

# Keeping schools open must be a priority for all governments



When a global pandemic was declared in March 2020, the doors to Canadian schools were closed, along with storefronts, workplaces, and all-but-essential services. Combined with other public health measures, these shutdowns helped change the trajectory of COVID-19 in Canada.

Six months is a long time in the life of a 6-year-old or a 16-year-old, particularly when the days are marked by loss, loneliness, boredom, and disappointment. During this pandemic, we have asked more of this generation of kids than any other in recent memory. So as children and youth go back to school, we have a responsibility to uphold their right to education, even in difficult circumstances.

Decisions about returning to school have not been easy for many Canadian families. For a very small number of children and youth with serious medical conditions, remaining out of school will be the safer choice. However, physicians who care for children and youth agree that for the vast majority of kids, the benefits of returning to school far outweigh the risk of illness. The risk of harm associated with keeping children out of school any longer is just too high.

Ensuring that schools stay open with minimal disruption and discontinuity depends on keeping community viral transmission at low levels. To protect educational settings, we must adhere to and enforce public health measures like physical distancing and avoiding high-contact, crowded settings. Indeed, early evidence from other countries seems to confirm that when community transmission is low, schools will not be sites for spread of infection.

Yet as restrictions are eased in Canada and around the world, many outbreaks have originated in settings where adults congregate, such as bars, restaurants, gyms, banquet halls, and private parties.

Education is an essential service for children and youth. Therefore, if tighter restrictions are needed to stem community spread, closing non-essential settings for gatherings and social contacts should occur well before schools are shuttered.

## What they lost: The pandemic's toll on Canadian children and youth

Children and youth have done their part to stop the spread of the virus: With schools, playgrounds, community centres, and organized activities off limits, they have stayed close to home—all day, every day. For months, they were unable to see friends or extended family. They missed graduations, birthday parties, sports competitions, music recitals, and family gatherings.

Children and youth of essential workers—health professionals, grocery store staff, aides in long-term care homes—watched with uncertainty as their parents left each day for the frontlines and took every precaution not to bring the virus home with them. Too many children saw family members get sick, and some saw loved ones die.

Families facing challenges before the pandemic have arguably suffered the most:

- Isolation and confinement have put added stress on families and exacerbated existing conflict. Children and youth lost a safe space when schools closed, along with the watchful eyes of caring adults who could make a difference. Experts have described a decline in reported child abuse, while reports of online child exploitation increased.
- Children and youth who depend on in-school meals or snacks lost this essential service.
- Children and youth who need additional supports or therapies for physical disabilities or neurodevelopmental disorders were left to wait indefinitely, putting their progress at risk. Without resources or respite, parents' own mental or physical health may have suffered.
- The pandemic has exposed and amplified social inequity. Children and youth without adequate access to electronic devices or high-speed internet could not participate fully in remote learning. And while some families supplemented online schooling with tutoring or additional supports, others struggled with even the basics. Experts warn of a widening academic gap between disadvantaged students and their peers.
- Social isolation and a loss of supports have worsened mental health problems for children, youth, and parents—at a time when access to care is already disrupted.
- Children and youth in racialized communities—disproportionately affected by COVID-19—already faced barriers to accessing community supports, and these gaps have only widened as needs have increased.
- Indigenous children and youth—many of whom live in communities without access to clean water or adequate health care, or with housing shortages and food insecurity—have been especially vulnerable to disruptions in their education.

At the start of the pandemic, much about the virus was unknown—how it spreads, who is most at risk, and what measures would most effectively stop transmission. When schools were closed, it was not immediately clear how long those closures would last or what impact other public health measures would have on the health and well-being of children and youth.

Six months later, while there are still many gaps in our knowledge about COVID-19 and children, evidence is emerging to help clarify their risk of illness and their role in transmission. For example, children under 10 years seem to have lower rates of infection than adults. When children do contract COVID-19, their symptoms are typically milder than in adults, and they are less likely to become seriously ill or need hospitalization. And while they can transmit the virus, early evidence suggests that younger children (under 10 years) are not significant spreaders, either in schools or in community settings.

### **Education: It's not just academics**

Children and youth have been disproportionately affected by the pandemic, even though COVID-19 infection does not represent a serious physical threat to most of them. School closures have precipitated a mass of unintended consequences, underscoring the importance of educational settings to the overall health and well-being of children and youth.

Data about the mental health effects of prolonged school absences and confinement are beginning to emerge, and the picture is troubling. Paediatricians report seeing more youth with mental health problems, including eating disorders, anxiety, depression, and problematic substance use. Youth report difficulties with mood and ability to focus. And parents have described behavioural changes in their children such as outbursts, irritability, and sadness.

Many students have fallen behind academically, and the coming months will determine whether and how quickly they can catch up. Young children have missed opportunities for social and emotional development. Adolescents have missed crucial connections with their peers. Schools are also critical settings for early identification of mental health or behavioural problems. In fact, many mental health disorders begin to emerge well before the age of 14 years, making it critical for middle-school aged children to be engaged in school.

Many Canadians have suffered financially since the start of the pandemic. Policies to address economic health must not sacrifice the mental health of children and youth. To thrive, children and youth need a safe return to routines and structures, and opportunities to learn and play and grow.

The schools that students are returning to this September look very different than the ones they left in March. Jurisdictions have implemented a range of measures aimed at keeping students and staff safe, including cohorting, enhanced hygiene, physical distancing, and masking. How will these actions affect students' experience of school? Will there be any long-term effects? We just don't know right now.

Even with measures to mitigate spread of the virus, we are likely to see additional cases of COVID-19 in communities after schools reopen. This does not mean that return-to-school has failed, or that schools are the primary source of transmission. Keeping community transmission low is critical.



## Recommendations

Given the potential harms associated with repeated disruptions to the 2020-21 school year, the Canadian Paediatric Society calls on federal, provincial and territorial governments to:

- Ensure that schools remain open by:
  - taking appropriate and aggressive measures to stem community spread, and actively enforcing these measures,
  - closing non-essential settings for gatherings and social contacts (such as bars and restaurants) when necessary, and
  - using in-school strategies to minimize viral transmission between and among staff and students.
- Adopt targeted measures for managing cases of COVID-19 among students or school staff, to minimize disruption and ensure the fewest number of students are affected.
- Consult with experts in paediatrics, paediatric infectious diseases, child and youth mental health, and child development to devise strategies that do not significantly disrupt the school schedule.
- Encourage schools to safely maintain and adapt non-academic programs and activities that enrich students' well-being, such as arts, music, physical activity, and nutrition.
- Ensure that in-school supports for student health and development—such as physical/occupational therapy and psychology—are available to all who need them.
- Regularly seek student perspectives on measures that affect them, such as online learning, cohorting, masking, and physical distancing.
- Support continued research and surveillance on the epidemiology of COVID-19 in children and youth, and the effects of the pandemic on their health and well-being, with a particular focus on children and youth from racialized, Indigenous and vulnerable communities.

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