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3 A Critical Analysis of UK Media Characterisations of Long

4 Covid in Children and Young People

5 Short title: UK Media Characterisations of Long Covid in Children and Young People

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18

19 **Abstract**

20 Long Covid is the continuation or development of symptoms related to a SARSCoV2
21 infection. Those with Long Covid may face epistemic injustice, where they are unjustifiably
22 viewed as unreliable evaluators of their own illness experiences. Media articles both reflect
23 and influence perception and subsequently how people regard children and young people
24 (CYP) with Long Covid, and may contribute to epistemic injustice.

25 We aimed to explore how the UK media characterises Long Covid in CYP through
26 examining three key actor groups: parents, healthcare professionals, and CYP with Long
27 Covid, through the lens of epistemic injustice. A systematic search strategy resulted in the
28 inclusion of 103 UK media articles. We used an adapted corpus-assisted Critical Discourse
29 Analysis in tandem with thematic analysis. Specifically, we utilised search terms to locate
30 concordances of key actor groups.

31 In the corpus, parents highlighted minimisation of Long Covid, barriers to care, and
32 experiences of personal attacks. Mothers were presented as also having Long Covid.
33 Fathers were not mentioned once. Healthcare professionals emphasised the rarity of Long
34 Covid in CYP, avoided pathologizing Long Covid, and overemphasised psychological
35 components. CYP rarely were consulted in media articles but were presented as formerly
36 very able. Manifestations of Long Covid in CYP were validated or invalidated in relation to
37 adults.

38 Media characterisations contributed to epistemic injustice. The disempowering portrayal of
39 parents promote stigma and barriers to care. Healthcare professionals' narratives often
40 contributed to negative healthcare experiences and enacted testimonial injustice, where
41 CYP and parent's credibility was diminished due to unfair identity prejudice, in their
42 invalidation of Long Covid. Media characterisations reveal and maintain a lack of societal
43 framework for understanding Long Covid in CYP. The findings of this study illustrate the
44 discursive practices employed by journalists that contribute to experiences of epistemic
45 injustice. Based on our findings, we propose recommendations for journalists.

46

47 Introduction

48 Long Covid in children and young people (CYP) occurs in those with a history of confirmed
49 or probable SARS-CoV-2 infection, with symptoms lasting at least 2 months initially
50 occurring within 3 months of an acute covid-19 infection.¹ Potential symptoms range widely
51 and include cognitive difficulties, cough, dizziness, dyspnoea, joint pain, light sensitivity, loss
52 of appetite, myalgia, palpitations, and sore eyes or throat, and can newly onset or persist
53 from the initial infection. The World Health Organisation (WHO) definition of Long Covid in
54 CYP was developed in February 2023 to align understanding of the condition and
55 acknowledge that CYP have potentially different Long Covid presentations from adults.¹

56 Long Covid is the first illness to be socially constructed through afflicted individuals
57 connecting online.² While the developing understanding of Long Covid has more patient
58 input than seen in other diseases, people living with Long Covid nevertheless experience
59 barriers to recognition of their experience and perspectives.³ In addition to the requirement
60 of proof of infection, there are formidable barriers for those with Long Covid, especially CYP,
61 to accessing adequate care.⁴ Long Covid services often require a general practitioner (GP)
62 referral,^{5,6} and many clinics continue to have a wait time of over 15 weeks.⁷ In addition to the
63 logistic barriers to care, people with Long Covid face discrimination and stigma which
64 hinders engagement with health services and can result in healthcare professionals (HCPs)
65 minimising the experience of people with Long Covid.^{4-6,8}

66 Epistemic injustice occurs when people are unjustifiably discredited, as unreliable evaluators
67 of their own illness experiences.⁹ There are two forms of epistemic injustice: testimonial and
68 hermeneutical.¹⁰ Testimonial injustice occurs when someone's credibility is diminished
69 because of unfair identity prejudice.¹⁰ This has been seen in Long Covid, where lived
70 experiences are dismissed due to those living or describing them being negatively
71 stereotyped.¹¹ These negative stereotypes can be formed by aspects of a person's identity

72 that unfairly diminish their perceived credibility, such as their race, gender, social class, or
73 age.

74 The other form of epistemic injustice is hermeneutic injustice, where a person is not able to
75 articulate their experience because of a gap in collective interpretive resources.¹² The
76 hermeneutic injustice in Long Covid stems from a societal lack of a framework for
77 understanding and conceptualising the condition. There is still limited understanding of Long
78 Covid partially due to its relatively recent emergence, and this hinders recognition of the
79 condition. The predominance of the biomedical illness model for conceptualising disease in
80 countries such as the UK privileges diseases diagnosable by an “objective” test over
81 diseases that are predominately diagnosed via symptom presentation.¹¹ There is still no
82 biomarker that can offer sensitive and specific diagnosis of Long Covid. As a result, Long
83 Covid suffers low disease prestige and those afflicted are disadvantaged by this.¹¹

84 Systemic power and social structures influence the characterisation of Long Covid.¹⁰ The
85 media play a large role in the knowledge construction of certain chronic diseases and the
86 epistemic (in)justice in representing various actors involved.¹⁰ Media articles both reflect and
87 influence perception of the condition and subsequently how people regard and behave
88 towards CYP with Long Covid. Key actors such as HCPs, parents of children with Long
89 Covid, and affected CYP are frequently represented in media articles reporting on Long
90 Covid in CYP. In the articles, the actors share their knowledge and are also discussed by
91 others. There is currently a lack of research analysing media coverage of Long Covid. We
92 aimed to examine how the UK media characterise Long Covid in CYP using a Critical
93 Discourse Analysis approach.

94 **Methods**

95 **Data sources and systematic search strategy**

96 This study analyses media articles about Long Covid in CYP published in national
97 newspapers in the UK between January 1st, 2020 and June 7th, 2023. Articles were

98 collected through the search engine LexisNexis using search terms related to Long Covid
99 and CYP. After duplicates were removed and all articles were skimmed for relevance
100 according to the inclusion criteria (**Table 1**), 103 articles were included for analysis. The
101 adapted PRISMA diagram is presented in **Fig 1**. For the full systematic search strategy, a list
102 of included/excluded publishers, descriptive data including a demographic breakdown of the
103 included articles (style and political leaning of publisher, date published), refer to **SI 1 and 2**
104 **tables, SI 3-5 figures**. For the characterisation of each publisher, refer to **SI 6 table**. Articles
105 were labelled as duplicates if they were published within 48 hours with the same author(s),
106 with an identical or nearly identical text body. Articles with repeated text but significantly
107 different lengths (as assessed by the primary researcher) were not considered duplicates.

108 **Table 1. Inclusion and exclusion criteria for media articles.**

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none">• UK based• Published after January 1st, 2020• Media article on Long Covid in CYP• Media article published by a national publisher (including England, Scotland, Northern Ireland, Wales)	<ul style="list-style-type: none">• Non-UK based• Published before January 1st, 2020• Media article not both on Long Covid in CYP<ul style="list-style-type: none">○ On Long Covid generally○ On pandemic effects on children• Media article published by a non-national publisher CYP<ul style="list-style-type: none">○ Local, regional, or international○ Published by individuals not affiliated with a publisher

109

110 **Figure 1: Adapted PRISMA diagram of media articles identified for inclusion.**

111 All included articles were manually converted into plain text format using Notepad, and text
112 not related to the body (such as suggestions for further reading) were removed if spotted at
113 the beginning or the end of the text file. All media articles were loaded into the corpus tool
114 ANTconc,¹³ which was utilised to facilitate the analyses.

115 **Data analysis**

116 We used a modified social actor theory approach¹⁴ to Critical Discourse Analysis (CDA) in
117 determining how media articles (re)produce knowledge of Long Covid in CYP within existing
118 power structures. In CDA, discourse is viewed as an inherently social practice that is both
119 reflective of and influential on public perception and power structures.^{15,16} Our approach to
120 CDA maintains the fundamental purpose of producing systematic and reproducible problem-
121 oriented investigation¹⁶ but focuses on a craftsmen perspective of methodology^{17,18} in
122 integrating elements of thematic analysis. The critical angle taken is informed by the
123 conceptual framework of epistemic injustice.⁹

124 Each article was examined using ANTconc¹³ to locate various actors: parents of CYP with
125 Long Covid, HCPs, and CYP with Long Covid. HCPs were defined as medical clinicians as
126 well as scientists and researchers addressed as doctors. Actors were identified in the text
127 via KeyWord in Context search (KWIC) (for the list of search terms used and results yielded,
128 refer to **SI 7 table**). As a result, the articles were not read in full. Focusing on the overall
129 representation of actors as opposed to individual articles provided a broad overview and
130 allowed the researcher to identify key information and common themes through cross-
131 referencing. Each line was read and coded thematically and linguistically.

132 Themes were derived based on the Braun and Clarke's steps for thematic analysis.¹⁹ The
133 discursive elements of the research were conducted based on Baker's corpus-driven
134 approach to discourse analysis.²⁰ The thematic diagram was iteratively constructed for each
135 actor based on the developing understanding of identified themes. Themes selected for
136 inclusion in the results were based on saliency, relevance to the research question, and
137 alignment with the conceptual framework of epistemic injustice. When beneficial, the
138 significance or uniqueness of findings were evaluated against the BE06, a reference corpus.
139 The BE06 is a publicly available, one-million-word corpus of published written British English

140 and is intended to be used as a representative sample.²¹ For a detailed explanation of each
141 step undertaken in the analysis and the rationale behind each step, refer to **SI 8 table**.

142 **Patient and Public Involvement (PPI)**

143 PPI helped to gain insight into stakeholder perspectives. The founder of a patient advocacy
144 group for CYP with Long Covid which is now a leading charity is a PPI co-author on this
145 paper (SM). She shared her experience in that role, as a person with Long Covid, and as a
146 parent seeking care for her child. The research co-production process involved a review of
147 potential research questions as well as an overview of the public contributor's lived
148 experience. The methodology and focus of the research were modified in light of this.

149 **Ethical considerations**

150 We analysed publicly available media articles. Names referenced in quotes from the
151 published media articles were redacted.

152 **Quality assurance**

153 These findings were all initially single coded by the primary researcher by hand. Coding of
154 lines was reviewed against the final codebook to ensure strict adherence to the definitions of
155 codes. Single coding likely allowed for greater consistency in the coding process, as there
156 was no potential for coding discrepancy. As a result, reliability is high. To enhance validity,
157 the data for all codes and themes included in the results were reviewed by a second author
158 (DC) to ensure that the data were well represented by these themes. DC provided input on
159 the accuracy of the coding classifications and provided input on the quotes to highlight as
160 examples. The coding manual and comprehensive thematic maps are included to allow the
161 reader to determine validity and the degree of confidence to be placed in the findings (**SI 9**
162 **table and SI 10-12 figures**). Initial themes were discussed with the other co-authors to
163 enhance trustworthiness in findings.

164 **Results**

165 Themes selected for inclusion in the results section below were based on saliency,
166 relevance to the research question, and alignment with the theoretical framework.

167 **Parents**

168 **Parents versus mothers**

169 Of the 181 times the actor parents were identified via the KWIC tool, 57 instances referred
170 explicitly to the mother. No instances were found where the father of the CYP was
171 specifically referenced. To determine if this is unique to the corpus created for this research,
172 the search terms used were replicated in the BE06. The BE06 identified 1684 references to
173 parents via the KWIC tool, of which instances referring explicitly to the mother and father
174 were exactly equal. This indicates that the absence of fathers in this corpus is atypical. The
175 presented themes collate mothers and parents, with specifications when themes between
176 mothers and parents differed.

177 **Knowledge produced by parents**

178 **Parents providing information**

179 The primary function of parents in the corpus was to recount symptoms or the experience of
180 CYP with Long Covid. Often parents reported CYP's symptoms in the context of contributing
181 to research. Sometimes parent-reported symptoms were regarded neutrally, but they were
182 frequently framed as a research limitation or a source lacking credibility. Parents' reporting of
183 CYP's symptoms were devalued when they were seen as subjective and potentially
184 exaggerated. Of note, symptoms are inherently subjective,²² so the criticism may more
185 accurately reflect criticism of the diagnostic criteria which is based on symptoms and not
186 biomedical markers.

187 **Parents highlighting a lack of support and experiencing personal attacks**

188 The media articles heavily featured parents highlighting a lack of support for themselves and
189 CYP with Long Covid. Within the theme of a lack of support, parents reported minimisation
190

191 of Long Covid in CYP. In addition, parents cited numerous barriers to care and a lack of
192 available services. Parents also reported experiencing personal attacks in seeking support
193 for their CYP with Long Covid. In many of these attacks, the credibility of the parent was
194 questioned.

195
196 The media articles primarily presented lack of support and experiences of personal attacks
197 through quotations and reporting of parents' perception. Media articles did not present
198 parents experience as factual. As a result, the responsibility for the accuracy of the claims
199 lies within the referenced parents as opposed to the journalist. This created an opportunity to
200 devalue parental accounts. For example, in writing “[redacted CYP name] and her mother
201 [redacted parent name] feel the illness hasn't been taken seriously”,²³ using the word “feel”
202 highlights their subjective perspectives as opposed to contextualising their experiences
203 within evidence that Long Covid is indeed not taken seriously.²⁴ In another example,
204 “parents of children with the condition claim nothing has been done to help them”,²⁵ the word
205 “claim” alongside the extreme “nothing” implies that parents' statements may be unreliable.

206 **Parents describing gaps in collective understanding**

207 Parents also described how gaps in collective understanding have impacted CYP with Long
208 Covid. One mother described Long Covid in CYP as “Russian roulette” in reference to the
209 unpredictability of who becomes afflicted.²⁶ Parents reported feelings of invisibility for CYP
210 with Long Covid, in part due to lack of recognition or proof of the disease.

211

212 **Knowledge produced about parents**

213 **Mother presented as having Long Covid**

214 Mothers (but never parents) were sometimes presented as also having Long Covid. In many
215 of these instances, mothers also described siblings who had Long Covid.

216

217 **Table 2. Themes for parents.**

Theme/subtheme	Supporting data
<p>Theme: Parents providing information</p> <p>Sub-theme: Parents recounting CYP's symptoms or experience in the context of contributing to research</p>	<ul style="list-style-type: none"> • He [research professor] added: <i>“Current studies lack a clear case definition and age-related data, have variable follow-up times, and rely on self- or parent-reported symptoms without lab confirmation.”</i> (PA Media, 16th September 2021)²⁷ • The Office for National Statistics said only one in 100 primary-aged pupils actually have the condition, despite half of parents reporting at least one of its symptoms. (Mail Online, 1st March 2022)²⁸
<p>Theme: Parents highlighting a lack of support</p> <p>Subtheme: Minimisation</p>	<ul style="list-style-type: none"> • Despite the severity of her symptoms, [redacted CYP name] and her mother [redacted parent name] feel the illness hasn't been taken seriously. (Mail Online, 30th June 2021)²³ • Parents say they are being dismissed or regarded with suspicion by medical professionals over their child's unexplained symptoms. (The Guardian London, 3rd May 2021)²⁹ • Christmas Eve [redacted CYP name], from Osbournby, Lincolnshire, had such intense nerve pain she vomited when touched. In A&E she was told she was <i>"one of the lucky ones"</i> for having antibodies and should <i>"get on with it"</i>, her mother, [redacted parent name], said. (The Times, 13th March 2021)³⁰
<p>Theme: Parents highlighting a lack of support</p> <p>Subtheme: Barriers to care and lack of services</p>	<ul style="list-style-type: none"> • Her mum [redacted parent name] said: <i>“We were told she could access the specialist clinic in Glasgow. But they said no, it would “open the floodgates” for people with long Covid. It’s ludicrous.”</i> (Scotsman, 5th June 2022)³¹ • Children left battling long Covid symptoms months after first contracting the virus have received little support from the NHS or Government, parents have said. (PA Media 26th January 2021)³² • Parents tell the group they face a lack of support at every turn, from healthcare to support or children falling behind with school work. (Scotsman, 5th June 2022)³¹
<p>Theme: Parents report experiencing personal attacks</p> <p>Subtheme: Parents reporting experiencing personal attacks</p>	<ul style="list-style-type: none"> • <i>“...doctors have been dismissive to the point of telling me I'm an anxious mother and needed to calm down because children of my daughter's age are not affected by Covid or long Covid.”</i> (The Guardian London, 3rd May 2021)²⁹

	<ul style="list-style-type: none"> • <i>“They opened a multi-agency referral form against me saying I was an unfit mother because of how I broke down.” (PA Media, 26th January 2021)³²</i> • <i>“Many parents on our site have experienced poor care for their children, including diagnoses of anxiety in the child and even, in some cases, some form of Munchausen by proxy in the parents,” said [redacted parent name]. (The Guardian London, 3rd May 2021)²⁹</i>
<p>Theme: Parents describing gaps in collective understanding</p> <p>Subtheme: Unseen and unverified</p>	<ul style="list-style-type: none"> • [Redacted CYP name]’s mum [redacted parent name], 51, said: <i>“I think because [redacted CYP name] looks fine, people think she is OK but she’s really not...” (The Daily Record, 12th September 2021)²⁵</i> • The government insistence that children did not need to be tested means there is a <i>“whole wave of children who were never diagnosed but now have long Covid, who are just a bit invisible in the system”</i>, said one parent. (The Times, 13th March 2021)³⁰
<p>Theme: Knowledge produced about parents</p> <p>Subtheme: Mother presented as having Long Covid</p>	<ul style="list-style-type: none"> • <i>“I look at all my children and none of them are the same children,” she said. [Redacted parent name], a mother-of-two who has also been experiencing symptoms for seven months, added: “We have no answers to this.” (PA Media, 26th January 2021)³²</i>

218 **HCPs**

219 **Knowledge produced by HCPs**

220 **Rarity discourse**

221 HCPs were often included in the articles discussing the prevalence of Long Covid in CYP.

222 Of all instances identified in the corpus, 30% of the time HCPs quantified prevalence

223 neutrally and 70% of the time HCPs subjectively appraised the rarity of Long Covid. CYP

224 suffer fewer chronic conditions as adults,³³ so the often-used comparison of prevalence

225 across these groups is unlikely to provide a complete account of “rarity” relative to CYP.

226 When attaching a value judgement, 19% of the time HCPs viewed Long Covid in CYP as not

227 rare, and 81% of the time HCPs described Long Covid in CYP as rare. When calling the

228 condition rare, HCPs frequently stated that this should be reassuring for concerned parents.

229 Usually, the CYP with Long Covid were not addressed in this context, but sometimes it was

230 recognised that rarity is not a consolation for those currently affected. One HCP stated "Long
231 Covid seems to be rare in children, but it doesn't matter. If it's your child there needs to be a
232 service for even one child with Long Covid."³⁴ This deviant example provides a subjective
233 judgement on rarity while still recognising the impact of Long Covid on affected families.

234

235 **Perceptions of disease validity**

236 HCPs also offered their perceptions on the validity of Long Covid in CYP. In most
237 occurrences that explicitly addressed disease validity, the HCP emphasised that the
238 condition is important to take seriously. However, in some instances the manner in which
239 validation was delivered could be interpreted as backhanded. In one remark, Long Covid is
240 seen as a "side effect"³⁵ as opposed to a distinct and legitimate condition.

241 In addition, HCPs engaged in pathologisation avoidance,¹⁰ where they hesitated to
242 characterise the experiences of CYP as abnormal or requiring a diagnosis. Pathologisation
243 avoidance was also located in the CYP lines, where one professor quoted in *The Daily*
244 *Telegraph* noted

245 "...just how common symptoms such as tiredness or headaches are in children and
246 teenagers, regardless of whether they had Covid or not."³⁶

247 Pathologisation avoidance in the case of Long Covid in CYP may be a form of wrongful
248 depathologisation as the diagnosis is important for receiving care.

249 Wrongful depathologisation could be observed in a *PA Media* article,

250 "Dr [redacted HCP name] of the MCRI and University of Fribourg said symptoms of long
251 Covid were difficult to distinguish from those attributable to the indirect effects of the
252 pandemic, such as school closures, not seeing friends or being unable to do sports and
253 hobbies."²⁷

254 The implication that indirect effects of the pandemic could be erroneously conflated as Long
255 Covid suggests that symptoms of Long Covid are normal aspects of life for CYP impacted by
256 the pandemic.

257 In other instances, HCPs engaged in overpsychologisation (where they over-attributed Long
258 Covid to mental illness) of Long Covid or they gave an alternate mental health diagnosis
259 based the psychological symptoms of Long Covid. The media articles featured a mix of
260 HCPs perpetuating versus challenging the overpsychologisation of Long Covid.

261 **Difficulties with diagnosis**

262 HCP's also referenced difficulties with diagnosing Long Covid, especially with no
263 confirmation of an initial covid-19 infection. Many media articles were published before a
264 definition was created. Even when the case definition was created, HCPs faced difficulties,
265 with a *Scotsman* article noting

266 "Leading public health experts have warned it is underestimated, due to a lack of
267 understanding of the post-viral condition among doctors. And there is no simple test."³¹

268 **Knowledge produced about HCPs**

269 **HCPs as uninformed**

270 Throughout the corpus, HCPs were characterised as uninformed. One paediatrician warned
271 that "experts are still baffled by the long-term complications of the disease."²³ This lack of
272 knowledge may come from both the novelty of the condition (a pragmatic, not inherently
273 unjust barrier), and a societal lack of conceptual framework to understand Long Covid (an
274 inherently unjust barrier)^{9,11}. In other instances, HCPs were outwardly characterised as
275 unjustly ignorant. A *Wales Online* article read, "Long COVID is a well-recognised condition in
276 children but sadly, there's still poor awareness among some medical professionals."³⁷ For

277 either reason, HCP's being uninformed appeared to contribute to negative experiences and
 278 created a formidable barrier to diagnosis.

279 **Table 3: Themes for HCPs.**

Theme/Subtheme	Supporting data
<p>Theme: rarity discourse from HCPs</p> <p>Subtheme: Long Covid is rare</p>	<ul style="list-style-type: none"> • Dr [redacted HCP name], consultant paediatrician at the UK Health Security Agency and study chief investigator, said: '<i>It is reassuring that the vast majority of primary and secondary school aged children surveyed since March 2020 have not experienced long Covid symptoms. These new data should be reassuring for parents, clinicians and policy-makers. (Mail Online, 1st March, 2022)</i>²⁸ • Dr [redacted HCP name], based at Mater, UCD and Rotunda hospitals, warned: "<i>Long Covid seems to be rare in children, but it doesn't matter. If it's your child there needs to be a service for even one child with Long Covid. It's a failure once again.</i>" (<i>The Sun, 15th August, 2022</i>)³⁴
<p>Theme: HCP perceptions of disease validity</p> <p>Subtheme: Long Covid is validated</p>	<ul style="list-style-type: none"> • [Redacted HCP name] warned: '<i>Kids get less Covid symptoms, they are less likely to die, they are less likely to end up hospital patients. But they do get side effects.</i>' (<i>The Scottish Daily Mail, 22nd July 2021</i>)³⁵ • GP and author Dr [redacted HCP name] said that while the virus was mild in young children, they were getting long Covid, which was a "<i>real concern</i>". (<i>The Daily Mirror, 14th March 2022</i>)³⁸
<p>Theme: HCP perceptions of disease validity</p> <p>Subtheme: Pathologisation avoidance</p>	<ul style="list-style-type: none"> • Dr [redacted HCP name] of the MCRI and University of Fribourg said symptoms of long Covid were difficult to distinguish from those attributable to the indirect effects of the pandemic, such as school closures, not seeing friends or being unable to do sports and hobbies. (<i>PA Media, 16th September 2021</i>)²⁷ • Dr [redacted HCP name] said long Covid exhibits the same pattern as other post-viral illnesses, which children are as susceptible to, as adults. Most people will experience some level of post-viral fatigue at some point in their lives. (<i>The Daily Mirror, 1st November 2020</i>)³⁹ • "<i>I'm talking to paediatricians who are already getting referrals - the numbers aren't huge ... I don't think there's a huge cause for concern,</i>" she said, adding that what parents are most frustrated by is that nobody knows much about it because it's a new condition. "<i>The good news is that the majority of young people who get chronic fatigue tend to get better with appropriate support.</i>" (<i>The Guardian, 2nd March 2021</i>)⁴⁰

<p>Theme: HCP perceptions of disease validity</p> <p>Subtheme: Long Covid as an already established psychological disorder</p>	<ul style="list-style-type: none"> • Other doctors had determined that her condition was psychological. (<i>The Guardian, 10th August 2021</i>)⁴¹ • The study, which has been running since March 2020, involved 134 schools and inputs from the parents of 4,870 pupils. Dr [redacted HCP name], of King's College London, said: "<i>There was no significant difference in the numbers presenting with a 'probable mental disorder' between both groups, whether test positive or negative...</i>" (<i>The Daily Telegraph, 1st March 2022</i>)³⁶ • Kids with long Covid are treated terribly. The failings of doctors on this is huge. Most still put it down to anxiety. (<i>The Scotsman, 5th June 2022</i>)³¹
<p>Theme: Difficulties with diagnosis</p> <p>Subtheme: difficulties with diagnosis</p>	<ul style="list-style-type: none"> • Dr [redacted HCP name], a GP and Glasgow Tory MSP, has raised concerns that long Covid in children is that it can be particularly difficult to diagnose. He said: "<i>The problem with kids is that, unless it's blindingly obvious, it's difficult getting information out of them.</i>" (<i>The Scottish Daily Mail, 22nd July 2021</i>)³⁵ • Dr [redacted HCP name], a champion for Long Covid Kids Scotland, told Scotland on Sunday: "<i>Long Covid in kids seems to be hidden but the data shows it's a big problem. My concern is what happens if we don't get confirmation of infection. This is so important. It will have an impact and will increase inequalities. Those who can pay will access tests.</i>" (<i>The Scotsman, 5th June 2022</i>)³¹
<p>Theme: HCPs uninformed</p>	<ul style="list-style-type: none"> • "<i>From the start we have been doing this blind. Doctors have no strategy for how to help [redacted CYP name]...</i>" (<i>The Scotsman, 5th June 2022</i>)³¹ • "<i>Our children aren't being recognised as Long Covid sufferers because doctors aren't joining the dots between a wide range of symptoms.</i>" (<i>The Sun, 7th February 2021</i>)²⁶ • Her mother, [redacted parent name], said clinicians have been supportive, but they have "<i>openly admitted they don't know a lot about long Covid</i>". (<i>Independent Print, 16th June 2021</i>)⁴² • "<i>GPs deal in certainties but there are no certainties here, just a litany of new symptoms. We've been bounced endlessly between child and mental health services and the GP, but still no one has any idea how to help my son.</i>" (<i>The Guardian, 3rd May 2021</i>)⁴³

281 **CYP**

282 **Knowledge produced by CYP**

283 **Describing personal experience**

284 The most significant aspect of the knowledge generated by CYP was its noticeable absence.
285 While the discourse of the corpus revolved around this actor, CYP were mainly spoken for or
286 about. In the few instances CYP directly produced knowledge, it mainly consisted of CYPs
287 describing the personal impact of Long Covid and grieving the parts of their lives that have
288 changed. CYP sometimes highlighted uncertainty of their condition and the difficulty making
289 sense of what has happened to them.

290 **Knowledge produced about CYP**

291 **Overlap with other actor groups**

292 Many of the lines identified for CYP were similar to the lines identified in the parents and
293 HCPs actor groups. There were many lines highlighting a lack of support, mostly from the
294 parent's perspective but sometimes from HCPs and the writer of the media article. In
295 addition, the validity of Long Covid was frequently discussed in the CYP lines. Unlike the
296 HCP actor group, the statements of validity often came from the writer of the media article. In
297 both the validation and invalidation of Long Covid in CYP, explicit references to adults were
298 frequently employed. In statements that validated the condition, the emphasis was on
299 explaining that Long Covid does not only affect adults. In statements that invalidated the
300 condition, the severity of the CYP's condition was regarded as not as serious as in adults.

301 **Formerly very able**

302 CYP were frequently described as formerly very able. The CYP was described by others,
 303 typically parents or the writer of the media article, as opposed to providing this information
 304 themselves.

305 **Table 4: Themes for CYP.**

Theme/Subtheme	Supporting data
<p>Theme: Describing personal experience</p>	<ul style="list-style-type: none"> The overwhelming sentiment among teens with long Covid is a sense of loss. "I have missed out on everything," says [redacted HCP name]. (<i>The Guardian, 10th August 2021</i>)⁴¹ "My teenager said 'we're in a half life, we didn't die and we haven't recovered'." (<i>The Times, 13th March 2021</i>)³⁰ 'What is happening to me?' The teenagers trying to make sense of long Covid (<i>The Guardian, 10th August 2021</i>)⁴¹
<p>Theme: CYP thematic overlap with other actors</p> <p>Subtheme: Validation of Long Covid</p>	<ul style="list-style-type: none"> While long Covid is a condition that generally affects older people, teens and children can - and do - become ill. (<i>The Guardian, 10th August 2021</i>)⁴¹ Children who have contracted Covid-19 are reportedly suffering the effects of the virus for months afterwards, debunking widespread opinion that children wouldn't be hit as hard as older patients. (<i>The Mirror, 1st November 2020</i>)³⁹ Now a new study from King's College London reveals that long Covid isn't just a condition of adults but can also affect children and young people. (<i>The Daily Mirror, 18th October 2021</i>)⁴⁴
<p>Theme: CYP thematic overlap with other actors</p> <p>Subtheme: Invalidation of Long Covid</p>	<ul style="list-style-type: none"> Researchers say the findings suggest long Covid is likely less of a concern among kids and adolescents than it is among adults (<i>Mail Online, 1st October 2021</i>)⁴⁵ Long Covid symptoms rarely persist beyond 12 weeks in children and adolescents unlike adults, new research suggests. (<i>PA Media, 16th September 2021</i>)²⁷
<p>Theme: Formerly very able</p>	<ul style="list-style-type: none"> The previously sporty teenager - who played football and rugby for local teams - could not take more than a few steps without being overwhelmed with exhaustion. (<i>The Sun, 7th February 2021</i>)²⁶ Aberdeenshire teen [redacted CYP name] used to be an avid skier, competing across the country and overseas but, since catching Covid, she struggles to walk far or carry out simple tasks. (<i>The Daily Record, 12th September 2021</i>)²⁵

	<ul style="list-style-type: none"> Devastated parents have said their previously healthy kids are now confined to wheelchairs and too fatigued to attend school (<i>The Mirror</i>, 4th September 2021 ⁴⁶)
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306

307 Our findings culminate in table 5, where our main results are mapped onto a framework of
 308 epistemic injustice to demonstrate practical effects of the media discourse.

309 **Table 5. Conceptual framework of findings.**

How each actor experiences or enacted testimonial injustice		
Parents	HCPs	CYP
<ul style="list-style-type: none"> Portrayed as gendered Mothers presented as also having Long Covid Parents accounts reported as unverified opinions Parents report experiencing personal attacks in response to seeking care 	<ul style="list-style-type: none"> Rarity discourse portrays CYP with Long Covid as outliers HCPs combats testimonial injustice when validating Long Covid in CYP HCPs invalidates Long Covid through pathologisation avoidance and overpsychologisation Often seen as contributing to negative healthcare experiences 	<ul style="list-style-type: none"> Lack of their accounts Portrayed as formerly very able in an attempt to bolster authority
How all actors experience hermeneutical injustice		
<ul style="list-style-type: none"> Parents and CYP describe feelings of invisibility as Long Covid in CYP is often unrecognised and unverified HCPs seen as uniformed Issues with diagnosis Long Covid in CYP validated or invalidated in relation to adult Long Covid 		

310 Discussion

311 The aim of the study was to determine how UK media articles characterise LC in CYP. This
 312 was explored through identifying prominent actors via search terms. The thematic content
 313 and the discursive strategies employed in the articles were systematically identified and
 314 presented.

315 This research has demonstrated the ways in which media characterisations of Long Covid in
316 CYP reflect and contribute to epistemic injustice. The media articles both report on instances
317 of epistemic injustice and create them in the discursive strategies used by journalists. Some
318 instances of epistemic injustice, such as when parents are wrongly accused of child abuse,
319 are poignant. However, other examples of epistemic injustice, such as the use of a rarity
320 discourse to reassure unaffected families, are nuanced. While each infliction of epistemic
321 injustice may seem minor, the cumulative effect leads to pervasive marginalisation of
322 affected individuals.

323 **Parents and testimonial injustice**

324 Parents experienced testimonial injustice when they were featured as gendered, sick, and
325 their accounts were reported as unverified opinions. Mothers are often responsible for care-
326 seeking, and their familial contributions are reported on more frequently than for fathers.⁴⁷
327 While it was unsurprising that mothers were disproportionately referenced, the absence of
328 fathers on their own was striking. Featuring mothers and not fathers may reinforce gender
329 stereotypes.⁴⁸

330

331 Mothers experienced testimonial injustice in the manner they were presented as also having
332 Long Covid. Due to deeply-rooted societal prejudice against ill people,¹⁰ presenting mothers
333 as having Long Covid may create stigma.⁸ This prejudice may be compounded by a
334 historical scepticism of defined as subjective more common in women, such as connective
335 tissue disease, ME/CFS, and now Long Covid.^{10,49,50} The negative consequences of this are
336 exacerbated when the unique knowledge held by mothers with lived experience of Long
337 Covid is unrecognised, as was seen in the corpus. Presenting mothers as also having Long
338 Covid raised concerns of bias or CYP mimicking mothers. These concerns were explicitly
339 expressed, with a *Wales Online* article stating, “Parents' perceptions of their own symptoms
340 may have influenced their perception or reporting of their children's symptoms.”⁵¹ This
341 speculation has direct negative effects. In *PA Media*, a mother was featured who “was told

342 by a doctor that her daughter was only “mimicking” her symptoms.”³² This resulted in denial
343 of care for the CYP with Long Covid.

344 There are many reasons why Long Covid may appear in family clusters. Researchers have
345 identified potential genetic correlations with Long Covid.⁵²⁻⁵⁴ Additionally, a family member’s
346 diagnosis can increase awareness and lead to other family members being correctly
347 diagnosed with Long Covid. However, media articles emphasised research that “indicate[s]
348 the critical role of family context on prolonged symptoms following SARS-CoV-2 infection”
349 which “highlight the need for caution in interpreting the causes of prolonged symptoms in
350 SARS-CoV-2 infected individuals, especially children” (*Wales Online*).⁵¹ Of note, the
351 referenced study⁵³ acknowledges the potential genetic explanation, but this is misrepresented in
352 the *Wales Online* media article⁵¹ and mentioned as an aside.

353

354 The articles also featured instances where parents were personally attacked when seeking
355 care. While important to highlight these injustices, this may create anticipated stigma for
356 other parents.⁸ Anticipated stigma was discussed during the co-production stage of this
357 research, where the public contributor recounted multiple cases where parents felt unsafe
358 seeking care for their CYP due to potential allegations of abuse. Both the PPI input and the
359 media articles referenced parents being accused of having Munchausen by proxy, which is
360 both a mental illness and a form of child abuse. The corpus featured an account of a mother
361 having a multi-agency referral form against her, which implied that custody of the child was
362 at stake. When parents read media articles detailing personal attacks with such grave
363 consequences, they understandably may decline to “come forward” to seek care for their
364 CYP. This perpetuates the invisibility of CYP with Long Covid and decreases the likelihood
365 of the CYP receiving appropriate care.

366

367 **Healthcare professionals and testimonial injustice**

368 HCPs quoted in the corpus often played a role in perpetuating testimonial injustice through
369 rarity discourse, invalidation of Long Covid as a physical illness, and as the actor
370 contributing to negative healthcare experiences in the form of dismissal, personal attacks,
371 pathologisation avoidance, and overpsychologisation. HCP's combatted testimonial injustice
372 when validating Long Covid in CYP and highlighting the mistreatment of affected families.

373 While likely done to assuage fear, the rarity discourse from HCPs can perpetuate feelings of
374 isolation for affected individuals. During the co-production of this research, it was discussed
375 how the portrayal of Long Covid in CYP as rare contributes to feelings of confusion and self-
376 blame for parents. In addition, the alleged rarity of Long Covid does nothing to help those
377 already afflicted and may silence them through characterising them as outliers. The rarity
378 discourse may lead to the underestimation of prevalence and the under-allocation of
379 resources to address Long Covid in CYP.

380 Given historical privileging of the authority of HCPs, particularly doctors,⁵⁵ their validation
381 and invalidation of Long Covid in the media holds great weight. Journalists significantly
382 influence the direction of this discourse through the selection of HCPs to interview and
383 quote. In the corpus, specific HCPs with repeated and unequivocally expressed scepticism
384 of Long Covid in CYP were frequently quoted.

385 HCPs invalidated Long Covid in CYP through pathologisation avoidance. Pathologisation
386 avoidance has been used to destigmatize groups such as the neurodivergent community.¹⁰
387 However, pathologisation avoidance in the case of Long Covid in CYP may be a form of
388 wrongful depathologisation as the diagnosis is important for receiving care. Wrongful
389 depathologisation has been seen in both ME/CFS and obsessive compulsive disorder,¹⁰ and
390 constitutes an epistemic injustice.^{10,12,56}

391 In addition, there was an implicit narrative that Long Covid is “just fatigue”. One HCP stated
392 that “most people will experience some level of post-viral fatigue at some point in their
393 lives”,³⁹ with another HCP noting “the good news is that the majority of young people who
394 get chronic fatigue tend to get better with appropriate support.”⁴⁰ By switching from the term
395 Long Covid to describing fatigue, the articles framed Long Covid and fatigue as one in the
396 same. As seen in the ME/CFS literature, fatigue from a chronic condition is often
397 misconstrued as something everyone experiences and is subsequently trivialised.¹⁰

398 HCPs also engaged in testimonial injustice where they overpsychologised Long Covid or
399 they gave an alternate mental health diagnosis. Long Covid has mental health elements that
400 should be recognised and addressed, but the whole attribution of the illness to mental health
401 cause harm.^{57,58} Long Covid is a predominantly a multi-system multi-symptom disease.⁵⁹
402 Giving a psychological diagnosis as opposed to a Long Covid diagnosis can harm wellbeing,
403 and may lead to neglecting the physical symptoms of Long Covid.⁶ In addition, a wrong
404 diagnosis is a form of hermeneutical injustice where patients are less able to make sense of
405 their experience.^{12,60} Misdiagnosing Long Covid as a mental illness hinders progress in
406 understanding Long Covid and producing effective treatments.^{57,61}

407 People with Long Covid may underreport mental health symptoms because they reasonably
408 believe their testimony will be misunderstood.⁸ This belief may come from experience, as
409 over 95% of people with Long Covid experiencing at least one form of stigma and over 75%
410 report experiencing stigma often.⁸ Testimonial smothering and its negative consequences
411 have also been recorded in ME/CFS and in domestic violence disclosures.^{10,62} It can result in
412 poor patient experience and may harm progress in understanding the mental health aspects
413 of Long Covid.⁶³ In the corpus, HCPs both forwarded the overpsychologisation narrative and
414 challenged it. In one example, an HCP challenged the narrative, stating that “Kids with long
415 Covid are treated terribly. The failings of doctors on this is huge. Most still put it down to
416 anxiety.”³¹ HCPs may be among the most effective voices in challenging the whole
417 attribution of Long Covid to mental illness, given their professional expertise. However, the

418 salience of individual HCP voices is greatly influenced by who the media chooses to
419 approach and quote, and there may be a selective bias.

420 Lastly, HCPs perpetuate testimonial injustice through invalidating experiences of Long
421 Covid. Trust in HCP's ability to address Long Covid in CYP may be eroded in those
422 experiencing and reading about invalidating healthcare interactions. This loss of trust has
423 profound public health implications.⁶⁴ Patient's trust is an important indicator of care quality,
424 and is associated with better outcomes, treatment adherence, and timely seeking of care,
425 which are important for recoveries and cost-efficiency.⁶⁴

426 **CYP with Long Covid and testimonial injustice**

427 CYP may have experienced testimonial injustice in the lack of coverage of their voice and in
428 the presentation of being formerly very able. Of note, it can be difficult to distinguish
429 testimonial injustice in CYP from justified differential treatment based on an established
430 understanding that CYP's capacity and legitimate epistemic ability develop with age.⁶⁵
431 However, being a CYP is often a heuristic for epistemic unreliability to a greater magnitude
432 than appropriate.⁶⁵

433 CYP were largely excluded from producing knowledge in the corpus and were instead
434 spoken for or about. While many are too young or too sick to contribute to articles, it is likely
435 that there are CYP with Long Covid interested sharing their knowledge. As seen in how
436 knowledge on Long Covid was created on Twitter, people with Long Covid have expertise
437 that needs to be viewed alongside the traditional, medical knowledge base.^{2,22,66,67} A
438 potential alternate explanation is that media outlets did seek the opinions of CYP, but CYP
439 declined to participate, potentially due to anticipated stigma (which the media contributed
440 to).⁸

441 Journalists and parents attempted to counter invalidation and minimisation of Long Covid
442 through presenting CYP as formerly very able. This mirrors the way patients with ME/CFS
443 have been described in the media.¹⁰ Boer argued that this characterisation is proactively

444 employed to prevent depathologisation.¹⁰ Being formerly healthy deflects the blame-the-
445 victim trope and delineates a stark contrast between before and after the condition
446 developed.¹⁰ In addition, the formerly very able characterisation may promote increased
447 general interest, as the condition is seen as something that can happen to even the
448 healthiest individuals.¹⁰

449 Characterising CYP as formerly very able highlights how significantly Long Covid affects
450 lives, but it does not give the CYP agency. CYP's previous ability is used to emphasise their
451 current inability, and this may contribute to the continued speaking for CYP with Long Covid
452 and the lack of coverage on knowledge produced by this group. In addition, the use of the
453 formerly very able trope to bolster validity implies that Long Covid may be less valid in a
454 CYP that was not formerly very able. This further stigmatises CYP with Long Covid that have
455 a previous chronic illness or disability. Some chronic illnesses have been shown to be
456 associated with an increased risk of Long Covid,⁶⁸ and the Long Covid experiences of
457 individuals with comorbidities are equally important to take seriously.

458 **Hermeneutical injustice across actors**

459 All actor groups are harmed by the hermeneutical injustice seen in Long Covid in CYP. One
460 mother emphasised the difficulty of having her child's Long Covid unrecognised, saying "I
461 think because [redacted CYP name] looks fine, people think she is OK but she's really not."²⁵
462 At the broader level, another parent noted that there is a "whole wave of children who were
463 never diagnosed but now have long Covid, who are just a bit invisible in the system."³⁰ A
464 diagnosis, while sometimes stigmatising, provides a hermeneutical device for CYP to
465 understand their experience.^{10,12,69} Without a clear way to make sense of their ongoing
466 symptoms, one teenager explained that "we're in a half life, we didn't die and we haven't
467 recovered'."³⁰ This "middle ground" between recovery and death was one of the primary
468 aspects of Long Covid identified on social media.^{2,67,70} The idea that covid is "mild" if the
469 individual is not hospitalised created a false dichotomy that ignores the reality of Long
470 Covid.^{2,67,70}

471 Long Covid can only be diagnosed when there is a probable acute covid-19 infection. This
472 presents a hurdle to a diagnosis and available care. One parent interviewed in *The Times*
473 described how lack of testing hindered a Long Covid diagnosis, “we have heard so many
474 times from doctors that it isn't related to Covid. They wouldn't do an antibody test, I felt that
475 they wouldn't even give it a try. You hear about all these long Covid clinics, but no kids can
476 get in them.”³⁰

477 One HCP outlined the broader public health implications of this, stating “My concern is what
478 happens if we don't get confirmation of infection. This is so important. It will have an impact
479 and will increase inequalities.”³¹ If confirmation of infection is essentially required to access
480 services, many CYP will be unfairly denied care.

481 A few HCPs in the corpus mentioned an additional barrier to diagnosis, with one HCP in the
482 *Scottish Daily Mail* stating 'The problem with kids is that, unless it's blindingly obvious, it's
483 difficult getting information out of them.’³⁵ While this may be overstated for older CYP, this is
484 a legitimate concern for younger CYP. Some symptoms of Long Covid, such as anxiety, may
485 be difficult for a CYP to fully comprehend, let alone explain.⁷¹

486 CYP are inherently at a hermeneutical disadvantage within the adult-created healthcare
487 system, as their unique understanding and experience of illness is projected onto an adult
488 interpretive framework.¹² Within the covid-19 pandemic, there was a systematic de-
489 prioritization of children's interests⁷². The media initially portrayed children as vectors of
490 covid-19 instead of individuals at risk.⁷² With mounting evidence that children contract covid-
491 19, the narrative morphed to how covid-19 in children is mild⁷². This narrative has been
492 countered with evidence that children (with and without underlying conditions) can suffer
493 severe acute covid-19. Now, the narrative that children do not get Long Covid is causing
494 harm. Policy decisions related to the pandemic in general have failed to fully consider
495 potential harms for CYP and the risks associated with infection (including the risk of Long
496 Covid), and this has been described as a form of childism.⁷³ This builds off a historic context

497 where medical research and discourse focuses on adults who are seen as those primarily at
498 risk of chronic conditions.³³

499 Validating Long Covid through saying it is similar in CYP and adults fails to recognize the
500 unique challenges of Long Covid in CYP. Invalidating Long Covid through claiming that Long
501 Covid does not affect CYP as often or as severely as adults also constitutes hermeneutical
502 injustice. Long Covid is not necessarily less severe in CYP than it is in adults. Regardless,
503 the “hierarchy of suffering” is a problematic concept⁷⁴ that downplays the unique challenges
504 faced by CYP.

505 **Strengths and limitations**

506 The corpus-based method of this study was both a strength and limitation. The use of
507 concordance lines enabled the researcher to review all articles located in a comprehensive,
508 systematic search of UK media articles. The findings are therefore likely representative of
509 UK media focused on Long Covid in CYP. A limitation is that the researcher did not read
510 each line in the context of the entire article. This may have resulted in contextual
511 misunderstandings. The researcher sought to compensate for this through an extensive data
512 familiarisation phase. As is standard in corpus research,²⁰ when the context of an element in
513 the sentence was unclear, a larger section of the file was read and included. This resulted in
514 a variable amount of context surrounding each search term, which may have resulted in the
515 overcoding of certain themes based on inclusion of additional sentences. The data was
516 single coded, and the study’s validity would have been improved with a second coder’s
517 input.

518 Additionally, a limitation of the search term method to identify actors is that actors were not
519 located when they were referred to by personal pronouns or proper nouns. It is possible that
520 the themes identified via search terms were systematically different from the themes around
521 personal pronouns or proper nouns of the actors.

522 A notable strength of this research was the research being co-produced with people with
523 lived experience of Long Covid and advocating for its recognition in children. This enabled
524 the research questions to focus on what is impacting families of CYP with Long Covid. In
525 addition, the use of the conceptual framework of epistemic injustice focused the research
526 and facilitates comparison with related examples of epistemic injustice in healthcare.

527 **Conclusion**

528 This study highlighted discursive practices employed by journalists that contribute to
529 epistemic injustice. The study's findings also indicate a pattern of HCPs dismissing and
530 stigmatising families impacted by Long Covid in CYP. Future research should seek to
531 understand how families with Long Covid feel about media characterisations, and how this
532 impacts efforts to seek and receive care. While this study focuses on the experience of CYP
533 with Long Covid, findings may be generalisable. Media reporting has been shown to
534 contribute to epistemic injustice ME/CFS in a similar manner.¹⁰ Based on this study's
535 findings, the researchers have identified recommendations for future reporting of Long Covid
536 in CYP. These recommendations may be relevant to improve practices in reporting on other
537 diseases in CYP.

538 **Figure 2. Recommendations for journalists to counter epistemic injustice in reporting**
539 **Long Covid and similar conditions.** Graphic created using Canva software.

540

541 **Acknowledgments**

542 This research was modified from a dissertation completed through the University of
543 Southampton's MSc programme in Public Health.

544 **Supporting Information Captions**

545 S1 Table. LexisNexis search strategy.

546 S2 Table. List of included and excluded publishers from Lexis Nexis.

- 547 S3 Figure. Political leaning of media articles.
- 548 S4 Figure. Style of media articles.
- 549 S5 Figure. Year media articles were published.
- 550 S6 Table. Characterisation of each publisher.
- 551 S7 Table. Search terms used for each actor.
- 552 S8 Table. Analyses process for study.
- 553 S9 Table. Codebook for actors.
- 554 S10 Figure. Map of themes for parents.
- 555 S11 Figure. Map of themes for HCP.
- 556 S12 Figure. Map of themes for CYP with Long Covid.

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Identification of studies via Nexis database

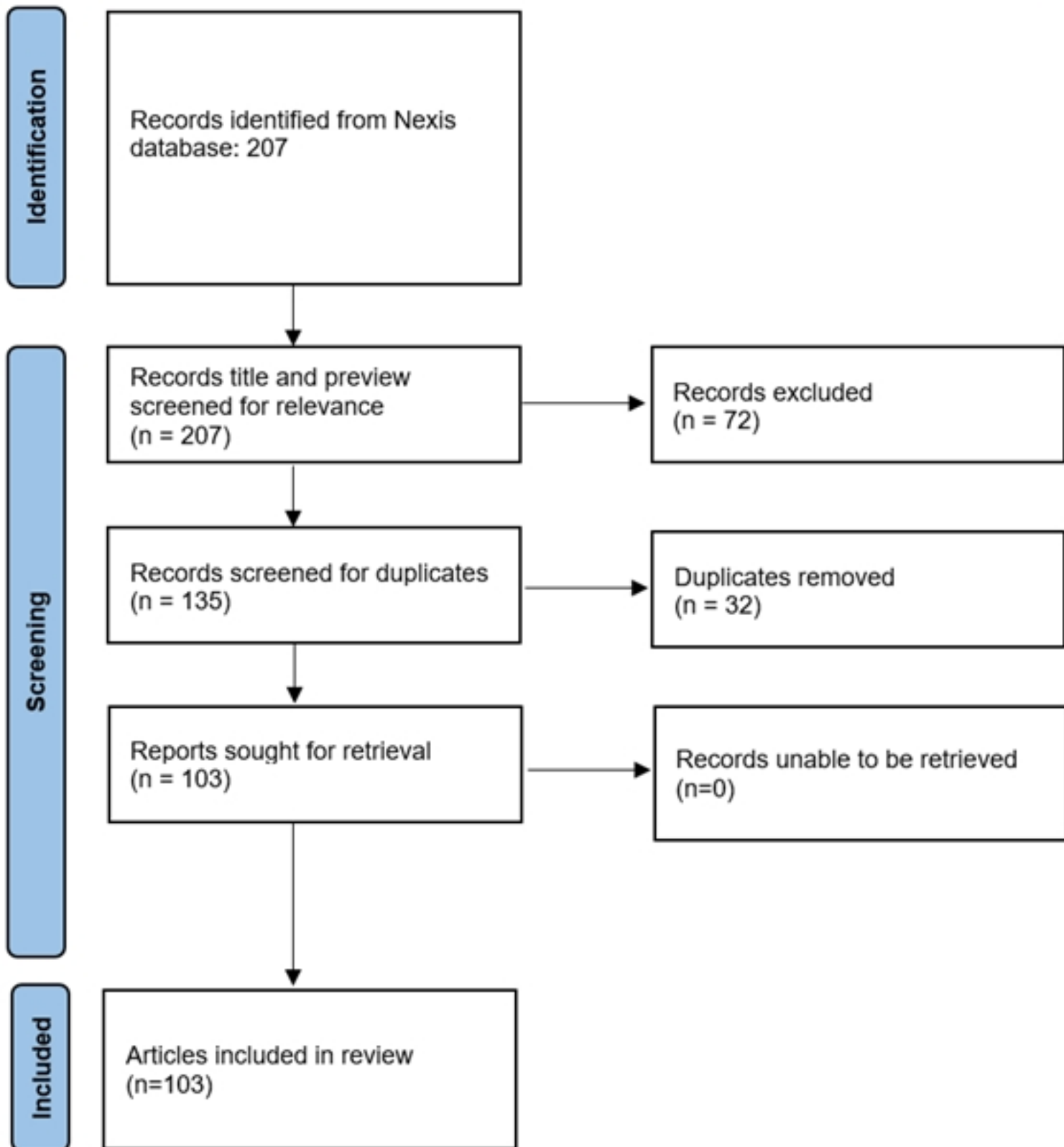


Figure 1

5 RECOMMENDATIONS FOR JOURNALISTS



Verify information to avoid unsubstantiated opinions

- Seek to corroborate the experience of parents and children
- Provide context for subjective perspectives (rarity, seriousness, etc)

Provide a balanced perspective and challenge stigmatising narratives

- Be mindful of how certain narratives contribute to stigmatisation
- Ensure that healthcare professionals supporting those with Long Covid are adequately represented
- Actively seek insight from those with lived experience, and recognize their expertise



Recognise the challenges and experiences of children with Long Covid

- This contributes to deepened societal understanding and helps improve hermeneutical injustice

Prioritise care over sensationalism

- Emphasise the need for proper diagnosis, testing, and care for children with Long Covid, rather than focusing solely on dramatic elements of individual cases



Be mindful of language

- How actors are introduced and described contributes to the evaluation of their credibility
- How Long Covid is described impacts perceptions of aetiology and legitimacy
- Think about how people with Long Covid and their families would feel when reading the article

