Rationale: Education and child development influence a person’s quality of health and well-being, learning, and behaviour throughout the lifespan. However, children with disabilities can face many barriers to school enrollment. Early Intervention (EI) programs for children with disabilities have been described as essential in order to enhance child long-term function and school enrollment. Since most children with disabilities in India live in rural areas, EI programs need to consider the rural realities that impact access to them and enrollment to school. An organization in rural southern India has focused on improving school enrollment through their EI program.

Objective: This paper describes the impact of an EI program on school enrollment of children with disabilities, including enablers and barriers to school enrollment.

Method: A mixed methods approach was used for this evaluation. Quantitative data was collected using a cohort longitudinal design over two and a half years with five data collection periods (T1-T5). Over 450 children were included during each period. Inclusion criteria were any child 3 years or older and any child who was considered eligible for school enrollment. Type of school enrolled in or reason for not attending were recorded at each time period. Qualitative data was collected from interviews with 18 caregivers and focus groups with 42 service providers. Qualitative data was coded and then grouped into themes.

Results: The proportion of children enrolled in school at each of the assessment points increased over time from 69.8% at T1 to 84.7% at T5. There was no difference in enrolment by gender or level of program engagement. There was higher school enrolment in children receiving home-based therapy. The majority of children were enrolled in primary school, followed by pre-school. The most common reason for not enrolling in school, as cited by caregivers, was severity of their child’s disability. The following themes concerning factors impacting school enrollment emerged from the qualitative data: desire for normality, supports, walking and independence in ADLs, transportation, capacity for integration, EI therapy, perceived importance of school, and access to special schools.
Conclusion: This EI program helped children with disabilities enroll in school, and access education by providing accessible EI therapy and addressing some barriers to school attendance. It would be beneficial to expand services to include more community-level interventions that seek to foster an accessible and barrier-free school environment for children with disabilities.