

Literature Search Results

Research question or topic:

“We need to run a search amongst recent / contemporary health publications to establish what exists around the impact of Covid 19 on people with Learning Disabilities or Autism or both [...] Anecdotally there is significant impact as people with Learning Disabilities are disproportionately affected by health including high mortality rates.”

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Please acknowledge this work in any resulting paper or presentation as:
Literature Search: Learning Disabilities, autism and COVID-19. Katie Nicholas.
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Search comments

There have been several recent reports and articles published exploring the impact of the pandemic on people with learning disabilities (LD), autism, or both. The results are organised into reports [\[1-5\]](#) guidance [\[6-24\]](#) items that have appeared in the news on this topic [\[24-27\]](#) and journal articles from the UK [\[28-41\]](#) and those from outside the UK. [\[42-71\]](#). A Joint Select Committee report was published on the 12th June 2020 which looked at “Human Rights and the Government’s response to COVID-19: the detention of young people who are autistic and/ or have learning disabilities.” The report found that “the coronavirus crisis had resulted in human rights abuses and that young people’s rights are at risk through unlawful blanket bans on visits, the suspension of routine inspections, increased use of restraint and solitary confinement, and the vulnerability of those in detention to infection with COVID-19”. [\[1\]](#) A Parliament UK Insight briefing, published on the 9th June 2020, looks at evidence of the impact of coronavirus on people with a learning disability in England and asks questions such as “what does the data show?” and “can people with a learning disability access testing?” – they warn that this is a fast moving issue and that the information should be read as correct from the 3rd July 2020. [\[2\]](#) In June 2020 the CQC published data on deaths of people living with a learning disability – data showed between 10 April and 15 May 2020, “386 people with a learning disability, some of whom may also be autistic, died who were receiving care from services which provide support for people with a learning disability and/or autism” – “this is a **134%** increase in the number of death notifications this year.” [\[3\]](#) Researchers from University College London wanted to look at the impact of the Coronavirus Act and the lockdown impact on families of autistic children and young people – they did this by conducting a survey between the 1st and 30th April 2020 with 449 participants - one statistical finding was that 86% of family carers think that the needs of autistic people and their families have not been adequately addressed during COVID-19. [\[4\]](#) Inclusion London published a report in June 2020 highlighting the effects of discrimination and inequality on disabled people during the pandemic – it includes a couple of examples relating to learning disabilities. [\[5\]](#) I would also recommend looking at the papers published from the UK relating to this subject. [\[28-41\]](#) Particularly in terms of workforce the new challenges presented for LD nurses [\[39\]](#), the experience of the pandemic in a UK LD service [\[36\]](#) and the impact of LD nursing services in Scotland [\[33\]](#). A full list of the results retrieved is available in the table below.

Complete numbered list of results with links

	Citation	Abstract/ key themes	Link
Reports			
1	<p>Coronavirus has left young people in detention facilities highly vulnerable to Human Rights abuses</p> <p>12th June 2020, Joint Select Committee</p>	<p>Today the Joint Committee on Human Rights have published their Report, "Human Rights and the Government's response to COVID-19: the detention of young people who are autistic and/or have learning disabilities", which finds that the coronavirus crisis has resulted in human rights abuses. Young people's rights are at risk through unlawful blanket bans on visits, the suspension of routine inspections, increased use of restraint and solitary confinement, and the vulnerability of those in detention to infection with Covid-19.</p> <ul style="list-style-type: none"> • Read the summary • Read the conclusions and Recommendations • Read the report: Human Rights and the Government's response to COVID-19: The detention of young people who are autistic and/or have learning disabilities [HTML] [PDF 337 KB] [EasyRead 3MB] 	Link
2	<p>Coronavirus: people with learning disabilities</p> <p>9th June 2020, Parliament UK</p>	<p>New data shows a significant increase in deaths of people with a learning disability as a result of Covid-19. Until 5 June 2020, the Government's criteria for care home testing excluded those for people with a learning disability. The Coronavirus Act 2020 has also relaxed local authority duties for care and support needs assessments. The charity Mencap concluded that during the coronavirus outbreak, "people with a learning disability continue to be forgotten." This Insight looks at evidence of the impact of coronavirus on people with a learning disability in England.</p>	Link
3	<p>CQC published data on deaths of people with a learning disability 2nd June 2020, CQC</p>	<p>The information that care homes submit to CQC about the deaths of people in their care is published on a weekly basis as part of the Office for National</p>	Link

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		<p>Statistics (ONS) reporting on deaths. The ONS data is not broken down by whether the person who died had a disability.</p> <p>Supported by ONS we have completed a targeted piece of analysis to better understand the impact of coronavirus (COVID-19) on people with a learning disability, some of whom may also be autistic, and how the number of deaths during this period compares to the number of deaths last year. [...]</p> <p>This data shows that between 10 April and 15 May this year, 386 people with a learning disability, some of whom may also be autistic, died who were receiving care from services which provide support for people with a learning disability and/or autism. For the same period last year 165 people with a learning disability, some of whom may also be autistic, died who were receiving care from services which provide support for people with a learning disability and/or autism. This is a 134% increase in the number of death notifications this year. This new data should be considered when decisions are being made about the prioritisation of testing at a national and local level.</p> <p>See also Understanding the impact of coronavirus on autistic people and people living with a learning disability 14th May 2020, CQC</p>	
4	<p>Impact of Covid-19 on the experiences of parents and family carers of autistics children and young people in the UK</p> <p>2020, UCL Research Briefing</p>	<p>The outbreak of Covid-19 has triggered profound changes to the lives of parents and carers of autistic children and young people (CYP), including school closures for most, restricted access to services and family support due to social distancing measures and changes to home routines. The Coronavirus Act (2020), no doubt necessarily rushed through parliament with scrutiny-defying haste, has reduced the rights of disabled people and their families to care, support and educational provision. These rights are hard won at the best of times</p> <p>Key statistical findings:</p> <ul style="list-style-type: none"> •86% of family carers think that the needs of autistic people and their families have not been adequately addressed during Covid-19 	Link

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		<ul style="list-style-type: none"> •46% of family carers stated that they consider their autistic children or themselves to be at higher risk for Covid-19 than the general population. •70% of family carers report that their daily routines have changed. Importantly, many participants did not want to return to the pre-Covid world. •58% of family carers still had access to at least one type of specialist support. However, this was not always timely nor sufficient 	
5	<p>Abandoned, forgotten and ignored – the impact of COVID-19 on Disabled people</p> <p>24th June 2020, Inclusion London</p>	<p>The report paints a stark picture. From the outset, Disabled people have been discriminated against, forgotten, and in some cases abandoned as policymakers have ignored our needs. Or, at best considered us as an afterthought. During the pandemic Disabled people saw our legal rights diminished, we experienced resource rationing and blanket policies. This led to many of us struggling to get bare necessities, losing support and independence and living in fear for our lives. The pandemic has shone a light on the long-standing structural inequalities and discrimination that Deaf and Disabled people experience. The dreadful disparities are reflected in the grim data released by the Office for National Statistics, which says Disabled people were about twice as likely to die from Covid-19. Despite the shocking statistics, the plight of Disabled people was largely missing from public discourse. We are publishing this report to give voice to people who shared their experience with us.</p> <p>For examples specific to learning disabilities see p. 11 and p. 20</p> <p>“There appears to be insufficient delivery slots from major supermarkets necessitating my husband going out to shop. My son who is learning disabled (with an additional kidney condition) and I (physically disabled) stay home.”</p> <p>“I have a learning disability with a mild stammer speaking on the phone is difficult for me. I can't go out to see face to face and it's hard.”</p>	Link

Guidance			
6	COVID-19 rapid guideline: critical care in adults Published 20 th March 2020, last updated 29 th April 2020 NICE	The purpose of this guideline is to maximise the safety of patients who need critical care during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources.	Link
7	NICE updates rapid COVID-19 guideline on critical care 25 th March 2020, NICE	We have listened to concerns raised by patient groups about the application of our rapid COVID-19 critical care guideline [...] Patient groups and representatives were concerned that applying the score to people with learning disabilities, autism and other stable long-term disabilities, would put them at a disadvantage when decisions were made about admission to critical care in this time of intense pressure. The NHS Specialist Clinical Frailty Network has since updated their advice on using the CFS, stating that it should not be used in isolation to direct clinical decision making and that clinicians should take any decisions about care in conjunction with patients and their carers where possible. The new advice also includes a clarification that the tool should not be used in certain groups, including those with learning disabilities or with stable long-term disabilities such as cerebral palsy.	Link
8	Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19) Updated 25 th June 2020, GOVuk	<ul style="list-style-type: none"> • People with a learning disability • People with autism 	Link
9	COVID-19: supporting adults with learning disabilities and autistic adults 24 th April 2020, GOVuk	Guidance for care staff who are supporting adults with learning disabilities and autistic adults during the coronavirus (COVID-19) outbreak.	Link

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10	<p>Guidance for the Treatment and Management of COVID-19 Among People with Intellectual Disabilities</p> <p>2020, Journal of Policy and Practice in Intellectual Disabilities</p>	<p>The current COVID-19 pandemic is a pressing world crisis and people with intellectual disabilities (IDs) are vulnerable due to disparity in healthcare provision and physical and mental health multimorbidity. While most people will develop mild symptoms upon contracting severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), some will develop serious complications. The aim of this study is to present guidelines for the care and treatment of people with IDs during the COVID-19 pandemic for both community teams providing care to people with IDs and inpatient psychiatric settings. The guidelines cover specific issues associated with hospital passports, individual COVID-19 care plans, the important role of families and carers, capacity to make decisions, issues associated with social distancing, ceiling of care/treatment escalation plans, mental health and challenging behavior, and caring for someone suspected of contracting or who has contracted SARS-CoV-2 within community or inpatient psychiatric settings. We have proposed that the included conditions recommended by Public Health England to categorize someone as high risk of severe illness due to COVID-19 should also include mental health and challenging behavior. There are specific issues associated with providing care to people with IDs and appropriate action must be taken by care providers to ensure that disparity of healthcare is addressed during the COVID-19 pandemic. We recognize that our guidance is focused upon healthcare delivery in England and invite others to augment our guidance for use in other jurisdictions.</p>	Link
11	<p>Coronavirus</p> <p>National Autistic Society</p>	<p>We are here for you. Here's the latest guidance on coronavirus and useful information</p>	Link
12	<p>COVID-19 guide for care staff supporting adults with learning disabilities or autistic adults July</p> <p>2020, SCIE</p>	<p>This is a guide to help care staff and personal assistants supporting adults with learning disabilities and autistic adults through the COVID-19 crisis. Its aim is to assist high-quality care and support during the pandemic.</p>	Link
13	<p>Workforce guidance for mental health, learning disabilities and</p>	<p>This document provides mental health, learning disabilities and autism, and specialised commissioning workforce guidance and considerations for systems,</p>	Link

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	autism, and specialised commissioning services during the coronavirus pandemic 8th April 2020, NHS	providers, NHS commissioned services and staff, to ensure safety in the workplace is maintained during the COVID-19 outbreak.	
14	Keeping informed and in touch during coronavirus Learning Disability England	We know times are changing very quickly as we come out of lockdown. We know this can feel confusing. We know this can make people feel anxious.	Link
15	Coronavirus information for people with a learning disability Sussex Partnership NHS Trust	Here are some easy read leaflets and guides about the coronavirus (Covid-19) to help you understand and cope better at this difficult time. If you need to talk through concerns specific to the person you care for please contact your local Community Learning Disability Team. <ul style="list-style-type: none"> • What is the coronavirus or COVID-19 and what do we have to do to keep everyone safe? • What to do if you get sick • Washing your hands safely • Staying at home • Your wellbeing • Eat healthy food and exercise • Keep in regular contact with family and friends • Activities while you're staying at home • Links to useful webpages and information 	Link
16	Coronavirus information for people with Learning Disabilities Midlands Partnership NHS Foundation Trust	This page has links to information that will help you understand Coronavirus.	Link

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17	<p>Coronavirus (COVID-19)</p> <p>Helpful advice and information Mencap</p>	<p>We know this is a difficult and unusual time. We're here to help.</p> <p>Here's the latest guidance on coronavirus (COVID-19) as well as lots more useful information and resources.</p>	Link
18	<p>Coronavirus, autism and my mental health</p> <p>7th April 2020, Young Minds</p>	Madeleine, 19, shares how the coronavirus (COVID-19) pandemic has affected their mental health as an autistic person.	Link
19	<p>Learning Disability and Autism</p> <p>Greater Manchester Health and Social Care Partnership</p>	COVID-19 links to resources	Link
20	<p>Coronavirus and autism</p> <p>Autistica</p>	The rise of Coronavirus or COVID-19 is worrying for everyone but the recent changes have been particularly difficult for many autistic people. We are creating a range of materials and hosting expert webinars to help you and your family through this difficult time with quality evidence-led advice.	Link
21	<p>Q & A on covid-19 and down syndrome</p> <p>May 2020, Exceptional Parent</p>	The article attempts to answer questions that people caring for persons with Down syndrome may have about preventing the spread of the coronavirus disease-2019 (COVID-19). Topics covered include the common symptoms of COVID-19, things to consider when making decisions on behalf of those with Down syndrome, and links to trusted sources of information on COVID-19.	Link <i>Athens log in required*</i>
22	<p>6 ways to support autism & special needs families during the coronavirus pandemic</p> <p>May 2020, Exceptional Parent</p>	The article suggests ways on how to show support to autism and special needs families during the coronavirus disease-2019 (COVID-19) pandemic. It includes keeping in touch and being supportive to special needs parents and caregivers by texting or through social media platforms, helping with everyday tasks like shopping for groceries, and help increase public awareness about autism.	Link <i>Athens log in required*</i>

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23	<p>Handle the Autism Spectrum Condition During Coronavirus (COVID-19) Stay At Home period: Ten Tips for Helping Parents and Caregivers of Young Children</p> <p>April 2020, Brain Sciences</p>	<p>COVID-19 has become pandemic [1] and many government decrees have declared restrictive measures in order to prevent its wider spread. For parents and children, staying at home is one of these measures. In this situation the handling of young children with special needs such as autism spectrum condition (ASC) could be challenging for families and caregivers. Usually these children have interventions for several hours a week at home with special therapists or in dedicated hospitals and institutes. However at the moment, due to contagion containment measures, both the families and the ASC children are not physically supported by their therapists and they cannot attend the outside interventions. These measures, necessary for the health of all of us, need to be carefully handled to avoid an increase in parental stress and an exacerbation of children's behavioral problems. ASC is a severe multifactorial disorder characterized by an umbrella of specific peculiarities in the areas of the social communication, restricted interests, and repetitive behaviours [2]. The incidence of ASC is worldwide and recent epidemiological data estimated it to be higher than 1/100 [3,4]. The main aim of this editorial is to give some advice, summarized in 10 tips, to help families to handle children with ASC during this period.</p>	Link
In the news			
24	<p>Coronavirus: pandemic sees spike in learning disabled deaths</p> <p>2nd June 2020, BBC News</p>	<p>Deaths of people with learning disabilities in England have increased by 134% during the coronavirus pandemic, the Care Quality Commission (CQC) has said. Between 10 April and 15 May there were 386 deaths, half of them confirmed or suspected Covid-19 cases.</p>	Link
25	<p>COVID-19 crisis has exposed inequalities for mental health and learning disabilities</p> <p>3rd July 2020, Nursing Times</p>	<p>The coronavirus pandemic has affected different groups of people worse than others and has exposed and in some cases heightened existing health inequalities.</p>	Link
26	<p>Coronavirus: the struggle of living in lockdown with autism</p>	<p>For most people the Covid-19 crisis is an unsettling, confusing time. But for hundreds of thousands of adults with autism in the UK the problems are acute.</p>	Link

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	27 th April 2020, BBC News		
27	<p>Learning disabilities patients told they may be “too frail” for mechanical ventilation if they get COVID-19</p> <p>4th April 2020, HSJ</p>	<ul style="list-style-type: none"> • GPs tell patients in learning disability care homes they are unlikely to be prioritised for hospital care • Advice contravenes NICE guidelines which say care decisions should not be based on patient’s learning disability • Mencap warns advice sent out by GPs “wrongly conflates” support needs with frailty • News comes amid growing concerns vulnerable and older patients are being discriminated against 	Link
Journal articles			
Results from the UK			
28	<p>COVID-19 and people with intellectual disabilities</p> <p>September 2020, Journal of Intellectual & Development Disability</p>	An editorial is presented on the COVID-19 and people with intellectual disabilities including growing international concern that people with intellectual disabilities of whom have compromised health being particularly vulnerable to infection by COVID-19.	Link
29	<p>COVID-19 social distancing: A snippet view of the autistic social world</p> <p>July 2020, Disability & Society</p>	In this Current Issues article, I will use National Health Service guidelines on hand hygiene and social distancing measures (which the UK government introduced in March, 2020, to combat the COVID-19 coronavirus) to give readers an insight into the restricted social life of an autistic person, using auto/biography to explore my personal experience of social isolation and being a 'vulnerable adult'. I am an Autistic, newly qualified sociologist and I will be using my positionality as a vantage point, as the public adjust to my 'normal'. I acknowledge the element of 'choice' in autistic individuals' self-isolation but focus here on the social restrictions imposed on us from outside (social isolation). I call for social change, once the social distancing measures are lifted. These changes might occur at the individual level (e.g. being a friend) but will still broaden our social world.	Link

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30	<p>Investigating premature deaths of people with intellectual disabilities: who is protecting whom?</p> <p>July 2020, Disability & Society</p>	<p>In the light of the Corona Virus pandemic which prematurely killed an unknown number of disabled people, the main purpose of this Current Issue paper is to raise questions about how historians can investigate the subject of premature death given the fact that any records which name individual patients are closed due to 'patient confidentiality'. It makes links between historic failures to investigate premature death, and recent examples, and argues that we need to challenge the blanket assumption that people are protected by having information about them kept confidential.</p>	Link
31	<p>Editorial Perspective: Perils and promise for child and adolescent sleep and associated psychopathology during the COVID-19 pandemic</p> <p>July 2020, Journal of child psychology and psychiatry, and allied disciplines</p>	<p>It is anticipated that the novel coronavirus disease 2019 (COVID-19) pandemic and associated societal response will have wide-ranging impacts on youth development and mental health. Sleep is crucial for child and adolescent health and well-being, and the potential for sleep problems to emerge or worsen during and following the pandemic is high. This may be particularly true for children and adolescents who are at heightened risk for the onset of sleep and mental health disturbances and for those whom developmental changes impacting sleep are rapidly occurring. Youth with preexisting psychopathologies (including anxiety and depression) and neurodevelopmental conditions (including attention-deficit/hyperactivity disorder and autism spectrum disorder) could be especially vulnerable to disturbed sleep during this period of change and uncertainty. It is thus imperative that sleep considerations be part of research and clinical initiatives aimed at understanding and mitigating the impact of the COVID-19 pandemic in children and adolescents. This article considers ways in which the pandemic may impact sleep, including research and clinical implications.</p>	Link
32	<p>Letter: Coping, fostering resilience, and driving care innovation for autistic people and their families during the COVID-19 pandemic and beyond</p>	<p>The new coronavirus disease (COVID-19) pandemic is changing how society operates. Environmental changes, disrupted routines, and reduced access to services and social networks will have a unique impact on autistic individuals and their families and will contribute to significant deterioration in some. Access to support is crucial to address vulnerability factors, guide adjustments in home environments, and apply mitigation strategies to improve coping. The current crisis highlights that our regular care systems are not sufficient to meet the</p>	Link

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	July 2020, Molecular autism	needs of the autism communities. In many parts of the world, people have shifted to online school and increased use of remote delivery of healthcare and autism supports. Access to these services needs to be increased to mitigate the negative impact of COVID-19 and future epidemics/pandemics. The rapid expansion in the use of telehealth platforms can have a positive impact on both care and research. It can help to address key priorities for the autism communities including long waitlists for assessment and care, access to services in remote locations, and restricted hours of service. However, system-level changes are urgently needed to ensure equitable access and flexible care models, especially for families and individuals who are socioeconomically disadvantaged. COVID-19 mandates the use of technology to support a broader range of care options and better meet the diverse needs of autistic people and their families. It behooves us to use this crisis as an opportunity to foster resilience not only for a given individual or their family, but also the system: to drive enduring and autism-friendly changes in healthcare, social systems, and the broader socio-ecological contexts.	
33	Letter: How has COVID19 impacted on Learning Disability Nursing Services in Scotland? July 2020, Journal of psychiatric mental health nursing	The impact on acute NHS services and care homes has been well documented and at the forefront of media attention. Learning disability services have responded to the COVID19 pandemic however to date there has been limited consideration on how this is affecting individual lives. This has been considered and explored by one board area in Scotland. For Community Teams, there has been disruption to service delivery. With routine, face-to-face contact cancelled and assessed on an individual basis. Staff responded by ensuring ongoing telephone contact, directly with clients, family members, carers and support staff. Additional assessments have been devised to record COVID-19 data completed during contact, including recording the presence of symptoms, positive diagnosis, self-isolation and where individuals are shielding.	Link
34	The impact of COVID-19 on people with autism, learning disabilities and mental health conditions June 2020, Nursing & Residential Care	The coronavirus pandemic has put a halt to the Care Quality Commission's final report on restraint and its updated registration guidance for people with autism, learning disabilities and mental health conditions. What does this mean for these groups, and what should carers do in response? Helena Frankova investigates	Link

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35	<p>COVID-19 and people with intellectual disability: impacts of a pandemic</p> <p>May 2020, Irish journal of psychological medicine</p>	<p>The impacts of the COVID-19 pandemic affect all groups in society. People with intellectual disability (ID) are especially vulnerable to the physical, mental and social effects of the pandemic. Cognitive impairments can limit understanding of information to protect them relying on carers to be vigilant on their behalf during quarantine. Restrictions on usual activities are likely to induce mental stress especially among those who are autistic leading to an escalation in challenging behaviours, risk of placement breakdown and increased the use of psychotropic medication. People with ID are vulnerable to exploitation by others where the usual community supports no longer function to protect them. In future pandemics, it is important that lessons are learned from the impacts COVID-19 have on people with ID. Collecting the evidence through a rigorous approach should help to empower people with ID and their carers to face future outbreaks of infectious diseases.</p>	Link
36	<p>The experience of the COVID-19 pandemic in a UK learning disability service: lost in a sea of ever changing variables-a perspective</p> <p>2020, New York State Dental Journal</p>	<p>An account of the COVID-19 pandemic as experienced by clinicians within a Learning Disability service in the United Kingdom, considering not only the consequences of the virus itself, but the impact of the disruption to all services and day to day.</p>	Link
37	<p>Pre-print - COVID-19 in children with brain-based developmental disabilities: a rapid review</p> <p>May 2020, Medrxiv</p>	<p>Background. The prevalence of symptomatic COVID-19 in children remains low to date. In just a few months, COVID-19 has affected millions of people worldwide, and as of the date of this publication, the pandemic continues. Based on the current available evidence, children do not appear to be at higher risk of contracting COVID-19 than adults. However, children with neurological and neuromuscular conditions are vulnerable to the respiratory complications of other viral infections. Objectives. To assess whether children with brain-based developmental disabilities were more likely to develop COVID-19 and have complications or poorer outcomes following infection. Methods. We conducted a two-week rapid review on studies with primary data regarding children aged between zero and 18 years old with brain-based developmental disabilities, or who were at risk of developing such disabilities, with confirmed or suspected</p>	Link

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		COVID-19. We performed our literature searches on April 18, 2020. Results. Our search strategy identified 538 individual records, of which four were included in our review. Of the 50 COVID-19 pediatric patients reported in the included studies, a total of seven children were at risk of developing brain-based disabilities. Symptoms ranged in severity. However, generally, patients were discharged or saw improvements in their symptoms by the end of the study period. No deaths were reported. Discussion. Our study highlights a knowledge gap regarding the impact of COVID-19 in children with brain-based developmental disabilities.	
38	Should Autism Spectrum Conditions Be Characterised in a More Positive Way in Our Modern World? May 2020, Medicina	In a special issue that focuses on complex presentations related to Autism, we ask the question in this editorial whether an Autism Spectrum Condition without complexity is a disorder, or whether it represents human diversity? Much research into Autism Spectrum Conditions (ASCs) over the years has focused on comparisons between neuro-typical people and people with Autism Spectrum Conditions. These comparisons have tended to draw attention to 'deficits' in cognitive abilities and descriptions of behaviours that are characterised as unwanted. Not surprisingly, this is reflected in the classification systems from the World Health Organisation and the American Psychiatric Association. Public opinion about ASC may be influenced by presentations in the media of those with ASC who also have intellectual disability. Given that diagnostic systems are intended to help us better understand conditions in order to seek improved outcomes, we propose a more constructive approach to descriptions that uses more positive language, and balances descriptions of deficits with research finding of strengths and differences. We propose that this will be more helpful to individuals on the Autism Spectrum, both in terms of individual self-view, but also in terms of how society views Autism Spectrum Conditions more positively. Commentary has also been made on guidance that has been adjusted for people with ASC in relation to the current COVID-19 pandemic.	Link
39	COVID-19 pandemic presents new challenges for learning disability nurses	Service users are more likely to need support to understand the virus and its effects on everyday life. From coping with social distancing, attending virtual meetings, caring for service users with COVID-19 symptoms and the use of	Link <i>Abstract only*</i>

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	May 2020, Learning Disability Practice	personal protective equipment (PPE), learning disability nurses face numerous challenges amid the pandemic.	
40	Mitigating the wider health effects of covid-19 pandemic response April 2020, British Medical Journal	<p>Social, economic, and health consequences are inevitable.Box 1 Social distancing measures Advising the whole population to self-isolate at home if they or their family have symptoms Bans on social gatherings (including mass gatherings) Stopping flights and public transport Closure of "non-essential" workplaces (beyond the health and social care sector, utilities, and the food chain) with continued working from home for those that can Closure of schools, colleges, and universities Prohibition of all "non-essential" population movement Limiting contact for special populations (eg, care homes, prisons) The health benefits of social distancing measures are obvious, with a slower spread of infection reducing the risk that health services will be overwhelmed. Table 1 summarises several mechanisms through which the pandemic response is likely to affect health: economic effects, social isolation, family relationships, health related behaviours, disruption to essential services, disrupted education, transport and green space, social disorder, and psychosocial effects. The appendix on bmj.com provides further details of mechanisms, effects, and mitigation measures.Box 2 Groups at particular risk from responses to covid-19 Older people—highest direct risk of severe covid-19, more likely to live alone, less likely to use online communications, at risk of social isolation Young people—affected by disrupted education at critical time; in longer term most at risk of poor employment and associated health outcomes in economic downturn Women—more likely to be carers, likely to lose income if need to provide childcare during school closures, potential for increase in family violence for some People of East Asian ethnicity—may be at increased risk of discrimination and harassment because the pandemic is associated with China People with mental health problems—may be at greater risk from social isolation People who use substances or in recovery—risk of relapse or withdrawal People with a disability—affected by disrupted support services People with reduced communication abilities (eg, learning disabilities, limited literacy or English language ability)—may not receive key governmental communications Homeless people—may be unable to</p>	Link

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		<p>self-isolate or affected by disrupted support services People in criminal justice system—difficulty of isolation in prison setting, loss of contact with family Undocumented migrants—may have no access to or be reluctant to engage with health services Workers on precarious contracts or self-employed—high risk of adverse effects from loss of work and no income People on low income—effects will be particularly severe as they already have poorer health and are more likely to be in insecure work without financial reserves People in institutions (care homes, special needs facilities, prisons, migrant detention centres, cruise liners)—as these institutions may act as amplifiers</p> <p>Table 1 Health effects of social distancing measures and actions to mitigate them Mechanism Summary of effects Summary of mitigations Economic effects Unemployment has large negative effects on both physical and mental health,⁷ with a meta-analysis reporting a 76% increase in all-cause mortality in people followed for up</p>	
41	<p>Scottish mental health and capacity law: The normal, pandemic and 'new normal'</p> <p>2020, International journal of law and psychiatry</p>	<p>A state's real commitment to its international human rights obligations is never more challenged than when it faces emergency situations. Addressing actual and potential resourcing pressures arising from the COVID-19 pandemic has resulted in, amongst other things, modifications to Scottish mental health and capacity law and the issuing of new guidance relating to associated practice. Whether these emergency or ordinary measures are invoked during the crisis there are potential implications for the rights of persons with mental illness, learning disability and dementia notably those relating to individual autonomy and dignity. This article will consider areas of particular concern but how strict adherence to the legal, ethical and human rights framework in Scotland will help to reduce the risk of adverse consequences.</p>	Link
Results from outside the UK			
42	<p>Coronaviruses and people with intellectual disability: an exploratory data analysis</p> <p>July 2020, Journal of Intellectual Disability Research</p>	<p>Background: Corona virus disease 2019 (COVID-19) has been announced as a new coronavirus disease by the World Health Organization. At the time of writing this article (April 2020), the world is drastically influenced by the COVID-19. Recently, the COVID-19 Open Research Dataset (CORD-19) was published. For researchers on ID such as ourselves, it is of key interest to learn whether this open research dataset may be used to investigate the virus and its consequences for people with an ID. Methods: From CORD-19, we identified</p>	Link

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		<p>full-text articles containing terms related to the ID care and applied a text mining technique, specifically the term frequency–inverse document frequency analysis in combination with K-means clustering. Results: Two hundred fifty-nine articles contained one or more of our specified terms related to ID. We were able to cluster these articles related to ID into five clusters on different topics, namely: mental health, viral diseases, diagnoses and treatments, maternal care and paediatrics, and genetics. Conclusion: The CORD-19 open research dataset consists of valuable information about not only COVID-19 disease but also ID and the relationship between them. We suggest researchers investigate literature-based discovery approaches on the CORD-19 and develop a new dataset that addresses the intersection of these two fields for further research.</p>	
43	<p>Effective Strategies for Managing COVID-19 Emergency Restrictions for Adults with Severe ASD in a Daycare Center in Italy</p> <p>July 2020, Brain Sciences</p>	<p>The COVID-19 pandemic has posed a serious challenge for the life and mental health of people with autism spectrum disorder (ASD). COVID-19 sanitary restrictions led to significant changes in the lives of people with ASD, including their routines; similarly, these modifications affected the daily activities of the daycare centers which they attended. The present retrospective study evaluated the impact of COVID-19 restrictions on challenging behaviors in a cohort of people with severe ASD attending a daycare center in Italy at the beginning of the pandemic. During the first two weeks of the pandemic, we did not observe variations in challenging behaviors. This suggests that adaptations used to support these individuals with ASD in adapting to the COVID-19 emergency restrictions were effective for managing their behavior.</p>	Link
44	<p>Supporting Patients With Autism During COVID-19</p> <p>July 2020, The primary care companion for CNS orders</p>	<p>The Centers for Disease Control and Prevention (CDC) monitors autism and developmental disability. The CDC estimates that 1 in 54 children are identified with an autism spectrum disorder (ASD).¹ Studies in Asia, Europe, and North America report the average prevalence of ASD in these nations to be 1% to 2%.¹ Many with ASD have comorbid psychiatric illness, with anxiety disorders being the most common followed by attention-deficit/hyperactivity disorder.² ASD is a complex neurodevelopmental disorder that presents with cognitive rigidity, prosocial communication deficits, and marked sensitivity to sensory or environmental change.²</p>	Link

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45	<p>Letter: Dental care provision in patients with learning disabilities and COVID-19 pandemic</p> <p>July 2020, Special Care in Dentistry</p>	<p>Dear Editor, I would like to share ideas on “The challenges of dental care provision in patients with learning disabilities and special requirements during COVID-19 pandemic.”¹Indeed, there are many changes of dental practice and patient care during COVID-19 pandemic.¹Only necessary and emergency dental procedures are performed. Regarding the specific group of patients who require dental care, special management might be necessary. For the patients with learning disabilities, a poor collaboration is expected and the prevention for COVID-19 during dental practice might be very difficult. The avoidance of dental procedures for those patients might be the ideas by some practitioners but it is necessary to have a good adjustment aiming at the best advantages for the patients.²During COVID-19 outbreak, it is questionable whether we should postpone all procedures for those patients or not. In fact, dentist has to follow standard infection control principles for all practices regardless of COVID-19 outbreak or not.</p>	Link
46	<p>Letter: The challenges of dental care provision in patients with learning disabilities and special requirements during COVID-19 pandemic</p> <p>July 2020, Special care dentistry</p>	<p>To the editor The worldwide spread and the high virulence of COVID-19 led to a pandemic since March 2020, as it has been affecting 216 countries until the end of May 2020, wherein these numbers increase daily. This unprecedented situation has resulted in a significant impact on health and dental care, in both private and public sectors,¹affecting the hospital and community-based special care dentistry (SCD) services around the world. The worldwide spread of novel coronavirus COVID-19 disease with high virulence rate had caused an unprecedented impact on specialist dental services, including dental sedation and treatment under general anesthesia. COVID-19 mass consequences halted not only routine dental care but also considerably interrupted routine care and dental general anesthesia (DGA) on global scale.²What is more, the compulsory implementation of advanced personal protective equipment (PPE) made the management of special care patients even more challenging, especially when dealing with highly anxious patients, medically compromised persons, as well as individuals with learning disabilities.^{3–6}</p>	Link

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47	Letter: The impact of COVID-19 on autism research: Reflections from China July 2020, Autism research	Since late January 2020 when COVID-19 was announced a pandemic by World Health Organization (2020), the entire cities in China have been placed under mass quarantine and the Chinese Government has ordered a nationwide school closure and over 200 million students were then making use of online-learning (Wang & Zhao, 2020). From mid-March when the daily new confirmed patients reached zero and the whole COVID-19 situation was almost under control in China, the government started to allow schools and training or service centers to open from April under conditions, such as social distance, body temperature check, health QR code check, etc. However, the impact of COVID-19 pandemic on autism research was deep and diverse.	Link <i>Abstract only*</i>
48	Letter: So far so close: an insight into smart working and telehealth reorganization of a Language and Learning Disorders Service in Milan during COVID-19 pandemic July 2020, Neurological sciences	COVID pandemic forced a large number of countries around the world to restructure the social life and the people working activities, according to the newly established rules of individual and group protection Figure1. Social distancing and stay-at-home orders act as the main barriers against virus spreading. They constitute, however, a substantial challenge in taking care and rehabilitation of children with neuro-development disorders, which are based indirect contact and affective resonance. Research already highlighted, in children living in pandemic affected areas, emotional and behavioral issues as a consequence of adult stress or discomfort and of contention measures [1]	Link
49	Covid-19 & adults with intellectual disability, autism, epilepsy, or brain injuries July 2020, Expectational Parent	The article discusses the results of the COVID-19 & Disability Online Survey conducted by the American Association on Health and Disability (AAHD) aimed to determine the impact of coronavirus disease-2019 (COVID-19) on people with disabilities. Topics covered include the ranking by respondents of their sources of information about COVID-19, their compliance of COVID-19 recommendations, and the anxiety or depression they felt because of COVID-19.	Link
50	Emotional health in isolation: supporting someone with disabilities at home during covid-19	The article presents an interview with speaker and author Margot Schulman. Among the issues she discussed include how parents and caregivers can offer care and support to an individual with a disability with whom they are isolated during the coronavirus disease-2019 (COVID-19) pandemic, how isolation and social distancing can be challenging for parents and caregivers, and strategies	Link <i>Athens log in required*</i>

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	July 2020, Exceptional Parent	for managing emotional health for care-givers and parents of individuals with disabilities.	
51	<p>Mortality of people with intellectual disabilities during the 2017/2018 influenza epidemic in the Netherlands: potential implications for the COVID-19 pandemic</p> <p>July 2020, Journal of Intellectual Disability Research</p>	<p>Background: Data on the development of Covid-19 among people with intellectual disabilities (IDs) are scarce and it is uncertain to what extent general population data applies to people with ID. To give an indication of possible implications, this study investigated excess mortality patterns during a previous influenza epidemic. Methods: Using Dutch population and mortality registers, a historical cohort study was designed to compare mortality during the 2017–2018 influenza epidemic with mortality in the same period in the three previous years. People with ID were identified by entitlements to residential ID-care services as retrieved from a national database. Results: Data covered the entire adult Dutch population (12.6 million; GenPop), of which 91 064 individuals were identified with an ID. During the influenza epidemic, mortality among people with ID increased almost three times as much than in the GenPop (15.2% vs. 5.4%), and more among male individuals with ID (+19.5%) than among female individuals with ID (+10.6%), as compared with baseline. In both cohorts, comparable increases in mortality within older age groups and due to respiratory causes were seen. Particularly in the ID-cohort, excess deaths also occurred in younger age groups, due to endocrine diseases and ID-specific causes. Conclusions: During the 2017–2018 influenza epidemic, excess mortality among people with ID was three times higher than in the general Dutch population, appeared more often at young age and with a broader range of underlying causes. These findings suggest that a pandemic may disproportionately affect people with ID while population data may not immediately raise warnings. Early detection of diverging patterns and faster implementation of tailored strategies therefore require collection of good quality data.</p>	Link
52	Supporting individuals with intellectual and developmental	<p>Background: It is unknown how the novel Coronavirus SARS-CoV-2, the cause of the current acute respiratory illness COVID-19 pandemic that has infected millions of people, affects people with intellectual and developmental disability</p>	Link

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	<p>disability during the first 100 days of the COVID-19 outbreak in the USA</p> <p>July 2020, Journal of Intellectual Disability Research</p>	<p>(IDD). The aim of this study is to describe how individuals with IDD have been affected in the first 100 days of the COVID-19 pandemic. Methods: Shortly after the first COVID-19 case was reported in the USA, our organisation, which provides continuous support for over 11 000 individuals with IDD, assembled an outbreak committee composed of senior leaders from across the health care organisation. The committee led the development and deployment of a comprehensive COVID-19 prevention and suppression strategy, utilising current evidence-based practice, while surveilling the global and local situation daily. We implemented enhanced infection control procedures across 2400 homes, which were communicated to our employees using multi-faceted channels including an electronic resource library, mobile and web applications, paper postings in locations, live webinars and direct mail. Using custom-built software applications enabling us to track patient, client and employee cases and exposures, we leveraged current public health recommendations to identify cases and to suppress transmission, which included the use of personal protective equipment. A COVID-19 case was defined as a positive nucleic acid test for SARS-CoV-2 RNA. Results: In the 100-day period between 20 January 2020 and 30 April 2020, we provided continuous support for 11 540 individuals with IDD. Sixty-four per cent of the individuals were in residential, community settings, and 36% were in intermediate care facilities. The average age of the cohort was 46 ± 12 years, and 60% were male. One hundred twenty-two individuals with IDD were placed in quarantine for exhibiting symptoms and signs of acute infection such as fever or cough. Sixty-six individuals tested positive for SARS-CoV-2, and their average age was 50. The positive individuals were located in 30 different homes (1.3% of total) across 14 states. Fifteen homes have had single cases, and 15 have had more than one case. Fifteen COVID-19-positive individuals were hospitalised. As of 30 April, seven of the individuals hospitalised have been discharged back to home and are recovering. Five remain hospitalised, with three improving and two remaining in intensive care and on mechanical ventilation. There have been three deaths. We found that among COVID-19-positive individuals with IDD, a higher number of chronic medical conditions and male sex were characteristics associated with a greater likelihood of hospitalisation. Conclusions: In the first 100 days of the COVID-19 outbreak in the USA, we observed that people with IDD living in</p>	
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		congregate care settings can benefit from a coordinated approach to infection control, case identification and cohorting, as evidenced by the low relative case rate reported. Male individuals with higher numbers of chronic medical conditions were more likely to be hospitalised, while most younger, less chronically ill individuals recovered spontaneously at home.	
53	<p>[Appreciating COVID-19 as a child and adolescent psychiatrist on the move]</p> <p>June 2020, L'Encephale</p>	<p>COVID-19 is a multi-organ disease due to an infection with the SARS-CoV2 virus. It has become a pandemic in early 2020. The disease appears less devastating in children and adolescents. However, stress, quarantine and eventually mourning have major impacts on development. It is difficult to describe what this pandemic implies for a child psychiatrist, other than by giving a first-hand account. I propose to go through the main ethical questions that have arisen; to describe how my hospital team has reorganized itself to meet the new demands and questions, in particular by opening a unit dedicated to people with autism and challenging behaviors affected by COVID-19; and to address, in a context of national discussion, how the discipline has sought to understand the conditions of a certain well-being during quarantine. Finally, I will try to conclude with more speculative reflections on re-opening.</p>	<p>Link Abstract only in English*</p>
54	<p>An Essential Service Decision Model for ABA Providers During Crisis</p> <p>June 2020, Behaviour analysis in practice</p>	<p>In the United States, applied behavior analysis (ABA) is broadly recognized as a medically necessary treatment for individuals diagnosed with autism and related disorders (Association of Professional Behavior Analysts, 2020, Guidelines for practicing applied behavior analysis during COVID-19 pandemic, Retrieved from https://cdn.ymaws.com/www.apbahome.net/resource/collection/1FDDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/APBA_Guidelines_-_Practicing_During_COVID-19_Pandemic_040920.pdf). We argue that this designation should not be called into question in light of a particular disaster and that it is critical to consider that an interruption of services can have long-lasting effects on the treatment of the individual (practitioners are ethically obligated to uphold the continuity of services while doing no harm). This dilemma might be ameliorated by a decision model that considers the prioritization of immediate needs, the vulnerability of clients, and the competency of service providers. Just as the medical field prioritizes immediate needs during crisis situations and defers routine appointments (e.g., physicals, checkups), the ABA field can make similar evidence-based decisions. The</p>	<p>Link</p>

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		purpose of the current article is to provide a decision model for ABA practitioners who find themselves questioning the need for essential service delivery during the current COVID-19 pandemic. The impact of this model goes beyond the needs of this crisis and can be applied to any emergency situation where services are at risk of interruption.	
55	<p>Phase 2 and Later of COVID-19 Lockdown: Is it Possible to Perform Remote Diagnosis and Intervention for Autism Spectrum Disorder? An Online-Mediated Approach</p> <p>June 2020, Journal of Clinical Medicine</p>	<p>COVID-19 is still in phase 2. The lockdown has been significantly reduced compared to phase 1. The centers and institutions that deal with the diagnosis and intervention of children with autism spectrum disorder (ASD) require rapid functional adaptation to respond to patients' needs. The possibility of using technology to activate and manage diagnostic (preliminary diagnosis) and intervention processes should be explored. Two developed telemedicine working models for diagnosis and intervention, including synchronous and asynchronous transmissions, are presented. They are proposals not yet supported by the data. The diagnosis step is composed by two different and consecutive phases: (A) pre-specialistic consultation (PSC) and (B) specialistic assessment. The intervention step implemented well-recognized evidence-based models for preschoolers, school-aged, and older children in an online format. Parents' support is also included. The described working models have the purpose of carrying out preliminary specialistic answers to the families without aiming to replace preferable in-person assessment. Based on previous research findings, the telemedicine approach is accepted by parents, increases their sense of competence, increases the parent intervention adherence, and improves the social communication competencies for children with ASD. In conclusion, the presented working models must be considered partial responses to the current emergency status and at the same time as possible integrations into traditional approaches.</p>	Link
56	<p>Letter: COVID-19: overcoming the challenges faced by individuals with autism and their families</p> <p>June 2020, The Lancet</p>	<p>While the infection rate of coronavirus disease 2019 (COVID-19) rises exponentially around the globe, individuals with autism spectrum disorder are being identified as part of a group at higher risk for complications from COVID-19.¹ Furthermore, autism spectrum disorder is often accompanied by anxiety, dyspraxia, learning disabilities, epilepsy, fragile X syndrome, Down syndrome, and immune system alterations. Individuals with autism can also have different types of behavioral challenges including deficits in social communication, attention-deficit hyperactivity disorder, irritability, and aggression. Such</p>	Link

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		common comorbidities can present additional challenges for individuals to cope with during the COVID-19 pandemic, making it more difficult to receive needed therapies, practice physical distancing, and adjust to disrupted daily routines. We assert that individuals with autism are an important group who might require additional support during the COVID-19 outbreak and future public health emergencies.	
57	COVID-19 and Autism Research: Perspectives from Around the Globe June 2020, Autism research	Last year around this time, in preparation for the INSAR 2019 meeting in Montreal, we asked members of the Autism Research editorial board as well as the Associate Editors to write short comments on what they considered to be the major gaps in autism research. The resulting Commentary was well received with nearly 3000 downloads. The INSAR meeting scheduled for Seattle in 2020 was, of course, cancelled due to the coronavirus pandemic. The pandemic has forced the reorganization and rethinking of all science, including autism research. To get a sense of how autism researchers are dealing with this unprecedented situation around the world, we asked for short comments about the situation from editorial board members, Associate Editors and from the INSAR Global Senior Leaders in Autism Research Committee, a relatively new INSAR initiative chaired by Petrus de Vries (South Africa) and Declan Murphy (UK). We will present perspectives by World Health Organization (WHO) Region.	Link
58	Psychosocial and Behavioral Impact of COVID-19 in Autism Spectrum Disorder: An Online Parent Survey June 2020, Brain Sciences	The 2019 coronavirus disease (COVID-19) outbreak could result in higher levels of psychological distress, especially among people suffering from pre-existing mental health conditions. Young individuals with autism spectrum disorders (ASD) are particularly at risk due to their vulnerability to unpredictable and complex changes. This study aimed to investigate the impact of the COVID-19 pandemic on ASD individuals, whether any pre-pandemic sociodemographic or clinical characteristics would predict a negative outcome, and to narratively characterize their needs. Parents and guardians of ASD individuals filled out an online survey consisting of 40 questions investigating socio-demographic and clinical characteristics of their children, impact of the COVID-19 outbreak on their wellbeing and needs to deal with the emergency.	Link

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		<p>Data were available on 527 survey participants. The COVID-19 emergency resulted in a challenging period for 93.9% of families, increased difficulties in managing daily activities, especially free time (78.1%) and structured activities (75.7%), and, respectively, 35.5% and 41.5% of children presenting with more intense and more frequent behavior problems. Behavior problems predating the COVID-19 outbreak predicted a higher risk of more intense (odds ratio (OR) = 2.16, 95% confidence interval (CI) 1.42-3.29) and more frequent (OR = 1.67, 95% CI 1.13-2.48) disruptive behavior. Even though ASD children were receiving different types of support, also requiring specialist (19.1%) or emergency (1.5%) interventions in a relatively low proportion of cases, a number of needs emerged, including receiving more healthcare support (47.4%), especially in-home support (29.9%), as well as interventions to tackle a potentially disruptive quarantine (16.8%). The COVID-19 outbreak has undoubtedly resulted in increased difficulties among ASD individuals.</p>	
59	<p>Autism Spectrum Disorder and COVID-19: Helping Caregivers Navigate the Pandemic</p> <p>June 2020, Annals of the Academy of Medicine, Singapore</p>	<p>The coronavirus disease 2019 (COVID-19) pandemic has disrupted societies globally. As of 11 May 2020, 53 children have been infected with COVID-19 in Singapore (Ministry of Health, Singapore, unpublished data). Children generally have mild disease,¹ although there is emerging literature on paediatric multisystem inflammatory syndrome temporally associated with COVID-19. Less well reported is the impact of COVID-19 on the daily lives and psychology of children. This article highlights the implications of COVID-19 on an especially vulnerable population of children - children with autism spectrum disorder (ASD). ASD is a developmental disorder characterised by impaired social communication, language, and restricted stereotypic behaviour with rigidities. ASD is prevalent. It is estimated that 50,000 individuals are affected by ASD in Singapore.² Healthcare professionals are likely to encounter persons with ASD in their routine practice. Based on our experience in our developmental and behavioural paediatrics practice, caregivers experience significant challenges in managing children with ASD during this pandemic. Children with ASD are having difficulties adjusting to change and feeling anxious, whilst caregivers themselves are worried and fatigued. This article aims to be a resource for healthcare professionals in supporting these families. Strategies depicted are based on behavioural management principles used for ASD – promoting</p>	Link

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		structure, use of antecedent strategies and positive reinforcement of desirable behaviours.	
60	<p>Letter: Making a brochure about coronavirus disease (COVID-19) for children with autism spectrum disorder and their family members</p> <p>June 2020, Psychiatry and Clinical Neurosciences</p>	<p>The coronavirus disease (COVID-19) situation is evolving rapidly, with an increase in the number of reported cases and countries affected world-wide. The World Health Organization declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) on 30 January 2020 and a pandemic on 11 March. Japan was the third country to register a first case of COVID-19 on 16 January 2020, after China and Thailand. The number of reported COVID-19 cases rapidly increased from the end of February 2020. Therefore, the Japanese government declared closing all schools from the 1st through 12th grades on 2 March and declared a PHEIC on 7 April. School and other education facilities' closures substantially disrupt the usual daily life and add stress for children and their families. At the time of writing this paper, the Japanese government continues to have all schools closed and insists that citizens stay at home as much as possible.</p>	Link
61	<p>Reopening the doors to center-based aba services: Clinical and safety protocols during covid-19</p> <p>June 2020, Behaviour Analysis in Practice</p>	<p>Abstract In the wake of the coronavirus (COVID-19) pandemic, U.S. organizations that provide applied behavior analysis (ABA) programs to individuals with autism spectrum disorder have implemented a variety of safety precautions to minimize the spread of the virus, often shifting center-based services to the home or telehealth. Considered essential workers, ABA providers are exempt from government directives to close, so they have both the freedom and the great responsibility to make their own decisions about how best to keep their clients safe while continuing to provide medically necessary services. In the coming weeks and months, ABA providers will be faced with the decision about whether to reopen centers. This article does not address that decision, except to acknowledge the urgency to reopen, both to help clients and to remain solvent. Political rhetoric and contradictory public information further complicate this daunting decision. Because ABA providers do not have legal guidance to shift the burden of such decisions to local and state regulators, the burden is theirs alone. The unprecedented nature of the COVID-19 pandemic means that no decision is clearly wrong or right, and every decision has</p>	Link

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		consequences. Although ABA providers do not have their own state guidance, many states have issued guidelines for childcare providers whose operations have continued throughout the pandemic. This article analyzes that guidance, identifies common variables potentially relevant to ABA organizations, highlights clinical considerations and procedural compliance, and provides ABA organizations with the tools to make the best decision for their clients, in their community, and on their timeline.	
62	<p>A model of support for families of children with autism living in the covid-19 lockdown: Lessons from Italy</p> <p>June 2020, Behaviours Analysis in Practice</p>	<p>Abstract Italy has been the European country most affected by the COVID-19 pandemic to date and has been in social lockdown for the longest period of time compared to other countries outside China. Almost overnight, Italian behavior analysts were faced with the challenge of setting up remotely whole-family systems aimed at maintaining adaptive skills and low levels of challenging behavior to be carried out solely by caregivers. Given these extraordinary circumstances, the protocols available from the applied behavior-analytic, parent training, and autism literature did not appear to fully meet the needs of parents having to be with their children under extreme levels of stress in a confined space with limited reinforcers for 24 hr a day, 7 days a week. To meet this unprecedented challenge, we developed a dynamic and holistic protocol that extended to the full day and that recognized the need for sustainable intervention delivered solely by parents, who were often looking after more than one child. These practices are presented in this article, together with a discussion of lessons we have learned thus far, which may be useful for behavior analysts working in other regions in which the effects of the pandemic are not yet fully realized. Although somewhat unorthodox, we include some parent comments at the end with the goal of sharing the parent perspective in real time as this pandemic unfolds across the world.</p>	Link
63	<p>A systematic review of remote telehealth assessments for early signs of autism spectrum disorder: Video and mobile applications</p> <p>June 2020, Practice Innovations</p>	<p>Autism spectrum disorder (ASD) impacts an individual's developmental trajectory across several domains, supporting the importance of early detection and identification, which is ultimately the first step toward treatment planning. Children should be exposed to an ASD screening at 18 and 24 months of age, but such services are not always available across demographic groups or accessible to underserved communities. Screenings can be especially limited in circumstances such as the COVID-19 pandemic or other situations dictating</p>	Link <i>Athens log in required*</i>

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		<p>that people stay at home. Thus, it is important to expand the accessibility of assessment services that can provide accurate identification of ASD in young children through the use of technology such as video or mobile application platforms. This systematic review aimed to summarize the state of the literature as it relates to accessible telehealth assessments and screening tools for infants and toddlers suspected to have ASD in remote populations. Seven studies that utilized video or mobile applications to assess young children in underserved communities were found, including individuals within their first 3 years of life. Although some positive results were found regarding effectiveness, there is a need for more sustainable research for this age group, especially for those with limited access to services. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)</p> <p>Impact statement Clinical Impact Statement—This systematic review aimed to understand the current video- and mobile application-based assessments that have been used to assess infants and toddlers in remote areas who are suspected to have autism spectrum disorder. Findings suggest that there are a limited number of studies that utilize telehealth platforms in underserved communities. The seven studies found did reveal effectiveness of these telehealth assessment tools, but there is still a strong need for more research in this area.</p>	
64	<p>COVID-19 and autism</p> <p>May 2020, Medical Hypotheses</p>	<p>The current pandemic of Covid-19 has created a paradigm for possibly gaining greater insight in two conditions: Studies since the beginning of this century have supported the view that IGF-1 deficiency in the neonate defines the basis of autism. As a result, it appears that interleukin-6 in corona virus-based infections causes reduced defenses because of suppressed IGF-1, especially in older patients. This may also portend an increase of autism in the offspring of gravidas currently affected severely by Covid-19.</p>	Link
65	<p>Could autism spectrum disorders be a risk factor for COVID-19?</p> <p>May 2020, Medical Hypotheses</p>	<p>The coronavirus SARS-CoV-2 pandemia is infecting millions of people and some studies relate conditions that might increase the risk of developing a fatal course for the disease, such as diabetes, cardiovascular diseases and obesity. In COVID-19 physiopathology, one of the main inflammation mechanisms is the "cytokine storm", causing a pro-inflammatory state, related to cardiac and</p>	Link

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		pulmonary damage. There is also a less effective role of lymphocyte B and T in the humoral immunity due to the reduction of their proliferative response. The physiopathology of ASD (Autism Spectrum Disorder) involves several modifications at the genetic and at the immune level, such as the increase of inflammatory cytokines and abnormal immune response in several levels. We hypothesize that ASD could be a risk-factor as the other conditions are.	
66	Maintaining Treatment Integrity in the Face of Crisis: A Treatment Selection Model for Transitioning Direct ABA Services to Telehealth May 2020, Behaviour analysis	With health care funders' increasing approval of telehealth service as an emergency measure to provide continuity of care during the COVID-19 crisis, practicing behavior analysts have an unprecedented opportunity to demonstrate that essential, medically necessary behavior-analytic services can be provided via telehealth in a manner that maintains treatment integrity and produces meaningful client outcomes. This telehealth treatment selection guide was designed to assist practicing behavior analysts in determining an appropriate protocol for the delivery of 1:1 telehealth service (i.e., a behavior technician providing instruction directly to a client, with or without the assistance of the client's caregiver, through videoconferencing). This tool aims to help behavior analysts make thoughtful clinical decisions to maintain continuity of care for the vulnerable population with autism spectrum disorders, while adhering to safety measures that provide protection to society.	Link
67	Letter: Supporting children with autism spectrum disorder in the face of the COVID-19 pandemic May 2020, CMAJ: Canadian Medical Association Journal	The call for innovative approaches and the need to ensure continuity of care for those with chronic health issues during the pandemic cannot be overemphasized. ¹ A specific response is needed to address the mental distress of children who are quarantined. ² There needs to be greater emphasis on designing diverse, socio-culturally appropriate programs to address mental distress and provide mental health care and psychosocial supports to mitigate the effects of prolonged isolation in children.	Link
68	IDD discrimination in crisis-time medicine May 2020, Exceptional Parent	The author comments on discussions in the U.S. on discrimination against people with Intellectual and Developmental Disabilities (IDD) in crisis-time health care decision making, particularly during the coronavirus disease-2019 (COVID-19) pandemic. The need to follow the first come, first served policy in	Link <i>Athens log in required*</i>

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		regard to the dispensary of and use of medical equipment, and how one should determining the makeup of an individual's value with regards to receiving medical care.	
69	<p>Parents' perceptions on physical activity for their children with autism spectrum disorders during the novel coronavirus outbreak</p> <p>May 2020, International Journal of Development Disabilities</p>	<p>Considering that parents are one of the key figures in their child's participation in physical activity, it is extremely important to examine parents' perceptions and experiences of physical activity in order to protect children with Autism Spectrum Disorders (ASD) from the inactive life during the novel Coronavirus (COVID-19) outbreak and to include them in physical activities in the home environment. Although it is still a new subject, there is no research that addresses parents' physical activity knowledge, needs and recommendations for the physical activity experiences of children with ASD during the COVID-19 outbreak, and offers solutions accordingly. Considering this gap in the literature, the aim of this qualitative study is to explore parents' perceptions on physical activity for their children with ASD. Participants of the study were 10 parents with children with ASD, who participated in one-to-one semi-structured phone calls. Interview data were analyzed thematically. The analysis of the data revealed three main themes: 1) Possible benefits of physical activity during the COVID-19 outbreak, 2) Physical activity barriers during the COVID-19 outbreak, and 3) Recommendations for physical activity during the COVID-19 outbreak. The results revealed that parents thought that physical activities had a positive effect on the development areas of their children with ASD. It was determined that parents want to involve their children in physical activities in the home environment, but they have barriers that they need to overcome.</p>	Link
70	<p>Letter: Mental health implications of COVID-19 on children with disabilities</p> <p>December 2020, Asian Journal of Psychiatry</p>	<p>The world suddenly underwent a major and abrupt change with the advent of COVID-19, a virus outbreak which was termed as a pandemic by the World Health Organization in March 2020 (WHO, 2020). With physical health risks of COVID-19 being rightfully promoted, the current work serves as a platform to discuss its mental health implications on children with disabilities. The impact of COVID-19 is evident with schools and colleges shifting classes online and work from home becoming a way of life throughout the globe. Commonly termed as social distancing or social isolation, has led to a lack of daily routine and structure. Maintaining a routine induces a sense of discipline as well as safety in children, which is important for their psychological and emotional</p>	Link

Learning Disabilities, autism and COVID-19

		development. Making adjustments to routines, like, experiencing closure of schools and day care centers, social distancing and/or confinement to home can prove to be a real struggle for children with physical and mental disabilities (Bartlett et al., 2020).	
71	Promoting physical activity for children with autism spectrum disorders during Coronavirus outbreak: benefits, strategies, and examples 2020, New York State Dental Journal	Described as a global outbreak (pandemic) by the World Health Organization, Coronavirus disease (COVID-19) raises great concern with more than 2 million infected patients worldwide. A series of measures are taken by governments worldwide to prevent the spread of the outbreak. As new cases increase, people are asked to stay at home. Active living areas such as sports centers, parks and schools are closed in most countries. In this process, staying at home for a long time makes it difficult for individuals with special needs such as Autism Spectrum Disorders (ASD) to stay physically active as well as typically developing individuals. The education process of children with ASD is disrupted, especially due to closed special education schools and rehabilitation centers. Online learning environments are often not suitable for children with ASD. It is predicted that excessive weight, obesity and sedentary life, which are high in children with ASD, may increase even more due to COVID-19. This article outlines the benefits of physical activity for children with ASD and provides strategies and examples of physical activity for children with ASD during the COVID-19 outbreak. The article is thought to be a guide for encouraging children with ASD in the home environment to physical activity.	Link

Appendix

Sources and Databases Searched

Google, NHS Evidence, the Cochrane Library for Systematic Reviews, NICE, Mencap and Medrxiv (the pre-print database) were searched. Healthcare Databases Advanced Search (HDAS) was used to search the following databases: Medline; CINAHL; BNI; HMIC; Emcare; Embase; PsycINFO and AMED. Google Scholar was used to citation match and find further relevant papers.

Search Strategies

Key words included: “learning disabilities”; “learning disability”; LD; autism; autistic; COVID-19; coronavirus

For full lists of the key words used please see the strategies below.

HDAS



295.%20HDAS%20Str
ategy%20Learning%20

Google [\("learning disabilities" OR autism\) AND \(COVID-19 OR coronavirus\)](#) 3/8/20

NHS Evidence [\("learning disabilities" OR autism\) AND coronavirus 4/8/20](#) NHS Evidence

Searching the literature retrieved the information provided. We recommend checking the relevance and critically appraising the information contained within when applying to your own decisions, as we cannot accept responsibility for actions taken based on it. Every effort has been made to ensure that the information supplied is accurate, current and complete, however for various reasons it may not represent the entire body of information available.

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