



CHALLENGES BY PARENTS, TEACHERS IN PANDEMIC WITH RESPECT TO STUDENTS

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Abstract

As educators and parents strive to ensure that students stay on track academically during the disruption caused by the COVID-19 pandemic, we cannot lose sight of the relationships that are at the heart of teaching and learning. To meet the social and emotional needs of students, as well as the adults who care for them, Carnegie Corporation of New York sponsored "Strategies for Parents and Teachers Grappling with COVID-19 Stress," a Town Hall hosted by the National Parent Teacher Association and the American Federation of Teachers. The event featured talks by leading experts in mental health, learning science, and psychology. For tools to navigate the challenges exacerbated by the COVID-19 crisis, we invite you to explore the resources presented below, developed by the Corporation and its grantees, which aim to support the whole student and develop sustainable solutions that empower families as true partners in their children's education going forward.

Introduction

As we learn more about COVID-19, the accepted narratives about it are constantly being challenged. Initially it was said that children aren't seriously affected by the virus. But while acute infections in children do tend to be milder, there is emerging evidence that, like adults, they are at risk from persisting symptoms – in other words, long COVID.

The Office for National Statistics estimates that around 13%-15% of children with COVID-19 have symptoms that last for more than five weeks. In Italy, a recent preprint (an early piece of research yet to be reviewed by other scientists) suggests that more than half of children with COVID-19 have at least one persisting symptom over 17 weeks after being diagnosed. Among them, 43% reported being impaired by their symptoms during daily activities.

Guidance for supporting people with long COVID has been published, but it acknowledges that understanding of how the condition presents in children is limited. Knowledge about this is, however, growing all the time. Here's what we know so far.

How long COVID affects children

Research on long COVID in adults has revealed a long list of symptoms. Early evidence suggests that many of these are also shared by children. In the Italian preprint, symptoms often found in adults – such as fatigue, muscle and joint pain, headache, insomnia, respiratory problems and heart palpitations – were reported frequently in children.

A separate, larger preprint – which surveyed the parents of children with long COVID, predominantly in the UK and US – found similar results. Across a sample of 510 children, tiredness and weakness (87%), headaches (79%), abdominal pain (76%) and muscle and joint



pain (61%) were common. Gastrointestinal symptoms were also reported relatively frequently, as were skin complaints such as rashes.

This paper also suggests a number of neuropsychiatric features may manifest in children with long COVID: 61% of children had trouble concentrating, 46% difficulty remembering information, 33% difficulty processing information and 32% trouble finding the right words when speaking. Unexplained irritability was common too, and may be associated with ongoing inflammation in the brain, though this could also be an understandable response to being unwell.

While many children develop long COVID as an immediate consequence of the virus, the international paper suggests that for some there may be a hiatus between the end of the acute infection and the start of long COVID. One in five of those surveyed had a period of wellness after their infection. The Italian paper also suggests that COVID-19 can have long-term effects in children who are asymptomatic or have minimal symptoms.

Guidance for parents and teachers

The pandemic has affected children and young people in many ways. Some have missed a year of school. Children's mental wellbeing has also suffered, and a reduction in physical activity and fitness is a health risk too. Importantly, children and young people are reported to be fearful about their future. If long COVID is added to this mix, the challenges are immense.

Parents should therefore try not to push children with long COVID to do too much, particularly as exercise seems to contribute to relapses. If you think your child has long COVID, keep notes of symptoms and patterns. You can then take these to consultations with medical practitioners. It may be that you are more aware of long COVID in children than your GP. You can also seek support and information from advocacy groups such as Long Covid Kids.

With children in the UK now returning to school, it's vital that teachers are aware of the existence of long COVID. In particular, it shouldn't be left to parents to provide information to teachers about how their children are affected.

Both should understand that long COVID needs to be considered as a disability of uncertain duration that may last months. Surveying suggests some children have had symptoms for a year that are still ongoing. The symptoms themselves may be diverse and can fluctuate, and may appear months after a coronavirus infection, which could be asymptomatic.

Note that because long COVID can cause a variety of physical symptoms, it may lead to school absences. These, together with neurocognitive effects, such as trouble processing information, poor memory and speech difficulties, may affect academic progress.

While we don't presume to tell schools how to respond to the challenge of long COVID in children, given all of the above, we do have some advice. We believe each child should be



assessed as an individual, with individual needs. Because of their symptoms, children with long COVID may require personalised timetables. These could include remote learning, the provision of a room for a nap if needed, and observation and support during PE lessons, with modifications to take account of fatigue. But remember: no one solution will fit all children.

Schools should also know how to arrange onward referrals to appropriate services, such as children's long COVID clinics (if set up) or Child and Adolescent Mental Health Services (CAMHS) should anxiety, depression or other mental health symptoms arise that need a specialist approach.

Finally, schools may also need to provide support to families. Parents may struggle managing a child with long COVID, and other family members may also have it. It may be helpful for the school nurse to liaise with the child's GP (after gaining parental or carer consent) about particular symptoms reported, impact on school attendance, mental health symptoms or any safeguarding concerns.

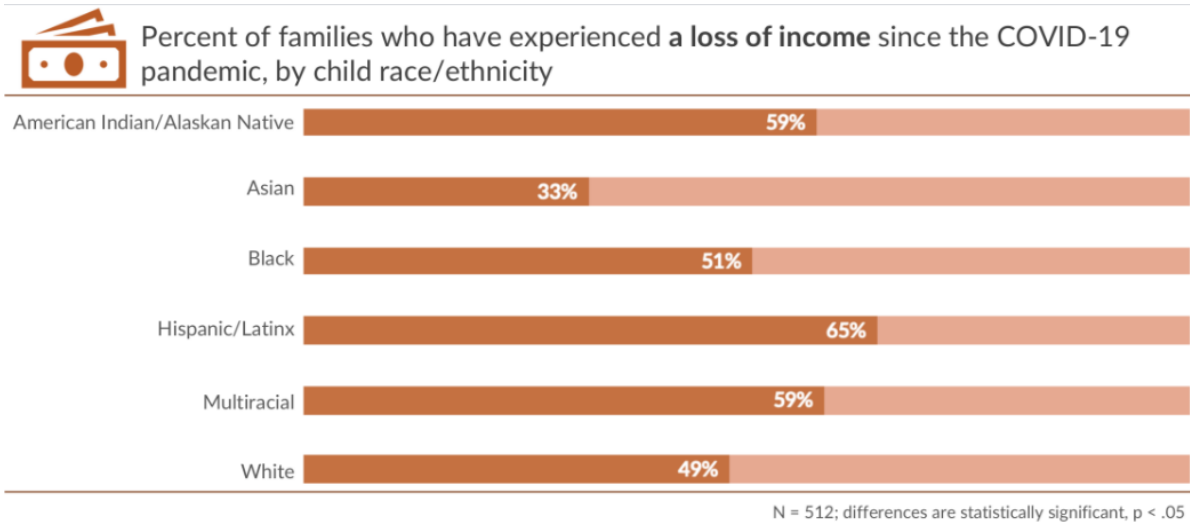
Findings

- The effects of the pandemic cascade into the financial, physical, and mental health of parents, children, and teachers.
- Families of color, who have been disproportionately affected by the pandemic, reported relatively higher levels of income loss and food insecurity.
- Pervasive experiences of food insecurity were linked to feelings of depression; schools provided a life-line to food.
- Opportunities for learning shrunk dramatically with the shift to remote instruction, especially for children with special needs.
- Teachers struggled to motivate their young learners while parents struggled to find the time to help them.

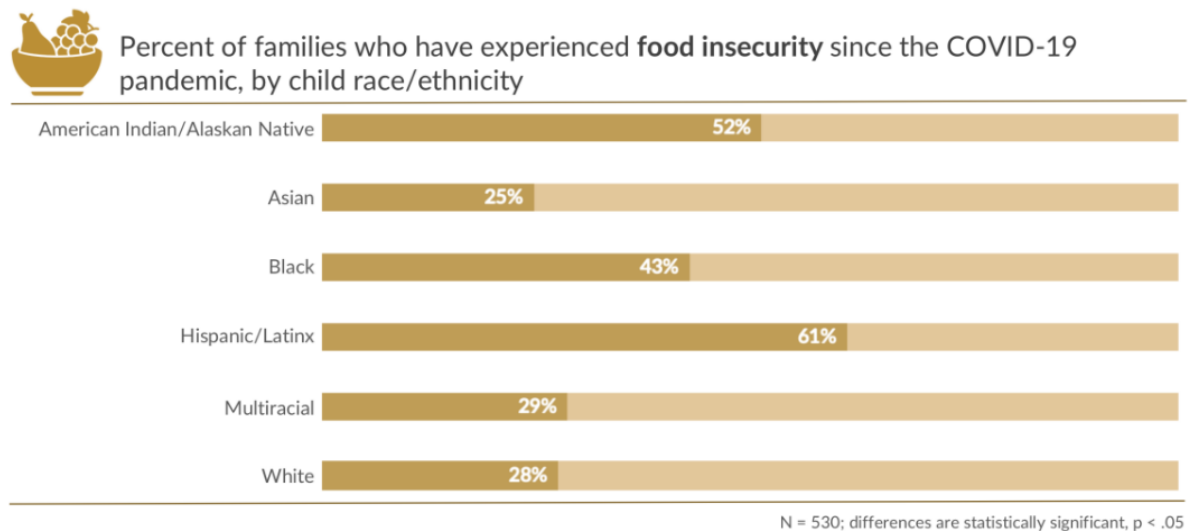
Nearly half of responding parents lost their job or had work hours decreased since COVID-19 hit. 6 in 10 parents reported that their household income decreased during the pandemic. Additionally, nearly half of parents reported that since COVID-19 hit, they worried that their food would run out before they had money to buy more.

Notably, the prevalence of income loss and food insecurity differed by race and ethnicity. Families of Hispanic/Latinx, American Indian/Alaskan Native, multiracial, and Black children reported income loss more often than families of White and Asian children. This was

especially true of Hispanic/Latinx families, 65% of whom reported income loss, compared to 49% of White families.



Additionally, families of Hispanic/Latinx, American Indian/Alaskan Native, and Black children experienced food insecurity more often than families of multiracial, White, and Asian children. Families of Hispanic/Latinx children reported particularly high rates of food insecurity (61%) relative to multiracial families (29%) and White families (28%).



In addition to financial and material hardships, many parents have also struggled with mental health since the pandemic began.



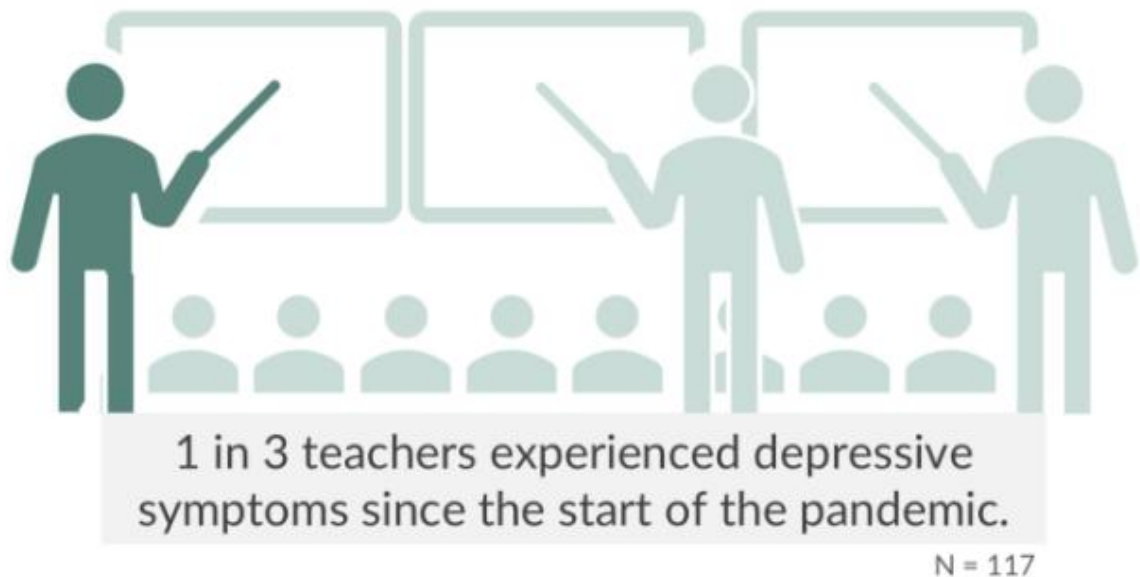
1 in 4 parents have experienced depressive symptoms since the start of the pandemic.

N = 574

Depressive symptoms were tied to food insecurity: Parents who were food-insecure were twice as likely to report feeling depressed as parents who were food-secure.

1 in 4 teachers reported that their household income had decreased since the outbreak of COVID-19, and 1 in 5 teachers reported that they worried that their food would run out before they had money to buy more.

Additionally, many teachers have faced mental health challenges, including high rates of depressive symptoms and increased job stress.



Conclusion

The Covid-19 pandemic has shaken up families all over the world. As homes function simultaneously as school, office and living space, parents are finding themselves in a bind. Even though parents now have more time for their children, the pressure to juggle multiple roles is stressful and they are unable to devote time to parenting. Study hopes the research is just the beginning of investigating the impact of COVID-19 on the field of education. He plans to continue looking at student achievement and how COVID-19 is affecting initial teacher identity formation. He also hopes others will conduct global research including data gathered over a longer period of time and include a wider scope of research questions. Above all else, school procedures should ensure that children and their families are dealt with and supported compassionately in the face of what is a difficult and uncertain condition.

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