Every Ability: A review and roadmap of disability inclusive education in EAP (forthcoming) and adopted from the CRPD General Comment 4 on Inclusive Education.

A roadmap is useful when the process for developing the map consults with people who know the territory. Following the process used in developing the roadmap, users of this tool should ensure they deliberately and purposefully involve children and youth with disabilities, and parents of children with disabilities. This purposeful engagement should build upon the engagement already established during the RCCE development and primary response phase of COVID. Where this purposeful engagement did not occur during the primary response phase, the return to school phase offers an important opportunity for meaningful consultation both prior to schools reopening and on an ongoing basis when schools are back in session.
1. WHOLE SYSTEMS APPROACH

Prior to school reopening

- Establish clear plans for the return to school with explicit measures for children with disabilities.
- Allocate specific budget for facilitating the return to school for children with disabilities in both mainstream and specialized settings; this may include budget for school/community outreach, offsetting transport costs, for specialist pedagogical support and classroom support staff so they remain available to support children in the classroom.
- Conduct specific outreach and follow up with families of children with disabilities to encourage the return to school. Consider offering community-based information sessions to raise awareness of the rights to education of children with disabilities, which may encourage those not previously in school to enrol.
- Families may be unable to afford increased costs of travel to school if specialized travel services are needed. Ensure transport services are available for children with disabilities and these services are affordable through transport and/or social protection policy provisions.
- Strengthen cooperation with social protection systems to advocate for and address barriers that limit the participation of children with disabilities in school, including for example educational subsidies, social and rehabilitative services and assistive technology.
- Ensure that accessibility is considered when establishing any temporary spaces that may be enacted to enable physical distancing.
- Ensure that information about returning to school, including new measures to enable physical distancing is provided in multiple, accessible formats.
• Ensure that WASH facilities, including new facilities constructed to contribute to prevention of transmission, are accessible.
• Put plans in place for safe return of support services, such as individualized support for learning.
• Ensure specialist support services, such as rehabilitation, assistive device provision, and home-based supports, either managed by the school or provided in cooperation with other entities are functioning as schools return to session.

After school reopening

• Advance inclusive policy reforms to improve the quality of education for children with disabilities in consultation with representative organizations of children and youth with disabilities and their parents. Ensure policy reform addresses key enablers of inclusive education such as, for example, appropriate investment in teachers, in accessibility of learning materials, methods and environment, and reasonable accommodation provision.
• Consider investing in inclusive remote learning in preparation for future school closures.
• Use the transition back to school as an opportunity to strengthen parent-school committees or forums that can conduct outreach to households, particularly when teachers report absenteeism and ensure this outreach is inclusive of children with disabilities.
• Ensure measures to prevent transmission (such as use of hand sanitizer) are accessible to children with disabilities.
• Ensure referral systems, including for gender-based violence (GBV) and protection against sexual exploitation and abuse (PSEA), are inclusive of children with disabilities.

2. CURRICULUM, PEDAGOGY AND ASSESSMENT

Prior to school reopening

• Ensure that all learning materials prepared for the return to school are accessible, and consult children with disabilities and their families on any curricular or assessment changes.
• Clearly communicate any curricular or assessment changes because of COVID-19 for families of children with disabilities, and ensure that the necessary adjustments are made to ensure that children with disabilities are able to participate on an equitable basis. This may include for example allowing extra time for learning, providing additional take-home resources and other individual or context specific adaptations to content, approaches and strategies.
• Create and encourage opportunities for teachers and parents to meet to discuss issues and expectations on the transition back to school.
• Provide extra time and flexibility for children to regain prior knowledge and skills, understanding that there is strong likelihood that children with and without disabilities will have lost skills and knowledge taught prior to or during school closure.
• Recognise the extraordinary circumstances and stresses caused by COVID-19 and allow classroom time focused on mental health and well-being as children with and without disabilities transition back to school.
• Equip teachers to deal with both learning recovery and mental health and psychosocial (MHPSS) needs of children with disabilities.
Plan for and support teachers to undertake formative assessments to evaluate children’s learning loss in line with re-negotiated education goals and expectations; all such assessments should be made accessible for children with disabilities. Consider universal promotion wherever possible and assess students’ levels of learning following school closures to inform remedial efforts.

If there are revisions or changes to the curriculum as a response to COVID-19, ensure that disability considerations are included, to ensure that the curriculum design is accessible for all children and that teachers are employing inclusive child-centered pedagogy in order to ensure flexible access.

Make provisions for additional support services for remedial work with children with and without disabilities who may need to regain knowledge and skills lost due to school closures.

Ensure all end of cycle and high stakes examinations are accessible to children with disabilities. Consider waiving less important examinations, such as those used for promotion decisions, in order to focus resources on ensuring that critically important examinations (such as those used for secondary school graduation or university entrance) are carried out in a valid, reliable, and equitable way, with due consideration to physical distancing and other health requirements.

After school opening

Encourage schools to establish regular opportunities to meet with families after the return to school.

Continue to support inclusive-teaching pedagogies for teachers’ professional development.

Make curriculum and assessments inclusive of and accessible to children with disabilities.
3. SUPPORTED TEACHERS

Prior to school reopening

- Provide additional training and support to teachers and aides who teach and support children with disabilities on ensuring an inclusive return to school.
- Ensure that Personal Protective Equipment (PPE) are provided for school staff, including teachers. This is particularly important to ensure the safety of students and staffs who are at increased risk to COVID-19, including children with disabilities.
- Support the mental health of teaching and other school staffs given the additional stresses they and the children in their care may be experiencing.
- Ensure the education system and school staffs are prepared to address child protection issues and facilitate referrals and cooperation between education, child protection, social services, mental health and disability services.
- Ensure classroom support staff who were in place prior to school closure are also returning to school to work with the children.

After school opening

- Provide clear and adapted guidelines for social distancing and personal protection measures for staff supporting children with disabilities who may require additional personal care assistance requiring physical contact, such as getting around the school or using bathroom facilities.
- Continue to provide teacher support, training and mentoring for inclusive education teachers.

4. LEARNING FRIENDLY ENVIRONMENT

Prior to school reopening

- Reasonable accommodations in place in the school environment prior to lockdown should be reinstated for children with disabilities though children may feel concerned about returning to school and being on par with their peers without disabilities.
- Adapt Individual Education Plans to ensure that the impact of school closures on peer relations, social perception and social competence are considered and addressed.
- Undertake required work to ensure that all learning spaces where distancing rules are applied as well as water, sanitation and hygiene facilities in schools remain accessible for children with disabilities. Proper hygiene is particularly important in the context of COVID-19.
- Ensure that policies and procedures, such as bullying policies and school safety measures, are disability inclusive and accessible.
- Put child protection and safeguarding policies and procedures in place which include a clear reporting and referral mechanism for teachers and school management, as school reopening may be the first time a child with disability will be able to interact with and/or report abuse to a trusted adult. Before referring, ensure to research about the accessibility features of the services, whether they can accommodate children with disabilities.
Proper hygiene is particularly important as a result of COVID-19. Where water, sanitation and hygiene facilities in schools have not yet been made accessible, prioritize the necessary renovations in schools at all education levels.

After school opening

- Children with disabilities may belong to high-risk health groups and therefore may not return immediately to school on a full-time basis. Ensure that these students are still supported via flexible distance or part-time learning, and that a return-to-school process is planned with the family and teaching staff.
- In some circumstances, friendships may have changed while on lockdown, so there will be uncertainty on social stances and in educational stances. Additionally, children with specific impairments may have regressed in their learning or interpersonal skills, which will contribute to feelings of stress in returning to school. Ensure that teaching staff are prepared to address these concerns either with the classroom or with the family directly.

5. EFFECTIVE TRANSITIONS

Prior to school reopening

- Provide clear guidelines on the transition process for children with disabilities between primary and secondary school, or early childhood to primary school, which may cause stress for the child and their family. Encourage the school and families of children with disabilities to meet to discuss the next steps to ensure a successful transition.

After school opening

- Ensure regular check-ins with students and parents for all students in transition phase and ensure assessments at both current and future education facilities are accessible and appropriate.
• Consider waiving less important examinations, such as those used for promotion decisions, in order to focus resources on ensuring that critically important examinations (such as those used for secondary school graduation or university entrance) are carried out in a valid, reliable, and equitable way, with due consideration to physical distancing and other health requirements.

6. PARTNERSHIPS

Prior to school reopening

• Build on any existing collaboration or partnerships with disability movement, organizations of people with disabilities (OPDs) and self-help groups that may be formed of parents of children with disabilities that were already in place during the earlier phases of the COVID-19 response, which can help steer this process.
• Ensure that the parent teacher committee or school committee keep disability and inclusive education on the agenda of their meetings, and engage with parents of children with disabilities.
• Facilitate and contribute to appropriate and effective referral and counter-referral between general and specialist education services, and between educational services, child protection services, disability services and social services.
• Build or strengthen partnerships with disability support services, including special education institutes, which can help support the transition back to school and provide the additional supports children may need to get back into the routine of school.
• Ensure that intersectoral collaboration with the school nurse/health services, child protective services and social workers who were involved with in the case management of children with disabilities prior to the COVID-19 lockdown are involved in their case management and return to school.

After school opening

• Continue to build on partnerships established prior to school re-opening. Strong engagement with organizations of persons with disabilities, with child protection services, with social protection provision and with disability services.

7. DATA AND MONITORING

Prior to school reopening

• Ensure that data collection on the number of children with disabilities returning to school is comprehensive, reliable and able to disaggregate data by disability.
• Ensure that children with disabilities are included in monitoring and identification systems that focus on absenteeism and related follow up.
• Ensure that consideration is given to collecting information about the issues faced by children with disabilities during the COVID-19 lockdown, which may lead to dropping out, or delays or regression in learning, which will help with anticipating planning for support for children with disabilities.
After school opening

- If the school districts collected data, it is likely that these activities may have been paused during the lockdown. If these collection activities did not collect disability data or assess for disability, in the aim of ‘building back better’, this is a good time to ensure that disability questions are included. See UNICEF resources on disability disaggregated data including the Washington Group - UNICEF Module on Child Functioning. The integration of this module into education management and information systems has had success and learning from the documentation of these initiatives provides useful information for education systems not yet successfully disaggregating education information.

8. GENDER

Girls with disabilities face increased risks of physical, sexual and emotional violence, abuse and exploitation compared to their peers without disabilities. They may not be able to return to school. Girls without disabilities who previously attended school may be made to stay at home to care for family members who are disabled or have become unwell from COVID-19.

- Ensure that there are strategies in place to reach out to families and encourage girls to return to school.
- Ensure that communications to the community are gender and disability inclusive and encourages the participation of all girls with and without disabilities.
- Ensure appropriate and accessible menstrual hygiene management facilities in schools as an essential component of accessible WASH facilities.
OTHER RELATED RESOURCES

- Framework for reopening schools
- Frontline Response to Children with Disabilities and COVID-19 (internal, available on request)
- Integration of Child Protection in the COVID-19 Return to School Tips for Teachers and School Management (internal, available on request)
- Nutrition and Education Collaboration – Checklist for Reopening Schools (internal, available on request)
- COVID-19 Minimum Care Package for Children with Disabilities (internal, available on request)
- Technical Note: Protection of Children during the Coronavirus Pandemic
- Inclusive Education sector guiding note on COVID-19

FOR MORE INFORMATION

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