Seismo

# How to tell the kids? Parental crisis communication during the COVID-19 pandemic

Doreen Reifegerste*, Bielefeld University, School of Public Health, Germany
Claudia Wilhelm, University of Vienna, Department of Communication, Austria
Claudia Riesmeyer, LMU Munich, Department of Media and Communication, Germany
*Corresponding author: doreen.reifegerste@uni-bielefeld.de

*Abstract*
Crisis communication in a pandemic is challenging for parents, who have to explain risks and prevention measures to their children without transferring their own worries. Studies about crises indicate, that inappropriate crisis communication with children can ignite fears, worries, and even trauma among them. Recommended parental communication strategies in such situations are: (1) to consider developmental level to ensure comprehensibility; (2) to address age-related concerns; and (3) to use naturally occurring situations to talk about the crisis. However, the application of such strategies during a world-wide crisis is not known yet. Thus, we analyzed how parents explained their children the COVID-19 pandemic, which media they used, and which situations they employed. Following a mixed-method approach, semi-structured interviews (n = 55) and an online survey (n = 146) were conducted with parents in Germany. We identified three types of parental crisis communication (use of children-specific media, co-use of adult media, personal talk), found differences due to the developmental stage of the children, and recognized how parents used daily life activities for crisis talk. In sum, parents mostly employed forms of crisis communication recommended by experts, although they were sometimes hindered by the high burdens of their own emotional and organizational challenges.

## 1 Introduction

Crisis communication for adults during a pandemic is difficult as it is in times of unknown health risks, and of rapidly changing and complex situations with manifold uncertainties (for various studies on this see Bendau et al., 2021). For parents it is even more challenging to explain these risks as well as the prevention measures to their children, because they have to keep a balance between appropriate risk communication, emotional support, and understandability without unsettling or transferring their own worries, while media and conversations are dominated by the topic (Renner & Gamp, 2014). Thus, children might be exposed to large amounts of crisis information as well as high levels of stress and anxiety in the media and among the adults around them (Dalton, Rapa, & Stein, 2020). Studies about former crisis and disasters indicate that the emotional crisis reactions of parents influence the emotional crisis reactions of their children (Midtbust, Dyregrov, & Djup, 2018; Wisner et al., 2018). Parents, who show obvious signs of fear in case of a crisis tend to have children who also develop fears (Buijzen, Walma van der Molen, & Sondij, 2007). Furthermore, confrontation with inappropriate news coverage as well as inappropriate crisis communication with children can ignite fears, worries, and even trauma among children (Houston, First, Spialek, Sorenson, & Koch, 2016; Kleemans, de Leeuw, Gerritsen, & Buijzen, 2017). A study conducted during the 2009 Swine Flu pan-

demic in the Netherlands found that parent's transmission of threat information was positively associated with children's fear (Remmerswaal & Muris, 2011).

To prevent such negative effects on children, Vernberg, Hambrick, Cho, and Hendrickson (2016) suggest three developmentally sensitive strategies when explaining disaster and crisis to children: (1) consider appropriate language and developmental level of concepts to ensure comprehensibility; (2) employ naturally occurring and developmentally relevant situations for crisis communication; and (3) address typical age-related needs and concerns. In addition, parental mediation theory (Clark, 2011) provides concepts of communication strategies for children's general media use, which can also be transferred to the COVID19-related information consumption. Despite much differences in the details, most models of parental mediation differentiate between restrictive and active strategies of mediation. While restrictive mediation refers to limitations with rules and forbiddances, active mediation refers to talking and joint media-use (Börner, 2016). However, these strategies of mediation are not fixed or separate, but rather employed situation-specific (Nikken & Jansz, 2014). Thus, for crisis communication the various mediation strategies might be combined dynamically to ensure comprehensibility and emotional stability of children.

Such an appropriate crisis communication with children was especially relevant during the first lockdown caused by the COVID-19 pandemic, when parents were the most relevant source of information about the pandemic and the related prevention measures for the children. At the same time, childcare and schools were closed. The prevention measures of the first lockdown excluded (almost totally) other important interpersonal sources of crisis communication and emotional support such as by face-to-face contact with teachers and peers (Vernberg et al., 2016). Consequently, many public health and children institutions offered materials such as (comic) books, leaflets, or videos as well as guidelines to explain the crisis to children (for an example and a list of resources see Bartlett, Griffin, & Thomson, 2020). However, it remains unclear, how parents explained the crisis to their children, which media content they used, and how they integrated it in the communication with their children, when explaining the pandemic situation.

Thus, based on the theoretical approach of Vernberg et al., (2016) we ask:

RQ1: Which a) materials and b) types of parental crisis communication can be identified?
RQ2: At which a) frequency and b) in which situations did parents talk to their children about the COVID-19 pandemic?
RQ3: What were a) age-related differences and b) how did the parents address age-related needs and concern?

## 2 Method

To answer these research questions, a mixed-method approach including semi-structured interviews (n = 55) and a supplementary online survey (n = 146) were conducted from the beginning of April to end of June 2020 with parents of children aged three to 18 years all over Germany. Participants were recruited via personal social networks and social media platforms. The recruitment for the interview participants followed a quota system based on the age of the children and the type of school (Table 1). The recruitment was done within a method course of master students at the University of Erfurt and with the help of student support staff at the LMU Munich within a greater project on "Family communication and media use during COVID-19" (Riesmeyer, Wilhelm, & Reifegerste, 2022; Wilhelm, Riesmeyer, & Reifegerste, 2021). Thus, the personal networks for recruitment included a variety of students in different regions of Germany. This variety of recruitment strategies was employed to ensure that interviewing was possible under the circumstances during the lockdown. We invited parents to participate in a semi-structured interview via

Table 1:    Demographics of participants

| Characteristics | | N in interviews | N in survey |
|---|---|---|---|
| Gender | Male / Father | 9 | 31 |
| | Female / Mother | 46 | 113 |
| Age | 18 to 29 | 5 | 11 |
| | 30 to 49 | 23 | 112 |
| | 50 or older | 7 | 23 |
| Education (highest degree) | None / Still in education | 5 | 8 |
| | Vocational training | 11 | 51 |
| | Bachelor | 1 | 6 |
| | Diploma / Master | 14 | 63 |
| | PhD | 3 | 12 |
| Current job situation (during the crisis) | Short-time work | 5 | 12 |
| | Working from home | 14 | 65 |
| | Regular at work | 14 | 50 |
| | Self-Employed / Freelancer | – | 5 |
| | Parental leave | – | 6 |
| | Housewife | 1 | 2 |
| | Unemployed / Occupational ban | 1 | 2 |
| | Other | – | 3 |
| Number of children | One child | 12 | 67 |
| | Two children | 32 | 61 |
| | Three or more children | 11 | 18 |
| Type of school of oldest child under 18 | Pre-school (German: "Kindergarten und Vorschule") | | 44 |
| | Primary school (German: "Grundschule") | | 47 |
| | Secondary school (German: "Ober- / Regel- / oder Realschule" and the like) | | 21 |
| | High school (German: "Gymnasium") | | 33 |
| Total | | 55 | 146 |

*Note:* Missings explain differences to total.

video conference tools like Skype or in person where hygienic concepts allowed for this procedure. Ethical approval to conduct the study was granted by the Institutional Review Board of the University of Erfurt.

The interviews covered, among other things, parents' media use, their preferred media for crisis information as well as the types of crisis communication and settings in which they explained the situation. They were based on a methodical review of (theoretical and empirical) literature on media pedagogical concepts for crisis communication, parental mediation, as well as child and adolescent media research. All interviews were conducted in German and varied in length between 20 and 60 minutes. Translations of the interviews was done by Claudia Riesmeyer. The audio files were transcribed word-by-word and then analyzed, using qualitative content analysis based on Mayring (2014).

The quantitative online survey (n = 146) with the interviewed as well as further parents covered their socio-demographic data, current job situation during the first wave of the pandemic, family context, media use, and their crisis communication (Table 1). With the survey we aimed to validate their responses as methodological triangulation. The analysis of the quantitative survey data focused on those descriptive results, which were parallel to the data of the interview codes to validate them. These were the type of media, parents use for crisis information transmission (RQ1a), and types of parental

crisis communication (RQ1b). For RQ2 we measured the frequency and topic of talks of parents with their children about the situation. For RQ3 we analyzed age differences in the frequency of talks and in the parental crisis communication based on Buijzen and Valkenburg (2005) as well as Jöckel and Fleischer (2012) but adapted to the COVID-19 situation on 5-point Likert scale with answers varying from "totally disagree" to "totally agree." Active parental mediation was measured with four items (e.g., "I intensively talk to my child(ren) about COVID-19-related media content," M = 3.59, SD = 0.81, α = .69). Restrictive parental mediation was also measured with four items (e.g., "I decide, how and where my child gets information about the Corona virus," M = 3.22, SD = 0.96, α = .74).

## 3 Results

In the following, results are presented with regard to the research questions. They are based both on the semi-structured interviews and the supplementary online survey.

### 3.1 Media usage and types of crisis communication

To answer *RQ1a* we analyzed the frequency of media usage by parents to inform their children about the crisis. In the survey, more than half of the parents (n = 92; 63 %) used media to do so. The most frequently used media channels were television (n = 63; 42 %), radio (n = 36; 25 %), and online videos (n = 30; 21 %). This was also reflected in the interviews. In rare cases parents also mentioned apps for children for crisis information.

With regard to *RQ1b* we identified three types of crisis communication which were employed by parents. When asked for the type of media content to inform their children about the crisis, one type we identified was to use *(1) media content especially designed for children* to explain the pandemic to their children. These parents stated that it is important for them, that this media content is free of fear and age-appropriate so that it does not stim-

ulate panic and answers questions from a child-related view. Instead, they wanted the media to explain the risks, the virus, and protective measures comprehensibly. Accordingly, they preferred children's news on television that is primarily provided by public-service broadcasting (e.g., "Kinderkanal"), but also chose YouTube videos. There were also parents who explicitly did not want their children to consume the adult news to prevent them from seeing scary pictures (e.g., showing illness, death).

Another strategy of crisis communication by parents is (*2) the joint consumption of media content for adults*, where parents consume specific media content together with their children. Often the German daily evening news (i.e., *Tagesschau*) is mentioned here. Because parents watch it regularly and trust this news source, they also watch it together with their children: "The Tagesschau was rather a fixpoint for my husband and me, quite important at the beginning" (mother of a son, nine years old, and a daughter, 12 years old). The same applies to radio news, when they are tuned in for breakfast, or for (online) newspapers: "We let them consume, what we consume, e.g., SZ Online [a German online newspaper]" (mother of a daughter, eight years old, and a son, 11 years old).

However, this form of crisis communication often is not chosen deliberately, but just happened because the parents were busy due to parallel duties of home office, home schooling, and personal crisis-related challenges. Thus, children just watch and listen to the same news and crisis content that the parents consume, although parents (often those of younger children) are not satisfied with this situation. A mother of a daughter, five years old, expressed this as follows: "We then lost the awareness and then she (the daughter) overheard the talks of the adults […] and then were overwhelmed by too much information."

Furthermore, some parents preferred (*3) personal talk to explain the crisis to their children* and did not use media content to do this. Although personal conversations can also belong to type 1 and 2 as follow-up

communication, the difference here is the primary focus on personal talk and the explicit exclusion of media content for crisis communication. They argued that only in a dialogue, interactive form of communication, they could empathically focus on the needs of the children and answer their questions appropriately.

Results also show, that the working conditions of the families influence the types of parental crisis communication. When parents are suddenly confronted with work worries (e.g., loss of income) or organizational challenges (due to the closedown of schools and preschools) and parallel office work, they might not be able to explain the COVID-19 information with regard to the specific needs of their children and provide sufficient emotional support.

### 3.2 Frequency and situations of crisis communication

In the analysis for *RQ2* we saw in the quantitative data that parents talked quite frequently with their children about the crisis. More than 40 % of the parents talked at least daily with their children about the crisis and nearly all (98 %) talked at least once a week about the situation (Table 2). The setting parents chose for the crisis communication reflects the dominance of the topic. Mostly, families reported to talk a lot about COVID-19 and *integrated it in their daily activities*, e.g., during meals: "It's table talk" (mother of a son, ten years old, and two daughters, 12 and 14 years old), "at breakfast, what's new" (mother of three sons, nine, 12, and 16 years old), or during walks, that were taken up by many families as a new routine to compensate for staying at home.

The *amount and topics of questions* from the children varied. While some children asked a lot of questions, other remained rather silent about the topic. The topic included the risks for them as well as for their family (like their parents or grandparents), prevention measures (like keeping distance and washing hands), and plans for the future (like holidays). Here, parents assumed their children to be ei-

ther otherwise informed or emotionally overwhelmed by the topic.

In addition, *specific media content* that the children saw could stimulate specific questions like "after he saw his Logo-News [News for Children] then the one or other question comes up" (mother of three sons, nine, 12, and 16 years old) or "our children now also listen to the news, of course, and after what came up in radio, we talked about it" (mother of two sons, both are nine years old, and a daughter, 12 years old).

Some parents also stated that they *avoid to talk* with their children about the topic. Either because they wanted to protect their children and / or because they were overwhelmed by the situation themselves and thus, avoided information and were not able to answer the questions. "If I cannot understand it, I cannot explain it in a way, that my child can understand, why it is like it is" (mother of two daughters, nine and 11 years old), "I don't know myself" (mother of two sons, eight and nine years old), or "I would not inform them about stuff, that I don't understand myself" (mother of two sons, eight and 12 years old, and a daughter, 15 years old).

Table 2:　Frequency of parents' crisis communication with their children

| Option | N | % |
| --- | --- | --- |
| Never | 2 | 1 |
| Once a week | 16 | 11 |
| Several times a week | 66 | 46 |
| Once a day | 30 | 21 |
| Several times a day | 29 | 20 |
| Total | 143 | 100 |

*Note:* n = 146, n = 3 missings, "How frequently do you talk to your child(ren) about the crisis situation?"

### 3.3 Age-related differences

Based on *RQ3*, we saw that with respect to the age of their children parents considered different media as appropriate for their children to talk with them about the COVID-19 pandemic. For children under six years old, parents preferred pamphlets and books, but also songs and pic-

tures and considered them "too young, to process this" (mother of a son, ten years old). For these younger children, parents also emphasized the mediation of hope and confidence to reduce stress and anxiety. For schoolkids of younger age (i. e., primary school), we saw that they selected news and science programs specifically designed for children (like *Woozle Goozle, Die Sendung mit der Maus, logo!*, or *PUR+*). For children older than ten years, parents also stated Youtube videos, podcasts, and adult-oriented news formats (*Tagesschau, RTL Aktuell*) as appropriate ways to inform the children about the crisis, although other parents criticized adult news formats for containing pictures and information (e.g., about death in Italy) that they did not consider appropriate for their children. Here, we also saw that children started to use media for crisis independently from their parents.

The survey results indicate that the types of parental crisis communication are associated with children's age. Forms of active parental mediation of COVID-19 related information, such as openly talking to the children about the virus and its consequences, increases with children's age ($r = 0.32$, $p = .003$), while the application of restrictive crisis communication strategies, such as controlling the COVID-19 related information, decreases with children's age ($r = -0.64$, $p < .001$).

In addition, some parents, often those with two or more children, also reflected on the fact that, beyond age, also empathy, personality, and interest of the children were relevant for the amount of crisis information they needed. Sometimes this focus on the status of development resulted in the situation that the younger children were more interested in the crisis than older ones.

## 4    Discussion

The aim of this paper was to identify types, frequencies, and settings of parental crisis communication during times of rapid societal changes, such as the COVID-19 pandemic. Results indicate, that the parental crisis communication of health information on COVID-19 employs a broad spectrum of mostly age-appropriate and developmentally sensitive traditional as well as new media formats. Mainly, parents prefer sources that provide reliable and age-appropriate media content. This aligns with established models of information preferences in crisis (Austin, Fisher Liu, & Jin, 2012) and with COVID-19 studies about the information preferences among the general population (Betsch et al., 2020; Rossmann, 2020), where people preferred trusted crisis information by public service broadcasting, public health institutions, and governmental organizations.

With regard to types of pandemic-related parental communication, we see that the avoidance or limitation of emotionally burdening content (such as visual depictions) is employed as a restrictive form of parents' mediation of crisis communication. Because former studies on crisis communication indicate that this strategy decreases risk of emotional traumata on children (Knieper, 2006), this can be regarded as an appropriate approach for parental crisis communication. The age-related increase of active forms of mediation and the considerations about the choice of appropriate communication formats also indicate that parents paid attention to a form of crisis information that considers the developmental status of their children. In addition, they integrated various naturally occurring settings like meals and walks to talk with their children about the crisis.

Thus, parents mostly applied types of crisis communication and forms of mediation which correspond with the recommendations given by Vernberg et al. (2016), or by mediation research (Buijzen & Valkenburg, 2005). However, the realization of such recommendations is sometimes hindered by the high burdens of emotional and organizational challenges within some families. Here, it seems important to address the specific needs and provide emotional support by external sources outside the family. Even if they might not be able to do this in person, schools, peers, or other institutions (such as a crisis hotline like

*krisenchat.de*) might offer this crisis communication in digital interactive formats.

The generalizability of the present findings may be limited as the recruitment of the parents mostly derived from self-selection and relied on the Internet access of the participants. Because our recruitment was based on the personal network of master students and support staff, we have (despite the quota system which included school type of children) a bias toward parents with higher education (55 % in our sample compared to 25 % in the age group between 30 to 49 years old in Germany; Table 1 and Education Report, 2020). Thus, we might not have gained strong insights in parental crisis communication in families with low income, very challenging working and housing conditions and presumably a lack of technical equipment for media use. Thus, firstly, further studies should try to include a broader spectrum of social groups and also collect more data on these aspects. Secondly, we only considered responses by parents but not by children. It is possible that interviews with children may yield discrepant results. Results indicate that crisis-related communication with children is not always initiated and controlled by their parents, but by children themselves, coming up with questions regarding information about the crisis from various sources. Thus, future research should also analyze the children's perspective. Presumably, talking about the crisis and its effects did not only help children but also adults to cope with the situation.

Thirdly, the interviews represent self-reports, which may have led to memory biases inherent in retrospective recall and is subject to social desirability. The latter is especially likely due to the video-call setting. In addition, we have only shed light on a specific phase of the pandemic. Although it was the first lockdown in the pandemic with the highest rate of unknown changes of daily life, it might be useful to compare this phase with later phases of adaption and newly occurring challenges of long-term lockdowns. In sum, further research is clearly needed to better understand the mechanism

between social status and parental crisis communication as well as the changes over time.

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## Conflict of interests

The authors declare no conflict of interests.

## References

Austin, L., Fisher Liu, B., & Jin, Y. (2012). How audiences seek out crisis information: Exploring the social-mediated crisis communication model. *Journal of Applied Communication Research, 40*(2), 188–207. https://doi.org/10.1080/00909882.2012.6 54498

Bartlett, J. D., Griffin, J., & Thomson, D. (2020). Resources for supporting children's emotional well-being during the COVID-19 pandemic. *Child Trends.* Retrieved from https://aisa.or.ke/wp-content/uploads/resources/health-and-wellbeing/well-being-resources/resources-for-supporting-childrens-emotional-well-being-during-the-covid-19-pandemic-290320.pdf

Bendau, A., Petzold, M. B., Pyrkosch, L., Mascarell Maricic, L., Betzler, F., Rogoll, J., … Plag, J. (2021). Associations between COVID-19 related media consumption and symptoms of anxiety, depression and COVID-19 related fear in the general population in Germany. *European Archives of Psychiatry and Clinical Neuroscience, 271*(2), 283–291. https://doi.org/10.1007/s00406-020-01171-6

Betsch, C., Korn, L., Felgendreff, L., Eitze, S., Schmid, P., Sprengholz, P., … Ahrens, P.-A. (2020). German COVID-19 Snapshot Monitoring (COSMO). *PsychArchives.* https://doi.org/10.23668/PSYCHARCHIVES.2875

Börner, C. (2016). *Eltern als Mediendidaktiker* [Parents as media didacts]. Wiesbaden, Germany: Springer.

Buijzen, M., & Valkenburg, P. M. (2005). Parental mediation of undesired advertising effects. *Journal of Broadcasting & Electronic Media, 49*(2), 153–165. https://doi.org/10.1207/s15506878jobem4902_1

Buijzen, M., Walma van der Molen, J. H., & Sondij, P. (2007). Parental mediation of children's emotional responses to a violent news event. *Communication Research, 34*(2), 212–230. https://doi.org/10.1177/0093650206298070

Clark, L. S. (2011). Parental mediation theory for the digital age. *Communication Theory, 21*(4), 323–343. https://doi.org/10.1111/j.1468-2885.2011.01391.x

Dalton, L., Rapa, E., & Stein, A. (2020). Protecting the psychological health of children through effective communication about COVID-19. *The Lancet Child & Adolescent Health, 4*(5), 346–347. https://doi.org/10.1016/S2352-4642(20)30097-3

Education Report (2020) of the author group Bildungsberichterstattung. *Bildung in Deutschland 2020* [Education in Germany]. Retrieved from https://www.bildungsbericht.de/de/bildungsberichte-seit-2006/bildungsbericht-2020/bildung-in-deutschland-2020

Houston, J. B., First, J., Spialek, M. L., Sorenson, M. E., & Koch, M. (2016). Public disaster communication and child and family disaster mental health: A review of theoretical frameworks and empirical evidence. *Current Psychiatry Reports, 18*(6), 1–9. https://doi.org/10.1007/s11920-016-0690-5

Jöckel, S., & Fleischer, S. (2012). Elterliche Mediation beim Umgang mit Online-Werbung und Sozialen Netzwerken [Parental mediation when dealing with online-advertising and social media]. *Merz, o. Jg.*(6), 25–36.

Kleemans, M., de Leeuw, R. N. H., Gerritsen, J., & Buijzen, M. (2017). Children's responses to negative news: The effects of constructive reporting in newspaper stories for children. *Journal of Communication, 67*(5), 781–802. https://doi.org/10.1111/jcom.12324

Knieper, T. (2006). Die Flut im Wohnzimmer [The flood in the living room]. *Publizistik, 51*(1), 52–66. https://doi.org/10.1007/s11616-006-0005-7

Mayring, P. (2014). *Qualitative content analysis: Theoretical foundation, basic procedures and software solution.* Klagenfurt, Austria. Retrieved from http://nbn-resolving.de/urn:nbn:de:0168-ssoar-395173

Midtbust, L. G. H., Dyregrov, A., & Djup, H. W. (2018). Communicating with children and adolescents about the risk of natural disasters. *European Journal of Psychotraumatology, 9*(sup2), 1–10. https://doi.org/10.1080/20008198.2018.1429771

Nikken, P., & Jansz, J. (2014). Developing scales to measure parental mediation of young children's internet use. *Learning, Media and Technology, 39*(2), 250–266. https://doi.org/10.1080/17439884.2013.782038

Remmerswaal, D., & Muris, P. (2011). Children's fear reactions to the 2009 swine flu pandemic: The role of threat information as provided by parents. *Journal of Anxiety Disorders, 25*(3), 444–449. https://doi.org/10.1016/j.janxdis.2010.11.008

Renner, B., & Gamp, M. (2014). Krisen- und Risikokommunikation [Crisis and risk communication]. *Prävention und Gesundheitsförderung, 9*(3), 230–238. https://doi.org/10.1007/s11553-014-0456-z

Riesmeyer, C., Wilhelm, C., & Reifegerste, D. (2022). Die Mischung macht's. Elterliche Mediationsstrategien der kindlichen Mediennutzung während der Corona-Pandemie [The mixture makes the difference. Parental mediation strategies of children's media use during the COVID-19 pandemic]. *MedienPädagogik, 46*, 24–50. https://doi.org/10.21240/mpaed/46/2022.01.13.X

Rossmann, C. (2020). Übersättigt mit Corona-Informationen? [Oversaturated with COVID-19 news?]. Erfurt, Germany: University of Erfurt. Retrieved from https://www.uni-erfurt.de/universitaet/aktuelles/news/news-detail/uebersaettigt-mit-corona-informationen

Vernberg, E. M., Hambrick, E. P., Cho, B., & Hendrickson, M. L. (2016). Positive psychology and disaster mental health: Strategies for working with children and adolescents. *Journal of Clinical Psy-*

*chology, 72*(12), 1333–1347. https://doi.org/10.1002/jclp.22289

Wisner, B., Paton, D., Alisic, E., Eastwood, O., Shreve, C., & Fordham, M. (2018). Communication with children and families about disaster: Reviewing multi-disciplinary literature 2015–2017. *Current Psychiatry Reports, 20*(9), 1–9. https://doi.org/10.1007/s11920-018-0942-7

Wilhelm, C., Riesmeyer, C., & Reifegerste, D. (2021). Distanzlernen in der Krise aus Sicht der Eltern: Lektionen aus Wissenschaft und Praxis. Ein Werkstattbericht. [Parents' view on distance learning during the crisis.] *MedienJournal: Zeitschrift für Medien- und Kommunikationsforschung, 45*(3), 65–78. https://doi.org/10.24989/medienjournal.v45i3.2041