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Letter to the Editor

COVID-19: Implications for Children with Special Needs

Juhi GUPTA¹,
Priyanka MADAAN²,
Sheffali GULATI¹

¹Child Neurology Division, Center of Excellence & Advanced Research on Childhood Neurodevelopmental Disorders, Department of Pediatrics, All India Institute of Sciences, New Delhi, India

²Pediatric Neurology Unit, Department of Pediatrics, Advanced Pediatrics Centre, Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh, India-160012
Email: sheffaligulati@gmail.com

Letter to the Editor

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Abstract

The struggles faced by children with special needs during the COVID-19 pandemic are diverse, including higher risk of SARS-CoV-2 infection, restricted access to health-care facilities, limited capability to practice preventive measures along with increased rehabilitation needs due to interruption of schooling and education programmes. The concerns of these children and their caregivers should be resolved with appropriate solutions in order to accomplish an inclusive healthcare response to the global pandemic.

Key words: COVID-19, Children, Special Needs

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Corresponding address:

Sheffali GULATI

Child Neurology Division, DM Paediatric Neurology Programme,
Faculty in-Charge, Centre of Excellence & Advanced Research on Childhood Neurodevelopmental disorders, Department of Pediatrics, All India Institute of Medical Sciences, New Delhi, India

Email: sheffaligulati@gmail.com;

Phone: 9868397532

Dear Sir,

The global pandemic caused by SARS-CoV-2 virus has intensified the array of difficulties faced by children with special needs. This group of children encompasses a wide repertoire of etiologies including children with neuro-developmental disabilities like cerebral palsy, autism spectrum disorders (ASD), attention deficit hyperactivity disorder (ADHD), intellectual disabilities, epilepsy, speech and language disorders and vision and hearing impairments (Arora et al., 2018).

These children are more prone to SARS-CoV-2 infection due to dependence on caretakers, limited ability to practice precautions, frequent hospital visits, and higher prevalence of co-morbidities such as gastroesophageal reflux, etc. (Courtenay & Perera, 2020). The constant need for an accompanying caregiver not only poses a greater risk of infection to these children but also poses a challenge when these children require home isolation or hospital admission on being infected. Hence, disabled-friendly quarantine and health-care facilities which are accessible to these children and their families are much needed. These facilities should be strengthened with provisions such as disabled-friendly toilets, staff trained in sign language, wheelchairs, ramps, etc. in order to deliver respectful care without discrimination and stigma (UNICEF COVID-19 Response: Considerations for Children and Adults with Disabilities, 2020). Transport facilities should also be intensified to meet the travel needs of children with neuro-motor impairments. Establishment of these facilities will require financial provisions which should be given due consideration while making policies and assembling funds for COVID-19 response.

Longer indoor time, limited or no excursions, and social distancing can lead to increased anxiety and behavioural issues in children with neuro-developmental disorders (Courtenay & Perera, 2020). These problems are compounded by the introduction of practices such as using masks and repeated handwashing which is a definite deviation from their routines. During this time, children tend to require more one-to-one time with parents which in turn can lead to heightened parental stress eventually culminating in a vicious cycle. This matter should be addressed with a multidisciplinary response wherein pediatric neurology, child psychology, physiotherapists, and occupational therapists provide a consistent support to the families using teleconsultation (includ-

ing video consults and video-based therapies) wherever feasible. Care-givers should also be empowered by explaining behavioural interventions tailored for the child and hiking or adding new antipsychotic medications should be avoided (Cortese et al., 2020). Along with children, it is a perplexing time for care-givers who struggle to balance work at home along with domestic responsibilities. The World over, reports of domestic violence and child abuse are on the rise (Cluver et al., 2020). This highlights the necessity to acknowledge the mental health needs of the caregivers which is even more essential for those who are parenting a child with special needs. Timely breaks and sharing the responsibilities of caretaking may be helpful in these scenarios.

With the closure of schools and most classes being conducted via web portals, the disruption of special education and schooling programmes is another hardship faced by children with special needs who have limited access and capability to use these online learning platforms. This issue can be ameliorated with use of augmentative and alternative communication (AAC) strategies and use of inclusive language by teachers (UNICEF COVID-19 Response: Considerations for Children and Adults with Disabilities, 2020). Not only school education but the public health messages regarding the pandemic should be disabled-friendly with use of upper case bold prints, braille and easy-to-read or see versions.

Conclusions

Making healthcare facilities more accessible to differently-abled children, use of assistive technology, establishing a daily routine along with empowerment of caregivers with home-based interventions and attending to their emotional needs are central to a disability-inclusive response to pandemic. Children with special needs as well as their caregivers have unique challenges during COVID-19 pandemic which should be taken care of with respect and empathy.

Conflicts of Interest

Authors declare no conflict of interests.

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