

ReSET Brief for School Leaders



Safe School for Children with Complex Health Needs: Significant progress, Valuable Learning, and More Work.

Surveys of over 1,300 families of children with complex health needs who attended school before the pandemic shed critical light on this vulnerable population's experience throughout the pandemic.

Our team has collected survey data during three unique time points:

1. End of the 2020-2021 school year – early in the pandemic, before the Delta variant
2. Beginning of the 2021-2022 school year – as Delta variant was rising
3. End of the 2021-2022 school year – as the Omicron variant took over

Although >20% of families reported not attending any in-person school during the first survey period, this number decreased to 6% by the second survey. Unfortunately, that number has remained steady at 6% during the most recent survey. And with ~3% attending hybrid, nearly 10% of children with complex health needs have not returned to entirely in-person school.

Why?

Nearly 20% of families report that their child's health would be severely affected by COVID-19. This number has not changed substantially over time, despite vaccinations, infections, and general impressions that current strains are less severe. In fact, families in our survey report relatively higher rates of completing COVID-19 vaccines – from about one-quarter in the first survey to about two-thirds in the most recent survey (vs. <50% of the general school-age population in WI).

Families articulate some of the challenges:

My challenges are my worries --
How many kids/teachers and
other staff are sick?

It felt like no one really was worried about
COVID anymore (except us). My child
drools and her mask gets wet within 5
minutes, so not very effective for her.

Were his providers and classmates
vaccinated and diligent with care and
contact tracing, so they identify potential
transmission routes to my child?

What can be done?

Communicating school mitigation policies and expressing interest in the child's safe attendance are promising.

Families whose children returned speak about what has been helpful:

His special needs teacher is very concerned about his health. She calls every week and lets me know about how illness is at school.

The nurse let us know when COVID was present in her classroom, even though the general contact tracing was gone. She seemed to know how important it was for us. My child also has a shuttle instead of a bus with many kids - so one less place to worry so much about COVID.

Simple actions may make a big difference.

One family shared some of their questions with us.

How prepared was the school for receiving my child back and keeping him safe during the time he was there? Did they implement additional wash stations, and were they accessible to my child? Were they enforcing hand sanitizer, etc.?



Survey data are strikingly similar, showing that **family-perceived encouragement from school personnel and clear mitigation plans predict in-person school attendance** even more than families' concerns about their child's COVID-19 susceptibility and severity.

The likelihood of attendance was only 80% when families perceived limited safety precautions at school compared to >99% with solid safety precautions.

When families report that a teacher or staff member encouraged their child to attend school in person, the likelihood of attending was significantly higher, even controlling for the child's health, demographics, and other factors.

A few relatively simple strategies are likely to have the highest impact:

1. Encourage and facilitate personnel with trusting relationships to maintain regular personal communication about COVID-19 safety with their families of children with complex health needs
2. Share transparent, direct, and clear messages of pandemic safety plans with families, including contingency plans to adapt to changes in community transmission, public health guidance, and monitoring for signs of in-school spread (e.g., significant absences)
3. Support customizing plans for a child's safe school attendance and mitigation in collaboration with the family, school personnel, and, when relevant, their healthcare team
4. Monitor school absences for children with complex health needs and reach out to those with concerning patterns

Look at the safe school priorities for children with complex health needs available at www.reset4kids.org. These were developed with an inclusive, multistakeholder process and updated summer of 2022

As the year continues, many families of children with complex health needs and their clinicians view the challenges of COVID-19 the same as other transmissible respiratory illnesses. The same strategies a child needs to stay safe from COVID-19 likely apply to other infections, including influenza, RSV, and many others. We continue to encourage vaccination for influenza in addition to COVID-19.

Although this brief is focused on in-person school attendance for children with complex health needs, additional opportunities exist to ensure continued safe attendance, even among those already back in-person. In future months of the ReSET Reader, we will share the most pressing current concerns of families of children with complex health needs attending school, using data and their own words.