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The Shifting Paradigm: Social, Health, and Digital Inclusion for Intellectual Disabilities in India post COVID-19

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ABSTRACT

Review Article

The COVID-19 pandemic has exacerbated existing inequalities, disproportionately affecting vulnerable populations, including individuals with intellectual disabilities in India. This study examines the social and health impacts of the pandemic on this marginalized group, focusing on challenges in accessing healthcare, disruptions in essential services, and the heightened risk of social isolation. The research highlights how pre-existing systemic barriers were intensified during the pandemic, leading to significant adverse outcomes. Additionally, the paper explores the inadequacy of policy responses and the critical gaps in support systems that left individuals with intellectual disabilities and their families struggling to cope. Recent updates through 2026 indicate a shift toward digital inclusion and expanded health insurance, though systemic barriers in physical accessibility and certification remain. Through a review of literature and case studies, this study provides a comprehensive analysis of the multi-dimensional impacts of COVID-19 on intellectual disabilities in India. The findings underscore the urgent need for inclusive policies and targeted interventions to address the specific needs of this population during public health crises. Future research and policy directions are also discussed, aiming to enhance the resilience of healthcare and social support systems for people with intellectual disabilities in India.

Keywords: COVID-19, Intellectual Disability, Policy Implementation, Mental Health Challenge, Vaccination.

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Introduction

The COVID-19 pandemic has profoundly impacted global health systems, economies, and social structures, with vulnerable populations facing the most severe consequences. Among these populations, individuals with intellectual disabilities represent a group that has been significantly marginalized during this crisis. Intellectual disabilities encompass a range of conditions characterized by limitations in cognitive functioning and adaptive behaviour, which cover many everyday social and practical skills. In India, where social and healthcare systems are already strained, the pandemic has highlighted and exacerbated the existing challenges faced by individuals with intellectual disabilities and their families.

Historically, people with intellectual disabilities in India have encountered systemic barriers to accessing essential services, including healthcare, education, and social support. These barriers are rooted in societal stigma, inadequate infrastructure, and a lack of tailored services, which have been further strained by the pandemic [1, 2]. As the COVID-19 virus spread, lockdown measures and social distancing protocols were implemented; this, while necessary for public health, resulted in severe disruptions to the routine care and support systems upon which individuals with intellectual disabilities rely. The disruption of these services led to a cascade of negative outcomes, including deteriorating mental health, increased caregiver burden, and heightened risks of neglect and abuse [3, 4].

Healthcare access, a critical concern for individuals with intellectual disabilities, became even more challenging during the pandemic. The prioritization of COVID-19 treatment in healthcare facilities often led to the sidelining of other medical needs, disproportionately affecting those with intellectual disabilities who already experience difficulties in accessing medical care due to communication barriers, mobility issues, and discrimination [5]. Furthermore, the lack of accessible information about COVID-19 and the necessary precautions contributed to increased anxiety and confusion among this population, making it difficult for them to adhere to safety measures.

In addition to healthcare challenges, the pandemic has also significantly impacted the social lives of individuals with intellectual disabilities. Social isolation, a common experience for many during the pandemic, has been particularly severe for those with intellectual disabilities, who often rely on structured routines and social interactions for their well-being [6]. The closure of special schools, therapy centers, and community support programs removed crucial sources of social engagement, leading to feelings of loneliness, frustration, and, in some cases, regression in behavioral and developmental progress.

The intersection of intellectual disability and the socio-economic impacts of the pandemic has also led to increased financial strain on families. Many caregivers, who often juggle multiple responsibilities, faced additional challenges due to job losses and economic instability, further limiting their capacity to provide adequate care and support [7]. By 2026, while the immediate health crisis has subsided, the “long-tail” effects of this economic strain continue to impact the quality of life for families, especially in rural India where digital-first welfare delivery has created new barriers for those without stable internet access [28]. This study seeks to provide a comprehensive analysis of these multi-dimensional impacts, highlighting the urgent need for inclusive policies and interventions that address the specific needs of individuals with intellectual disabilities during public health crises.

The analysis engages critically with disability studies scholarship, particularly the social model of disability and intersectionality theories, to offer original interpretations of how the pandemic has reshaped inclusion paradigms in India. Rather than merely documenting impacts, this paper synthesizes evidence to demonstrate how post-COVID policy shifts toward digital inclusion both advance and complicate traditional frameworks by introducing new layers of exclusion for those without digital access, thereby contributing to a more nuanced understanding of resilience in vulnerable populations.

The Impact of COVID-19 on Social and Health Impacts on Children with Intellectual Disability

Social Impacts

The COVID-19 pandemic has drastically altered the social fabric of societies worldwide, and for individuals with intellectual disabilities in India, these changes have been particularly challenging. Social isolation, which was a common experience during the lockdowns, has had profound effects on individuals with intellectual disabilities, who often rely on structured routines and social interactions to maintain their mental and emotional well-being.

Social Isolation and Emotional Well-being

One of the most significant social impacts of the pandemic has been the forced social isolation due to lockdowns and social distancing measures. For individuals with intellectual disabilities, who may already experience social exclusion due to societal stigma, this isolation has been even more severe [8]. The closure of schools, therapy centers, and community programs eliminated critical social outlets, leading to increased feelings of loneliness and frustration. Studies have shown that prolonged isolation can result in significant emotional distress, particularly among those who depend on consistent routines and familiar environments [9].

This evidence calls for critical synthesis within disability studies scholarship particularly through an intersectional lens. While previous research emphasizes the role of routines in maintaining well-being for this population, the Indian post-COVID data complicates these perspectives by showing how social isolation interacted with pre-existing stigma and resource disparities to produce not only immediate distress but also lasting ‘social regression’ in nearly 60% of children with intellectual disabilities in urban centers [29]. Importantly, these experiences were not uniform; they were profoundly shaped by intersecting factors such as gender, caste, and severity of intellectual disability.

Gender intersected with intellectual disability to amplify vulnerabilities, especially for women and girls. Patriarchal norms and caregiving expectations often placed greater domestic burdens on female caregivers and restricted the mobility and autonomy of women with intellectual disabilities. Reports indicate that women and girls with intellectual disabilities faced heightened risks of domestic violence, neglect, and loss of support services during lockdowns, with limited access to gender-sensitive information or safe spaces. Many were deprioritized for digital devices or educational support within households, exacerbating isolation and regression in skills [23].

Caste further compounded these disparities in the Indian context. Individuals from Scheduled Castes (Dalit) and other marginalized communities with intellectual disabilities encountered layered discrimination in accessing relief, healthcare, and community support. Caste-based stigma intersected with disability-related ableism, resulting in denial of services, discrimination at vaccination or relief centres, and greater economic precarity in rural areas where Dalit families often reside in segregated settlements with poorer infrastructure. This intersection led to disproportionately higher psychosocial distress, including fear, loneliness, and barriers to emergency aid [11, 36].

Severity of intellectual disability also determined differential outcomes. Those with profound or severe intellectual disabilities, often with co-occurring communication or mobility challenges, experienced more acute disruptions in routine care, higher risks of behavioural regression, and greater dependence on overstretched family caregivers. In contrast, individuals with mild intellectual disabilities sometimes faced invisibility in policy responses, as support systems prioritized more visible or "severe" cases, leaving a middle group underserved amid the shift to digital platforms.

This intersectional analysis extends the arguments of Na and Yang (2022) [9] and Lake et al. (2022) [10] by underscoring the necessity for culturally and contextually tailored interventions in the Global South. It moves beyond descriptive accounts to advocate for proactive, community-embedded support systems that explicitly address overlapping axes of marginalization rather than treating intellectual disability as a singular category.

Moreover, the sudden disruption of these routines often led to behavioral challenges. Many individuals with intellectual disabilities find comfort in predictable schedules, and the abrupt changes brought by the pandemic created an environment of uncertainty that was difficult to manage. This situation exacerbated stress and anxiety, which, in turn, affected their overall well-being [10]. Post-pandemic data from 2025-2026 reveals that nearly 60% of children with intellectual disabilities in urban centers experienced a "social regression" that required specialized intervention programs to overcome [29].

Impact on Caregivers

The pandemic has also intensified the challenges faced by caregivers of individuals with intellectual disabilities. Caregivers, who often include family members, faced an increased burden as they had to take on additional responsibilities due to the unavailability of professional support services. This added strain led to higher levels of caregiver burnout, which adversely affected the quality of care provided to individuals with intellectual disabilities [11].

Many caregivers reported experiencing significant mental health challenges, including depression and anxiety, as they struggled to balance their caregiving duties with other responsibilities, such as work and managing household needs during the pandemic. The lack of respite care and the increased isolation from support networks only worsened these challenges, leaving many caregivers feeling overwhelmed and unsupported [12]. By early 2026, the introduction of peer-support networks under the "Niramaya" scheme has provided some relief, yet the structural lack of professional respite care remains a critical gap [30].

Disruption of Education and Skill Development

Education and skill development are crucial for individuals with intellectual disabilities to enhance their independence and quality of life. However, the closure of special education schools and vocational training centers during the pandemic severely disrupted these opportunities. Online education, which became the norm during the pandemic, was largely inaccessible to many individuals with intellectual disabilities due to the lack of tailored digital resources and the inability of many families to provide the necessary support at home [13].

This disruption has had long-term consequences, with many individuals experiencing regression in their learning and developmental progress. The lack of engagement and stimulation during this period also led to the loss of previously acquired skills, making it even more challenging for them to reintegrate into educational and social environments post-pandemic [3]. As of 2026, the "PM e-VIDYA" platform has integrated new accessibility features for children with intellectual disabilities, though field reports suggest that the "Digital Divide" still prevents over 40% of the target population in rural areas from accessing these resources [31]. Critically, this digital transition, while advancing national inclusion goals, reveals a paradigm shift that is incomplete without addressing the 'digital apartheid' in contexts of uneven infrastructure, extending disability studies' focus on accessibility to include digital literacy and equity.

Health Impacts

The health impacts of the COVID-19 pandemic on individuals with intellectual disabilities in India have been severe, highlighting the existing disparities in healthcare access and quality for this susceptible group.

Increased Health Risks

Individuals with intellectual disabilities are often at a higher risk for various health conditions, including respiratory and cardiovascular issues, which can complicate the course of COVID-19. Additionally, many individuals with intellectual disabilities have coexisting health conditions, such as epilepsy, obesity, or diabetes, which further increase their vulnerability to severe COVID-19 outcomes [5].

The pandemic also exposed the difficulties that individuals with intellectual disabilities face in accessing appropriate healthcare. Many hospitals and healthcare facilities were overwhelmed with COVID-19 cases, leading to the deprioritization of non-COVID-19 medical needs. For individuals with intellectual disabilities, this meant delays in receiving essential healthcare services, including routine check-ups, medications, and therapies [14].

Mental Health Challenges

The mental health impacts of the pandemic have been particularly pronounced among individuals with intellectual disabilities. The uncertainty and fear surrounding the pandemic, coupled with the disruption of familiar routines, led to increased anxiety, depression, and behavioral issues. The lack of accessible mental health resources for individuals with intellectual disabilities further exacerbated these challenges [9].

Many individuals with intellectual disabilities struggled to understand the situation and the necessary precautions, such as wearing masks and maintaining social distance, leading to confusion and distress. The limited availability of mental health professionals trained to work with individuals with intellectual disabilities compounded the problem, leaving many without the support they needed during this difficult time [2, 3]. In 2025, the Ministry of Health launched Tele-MANAS 2.0, featuring the “Asmi” AI chatbot, which includes specialized modules for neurodivergent individuals and their caregivers to address these ongoing mental health needs [32].

Access to Vaccination

The rollout of COVID-19 vaccines brought hope for controlling the pandemic, but it also highlighted disparities in access for individuals with intellectual disabilities. In India, many individuals with intellectual disabilities faced significant barriers to getting vaccinated, including difficulty in accessing vaccination centers, lack of accessible information, and the absence of tailored services to support those with severe disabilities [5]. While the primary vaccination drives concluded, the ongoing booster programs in 2026 have successfully utilized the UDID (Unique Disability ID) database to prioritize individuals with intellectual disabilities, though certification delays still hinder access for many [33].

Policy Response and Gaps

The Indian government’s response to the COVID-19 pandemic involved various measures aimed at controlling the spread of the virus and mitigating its impacts. However, the policy responses largely overlooked the specific needs of individuals with intellectual disabilities, leading to significant gaps in support and protection for this vulnerable group.

Inadequate Policy Framework

While the government implemented broad public health measures, such as lockdowns, mask mandates, and vaccination drives, there was a lack of targeted policies addressing the unique challenges faced by individuals with intellectual disabilities. This oversight is reflective of a broader issue within India’s policy framework, where disability rights are often marginalized or inadequately addressed [15].

For instance, the Right of Persons with Disabilities Act, 2016, mandates the inclusion and protection of individuals with disabilities, but its implementation during the pandemic was inconsistent. The lack of accessible information and the absence of specific guidelines for the care and support of individuals with intellectual disabilities during the pandemic highlighted the inadequacies of the existing legal and policy structures [16]. India’s 2025 submission to the UN Committee on the Rights of Persons with Disabilities (CRPD) acknowledged these gaps and proposed a new “Emergency Preparedness Framework for PwDs” to be implemented by late 2026 [34].

A grounded assessment of policy implementation, however, reveals critical challenges that undermine these efforts. Significant state-level variation in program delivery persists due to India's federal structure; for instance, states such as Kerala have achieved relatively better integration of updated Niramaya schemes [30], whereas regions like Odisha and other eastern states experience administrative delays and lower coverage. Bureaucratic hurdles in the UDID certification process represent a major barrier, as the NCPEDP (2025) nationwide survey [33] documents prolonged delays, complex documentation requirements, and insufficient support for caregivers, resulting in many eligible individuals with intellectual disabilities being unable to access prioritized services and expanded benefits. Consequently, the actual reach of schemes like the revamped health insurance remains limited, complicating the narrative of progress and extending critical analyses in disability policy scholarship (e.g., [23]) by demonstrating how implementation gaps perpetuate systemic exclusion rather than resolving it. This calls for original policy innovations that prioritize streamlined, accessible certification and decentralized delivery mechanisms.

Gaps in Healthcare Services

The COVID-19 pandemic exposed deep-rooted systemic gaps in healthcare services for individuals with intellectual disabilities in India, revealing persistent infrastructural, attitudinal, and procedural barriers that continue to limit equitable access even in 2026. Despite the Rights of Persons with Disabilities (RPwD) Act, 2016, most public healthcare facilities lack specialized departments, trained professionals, and reasonable accommodations for this population. Communication barriers, sensory sensitivities, and mobility issues frequently result in misdiagnosis, delayed care, and poor treatment adherence. During the pandemic, non-COVID medical needs—such as epilepsy management, therapy services, and routine monitoring of co-morbid conditions like diabetes and obesity—were routinely deprioritized in overwhelmed hospitals, leading to significant health deterioration [14, 17].

The absence of disability-friendly protocols further compounded these challenges. Few facilities offered accessible information in easy-to-read formats, pictorial guides, or trained support staff. In rural areas, where most individuals with intellectual disabilities reside, the scarcity of specialists forced families to undertake long, often futile journeys to urban centres, incurring high out-of-pocket expenses [4, 12]. Mental healthcare integration remained particularly weak; the shortage of professionals trained in neurodevelopmental disorders left many without adequate psychosocial support amid heightened anxiety and behavioural issues. Although Tele-MANAS 2.0 with the “Asmi” AI chatbot was launched in 2025, its reach is constrained by the digital divide and low awareness [32].

Vaccination drives highlighted additional barriers, with delays in UDID certification and discrimination at centres preventing timely access for many [33]. While the Union Budget 2026 expanded the Niramaya Health Insurance Scheme to ₹1 Lakh coverage for rehabilitation costs, implementation remains hampered by low awareness, cumbersome claim processes, limited empanelment of disability-friendly hospitals, and stark state-level disparities—better coverage in Kerala versus persistent delays in Odisha and other eastern states [30, 35].Despite the increased funding, the actual utilization is hampered by the aforementioned bureaucratic and state-level issues, underscoring the need for disability studies to focus on evaluative research that measures real-world outcomes beyond budgetary allocations.

These gaps reflect entrenched ableist structures within the healthcare system that treat persons with intellectual disabilities primarily as welfare cases rather than rights-bearing citizens. Incremental policy measures in digital mental health and insurance coverage are welcome but insufficient without simultaneous reforms in infrastructure, professional training, streamlined certification, and robust monitoring. Bridging these gaps requires a rights-based, participatory approach that actively involves persons with intellectual disabilities and their families in service design and delivery to build a more inclusive and resilient healthcare system for future crises.

Lack of Social Support

The social support systems that are crucial for individuals with intellectual disabilities and their families were severely disrupted during the pandemic. Government aid and relief efforts primarily focused on the general population, with little consideration for the specific needs of individuals with intellectual disabilities. This oversight left many without the necessary financial, emotional, and logistical support to cope with the challenges brought by the pandemic [19, 20]. The “Divyangjan Kaushal Yojana” has been revamped in 2026 to focus on hybrid skilling models, acknowledging that many with intellectual disabilities require physical rather than purely digital training environments [36]. However, a critical examination reveals that without addressing the interconnected implementation challenges across schemes, such as varying state capacities, these revamps risk remaining aspirational rather than transformative, aligning with broader calls in disability studies for more accountable, inclusive governance structures.

Summary

The COVID-19 pandemic has significantly exacerbated the challenges faced by individuals with intellectual disabilities (ID) in India, revealing and amplifying longstanding social and health disparities. During the pandemic, individuals with ID encountered profound barriers in accessing healthcare, which were further compounded by the strain on the healthcare system. Many of these individuals have pre-existing health conditions that put them at a higher risk of severe outcomes from COVID-19. Indeed, studies have shown that persons with intellectual disabilities were 4–5 times more likely to be hospitalized and up to 8 times more likely to die from COVID-19 compared to the general population [40]. The sudden and widespread disruption of routine healthcare services, including rehabilitation and specialized care, led to a deterioration in their overall health. Far from merely documenting impacts, this study offers a substantive critical synthesis, demonstrating how the crisis not only amplified longstanding social and health disparities but also complicated traditional disability studies frameworks, particularly the social model and intersectionality.

The sudden and widespread disruption of routine healthcare services, including rehabilitation and specialized care, led to a deterioration in their overall health. Far from merely documenting impacts, this study offers a substantive critical synthesis, demonstrating how the crisis not only amplified longstanding social and health disparities but also complicated traditional disability studies frameworks, particularly the social model and intersectionality.

Initially, the pandemic reinforced the tenets of the social model of disability by revealing how societal structures, rather than inherent impairments, created disabling environments. The strain on healthcare systems, coupled with communication barriers and mobility issues, led to the deprioritization of non-COVID medical needs for individuals with ID, resulting in delayed care and health deterioration [14] [17]. Similarly, forced social isolation, driven by lockdowns and the closure of essential services like special schools and therapy centers, underscored how social organization, not individual capacity, dictated access to well-being and development [8] [9]. The manuscript extends this understanding by showing how these systemic failures were not merely passive oversights but active processes that intensified exclusion, leading to significant emotional distress and documented “social regression” in nearly 60% of children with ID in urban centers [29].

Furthermore, the analysis critically engages with intersectionality theory, moving beyond a singular understanding of disability. The pandemic’s impacts were not uniform; they were profoundly shaped by intersecting factors such as gender, caste, and the severity of intellectual disability. Women and girls with ID faced heightened risks of domestic violence and neglect, often deprioritized for digital resources, exacerbating their isolation [23]. Individuals from marginalized caste communities encountered layered discrimination in accessing relief and healthcare, with caste-based stigma intersecting with ableism to deny services and increase economic precarity [11] [36]. This original interpretation highlights how these intersecting identities created unique axes of marginalization, demonstrating that policy responses must be culturally and contextually tailored, rather than generic, to address the multi-layered realities of vulnerability in the Global South.

Case studies from India further illustrate these challenges and the efforts to mitigate them. For instance, Chandrasekaran et al. (2022) presented two case studies of individuals with intellectual disabilities who were successfully integrated into hybrid supported employment programs, highlighting the effectiveness of 'train and place' and 'place and train' models even amidst the challenges posed by the COVID-19 pandemic [41]. These cases underscore the importance of vocational potential enhancement, skill development, and suitable job placement, leading to improved independence, self-esteem, and quality of life for individuals with ID. The study also emphasized the crucial role of family involvement in minimizing negative emotional distress and supporting employment [41].

Another study by Gogoi and Jha (2025) investigated the impact of the COVID-19 pandemic on children with intellectual disabilities and their parents in Guwahati, India, through parental narratives [42]. Their findings revealed four key themes: disruptions of special services, restricted physical mobility and access to therapies, psychological stress among parents, and financial hardships due to loss of income. The study emphasized the need for timely information and disability training for parents to sustain the uninterrupted development of children with ID during crises [42].

The study also provides an original interpretation of the paradigm shift towards digital inclusion. While initiatives like Tele-MANAS 2.0 and the integration of accessibility features into platforms like PM e-VIDYA represent progress, the manuscript critically introduces the concept of a “Digital Apartheid” [31] [32]. This term signifies how the rapid digital transition, while advancing national inclusion goals, simultaneously created new layers of exclusion for those without stable internet access or digital literacy, particularly in rural India. This complicates the narrative of technological advancement as inherently inclusive, extending disability studies’ focus on accessibility to encompass digital equity and literacy as fundamental rights [30] [33] [35].

Social isolation emerged as another critical issue for individuals with intellectual disabilities during the pandemic. The disruption of routines led to increased feelings of anxiety, depression, and other mental health challenges. Connecting these findings to broader disability studies scholarship, such as the social model and intersectional approaches, the evidence complicates traditional frameworks by illustrating how pandemic responses in India often reinforced ableist structures through inadequate, top-down policies. The shift to digital platforms and expanded insurance schemes marks progress, yet implementation challenges, including state-level disparities, UDID bureaucratic hurdles, and the digital divide, limit their efficacy. This original interpretation posits that the ‘shifting paradigm’ must prioritize hybrid, context-sensitive strategies that integrate digital tools with in-person, community-based support to truly empower individuals with intellectual disabilities, rather than perpetuating exclusion under the guise of modernization. Economic hardship further compounded these issues for families and caregivers [11]. . By 2026, the focus has shifted from emergency response to long-term resilience. The government has integrated disability-specific interfaces into the national mental health framework to combat the “invisible pandemic” of isolation among PwDs [37]. Economic hardship also became a significant concern for families and caregivers, with many experiencing significant setbacks in their cognitive and social development, which may have long-term implications for their future prospects [11].

In conclusion, the manuscript argues that the post-pandemic landscape necessitates not merely policy updates but a fundamental reorientation towards inclusive, resilient systems that prioritize the voices and agency of individuals with intellectual disabilities. This requires moving beyond a welfare-centric approach to a rights-based, participatory model, ensuring that future public health policies and emergency response plans explicitly incorporate provisions informed by these nuanced insights, bridging the gap between rhetoric and reality in social, health, and digital inclusion [34] [38].

Future Scope

The COVID-19 pandemic has unequivocally illuminated profound vulnerabilities and systemic challenges faced by individuals with intellectual disabilities in India. The crisis starkly revealed significant deficiencies across healthcare access, social support mechanisms, and existing policy frameworks, exacerbating pre-existing disparities [14] [19] [20]. While recent years have seen progress in digital mental health initiatives and expanded insurance coverage, persistent issues such as the 'Digital Apartheid' and bureaucratic hurdles in certification continue to impede true inclusion and equitable access to services [33] [37]. These critical insights underscore an urgent imperative for a paradigm shift, moving beyond reactive emergency responses to proactive, long-term resilience building. The subsequent sections will therefore delineate crucial areas for intervention and policy enhancement, aiming to rectify these identified gaps and foster a more inclusive and supportive environment for individuals with intellectual disabilities in India.

Strengthening Healthcare Services

One of the most urgent needs is to strengthen healthcare services for individuals with intellectual disabilities. Future efforts should focus on improving access to specialized healthcare, including mental health services tailored to this population. The rollout of Tele-MANAS 2.0 in late 2025 provides a scalable model for this [32]. Expanding telehealth services that are accessible to individuals with intellectual disabilities and their caregivers is also crucial, particularly in rural areas where healthcare infrastructure is limited [4]. These efforts should be informed by disability studies that emphasise user-centred design to ensure telehealth truly bridges gaps for neurodivergent individuals, rather than assuming uniform technological proficiency.

Enhancing Social Support Systems

The pandemic demonstrated the importance of robust social support systems. Future policies should prioritize the continuity of essential services, such as special education and therapy, even during public health crises. Recommendations from 2026 reports suggest a shift toward “Supported Decision-Making” frameworks for individuals with intellectual disabilities to replace archaic guardianship laws that strip them of legal agency [38]. This shift aligns with evolving scholarship advocating for autonomy over guardianship, offering an opportunity to critically assess and extend these frameworks in the Indian context through pilot programs evaluating their effectiveness in crisis preparedness.

Policy Development and Implementation

The future scope also includes the development and rigorous implementation of inclusive policies. This includes integrating disability considerations into all aspects of public health planning and response. The “Khelo Bharat Niti 2025” and revamped skilling programs in Budget 2026 aim to reframe PwDs as contributors to economic growth rather than just welfare recipients [39]. Such policy development must incorporate rigorous monitoring of implementation to address the state-level and bureaucratic challenges identified, connecting to international disability rights discourse under the CRPD for more effective, evidence-based reforms.

The COVID-19 pandemic critically exposed the inadequacies within India's policy framework concerning individuals with intellectual disabilities, highlighting a significant oversight in targeted support despite the existence of legislative mandates such as the Rights of Persons with Disabilities Act, 2016 [15] [16]. A grounded assessment of policy implementation reveals persistent challenges, including substantial state-level variations in program delivery due to India's federal structure. For instance, while states like Kerala have shown better integration of updated Niramaya schemes, regions such as Odisha and other eastern states continue to experience administrative delays and lower coverage [30].

Bureaucratic hurdles in the Unique Disability ID (UDID) certification process represent a major barrier, with prolonged delays, complex documentation, and insufficient caregiver support preventing many eligible individuals from accessing prioritized services and expanded benefits [33]. Consequently, the actual reach of schemes like revamped health insurance remains limited, complicating the narrative of progress and perpetuating systemic exclusion [23]. Moving forward, policy development must prioritize integrating disability considerations into all aspects of public health planning and response. This necessitates rigorous monitoring to address state-level and administrative barriers, ensuring effective, evidence-based reforms aligned with international disability rights discourse under the CRPD [34] [39]. Furthermore, the shift towards "Supported Decision-Making" frameworks for individuals with intellectual disabilities, replacing archaic guardianship laws, is crucial for enhancing legal agency and fostering truly inclusive and resilient systems for future crises [38]. The aim is to reframe persons with disabilities as economic contributors, rather than mere welfare recipients, through original policy innovations that prioritize streamlined, accessible certification and decentralized delivery mechanisms [39].

Conclusion

The COVID-19 pandemic has starkly revealed the vulnerabilities and challenges faced by individuals with intellectual disabilities in India. This crisis underscored the significant gaps in healthcare access, social support, and policy frameworks. By 2026, while significant strides have been made in digital mental health and insurance coverage, the “Digital Apartheid” and certification hurdles remain significant barriers to true inclusion.

The COVID-19 pandemic has unequivocally exposed and exacerbated the vulnerabilities faced by individuals with intellectual disabilities (ID) in India, revealing profound systemic gaps in healthcare access, social support, and policy frameworks. This manuscript offers a substantive critical synthesis that moves beyond mere documentation of impacts, demonstrating how the crisis not only amplified longstanding social and health disparities but also significantly complicated traditional disability studies frameworks, particularly the social model and intersectionality.

Critically synthesizing the post-pandemic landscape, this study connects the findings to broader disability studies by arguing that the shifting paradigm necessitates not only policy updates but a fundamental reorientation toward inclusive, resilient systems that prioritize the voices and agency of individuals with intellectual disabilities. Future public health policies and emergency response plans must explicitly incorporate provisions informed by these insights, ensuring provisions for individuals with disabilities, confirming that their needs are prioritized rather than overlooked. India must continue to work towards a society that truly values and protects its most vulnerable members through theoretically informed, practically grounded interventions that bridge the gap between rhetoric and reality in social, health, and digital inclusion, ensuring that they are not left behind in future public health emergencies.

Our analysis extends the understanding of systemic failures by illustrating them as active processes that intensified exclusion, leading to significant emotional distress and a documented ‘social regression’ in nearly 60% of children with ID in urban centers. Furthermore, this study provides a nuanced intersectional analysis, highlighting how the pandemic’s impacts were not uniform but profoundly shaped by intersecting factors such as gender, caste, and the severity of intellectual disability. This reveals unique axes of marginalization, underscoring the critical need for culturally and contextually tailored interventions in the Global South, thereby advancing existing scholarship.

A key original contribution of this manuscript is the introduction of the concept of ‘Digital Apartheid’ [31] [32]. While recent policy shifts towards digital inclusion, such as Tele-MANAS 2.0 and accessibility features in PM e-VIDYA, represent progress, our findings critically demonstrate how this rapid digital transition simultaneously created new layers of exclusion for those without stable internet access or digital literacy, particularly in rural India. This challenges the narrative of technological advancement as inherently inclusive, extending disability studies’ focus on accessibility to encompass digital equity and literacy as fundamental rights.

Finally, this manuscript presents an original interpretation of the ‘shifting paradigm’, arguing that the post-pandemic landscape necessitates not merely policy updates but a fundamental reorientation towards inclusive, resilient systems. We critically examine the efficacy of top-down policies, highlighting persistent implementation challenges including state-level disparities, bureaucratic hurdles in UDID certification, and the pervasive digital divide. The study advocates for a move beyond a welfare-centric approach to a rights-based, participatory model, prioritizing the voices and agency of individuals with intellectual disabilities. This ensures that future public health policies and emergency response plans explicitly incorporate these nuanced insights, bridging the gap between rhetoric and reality in social, health, and digital inclusion.

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