

COMMENTARY

Our Children Are Not “Behind” Due to the COVID-19 Pandemic, but Our Institutional Response Might Be

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As the COVID-19 pandemic progresses, the idea that children are “behind” has become a common refrain in the US media and a concern among families and educators. In this context, the designation “behind” suggests that young people are not making academic progress and/or developing socioemotionally at the rate they were expected to do so before the pandemic. The experiences of those who have cared for or worked with children before and during the pandemic indicate this is likely true—that students are not progressing according to the early 2000s’ version of the timetables and metrics established for young people. However, it is essential to recognize that the COVID-19 pandemic has altered the academic and developmental landscape in a fundamental way, perhaps permanently.

Many well-intentioned caregivers and professionals are likely to feel pressure to “get kids back on track” and help them “catch up” so they are not “left behind.” Although these impulses are understandable; unchecked, they are also likely to harm children. Families and educators feeling desperate to return to normal is perfectly reasonable considering the emotional demands of living through the pandemic. Most people want these troubling times to be over and to conclude with their children largely unaffected. In the face of this pressure to “return to normal,” educators, families, and policymakers must remain vigilantly aware that things have not been normal—and that

demanding children to rapidly return to normal—can deny the reality of children’s experiences and set them up for a recovery in which there is no opportunity to actually recover.

Decades of research provides insight into how children react to feeling “behind” and none of it suggests that labeling a generation as being behind will be part of an effective recovery. Students who have been labeled as being behind often feel diminished self-worth, pressured to “catch up,” struggle to remain motivated, and frequently fall further behind.^{1,2} In many ways, being labeled this way becomes an insult added to previous injuries and compounds harm instead of contributing to healing and growth. For those who have the best interests of children at heart, the high-pressure experience of the COVID-19 pandemic cannot give way to a high-pressure recovery that grinds against the reality of recent and current conditions. Therefore, clinging to standards grounded in now outdated targets for progress and designed for a different time seems especially inadvisable.

It also may be important to note that the concepts of “on-time” and “behind” are not objective, instead they are subjective, socially constructed, and situated in time. Collectively, using a variety of means, societies come to establish expectations for what children should know and what skills they should have mastered at different ages.³ Based on a number of factors, these expectations change over time.

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For example, in the early 1900s many US children worked in agriculture, mines, and textile factories and did so capably, despite the ethical blight and unconscionable danger of such work.⁴ In more recent times, expectations of what children should be doing and should be capable of are wildly different. Now, children do not work but attend school instead and learn things that were unimaginable 100 years ago.

Today, society is experiencing seismic shifts in how people live, work, and play due to the COVID-19 pandemic. Families and educators have been on the frontlines of responding to these changes, including finding new ways to work together to educate students in society's initial response to the pandemic. Together, families, educators, and policymakers should expect to persist in accommodating a series of aftershocks likely to disrupt how young people continue to learn and grow during a protracted pandemic response and in a postpandemic world.

Doing so, will require all stakeholders quickly to accept that the previous timetables and metrics for student progress no longer apply and to rapidly establish new standards that reflect what is possible for children and expected of educators and families under current and evolving circumstances. Under this new paradigm, no child is "behind." Instead, students are adapting and learning during extraordinary times. As such, families, educators, and policymakers will need to calibrate and recalibrate what is most essential for student progress during this time, reduce the total number of educational targets students are expected to achieve, and develop a more flexible range of when it is acceptable for students to achieve them. This is not the time to rigidly resume adherence to last year's pacing guides while "teaching to the test" with last year's standardized test scores in mind. This is the time to streamline and insert flexibility into the system to accommodate the real needs of children.

Some who read this may be concerned about lowering standards, failing to challenge children adequately, or the long-term prospects of teaching children in a more flexible manner. They may be concerned that, by accommodating the times, they will be failing children. Those who have extensive experience working with children who have experienced trauma, both personal trauma and community-level trauma (ie, historic poverty, racism, war, natural disasters, etc.) can assure you that this will not be the case.⁵⁻⁸

Although many people think of Maslow's hierarchy of needs as explaining the conditions required for psychological health and well-being, they were originally conceived by Maslow as describing the conditions necessary for motivating human growth and learning (which are deeply linked to human health and well-being).⁹ During the pandemic, many wise educators have promoted, "Maslow before Bloom." Suggesting that this is a time to put student safety and

socioemotional needs before "textbook" learning. Those who have worked extensively with vulnerable children understand that Maslow is the only viable pathway to Bloom—that prioritizing children's human needs and improving their living and learning conditions represents the best way to maximize motivation, learning, and growth, especially during challenging times.

As such, educators, families, and policymakers need to prioritize carving out time and creating opportunities for meeting human needs so learning can be maximized. Although it may feel counterintuitive, the pathway to students recovering academically is not one that doubles down on standards-based curriculum and testing, attempts to hurry learning, or exerts pressure to quickly rebound to prepandemic norms. Instead, the correct pathway to maximizing student learning meets the whole child where they are in the present moment and makes time to meet all of the precursors required for learning and growth, including activities that reinforce children's sense of safety, belonging, and self-worth. Although this road may appear longer in the short term, it actually represents a quicker and more certain pathway to recovery, both academically and developmentally.

Fortunately, decades of research and practice provide ample examples of the types of priorities and actions that help children recover after experiencing destructive events and how to support their academic and personal growth afterward.⁵⁻⁸ Some of these priorities and actions can be implemented at the school and classroom level while benefitting from support by the state and district; others require quick federal, state, and district-level action and benefit from rapid adoption by schools and educators.^{10,11}

First, some examples of priorities and actions that require support from all levels—from federal policy to individual classrooms include:

- Avoiding labeling children or a generation of children as being "behind."
- Re-centering the educational enterprise on promoting the growth, health, and well-being of the whole child as a means of maximizing student achievement and life success.
- Mobilizing human, financial, and community resources and time to prioritize adapting the routines and structures of schooling to meet the needs of all children.

Second, some examples of priorities and actions that can be implemented at the school and classroom level while benefitting from support by the state and district include:

- Continuing to deepen newly emerging partnerships between families, schools, and the community-at-large, as all are essential to whole child recovery.

- Keeping school routines simple and consistent.
- Validating the student learning that did occur during the pandemic, both the academic learning and the important life-learning students achieved.
- Enhancing students' socioemotional learning, including support for building or recovering interpersonal and coping skills.
- Creating extra time for children to play together in an unstructured manner. For example, increasing the amount recess, not decreasing it.
- Challenging students academically in ways that prioritize social learning, authentic activities and goals, and fun-in-learning instead of rote learning, screen intensive learning, completing handouts, or strategies that stimulate less student engagement.
- Prioritizing the development of health literacy designed to help students build the core knowledge and skills required to understand and apply health information.
- Recognizing all children have not experienced the negative effects of the pandemic equally and responding in a manner that meets the unique needs of individual students. In particular, schools should recognize and respond to the unequal impact of COVID-19 on minority students and families, as well as the additional impact of racial/social justice tragedies that co-occurred during this time.
- Creating extra opportunities to build school community, community pride, and a shared commitment to each other's well-being and progress.

And third, some examples of priorities and actions that require quick federal, state, and district-level action and benefit from rapid adoption by schools and educators include:

- Ensuring that all federal, district, state, and school senior leadership teams have at least one highly qualified leader tasked with and formally prepared to ensure the health and safety of all children, including their postpandemic recovery.
- Requiring formal and effective public education and public health partnerships at the federal, state, and local levels designed to ensure student health, achievement, and success with high levels of accountability regarding cross-agency collaboration and coordination.
- Re-envisioning the school improvement planning and implementation process to be centered on reforming educational structures, systems, resources, and incentives to support whole child learning, health, recovery, and success.
- Identifying and eliminating, at least temporarily, nonessential learning standards and revising pacing guides to reflect these adaptations.
- Suspending standardized testing and, if it is reimplemented, only doing so after reforming the process to

be more focused on providing feedback to teachers about how to support the learning of individual students, creating more flexible ranges for what students should know and when, and suspending any financial incentives based on standardized test scores.

- Expanding school-based health care to every school, including school-based mental health care and social services.
- Raising the preservice and continuing education requirements for health educators to more accurately reflect their role as STEM professionals able to teach complex scientific and medical information.
- Increasing the amount of instructional time devoted to improving student health literacy and revising health education requirements to include preparing students to understand every citizen's role in ensuring public health.
- Using the CDC/ASCD Whole School, Whole Child, Whole Community model (WSCC) as the framework for guiding these activities in every state, school district, and school.

Whereas children are not "behind" due to the COVID-19 pandemic, the institutional response to the pandemic might be. Being institutionally "behind" is somewhat justifiable, as administrators, educators, and policymakers have been responding to a large-scale, complex, and rapidly changing set of competing demands related to the crisis.¹⁶ The rapidly evolving science of COVID-19 transmission and concerns about possible lasting effects of "long-haul COVID," combined with the politicization of vaccines and protective measures such as mask wearing and social distancing, have no doubt complicated the issue. The CDC released revised guidelines for safely operating schools in February 2021 which present a new target for politicization and division. Meanwhile, the Biden Administration's questionable decision to resume standardized testing in spring 2021 appears to be gravely out of step with the real, pressing needs of children. This complexity may lead to disagreements and misunderstanding among policymakers, administrators, educators, and families as they try to act in the best interests of the children they serve.

Mounting an effective institutional response to the COVID-19 pandemic has been made even more challenging by years of institutional neglect and the failure to fully integrate priorities related to student health and well-being into the core of the US education system.¹⁷ The COVID-19 pandemic has helped the world realize how important schools are to the health and well-being of children. The pandemic reminded everyone that schools not only promote learning, but also contribute to socializing children,¹² curbing hunger,¹³ delivering essential health and social

services related to physical and mental wellbeing,¹⁴ and providing a trusted place for children to learn and grow while their parents work and provide.¹⁵ Hopefully, the illusion that schools should only deliver academic content to students has been permanently destroyed by the COVID-19 pandemic, while revealing what society really hopes and expects for schools to do for children. At the same time, the pandemic may have clarified what schools need to meet these aspirations, especially in a post-COVID world: (1) high levels of community support, (2) a clear mandate to prioritize child and adolescent health in schools, (3) the rapid introduction of policy and systems change that prioritizes meeting the needs of the whole child and moves student health to the center of the educational enterprise, (4) deep financial investments in local schools meant to ensure their capacity to protect and promote student health, and (5) highly effective partnerships between education and health institutions at all levels, through which these institutions can collaboratively lead and support schools' reform efforts.

Therefore, this is not the time to pressure students to "snap back" to pre-COVID expectations, accelerate their learning beyond what is developmentally reasonable, or rapidly recover from being wrongly labeled as "behind." It is the time for educators and policymakers to be responsive to evolving conditions and proactively redirect time, energy, and resources toward what is most essential for students in the present moment and most likely to maximize student recovery, both academically and developmentally. It is the time to urgently prepare and deploy a thoughtful, pragmatic long-range plan for student recovery that maximizes student learning by prioritizing children's human needs, infusing those priorities throughout the educational system, and doing so early enough to prevent additional harm. Now is the time to fully and formally recognize that the mission of schools is not just to educate students, but also to care for their health and well-being. Therefore, it is also time to refortify, strengthen, and integrate our education and health institutions in a manner that ensures schools will be ready to meet the needs of children today and prepared to meet the challenges of tomorrow.

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