



The following information resources have been selected by the National Health Library and Knowledge Service Evidence Virtual Team in response to your question. The resources are listed in our estimated order of relevance to practicing healthcare professionals confronted with this scenario in an Irish context. In respect of the evolving global situation and rapidly changing evidence base, it is advised to use hyperlinked sources in this document to ensure that the information you are disseminating to the public or applying in clinical practice is the most current, valid and accurate. For further information on the methodology used in the compilation of this document including a complete list of sources consulted please see our [National Health Library and Knowledge Service Summary of Evidence Protocol](#).

YOUR QUESTION

What are the psychological, psychosocial and educational interventions that support the return to school of children in Ireland and across Europe?

IN A NUTSHELL

The impact of school closure on pupils is well documented and while the Mental Health Foundation⁴ notes that, while it is still too early to gauge the full impact, it has been positive for some but a very different experience for others. The negative consequences identified include bereavement^{1,5}, anxiety concerning sick or vulnerable family members¹, the particular concerns of the children of healthcare workers¹, the removal of the key protective factors and support structures afforded by school^{1,17} and an increase in exposure to stressful family situations, including financial uncertainties^{1,5,16}. Other impacts include social isolation^{1,13,15,16}, the loss of academic progress, a loss that is increased by social disadvantage^{7,17,18}, digital inequalities¹² and the uncertainty caused by cancelled exams¹⁵. There are the additional consequences of lack of exercise^{13,15}, changes in diet or the loss of free school meals^{13,15} and disruption to sleeping patterns¹³. A very serious concern relates to those children placed at greater risk of violence and abuse^{7,13}, as well as a general recognition that the pupils who are likely to experience the greatest impact of school closures are those with pre-existing mental health conditions or special educational needs.

Bailey⁵ emphasises the vital role that schools play in connecting students with peers and mentors, channelling youthful energy into productive pursuits, developing academic skills, and relieving the pressure on overwhelmed parents. He also points out that remote learning is inferior to the learning that takes place in the school environment.

Support for the mental health and well-being of pupils is a key element in the reopening of schools^{1,7}, with one author noting that school is the ideal setting for such support to be provided⁶. Some specific interventions have been documented: PREPaRE⁷; Psychological First Aid¹⁰; and one author recommends that school psychologists should have an understanding of the impairing effects of PTSD, assessment tools, treatment options, and school reintegration planning¹¹. Another paper describes the role of teachers as first responders⁹, and Henshaw¹⁷ refers to the recommendation of a Barnardo's report that children be given time to talk about their experiences when they return to school and that the current situation represents a great opportunity to put mental health and well-being at the heart of education. UNESCO² notes that there is a need to protect the rights of children to education and that governments are currently engaged in balancing this right with the need to keep children safe and healthy.

IRISH AND INTERNATIONAL GUIDANCE

[Department of Education and Skills \(2020\) Planning for reopening schools in line with the roadmap for reopening society and business: report to Government 12th June 2020¹](#)

COVID-19 has had a major impact on all our daily lives, and we have all had to adjust and adapt in the face of significant challenges. In bringing a real risk to the physical health of our citizens, the pandemic has led to an understandable increase in worry and anxiety across society which for many has been manageable and tolerable, for a variety of reasons that include the collective national experience, societal recognition and response to the situation, including the government's In this Together campaign. Some children and families, however, have struggled more than others and have experienced loss and grief due to bereavement, or ongoing worry due to personal or family illness and concerns about the health of vulnerable family members. The public health measures that have been put in place in Ireland as a response to the COVID-19 pandemic, including the closure of all schools and the requirement for all to physically distance and largely stay at home, have resulted in additional challenges for all in terms of wellbeing/mental



health, and for some more than others. School closure has, for some of our students, removed from their lives some of the key protective factors essential for their wellbeing, most especially the supportive structures and routines of school, that include the experience of belonging, connectedness and safety, together with access to support/resources and physical activity. School closure has also meant, for some of our students, an increase in exposure to key risk factors to their wellbeing that include stressful family situations—likely heightened by COVID-19 related issues such as home-schooling or unemployment—restricted access to friendships, increased social isolation and lack of access to services. Supporting the wellbeing of school communities will be a key element of the plan for reopening schools.

[**Psychological Society of Ireland \(2020\) The relaunch: back to school after COVID-19 restrictions: guidance from the Psychological Society of Ireland²**](#)

In this concise document, the Psychological Society of Ireland provides some useful tips and advice about going back to school. “We are now talking about returning to school. But it is not really returning to school, not as we knew it before. There will be some very real differences and new challenges. Teachers and other members of school staff will be key players in helping children to relaunch their school lives as members of the school community and as active learners in this new school environment... In getting ready for relaunch, teachers and staff at school will need to be sure that they are feeling confident themselves, even if a little anxious. With teachers and other school staff feeling confident, prepared, and supported by all the relevant agencies, we are already on our way. We can also rely on some old familiarities to provide a launching pad—familiar buildings, yards, and classrooms; familiar friends and classmates; ... familiar and trusted teachers and school staff. Children will also be, by now, very familiar with the concepts of handwashing, coughing etiquette, social distancing, and other stay-well strategies.”

[**UNESCO \(2020\) Framework for reopening schools³**](#)

While we do not yet have enough evidence to measure the effect of school closures on the risk of disease transmission, the adverse effects of school closures on children's safety, wellbeing and learning are well documented. Interrupting educational services also has serious, long-term consequences for economies and societies such as increased inequality, poorer health outcomes, and reduced social cohesion. In many countries, data on virus prevalence is incomplete and decision makers will need to make their best



assessments in a context of incomplete information and uncertainty. National governments and partners must simultaneously work to promote and safeguard every child's right to education, health and safety, as set out in the Convention on the Rights of the Child. The best interest of the child must be paramount. Across countries leaders are grappling with difficult and uncertain trade-offs as they consider easing lockdowns. This framework serves to inform the decision-making process on when to reopen schools, support national preparations and guide the implementation process, as part of the overall public health and education planning processes. Contextualization and continuous adaptation are necessary in order to respond to local conditions and meet each child's learning, health and safety needs. Global school closures in response to the COVID-19 pandemic present an unprecedented risk to children's education, protection and wellbeing. The United Nations Secretary-General António Guterres recently called on governments and donors to prioritize education for all children, including the most marginalized, and the Global Education Coalition was established to support governments in strengthening distance learning and facilitating the reopening of schools.

[Mental Health Foundation \(UK\) \(2020\) Returning to school after the coronavirus lockdown⁴](#)

The coronavirus pandemic and subsequent lockdown is an unprecedented situation in modern times. It is hard to gauge the full impact that the situation is having on children and young people's mental health and wellbeing. Pupils' experiences of the lockdown period will have been very varied. For some, it will mostly have been a safe and enjoyable time. For others, it will have been challenging or traumatic. Schools and teachers are used to supporting their pupils through challenges that they face in life; the current situation will amplify those situations many times over. This short guide aims to outline the scale of the challenge that schools are facing and provide practical advice and support for teachers supporting pupils as they return to school.



INTERNATIONAL LITERATURE

What does the international literature say?

SCHOOL REOPENING: GENERAL

[Bailey and Hess \(2020\) A blueprint for reopening schools this fall⁵](#)

Families and communities need America's schools to be ready to reopen as soon as public health officials signal that it is safe. The nation has recently been reminded just how vital schools are. They connect students with peers and mentors, channel youthful energy into productive pursuits, teach essential academic skills and knowledge, and give overwhelmed parents room to breathe and work. Today's packets and remote learning efforts are at best an inferior substitute for a small portion of this. This makes it urgent that schools find a way to reopen this fall in a way that adapts to the challenges posed by COVID-19. Of course, reopening in a manner that is safe and responsive will involve novel challenges. That is why leaders must begin planning immediately. Students are experiencing the pandemic in different ways with many going through significant trauma from school closures, friends and family members lost to the virus, and the insecurity created from parents losing jobs. Social-emotional learning and trauma supports will be critical not only during this period of remote learning but also in the coming academic years.

PSYCHOLOGICAL AND EDUCATIONAL INTERVENTIONS

[Capurso et al \(2020\) Empowering children through school re-entry activities after the COVID-19 pandemic⁶](#)

The isolation related to the COVID-19 pandemic is causing both physical and mental health concerns for children worldwide. When the pandemic is over, schools and kindergartens represent a crucial context that can play an important role in promoting young people's well-being. This paper presents a school re-entry programme aimed at creating an arena where children can process emotions, rediscover interpersonal connections, and develop an awareness of effective coping strategies. For all kindergarten, primary and middle school students, suggestions for evaluating the effectiveness of the programme based on its educational and psycho-social components are given. School is an ideal setting to deliver these activities to children as it



represents return to their daily routine. Schools also provide equal access to resources and reach children belonging to at-risk socio-economic categories and cultural minorities. Two printable activity packs are provided as additional materials for teachers who want to recreate or adapt the presented activities for their own contexts.

[Chuang et al \(2020\) Back-to-school campaigns following disruptions to education⁷](#)

Recent modelling from the US indicated that three months of school closures may result in learners losing a whole year of learning gains. The ramifications in countries where distance learning systems are less robust may be significantly worse. The impact of school closures will be particularly damaging for marginalised students, who are already less likely to be in school. These groups face additional risk factors from being out of school, including violence, sexual abuse, being integrated into child labour schemes, and stress and anxiety. Ensuring children rapidly return to school as soon as it is safe and practical is a crucial next step in supporting children's learning and life outcomes in these contexts. This document expands upon guidance and evidence kits developed by the WHO, WFP, Center for Global Development, and IASC Global Education Cluster and Child Protection Global Protection Cluster. Specifically, key themes of effective school re-openings are examined in the context of modalities used to deliver distance learning and mapped to proposals from the Global Partnership for Education's first round of COVID-19 funding. The document recommendations include: establishing regular communications with the local community; understanding and addressing barriers to school attendance, and feedback from parents and caregivers is necessary; supporting students physically, mentally, and financially; supporting the socio-emotional wellbeing of students and teachers is important. Where possible, non-essential tests or exams should be waived to reduce stress for students. For students who have experienced trauma or life events as a result of COVID-19, governments should provide psychosocial and child protection services.

[Conolly et al \(2020\) Returning to school after COVID-19: strategies for schools⁸](#)

The article provides guidance for school psychologists and school leaders to plan for the reopening of schools post-COVID-19 using the PREPaRE model. It describes the full range of school crisis-related activities from prevention to recovery; and also mentions that consistent with physical recovery



considerations, the first priority upon the return to school will be to keep students and staff physically healthy and safe.

[**Cooper \(2019\) Preparing early childhood teachers for real-time and postdisaster classrooms: invisible capes and specialized planning⁹**](#)

This essay addresses two types of disasters that can affect early childhood classrooms, which deserve more attention during teacher preparation. The first includes such natural phenomena as earthquakes and hurricanes, as well as man-made events, such as fires and, incredibly, school shootings. They are almost always unexpected and happen in real time. Without question, they require teachers' immediate, direct, and complete commitment. The second type is a disaster that has passed but requires a focused and specialised curriculum when children return to school. The critically important role of early childhood teachers as "first responders" or "helpers" during and after disaster is discussed, along with best practices related to a pedagogy of meaning during these times.

[**Schreiber et al \(2006\) Listen, protect, connect--model & teach: psychological first aid \(PFA\) for students and teachers¹⁰**](#)

The Department of Homeland Security published a booklet aimed at teachers to give them advice on psychological first aid in times of disaster, school crises, or emergencies which could be applied to return to school after a pandemic.

[**Cook-Cottone \(2004\) Childhood posttraumatic stress disorder: diagnosis, treatment, and school reintegration¹¹**](#)

Childhood, in our culture, does not preclude exposure to trauma. Sexual abuse, physical abuse, natural disaster, urban violence, school violence, and terrorism result in significant numbers of children with posttraumatic stress disorder (PTSD) symptomatology. Many factors contribute to symptomatic expression, with some children showing few effects and others being unable to return to school. School psychologists should have a basic understanding of the impairing effects of PTSD, assessment tools, treatment options, and school reintegration planning. Specifically, this article explicates the prevalence and etiological factors related to PTSD. Assessment tools, therapeutic techniques, and school reintegration are discussed.



IMPACT OF SCHOOL CLOSURE

[Drane et al \(2020\) The impact of 'learning at home' on the educational outcomes of vulnerable children in Australia during the COVID-19 pandemic¹²](#)

This review provides an overview of current approaches to managing school closures as well as recent literature related to young people learning outside of school. A range of material has been drawn upon to both highlight the educational issues of this learning context, as well as the psychosocial and emotional repercussions. This summary literature review combines research on technology and learning, online learning and distance learning with very recent analysis of the educational impacts of COVID-19. Globally, while some countries have opted for a mass school shutdown, many schools remain open for more vulnerable students. This partial closure is not only to enable learning in smaller targeted groups but also to offer a safe sanctuary for those who desperately need a regulated and secure environment including the provision of hot food and also company.

In summary, currently within Australia if there were mass school closures there is potential for around four million students to be affected. In 2019, there were 3,948,811 students enrolled in 9,503 schools, with 2,263,207 primary students and 1,680,504 secondary students. If 20 per cent of these young people are living in financially disadvantaged or low socioeconomic status (SES) communities and are required to study off campus, then approximately 800,000 will be subjected to a range of barriers and/or risks including:

- long-term educational disengagement
- digital exclusion
- poor technology management
- increased psychosocial challenges

UNESCO has developed ten key recommendations to ensure that learning remains uninterrupted during the COVID-19 crisis. There is global evidence of countries adopting, to some degree, at least seven of these recommendations during mass closures, which include:

- examining the readiness of the school for closure including technology available



- ensuring distance learning programs aim for inclusivity
- prioritising solutions to address psychosocial challenges before teaching
- providing support to teachers and parents on the use of digital tools
- blending appropriate approaches and limiting the number of applications and platforms used
- developing distance learning rules and actively monitoring students' learning process
- creating communities that enhance connection

[Ghosh et al \(2020\) Impact of COVID -19 on children: special focus on the psychosocial aspect¹³](#)

Although medical literature shows that children are minimally susceptible to COVID-19, they are hit the hardest by the psychosocial impact of this pandemic. Being quarantined in homes and institutions may impose greater psychological burden than the physical sufferings caused by the virus. School closure, lack of outdoor activity, aberrant dietary and sleeping habits are likely to disrupt children's usual lifestyle and can potentially promote monotony, distress, impatience, annoyance and varied neuropsychiatric manifestations. Incidences of domestic violence, child abuse, adulterated online contents are on the rise. Children of single parent and frontline workers suffer unique problems. The children from marginalised communities are particularly susceptible to the infection and may suffer from extended ill-consequences of this pandemic, such as child labour, child trafficking, child marriage, sexual exploitation and death etc. Parents, paediatricians, psychologists, social workers, hospital authorities, government and non-governmental organisations have important roles to play to mitigate the psychosocial ill-effects of COVID-19 on children and adolescents. To provide the basic amenities, social security, medical care, and to minimise the educational inequities among the children of the different strata of the society are foremost priorities.

[Lades et al \(2020\) Daily emotional well-being during the COVID-19 pandemic¹⁴](#)

The COVID-19 outbreak has become one of the largest public health crises of our time. Governments have responded by implementing self-isolation and physical distancing measures that have profoundly impacted daily life throughout the world. In this study, we aimed to investigate how people experience the activities, interactions, and settings of their lives during the



pandemic. The sample (N = 604) was assessed in Ireland on the 25 March 2020, following the closure of schools and non-essential businesses. We examined within-person variance in emotional well-being and how people spend their time. We found that while most time was spent in the home (74%), time spent outdoors (8%) was associated with markedly raised positive affect and reduced negative emotions. Exercising, going for walks, gardening, pursuing hobbies, and taking care of children were the activities associated with the greatest affective benefits. Home-schooling children and obtaining information about COVID-19 were ranked lowest of all activities in terms of emotional experience. These findings highlight activities that may play a protective role in relation to well-being during the pandemic, the importance of setting limits for exposure to COVID-19-related media coverage, and the need for greater educational supports to facilitate home-schooling during this challenging period.

[**Lee \(2020\) Mental health effects of school closures during COVID-19¹⁵**](#)

Many children will suffer from a lack of access to school-provided social assistance, such as free lunches or clean water and washing facilities. Those engaged with school-facilitated health care, such as vaccinations and mental health services, may miss out on vital health provisions. Children confined at home will struggle to achieve the WHO 24 h movement behaviour guidelines which recommend 60 minutes a day of moderate-to-vigorous physical activity for 5–17 year olds. This jeopardises not only young people's mental wellbeing and healthy weight status, but also increases the risk of establishing dangerous habits, such as increased screen time and snacking that can damage future cardiovascular and musculoskeletal health. For adolescents, school closures and social distancing may be particularly challenging. During adolescence young people grow in independence and begin to prioritise connections with peers over parents; disruption of these can pose significant challenges to young people's wellbeing. Adolescents may also be grieving for the rites of passage they were due to experience and feeling apprehensive about an uncertain future in the face of cancelled exams. Anxiety might also arise in older children and adolescents as they try to understand the pandemic and the threat it poses to them, their families, and friends. It is imperative that we validate the experiences of the young during this global crisis, that we listen to their creative solutions for coping and connecting, and that we empower them to utilise their new skills to create a more robust, caring, and connected society as we emerge into the changed world.



[Wang et al \(2020\) Mitigate the effects of home confinement on children during the COVID-19 outbreak¹⁶](#)

An important but easily neglected issue is the psychological impact of COVID-19 on children and adolescents. Stressors such as prolonged duration, fears of infection, frustration and boredom, inadequate information, lack of in-person contact with classmates, friends, and teachers, lack of personal space at home, and family financial loss can have even more problematic and enduring effects on children and adolescents. Furthermore, the interaction between lifestyle changes and psychosocial stress caused by home confinement could further aggravate the detrimental effects on child physical and mental health, which could cause a vicious circle. To mitigate the consequences of home confinement, the government, non-governmental organisations, the community, school, and parents need to be aware of the downside of the situation and do more to effectively address these issues immediately. Experiences learned from previous outbreaks can be valuable for designing a new programme to tackle these issues.

OTHER

[Henshaw \(2020\) The 'trauma gap': schools must not return to 'business as usual' post-lockdown¹⁷](#)

Time for a Clean Slate, a report from Barnardo's, claims that the coronavirus crisis and our measures to tackle it will have exacerbated existing inequalities, especially for children in unsafe home environments. In addition, the remote learning situation has made it difficult for normal safeguarding practice to take place, meaning many problems will have gone under the radar. And many in-school wellbeing interventions cannot be delivered in the current circumstances, with children having less access to support networks such as via learning mentors. Children returning to school will also be experiencing grief, anxiety about catching the virus, separation anxiety and other pressures. The charity warns that its practitioners are already supporting many young people with mental health problems caused by COVID-19, including symptoms of anxiety, stress, sleep dysregulation, depression, reduced self-esteem, obsessive compulsive disorder (OCD) behaviours, paranoia and self-harm. The report says that we have a once-in-a-generation opportunity to place mental health and wellbeing at the heart



of education. Some approaches already being planned by schools, according to the report, include:

- planning a gradual, phased return, with a flexible curriculum
- risk-assessing children on their return, and enabling the most vulnerable children to return first
- increased focus on mental health and wellbeing in lessons
- dedicated time for children and young people to talk about their COVID-19 experiences
- more time for children and young people to play, be creative, and reconnect with their peers
- more pastoral provision, including one-to-one support for pupils
- physical spaces for staff and pupils, e.g. quiet rooms and remembrance gardens

[O'Brien \(2020\) 'What long-term impact will school shutdown have on children?'¹⁸](#)

The education editor with the Irish Times discusses how the unprecedented shutdown over COVID-19 is set to leave a long shadow over Irish education.

Produced by the members of the National Health Library and Knowledge Service Evidence Team[†]. Current as at [5 July 2020]. This evidence summary collates the best available evidence at the time of writing and **does not replace clinical judgement or guidance**. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.



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The following PICO(T) was used as a basis for the evidence summary:

P Population person location condition/patient characteristic	CHILDREN RETURNING TO SCHOOL AFTER PANDEMIC
I Intervention length location type	PSYCHOLOGICAL AND/OR EDUCATIONAL INTERVENTIONS
C Comparison another intervention no intervention location of the intervention	
O Outcome	ANXIETY, STRESS, UNCERTAINTY, PREPAREDNESS

The following search strategy was used:

(COVID-19 OR CORONAVIRUS OR "CORONA VIRUS" OR WUHAN NEAR/3 VIRUS OR ("2019-NCOV" OR "2019 NCOV")) OR "SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2" OR "2019 NOVEL CORONAVIRUS" OR "2019 NEW CORONAVIRUS" OR "SARS-COV-2" OR PANDEMIC OR PANDEMICS OR OUTBREAK OR OUTBREAKS OR DISASTER OR DISASTERS)

AND

((SCHOOL AND (REOPENING OR "RETURN TO" OR CLOSURE OR CLOSURES OR REOPENED)) AND (CHILD* OR STUDENT* OR TEEN* OR PUPILS OR PARENTS))

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