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# Impact of Covid-19 on the education of children with disabilities in Malawi: reshaping parental engagement for the future

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## ABSTRACT

Covid-19 has led to unparalleled school closures and brought about extraordinary and unique challenges to ensuring continuity of learning for children across countries. This paper focuses on the educational experiences of children with disabilities in Malawi. Using a telephone survey, 99 parents/carers were interviewed about the impact of school closure on them and their child with disabilities. Parents reported as being overwhelmingly dissatisfied with the educational experiences of their child with disabilities, with a significant number reporting that they had no contact with the school or the teachers during closures. Children with disabilities were reported as spending very little time on formal learning activities. Nonetheless, parents were confident that their child with disabilities would return to school once these reopened, as parents noted the loss of structure for their child's day and increased loneliness arising from lack of contact with their friends. As schools reopen, the mental health of children with disabilities, alongside their learning, will need to be a priority. Finally, parents highlighted the need for more active involvement in their child's schooling, so that they are able to support them better when they are at home.

## KEYWORDS

Covid-19; disability; Malawi; parent; education; telephone survey

## Introduction

Covid-19 has caused a global education emergency of an unprecedented scale. In April 2020, the pandemic had caused more than 180 countries to mandate temporary school closures, leaving approximately 1.6 billion children out of school (UNICEF 2021). These unparalleled school closures during peace time have brought about extraordinary and unique challenges for governments, teachers, and parents in their attempt to ensure continuity of learning for children across countries. There was, however, a dramatic

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difference seen in the ability of countries to respond to school closures. This became apparent in the second half of 2020, where 86% of children in primary education were effectively out of school in countries with low human development – compared with just 20% in countries with very high human development (UNDP 2020).

Moreover, as countries worked towards managing continuity of learning while protecting the safety and well-being of learners, there are some groups of learners who stand the risk of further marginalisation and exclusion from formal learning opportunities. These are most often learners with disabilities, and particularly those living in poverty (United Nations 2020; UNICEF 2020). Recent evidence points to the exacerbation of educational exclusion, estimating that close to 40% of low- and low-middle income countries have not supported disadvantaged learners during the school shut-downs (McClain-Nhlapo et al. 2020). In sub-Saharan Africa, almost all learners, both in schools and universities, have been affected by the pandemic. During this period various efforts have been made across the continent to support children's learning through the development of radio, television, and/or online materials (McClain-Nhlapo et al. 2020). However, there is little evidence of how these learning media have addressed the specific learning needs of children with disabilities.

The need for collating research on the impact of Covid-19 on persons with disabilities is even more urgently sought given that there is little evidence, and consequently lack of useful insight into how we can effectively deal with sudden and prolonged school closures, from the Ebola crisis in Guinea, Liberia, and Sierra Leone in 2014–2016 to the more recent pandemic. This lack of research evidence fails to support future learnings and reinforces the continued neglect of children with disabilities during times of crisis. A call for scientific research to understand the impact of Covid-19 on children with disabilities within specific country contexts has been supported by many institutions/organisations, including the Global Rehabilitation Alliance (2020) and the UNDP (2020).

Since the start of the pandemic only a few research studies have been published, examining the impact of Covid-19 on persons with disabilities particularly within a sub-Saharan African context. These studies dealt with the wider impact of the pandemic on persons with specific types of disabilities and/or age categories. For example, in Kwegyir Tsiboe's (2020) study, data was gathered through semi-structured interviews with older persons with disabilities in rural Ghana and reported on how quality of care for these individuals declined during the pandemic. Adopting a more legislative perspective, Kamga (2020), through a documentary analysis, examined the extent to which basic educational needs of learners with disabilities were met during the pandemic in South Africa. The author concludes that significant re-thinking is needed to make emergency education planning inclusive of learners with disabilities. Mbazzi et al. (2021), drawing on data collected in Uganda through phone interviews with 39 parents and 9 children with disabilities in the 8–15 age range, reported on the significant negative impact of the lockdown on the families and children vis-à-vis mental and physical health, social life, finances, education and food security.

This paper focuses on Malawi, a country in the south eastern part of Africa, with a population of approximately 19.6 (World Population Review 2021) million people – with 85% of inhabitants in rural areas. More than 69% lived below the World Bank's \$1.90 poverty line in 2016 (World Bank 2021)). It is one of the poorest countries in the world: ranked 170 out of 188 countries in the 2017 UN Human Development

Index. It is estimated that almost six million school-going children were at home for nearly eight months because of the Government's Covid-19 prevention measures (UNICEF 2020). The research project collected data focusing on primary education and children with disabilities during Covid-19, funded by the Cambridge-Africa Alborada Fund. Drawing on data collected in the field from parents, this paper provides insights into the educational experiences of children with disabilities during school closures, and the impact of these on families. We conclude by discussing the implications of the findings for future educational provision for children with disabilities in Malawi, while also highlighting reflections for the wider Sub-Saharan African region.

## Primary education for children with disabilities

The rights of children with disabilities to education are promoted in various official policies and legislative frameworks in Malawi, such as the Child Care, Protection and Justice Act, 2010 and the Disability Act, 2012. The Disability Act, 2012 calls on the national government to 'make sure that schools provide an environment where learners with special needs can access education unhindered' (GoM/UNICEF 2013, 43). Additionally, the current Malawi Growth and Development Strategy, a national development plan for the period 2017–2022, acknowledges that people with disabilities are vulnerable and that they need interventions which can empower them through improving access to education, vocational training, employment opportunities, health services, and other productive resources (GoM n.d.). There are approximately 175,000 children with disabilities in primary schools in Malawi, which is only 69% of the total number of school age children, as many remain out of school due to lack of access, provision and awareness (MoEST 2019).

Training of specialist teachers for children with disabilities is only available at Montfort Special Needs Education College (MSNEC) and at The Catholic University of Malawi (CUNIMA), both of which are located in Chiradzulu district. MSNEC uses a specialised approach in training specialist teachers for children who have specific disabilities such as vision impairment, hearing impairment, learning difficulties and the deaf-blind. There is a 'demonstration school' and resource centres for children who have these impairments on the same campus as CUNIMA and MSNEC. Graduates from these colleges are awarded a three-year diploma or a four year bachelor degree, and usually teach in resource centres attached to primary and secondary schools in Malawi. Many resource centres and residential hostels were set up with the financial support of international non-government organisations (INGOs) to educate children with disabilities, but these were placed under the Ministry of Education in the 1980s (Lynch and McCall 2010).

## School closures amid the Covid-19 pandemic in Malawi

On 23rd March 2020 with rising rates of infections, the Ministry of Education in Malawi issued a directive for all schools to close. Soon after, the Government of Malawi (GoM) in collaboration with UN Humanitarian Country Team and Partners, developed the 'National Covid-19 Preparedness and Response Plan' under the guidance of the Ministry of Disaster Management Affairs and Public Events, and Ministry of Health. The Plan

identified 10 operational clusters, which included Education, with an overall objective to 'ensure that teaching and learning continues through innovative solutions, and create an enabling environment in communities with special attention given to vulnerable groups in the education sector' (GoM 2020, 89). Children with special education needs<sup>1</sup> were explicitly stated as vulnerable groups under the Education cluster.

To keep children engaged in learning during school closure, the Ministry of Education with support from 'Education Cannot Wait' and UNICEF implemented a \$10 million Emergency Radio Education Programme (EREP) for the 6 million children enrolled in primary schools across the country. In his launch address, the UNICEF Malawi Country Representative, expressed the view that 'the Emergency Radio Education Programme is a ground-breaking and innovative initiative that offers a unique interim solution to keep millions of children in a positive education routine'.<sup>2</sup>

In May 2020, two months after school closures, lessons began to be aired on the Malawi Broadcasting Corporation (MBC) radio stations for learners in Standard 1 through to Standard 8. The lessons mainly focused on literacy, numeracy and science. Lessons covering Mathematics, English and Chichewa were aired every morning on MBC Radio 2 for three hours every weekday for Standards 1–4. Lessons covering Mathematics, English, Science and Technology, and Chichewa were aired in the afternoon on Radio 1 for approximately three hours for standards 4–8. Parents of children, and their communities in general, were encouraged to support all children to participate in the lessons. In September 2020, schools began reopening in a phased manner, however there were sporadic openings and closures as rates of infection fluctuated in the country.

During the pandemic, the Directorate of Special Needs Education, under the Ministry of Education, Science and Technology (MoEST) took various steps to ensure continuity of teaching and learning for all children with disabilities and special education needs through community mobilisation of parents and guardians, to support home learning for the children. It promoted community-based, child friendly, and accessible (e.g. use of large print and braille) messages on prevention and management of Covid-19 amongst teachers, learners and their communities. The provision of radios, cloth for sewing masks, and face shields for deaf learners were provided to some resource centres and finally, orientation of teachers and specialist teachers was undertaken on Covid-19. However, MoEST acknowledged that this support was inadequate. Additionally, it is widely reported that despite various efforts, persons with disabilities remain 'invisible' and are the left behind segment of the population in efforts during Covid-19 and in post recovery phases (Munthali 2021).

## Research approach and method

A telephone survey was conducted by a team of researchers: three based in Malawi, two in England, and one in Sweden. The Malawi team has considerable experience in working with children with disabilities in different educational settings. The Malawi team worked alongside the UK and Sweden based researchers, who took the lead in the design of the survey instrument, hosting it on an on-line platform, and analysing the data. The team met up on a regular basis via the Zoom platform to ensure clear and effective communication, discuss emerging challenges and disseminating the findings to MoEST and other key stakeholders in Malawi. The data were collected in the month of October to

December 2020, with 99 parents/carers and 40 teachers. This paper specifically focuses on the parental data.

### ***Ethical approval***

At an institutional level, approval was obtained from the University of Malawi College of Medicine Research Ethics Committee (COMREC) Board (approval number: P.07/20/3086). For this process we submitted an overview of the research project and our research instruments for scrutiny. Subsequently, we also sought official authorisation from the District Education Commissioner in Chiradzulu district to obtain phone numbers of parents from three special schools and four mainstream schools (two with resource centres and two without). Parents in Malawi, when admitting their child to a school, are required to provide a contact number, hence these were available in school records. We were also mindful of various ethical considerations in our interactions with the parents, which are discussed later.

We decided to collect data through the boarding schools in Chiradzulu district because they have students with disabilities from all parts of Malawi. This data is therefore from pupils who attend the school in Chiradzulu but come from various parts of the country. One of the researchers (JM) was already known at these schools and this aided the process.

### ***Telephone survey***

Due to the national lockdown as well as Government and COMREC guidelines, the safest way of collecting data was through remote methods, and the research team decided to use telephone surveys. Conducting telephone surveys had many advantages as it did not require travel, and these were reasonably easy to conduct once the survey questions had been designed and piloted for clarity. During Covid-19 telephone surveys have been used extensively across different contexts (a few examples of this are: Laterite (2020) and Cheema, Khan, and Khan Mohmand (2021)), enabling considerable learning in how to conduct these ethically, while being mindful of the challenges. We reflect more on these issues later.

It is important to highlight here, that in deciding to use mobile phones to connect with parents, we acknowledge that the research has captured the responses of a unique group of individuals in Malawi. According to the 2018 Population Census, just 51% of the households had a mobile phone, and these households tended to be generally economically better off. Additionally, the respondents tended to be more educated, and often the men in the household. Thus, our findings to some degree focus on the situation of those who are relatively better off and educated than the many families of children with disabilities who live in very poor circumstances. Nonetheless, the findings provide unique insights into the lived experiences of children with disabilities during the pandemic in Malawi, insights which are unavailable in the current literature.

Our telephone survey comprised a total of 34 questions, covering the following themes: (1) parent background information, (2) information about the child with disabilities, (3) schooling and learning of the child with disabilities during school closure and (4) impact of school closure on the child with disabilities and the parents. Most of the questions had a

multiple-choice option, a few asked participants to rate three or more statements, followed by four open-ended ones at the end of the survey. This approach enabled in-depth data gathering that captured participants' perceptions and experiences concerning the impact of school closure on the education of children with different disabilities. At the same time, it provided sufficient data to undertake a rich descriptive analysis.

The survey was written in English, and then translated to Chichewa by the Malawi team, to ensure consistency in understanding the questions by both the respondents and the researchers. It was piloted prior to the main data collection and minor changes were made accordingly.

The biggest challenges of the phone surveys were that some numbers did not work, or at times, the phone number belonged to a neighbour or relative rather than the parent/main caregiver of the child. In such cases tracking down the real number was a time-consuming exercise. The other commonly reported difficulty was unstable phone connectivity and a bad network. In contrast, conducting phone surveys during lockdown also meant that parents were at home and willing to engage in discussions. In many cases, they noted that it was good to talk about their children with disabilities to individuals who cared for them. It is noteworthy that 29% of our parent sample consisted of fathers, which is interesting given that most parental interviews in research studies seem to be dominated by mothers talking about their child. Finally, the considerable experience of working with children with disabilities of the two women researchers was very useful, especially towards the end of the survey, parents often wanted to know how they could access services for their child, or how they could help their child within their limited resources.

### **Contacting the parents**

After ethical approval had been granted, calls were made to the various schools and centres to obtain a list of phone numbers for parents of the enrolled children. A total of 116 phone numbers were obtained for parents of children attending these schools. Two members of the research team (JM and GC) were trained specifically to contact the parents and conduct the survey. In all cases, the following process was followed:

- (1) The researcher made an initial call to the parents to introduce themselves and provide a brief overview of the project, and check with the parent if they were willing to be interviewed. Parents who were willing to be interviewed were asked to suggest a convenient date and time. Parents were also informed that they would be provided with a participation allowance for phone usage which was transferred online through their phone provider.
- (2) The call was followed up by an SMS with a summary of the information on the project, consent, as well as date and time for the interview.
- (3) On the day of the survey the researcher checked again if the time was still convenient for the parent, and reminded them about the purpose of the survey. Parents were reassured that there were no right or wrong answers, and the format of a multiple-choice question was also explained. Reiterating and reassuring parents about confidentiality issues, their consent was obtained for recording the interview for accuracy purposes, especially when answering the open-ended questions.



- (4) All surveys were carried out in Chichewa, with each researcher adhering to the pre-interview protocols and following the exact wording of the survey questions. The researcher filled in a paper copy of the survey.

### **Data analysis**

At the end of each day of data collection, the paper data was uploaded onto an online survey software (Survey Monkey) in English. At the same time, the Malawian researchers transcribed and translated the answers to the open-ended questions into English. This two-step approach was needed due to the lack of reliable internet connectivity and anxieties among the research team that there might be loss of data, if they were not backed up.

The data were analysed by the UK and Sweden based researchers. The quantitative data was downloaded from the online survey to Excel, and the qualitative open-ended questions were saved as Word documents. Two researchers read through the qualitative data and developed themes independently. These impressions of the data were then discussed for overlaps and divergences for intercoder agreement. This led to the identification of the final key themes, and quotes were then extracted illustrating these themes. There were meetings with the Malawian team to check, refine, and shape the developing analysis multiple times during the analysis process.

## **Results**

### **Demographic characteristics**

A total of 99 parents were interviewed. Forty-four per cent of the respondents were mothers and 29% were fathers. The remaining 27% were other family members such as grandparents, siblings, uncles, aunts, nephew, cousin and guardian. A total of 44% parents/caregivers said they had completed primary schooling, 38% secondary schooling, and 12% had completed higher education. The three main livelihoods that the parents/caregivers were engaged in were agriculture (41%), small business owners and occasional workers (22%), and those in the service industry, such as hotels and transport (24%).

29% of the sample reported a monthly household income of <20,000 Malawi Kwacha (approximately \$25), and 22% reported an income of 21,000–40,000, suggesting low-income households. Of the remaining, 32% stated an income of 41,000MK–100,000MK, and 17% 101,000MK or more. All the families had at least one child with a disability in the 6–15 years age group, with approximately six families reporting two or more children with disabilities.

The majority of the learners in the sample had hearing (52%), vision (39%) and/or cognitive difficulties (10%), with some reporting multiple disabilities, such as being deaf-blind. Other additional difficulties reported included mobility, communication, and health problems. Gender distribution across the child sample was equal. Nearly half of the children with disabilities (46%) were enrolled in upper primary (standards 6–8).

A significant number (60%) of these children were studying in a special school for deaf-blind children or the special school for deaf children in the district. While the



rest of the children with a range of disabilities were attending a resource centre attached to a mainstream school.

While the schools attended by the children were in Chiradzulu district, only 40% of the parents were living there. Twenty-one per cent were from Blantyre, 13% from Thyolo and the remaining were from different districts.

### *Teacher contact and time spent on formal learning*

A significant number of parents (86%) reported they had had no contact with the school or the teachers during school closures. Of the 14 families who reported having some contact with the school, the teacher had either walked over to the home or used the telephone. In one case the child went to the teacher's house for tutoring purposes. No parent mentioned teachers using social media – WhatsApp or Facebook, to communicate with the families. In all but three cases, the contact with teachers was rather sporadic and infrequent in nature.

The three families with more frequent interaction noted that they had been contacted three times in the month prior to the interview. In these cases, parents noted that the teacher had either telephoned or walked over to their house. One deaf-blind learner was supported by the teacher who had come home to instruct the parent on physiotherapy. The other two children were not receiving any direct instruction from the teacher, but being in touch with school had clearly motivated them as both were reported to be spending more than an hour studying each day, which was more than the rest of the sample.

Children with disabilities spent very little time on formal learning activities of any kind, with 31% reported to not be studying at all, and 45% spending less than an hour studying. Only a quarter of the children were reported to have spent more than an hour studying at home. In instances where children were engaging in various tasks from the formal curriculum, they were supported by parents or older siblings, or by extended family or friends.

Overall, parents were overwhelmingly dissatisfied with the educational experiences of their children with disabilities during school closures. Ninety-nine per cent of parents noted they were not satisfied with their child's education during school closures.

### *Main concerns raised for their child*

Parents were asked to reflect on their main concerns for their children with disabilities during school closures. Over 80% of parents were worried about their child falling behind in their learning, mainly as the result of inaccessible learning materials. Over 46% of parents said that their child was missing out on an essential year of learning and they were getting older, and this would have an impact on their future life and opportunities.

The negative impact on children's socio-emotional wellbeing due to school closures were also noted. A significant number (63%) responded that boredom was one of their biggest concerns. Worryingly, 59% also expressed that their child was sadder than usual, while nearly half noted changes in their child's behaviour, such as feeling more anxious or likely to be angrier than usual (37%).

Another consistent theme that emerged was of their child's safety, especially in relation to girls with disabilities. Parents talked about their fears of their child being unsupervised, 'walking around the village when there is nothing to do' and the heightened danger of being vulnerable to sexual exploitation, as noted in the following quotes:

The child will forget what they learn and may start having intimate relationships with the opposite sex.

I am afraid that she might get pregnant as she is a big girl.

When she is at school she is protected from getting pregnant.

About a quarter said that their children were missing out on essential therapies and services which were available at school.

At least at school she is given more care, when it comes to food.

When the child is at school, he is safer than staying home, he is protected from discrimination, injuries, and accidents.

### *Main barriers to their child's learning*

All parents clearly voiced the amplified impact of school closures on the child with disabilities in contrast to their children without disabilities. Here two themes emerged strongly, specifically, (i) children's lack of access to appropriate learning materials and support and (ii) parents' inability to support the learning of their child with disabilities.

Two parents testified that their child engaged 'somewhat' with educational radio programmes, but more commonly, parents stated that these, though run by the government, were not accessible for several children: 'There were school programmes on the radio which was being accessed by normal children but there was nothing for a deaf child'.

Many parents talked about the lack of accessible materials at home, and only eight families stated that some resources had been provided by either an NGO or the child's school. It is important to note that in most cases parents reported that the children were unable (or indeed not allowed) to bring textbooks home when schools were closed. This was largely due to the fear that the textbooks given by the school would get lost or damaged at home, resulting in shortage of materials when schools did reopen.

Additionally, parents reflected on the fact that, given the complete lack of any specialist inputs to support their child with disabilities, they were at a loss.

It was hard for children with disabilities because they don't have a person to help them with their studies here in the village, while the children without disabilities had a chance to study and people to help them with their studies.

This concern was further magnified when parents expressed their frustrations in their own inability to support their child with disabilities. This was particularly the case for children with sensory impairments (blind and deaf), given the general lack of knowledge of braille and sign language among family members. The mother of a blind child stated:

I am a barrier to my own daughter's education. I am unable to support her when she is studying because I am unable to read braille materials. My daughter feels jealous when I am assisting other children who use print. I feel sad whenever I see my daughter looking

hurt. It is as if I am not interested in her schoolwork, which is not the case. I wish I knew braille.

This finding needs to be understood in the context of the fact that many of the children who were deaf and/or blind were attending residential special schools or a resource centre attached to a mainstream school.

### *Returning to school*

However, despite being out of school for a prolonged and unexpected period, 93% of the parents were confident that their child would return to school once it re-opened. Here the responses highlighted the significant belief in the benefits of education, as noted in the following quotes:

We know that her education is important.

I didn't do well with my education and I want my child not to go through the same.

We feel he is same as any child and needs education.

The few who were less sure about whether their child would return to school or not, were unsure of their financial ability to send their child back, as indicated in the following responses:

I do not have enough money to send her to school.

The only major problem is lack of basic needs and school supplies which he needs to carry to school such as food, soap and other resources.

While parents wanted their child to return to school, their biggest concerns were the loss of learning that the children had experienced. Eighty-three per cent of the parents noted this to be a significant concern, thus highlighting the value of continued learning as being important for these parents. In contrast, the child's refusal to return, inability to adjust in school, or parental concerns about their safety and hygiene were of little concern.

### *The impact of school closures on parents themselves*

Being mindful of the fact that school closures were not only impacting the child with disabilities, the open-ended survey question also focused on the effect that closures were having on parents themselves. Analysis revealed two overarching themes: (i) negative financial impact on the family and (ii) increased anxiety levels of parents.

Firstly, many parents noted the significant financial burden that had been placed on them at a time when they themselves were losing their employment due to economic shutdown. For parents whose children were usually in residential special schools it meant having additional stomachs to fill, which was becoming harder in these times.

Having all children at home at once increased the burden to source food for them since I am a single parent.

Lack of resources since every child was at home and things were not going on well. Even small businesses were not working.

Secondly, parents themselves noted increased anxiety levels. The emotional impact on them due to heightened concerns about the child, especially the child's safety and mental health (immediate concerns), and future (long-term concerns) were evident in many of the answers.

I worried that he was not learning, and the feeling of helplessness that there is nothing that we can do.

I am concerned with the future of my daughter. Blindness has put limitations on what and how my child learns. I have been telling the other siblings to take care of my daughter with disability if I was to die first.

Positively, in a few instances, parents also highlighted how having their child at home for a long duration had given them the opportunity to get to know their child with disabilities better. For a few parents, this became an opportunity to spend more time with their child and do things together as noted by the interviewer:

School closure had enabled the parent to monitor and model his daughter's behaviour. Previously he got a report from the school that his daughter was very playful, not concentrating on her studies. But being at home, this father ensured that the daughter should seriously study and also that she should not be moving around in other people's home to play. He has constantly been advising his daughter on issues of relationships with boys (sexual relationships).

### ***What can be done better next time?***

A strong consensus which emerged across parents was the need to continue with the education of children with disabilities. Some of the parents were unequivocal in their desire that special schools should not be closed, and this was expressed in the following ways:

Special needs classes should not be closed, because they will not catch up at the same pace as compared to normal students.

They should not close the schools, these children are at risk if they stay out of school for a long time, people take advantage of abusing them.

Parents were cognizant of the challenges that school openings would pose and in many cases suggested interesting ways of managing the process:

Schools should not completely close but try to split children in groups to let a few go to school at a time.

It would be better if the children with disabilities could still go to school, maybe twice a week because there were not that many children from his class who got sick.

Making educational programmes, especially those provided by the government, accessible for children with disabilities during closures was also emphasised.

When the government is introducing interventions, they should be inclusive on the ground, not just in literature. Television and radio teaching were said to be provided, but it wasn't provided.

Educational programs on television should have subtitles or a sign language presenter, and they should also take note that there are special needs children learning through them, because we feel like they were designed for the normal children only.

A majority of parents also articulated the need for more support from schools, which extended from basic things, such as allowing children to take books home (e.g. books in Braille), to more considered engagement in terms of provision of tasks which children can do, as well as increased support from teachers. These are expressed in the following quotes:

Children should be given appropriate things when they are coming home, like braille books for him to read.

If there are provision of gadgets like phones and computers, students should be taught to learn through them before we are in a situation where schools need to be closed.

It is noteworthy, that many parents also asked for more help and support in empowering them to work with their child with disabilities. In such cases parents requested support to learn sign language and/or braille so that they could support their child better.

Provide parents sign language basic skills so that we are able to teach our children.

We need to teach them vocational jobs so that they don't stay idle waiting for schools to open.

Additionally, a few parents also expressed a strong need for financial support, such as:

Government should be giving loans to parents of children with disabilities for meeting their basic needs.

## Discussion

Findings from our survey sadly reinforce the multiple, direct impacts of school closures on children with disabilities and their families. Not only do schools provide formal learning opportunities, which provide children with necessary skills for adult working lives, but they are also offer structure, routine, friendships, nutrition, and safety. UNDP (2020), in their analysis of the situation of persons with disabilities during Covid-19 in Malawi, noted that the closure of schools had particularly disadvantaged children with disabilities as they had missed out on specialist support that they receive at school. Reflecting on the insights from our survey, not only is it clear that children with disabilities need to be at the forefront of efforts in bringing them safely back to schools, but there also exists an opportunity to re-imagine current education systems through an equity lens.

As we think about learnings from the pandemic and chart a future course of action, our findings highlight the possibility of rethinking the role, purpose, content, and delivery of formal education by understanding and responding to the experiences and needs of learners with disabilities. Here we discuss three important aspects: (1) parents as partners in schooling processes; (2) schools as sites for children's learning and wellbeing; and finally (3) the importance of addressing larger issues of poverty when thinking about schooling, especially for children with disabilities and their families.

Parental responses clearly highlighted their significant belief in the value of education for their child with disabilities, and they were unequivocal in their confidence that their child with disabilities will return to school. This is contrary to commonly held assumptions that parents of children with disabilities are not supportive of their children's education. This finding is very similar to that of the UNDP (2020, 23) survey on Covid-19 undertaken with 2049 respondents across Malawi which stated that 'a majority of survey respondents (81%) bemoaned the interrupted learning'. This report also adds credence to parental fears noted in our survey, where they pointed out that school closures might impact future employment opportunities especially for the older children. A report published by the National Planning Commission (2020) states that reduced education does translate into less productive children in their adult years, and the social costs of school closures for Malawi will be around \$5.2 billion over the next 50 years.

Parents in our study clearly expressed an urgent need for specialist support for children with disabilities even when schools were closed. Some of this was basic requests, such as letting children carry textbooks back home with them, while others were for more specialised inputs during closures so that children did not fall behind and remained motivated to return to school. Additionally, parents were clear that government efforts to support alternative learning mediums for children, such as the use of radio, is inadequate if they are not inclusive of children with disabilities. Even though more sophisticated technological support, such as computers or other assistive devices (e.g. Braille), or access to sign language interpreters did not feature very strongly in parental accounts, this could be attributed to the sheer lack of availability or knowledge of such devices in these households, and hence the parents' inability to recognise their potential.

Moving forward there is an opportunity to extend the parental role by reframing them as partners in their child's education, rather than viewing them as barriers. This is especially the case for children with disabilities, where participation from parents can be extremely useful and can reinforce important skills (Singal 2020). Many parents, especially with children who were deaf and/or blind, noted that they were unable to support their child's education as they did not know sign language or how to read braille. While this disconnect seems possible given that their children were attending residential (special) schools, it does raise concerns about the lack of parental awareness and participation in fundamental aspects around basic communication and media requirements in their child's lives. This observation is not very different from those made by Wijesinghe (2020) in her research with teachers in deaf schools in Sri Lanka during Covid-19 school closures, where teachers who were interviewed noted that parents did not know sign language and hence were unable to understand even the basic needs of their child. Therefore, there is a need for ensuring that parents have the opportunities to learn sign language, and more broadly, also ensuring that schools support parents to communicate effectively with their child.

Additionally, parents in Malawi in our research expressed their wish to be more involved in the education of their child, highlighting the need for training to support their child when they are at home. When asked what they would require to better support their children's needs, factors such as, specialist support not only for their child, but also to help them develop the skills to be able to engage with their children's learning emerged. Parental responses also highlighted high levels of guilt and despair at not being able to offer support towards learning for their child with disabilities, especially

when loss of learning was an overwhelming concern. As schools reopen, there is a need to find more inclusive strategies of fostering parents as partners in their child's education. This is a real challenge for residential special schools, which must find ways of strengthening better connections between school and home, which will not only benefit short-term goals, but also strengthen greater inclusivity and participation within the home and the extended community for persons with disabilities.

A second key issue which emerges from the analysis is how centrally parents positioned the role of schools as being significant to the wider socio-emotional well-being of their child with disabilities. While undoubtedly, falling behind in their learning was the overarching concern, they recognised and articulated the role of schools as more than spaces for formal learning. Being alone at home, reminded parents of the loss of structure for their child's day, the loneliness arising from lack of contact with their friends who are attending the same residential school, and the inability to socialise with others in their own communities. For girls with disabilities, parents highlighted the safety of being in school, rather than being left alone at home. Finally, many parents recounted how the pressures of having children with them at home for extended and unplanned periods also meant that there were additional financial burdens, and while schools were able to provide a nutritious meal for their child, this was not a guarantee at home, especially at times when their own income generating activities had been shut down due to Covid-19. Thus, schools for these children were conceptualised by parents as spaces for protection, nourishment, and forming friendships. These reflections also resonate with the work of Lynch, Lund, and Massah (2014) who highlighted the important role of resource centres for children with Albinism in Malawi, which in addition to educational benefits offered spaces for protecting and nurturing this vulnerable group of students. Such aspects of schooling need to be made more visible and nurtured, rather than being relegated as the hidden curriculum (Apple and King 1983).

As schools reopen, the mental health of all children, particularly a focusing on children with disabilities, will need to be a priority. This is strongly reaffirmed in a report by the International Commission on the Futures of Education, which notes that, 'The mental health and well-being of children and youth have been greatly endangered, and in ways that could have lasting repercussions' (UNESCO 2020, 14). Prior to the pandemic, 'quality education' as measured by higher levels of numeracy and literacy skills dominated mainstream education debates. However, the uncertainties and insecurities arising from the pandemic have catapulted to the forefront a need to strengthen resilience and rebuild trust in institutions among children and their families. This will entail not simply providing 'catch up' classes but also finding ways of helping children settle back into routines and develop new ways of learning, including exploring the role of educational technology (Lynch, Singal, and Francis 2021). Parents, in our survey, were mindful of the impact that being at home alone was having on the socio-emotional well-being of their child, and this will need to be an important focus as we move into the future.

Finally, our findings also give more credence to the long-held argument that schools on their own cannot be sites for addressing deeply entrenched inequities in society, rather this needs to be part of a broader ambition. Families in our survey reflected on the significant economic impact of Covid-19 on their lives. These accounts were anchored in their own precarious life situations, wherein their sources of income generation were



slowly dwindling as the economy shut down. Increased financial pressure on families of children with disabilities has also been noted by other studies in Africa (Able Child Africa 2020). While parents held on to the promise of education and upward social mobility for their child, they were losing in the current moment as they struggled with food shortage and uncertainty about the pandemic. This raises important questions into how systemic reform and rebuilding efforts need to take a holistic view of people's lives and contextualise action accordingly.

Across the globe, some governments are now easing school closures as infection rates drop, nonetheless the socio-economic impact of the pandemic will undoubtedly have long-lasting effects on education systems for many years. This includes both loss of resources as schools continue to remain closed, and additional costs incurred when schools reopen, including, for example, necessary adaptations needed to make them safe and hygienic places. Building education systems back, and possibly better, requires us to rethink the future role, process and purpose of schooling, and include the voices of those who are most marginalised to provide the most powerful ways of re-thinking how we should rebuild for a more inclusive and equitable system.

## Notes

1. In Malawi, like many other countries, the terms Special Education Needs and children with disabilities are often used interchangeably. The term Special Educational Needs is often used in academic circles to refer to children with diverse needs, requiring special support from specialist teachers in schools. These children are expected to be identified and assessed by specialist teachers or medical professionals, depending on levels of access to health services. NGOs and other stakeholders in the communities commonly use the term children with disabilities.
2. As posted on 20 May 2020 in a Facebook post by UNICEF Malawi country office. <https://www.facebook.com/UNICEFMw/posts/the-emergency-radio-education-programme-is-a-groundbreaking-and-innovative-initi/2881151271921116/>.

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