

OPINION

For students with disabilities, school lockdowns come with a huge cost: vital brain development

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Schools are much more than classrooms for students with disabilities and exceptional learning needs. They are community hubs and key access points for therapy and health care. As a developmental pediatrician focused on the health and well-being of children with neurodevelopmental disabilities, I have watched in horror as this aspect of my patients' lived reality is treated as an afterthought in our society's pandemic response.

With Ontario schools reverting to virtual learning after the holiday, my patients will now be forced to relive the losses they experienced this spring when our health care and education institutions shut down. School shutdowns meant that they missed out on the in-person therapies necessary to support their development. Children with autism could not see their behaviour therapists or speech-language pathologists. Patients with physical disabilities struggled without the continuity of physical or occupational therapy. Parents and students

who relied on school for respite persevered in isolation and without access to school social workers and peer networks. The focus nationally was on “essential” services, implying that evidence-based, time-sensitive interventions for children with disabilities could wait.

The science, however, shows otherwise. Research tells us that the effects of developmental interventions on children’s neural pathways are most effective in narrow windows of time; in short, time is brain matter. Even during the summer lull between the first and second waves of the pandemic, access to in-person interventions was scarce and families were scrambling to connect with providers because of coronavirus-related restrictions and swelling wait-lists. For junior kindergarten students with global developmental delay, nine months is a long time to wait for in-person therapies.

Of course, as has been the case in many other disciplines, professionals supporting children with disabilities have wholeheartedly attempted to transition their work into the virtual realm. But the results have been inequitable, with students with greater developmental needs having more difficulty in participating in virtual therapy sessions. Online, teachers struggle to implement special education plans that had been carefully curated. Again, those with the highest needs encounter the largest gaps. Since September, many students requiring one-to-one support for their learning in the classroom have been languishing in online classes with educational staff straining to sustain their attention through a screen.

Even with a vaccine teasing a potential return to normalcy in 2021, the damage for many children with disabilities will be irreversible. Research confirms that early intervention is necessary to optimize developmental potential, with the vast majority of our brain’s neuronal architecture being solidified by the age of 5. Access to appropriate supports at appropriate times is essential to minimize the effects of the disability and maximize community participation.

As the pandemic continues to unfold and evolve, further shutdowns and lockdowns will likely be necessary. However, in order to equitably support students with disabilities, we must centre their needs in our policy making. This requires immediate and meaningful engagement of their families in the decision-making process.

Likewise, researchers and health care providers must overhaul the stale frameworks of service provision to increase access for those who need it the most. This will mean rethinking the technologies used in tele-education and tele-therapy such that they can benefit disabled students at various functional levels. For example, Zoom calls could be augmented with virtual reality to increase engagement in speech-language pathology or behaviour therapy sessions.

Potentially, remote-controlled robotics could support physical and occupational therapy sessions. Clearly, there is much work to be done.

Much can be learned from the innovations of our colleagues in low- and middle-income countries, who have succeeded in providing world-class intervention and therapy in areas that are under-serviced or geographically remote without the luxury of in-person attendance. But all of these initiatives require commitments from policy makers and academic institutions to develop novel approaches to educational and therapeutic interventions that are pandemic-resistant and equitably accessible.

COVID-19 has exposed many vulnerabilities in our society's foundational institutions, including our ableist approach to governance under pressure, and the fragile systems that support students with disabilities. We were not prepared for this disruption – but for many children with disabilities, continued school shutdowns will only further the damage.

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