“Why wasn’t I doing this before?”: Changed school social work practice in response to the COVID-19 pandemic

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Abstract
The American education system has been significantly disrupted by the COVID-19 pandemic, which led schools to shut down and convert to remote learning environments in spring 2020. However, long before these school closures, school social workers (SSWs) have faced significant practice dilemmas, as they have encountered obstacles to their engagement in best practices. While initial pandemic school closures presented SSWs with a range of uncertain situations, they also provided the possibility to respond to practice demands in different and dynamic ways. This article explores the pandemic’s impact upon SSWs’ practice, and how SSWs responded in turn as they quickly adapted their practice during this widespread, ongoing crisis. Informed by crisis theory, previous analyses of SSW practice trends and dilemmas, and a review of traditional social work values and ethics, we conducted three focus groups in July 2020 with SSWs during the pandemic’s early months. From these interviews, we learned that participants’ work was

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disrupted by dramatic shifts in school and community settings, as well as changes in support needs within their respective school communities. Those disruptions gave way to substantial shifts in practice, which reflect a more prominent role for systemic practice and for traditional social work values in SSW decision-making. These findings offer implications for post-pandemic practice, and practice in other host settings.

**Keywords**
Education, Social Work Practice, Crisis, COVID-19, Host Setting Practice, School Social Work

In March 2020, over 50 million U.S preschool, elementary and secondary students suddenly shifted to remote learning plans in response to the COVID-19 pandemic (US Department of Education, 2020; Week, 2020). Immediate disruption to regular school practices, norms, and expectations reverberated throughout schools. Across disciplines, school mental health professions strained to adapt to new demands that the pandemic ushered in (Song et al., 2020). Teachers also encountered heightened student psychosocial distress (Darling-Hammond and Hyler, 2020). Many saw elevated rates of student mental health concerns such as anxiety, depression, trauma, and grief (C.S. Mott Children’s Hospital, 2021; Singh et al., 2020). In a national survey, over half of teacher respondents reported that they responded to students themselves rather than refer to mental health professionals (Brown et al., 2020). These strains showed up in various social work contexts, including geriatric (Miller and Lee, 2020) and hospital social work (Fox et al., 2021) settings.

School social workers (SSWs) likewise encountered an intensified demand for their services. The pandemic produced serious challenges for entire school communities, including financial strain for families and educators, food insufficiency, stress around acquiring and using devices for virtual learning, and compounded difficulties due to ongoing, pre-pandemic concerns such as mental health struggles, inadequate housing, and undocumented status (Alvarez et al., 2020; Daftary et al., 2021). Encouragingly, surveyed SSWs frequently reported school employees’ efforts to show care and support for one another and their school’s families (Kelly et al., 2020). Yet, many of the same survey’s respondents found it hard to establish meaningful, ongoing contact with their assigned student clients, and experienced a high level of work-related stress and worry about their students’ and their own families.

Beyond our curiosity about school social work (SSW) practice decisions during this distressing time, the early pandemic also provided a unique opportunity to explore whether crisis circumstances in any way disrupted stable SSW practice norms. As we elaborate below, SSW roles have remained stuck to a degree in reactive, problem-driven individualized treatment models, even as ecosystemically oriented models such as Multi-Tiered Systems of Support (MTSS) have emerged, encouraging a combination of individual and structural interventions, as well as preventive interventions (Frey et al., 2012; Gherardi and Whittlesey-Jerome, 2018). Our study therefore investigated SSW practice
decisions, role conceptualization and intervention approaches during the early pandemic. Below, to frame both SSW practice and the ways in which the pandemic stood to disrupt it, we revisit SSW practice norms, crisis theory and traditional social work values, all of which shaped our inquiry about pandemic SSW practice. We then describe how and what we learned from SSWs during summer 2020.

School social work practice roles: Steady but changing

Much pre-pandemic SSW practice focused on serving students as primary clients, without also substantially engaging in preventive or systemic efforts to support them. A specialized social work practice, SSW developed a stable identity in many American school contexts as the primary provider of intensive clinical and casework services (Raines, 2019). Recent SSW practice research (Harrison et al., 2018) establishes that SSW practice tasks and roles remain grounded in the problem-focused, individual intervention (also known as Tier 3) level of schools’ MTSS model. This approach persists despite compelling evidence that prevention activities at whole school (Tier 1) or targeted, temporary small-group (Tier 2) levels can address many academic, behavioral, and emotional problems that youth experience in school (Shapiro et al., 2018; Tan et al., 2020).

Several factors contribute to the dominance of the clinical casework approach to SSW. These include a high level of crisis intervention demand and a lack of outside mental health resources (Teasley et al., 2012). Additionally, many SSW positions are created and maintained to meet the demand for special education eligibility evaluations and special education interventions, which also reinforces a problem-focused approach (Avant, 2014; Sherman, 2016). Many SSWs serve on multidisciplinary student support coordination teams, which often focus on identified student problems (Corbin, 2005). Another contributing factor is schools’ efforts to bill Medicaid for SSW, which also reinforces a diagnosis-driven framework (Richard et al., 2019).

Despite these norms’ stability, evidence suggests that SSWs are engaging with new ways to serve their schools, drawing from the social work profession’s core values. Reflecting both the recent national SSW model (Frey et al., 2012) and SSW’s early history as community-based and promotive of family-school connection (Constable, 2016), recent research shows SSWs trying to balance clinical caseload demands with more community-based and whole-school change work (Kelly et al., 2015; Peekover et al., 2013; Thompson and Frey, 2020). Some of this shift is driven by recent changes in SSW training and state certification requirements, spearheaded by SSWs who have less than 10 years of experience and practice in states that require an master’s degree in social work and state certification (Thompson et al., 2019).

The school as a setting for constant practice customization

The school environment has also constrained SSW roles. Before the pandemic, SSWs reported high caseloads and significant demands to respond to student crises as chronic barriers to optimal job performance (Phillippe et al., 2017). SSWs in this same study described a limited sense of autonomy in the face of layered and at times conflicting
demands from school personnel, district policy and federal policy. These authors (2017) saw “constant customization” in how SSWs calibrated their practice to the shifting expectations of school stakeholders. Constant customization in turn hampered a diverse cross-section of SSWs’ sense of professional agency, and ability to innovate and engage in evidence-informed practices. Together, the reinforcement of clinical models and constant customization pressures paint a picture of sturdy school social work practice norms, as well as SSWs’ desire to push beyond these constraints.

Crisis theory: Perspective on SSW responses to the pandemic

In the face of long-standing resistance to SSW intervention, the pandemic represents a crisis with the potential to disrupt these established norms. To delineate a crisis’ stages, the World Health Organization (Wisner and Adams, 2002) identified three broad phases in the disaster management cycle: pre-disaster (prevention, mitigation, and preparedness), disaster (impact), and post-disaster (response, recovery, and rehabilitation). COVID-19 exerted a sudden, disruptive impact, followed by post-disaster management and perhaps eventually reverting to previous practices (Adikaram et al., 2021). While the disaster management cycle is often depicted as a linear process, Mutch (2020) proposed that this cycle is more fluid with a series of responses, recoveries, and setbacks before renewal.

In the immediate wake of the transition to remote learning, crisis characteristics manifested for SSWs and their schools, beginning with a period of disaster-created disequilibrium and uncertainty (Etkin, 2014; Regehr, 2011). Crisis theory leads us to anticipate a subsequent recovery period, involving exploration of alternatives, development of new strategies, temporary policies and procedures, and action plan implementation to restore a sense of normalcy (Roberts and Otten, 2005). Notably, Luo (2021) argues that in pandemic crisis intervention, social workers are likely to adopt transformational leadership practices, including empowerment and participatory action. We were curious to understand how SSWs’ crisis responses might represent a shift in practice strategies and priorities.

Emphasis on traditional social work values and ethics amid the Pandemic’s initial days

Early in the pandemic crisis, the social work profession’s roots emerged as critical to all practice areas as the fluid pandemic crisis became a more constant disaster. Initial scholarship after the shut-down encouraged all social workers to embrace our profession’s established values and ethics (Walter-McCabe, 2020), emphasizing the field’s commitment to service, social justice, dignity and worth of the person, and the importance of human relationships, integrity, and competence (NASW, 2017). This need manifests in the U.S. and globally, as a survey of social workers found that respondents from 54 countries struggled with how to follow the guidance of their agencies and governments while also serving and supporting their clients in an ethical manner (Banks et al., 2020). Across practice areas, social workers articulated a desire to provide basic services and support to help clients achieve some stability, akin to early, traditional social work
practice, even if this work diverged from their pre-pandemic roles (Fox et al., 2021; Miller and Lee, 2020). This practice shift—and the call for it—represent the possibility of changes to SSW practice amid the ongoing pandemic crisis.

Methods

The pandemic’s disruptive impact on schools and SSWs, alongside established practice patterns, provides a unique opportunity to explore the potential for practice innovation amid an ongoing crisis. We therefore posed the following research questions: (1) What was the pandemic’s impact upon SSWs’ practice? (2) How did SSWs respond in turn? We used a focus group approach to pursue these questions, to solicit individual participants’ responses, and also hear them build upon one another’s comments (Freeman, 2013; Krueger and Casey, 2015).

This study is unique in that before collecting data, we first used publicly available webinar recordings about SSW early in the pandemic (School Social Work Network, 2020). Two pairs of two team members reviewed four published webinar recordings, identifying themes in order to formulate focus group questions that were attuned to pandemic-era SSW practice. Our semi-structured interview protocol addressed community contexts for the pandemic, collaboration, intervention and pertinent policy. It also engaged framing concepts from the literature cited above, including professional roles, crisis theory, and practice decisions.

We recruited participants from a nationally advertised SSW professional institute (Summer, 2020). One team member introduced the project and explained the informed consent process to all attendees. Given the pressures of the pandemic, a number of individuals declined, and two completed consent forms, but then did not participate. 14 individuals ultimately attended three focus group meetings (2–7 participants per group). They spanned school settings, from pre-K/early childhood to high school (see Table 1). A majority were female (71%), and identified as white (78%), and reported from 1 to 30

| Pseudonym | Gender | Race/Ethnicity | Years in SSW | School level | Service location |
|-----------|--------|----------------|--------------|--------------|------------------|
| Anthony   | Male   | Latinx         | < 5          | High, alternative | Suburb           |
| Charlotte | Female | White          | 10 or more   | Elementary   | Suburb           |
| Elizabeth | Female | White          | >10          | Elementary   | Suburb           |
| Emma      | Female | Black          | 5–10         | Pre-, elementary | Suburb           |
| Grace     | Female | White          | < 5          | Elementary   | Small town       |
| Isabella  | Female | White          | >10          | Preschool    | Suburb           |
| James     | Male   | White          | >10          | NA           | No answer         |
| Karen     | Female | White          | 5–10         | Preschool    | Suburb           |
| Olivia    | Female | White          | < 5          | Elementary, middle | Large city       |
| Scarlett  | Female | White          | >10          | Middle, alternative | Suburb           |
| Sofia     | Female | White          | 10 or more   | High school  | Rural            |
| Victoria  | Female | Latinx         | 5–10         | Elementary school | Suburb           |
years of SSW experience (M = 10.7; SD = 9.39). To ensure diverse focus group composition, researchers randomly assigned participants to a group, and then reviewed each group’s participants to ensure a range of grade levels and geographic locations. Focus groups, each lasting approximately 60–70 min, met virtually via Zoom.

The focus group method generated data via the use of the semi-structured interview protocol and participants’ interactions with one another. These exchanges included elaboration upon one another’s points (“Along those lines. . . “); verbal and non-verbal agreement with others’ statements (nodding and use of emoji figures, all recorded on transcripts); the introduction of contrasting information (“Our district focused a lot more on. . . “); and questions (“Did the administration adhere to those priorities?“). Researchers solicited contributions from quieter participants on prompts and discussion themes. All focus groups were audio-recorded and then transcribed. To ensure confidentiality, identifying information (e.g., participant names, about schools) was changed or removed from the data during the transcription process.

The team used an inductive phenomenological data analysis approach, where each team member reviewed all transcripts to determine an initial coding tree (Creswell and Poth, 2013; Onwuegbuzie et al., 2009; Sutton and Austin, 2015). The team then collaboratively created code definitions. To ensure inter-rater agreement, the team applied codes together for a small sample of each transcript, and then coded separate transcripts, checking their coding decisions with one partner each to establish intercoder agreement. Coding partners repeated this process for any codes that did not meet the threshold of 80% intercoder agreement, until they reached this threshold. Once each pair reached full agreement, two team members coded all transcripts. Additionally, throughout this process, researchers utilized analytic memos as discussion-starters, to articulate broader themes from unique codes (Saldaña, 2014), and identify and address researcher bias.

To verify themes’ presence across focus groups, team members analyzed code application’s prevalence across groups. The team also used micro-interlocutor analysis to identify and further examine code patterns and frequencies within participants, to identify themes among individuals (Onwuegbuzie et al., 2009). Table 2 shows emerging, prevalent themes such as traditional social work values, interventions, roles, and

| Theme                        | Overall | Co-Occurrence with purposeful customization code |
|------------------------------|---------|-----------------------------------------------|
| Broader social work values and priorities | 9       | 75.00                                        | 7    | 77.78 |
| Interventions                | 10      | 83.33                                        | 8    | 80.00 |
| Professional collaboration   | 11      | 91.67                                        | 7    | 63.64 |
| Roles                        | 12      | 100.00                                       | 10   | 83.33 |
professional collaboration, and how each overlapped with practitioners’ purposeful customization of their work, one of our key findings.

**Findings**

In this study, we asked, (1) What was the pandemic’s impact upon SSWs’ practice? and (2) How did SSWs respond in turn? Participants’ work was disrupted in multiple ways, and those disruptions gave way to substantial practice shifts. Workplace conditions changed such that SSWs could not carry out their roles as they did pre-pandemic. At the same time, pandemic-driven student and family distress pushed participants to respond to pressing support needs. Participants met these changed, demanding conditions with what we call *purposeful customization* of SSW roles and tasks, wherein they exercised substantial agency in how they identified, prioritized, and addressed intervention opportunities. Their purposefully customized roles reflected an emphasis on traditional social work values, such as a commitment to services that addressed basic needs, collaborative relationships with families and colleagues, community-oriented intervention, and social justice. We elaborate upon two prominent areas where participants’ purposeful customization shaped practice: professional collaboration and intervention.

**Pandemic workplace conditions: Substantially changed**

True to the research on pandemic social work in multiple settings (see pages 1–2), the COVID-19 pandemic disrupted participants’ school systems and community systems, and contributed to shifts in school community members’ psychosocial support needs. Together, these transformed conditions both required and made possible a shifted practice.

*Disrupted schools, disrupted working conditions.* The pandemic’s well-known, multiple disruptions to school systems unsurprisingly affected participants’ working conditions. They could not conduct in-person work as they previously had, and missed in-person interactions. “I go to pick up the kid. . . we’re in a group, and something happens on the way back to my office,” Charlotte explained about lost pre-pandemic opportunities for connection. Participants had to learn remote instruction and communication platforms, and to shift their interventions online, all of which brought numerous complications. Participants had to rely on students to respond to remote outreach and interaction opportunities, and many students identified for intervention did not engage. Olivia saw the demand for services plummet: “A lot of my students were not interested, really, in engaging with Teletherapy or phone sessions. It was a pretty small percentage of my caseload that wanted to do that consistently.” When students did not or could not engage with remote SSW services, participants could not rely upon customary outreach strategies. Participants could not be reached on their office phones, found it more difficult to reach students and families by phone, and in some instances, were not allowed to communicate with students or parents via text messaging. They felt wary of (or prohibited from) using their personal phone numbers because of privacy and liability concerns. These constraints culminated in participants’ diminished contact with identified students.
and families. “I probably got a hold of like 30% of my families on my caseload,” Grace shared.

Participants also found their work terrain dramatically changed. Provisions for consent and confidentiality could not unfold as they did pre-pandemic. Participants found these policies unclear or unresolved in remote instruction conditions, and felt constrained as a result. “You can see them (students) so many times without contacting the parent legally,” Sofia explained,

I’ve just gotten the consents, and have ongoing (consents). That all ended because I never really got a directive on how to do Telehealth. Our special ed social worker got directives of how to do it and I don’t even think they did it because people felt that Zoom was not confidential. There were a lot of legalities, so I was not able to individually work with the students I normally work with.

With the landscape for intervention disrupted, participants could not approach client protections in the same way. Remote intervention also raised questions about student privacy. Grace asked, “How do you create a confidential space? How do you create a safe space when your family is around and can hear everything you’re saying?” With the loss of face-to-face practice opportunities, participants found themselves uncertain about how to best proceed.

Community system disruption intensified school workplace disruption. Alongside school-based practice disruptions, participants encountered numerous crisis-driven changes in their schools’ surrounding communities. Most prominently, all three focus groups (akin to educators across the US) shared that many students, as well as whole neighborhoods, lacked WiFi access, even when districts or providers offered free access. The pandemic also disrupted community services. Child care, after-school care, and school closures meant that older siblings had to fill their families’ gaps in child supervision, leaving them less available for schoolwork on a conventional schedule. “They were just so consumed, they were doing the childcare,” Sofia explained. “They didn’t really have time. . . Kids reached out to me several times and I tried to map it out for them.”

The loss of other community services disrupted how participants could practice. Tessa found that court-involved students’ school engagement changed when local courts restricted their services, temporarily stopping probation violation hearings, and probation officer home visits and daily, in-person check-ins. “Some of our students are most successful when they’re checking in with the probation officer every day, when the P.O. is kind of, for lack of a better term, on their ass,” she told us. The local organization that sent interns to Laura’s school suspended that arrangement, effectively raising her school’s student-to-SSW ratio. Many participants’ communities encountered reduced mental health service availability just as demand increased.
Emergent school community needs created different intervention demands

Participants also encountered new and transformed intervention demands. Grief and trauma shifted from being individualized phenomena to shared experiences across students and educators. “Everybody in our district has experienced trauma in some way, whether it’s really related to COVID or related to other national things that are going on,” Sarah shared, illustrating the widespread nature of trauma in her school’s community. Many families in participants’ schools lost employment, and as a result, income. Families’ ability to purchase food was reduced at the same time that existing food pantries closed. Other participants commented on the risk of increased domestic violence with families confined to home under such stressful conditions.

Less acute but also prevalent disruptions arose from the move to remote instruction. Students lost their day-to-day environment and the predictability of school schedules, access to peer interaction, and educators lost the ability to contact and interact with students, particularly those who had challenges with remote learning access via the internet. School staff, also grappling with the effects of the pandemic in their personal lives, were overwhelmed by new demands. Students transitioning to a new school for the 2020-2021 academic year could not visit to become prepared, and some became more anxious about this transition. Many participants described students “shutting down” and doing no work. These accumulated experiences shifted the terrain for participants, signaling the need for SSW intervention that diverged from conventional, pre-pandemic practice. Business as usual was simply not possible.

Reconfigured SSW roles reflected traditional social work values

Participants experienced pervasive and disorienting shifts in their work, ushered in by the pandemic. Charlotte said that her current job didn’t feel like her job under pandemic, remote learning conditions. “I really like struggled with identity stuff. This is not my job. What I’m doing is not my job.” Normally, she explained,

We’re on the fly. We’re making it work. And all of that was taken away. That was a huge struggle for me because that’s where I’m in my most comfortable zone versus, like, “Here’s the Google Slides”… I was like, “Give me the kid throwing the chair. I know how to do that!”

School social work was, in this sense, unrecognizable. At the same time, long-standing constraints to practice could not continue as they had, creating space for practice shifts and practitioner autonomy.

As they responded to changed demands along with changed working conditions, participants found themselves working beyond familiar SSW parameters. Whereas previous research (reviewed above on pages 2–3) on SSW practice identifies a practitioner emphasis on individual work with students already identified as in need of services, all participants conceptualized their work more broadly, purposefully customizing their roles to meet the demands they encountered. This move manifested in participants’ greater emphasis on system-level intervention, the provision of concrete services, collaborative
engagement with parents and other educators: approaches that connect to traditional social work values rather than conventional SSW practice.

During the pandemic, participants worked, undeterred, beyond more familiar parameters in ways that emphasized engagement with people who demonstrated a need for crisis-driven support. James described his approach as “get the basics done versus whatever their IEP1 goals (were)... that was the more important stuff, keeping everybody feeling safe, secure, as best as they could.” This role shift saw participants diffusely promote student engagement and well-being, even among students they had not previously served. Across these efforts, participants transcended their caseload boundaries to reach individuals affected by the pandemic’s far-reaching effects.

While SSW services conventionally include some concrete support such as assistance for families with housing and food, participants shared that this aspect of their work gained greater prominence during the pandemic. “Our priorities were making sure students are fed. That was number one,” Elizabeth shared. Several participants described a need to identify and update local food resources both because so many parents had lost income and also because conventional food resources had changed or closed. The prioritization of concrete needs was accepted among school personnel, even though parents in economically diverse communities sometimes challenged this approach. “We have families who were like, ‘What do you mean there’s no individual reading lesson for Johnny?’ Well that’s because we had to make sure Susie had food,” Charlotte explained, met by nods of agreement from other participants.

Finally, participants shared that their practice became more inclusive of other colleagues, with a greater emphasis on collaboration. This adaptation was necessary given disrupted channels to students with established needs and the sense that a larger number of students would benefit from support. Across participants, we saw a purposeful role customization that decreased emphasis on individual intervention and increased work that substantially engaged colleagues, whom they described as more receptive to collaborative opportunities. They also branched out to colleagues outside of their school, through community networks and more formalized professional learning communities. “I’m just thrilled to be able to be in so many different networks,” Sofia told us. “I don’t feel like I’m alone on an island.”

**Changed SSW interventions**

As a reflection of the purposefully customized role, participants reported changes in the kinds of interventions they used. They identified changes in how they delivered services, those services’ foci, and which services were even provided. Participants’ focus on basic student, family and community needs meant that they stopped providing some interventions that were not needed, or focused on other more pressing needs. They adapted their intervention delivery approaches to meet shifted needs in their school communities. At times, this shift involved changing the time of day that they offered services, to match parents’ availability. While there was more structure previously, Charlotte found that “just hanging out” and visiting various classrooms was helpful. Karen’s virtual presence got unexpected responses:
Then a parent would text and say, can I talk to you, I have a question. I would see them every day before school, but they never approached me. But virtually, I think maybe they felt more comfortable.

Across participants, new interventions also included online groups, Zoom “check-in” meetings open to any student who wished to attend, and Twitter messages. These new or adapted interventions helped participants connect with school community members despite their drastically changed working conditions.

Participants also changed the focus of services amid the pandemic, from child to family, and from issue-driven to holistic. When working with students previously, they had often focused solely on the students’ school-related needs or a specific student population. Scarlett described “meeting more student needs because some of the students [I served] were not on my caseload or weren’t on someone else’s caseload. But they were getting some of those extra supports.” Participants expanded who received services, and began to engage with already-familiar students and families in a different way. Some expanded their focus of services to include family needs, grief, loss, or other basic needs (food and shelter). James described his role as “giving people permission to back up, help families, get you know, the basics done versus whatever their IEP goals are and that kind of stuff that was the more important stuff, keeping everybody feeling safe, secure.” Participants also changed their work with parents, making it more universal and less problem-driven. Victoria, voicing other participants’ experiences of a more collaborative relationship with parents, found it was a “different conversation with the parents than before. I would say that it strengthened some of my relationships with the parents because I wasn’t just calling with negative information.” Sarah and her school district created a “virtual social workers’ office,” which publicized services to a broad range of students and parents.

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Participants also reported a change in which services they provided, often with an emphasis on ensuring that basic needs were met. Sarah noted, “we made sure kids were fed and then we made sure that there was a social-emotional connection going on.” The opportunity to use federal student lunch funds gave Sofia “an opportunity to visit families to drop off lunches.” Families’ loss of housing during the pandemic prompted Grace to transform her work with housing-unstable families. “I don’t normally reach out to my homeless families regularly, that was new for me,” she explained. A greater emphasis on basic needs also saw participants coordinating and publicizing services. Emma created virtual parent workshops, held weekly “chats with families,” and also changed her approach to resource referrals after realizing that many families needed similar resources. She began sending out a “weekly social worker resource list to all the families,” not just those on her pre-pandemic caseload. All of this new activity shifted services further from a school-centric to a more holistic family and child focus, akin to universal services that multi-tiered systems of support models encourage.

Finally, participants stopped interventions they saw as unnecessary. In some cases, students and their families were not ready to engage in conventional school interventions because they were too stressed or had other, more pressing needs. Olivia worked to “convince my admin that we did not need to continue those [data review]
meetings. Or if we were going to continue them at least we should shift the focus to, like, what are the families that need extra support right now. Like, who are the kids that aren’t engaged or remote learning, but they didn’t really go for that. So we just stopped them.”

**Expanded collaboration**

Participants’ purposefully customized work also included more collaboration. While they described collaboration—with teachers, other social workers, guidance counselors, speech pathologists, principals and external organizations—as part of their pre-pandemic work, they described an increased emphasis on it once schools shut down. More frequent service team meetings and more frequent collaboration with teachers were ways Anthony expanded his collaboration work. On Olivia’s student services team, whoever had the strongest relationship with a particular family or student would lead outreach and engagement efforts. On the other hand, Scarlett found that she and her colleagues were working together to make sure they were “meeting students’ needs” even if they weren’t on anyone’s specific case load. This happened within individual schools but also at the district level where groups of social workers got together to collaborate and plan suitable services for students across schools. Isabella noted that this shared effort meant that “as a community we’re talking openly about needs,” a new experience for many participants.

Participants also expanded their shared work with colleagues and provided resources and support, whether it was to teachers or other colleagues. Emma collaborated with teachers as they built their lesson plans, to help include social-emotional learning (SEL) content, explaining that they were “providing the same lesson plans to all families and all sixteen classrooms. So then I was collaborating with all the teachers together... providing social emotional lessons for everybody.” Grace had a similar experience with “teachers who’ve reached out to me about the SEL part.” These collaborations strengthened many participants’ relationships with their colleagues, led to expanded resource-sharing and participants’ comfort, amplifying teacher concerns. Participants also collaboratively led student intervention groups. Elizabeth and her school’s speech-language pathologist collaboratively supported students who had social thinking-oriented goals, facilitating a small-group together. Similarly, Isabella collaborated with other teachers to integrate social-emotional learning material into their lessons. At times, participants ran groups alongside their colleagues, but Elizabeth alternated weeks leading groups with teachers. Collaborative work took on a much stronger sentiment of flexibly addressing emergent student needs, while capitalizing on staff strengths.

**Discussion and implications: From crisis to opportunity**

The pandemic has caused over 710,000 deaths across the US (Centers for Disease Control, 2021), as well as lost opportunities and milestones and suddenly disrupted relationships. SSWs across the U.S. encountered the vulnerability of school community members confronted with financial crisis, food insecurity, and other domestic and community traumas. Our study’s participants addressed school community members’
needs from a perspective of ethical necessity and professional expertise. While previous research (Phillippo et al., 2017) asserts that SSWs constantly customized their practice in reactive response to cascading and often conflicting demands, the present study’s participants reported a greater sense of agency amid the crisis’ disruptions as they purposefully customized interventions to respond to the pandemic’s effects.

In this way, participants’ early pandemic practice experience represents a “silver-lining” of changed practice, in large part driven by the pandemic crisis’ urgency. These practice priorities represent a substantial shift from what we understand and describe above as conventional SSW practice that has resisted pushes for innovation, even when SSWs saw the need. The urgency of student, family, and colleague well-being, coupled with a pandemic-changed school setting, disrupted these stubborn practice patterns as participants strove to promote well-being in their school communities. As their practice approaches diverged from their pre-pandemic routines, schedules and tasks, participants’ pandemic work showed a capacity to exercise agency in selecting and prioritizing interventions while still ethically and effectively responding to school community needs.

While we feel that our findings illuminate valuable knowledge for those interested in SSW and more general social work during a widespread, ongoing crisis, we also acknowledge our study’s limitations. The present study only captures SSW practice during spring and summer 2020, which could have changed further as the pandemic evolved. This study’s timing intersected with what many educators experienced as sudden, overwhelming changes in their professional and personal lives, as well as an overload of screen time and virtual meetings. These circumstances may have led fewer SSWs to volunteer for our study. Still, our participants—across three separate focus groups—revealed clear pandemic-driven role and practice shifts. From these findings, we draw implications for future SSW practice and social work under ongoing crisis conditions.

We urge SSWs to consider the changes that occurred during participants’, and their own, pandemic practice and how they might maintain practice that reflects a social work values-guided, agentic, systemically oriented stance within school spaces. Given the persistence of pre-pandemic SSW practice demands and patterns, SSWs may find it easy to resume old patterns as they encounter pressure to meet school priorities and policy mandates, and fall back on familiar practice patterns. SSW has historically relied on the footholds of individual treatment and special education to retain positions’ stability (Sedlak, 1997), suggesting that dramatic change would require substantial effort. We see the same tension in the field of social work more generally. Current, neoliberal economic and political pressures de-emphasize social justice, governmental responsibility for supporting constituents’ well-being, and collective sources of both problems and solutions, while supporting models that frame the individual as the person in need of and responsible for finding intervention (Spolander et al., 2016). This tension has been present since our profession’s founding (Mendes, 2020), and is critical to consider as we consider how to preserve and create spaces for structural intervention in times of crisis and in calmer times.

To maintain (or introduce) expanded SSW roles that identify and address structural needs and promote universal intervention, social workers can use the momentum created by the pandemic. Rather than eliminate individualized interventions, which seems
unlikely, SSWs can identify to school leaders and multidisciplinary teams the school community support needs that do not fit an individualized intervention model. They can do the same regarding early pandemic support needs. The pandemic forced SSWs to revisit and respond—sometimes with new or changed interventions—to what their school communities needed. We encourage SSWs to continue gathering information about schoolwide needs and resources to address them via needs assessments, using data to inform intervention decisions (Dudley, 2020). Additionally, federal pandemic relief funds available to many schools and community organizations may present an opportunity to address student support needs in more systemic ways. The short-term nature of such funding is germane to the development of universal prevention programs such as mental health screenings that schools could carry out long after the funding has ended.

Finally, our findings reveal how crisis circumstances may create a critical space to resolve, or at least better ascertain and address, long-standing practice dilemmas in the broader field of social work. We thereby offer insights into other host-setting practice in spaces like hospitals and court systems, where social work services are not the primary service (Dane and Simon, 1991). The tensions that arise in such settings—over issues like confidentiality, intervention time frames, professional autonomy, and practice priorities—are resolutely present in SSWs’ work. Further inquiry about and understanding of these tensions can offer insight to social workers as they strive for optimal practice.

**Conclusion**

Changed SSW practice during the pandemic crisis suggests a productive pathway forward in which practitioners can intervene with intention, informed by best practices, and from a base of social work values and ethics, to address needs that arise in school settings. The lesson, that SSW practice is not entirely change-resistant, can carry through to post-pandemic practice in schools and other social work settings. We share this study as encouragement to SSWs and our broader social work community to purposefully customize and carry out stakeholder-centered, social justice-oriented practice.

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Note

1. IEP stands for “Individualized Education Program,” the document that specifies required interventions for students who qualify for special education services.

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