Schooling, Inequity, and COVID-19

Growing inequities in the time of crisis

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Data Walk

exploring and examining the impact

Inequity Gaps are Growing
we need responsible equitable responsive policies

Justin Wong, age 8, grade 3

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How do the children and youth of Canada stand?

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MENTAL HEALTH AND HAPPINESS

A striking number of children in Canada are unhappy:

OVERALL RANK:
🍁 **31**st

Almost 1 in 4 children has low life satisfaction.
CANADA RANK: 🍁 **28**th

Canada has one of the highest rates of adolescent suicide.
CANADA RANK: **35**th 🍁

PHYSICAL HEALTH AND SURVIVAL

Canada is falling behind in fundamental aspects of child health:

OVERALL RANK:
🍁 **30**th

Canada's rate of infant mortality is 0.98 child deaths per 1,000 births.
CANADA RANK: 🍁 **28**th

Almost 1 in 3 children is overweight or obese.
CANADA RANK: 🍁 **29**th

EDUCATION ACHIEVEMENT AND SKILLS DEVELOPMENT

Many young people in Canada get good grades, but school is not always a place of support and inclusion:
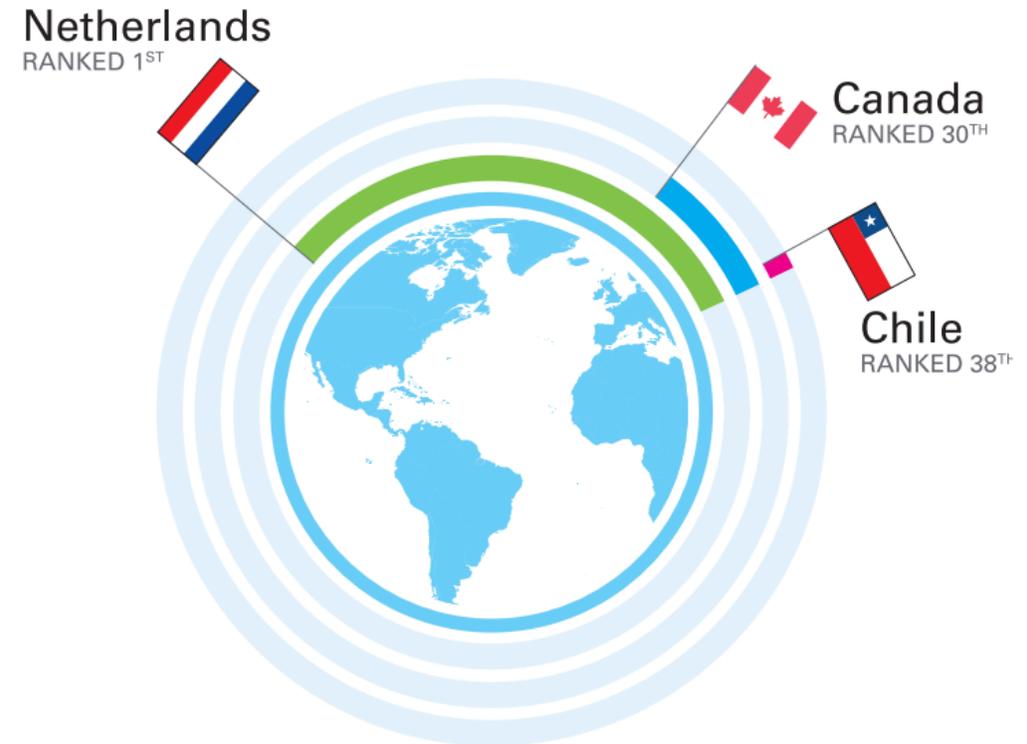
OVERALL RANK:
🍁 **18**th

Almost 1 in 3 young people does not have basic reading and math skills by age 15.
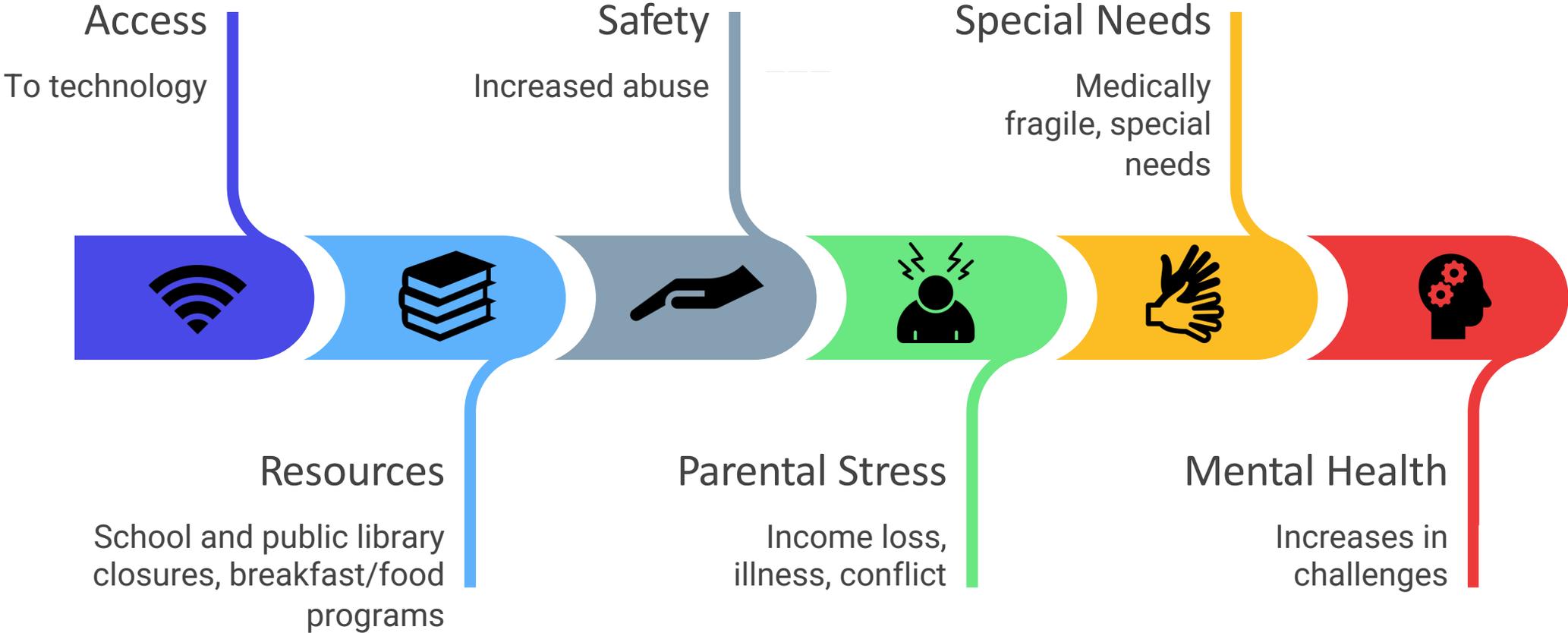CANADA RANK: 🍁 **13**th

26% of young people have difficulty making friends.
CANADA RANK: 🍁 **23**rd

Canada was not doing well before COVID-19

UNICEF Report Card 16

Netherlands
RANKED 1ST

Canada
RANKED 30TH

Chile
RANKED 38TH

Unicef, 2020

What Families are Facing

Access

To technology

Safety

Increased abuse

Special Needs

Medically fragile, special needs

Resources

School and public library closures, breakfast/food programs

Parental Stress

Income loss, illness, conflict

Mental Health

Increases in challenges
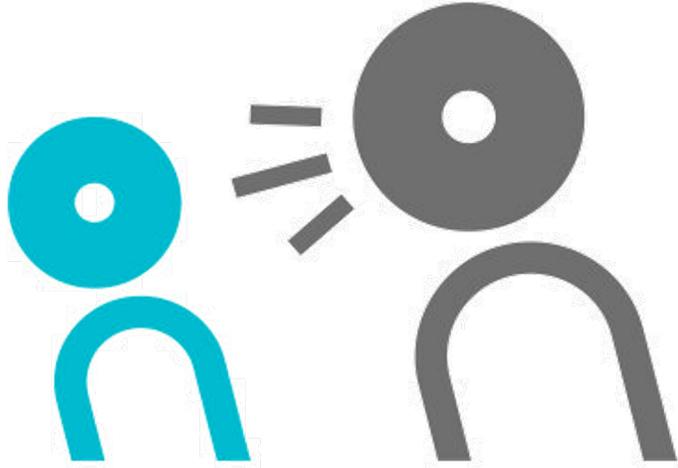
Domestic Violence Increases
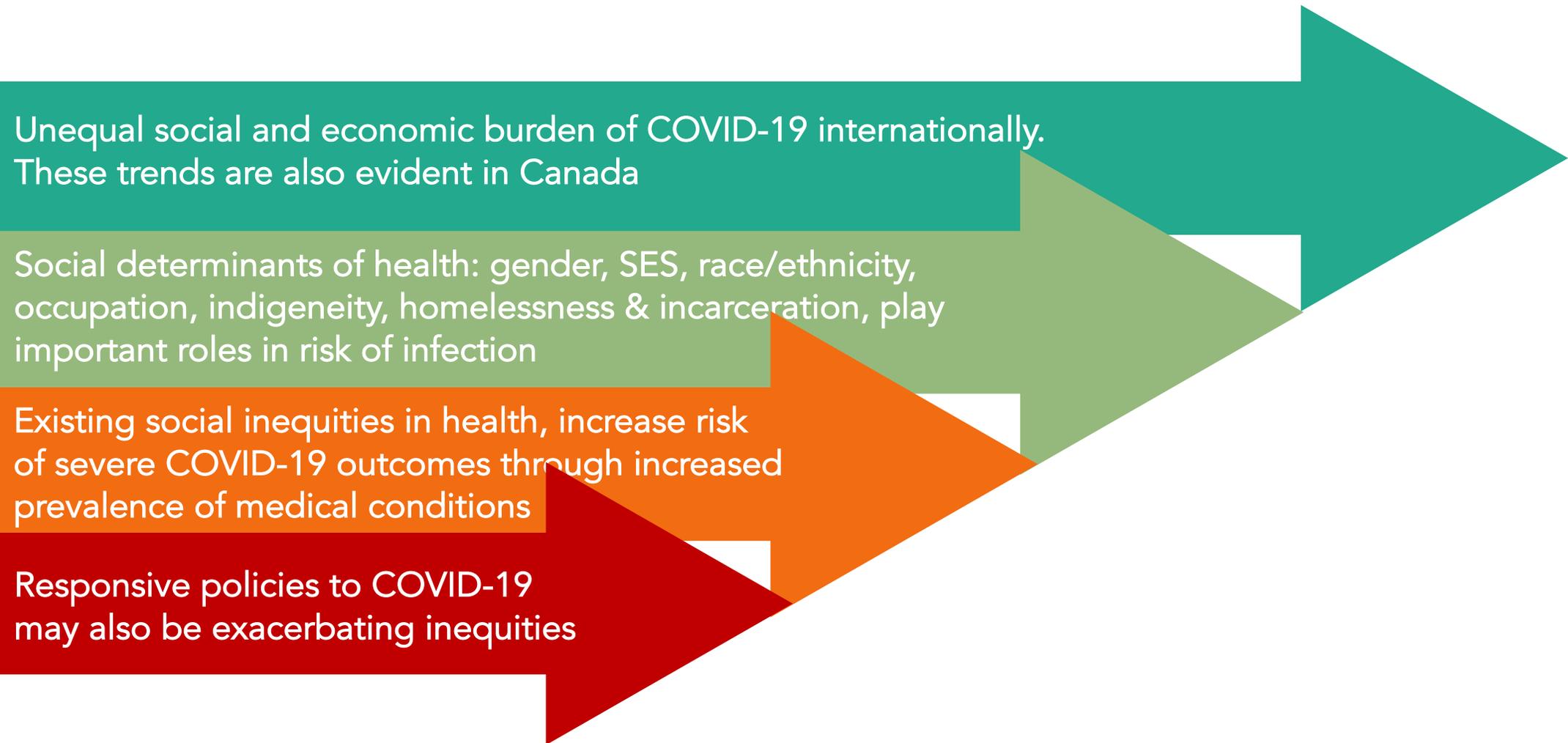## including child abuse

Calls to the Kids Help Phone have more than doubled.

Teachers typically account for a significant portion of reports of suspected abuse, and with the current physical distancing measures in place, teachers aren't seeing kids face-to-face

https://www.thestar.com/news/canada/2020/04/27/kids-help-calls-are-soaring-amid-covid-19-but-not-criminal-reports-are-we-in-the-dark-on-child-abuse.html

The Impact of the Virus
differentially affects those that are vulnerable

Unequal social and economic burden of COVID-19 internationally. These trends are also evident in Canada

Social determinants of health: gender, SES, race/ethnicity, occupation, indigeneity, homelessness & incarceration, play important roles in risk of infection

Existing social inequities in health, increase risk of severe COVID-19 outcomes through increased prevalence of medical conditions

Responsive policies to COVID-19 may also be exacerbating inequities

https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/05/what-we-know-social-determinants-health.pdf?la=en

Inequity Gaps are Growing
## vulnerable children are paying the highest price

Special needs children are not coping well with remote learning and many are having challenges with health measures for in-person learning

Online portion for high school students also results in widening inequities: band with, dead zones, access to devices, home safety

Learning differences are now not being as well-supported
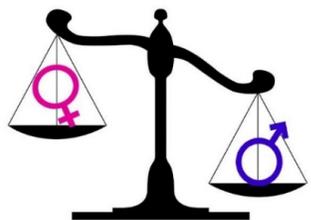
Gendered impact

COVID-19 Transmission

What does transmission and illness look like in children

In Canada, of **114,597** COVID-19 cases reported 8,747 **(7.5%)** were in individuals aged 0-19 years.

Death in this age group has been reported as rare.

COVID-19

Strong evidence that majority of children/ youth with COVID-19 are either asymptomatic or have mild symptoms.

However, children (especially with medical conditions) have largely been isolated, it is possible that data may change over time as children attend school and interact more with peers and adults

SickKids, 2020

Advantages and Disadvantages
School Re-Opening Full-Time in Person

Educational Environment

- Most holistic approach
- Maximizes learning for all children
- Maximizes teacher ability to identify SN
- Maximizes teacher ability to identify mental health, neglect, maltreatment

- Substantial proportion of parents will choose not to send children
- Teachers and staff may not feel protected

Social Environment

- Maximizes social development
- Enhances learning – especially for youngest
- Enhances daily routines which supports healthy eating, activity, and sleep

- Bullying may be increased (e.g. for children who want to, or not want to wear masks)

Health Impacts

- Reduced anxiety/depression related to not being with peers
- Increase physical activity
- Maximizing extracurricular activities
- Maintaining up-to-date vaccination records
- Enable breakfast/nutrition programs

- Risk of child infection
- Risk of infection to others in the home, including those who are vulnerable
- Risk of outbreaks
- Children with allergies being barred from attendance because of 'symptoms'
- Anxiety/fear of infection
- Toxic exposure to cleaning products

Family/Social Impacts

- Minimizes risk of caregiver unemployment, loss of income, and their impacts on health
- Maximizes parental work productivity potential

- Many may choose to keep children home
- Teachers and staff may not feel adequately protected
- Increased costs to schools and garbage volume of protection equipment
- Sick children will impact parent ability to work

SickKids, 2020

Advantages and Disadvantages
Hybrid Schooling at School and Virtual

Educational Environment
- Reduced class size more manageable for teachers
- Intermediate ability of teachers to identify SN
- Intermediate ability to identify mental health issues or child abuse signs

- Affect ability to cover curriculum equitably
- Intermediate ability to implement IEPs
- Children from low resource families may fall behind
- Inequity for families with no financial, cognitive, protected space/time resources

Social Environment
- Some socializing in the school environment is better than none

- May heighten anxiety because of schedule changes, coping with two worlds
- Difficult for younger children, especially SN, ASD

Health Impacts
- May reduce infection
- May reduce infection to others at home
- May, with some restriction allow for breakfast/nutrition programs

- Risk of online bullying
- Increased anxiety and depression
- Decreased physical activity
- Those with allergies more likely barred because of 'symptoms'
- Children may be left unsupervised at home
- Increased risk of abuse

Family/Social Impacts

- Very disruptive to caregiver employment
- Disruptive to parental work productivity

SickKids, 2020

Advantages and Disadvantages

Virtual Learning

Educational Environment

Social Environment

Health Impacts

Family/Social Impacts

- Will reduce infection
- Will reduce infection to others at home, especially   those that are vulnerable

- Low ability to cover curriculum equitably
- Very difficult to implement IEPs and support SN
- Children from low resource families will behind
- Extreme Inequity for families with no financial, cognitive, protected space/time resources
- Low ability pf teachers to identify SN
- Low ability to identify mental health issues or child abuse signs

- May heighten anxiety related from isolation from peers
- Difficult for younger children, as children learn through play - especially SN, ASD

- Risk of online bullying
- Increased anxiety and depression
- Decreased physical activity
- Will not allow for breakfast/nutrition programs
- Children may be left unsupervised at home
- Increased risk of abuse

- Very disruptive to caregiver employment especially to women
- Disruptive to parental work productivity

Privilege, of course, makes the decision in jurisdictions with the choice - to keep children home much easier either to opt for home school or virtual learning.

Such families typically have at least one parent who doesn't work or who is able to work remotely, or they have full-time help or higher private tutors.

CHECK YOUR PRIVILEGE

What Do We Do?

addressing current and pre-existing issues

Overall the health perspective is that children and youth return to a daily school model with risk mitigation strategies in place.

1

There may be an increase in cases of COVID-19 upon the resumption of school and appropriate measures should be proactively put in place to mitigate the effects of such an increase.

2

It is critical to monitor the impact of school reopening on transmission. Thresholds should be identified that would trigger re-evaluation of mitigation strategies as well as the school model.

3

The primary drive for reopening schools should be to optimize the overall health and welfare of children and youth, rather than to facilitate parent/caregiver return to work or reopening of the economy.

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We have the capacity

we have to put children at the centre

Existing infrastructure

Accountability

Support

Narrow Inequities
we need to have equitable responsive policies

Equitable responsive policies

Strengthen integration of governance

Adjust pedagogical approaches

Professional development / training

Assessment/monitoring/re-evaluation

Public education has a framework that has adequate capacity to support safe and equitable learning environments

We must be **proactive** and not re-active in our policies.
If we don't make the proper decisions and investments today, our children will pay the ultimate price.

Responsible Policies
road to equity

4 The ability of the public school system to effectively carry out its mission depends in part on the resources made available to the schools.

5 Professional development and adequate resources for educators is a must.

3 Personnel considerations: health-care providers working with the schools (e.g. telephone or virtual support, on-site support), additional custodian staff, expanded number of teachers, ECEs, guidance counsellors, social workers, psychologists, support teachers.

2 Address structural deficiencies, such as large class sizes, small classrooms, and poor ventilation. Must be part of any plan to reopen schools.

1 Adaptation of the curricula to permit expanded outdoor education. The development of distance learning options will also require resources.

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We Must Work Together

Access must be universal and equitable. Our policies must be strengthened to protect and support all children and families

Community- and faith-based organizations, employers, healthcare systems and providers, public health agencies, policy makers, school authorities, and others all have a part in helping to promote fair access to health and education.

Find ways to maintain support and connection, even when physically apart, this can empower and encourage individuals and communities. We must be creative

Ensure that people have resources to maintain and manage their physical and mental health, including easy access to information, affordable testing, and medical and mental health care and education

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THANK YOU

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