

INTRODUCTION

Addressing Inequities in Education During the COVID-19 Pandemic:

How Education Policy and Schools Can Support Historically and Currently Marginalized Children and Youth

VOLUME EDITOR

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The COVID-19 pandemic has had an unprecedented impact on global communities. There are few people on the planet who have not been affected by the viral outbreak ranging from coping with infections, death of loved ones, employment and income loss, and social distancing practices, to remote work and schooling.

Although COVID-19 has touched all lives, it has not done so uniformly. In the United States, the pandemic has exacerbated existing vulnerabilities and challenges for historically and currently marginalized groups of children, youth and families, including those who are American Indian and Alaska Native (AIAN), Asian, Black, Latinx, and lesbian, gay, bisexual, transgender, and queer (LGBTQ+). This five-part *Statement of the Evidence* volume focuses on the short- and long-term impact of educational, employment, family, and personal pandemic-related disruptions for those vulnerable children and youth. Although the volume focuses on the impact of COVID-19 in the United States, many of the issues are relevant to other global communities.

AIAN, Asian, Black, Latinx, and LGBTQ+ children, youth, and their families have been impacted in unique and universal ways during the pandemic. Long before the COVID-19 pandemic, each group was targeted by historical and current systemic racism, oppression, and inequalities (i.e., institutions and structures that restrict opportunities by

virtue of one's social group membership). However, the specific expression and manifestation of these systems of oppression, and the extent to which they have been exacerbated during the pandemic, is unique to each group and is the focus of the volume's individual briefs.

Given the recent emergence of the pandemic, there is limited evidence of the exact nature and depth of its impact. Scientists are just beginning to understand the present-day effects of the pandemic on children, youth, and families. It may take years, or even generations, to understand the depths of its effects on socio-emotional, cognitive, and physical development, as well as on academic achievement and future career/economic success. This volume draws from the available evidence on how the pandemic is affecting diverse children, youth, and families, as well as evidence of the effects of systemic inequalities on their communities. Together, this volume integrates relevant science and existing data to present evidence-informed recommendations to best support historically and currently marginalized children and youth as schools adopt policies and practices to resume instruction, whether online and/or in-person, for the start of the 2020 - 2021 academic year. With schools back in session, we urge educators, policymakers, and lawmakers to consider how policies, practices and programs can be leveraged to promote children's optimal development and address the exacerbating effects of COVID-19 among historically and currently marginalized children and families now and into the future.

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Addressing Inequities in Education: Considerations for American Indian and Alaska Native Children and Youth in the Era of COVID-19

COVID-19 exacerbates the effects of historical trauma on American Indian and Alaska Native (AIAN) communities. High death rates among Elders, parents, and extended family, who are central figures in preserving cultural traditions, threaten children's ability to overcome adversity. Already at risk for low levels of school achievement, AIAN children are further threatened by school closures due to limited access to broadband services and technology, inadequate access to nutritious food and dedicated space to study at home. Systemic inequalities not only limit access to needed services but also result in the provision of low-quality education and health care, which worsens the negative impact of COVID-19. Policies that direct funds to provide children with culturally informed educational experiences and mental health services, ensure access to broadband and information technology, and honor AIAN families and communities will help mitigate the impact of COVID-19 on AIAN children.

“Despite the fact that the U.S. government has a trust responsibility to provide for the education, health and safety of Native children, resources and support for Native children are currently inappropriate, insufficient, or limited by bureaucracy so that they are ineffective, even in the absence of the current crisis.”

**– The Alyce Spotted Bear and Walter Soboleff
Commission on Native Children, 2020**

There are 574 federally-recognized tribes in the United States. American Indian and Alaska Native (AIAN) represent 1.7% of the United States population with the population highly concentrated in Alaska, California, Oklahoma, the Southwest and the upper Midwest.^{1,2} The population is young; with recent US Census estimates showing that nearly one-third of AIANs are age 18 or younger.³ Tribes have a special trust that obligates the federal government to ensure the health and well-being of AIAN people.¹ Failure to uphold this obligation has led to inequalities in access to basic human needs such as clean water, plumbing, electricity, internet, cellular service, housing, hospitals, and schools.¹ Generations of attempted genocide, systemic racism and oppression, including cessions of land and resources, verbal and physical violence, and police brutality⁴⁻⁶ in AIAN communities have led to disproportionate rates of disease and addiction⁷⁻¹⁰ which increase the risk of infection

and death from COVID-19.¹¹ It is impossible to know the true impact of COVID-19 as data on AIAN people are frequently incomplete, inaccurate or not tracked at all.¹ As of July 30, 2020, up to 40% of all COVID-19 cases in New Mexico were American Indian (AIs) despite the fact that AIs are only 9% of the population.¹² The Navajo Nation, which spans Arizona, New Mexico and Utah, has had the highest infection rate in the United States.^{13,14} Even with the national discourse focused on systemic racism and inequality, AIAN communities remain largely unrepresented in mainstream and academic reporting. These inequitable conditions may be experienced as *interlocking systems of oppression*¹⁵ increasing vulnerability for poor educational outcomes. That said, evidence supports what AIAN people have always known; connections to AIAN culture protect and buffer children from the trauma of inequality.^{16,17}

Inequalities in Education Must be Addressed to Mitigate Vulnerability to COVID-19

It is important to understand the negative sociohistorical context of schooling in AIAN communities.¹⁸⁻²² In the early 20th century, almost 83% of AIAN children were forcibly removed from their parents and sent to boarding schools where they were not allowed to speak their tribal languages and were often physically and sexually abused.^{19,21} Today, 93% of AIAN students attend state-funded public schools and 7% attend Bureau of Indian Education (BIE) schools.²³ AIAN high school graduation rates are the lowest in the nation.^{1,23}

The roots of disparity start early and are amplified over time.²⁴ In Arizona and New Mexico, where tribes have had high rates

of COVID-19, AI children are 3.5 times more likely to live in poverty, twice as likely to read below grade level in 4th grade, and 1.5 times more likely to be below grade-level proficiency in math in 8th grade compared to non-Hispanic White children.²⁵ Additionally, AI children experience significantly higher median rates of per-student discipline including school suspension and expulsion.^{26,27}

School closures due to COVID-19 threaten to exacerbate existing challenges given that over one-third of AIAN children live in households without broadband internet access (the highest of all groups) and 15% live in homes without a computer – both access issues are further compounded with rural residence.²⁸ Many children live in multigenerational homes and may not have dedicated space available for formal learning.^{1,29-31} In addition, many families rely on school lunches and do not have transportation to obtain food provided by school lunch programs during the pandemic.^{11,29,32} The need to attend classes at home or with social distancing, and other safety measures (e.g., face coverings, Plexiglas partitions) will likely harm AIAN children's learning, as studies have shown they learn best through active participation, observing others, and nonverbal forms of instruction.^{26,33-35} In addition, more AIAN teachers, tutors and support staff are needed to support AIAN students' learning.^{1,36}

Resources are Needed to Buffer Children from COVID-19 Related Trauma

“What we see repeatedly across national crises and disasters is that the most disenfranchised among the U.S. population are disproportionately harmed physically, emotionally, economically, and educationally.”

– Fortuna et al., 2020

Prior to COVID-19, studies showed that AIAN youth experience more adverse childhood experiences than their non-AIAN peers, including physical abuse and witnessing domestic violence.^{37,38} Increased financial stress and overcrowding of homes due to COVID-19 are likely to result in even higher rates of domestic violence and abuse.³⁹ Increased exposure to adverse childhood experiences heightens the risk for negative outcomes

including suicide attempts, poly-drug use, and Post Traumatic Stress Disorder.³⁷

Studies have found that creating and maintaining connections to language and culture within AIAN communities buffer children from trauma.^{16,40,41} This includes participating in ceremonies, dancing at Pow Wows, and maintaining strong connections to extended families. Unfortunately, each of these connections will likely be limited due to social distancing and the loss of parents, grandparents, extended family, and elders to COVID-19.

Policy and Practice Implications

To ameliorate the impact of COVID-19 on AIAN children, policymakers and school administrators should:

- Increase funding for Native language instruction and online family culture nights.
- Increase the number of AIAN teachers, tutors, support staff, and mental health professionals available to students.
- Increase broadband infrastructure to ensure access to technology (e.g., computers, tablets) and wireless connectivity.
- Provide additional funding for early education and K-12 programs to incorporate AIAN language and culture in curricula, teaching practices, and family outreach.
- Increase support for AIAN students in both BIE/tribal and public schools through federal programs such as Johnson O'Malley and Title VII Indian Education programs, which provide funding for AIAN students to participate in cultural, language, academic, and dropout prevention programs that they might not otherwise be able to afford.

Full references are available at [srcd.org/statements-evidence](https://www.srcd.org/statements-evidence).

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

The COVID-19 pandemic has led to a global surge in harassment and hate crimes against individuals of Asian descent, including Asian Americans.¹ Misdirected blame and fear of COVID-19 is xenophobic, and simulates historical and systemic racism that frames Asian Americans as “perpetual foreigners.” Racial discrimination negatively impacts academic well-being and mental health; yet Anti-Asian sentiments and microaggressions are often overlooked due to the model minority myth (MMM). Asian Americans are a highly diverse group; the MMM can mask significant differences in students’ risks and needs. As schools prepare to reopen, policymakers and school administrators should craft their messages to avoid furthering anti-Asian sentiments that filter down to schools and communities. Misinformation is shared virtually across communities regardless of their Asian American composition. School/community leaders must proactively address COVID-19-related social stigma and discrimination, take steps to ensure Asian American children’s psychological and physical safety, and address social-emotional and academic needs.

The COVID-19 pandemic was first documented in Wuhan, China in late 2019. As the virus quickly spread, people of Asian descent, regardless of their ties to China, became targets of global blame.² In the United States, both in-person and online forms of xenophobia increased as anti-Chinese social media posts, media coverage, policies, and comments from public leaders exacerbated violence against Asian Americans,³ and Islamophobic conspiracy-theories. Blaming the COVID-19 pandemic on Asian Americans⁴ simulates historical racism in the United States. The Chinese Exclusion Act of 1882, Japanese internment during World War II, and post-9/11 discrimination against South Asians⁵ have framed Asian Americans as “perpetual foreigners.”

STOP AAPI HATE has received over 1,800 anti-Asian incident reports related to COVID-19.⁶ Over 60% of Asian Americans witnessed someone blaming Asian people,⁷ and over 80% of 10- to 18-year-old Chinese Americans experienced or witnessed COVID-19-related discrimination in person or online.⁸ Increasing Islamophobia has also been reported.⁹ Asian American students are vulnerable to increased psychological distress, lower academic achievement, and lower engagement when exposed to racial discrimination.^{8,10} Just hearing about or witnessing hate incidents, including through social media, can exacerbate distress^{8,11} leading to poor academic performance and truancy.¹²

Another problematic image of Asian Americans is that of “model minorities,” which emerged in the 1960s as a way to dismiss the existence of systemic racism¹³ by portraying Asian

Americans as academically and economically successful. However, Asian Americans have highly diverse heritages, religions, and immigration and socio-economic backgrounds. Their double status as “perpetual foreigners” and “model minorities” creates conflicts in identity and belonging, and divisions across races.¹⁴

Over 60% of Asian Americans witnessed someone blaming Asian people, and over 80% of 10- to 18-year-old Chinese Americans experienced or witnessed COVID-19-related discrimination in person or online.

The Model Minority Myth Masks Challenges with At-Home Learning

The model minority myth (MMM) masks disparities among Asian Americans.¹⁵ Asian Americans have the highest median income, but also the largest income gap.¹⁶ Asian Americans exceed their share of the population in 72% of high-contact essential medical-related occupations and personal-appearance workers (e.g., cosmetologists) during COVID-19,¹⁷ creating challenges to meeting childcare and at-home learning needs. Partially due to the surge in Asian immigration after race-based quotas were lifted in 1965, over 59% of Asian Americans are foreign-born¹⁸ and may face immigration-related challenges (e.g., low wages, food insecurity, hazardous working conditions). Low-income families may have difficulty accessing

technologies such as the internet¹⁹ and computers,²⁰ which are needed for at-home learning.

Asian Americans are the least likely racial/ethnic group to report speaking English at home or speaking it well.²¹ Asian American children whose parents have limited English skills may struggle with at-home learning.²² Nevertheless, Asian Americans are unlikely to seek or receive academic help due to the MMM.²³

Asian Americans Face Barriers to Seeking Mental Health Support

More than 5,000 Asian Americans have lost their lives,²⁴ and among all racial groups, Asian Americans experienced the largest percentage increase (450%) in unemployment rates from February to June 2020.¹⁷ The anti-Asian stigma on top of these losses and disruptions to peer relationships, family routines, and kinship support caused by shelter-in-place regulations can exacerbate mental health problems including PTSD, depression, and anxiety.²⁵

Whether direct or vicarious, in person or online, racial discrimination and perceptions of Sinophobia due to COVID-19 were associated with poorer psychological well-being and increased internalizing problems, anxiety, and externalizing problems in Chinese American families.⁸ Over 65% of Chinese American children/adolescents and over 78% of parents reported being worried that they will suffer because of China being blamed for COVID-19.⁸ Race-based prejudices can be acquired in schools,²⁶ and such racial discrimination and harassment can negatively impact mental health.²⁷ Asian Americans, however, are less likely than non-Hispanic White Americans to seek help²⁸ due in part to perceived stigma, language barriers, and lack of ethnic match with mental health providers.²⁹

Policy and Practice Implications

Policymakers should craft their messages to avoid further anti-Asian sentiments that filter down to schools and communities. Schools and community leaders must proactively address COVID-19-related social stigma and discrimination against Asian American children³⁰ by:

- Providing scientifically-validated information on COVID-19-spread and implementing policies to correct misinformation among school personnel and students, including the misconception that Asian Americans are carriers of, and should be blamed for, COVID-19.
- Mandating that teachers/staff take diversity, equity, and inclusion training, including bias reduction and bystander training that addresses issues specific to Asian Americans, since anti-Asian sentiments and microaggressions are often overlooked due to the MMM.¹⁵
- Including accurate coverage of Asian American history in school curriculum.
- Updating anti-harassment and anti-discrimination policies to include clear reporting guidelines and constructive follow-through, such as restorative justice.³¹
- Engaging families and community members prior to reopening schools and strengthening school-community efforts to identify and prevent anti-Asian sentiments from spreading in person and online.
- Ensuring that teachers/staff proactively assess Asian American 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.
- Disseminating COVID-19-related information and resources in the languages spoken across their communities, ensuring that interpretations and/or translations of school-home communications and English language support and tutoring are readily available.
- Connecting teachers/staff and families with school-based mental health programs and community healthcare providers to facilitate culturally-relevant, integrated mental and behavioral health services that provide resources to normalize help-seeking behaviors and support Asian American children's mental health.³²

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

Data on COVID-19 transmission rates show an irrefutable and disturbing pattern: Black Americans are contracting and dying from COVID-19 at rates that far exceed other racial and ethnic groups. Through inequitable policies and practices, Black Americans are forced into conditions that elevate their risk for COVID-19, and consequently, place Black children at the epicenter of loss in multiple domains of life. This brief highlights the impact of the pandemic on Black children at the school, family, and individual levels by discussing how the pandemic affects academic performance and engagement, family economics and health, and children's psychological well-being. With an understanding of the influence of systemic racism on COVID-19 disparities, we identify racial justice policy and practice recommendations that focus on equitable access to quality education to address the needs of Black children and families during and after the pandemic, including policies that fund access to information technology for remote learning, mental health services, and enhanced academic support.

Systemic Racism is the Pre-Existing Condition Affording COVID-19 the Opportunity to Disproportionately Impact the Black American Community

Systemic racism refers to mutually reinforcing systems and policies that limit power and access to opportunities to generate and perpetuate inequity among Black Americans. Although families of all racial and ethnic groups are adversely affected by COVID-19, Black families bear a disproportionate burden of this negative impact.¹ According to the Centers for Disease Control and Prevention, Black Americans make up 13% of the U.S. population, but represent 33% of COVID-19 hospitalizations and 34% of COVID-19 deaths. In counties with predominantly Black residents, infection rates are three times higher and death rates are six times higher than rates in counties with predominantly non-Hispanic White residents.²

Due to systemic racism, Black Americans disproportionately face conditions that increase their exposure to COVID-19, and make social distancing challenging, including employment in essential industries,³ reliance on public transit,⁴ overrepresentation in correctional facilities,⁵ and crowded, substandard housing.^{6,7} Black Americans are more likely to be underinsured, receive low-quality healthcare, live in food deserts, and be exposed to indoor and outdoor environmental toxins,^{8,9} all of which are linked to underlying health conditions that heighten risk for COVID-19.^{10,11} This brief focuses on how Black children are impacted at the school, family, and individual levels.

Black Families are Facing More Severe Economic Consequences

Due to occupational segregation, a disproportionate number of Black Americans are in low wage jobs¹² and have incomes below the poverty line,¹³ leaving them more financially vulnerable to the effects of COVID-19. With unemployment at an unprecedented high, 45% of Black workers have lost their jobs or had their hours reduced, which is 14% more than non-Hispanic White workers.¹⁴ Consequently, Black families are overrepresented among families experiencing food insecurity,¹⁵ difficulty paying bills, and housing instability.¹⁶

Black Children Face Disadvantages in Remote Learning Settings

Pre-existing disparities in access to adequate internet connections and computer technology are being exacerbated by a shift to remote learning during the pandemic that place Black children at a further disadvantage.¹⁷ Black parents have concerns about accessing resources or supplies to keep their children on track academically. Results of a survey conducted in April with parents in Texas, New York, California, and Washington show that one in five Black parents received little to no information from their school about remote learning resources during the pandemic.¹⁸ Responses from a survey conducted in March show that 25% of Black youth connected with teachers less than once per week.¹⁹ Further, Black parents disproportionately represent essential workers who are unable to work from home and, thus, less able to provide parental academic supervision and support necessary for remote learning.^{20,21}

Schools That Serve Black Children are Less Able to Provide Remote Learning Experiences

Due to decades of under-investment in Black communities, Black children are more likely to attend schools that have fewer economic resources and less technology to support remote instruction,²² and the pandemic has strained the limited fiscal resources of these schools as they work to provide remote educational experiences.^{23,24} With students expected to lose one-third of pre-pandemic reading gains and half of math gains during the pandemic,²⁵ the pandemic will further exacerbate existing disparities in achievement caused by systemic racism.

Black Children are Experiencing Elevated Levels of Stress

Black children are particularly vulnerable to the psychological effects of the COVID-19 pandemic. Seventy-four percent of Black youth are worried about the effect COVID-19 may have on their family's finances.¹⁹ Seventy-one percent of Black youth are worried that they or a family member will be exposed to the virus.¹⁹ Stressors related to COVID-19 are compounded by recent race-related traumas involving the disproportionate impact of police brutality on Black Americans and communities. Increased stress is intensified by social distancing, which disrupts daily routines and reduces contact with relatives, peers, and adult role models who can provide much-needed support.²⁶ Similarly, Black youth are disproportionately exposed to family deaths²⁷ and rates of loss are being exacerbated by COVID-19. Further, the loss of loved ones to COVID-19 is often rapid, unexpected, and social distancing disrupts families' ability to grieve.^{28,29}

Policy and Practice Implications

To mitigate the disparate and deleterious effects of COVID-19 on Black children and families, policy efforts should address systemic racism and support equitable access to quality education for Black children. Efforts should incorporate the following recommendations:

- Increase investments in school infrastructure and remote learning resources to ensure Black children in under-resourced communities have access to electronic devices with high-speed internet access necessary for distance learning.

- Ensure teachers serving Black children have the necessary professional training and resources to provide effective remote instruction (e.g., technology skills, online communication skills, curriculum design skills for engaged, interactive instruction, online assessment and evaluation skills, and skills to address unique socioemotional needs of online learning).
- Provide school districts with funding to enhance instruction that is responsive to Black students' individual academic needs, including support for regular formative assessment of progress during and after the pandemic.
- Equip educators with the training and tools to help students cope with losses and stresses related to the pandemic, police brutality, and other racial traumas.
- Develop programs to provide tutoring to Black children, especially involving Black college students, during and after the pandemic.
- Invest resources in school-based health centers to provide high-quality health care and mental health care in underserved Black communities.
- Provide funding and waive eligibility verification for school nutrition programs to ensure children have access to free meal programs during school closures.
- Develop programs that facilitate partnerships between schools, community organizations, and social service agencies to provide support to families experiencing economic hardship.
- Implement fair tax strategies for education to provide funding that is adequate and equitable for student success, instead of relying on geographically based tax revenues that produce inequitable systems of funding for public schools.
- Reallocate crime reduction funds at state and local levels to education and social services in under-resourced Black communities (e.g., academic enrichment and youth programs).

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

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 homes¹⁷ 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.¹⁶ Latinx children are being diagnosed at higher rates with multisystem inflammatory syndrome, a serious disease linked to COVID-19.¹⁹ 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.²⁰ "The

government is telling them, it needs them to go to work, but it hasn't halted deportations."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,^{21,22} and assume greater responsibilities in their households,²³ placing them at risk for anxiety and depression. Although 94% are U.S. citizens,²⁴ they are twice as likely to live in poverty as non-Hispanic white children.²¹ Latinx families report higher food insecurity than the national average, which has been exacerbated by school closings.²⁵

Latinx families are also disproportionately impacted by policing and deportations^{26,27} since one-quarter of parents are considered unauthorized immigrants.²⁴ Children's anxiety increases with this chronic uncertainty about their own safety and the fear of losing their parents.²⁸⁻³¹ Moreover, parents' fears about jeopardizing chances of obtaining legal status, due to restrictive changes in policies, such as the public charge rule,³² discourage Latinx families from applying for public benefits for which they are eligible, further increasing food insecurity.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.^{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.³⁸ 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.^{2, 45} 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.^{2,50}

- 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-19.⁵¹
- 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 1:50.⁵²
- Provide evidence-based, culturally and linguistically appropriate, trauma-informed school-based mental health services for students and teachers.²
- 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.

Full references are available at srcd.org/statements-evidence.

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

Schools play a critical role in meeting the needs of children, youth, and families in times of crisis. During this pandemic, schools must plan for a new academic year in which many students will experience enduring trauma, food and housing insecurity, limited access to community resources, and uncertainty about future disruptions. Historically, schools have been settings of adversity for LGBTQ+ young people (lesbian, gay, bisexual, transgender, queer). During this pandemic, they face potentially amplified discrimination and barriers to education and healthcare access. Nevertheless, LGBTQ+ youth thrive when schools and families affirm and support them. We highlight adversities and strengths experienced by LGBTQ+ students in schools, the unique impact of COVID-19 on LGBTQ+ youth, and identify school policies and practices to support them. Schools will need to uphold protective policies, safeguard students' LGBTQ+ identities, provide professional development and trauma-informed services, and connect LGBTQ+ students with school and community resources.

LGBTQ+ youth experience sources of adversity and strength in school and family settings, which have bearing on their well-being and academic needs.^{1,2} The adversities LGBTQ+ youth face could be exacerbated during the COVID-19 pandemic.^{3,4} Still, schools can foster resilience among LGBTQ+ youth and meet their unique needs.

LGBTQ+ Youth Who Face Harassment At School and Online Experience Negative Outcomes^{2,5-7}

LGBTQ+ students experience greater harassment than heterosexual and cisgender students, in school and online.^{1,8,9} They often do not report victimization, fearing that adults will be unresponsive.^{1,10} Yet, it is tied to elevated physical and mental health concerns.^{2,5-7} With remote instruction and physical distancing, LGBTQ+ youth use online spaces for schooling, socializing, and support.^{11,12} Online spaces have potential to promote their health through social-emotional support,^{13,14} but may also bring discrimination and harassment.¹⁵

Many LGBTQ+ Youth Experience Inequities Tied to Other Marginalized Identities

LGBTQ+ youth who experience multiple forms of marginalization (e.g., racism, xenophobia, income inequality) may face compounded barriers to healthcare and school access during the pandemic.^{1,16-19} Communities of color are disproportionately affected by COVID-19²⁰ and face systemic discrimination and disparities (e.g., less accessible healthcare).^{21,22} Also, LGBTQ+ youth represent approximately 25% of youth experiencing unstable housing (e.g., living in a shelter or motel),²³ making efforts to mitigate the spread of

COVID-19 (e.g., physical distancing) and accessing online education difficult.

Gender-Affirming Healthcare Contributes to Better Health and Well-Being^{24,25}

Prioritized medical services for COVID-19 have postponed gender-affirming medical care (e.g., puberty suppressants) for transgender and gender diverse youth,²⁶ which can cause distress. Transgender and non-binary students also may have less access to school health professionals (e.g., school nurses, counselors) during this period. These professionals can help meet their social-emotional support needs.^{27,28} Gender affirmation in medical care and in schooling (e.g., using correct gender pronouns, supporting name changes on student records) remain important.

LGBTQ+ Youth Can Experience Heightened Risk of Family Rejection

During periods of stay-at-home guidance, some LGBTQ+ youth have “re-closeted” and report distress due to fears of safety at home.

A number of LGBTQ+ youth report rejection or harassment from caregivers and siblings.^{29,30} Thus, some LGBTQ+ youth do not disclose their identities to family members.^{31,32} During periods of stay-at-home guidance, some LGBTQ+ youth have “re-closeted” (i.e., avoided discussing or expressing their identities) and report distress due to fears of safety at home.^{4,33}

LGBTQ+ individuals are also at elevated risk for child abuse and domestic violence,^{34,35} and may be unable to report them through traditional channels, like schools, during the pandemic.

Schools Often Provide Resources for LGBTQ+ Students and Their Families

LGBTQ+ supportive clubs are in 37% of U.S. secondary schools;³⁶ their presence and students' involvement in them is associated with better mental health.^{37,38} Also, 96.6% of LGBTQ+ students can identify an LGBTQ+-affirming adult at school; 61.0% can identify six or more.¹ Students in schools with LGBTQ+-inclusive curricula and enumerated anti-bullying policies protecting LGBTQ+ students report greater safety and well-being.^{1,39-41} COVID-19 has forced schools to limit activities and resources otherwise provided for students. Support for such resources will be important when schools reopen.

Policy and Practice Implications

Schools can address the implications of the pandemic for LGBTQ+ youth by implementing inclusive policies and developmentally-informed practices and partnering with LGBTQ+-affirming organizations.

Uphold protective school policies and practices:

- Establish guidelines for respectful, affirming in-person and online interactions among students and school personnel; review school mission statements for inclusivity; infuse LGBTQ+ inclusive materials in course content.⁴²⁻⁴⁴
- Review and update anti-bullying and anti-discrimination policies and reporting procedures; update policies as needed to cover changing circumstances (e.g., applicability to remote instruction; processes for receiving, reviewing, and responding to student reports).
- Adopt enumerated policies protecting groups facing greater harassment, such as LGBTQ+ students.⁴⁵

Safeguard the confidentiality of LGBTQ+ students' identities:

- Share ways for students to protect their privacy and safety online and on social media.^{46,47}

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- Ask LGBTQ+ students about their desired support. When contacting caregivers, safeguard students' LGBTQ+ identities when they are not "out" or fear rejection; ask students how and when to use their name and gender pronouns with others.⁴⁸

Provide professional development and trauma-informed services:

- Offer continuing education for school personnel on LGBTQ+ students' current concerns, effective support strategies, and implementing inclusive policies.^{42,49,50}
- Communicate regularly with students; offer referrals to LGBTQ+-affirming agencies or health professionals for students with mental and physical health needs.
- Provide students with coping techniques and daily routines, such as check-ins and mindfulness exercises.⁵¹

Connect LGBTQ+ students with school and community resources:

- Encourage formation of LGBTQ+-affirming school clubs; offer them support and resources to connect students during periods of disruption.
- Identify school personnel trusted by LGBTQ+ youth who can maintain contact with them. Identify preferred, reliable, and secure communication methods with students.
- Provide LGBTQ+ students with access to school health professionals to address traumatic grief and loss.
- Direct students and families to community or online groups providing LGBTQ+ support and resources and confirm that school servers do not block access to relevant LGBTQ+-affirming websites. There are a number of reputable resources, some useful evidence-informed resources include GLSEN,⁵² TrevorSpace,⁵³ and the Family Acceptance Project.⁵⁴

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