Schooling, Inequity, and COVID-19
Growing inequities in the time of crisis

Dr. Emis Akbari, Ph.D.
Professor & Coordinator
School of Early Childhood | GBC
Senior Policy Fellow and Adjunct Professor
Department of Applied Psychology and Human Development | OISE
Atkinson Centre for Society and Child Development
University of Toronto
Data Walk
exploring and examining the impact
Inequity Gaps are Growing
we need responsible equitable responsive policies

Justin Wong, age 8, grade 3
Inequity Gaps are Growing
we need responsible equitable responsive policies

Justin Wong, age 8, grade 3
How do the children and youth of Canada stand?

38

Canada was not doing well before COVID-19

UNICEF Report Card 16

MENTAL HEALTH AND HAPPINESS
A striking number of children in Canada are unhappy:

OVERALL RANK: 31st

Almost 1 in 4 children has low life satisfaction.

OVERALL RANK: 30th

Almost 1 in 3 children is overweight or obese.

OVERALL RANK: 13th

Canada has one of the highest rates of adolescent suicide.

PHYSICAL HEALTH AND SURVIVAL
Canada is falling behind in fundamental aspects of child health:

OVERALL RANK: 18th

Almost 1 in 2 young people do not have basic reading and math skills by age 15.

26% of young people have difficulty making friends.

28% of young people are overweight or obese.

Almost 1 in 3 children is overweight or obese.

Almost 1 in 2 young people do not have basic reading and math skills by age 15.
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
Before the pandemic:
Less than
40%
of women who experienced violence reported these crimes or sought help.

Since the lockdown:
Domestic violence reports and/or calls have increased:
- 33% in Singapore
- 30% in Cyprus
- 30% in France
- 25% in Argentina

*As of April 2020
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

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.

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

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

Death in this age group has been reported as rare.

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

<table>
<thead>
<tr>
<th>Educational Environment</th>
<th>Social Environment</th>
<th>Health Impacts</th>
<th>Family/Social Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Most holistic approach</td>
<td>• Maximizes social development</td>
<td>• Reduced anxiety/depression related to not being with peers</td>
<td>• Minimizes risk of caregiver unemployment, loss of income, and their impacts on health</td>
</tr>
<tr>
<td>• Maximizes learning for all children</td>
<td>• Enhances learning - especially for youngest</td>
<td>• Increase physical activity</td>
<td>• Maximizes parental work productivity potential</td>
</tr>
<tr>
<td>• Maximizes teacher ability to identify SN</td>
<td>• Enhances daily routines which supports healthy eating, activity, and sleep</td>
<td>• Maximizing extracurricular activities</td>
<td></td>
</tr>
<tr>
<td>• Maximizes teacher ability to identify mental health, neglect, maltreatment</td>
<td>• Maintaining up-to-date vaccination records</td>
<td>• Maintaining up-to-date vaccination records</td>
<td>• Many may choose to keep children home</td>
</tr>
<tr>
<td></td>
<td>• Enable breakfast/nutrition programs</td>
<td></td>
<td>• Teachers and staff may not feel adequately protected</td>
</tr>
</tbody>
</table>

| | | • Risk of child infection | • Toxic exposure to cleaning products |
| | | • Risk of infection to others in the home, including those who are vulnerable | |
| | | • Risk of outbreaks | • Sick children will impact parent ability to work |
| | | • Children with allergies being barred from attendance because of ‘symptoms’ | |
| | | • Anxiety/fear of infection | |
# 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
- Some socializing in the school environment is better than none

**Social Environment**
- May reduce infection
- May reduce infection to others at home
- May, with some restriction allow for breakfast/nutrition programs

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

### Educational Environment
- 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 of teachers to identify SN
- Low ability to identify mental health issues or child abuse signs

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

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

### Family/Social Impacts
- 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.
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.

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.

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

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

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

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

4. 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.

SickKids, 2020
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.

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

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.

SickKids, 2020
THANK YOU