

# The Effects of covid-19 on early Childhood Education and Care

Suman Kaushik (PhD SCHOLAR)

## ABSTRACT

The covid-19 world health crisis has profound implications for the care and education of young children in homes and schools, the lives of pre-service and in-service teachers, and the work of college/university faculty. This article begins by discussing the implications of a world health pandemic for education and the challenges of conducting a literature review on such a rapidly evolving topic. The next few sections categorize the covid-19 literature into themes;

- 1) Threats to quality of life and wellness
- 2) Pressure on families and intensification of inequalities
- 3) Changes in teaching method and reliance on technology
- 4) Restructurism of higher education and scholarship interrupted

Each of the four themes is high quality, online resources developed by leading professional organizations to support children, families and educators dealing with the covid crisis. The article concludes with changes that hold the greatest potential to advance the field of early childhood education and care.

## INTRODUCTION

Families across the country are adapting to the evolving changes in daily life caused by the COVID-19 pandemic. Most schools, places of public gathering and nonessential businesses are closed, and parents and other caregivers are faced with helping their families adjust to the new normal. This includes trying to keep children occupied, feeling safe and attempting to keep up with schoolwork as best as possible. None of this is easy, but it helps to stay focused on what is possible in order to reinforce a sense of control and to reassure children that they are okay and that the situation will get better.

It is very important to remember that children look to adults for guidance on how to react to stressful events. Acknowledging some levels of concern, without panicking, is appropriate and can result in taking the necessary actions that reduce the risk of illness. Teaching children positive preventive measures, talking with them about their fears and giving them a sense of some control over their risk of infection can help reduce anxiety. This is also a tremendous opportunity for adults to model for children problem solving, flexibility and compassion as we all work through adjusting daily schedules, balancing works and other activities, getting creative about how we spend time processing new information from authorities connecting and supporting friends and family members in new ways.

## **Implications of a World Health Pandemic for Education**

The situation was very different from what we were seeing in the media coverage of China, Italy, or New York City. Here in our small town, a group of volunteers with masks and gloves unloaded bag after bag of nonperishable groceries and other essential items from the back of three large trucks. The bags would be distributed to people in need, no questions asked. The town was quiet, yet underneath that illusion of calm, educational programs were in turmoil.

All in-person class gatherings at all levels of education had ceased. Early childhood programs were in suspended animation and the Head Start building stood dark and empty. Parents with children in public schools were suddenly expected to home school. University faculty quickly converted courses to online formats, puzzled over how to provide practicum experiences, and worried about how future caregivers and teachers would meet professional standards and licensure criteria.

Education plays a particularly significant role in children and adolescents' health and well-being and has a lasting impact on their lives as adults. There is little question that the global health pandemic has caused unprecedented disruption to all spheres of human life and to education worldwide.

In many ways, adapting to COVID-19 has become a huge, international social experiment that not only has caused loss of learning throughout lockdown but also can be expected to diminish educational opportunities in the long term.

## **Challenges with Conducting a Literature Review on COVID-19**

Reviewing the literature on COVID-19 is, in many ways, atypical. Unlike most other topics, practically every source has been published in 2020 or 2021. Many publications about corona virus are posted online first; that is why some quotations in this article are designated as “unpaged”—they have been edited, but not yet assigned to a print version of a publication. A second distinguishing feature of the literature about the current pandemic is that it is exceptionally multidisciplinary. Preparation for this article required searching the COVID-19 literature more expansively to include quantitative, qualitative, and mixed-methods research; policy documents from respected global and national organizations; literature reviews conducted by professionals representing diverse fields, and resources prepared by prominent professional associations. New and valuable information has increased exponentially. To illustrate, in early 2020, a search using “COVID-19” plus “early childhood education” yielded very little, but, by mid-February of 2021, nearly 20,000 hits were produced by those search terms on Google Scholar alone. The World Organization for Early Childhood, for example, introduced their position paper with the following caveat: “COVID-19 is an emerging, rapidly evolving situation”. What follows are four themes synthesized from the literature review. Each begins with a personal narrative that puts a face on the statistics and highlights important issues in the published scholarly literature.

These themes are:

- (1) Threats to quality of life and wellness;
- (2) Intensification of pressure on families and inequities,
- (3) Modifications to teaching and reliance on technology, and
- (4) Restructuring of higher education and scholarship interrupted.

## **Theme One: Threats to Quality of Life and Human Wellness**

In late spring of 2020, the mother and father of two young children tested positive for the virus. Both parents work in the health care field; the mother is a nurse's aide at a hospital, the father works in a nursing home. Although the couple became very ill, they managed to remain at home and used tele-health video calls to their family physician to get treatment. One of their young children got cold-like symptoms, but they decided not to get her tested because she recovered quickly. Throughout this time, troubling questions surfaced for the parents. How and when did they contract the virus? Would COVID-19 compromise the health of any family members over the long term? Is it inevitable that their son will succumb to the virus, given that they are living in the same house? Did the staff members at the parents' places of employment quarantine quickly enough to avert an uptick of cases in the community? What will the parents home schooling expectations when they are so still so fatigued? How long can the family manage without income from either parent?

This family's situation highlights two key concepts from positive psychology that are foundational to this discussion of the short- and long-term effects of a world health pandemic: quality of life (QoL) and wellness. A compilation from several reviews of the research literature in different fields (e.g., psychiatry, nursing, and forensics) and the documents published by global organizations identified the following problems associated with pandemics, both historical and current:

- Stigmatization of infected children/families and bias against residents in areas of high infection
- Illness, hospitalization, separation, loss of loved ones and caregivers, and bereavement
- Massive re-organization of family life
- Disconnection of children from their peers at school, informal plays activities, organized sports, and visits to one another's homes
- Grief and mourning that may go unrecognized and remain unresolved
- Widespread loss of employment and economic hardship leading to lost housing, further migration, increased displacement, and more family separations
- Escalation of the number of children living in extreme poverty and in food insecure households
- Inability of families to provide consistent care, safe environments, and support education at home

## **Theme Two: Pressure on Families and Intensification of Inequities**

The COVID-19 crisis challenges the popular notion of, "We're all in the same boat." First of all, the "boats" available to weather that adversity differ dramatically. Some families are cruising in luxury yachts, others are safely harbored in well-equipped houseboats, and still others are in danger of sinking at any moment on makeshift rafts. Secondly, the nature of the "storm" itself is quite different, depending upon the family's circumstances. Where workers are concerned, first responders and health care workers are living in a tsunami, other essential workers are being buffeted about by stormy seas, and many who can continue fulfill their work duties at a distance from their places of employment have comparatively smooth sailing.

Responsibilities for keeping households disinfected, doing laundry, preparing food, and doing other household chores escalated during lockdown, particularly for women.

Parents and families have been thrust into the role of teacher under some of the worst conditions. If the family is home to more than one child, home schooling responsibilities multiply quickly because every day, Monday through Friday, new assignments related to each subject area from various teachers representing different programs keep coming in. Family members often have little or no training in supporting young children's learning and few resources, but even these limitations are not the hardest part.

Social-emotional vulnerability is another concern for young children. Early childhood is a critical period for learning how to deal with powerful emotions and to build skills that support positive interactions with others.

Vulnerable too are the childcare workers, who are underpaid, without health insurance, have no paid leave, became unemployed during the shutdown, and may see the programs that they worked for close, particularly if those programs depended on tuition support from families for their existence

### **Theme 3: Modifications to Teaching and Reliance on Technology**

Online learning experiences generally are defined as those that rely on the internet and different digital devices (e.g., laptops, smart phones) conducted in either a synchronous or asynchronous fashion. When people blithely suggest that “everything is online now”, this does not acknowledge those without such resources. The fundamental requirement of online teaching—reliable internet access and hardware— may not be within reach for many families.

Further challenges to online learning include poor internet access, home environments uncondusive to online learning, student difficulties with self-discipline and self-directed learning, lack of professional development for faculty, absence of holistic quality assurance systems, and means of supporting not only students’ academic learning outcomes, but also their social and emotional development.

Unprecedented long-term closure of schools and suspension of face-to-face teaching during the COVID-19 crisis surely has reduced opportunities to learn for students, particularly those of young children. In terms of social-emotional development, most children have lost the equivalent of a year or more of interaction with peers in group settings.

### **Theme 4: Restructuring of Higher Education and Scholarship Interrupted**

The switch to digital communication also made faculty available to students across time zones, blurring the lines between work and family.

It was assumed that all faculty members could broadcast from their residence and maintain a professional presence, including parents who now had responsibility for home schooling.

College-level instructors also had to form partnerships with instructional technology colleagues during a time when everyone was scrambling to salvage the semester and figure out ways to engage their students from a distance. Instructors without training in online course design resorted to whatever was available and familiar, such as TED Talks, YouTube videos, and massive online open courses (MOOCs).

Yet digital solutions were not without their drawbacks, and some of them related to security issues. Some hackers crashed online class meetings, awkward images were broadcast, and confidential materials became public. To avoid panic, faculty downplayed the disruptions and pressed on. Methods of assessment were shaken to their core as professors struggled to maintain the integrity of the evaluation process on tests, projects, and papers. Institutions with better infrastructures for online learning had an obvious advantage, as did the tech-savvy faculty members, who navigated the transition more easily; however, neither covering content nor evaluating written work was the hardest part. The most formidable problem was providing practical work experience and internships. Simulations had various limitations, field placements were unavailable, and opportunities to observe early childhood educators teaching, limited.

### **Renewed Resolve to Address the Global Child Care Crisis**

- Develop a resilient, secure, and sustainable early childhood education and care system
- Build schools’ and teachers’ capacity to continue teaching and learning online and via other flexible modes of delivery to better manage future disruptions

- Focus more on student-centered learning and development of general capabilities, including resilience, creativity and problem-solving. These capabilities should be treated with the same importance as foundational skills such as literacy and numeracy.
- Address persistent inequality in schools and address disparities in relation to funding, instructional resources and physical infrastructures

Ideally, adapting to the world health crisis would encourage more educators at all levels to shift from “traditional, teacher-centered, and lecture-based activities toward more student-centered activities including group activities, discussions, hands-on learning activities, and limited use of traditional lectures”, leading to “a more sustainable, inclusive, and equitable education after the pandemic is gone”.

## Conclusion

One reason that COVID-19 has riveted global attention is that, this time, those with more social capital have had their lives disrupted. For example, the Ebola virus had horrific symptoms, very young children were the most vulnerable group, and the disease was more likely to be fatal than COVID, but it was concentrated in West Africa and a vaccine was developed comparatively quickly. Appalling as Ebola was, it did not affect huge numbers of people worldwide as COVID has. The current pandemic has exposed the inadequacy of our systems and responses. “The pandemic’s disproportionate, tragic consequences for health and livelihoods— for individuals, their communities, and even whole societies—underscore institutionalized forms of discrimination rooted in race, ethnicity, class, gender, sexual orientation, age, and abilities”. Even as vaccinations are being rolled out, it is obvious that there are “haves” and “have not’s” and practices/policies that that serve to perpetuate bias and exclusion. Grappling with COVID-19 has made it clear that mental and physical healths are indivisible. Ideally, in the aftermath of the pandemic, societies worldwide will begin working toward linking mental and physical health support services, particularly for marginalized and vulnerable groups.

The world needs to move beyond vague assertions that about young children’s rights and political rhetoric about children representing our future. Instead, the global community needs to demonstrate—through major financial commitments and enlightened policies and practices—that the care and education of the very young is an international priority.

## References

Action Aid. (2020). Five ways the-COVID-19 pandemic impacts women worldwide.

Almond, D., & Mazumder, B. (2005). The 1918 influenza pandemic and subsequent health outcomes: An analysis of SIPP data.

Ambrose, A. J. H. (2020). Inequities during COVID-19.

Anderson, D. S. (Ed.). (2016). Wellness issues for higher education: A guide for student affairs and higher education professionals.

Bloom, D. A., Reid, J. R., & Cassady, C. I. (2020). Education in the time of COVID-19.

d’Orville, H. (2020). COVID-19 causes unprecedented educational

disruption: Is there a road towards a new normal?

Davidai, S., Day, M. V., Goya-Tocchetto, D., Hauser, O. P., Jachimowicz, J., Mirza, M., & Tepper, S. J. (2020, April 27). COVID-19 Provides a rare opportunity to create a stronger, more equitable society.

Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning.

Roy, A. (2020, 3 April). The pandemic is a portal.

Rundle, A. G., Park, Y., Herbstman, J. B., Kinsey, E. W., & Wang, Y. C. (2020). COVID-19–related school closings and risk of weight gain among children.

Yoshikawa, H., Wuermli, A. J., Britto, P. R., Dreyer, B., Leckman, J. F., Lye, S. J., Ponguta, L. A., Richter, L. M., & Stein, A. (2020). Effects of the global corona virus disease-2019 pandemic on early childhood development: short-and long-term risks and mitigating program and policy actions.

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