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How COVID-19 school closures interrupted teachers’ care for newly arrived migrant and refugee learners in Denmark

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“It's difficult to help them when I am not sitting next to them”: How COVID-19 school closures interrupted teachers’ care for newly arrived migrant and refugee learners in Denmark

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Abstract:
Teachers play a critical role in providing social and emotional support for newly arrived migrant and refugee learners. Such care ordinarily takes place in the classroom, raising questions about the impact of the 2020 COVID-19 school closure on their care work. In this article we analyze qualitative data from phone interviews with eight teachers in Danish preparatory classes, paying particular attention to the challenges they faced staying in contact with, and supporting, migrant and refugee learners during the school closure. The interviews were coded and thematically analyzed, revealing significant changes in the teacher’s care work. We draw on the concepts of caringscapes and carescapes to unravel how the shifts in space, from physical copresence in the school classroom to distance learning, affected their care work. Despite many efforts, teachers reported difficulties staying in contact with the learners remotely due to their limited access to virtual communication platforms and language barriers. These communication difficulties and the lack of bodily copresence not only made teaching highly challenging, but interrupted their care work, including maintaining daily schedules and facilitating social closeness between learners. Furthermore, the teachers expressed concern about their inability to link and refer the most vulnerable learners to external support services, which were temporarily closed due to the societal lockdown. Our study highlights how COVID-19 induced school closures constrain the care work of teachers of migrant and refugee learners. The concerns and struggles raised in this article not only stress the importance of the physical school space and closeness in facilitating care for newly arrived migrant and refugee learners, but signal the vulnerabilities of this group of children during times of crisis.

Keywords: COVID-19; care; teachers; schools; learners; migrant; refugee; Denmark

INTRODUCTION
The global impact of the COVID-19 crisis is unprecedented. The psychosocial effects of the long-term home confinement of children and youth has since the beginning of the pandemic been a
Research suggests that although older people may experience the coronavirus disease more severely, young people actually have a higher risk of a worsened mental health due to the group of risks arising from pandemic mitigation measures, which may be as great or greater than the COVID-19 illness itself (Montano & Acebes, 2020). One measure introduced to reduce the spread of the infection, which a Save the Children global study have found to detrimentally impact the psychosocial wellbeing of children, pertains to school closure (Ritz, O’Hare, & Burgess, 2020). On 23 April 2020 when we drafted this manuscript, the UN Educational, Scientific and Cultural Organization estimated that 191 countries had implemented some form of national school closures related to COVID-19, affecting more than 90% of all enrolled learners worldwide (Knopf, 2020; UNESCO, 2020b). Although research on the psychosocial and educational consequences of school closures is still sparse, recent observations point to how vulnerable learners such as those with refugee or migrant background (especially those with former adverse experiences) might be severely negatively impacted by the closures (Fegert, Vitiello, Plener, & Clemens, 2020; Ritz et al., 2020; UNESCO, 2020a), further exacerbating existing inequalities in educational systems and societies in general (Kollender & Nimer, 2020). There are also growing concerns about a rise in domestic violence (WHO, 2020), affecting children both directly and indirectly, as well as a possible rise in unreported child maltreatment as a consequence of school closures (Baron, Goldstein, & Wallace, 2020; Ritz et al., 2020). In the context of distance learning for refugee and migrant children and youth during school closure, challenges such as technology and language barriers, lack of parental resources and housing conditions have been reported (Jawad, 2020; Yang, 2020). Whilst we fully recognize the necessity of pandemic mitigation measures and efforts, these emerging findings highlight the need to further unpack the consequences of school closure on the lives of children and young people, and how these could be mitigated (cf. Viner et al., 2020).

School closures not only increase risks associated with prolonged home confinement, but also attenuate the supportive role of schools and teachers in providing structure, a respite from home-troubles, and access to peers and supportive social relations (Skovdal & Campbell, 2015). As newly arrived migrant and refugees learners constitute a vulnerable group in many school settings, there is an expanding body of research exploring the role of schools in providing care and support for migrant and refugee learners (Borsch, Skovdal, & Jervelund, 2019; Hek, 2005; Kia-Keating & Ellis, 2007; Schachner, Juang, Moffitt, & van de Vijver, 2018). Teachers have been noted as well-placed to identify and refer vulnerable learners to mental health services within and outside of school.
(Baak et al., 2020; Fazel, 2015; Fazel, Garcia, & Stein, 2016), and they have been observed to engage in substantial care work (Hos, 2016; Matthews, 2008; Norozi, 2019) often with limited support from school leadership or external support services (Häggström, Borsch, & Skovdal, 2020). This research highlights the importance of physical school spaces, with newly arrived migrant and refugee learners often relying on teachers’ alternative means of communication to express care, and to read distress signals. The physical school space has also been observed to facilitate peer support for newly arrived migrant and refugee learners (Borsch, Vitus, & Skovdal, 2020). For the many migrant and refugee learners arriving in non-Anglophone countries, the physical school space initially comprises of a classroom designated for learners who do not speak the language of instruction in mainstream classes. In Denmark, these so-called preparatory classes are smaller classes, where newly arrived refugees and migrants are enrolled for a maximum of two years before continuing into mainstream classes. The main purpose of preparatory classes is to teach students Danish and prepare them for a continued education in Denmark. In order to achieve this, preparatory class teachers spend much time and energy – ordinarility within the physical school environment – on care work such as establishing social routines and facilitating social closeness amongst the learners so that they can support each other emotionally and academically (Häggström et al., 2020).

Against this background, and in our interest to unravel how school closures affect this care work, and the opportunities and challenges arising from the shifts in space where care is practiced, we position this study within geographies of care (Evans & Skovdal, 2015; McEwan & Goodman, 2010). We draw on Bowlby et al.’s (2012; 2010) and McKie et al’s (2002) work on caringscapes and carescapes to unravel the change in context of teacher’s care work. Caringscape refers to the terrain of temporally and spatially bound factors that result in different practices of caring. The concept encourage us to disentangle how teacher’s practical activities of care changed when schools closed, shifting the time-space patterning of care, from physical copresence to a distance learning space. Carescape on the other hand refers to the resources that either enable or inhibit care, drawing our attention to the socio-materiality of care. Both concepts heighten our attention to the lifecourses and everyday rhythms of migrant and refugee learners, and how these intersect with care work. The concepts have previously been used to study care of newly migrant and refugee children (De Graeve & Bex, 2017), also in school settings (Borsch et al., 2020). Building on this work, we set out to qualitatively explore the efforts and challenges faced by teachers – in the face of school closures – to maintain continuity in their care of newly arrived migrant and refugee learners.
METHODS
We report on qualitative data generated from teachers participating in a European intervention study (the ‘RefugeesWellSchool’ project) that seeks to promote migrant and refugee adolescents’ mental and social well-being (www.refugeeswellschool.org).

Study location and participants
The participants were Danish preparatory class teachers for adolescent learners between 12 and 19 years old. The purpose of preparatory classes is to equip recently arrived learners with both migrant and refugee backgrounds with sufficient Danish skills to continue into the regular school system. Some of the learners are unaccompanied refugees living in public housing under attendance of social caregivers, but most have immigrated with family and now live with them in apartments. Eight teachers from eight different schools spread around Denmark, currently involved in the ‘RefugeesWellSchool’ project, were recruited through e-mail, asking if they would be willing to participate in an interview focusing on the impact of COVID-19 on their learners. All invited teachers agreed to participate.

Data production and analysis
The interviews were conducted in Danish via telephone while participants were working from home during the third week of school closures (late March 2020). Interviews lasted between 30-60 minutes and were digitally recorded. The recorded audio files were imported directly into Nvivo 12 for thematic coding. While the interviews will eventually be transcribed, the urgency of generating lessons from COVID-19 meant that we for this paper proceeded straight to coding sound bites within the audio file. A few notes were attached to each coded sound bite to remind us of their content, and only sound bites deemed relevant for inclusion in this paper were translated into English and transcribed. Drawing on Attride-Stirling’s (2001) method of thematic network analysis, we organized the sound bites thematically into higher order themes. In this paper we report on the four organizing themes that illuminate the challenges experienced by teachers in continuing their care work.

Ethical considerations
The study has been reported to relevant authorities in accordance with the rules set forward by the Danish Data Protection Agency and the EU General Data Protection Regulation. Oral informed
consent for participation was sought and granted from all participants. Names and other personal identifiers have been anonymized to protect the identity of participants.

FINDINGS: CARE INTERRUPTED
All teachers in our study expressed concern about the psychosocial well-being of their learners during the school closure. Several teachers had students who they were particularly worried about and for whom they went to great lengths to stay in touch with. However, they faced numerous challenges in translating their concerns into practical care work.

The impracticalities of remote communication
After the abrupt school closure, which happened with only a two-day notice in Denmark, all participating teachers experienced difficulty staying in touch with their learners. The online school portals (such as “Aula”), which several of the schools already made use of, did in several teachers’ opinion not work for this group of newly arrived youngsters. They described that learners did not know how to use these portals or did not dispose of the required log-in information, such as a social security number. According to the teachers, a few learners did not have a computer or WiFi at home. Several did not have credit on their mobile phones and therefore could not call the teacher back. Similar technology barriers have been described by Kollender and Nimer (2020) in their study on the exclusionary effects of COVID-19 on refugee children in Turkey and Germany. In several cases, the teacher installed more than one new app on their own phone to keep in touch with learners. Thus, the organizational and material resources available for the care work, the carescapes, diminished radically with school closures which changed the way teachers thought about, planned and practiced their care for learners. Several teachers began to use alternative platforms such as Facebook, Google drive, Microsoft teams, or WhatsApp, that were known to learners while being more user friendly and offering more informal ways of communication such as emojis. One teacher even reported Snapchat to be the most successful tool to reach and engage learners. For most teachers the technology barriers made it extremely difficult to create one virtual classroom, since usually only part of the class had the resources and competencies to log on to the platforms. A teacher told us how she had planned to conduct a video chat with all classmates, but had to abandon the idea, although she knew that colleagues in mainstream classes used this kind of media with great success. She explained how speaking to the learners individually, although very time-consuming, was the only option for her:
For this group I can't just present them something they have not used before. I cannot explain it to them, I don't know how.. I can't just invite them to Google Hangout. (...) So it's been me calling them, luckily I can speak with most of them, or else with interpreters.

All teachers attempted to make regular phone calls to their learners to make sure they were doing alright, which in itself took up a lot of their work time. A few teachers reported how they contacted mentors or social workers when perceiving a learner to be unwell or when they struggled to obtain contact. Although learners were able to receive phone calls, language barriers were often a challenge, which all teachers reported as a general frustration. One teacher expressed worry and frustration about the communication with a learner, who had very recently arrived in Denmark:

“He is one of the newer ones in class and does not know a lot of Danish, so I can’t speak with him, but I have contacted an interpreter, who I have spoken to and who has then called him and his parents and said "Hi, I am calling on behalf of your teacher, she would like to know how you are, do you have any questions" and so on (...) He does his homework and so on, that is not what I'm worried about, it's everything else, all the other hours, where he is sitting by himself. Normally he would be at school, be stimulated socially.”

Here, the teacher tried to provide care and social support but was frustrated that it was not possible to do, like in a classroom setting. All teachers reported similar challenges with oral or written language barriers in the setting of distance teaching. Furthermore, differences in Danish skills between the learners made it even more difficult to gather students virtually or organize group work, as it would be possible in the regular classroom, where they can use non-verbal communication. Both technology and language barriers existed before COVID-19, but these barriers were amplified during school closures as the time and space teachers shared with learners was reduced to a few minutes of virtual or phone contact per day. Teachers’ caringscapes before the school closures constituted shared physical experiences as well as shared daily rhythms with the whole class. Organizational and material resources such teaching plans, management support and physical classrooms, which allowed for non-verbal communication and assessment of learners’ wellbeing formed the carescapes, which provided the structure for care work. During school closures teachers had to quickly improvise new ways of caring. Having to communicate with the learners remotely through a confined virtual space changed their caringscapes dramatically, restricting teachers care work.

Difficulties in providing structure, predictability and routine
Several teachers perceived the provision of structure and routines – through their educational activities – as key to their care work, which they were now unable to provide. The current lack of structure in learners’ lives was perceived by teachers as a problem for the learners. Teachers perceived some learners to “sleep until noon” and “stay up all night”. When asked what the first priority upon returning to the physical classroom would be, one teacher answered:

“The most important for everybody would be to continue according to the schedule. They are very visual in the class, which makes sense with this group. So our big class schedule where it’s written “This lesson is Danish, this lesson is Math and so on.” To be able to see on the schedule what happens calms our students. That they know what is going to happen.”

Some teachers had incorporated some levels of timely structure into their remote teaching practices, such as calling learners in a specific time of the day. Still, most teachers had been available in late hours too, preferring to reach learners in the evening to not reaching them at all. As Bowlby highlights, “the timescale of daily bodily rhythms and changes” is central in the constitution of caringscapes (2012, p. 2108). The teacher above points to the provision of a daily rhythm as care in itself, as it has a calming effect. These shared daily rhythms allowed care practices to be planned, organized and carried out in the fixed timely structure of the school day. During school closures this fixed timely structure became blurred at best and non existing at worst.

**Difficulties in maintaining copresence**

The caringscapes/carescapes framework stipulates that bodily copresence allows for non-verbal communication, which is critical for much care work. Structural changes which impact possibilities of copresence are therefore bound to affect care work. Difficulties in maintaining social closeness and facilitating social support, which teachers ordinarily work to provide in school without bodily copresence, was as a key concern of most teachers. This concern emerged in relation to the learners well-being but also in regards to their motivation to do school work from home. Teachers described how they would normally look at the learner and judge from their facial expression or body language whether or not they understood an assignment, something that was now impossible. For the learners, asking for help from a teacher, had before been possible by communicating through mimic, body language or simply “going to the teacher”, but had now been limited to reaching out by phone or chat. Several of the teachers talked about the lack of copresence when asked about difficulties during school closures. Being around learners physically was presented by multiple
teachers as a prerequisite for relationship building, which was seen as a base for teaching. One teacher said:

“Almost all work we do is relationship building. If we don't have a good relationship then we might as well give up. This is extra important for our group of students. (...) . This work is impossible now. We can't reach them at all.”

When asked if it really was completely impossible or if she still had strategies to do the care work, she replied:

“We do, but it’s not the same to write things through messenger. To send a greeting: I hope you are well, good job, etc. It’s not at all the same as giving a pat on the back or a smile. That one-on-one response, where you are close together. It’s not the same at all. We miss that.”

Several teachers reported how they prioritized emphasizing the student-teacher relationships in this time. For most teachers this meant reaching out, checking up on the students, asking them about their families and spending extra time explaining the COVID-19-situation and precautionary rules to them. Although these small virtual ‘out-reaches’ were deemed important, they were seen as piecemeal.

Facilitating social support between learners also concerned teachers, although none of them had come to solutions to maintain contact amongst learners while being at home. For most of them, conducting group chats or calls had proven too difficult and time consuming. Some teachers had managed to successfully do this once or twice although only around half of the students managed to join the chat. Thus, interactions between students (who would not interact outside of school) were difficult to facilitate for teachers. This caused frustration for several teachers since they perceived many learners, especially those who had just arrived to the country, to be socially isolated during this time. Thus, the bodily copresence between teachers and learners as well as between learners had been lost, limiting the available resources and strategies to perform care not only between teacher and learner, but between learners too. As Borsch et al has described, student-to-student care is an important part of preparatory class caringscapes (Borsch et al., 2020). The physical distance between the teachers and learners interrupted much care work.

**Disruptions to service referrals**
Another care practice affected by the school closures was the practice of supporting learners and their families in navigating in societal networks. By this we refer to teacher’s help and support in relation to public institutions outside of school, whether this is an municipal office or the local football team. The teachers reported extensive involvement in the learners’ navigation and integration in society outside of school, which was challenged by the nationwide lockdown. Usually, a key component of teacher’s caringscapes relates to the institutions and actors outside of schools, whom teachers can refer learners to in order to support their development, health and social lives. During school closures such places of care had closed and were not accessible for teachers og learners. Thus, teachers’ resources available for their care work, the carescapes, were extremely restricted. One teacher was worried that she would not have time to take a trip to the new school that some of her learners would be attending next semester – something she would normally do to make them feel safe. Another teacher described how frustrating is was that a medical appointment she had helped a learner make had now been cancelled:

“It’s more difficult to help them when I am not sitting next to them. Because if I have to call... There has been a student, who was supposed to go to medical specialist and whom I have helped with making an appointment. Unfortunately this was an appointment he had waited a long time for. And now he couldn't make it, since the clinic was closed.”

Another teacher had a similar experience with a learner who now could not go to her first appointment at the school psychologist, an appointment that the teacher had been involved in making. In these situations, the implementation of measures related to the pandemic quite literally put a stop to teachers’ care work. Teachers could not do anything but try to help the learners understand what was happening, continuously taking on the role as a link between the learners and the rest of society.

The lack of copresence was emphasized by teachers many times as the most prominent barrier for their care work. The lack of eye contact and non-verbal communication such as smiles, touching, and body language made relationship building and care work seem almost impossible for most teachers.

**DISCUSSION**
As a consequence of the school closures during the COVID-19 pandemic, the teachers in this study experienced a number of barriers to their abilities to provide care and support for migrant and refugee learners. Having to teach and communicate with the learners remotely meant that teachers
could not reach all learners equally due to technical and linguistic limitations and shifting carescapes. Although these barriers had existed before the school closures, the shifts in space, from physical copresence to distancine learning, amplified these barriers. Teachers had a hard time providing the sense of temporal structure normally associated with school, just like maintaining social closeness with and amongst the learners from a distance was a challenge. Finally, referrals of learners to certain health services were interrupted as these were also affected by the societal lockdown.

The findings of this study emphasize the importance of time-space dynamics in preparatory teacher care practices. Care work embedded in a physical classroom setting enables the preparatory class to collectively foster continuous social support through verbal and non-verbal communication, daily rituals, and routines (Borsch et al., 2020). Carescapes such as appropriate teaching materials, a physical classroom, and a network of other institutions and actors who can assist in the care, form the basis of the teacher’s care work. However, during the COVID-19 pandemic, teachers could only provide care individually and sporadically through technically challenging channels without the routines and rituals of the classroom and without means of non-verbal communication. In the context of the COVID-19 school closures, temporary carescapes emerged, stripped of bodily copresence, constraining their care work.

The strategy of engaging in remote teaching on virtual platforms during the COVID-19 school closures has been widespread (World Economic Forum, 2020). However, this study demonstrates how this ‘move’ from physical to distance learning may be difficult as it rests on the assumption that all learners have well-functioning access to digital devices, communication platforms as well as WiFi. For different reasons, this is not the case for all newcomer children and young people with migrant and refugee backgrounds. As seen in this study, teachers have to be extremely industrious and flexible to engage in care, teaching, and communication work. Learners may experience reduced and piecemeal instruction and care during the pandemic, potentially affecting their academic performance and psychosocial wellbeing. While online communication or communication via telephone is without a doubt preferable to no communication at all, this study nevertheless points to the very real consequences of inequality in access to communication devices and online platforms. Furthermore, established online platforms are not intended for the informal nature of care practices nor for the variations in written and oral language competence, that often exists in a preparatory classroom with learners coming from all over the world. The COVID-19 crisis calls for
contingency plans, which take heed of our findings and formulate ways of compensating for some of the challenges we have highlighted (e.g., home visits where physical distance is kept, access to phone interpreters).

Our findings are constrained by some methodological limitations, which deserve mentioning. One, by conducting the interviews via telephone, we experienced some of the same difficulties as discussed by the teachers, namely our inability to read the bodily cues of our participants. Two, this study only explored the perspectives of teachers. Future research could usefully broaden its scope and include the perspectives of learners. Three, the study’s number of informants is small and not should not be considered an exhaustive picture of issues related to school closures in preparatory classes. Nonetheless, by exploring the care efforts and challenges faced by their teachers, this study draws attention to the largely invisible losses that children and young people with refugee and migrant backgrounds are in risk of suffering during the COVID-19-pandemic such as social isolation/limited connection to classmates, b) loss of structure and routine in everyday life, especially known to be critical to refugee learners, c) lack of access to health services such as medical doctors and school psychologists. The findings call for further research in order to suggest technological and structural solutions to improve distance teaching and care practices in preparatory classes, both during and beyond COVID-19.

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