



**Holland Bloorview**

Kids Rehabilitation Hospital

# Return to School Recommendations for Children with Special Needs

## Introduction

There are up to 235,000<sup>1</sup> children with disabilities in Ontario. In addition to general isolation over several months, families of children with special needs have experienced a lack of home- and school-based support to continue their child's learning and developmental growth during school closures. The gap in learning support has disproportionately impacted children with special needs compared to typically developing children. In addition, many government funding programs that might help families with special needs are one-time in nature or limited in scope.

The impact of school closures on the mental health and physical well-being of children has been significant. Early results from an in-progress study being conducted by Holland Bloorview Kids Rehabilitation Hospital and SickKids indicate that the majority of families with children living with autism spectrum disorder, mental health challenges and developmental disabilities have worsening mood, anxiety, inattention, hyperactivity and irritability since the onset of school closures and other emergency measures. The study involves more than 1,500 families.

A safe return to school is needed – and must be inclusive of all children, including those with disabilities, developmental and behavioral challenges and medical complexities. As government and school boards plan re-opening scenarios, children with special needs must be considered. **A lack of resources is not an acceptable reason to deny a child meaningful access to in-person education.**

## Transitioning back to school

Challenging behaviors can be anticipated as students adjust to having more structured schedules and increased demands. While this applies at some level to all children, it will be a particular challenge for children with neurodevelopmental disorders and behavioural challenges.

Allowing for a modified transition back to school can help ease the transition. This can include:

- Active communication and development of a re-entry plan between the school, the child, parents/caregivers and where applicable, a child's therapists (both internal and external to the school board).
  - This may also include the involvement of Behavior/Autism Spectrum Disorder (ASD) school board teams.
  - More resources devoted to these teams may be required due to increased demand.
  - Schools should provide pictures, videos, diagrams and other vivid descriptions of what school will be like so parents/caregivers can best prepare their child for re-entry.
- Create "cohorts" of children and youth that require enhanced in-school access to facilitate in-person learning. Members would minimize interaction with other cohorts of students in the school.

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<sup>1</sup> We Have Something to Say report, Provincial Advocate for Children and Youth  
<https://ocaarchives.files.wordpress.com/2019/01/we-have-something-to-say-report-en.pdf>



- Considerations for children with special needs who don't immediately return to school as they may be subjected to bullying upon their eventual return. This should be discussed as part of transition planning between parents/caregivers, the school and a child's therapists (if applicable). Resources should be in place to address bullying in general.
- Racism towards Asian students, including those that live with special needs, may be problematic upon return-to-school. Mental health support alongside anti-racism education and resources are needed to mitigate against acts of micro-aggression, discrimination or overt bullying.

All transition plans require ongoing assessment so that adjustments and adaptations can be made.

## Virus Risk Mitigation & Environmental Cleaning

The research on children and COVID-19 is evolving but currently limited. While children with underlying or complex medical conditions/developmental disorders are potentially at higher risk of experiencing complications from COVID-19, on balance, it is important they have an opportunity to return to school.

This can be done responsibly by:

- Encouraging parents to consider a return to school consultation with their healthcare provider, to get specific, written guidance based on their child's medical needs.
- Frequent cleaning of specialized equipment for children receiving school-based rehabilitation.
- Making accommodations to ensure rehabilitation needs are being met at school, home or in-person at their local children's treatment centre or hospital if in-school rehabilitation support is delayed.
- Screening and monitoring for symptoms regularly, including the potential for testing if warranted.
  - Parents/caregivers should have access to information via web or dedicated phone number on how to screen their children and how to get tested.
  - Very specific guidance to support home screening by parents/caregivers is needed as is access to a health care professional when questions arise.
  - Screening information should be accessible to parents who are English language learners or have low literacy.

## Bussing and Transportation

- Special considerations on how best to physically distance while being bussed to and from school may be required. This should be addressed as part of broader school re-opening discussions.
- Children with special needs are often bussed to schools that are able to meet their needs. It is essential to address any bussing and transportation challenges in advance as families living with disability are disproportionately impacted by disruption.



## Masking

- While the choice to wear a mask should be respected, note that wearing a mask may limit a child's ability to read facial expression and gestures that may lead to misreading of social cues.
- Overall communication effectiveness is reduced when wearing a mask especially with friends and adults that are also masked.
- Bullying should not be tolerated in any form including towards those who chose to wear a mask and towards those who are unable to wear a mask.
- Consideration of availability of clear masks for those who use oral motor movements to foster language or have a hearing impairment and lip read.
- For additional insight on masking for children visit: <https://hollandbloorview.ca/masking-tips>



## Staffing & Resource Support

Children with complex medical/physical and behavioral needs often have educational assistants (EA) within the classroom. In many cases, there will need to be an increase in staffing to meet additional demands. Some considerations include:

- Minimize sharing EAs between classrooms to minimize exposure/risk.
- Enhanced resources to accommodate increased hygiene procedures (such as handwashing) for all students and all staff.
- Infection-control procedures for staff to follow when moving from student to student offering assistance.
- Personal protective equipment (PPE) for EAs/nursing should be provided for those who cannot physically distance and to assist children for toileting, suctioning, cough assistance, G-tube feeds etc.
- Optimize in-home supports for children who are not able to return to school because of medical complexity. This includes virtual options, in-home nursing, in-home learning (in varying modalities), behavioural and therapy supports.
- An increased need for adapted instruction based on varying learning styles and situations.
- Consideration for subsidized internet access and resources for those from disadvantaged homes.

## Conclusion

As we grapple with balancing the impact of COVID-19 with the overall health and well-being of children, it is important the needs of children with medical complexity/disabilities/neurodevelopmental disorders are well thought out. There are many considerations and a lack of resources is not an acceptable reason to deny a child access to meaningful in-person education.

Through the consideration of many factors including: transition planning, virus risk mitigation, environmental cleaning, bussing and transportation, masking and staffing and resource support, a safe return to school is possible.

### For more information, please contact:

Dr. Golda Milo-Manson, vice president, medicine and academic affairs  
Holland Bloorview Kids Rehabilitation Hospital  
Email: [gmlomanson@hollandbloorview.ca](mailto:gmlomanson@hollandbloorview.ca)

### Contributors:

**Holland Bloorview Kids Rehabilitation Hospital family leader volunteers with lived experience expertise:**

- Adrienne Zarem, Cheryl Peters, Jean Hammond, Joanne Downing, Oksana Romanov, Meredith Sandles, Aline Chan, Gunjan Seth

### Holland Bloorview Kids Rehabilitation Hospital staff:

- Dr. Evdokia Anagnostou, senior clinician scientist and paediatric neurologist; co-lead, Autism Research Centre; Canada Research Chair in Translational Therapeutics in Autism; Dr Stuart D. Sims Chair in Autism
- Dr. Darcy Fehlings, senior clinician scientist; head, University of Toronto Division of Developmental Paediatrics; professor, Dept of Paediatrics, University of Toronto
- Dr. Laura McAdam, physician director, child development program; clinician investigator; paediatrician
- Dr. Golda Milo-Manson, vice president, medicine and academic affairs; developmental paediatrician; associate professor of Pediatrics, University of Toronto
- Dr. Melanie Penner, paediatrician; clinician investigator, Autism Research Centre; assistant professor, Department of Paediatrics, University of Toronto
- Dr. Sharon Smile, developmental paediatrician; equity, diversity and inclusion champion, Division of Developmental Paediatrics, University of Toronto
- Meenu Sikand, executive lead, equity, diversity and inclusion

### Bloorview School Authority:

- Sarah Nauman, school principal



Holland Bloorview Kids Rehabilitation Hospital creates a world of possibility by supporting children and youth living with disability, medical complexity, illness and injury.

Holland Bloorview is a top 40 Canadian research hospital that is fully affiliated with the University of Toronto and serves over 7,500 families annually. Providing both inpatient and outpatient services, Holland Bloorview is renowned for its expertise in partnering with clients and families to provide exceptional care and is the only organization to ever achieve 100 per cent in two successive quality surveys by Accreditation Canada. Holland Bloorview is a founding member of Kids Health Alliance, a network of partners working to create a high quality, consistent and coordinated approach to pediatric health care that is centred around children, youth and their families. For more information or to donate, please visit [hollandbloorview.ca](http://hollandbloorview.ca) or connect on Twitter, Facebook, Instagram, LinkedIn and parent-blog BLOOM.

Holland Bloorview Kids  
Rehabilitation Hospital  
150 Kilgour Road  
Toronto, ON M4G 1R8  
T: 416-425-6220  
F: 416-425-6591  
[hollandbloorview.ca](http://hollandbloorview.ca)

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