Addressing Inequities in Education: Considerations for Latinx Children and Youth in the Era of COVID-19

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Latinx populations are disproportionately impacted by COVID-19. Prevention efforts, including shelter-in-place, place an additional burden on Latinx populations due to existing socio-economic, mental health, and educational inequities. Reflecting these inequities, Latinx families are disproportionately low-income, have lower levels of education, limited knowledge of the United States’ educational system, lack access to technology, and struggle reading English. They may be unable to help children with schoolwork, and thus, school closures are more detrimental for them. Latinx families disproportionately represent the essential workforce increasing their odds of becoming infected by COVID-19. Latinx children’s anxiety for their family’s safety and well-being is fueled by fear of losing their parents to deportation. Schools serving Latinx children must prioritize all necessary safety considerations for staff, teachers, and children upon reopening. Schools must provide children with high quality dual language education, special education services, and increased mental health services with specific emphasis on trauma-informed care and resilience building.

COVID-19 has exacerbated existing socio-economic, mental health, and educational inequities that disproportionately affect Latinx families in the U.S, with serious consequences for their children.\(^1\) Many children have to be left unsupervised while parents work essential jobs in high-risk conditions.\(^2\) Barriers due to immigration status, segregation into low-resourced schools, English-only educational policies, and limited access to social services restrict Latinx families’ socio-economic mobility, exacerbating learning gaps, and leading to increased risks of anxiety for children.\(^3\)

**Socioeconomic Barriers Place Latinx Families at Increased Risk**

Latinx parents make up a significant portion of the essential workforce,\(^4-8\) 84% cannot telework,\(^2,9\) and are overrepresented in industries at the epicenter of COVID-19 outbreaks: meatpacking and poultry processing plants (34% Latinx)\(^10-14\) and agriculture (80% Latinx).\(^6,15-16\) Furthermore, to preserve economic resources, many live in crowded, multigenerational homes\(^17\) or rent rooms in their homes to others,\(^18\) increasing risks...
of spreading the virus. Nationally, Centers for Disease Control and Prevention data indicate Latinx people ages 40-59 have been infected at rates five times that of non-Hispanic white people in the same age group.\textsuperscript{16} Latinx children are being diagnosed at higher rates with multisystem inflammatory syndrome, a serious disease linked to COVID-19.\textsuperscript{19} As many families have limited access to health care, are excluded from governmental support, or avoid medical treatment for fear of Immigration and Customs Enforcement (ICE) arrests, the risk of serious complications of COVID-19 are exacerbated.\textsuperscript{20} “The government is telling them, it needs them to go to work, but it hasn’t halted deportations.”\textsuperscript{15}

**Latinx Children and Families Experience Chronic Stressors**

Latinx children and youth are disproportionately exposed to trauma and stress grounded in marginalization, poverty, racism, and immigration status,\textsuperscript{21,22} and assume greater responsibilities in their households,\textsuperscript{23} placing them at risk for anxiety and depression. Although 94% are U.S. citizens,\textsuperscript{24} they are twice as likely to live in poverty as non-Hispanic white children.\textsuperscript{21} Latinx families report higher food insecurity than the national average, > which has been exacerbated by school closings.\textsuperscript{25}

Latinx families are also disproportionately impacted by policing and deportations\textsuperscript{26,27} since one-quarter of parents are considered > unauthorized immigrants.\textsuperscript{24} Children’s anxiety increases with this chronic uncertainty about their own safety and the fear of losing their parents.\textsuperscript{28-31} Moreover, parents’ fears about jeopardizing chances of obtaining legal status, due to restrictive changes in policies, such as the public charge rule,\textsuperscript{32} discourage Latinx families from applying for public benefits for which they are eligible, further increasing food insecurity.\textsuperscript{33-35} Due to these chronic stressors, Latinx households may not have the systemic supports to buffer children from the health, developmental, and educational consequences of COVID-19.\textsuperscript{36,37}

**Educational Barriers for Latinx Families Exacerbate Learning and Language Gaps**
Latinx children are experiencing profound language, social, and academic losses because of school closures and the implementation of distance learning.² Twenty-seven percent of students in U.S. schools are Latinx, speaking mostly Spanish at home.³ Eight Latinx caregivers have lower levels of education, may have limited knowledge of the U.S. educational system,³⁹ may struggle reading English,⁴⁰ and are unable to help children with their schoolwork. In North Carolina, the Forsyth County Latino Congress stated, “Spanish-speaking parents are struggling to help their children learn during the pandemic because they have limited familiarity with technology and little understanding of schoolwork in English.”⁴¹

English Learners (ELs; 75% of whom are Latinx in K-12 schools; 62% in Early Care and Education (ECE) Programs) face increased educational disparities.⁴²-⁴⁴ Many ELs lack access to stable internet at home, limiting their ability to engage in distance learning programs and activities.²⁴⁵ Teachers more often feel unprepared to teach ELs⁴⁶ and are less likely to receive professional development on using digital learning resources for instructing ELs.⁴⁵ Low-income Latinx children are segregated into low-resource schools and communities³⁹ and families are excluded from participating in discourse concerning educational reform,⁴⁷ constraining their access to critical educational resources. Caregivers rely on schools to provide critical services to children with special needs. Many have lost access to reading, speech, behavior, physical, and occupational therapies - further widening the achievement gap.² School closures have disproportionately impacted Latinx families who rely on schools and ECE programs to access nutritious meals, and opportunities for social, language, and cognitive growth.⁴⁸, ⁴⁹

Policy and Practice Implications

Latinx children often endure chronic stressors and educational barriers that are exacerbated by the pandemic. This confluence of factors may have detrimental effects on Latinx children’s ability to cope and learn now and in the future.² When addressing the impact that COVID-19 has on Latinx children and families, educational leaders should work with federal and state representatives to allocate funding to implement the following recommendations:

• Address the challenges that virtual education approaches can pose specifically for English Learners (even when there is full access to technology), by opening schools serving Latinx children for in-person learning as soon as health and safety requirements can be met. Take steps such as facilitating access to personal protective equipment (PPE) to minimize COVID-19 transmission, prioritizing sanitation, maintaining low student-teacher ratios, providing sufficient materials for individual student access, and offering flexible work and attendance options.²⁵⁰
• Allocate funding to ensure Latinx children have access to stable high-speed internet and necessary technology.
• Schools should provide explicit training on high quality in-person and online learning instructional practices to support Latinx children’s language and academic needs.
• Implement and expand dual language education and support students’ oral language development to overcome inequities due to limited educational resources during COVID-19.  
• Ensure that teachers/staff proactively assess Latinx students’ and families’ technology access and support, English language support, and socio-emotional needs via regular online or phone check-ins, as they may be reluctant to seek help.
• Employ bilingual/bicultural social workers, school psychologists, and guidance counselors at the National Association of Social Workers recommended ratios of 1:50.  
• Provide evidence-based, culturally and linguistically appropriate, trauma-informed school-based mental health services for students and teachers.  
• Provide funding and waive eligibility verification for school nutrition programs to ensure children have access to free meal programs during school closures.
• Because COVID-19 transmission does not observe barriers related to legal status, support the well-being of all by working with federal representatives to provide federal relief to all. Recognize the contributions of essential workers by supporting pathways to authorized status and providing them access to the health services they and their family members need because of their elevated daily risk. Reduce the chronic stress and anxiety for children and youth related to fear of family member deportation when the burden of stress related to the pandemic is already so great.

This brief is part of a larger volume that addresses the impact of systemic racism and the potential exacerbating effects of COVID-19 on racial-ethnic minority children, youth, and families, and LGBTQ+ youth. The full volume includes the following briefs:

• Considerations for American Indian and Alaska Native Children and Youth in the Era of COVID-19  
• Considerations for Asian American Children and Youth in the Era of COVID-19  
• Considerations for Black Children and Youth in the Era of COVID-19  
• Considerations for Latinx Children and Youth in the Era of COVID-19  
• Considerations for LGBTQ+ Children and Youth in the Era of COVID-19


(19) Czachor, E. (2020, May 21). More than 250 cases of Coronavirus-linked inflammatory disease MIS-C have been reported in the U.S. Newsweek. https://www.newsweek.com/more-250-cases-coronavirus-linked-inflammatory-disease-mis-c-have-been-reported-us-1505812


https://nces.ed.gov/programs/coe/


