While COVID-19 has affected nearly all aspects of education, it presents unique challenges for students experiencing homelessness and the school and community providers that serve them. Prior to the pandemic, students experiencing homelessness faced adverse educational outcomes (Miller, 2011a; Pavlakis, 2018a, 2018b). Now, they must also confront barriers such as sheltering in place without stable housing; attending school virtually with limited technology and/or connectivity; and accessing food and other basic necessities while social distancing (Pavlakis et al., 2020; SchoolHouse Connection, 2020a; U.S. Interagency Council on Homelessness [USICH], 2020). School and community providers may now be tasked with serving even more students experiencing homelessness (Kauer, 2020; SchoolHouse Connection, 2020b), meeting additional academic and non-academic needs (Stewart, 2020), and adapting their existing practices to ensure everyone’s health and safety (Hallett & Skrla, 2017; USICH, 2020).

This qualitative case study draws from semistructured interviews and supplemental data to explore why and how COVID-19 shaped school and community practices around student and family homelessness. Situating our work in Small’s (2009) organizational embeddedness perspective, we reveal that COVID-19 fundamentally altered school and community practices, as educators and providers faced resource constraints, new concerns about safety, and evolving student and family needs. Providers struggled to meet the depth of need stemming from COVID-19; however, they also embraced innovation in adapting their practices to the pandemic era. We find that this adaptation occurred along a continuum, ranging from pausing or stopping existing practices to developing new practices from scratch. We conclude with implications for theory, research, policy, and practice.

**Keywords:** community relations, COVID-19, family, poverty, qualitative case study, school, student homelessness

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**When the Old Will No Longer Do: School and Community Practices for Student Homelessness Amid COVID-19**

Alexandra E. Pavlakis

J. Kessa Roberts

Meredith P. Richards

Southern Methodist University

In this qualitative case study, we employ 29 semistructured interviews and an array of supplemental data to explore why and how COVID-19 shaped school and community practices around student and family homelessness in Houston, Texas. Drawing on Small’s notion of organizational embeddedness, we find that COVID-19 fundamentally altered school and community practices, as educators and providers faced resource constraints, new concerns about safety, and evolving student and family needs. Providers struggled to meet the depth of need stemming from COVID-19; however, they also embraced innovation in adapting their practices to the pandemic era. We find that this adaptation occurred along a continuum, ranging from pausing or stopping existing practices to developing new practices from scratch. We conclude with implications for theory, research, policy, and practice.

**Keywords:** community relations, COVID-19, family, poverty, qualitative case study, school, student homelessness

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medical care, and challenges accessing clothing, technology, and school supplies (Buckner, 2008; Pavlakis et al., 2017).

Another common denominator is mobility: students experiencing homelessness tend to change their residential setting often, and subsequently, switch schools frequently (Dhaliwal et al., 2021). School mobility triggers adverse events, such as a loss of connections to trusted adults, broken friendships, and interruptions to educational services and opportunities (Hallett & Skrla, 2017; Masten et al., 2012). It is perhaps not surprising that students experiencing homelessness tend to struggle in school, with lower test scores, attendance, and graduation rates (Obradović et al., 2009; Pavlakis et al., 2017; Rafferty et al., 2004). Education Leads Home (2019) found that only 64% of students experiencing homelessness nationally graduate from high school on time—versus 84% overall.

**Collaborative Action**

Most school districts confront—and struggle to address—student homelessness. Research suggests that schools should tailor practices to meet students’ individualized needs, ensure access to community resources, build close relationships with students and families, and create opportunities for students to build relationships with caring and stable adult figures (Hallett & Skrla, 2017; Pavlakis et al., 2020).

Research has highlighted the particular importance of cross-sector concerted action between schools and shelters and other anti-poverty organizations such as food pantries (Altshuler, 2003; Miller, 2011b). Such cross-sector collaboration is essentially mandated by federal policy; the McKinney–Vento Homeless Assistance Act (McKinney–Vento) requires that districts (LEAs) select a homeless liaison who, among other responsibilities, brokers community resources to help meet academic, socioemotional, and daily living needs (Canfield, 2015; Hallett & Skrla, 2017; Miller et al., 2015).

Research suggests that successful interagency collaborations tend to be mutually beneficial, have clear goals, transparent roles, and supportive infrastructure and leadership (Bringle & Hatcher, 2002; Holland, 2001; Stronge, 2000). Challenges to effective collaboration are numerous, including competitive and territorial environments, power dynamics, poor communication, and divergent organizational agendas, among others (Miller & Hafner, 2008). While collaboration is critical, the complexities of student homelessness can make cross-sector work particularly difficult (Miller, 2011b).

**Student Homelessness and COVID-19**

While little extant research has focused on students experiencing homelessness, early indicators suggest the pandemic may have uniquely disastrous consequences for these students (Gray et al., 2020; Jones, 2020; Korman et al., 2020; Neuberger et al., 2020). Indeed, the pandemic has worsened both the scale of homelessness and the depth of student and families’ needs (Stewart, 2020). With families who are evicted resorting to high-density living situations (e.g., congregate shelters) or those in which adequate hygiene is difficult to maintain (e.g., sleeping on the street), they also increase their risk of contracting and spreading COVID-19 (Benfer et al., 2021).

Emerging evidence also indicates that the transition from in-person learning (whether due to lack of available in-person options or lack of comfort with these options) exacerbated educational inequalities (Rogers & Ishimoto, 2020; Shapiro et al., 2021; Smith & Reeves, 2020). In particular, low-income students of color experienced substantial formal “learning loss” due to changes in instruction—depending on the duration and quality of remote learning and their access to adequate internet or electronic devices (Dorn et al., 2020a, 2020b; Friedman et al., 2021).

These learning conditions are likely to particularly disadvantage students experiencing homelessness who may lack adequate access to devices and high-speed internet, may have to rely on the help of family (who may not have the content knowledge, confidence, or time to assist them), or may need to complete homework in shelter computer labs or other settings that complicate social distancing (SchoolHouse Connection, 2020a; USICH, 2020). Schools are often pillars of stability for these students; a lack of physical access to school may hinder relationships with key adults, such as counselors, and limit access to school-based resources such as lunch (Canfield, 2015; Rogers & Ishimoto, 2020).

While scholars have offered recommendations for supporting these students, little to no extant empirical research has addressed the effects of the pandemic on students experiencing homelessness. Moreover, since the onset of the pandemic altered the contexts in which these providers operate, we know little about how collaborative practices have been affected.

**Organizational Embeddedness Perspective**

To understand how COVID-19 shaped school and community practices around student homelessness, we draw organizational insights from social capital theory and, more precisely, Small’s (2009) organizational embeddedness perspective. Social capital theory posits that relationships (or ties) connect people to resources or goods that may be beneficial. Small focuses on how people make ties as a means of understanding network inequality: If having more ties is advantageous because of the resources embedded within them, then there is a need to better understand why some people end up with more ties. While social capital theorists (e.g., Bourdieu, Coleman, Lin) have typically emphasized the role of the individual, organizational embeddedness shifts
the primary focus to the organizational context. For Small, the organizations that people regularly use are crucial to understanding how people make ties. Organizations can “broker,” or arrange connections, among individuals associated with them (e.g., their staff and clients) as well as between these individuals and external people and organizations. Thus, while social capital largely overlooks ties among organizations, Small (2009) highlights their importance in understanding tie formation and access to information, material resources, and services.

Small’s (2009) model rests on three key assumptions. First, people may forge ties because they are trying to access someone else’s resources (i.e., purposive connection) or as an unintended consequence of other actions, such as asking a stranger for the time (i.e., nonpurposive connection). Second, the creation of ties, purposively or not, hinges on the context of the interaction. This context includes opportunities for interaction; the activity occurring or focus of the interaction (e.g., a mutual interest that may focus the conversation); and the duration, frequency, and intensity of interactions. Competition hinders trusting relationships, while having a reason to work together creates conditions likely to foster ties.

Finally, Small’s model assumes that organizations can mold this context for interaction, both through actors (individuals who work there or use it) and practices that structure their actions and behaviors. Organizations can set norms and rules and may be able to enforce compliance if actors fear losing membership or jobs. Yet, in the case of employees, individual actors also have their own internal objectives and beliefs that shape their work. How organizations are connected to other organizations also matters: For instance, large donations can exert external pressure on organizational priorities that could influence the types of brokering activities performed.

Thus, according to Small (2009), organizational context can be fundamental to social capital—shaping if people forge ties, what ties they create, and whether resources embedded in ties are accessible and used. The connections they create may be social ties, referring to relationships between individual people, or organizational ties, which connect people to other organizations. Through individual actors or organizational practices, organizations can shape social capital both on purpose and unintentionally, and may be influenced by internal (e.g., personal priorities, institutional goals) and external motivations (e.g., funders, policy, state, and professional organizations). This occurs through brokerage, which Small (2009) defines as “the general process by which an organization connects an individual to another individual, to another organization, or to the resources they contain” (p. 19).

According to Small (2009), organizations broker resources through four main processes: validation, or confirming to another organization that an individual should be eligible for a resource (such as a test waiver or free pass to an attraction); storage, or serving as an “information warehouse” that connects people to resources through billboards and other displays of resources; referrals, or formally connecting someone to another organization; and collaboration, or providing direct access to resources at other organizations (e.g., an on-site workshop). Brokerage can be actor-driven (person-to-person; person-to-resource) or institution-driven (e.g., automatic referrals) and may be on purpose or unintentional, as a consequence of other practices.

Organizations that are effective brokers of social ties tend to create chances for individuals to engage in routine, long-term interactions that prioritize cooperation over competition (Small, 2009). They are also likely to have both internal and external motivations to maintain these interactions (e.g., organizational wellbeing). Organizations that are effective brokers of organizational ties are more likely to be resource rich, have diverse organizational networks, and exist in an environment where connecting people to other institutions and resources is in the best interest of multiple stakeholders (such as funders and government agencies that play a role in operations or regulations).

Broadly speaking, social capital theory has been applied to student homelessness research (e.g., Miller, 2011b; Miller et al., 2015; Pavlakis, 2014; Tierney, 2011). Drawing specifically from Small (2009), Miller et al. (2015) found that brokerage practices around student homelessness occurred at multiple levels, including the individual school, district, and neighborhood. In this study, we draw from the organizational embeddedness perspective to uniquely consider why and how COVID-19 shaped school and community practices around student and family homelessness.

Context and Method

Houston is an ideal study site for our research because it mirrors other large, high-poverty urban areas who have been struggling to respond to COVID-19. Its largest district, Houston Independent School District (HISD), serves a substantial number of students experiencing homelessness and has innovative antipoverty practices and supports in place that prioritize school-community collaborations.

HISD is the seventh largest school district in the United States, serving approximately 7,000 students experiencing homelessness annually, 56% of whom are Hispanic and 39% of whom are Black. In 2017, the city was devastated by Hurricane Harvey, which led to a 341% increase in student homelessness (Pavlakis et al., 2020). Some families were still recovering from Harvey when COVID-19 hit. Figure 1 provides a timeline of Harris County COVID-19 threat levels, HISD COVID-19 threat levels, and HISD operational status (virtual/in-person/hybrid).

To support students experiencing homelessness and implement McKinney–Vento, the district’s Homeless Education Office (HEO) provides supplies (e.g., food, clothing, bus passes, etc.) and connects families to community
resources (e.g., shelters, food pantries, legal services, etc.).

Uniquely, the district also has a Wraparound Services Department, which aims to meet the non-academic needs of a broader group of economically disadvantaged students by connecting families to community resources. Wraparound specialists are housed at the schools.

**Data Collection**

Part of a larger, multiphase mixed-methods case study, in this article, we draw from qualitative semistructured interviews as well as supplemental artifacts and memos. We discuss each data source in turn.

**Interviews.** We conducted 29 qualitative semistructured interviews: 10 with HISD school district personnel (e.g., HEO managers and outreach workers and wraparound managers and specialists), and 19 with community antipoverty providers (e.g., homeless shelter personnel, food pantry directors, rehousing program staff). Interviews were conducted between mid-July 2020 and November 2020 (Figure 1). We invited all employees in the district’s HEO and members of Wraparound to interview. To recruit community service providers, we utilized a community resource guide (created in collaboration with the district previously). For each organization in the guide, we employed purposive criterion sampling (Ritchie & Lewis, 2003) and sent a recruitment email to the person whose position most closely related to homelessness. We also used snowball sampling to access additional data-rich participants. Table 1 provides detail on our interview participants and their organizations—by their chosen pseudonyms. Semistructured interviews were guided by two protocols with some overlapping questions across subgroups (see Table 2). All interviews were audio recorded and professionally transcribed.

**Supplemental Data.** To facilitate triangulation, interviews were supplemented by in-person and electronic collection of over 70 artifacts related to student homelessness service provision (e.g., organizational mission statements, flyers, HISD

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**FIGURE 1.** Timeline of Harris County COVID-19 threat levels, HISD threat level, HISD operational status, and interview dates.

Note. Harris County threat levels are as follows: red = severe; orange = significant; yellow = moderate; green = minimal. The HISD COVID-19 Gauge (which was retired on June 11, 2021) has four levels, which correspond in nomenclature to the Harris County system. Note that in the 2 weeks after in-person instruction began, the district changed its thresholds for risk, causing controversy in the district (Denson, 2020). HISD = Houston Independent School District.

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| March       |          |          |          |          |
|-------------|----------|----------|----------|----------|
| June        | [June 11 - 27] |          |          |          |
| July        |          | [Summer - October 9] |          |          |
| August      |          |          |          |          |
| September   | [June 27, 2020 - May 18, 2021] |          |          |          |
| October     |          | [Remote Only September 8 - October 16] |          |          |
| November    |          |          | [Remote or Face-to-Face October 9 - June 7] |          |
| December    |          |          |          |          |
| January     |          | [October 19, 2020 - June 7, 2021] |          |          |
| February    |          |          |          |          |
| March       |          |          |          |          |
| April       | [May 18 - 28] |          |          |          |
| May         |          | [May 28 - July 22] |          |          |
| June        |          | [July 22 - present] |          |          |

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Table 1. Interview Participants and Their Organizations—By Their Chosen Pseudonyms.
professional development materials). Our team also generated 50 analytical and self-reflective memos (Creswell, 2007). Table 3 contains examples of artifacts and memos.

Data Analysis

Figure 2 illustrates our data analysis process. Analysis of interview data began with a round of initial open coding of all transcripts, requiring a close line-by-line read. Next, we clustered data to develop categories using focused coding (Saldaña, 2016), a second cycle coding technique used to categorize initial codes by thematic or conceptual similarity. Finally, our most salient categories were coded again using a priori concept codes drawn from Small’s (2009) organizational embeddedness. This was not a tightly deductive process; not all categories needed to connect to Small (2009), so as not to restrict our analysis. Artifacts and analytical memos were coded using descriptive coding and initial coding, respectively (Saldaña, 2016). In addition to providing rich description to facilitate transferability (Lincoln & Guba, 1985), our core research team (two faculty members and a postdoctoral fellow), met regularly to discuss methodological choices, increase trustworthiness, and engage in reflexivity (Roberts et al., 2021; Schön, 1992; Warin, 2011). Finally, we shared preliminary findings with and solicited feedback from interview participants, through synchronous virtual presentations and short videos.

Findings

We find that COVID-19 dramatically affected school and community practices around student and family

| Pseudonym | Organization type | Organization | Race | Hispanic/Latinx | Gender |
|-----------|-------------------|--------------|------|-----------------|--------|
| Ana       | Education         | HISD         | Black/AA | Yes | Female |
| Ann       | Education         | HISD         | Black/AA | No | Female |
| Hanna     | Education         | HISD         | Black/AA | Yes | Female |
| Jay       | Education         | HISD         | Black/AA | No | Male |
| Lewis     | Education         | HISD         | Black/AA | No | Male |
| Luna      | Education         | HISD         | Other   | Yes | Female |
| Milton    | Education         | HISD         | Other   | Yes | Male |
| Monica    | Education         | HISD         | Black/AA | No | Female |
| Nicole    | Education         | HISD         | Black/AA | No | Female |
| Thelma    | Education         | HISD         | White   | No  | Female |
| Olive     | Community Center  | Centerville  | White   | No  | Female |
| Anne B.   | Comprehensive Support | Reach-Horizons | White   | No  | Female |
| Renee     | Comprehensive Support | Reach-Horizons | White   | No  | Female |
| Heidi     | Crime Victim Support | VictimAid    | White   | No  | Female |
| Faith     | Daycenter         | Safekeepers  | Black/AA | No | Female |
| Remi      | Daycenter         | Lighthouse   | Black/AA | No | Male |
| Jessica   | Domestic Violence Prevention | Stop Domestic Abuse (SDA) | Black/AA | No | Female |
| Pat       | Domestic Violence Prevention | Domestic Violence Committee (DVC) | Black/AA | No | Female |
| Blanka    | Food              | LifeChurch   | White   | No  | Male |
| Dion      | Health            | AIDS Care    | Black/AA | No | Male |
| Gracie    | Health            | StreetHealth | White   | No  | Female |
| CeCe      | Housing           | Safeway      | Black/AA | No | Female |
| Cleo      | Housing           | Homebound    | White   | No  | Female |
| Elsa      | Housing           | SOAR         | Other    | No  | Female |
| Kaila     | Housing           | Harborhaven  | Black/AA | No | Female |
| Maura     | Housing           | Harborhaven  | Black/AA | No | Female |
| Nicole B. | Housing           | Sanctuary    | Black/AA | No | Female |
| Sara      | Housing           | SOAR         | White   | Yes | Female |
| Susan     | Housing           | Harborhaven  | White   | Yes | Female |

Note. Each participant completed a short Qualtrics survey at the beginning of the interview to capture demographics and descriptive data on interagency partnerships. To protect confidentiality, all names of people (chosen by each participant) and organizations are pseudonyms. AA = African American; HISD = Houston Independent School District.
Drawing on our data, we present a conceptual model of why and how COVID-19 shaped school and community practices (Figure 3). While these questions are fundamentally intertwined, we first address why practices were changed (in orange), including resource constraints, safety concerns, and the evolving needs of students and families experiencing homelessness. We then outline our adaptation continuum, comprising four main paths representing how practices adapted to COVID-19 (in blue): (1) paused or stopped, (2) continued the same, (3) transformed, or (4) started from scratch as new practices. Within these findings, we note how capacity, priorities, logistics, availability, and the history and closeness of the partnership served to shape specific responses. Finally, we highlight the resulting context (location, duration/consistency, intensity, and frequency) of these adaptations for the interactions among

| TABLE 2 | Sample Interview Protocol Questions by Group |
|----------------|---------------------------------------------|
| HISD employees | Community service providers |
| From your perspective, tell me about students and families experiencing homelessness during COVID-19. | How has COVID-19 affected the city of Houston and the people who live here? |
| How do you see your role supporting students experiencing homelessness? Has this changed at all due to COVID-19? | In your opinion, have people experienced COVID-19 in similar ways to one another? |
| Tell me about community organizations that you were collaborating with prior to COVID-19 hitting the Houston area (i.e., March 2020). | Tell me about this organization and the people and community it serves. |
| Has COVID-19 led you to collaborate with any organizations that you weren’t working with before? | What other organizations (outside of the school district) were you collaborating with prior to COVID-19 hitting the Houston area (i.e., March 2020)? Have you worked in any way with HISD? If so, tell me about that. |
| To what extent has COVID-19 changed the ways you work with organizations? | To what extent has COVID-19 changed how you work with the district? |
| What advice would you give to a school district who was either preparing for or responding to a global health pandemic? | Has COVID-19 changed any of the community organizations you work with? |

Note. HISD = Houston Independent School District.

| TABLE 3 | Sample Artifacts and Memos |
|----------------|---------------------------------------------|
| Artifact examples | Memo examples |
| Tip sheets, such as from the National Association of School Psychologists and PBS KIDS, to help children cope with changes resulting from COVID-19; distributed to families by HISD (artifacts provided by participant Luna) | Examined recording of virtual presentation of several organizations (including Reach-Horizons and Lighthouse) discussing the ways in which their practices changed during COVID-19 (created 11-10-20 memo) |
| LifeChurch’s food distribution schedule (artifact provided by participant Blanka) | Attended “State of Housing in Houston and Harris County” webinar (created 6-23-20 memo) |
| HISD’s COVID-19 District Reopening Plan (artifact gathered by team) | Attended “Family and Youth Homelessness in the Wake of COVID-19 Briefing Series” webinars (created 7-14-20, 7-16-20, 7-22-20b memos) |
| Organizations’ website snapshots (artifacts gathered by team) | Reviewed each organization’s website (when available) and created memo prior to each participants’ interview (e.g., 10-13-20 memo on Sanctuary’s website in preparation for Nicole B.’s interview; 15 total memos) |
| Organizations’ social media pages (e.g., Safekeepers’ Facebook page) | Created analytical and technical memos after each semistructured interview (e.g., 7-17-20 for Ann, 8-18-20 for Remi, 10-12-20 for Elsa; 29 total memos). In some instances, memos included snapshots from Google Maps to identify accessibility and proximity to/from public transportation, schools and/or other organizations |
| PowerPoint slides from HISD district professional development session on student homelessness supports (artifacts provided by Ann & Hanna) | |
| District flyers on student homelessness and policy for families (artifacts provided by Ann & Hanna) | |

Note. HISD = Houston Independent School District.
**Raw Quote**

Staff didn’t want to allow anybody to touch their phones. Okay, I mean, that’s understandable, especially in the beginning when we really didn’t know if you could get it from touching a surface or whatever... There were some organizations that purchased phones and they then were able to use the sanitizer in between. The issue with that is if somebody wants to use the phone to call then they can but we have to have an appointment and if we were going to use that phone for an appointment then that phone is out of circulation for that particular period of time. We’ve been able to do that but it’s a big coordination piece, more than you would think.

—Gracie, StreetHealth

**Open Coding**

- COVID safety surfaces
- Accessing families
- Technology needs - community
- Scheduling
- Community relationships
- Telehealth
- PPE
- Barriers to accessing families
- Technology needs - family
- Organizing
- Barriers to collaboration
- Telehealth drawbacks

**Focused Coding**

- COVID-19 rules
- Community-community relations
- Family needs - tech
- Family needs - health
- Org resource - needs
- Cons - virtual

**Connections to Theory**

- Collaboration – process by which the organizations (in this case, StreetHealth & shelters) cooperate with one another to facilitate resource access.

**Support of Finding**

The shift to virtual practices, such as telehealth, with youth and families experiencing homelessness was sometimes challenging due to limited technology resources and logistical barriers that hindered cross-organizational collaborative practices. In these instances, virtual modalities could obstruct resource access.

**FIGURE 2. Data analysis process.**

Educators, community providers, and students and families experiencing homelessness (in green).

**Why: Resource Constraints**

Demonstrating the power of external motivation in shaping brokering activities, resource constraints and pressure from funders often shaped organizational responses to COVID-19. Many organizations were operating with limited staff and resources; some had to shut their doors or reduce programming due to a lack of available resources (time, money, human capital). In certain cases, however, COVID-19 directly or indirectly increased the availability of funding. For example, the Coronavirus Aid, Relief, and Economic Security (CARES) Act allowed StreetHealth, a health organization, to purchase safety equipment to reopen their dental clinic. Additionally, the cancellation of the annual Pride parade allowed money and supplies, such as bottled water, to be redirected to nonprofits addressing homelessness.

For some organizations, funders exerted external pressure requiring or disallowing changes in policy. For instance, Elsa noted that since SOAR, a housing organization, was
partly funded by the state, “they dictated to us all the protocol,” including what collaborative practices they could continue (e.g., use of volunteers), or what rules residents had to follow (e.g., not leaving campus). Blanka, a food pantry director at LifeChurch, explained, “...we’re a church that’s basically funded by other churches. So if those other churches say, “Jump.” We say, ‘How high?’ ... there’s politics involved.” In other instances, funders redirected money or were inflexible in their requirements. As Olive at Centerville community center revealed, “the funders who gave us all the money to do those groups in schools ended up wanting to pull some of the money and repurpose it.” Elsa discussed the challenges of placing people in HUD funded housing because HUD requires a social security card for admission but “what was closed during COVID and still is closed? The Social Security Office.” However, if SOAR did not have proper documentation for even one client, “they [HUD] will take that money back.”

Other funders were accommodating—allowing providers to move financial resources around or permitting money to be “approved for direct-to-client payments.” For instance, Dion, at AIDSCare, a health organization, noted, “we’ve had to do a lot of reporting back to our funders, because just not being able to meet our goals as we have in the past ... our funders, they understand, they’ve worked with us.”

**Why: Safety Concerns**

With the onset of the pandemic, organizations confronted a range of unprecedented safety concerns and had to respond to external motivation from governing bodies and funders (e.g., stay-at-home orders, crowd restrictions) as well as the Centers for Disease Control and Prevention and other health guidance (e.g., social distancing, masks, and hygiene/cleaning regimens).

We found substantial variation in how organizations interpreted COVID-19 safety, even at similar moments in time (Figure 1). In response to concerns around surface contamination, some organizations banned food deliveries, while others used them more often to keep families on-site. Frustrating district employees who wanted “to get back out there,” HISD prohibited home visits due to perceptions that they were not safe. In contrast, some community organizations continued or

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**FIGURE 3. How and why practices changed due to COVID-19.**

*Note.* While the figure is our own, frequency, intensity, and duration are drawn from Small (2009).
quickly resumed similar practices, such as knocking on the door of residences or engaging in street outreach. Renee at Reach-Horizons, a comprehensive support organization, discussed how her outreach staff were “champing at the bit to get back out on the streets” and were considered “first responders.”

According to memos and interviews, safety concerns also changed over time as knowledge about the disease and availability of testing improved. For instance, in a recorded panel, providers from Reach-Horizons (comprehensive support) and Lighthouse (daycenter), discussed how they changed their “services and how they provide them and if they’re offering them” based on how “information about COVID has evolved” (11-10-20 memo; Table 3). In an interview, Maura at Harborhaven shelter explained, “one of the things that has affected the residents is the quarantine . . . and so this has caused people to leave, they can’t take it . . . and it’s all for their health and everybody’s safety and everything.” Maura went on to explain that as COVID-19 tests became increasingly available, they were able to incorporate faster on-site testing, reducing the quarantine length. Thus, safety precautions were subjective, multifaceted, and fluid.

**Why: Changing Needs**

Changes in practice were also attributable to the escalating and shifting needs of students and families experiencing homelessness. As Olive at Centerville explained, “We would see the same number of clients in one day that we had for a whole month pre-COVID, so it just exploded. There was a lot of food insecurity, a lot of people losing housing, losing jobs.” Faith, at Safekeepers daycenter, explained how the widespread closure of businesses had a multiplicative impact on the daily lives of people experiencing homelessness:

They may have cell phones and they rely very heavily on being able to sit in a McDonald’s or . . . Starbucks. And so when those places are closed, not only is your access to the food, but it’s access to some of the other amenities that you use . . . being able to wash your hands . . . or use a restroom . . .

Reduced services and closures of some anti-poverty organizations exacerbated challenges. For example, according to Cleo at Homebound housing, COVID-19 limited access to medical care for non-COVID-related medical conditions, such as diabetes, while others declared COVID-19 a “mental health emergency” due to social isolation, grief, and fear.

The pandemic also created or heightened academic needs, including access to technology, Wi-Fi, tutoring, and other supports. Cleo, at Homebound housing, lamented the academic and socioemotional consequences:

Our kids will most certainly lose this school year, for a lot of reasons—because they don’t have Wi-Fi in their apartments, because they don’t have a computer, because the computer they do have is shared . . . because we are asking parents, mothers, with a 5th grade education to do 7th grade math . . . it’s just both mentally . . . and academically devastating for these kids. I think in 10 or 15 years we’re going to see the real dropout rate ramifications . . .

According to Nicole B. at Sanctuary housing, virtual schooling “hugely impacted a lot of our families” as parents were less able to work or accomplish other tasks such as seeking housing and food. Hanna at the district noted that “uncertainty has a lot of kids on the edge. There is a lot of anxiety with parents.” Artifacts provided by Luna (Table 3) evidenced the district’s recognition of increased family stress and the provision of resources to help.

Efforts to address student needs were complicated by new challenges in identifying and contacting families, particularly early in the pandemic. Several providers noted that in spring of 2020, many school-aged children were “just quitting” until summer hit. About a month into virtual school, Monica noticed that the district had only contacted 14% of students experiencing homelessness. Hanna noted, “you’re sad to think, ‘Where are these kids?’” She also noticed that “a lot of families prefer to just come and talk to you in person about their situation, they don’t really want to discuss things on the phone but we are having to.”

Next, we turn to our adaptation continuum, where we outline four central ways that providers adapted their practices to COVID-19 (see Figure 3).

**How: Paused or Stopped Practices**

Often propelled by external motivation pressures, such as from funders and state mandates, many practices were paused or stopped altogether due to safety concerns. For example, community organizations such as the youth center at Safeway paused intake or closed physical spaces such as registration facilities—halting organization’s ability to broker resources through *storage*. Many organizations stopped accepting used donations, such as clothing, while others, like Sanctuary housing, ceased weekly fast-food takeout meals.

Homebound housing and other organizations temporarily closed playgrounds and ceased large group in-person programming, such as bingo and movie nights, due to safety concerns—thus limiting opportunities for social tie creation by reducing the frequency and length of time of interactions among residents and staff. Providers like Heidi (crime victim support) and Kaila (housing), noted that halting seemingly minor practices, such as being able to offer a hug, affected their ability to connect with their clients.

CeCe discussed how a support group aimed at bipolar residents at Safeway housing, a clear example of *collaboration* as a form of brokerage, was halted:

She’s [support group coordinator] been coming here for a year or two . . . that partnership is still there but . . . it’s on pause . . . we still have that connection, but we just haven’t been doing that group.
Thus, not only was the service—the mental health support group—halted, but the collaborative relationship between the two organizations was paused. Likewise, according to Gracie, a program managed by StreetHealth that transported people experiencing homelessness to service providers was paused due to concerns about drivers’ safety, thereby hindering their physical access to other services. District leader Luna discussed how the school district could not host its annual back-to-school event in the fall due to safety considerations. Historically, the large event allowed the district not only to refer families experiencing homelessness to other community organizations, but also—an example of collaboration—to distribute donated resources such as school supplies, shoes, and clothing directly to students.

Other practices were paused or stopped for reasons other than safety, such as organizational capacity, priorities, logistics, and availability. Because most organizations, such as SOAR and Harborhaven, halted the use of volunteers, and some staff members were sick or quarantining, many institutions were essentially staffed by, as Nicole B. at Sanctuary housing noted, “a skeleton crew.” Capacity limitations forced some organizations, such as small food pantries, to suspend walk-ins or shut down completely. In terms of logistics, Faith was hesitant to reopen Safekeepers too quickly in case clients—many of whom face transportation difficulties—traveled to the organization only to find it closed again. Likewise, district leader Ann lamented the challenge of holding collaborative meetings on student homelessness; noting that she “didn’t see it working virtually because we were pulling teeth [before COVID-19] to get it done face-to-face.”

Side projects, upcoming initiatives, and peripheral relationships were often the first to be sacrificed. Gracie discussed a family health clinic that was meant to open in January but, “of course, when the pandemic hit, we just dropped everything for several months.” Renee noted that a project being considered by Reach-Horizons before the pandemic—a sibling aftercare partnership—was on hold. CeCe observed that, especially with Safeway’s more peripheral relationships, “people are maybe backed up on certain things,” hindering collaboration.

Notably, modifications at one organization often bled into other organizations. As district leader Luna noted, it was difficult to know what services were still available to families as referrals, an important form of brokerage. Renee at Reach-Horizons discovered that reduced capacity and stricter rules at Lighthouse, one of the city’s main daycenters, meant that individuals spent less time there, making some cross-over clients harder to locate.

Some practices and programs were reinstalled, at least to some degree, even in the midst of the pandemic. Gracie discussed how external motivation, in the form of CARES Act funding allowed StreetHealth to reopen their dental clinic for select procedures. Likewise, a number of organizations, such as Safeway housing, slowly reopened intake as the pandemic raged on. However, due to the changing COVID-19 terrain, many providers were unsure if and when certain programs or practices would be reinstated.

**How: Continued Largely the Same**

In rare instances, practices continued throughout the pandemic with little to no interruption. At the heart of these practices were tight cross-organizational partnerships that were in existence before COVID-19. For instance, prior to the pandemic, Harborhaven congregate family shelter built a new campus and offered adjoining land to Homebound to provide supportive housing for families who exited shelter. As Cleo at Homebound explained,

> the partnership that we have with them, even though they are a deeply faith-based organization and Homebound is not, we have been partnering for so long and have, I think, our eye on the ball . . . .

> Our relationship is such that when COVID hit, for example, they were the only partner that did not leave our buildings . . . there was never an absence of them. I think that that goes to the fact that both of our organizations have quite a bit of grit and fortitude, like our residents. Our jobs can be, it’s messy. So, the Harborhaven gets that and stuck with it.

Harborhaven and Homebound had a long-term relationship, a common agenda, and the same “fortitude.” This tight partnership only grew stronger during COVID-19, despite differences in mission (religious vs. secular; congregate shelter vs. supportive housing).

Likewise, both Harborhaven and Homebound had tight relationships with HISD. The organizations continued to work closely to assist with the school enrollment of students experiencing homelessness and to ensure continuity with attendance and academics. Susan from Harborhaven noted, “every time that we had a hiccup, we went together to solve it.”

**How: Transforming Old Practices**

Most commonly, old practices were transformed to meet new COVID-19 realities. As Faith at Safekeepers noted,

> organizations have really been trying to be creative in how to adapt to COVID . . . we weren’t doing it because it wasn’t needed in that way [before] . . . . when those [old] systems were no longer operating in a functional way because of COVID, we’ve now had to be creative . . .

This occurred through two major avenues: (1) shifting to a virtual environment and (2) adapting the location, size, format, or reach of in-person practices.

**Shifting to Virtual.** Many practices and programs translated fairly well to a virtual environment (e.g., communication, presentations, and health appointments). Interestingly, district
leader Monica noted how virtual work changed her daily professional schedule and actually allowed her the space to develop deeper, more personal relationships, with greater intensity, with the families she managed to reach. Prior to COVID-19 many interactions with families experiencing homelessness were dependent on the agency of the parent (e.g., parent travels to HEO or school meeting). With water-cooler style interactions no longer possible, the district adopted more purposive practices to interact with students and families experiencing homelessness. District leader Ana explained,

A lot of times families would basically come to the workshop that is being hosted or participate on the PTO/PTA meetings, and they might feel compelled to share something with [us] like, “Oh, I have a question. Something’s going on with the school. . . . But, since COVID-19,” the approach that we have taken is really connecting directly with our families in the sense of calling them and just saying, “Hey, how are you doing? Are you guys good? Is there any need?”

While to some extent the district and families always communicated via phone and email, this was a marked shift from more happenstance in-person encounters to the district purposively reaching out via phone, email, or social media to ensure students’ and families’ needs were met.

Remote communication became the main conduit between HISD, students, and families experiencing homelessness—particularly prior to the resumption of in-person instruction.

In another positive example, Stop Domestic Abuse (SDA) managed to expand its reach during the pandemic. As the need for their services exploded during COVID-19, they responded by shifting to virtual presentations and trainings. The virtual modality allowed SDA to expand their programs during a time of crisis. SDA provider Jessica noted, “I’ve seen a 76% increase in doing community outreach since COVID has hit. . . . We’ve had more community partners call, more organizations call, believe it or not, more faith communities reach out and saying, ‘I need someone to do a presentation . . .’”

While certain practices fared well in the virtual environment, others yielded mixed results. For instance, CeCe noted that youth experiencing homelessness at Safeway housing were attending more health appointments because telehealth was more convenient than in-person and their schedules were more flexible due to virtual schooling and limited opportunities for outside work. However, Faith at Safekeepers daycenter, noted that telehealth also created access and logistical barriers: “Virtual meetings and not having access to laptops or cellphones or internet, so you’re not able to make [them].” According to Gracie, at a health organization, the transition to telehealth often hindered access to information, medication, preventative care, therapy, and other resources. As shown in Figure 2, Gracie also outlined the complexity of collaborating with homeless shelters to provide telehealth technology.

Other programming was unsuccessful in the remote modality. For instance, Cleo at Homebound housing discussed how they were working with one organization to provide poetry enrichment to their elementary students pre-COVID. She explained the virtual shift:

. . . even working with families who have . . . SNAP [Supplemental Nutrition Assistance Program] and WIC [Special Supplemental Nutrition Program for Women, Infants, and Children], which gets them really cheap or free Wi-Fi, still the devices are impossible—it’s old phones . . . Plus, it’s hard to engage . . . if it’s a live in-person program it’s not about the poetry, it’s about the activities and art and the getting up and the moving . . . if it’s on Zoom, it’s just about the words that the person is speaking . . .

In addition to the challenges of engaging young children in remote modalities, Cleo unearthed a range of common barriers from internet access to outdated devices.

Adapting In-Person Practices. Other practices remained in-person, but transformed in other ways. Renee, at Reach Horizons, described how a program that aimed to build social ties and included a meal morphed into a meal delivery program without the social component. She also explained how rehousing families experiencing homelessness was initially on pause due to the inability to look at apartments and attend necessary meetings. However, reflecting the importance of internal motivation, personal initiative, and creativity, Renee described how the rehousing process transformed:

[W]e’ve had to come up with ways to do it differently. So we worked with the housing authorities in the city on kind of relaxing how these things get done. Yes, inspection still has to happen, but we can do it virtually by Zoom. We’ve started having housing briefings at our offices instead of taking clients across town to a big briefing with lots of people in the room. Now it’s five or six people all spread out. So just tweaking things so that things can proceed. So fortunately, it’s all moving again . . . having to work differently with our partners and do it a little creatively and coming up with new ways to do things.

Here, Renee outlines how some processes were made virtual, while others changed location, format, and size.

The Houston Food Bank, which 26 participants noted they work with, also made substantial changes to food distribution practices. Ann revealed how early in the pandemic, due to external funder restrictions, the Food Bank did not have the flexibility to respond nimbly to the crisis. However, restrictions were eventually loosened and old practices transformed. Previously, HISD would broker access by referring families to the Food Bank, but during COVID-19 the Food Bank began to offer weekly deliveries to families—which was not only safer but also more convenient. Lewis, a district leader, noted that some schools also held drive-through food events. Other food distribution efforts
also adapted and expanded to meet needs; as Lighthouse daycenter transitioned to to-go meals, “meal production has gone up 300%” (11-10-20 memo), and LifeChurch moved to a drive-up format and, as evidenced by a food distribution flyer, increased the frequency of food pick-ups (see Table 3). Illustrating storage as a form of brokerage, many of these events also involved the distribution of brochures and flyers for other community resources—materials that otherwise might have been posted on organizations’ bulletin boards. However, as Nicole B. at Sanctuary housing observed, not all food events were responsive to the fact that some families “don’t have their car” anymore.

Other partnerships, programs and practices were transformed in the sense that they grew tighter, stronger, or larger. HISD leader Hanna commented on her work with churches, “I think our collaborations that were strong have become stronger.” Likewise, AIDSCare in partnership with the Food Bank, transformed its small food pantry into a larger grocery store-like operation open to more families in need.

**How: New Practices**

While most practices were already in place in some form before COVID-19, our data also revealed a handful of new partnerships and practices. Some emerged as a response to COVID-19 safety issues, while others were in reaction to COVID-19’s impacts.

Reflecting safety concerns, Lewis, a district leader, mentioned establishing mobile testing sites and Cleo worked with new partners, diversifying Homebound housing’s network to secure soap. Likewise, StreetHealth created a new partnership for COVID-19 testing and even constructed a waiting room in a garage (increasing opportunities for storage) after a client fainted in the Texas heat. Finally, Harborhaven used a new practice, relocating COVID-positive individuals to a motel to be cared for by a partner organization for their quarantine’s duration.

Other new practices were a response to the impacts of COVID-19. CeCe was proud of her therapy room for youth experiencing homelessness at Safeway housing. Illustrating her internal motivation and personal beliefs, she wanted to complete the room before COVID-19, but the pandemic encouraged her:

> I was like, “We might as well just do a sensory room, therapy room, what room are we not utilizing? . . . So it’s like an art therapy room . . . you have the bean bag chairs, we have a little humidifier with essential oils . . . We have a weighted blanket, . . . stress balls, therapy putty, lights around the room . . . and then just a cool little futon couch . . . Like I said, if they’re not working, we’re recommending that they just don’t leave off the property, just because Houston is still at a level one red level.

The therapy room was not only a mental health tool but also an incentive for youth to stay on campus, supplementing other strategies to improve moods and encourage residents to stay safe, such as resident-only birthday celebrations.

Because of the personal initiative and motivation of employees, Homebound housing “perfected the art of the grab-and-go craft” through a partnership with a local museum to safely reduce social isolation experienced by students and families. Likewise, HISD prioritized making sure that Harborhaven, a congregate family shelter, was set up for online learning while the district remained virtual. Susan from Harborhaven explained, “some of our zoned schools sent one or two representatives that helped the teachers here and the children to get connected, to get online.” In contrast, Reach-Horizons’ weaker relationship with the district encouraged them to solve students’ technology needs independently. According to Anne B:

> We also just went ahead and started getting donations of tablets and iPads. We had some help from some of our corporate sponsors to get . . . refurbed laptops and . . . had them on standby for the families and kids.

Not all new practices were fruitful. For instance, Centerville community center responded to HISD going virtual by designing an “in-person learning hub” for students to complete their virtual work. This physical space could have allowed Centerville to build social ties and broker resource access through storage, however, Olive noted that the hub was not well attended, despite most families remaining virtual even after HISD offered in-person schooling. As she explained, “we opened our space, set up computers, and had a place with staff and Wi-Fi where kids could come in and do their schoolwork.” Olive attributed the poor attendance to COVID-19 inequities:

> At low-income schools the kids are not coming back . . . I’ve seen some research . . . where the schools . . . were all planning for all these kids to come back in person when they reopened because . . . the kids don’t have the great Wi-Fi at home and they don’t have all the technology that they need . . . but they reopen and . . . in the schools that were wealthier, Whiter, like 50% or more of those kids came back as compared to the more low-income schools where like only 20% of the kids came back. So, I’m not sure why. I think maybe it has something to do with the disproportionate way COVID is affecting different communities, that maybe we have multi-generational households where you can’t bring COVID back to your grandparents. It might have something to do with older siblings taking care of younger siblings and they all need to be at home to do that.

Olive not only highlights the inequitable toll of COVID-19 but also how it complicated service delivery and the response of community organizations to students’ and families’ perceived needs.

**Discussion**

We found that COVID-19 often fundamentally altered school and community practices around student homelessness, presenting challenges as well as opportunities for
transformation and creativity. We profiled factors and pressures that shaped organizational responses, including resource availability, safety concerns, COVID-19-related needs of students and families experiencing homelessness, and other considerations. We also presented an adaptation continuum (Figure 3), which outlines why and how COVID-19 shaped practices.

**Connections to Theory**

This work is both informed by and has implications for Small’s (2009) organizational embeddedness perspective. First, Small (2009) notes that external motivation from sources such as funders and governmental agencies as well as internal organizational motivation from professional norms and personal beliefs of its members can be helpful in understanding brokerage. Consistent with this perspective, our findings underscore the role of funders in exerting external pressure on organizations to respond in certain ways to the pandemic. These ways of responding, such as the creation of certain rules (e.g., prohibiting volunteers), subsequently had consequences on the opportunities for social and organizational tie creation. In addition, we found that providers, such as Renee at Reach-Horizons who outlined the transformation of the rehousing process, also upheld strong internal beliefs and professional norms that prioritized meeting families’ wide-ranging and increasing needs. Thus, they often encouraged brokerage, even when it was not mandated.

In addition, we find that COVID-19 and accompanying safety rules occasionally created opportunities for organizations to foster nonpurposive social ties. For instance, if families could no longer leave the shelter, but now attended communal on-site birthday events, more opportunities for resident family–family interactions emerge. However, as illustrated by Ana’s quote about families’ at the PTO, more often than not COVID-19 reduced nonpurposive interactions between providers and families and increased the importance of purposive connections.

In terms of how organizational ties were fostered, we also find evidence of Small’s (2009) forms of brokerage (validation, storage, referrals, and collaboration). We expect that in the COVID-19-related challenges of identifying students experiencing homelessness, the (at least temporary) reduction in open community organizations hindered the potential use of validation as a form of brokerage. More clear, however, is that COVID-19 dramatically reduced the frequency of in-person visits to organizations; thus, the storage capacities of organizations were severely curtailed. Likewise, referrals and collaboration were clearly complicated by COVID-19, as the availability of and capacity of some organizational partners were severely reduced.

Small (2009) also highlights the importance of the conditions of interactions (competition vs. cooperation) and the context of interactions (e.g., length, frequency, intensity, etc.) in understanding tie creation. In terms of conditions, we found that organizations who had deeply cooperative (vs. competitive) partnerships with one another were better positioned to weather COVID-19. For example, despite differences in mission, Homebound and Harborhaven, both housing organizations, had a shared history and common agenda. On the other hand, partnerships and practices that were less well-developed or more peripheral to organizations’ core work (such as bipolar support groups at Safeway) were more likely to fizzle. When cross-institutional relationships were not strong before COVID, organizations tried to solve problems alone—as was the case with Reach-Horizons’ decision to secure donated technology rather than wait for HISD.

In terms of the context, we find that COVID-19 often shifted the frequency and intensity of interactions at both the individual and organizational level—albeit in nuanced ways. For instance, CeCe, an employee of a housing organization, noted how youth attended more telehealth appointments than before the pandemic, suggesting increased frequency of health provider–youth interactions. In contrast, district actors, such as Hanna and Monica, noted the challenges of reaching youth when schools were virtual, suggesting decreased frequency of educator–youth interactions. Provider–provider interactions also depended on how their practices were adapted: Some organizations, and thus the people within them, worked more often and deeply together (e.g., district and churches), while others ceased interactions altogether.

Extending Small (2009), which highlights the importance of duration, we found organizational consistency to also emerge as important for shaping tie creation. In the context of homelessness, where instability is a defining feature, many providers, such as Faith at Safekeepers daycenter, prioritized consistency in their reopening. Furthermore, we found that COVID-19 often shaped the location of interactions, typically (although not always) away from in-person and toward virtual settings. Hanna noted how families did not always want to reveal their needs over the phone, or how much school and community providers—such as Ann, Jay, and Renee—often wished to “get back out there.” Thus, our study also suggests that where interactions occur is important in understanding interactions across stakeholder groups.

**Implications for Research, Policy, and Practice**

Our study makes important inroads in understanding the disparate impacts of COVID-19 (e.g., Credit, 2020; Gray et al., 2020). We provide evidence of the perceived impact of the pandemic on students experiencing homelessness and the community and school actors that support them. As such, our findings contribute to research on student homelessness (e.g., Aviles de Bradley, 2015; Canfield, 2015; Hallett &
Our study provides lessons that can help guide schools and communities as they continue to combat and recover from COVID-19. First, rather than simply returning to pre-COVID practices, going forward, we encourage schools and communities to continue creative and promising efforts. While these practices—including more proactive communication with families using multiple modalities, drive through food pantries at schools, and the conversion of in-person activities and service delivery to virtual modalities—were often creative solutions necessitated by the pandemic, many of them may also allow for greater reach and flexibility in a postpandemic context too.

Second, more than ever before, COVID-19 has illustrated the importance of meeting students’ nonacademic needs. We recommend that school personnel who support students experiencing homelessness advocate that current and forthcoming funding—including the American Rescue Plan—Elementary and Secondary School Emergency Relief funds—be used to support unmet needs. Chief among the tasks of connecting students and families with services is identifying those who qualify under McKinney–Vento. As such, we encourage schools to use these funds to improve identification, such as by increasing staff hours related to McKinney–Vento duties, hiring additional staff to help locate students, providing more training, or establishing marketing campaigns through social media ads or targeted efforts at anti-poverty organizations, laundromats, or public transportation hubs (SchoolHouse Connection, 2021a, 2021b). This is particularly critical now, as many families displaced by COVID-19 who have not experienced homelessness previously may be unaware of the supports schools may offer. In addition, when seeking out additional funding, we encourage schools and communities to negotiate flexibility as to how funds can be used so they can more easily pivot in the face of crises.

While school-community collaborations are mandated by McKinney–Vento and have been advocated for in prior scholarship on student homelessness (Canfield, 2015; Miller, 2011b), our findings demonstrate that many of the relationships that fared best during the pandemic were those that were strongest before COVID-19. As this disaster is unlikely to be the last, we encourage districts and partners to strengthen preexisting relationships and identify and foster new mutually beneficial connections now—so that they are well positioned to tackle the next crisis.

Additionally, COVID-19 has foregrounded the viability of virtual platforms for service delivery. We see potential benefits to using virtual modalities to broaden the wrap-around services a district may offer students. For example, the trauma from COVID-19 is unlikely to disappear once the virus is under control. When in-person mental health supports are unavailable or inadequate for meeting certain students’ needs (e.g., scheduling challenges, logistics, or specific diagnoses), telehealth may be a viable alternative. Likewise, virtual platforms may allow schools to continue to stay connected to students experiencing homelessness even after a residential move, school change, or graduation. Districts and community organizations must work in the near-term to build relationships and establish practices to support students’ and families’ diverse needs and push for equity in recovery policies and practices for years to come.

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ORCID iD

Alexandra E. Pavlakis https://orcid.org/0000-0001-7165-9732

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Authors

ALEXANDRA E. PAVLAKIS is an associate professor at Southern Methodist University. Her research examines student and family homelessness, family-school-community engagement, and educational leadership.

J. KESSA ROBERTS is a postdoctoral fellow at Southern Methodist University. Her research interests include educational inequities in high-needs rural and urban contexts and their implications for educational leadership and policy.

MEREDITH P. RICHARDS is an associate professor at Southern Methodist University. Her research seeks to understand the underlying causes of educational inequities and the effects of educational policies on equity and stratification in schools.