Chapter 15
School Social Workers Responding to the COVID-19 Pandemic: Experiences in Traditional, Charter, and Agency-Based Community School Agency Settings

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Introduction

The role of the school social worker varies, depending on setting and population; however, what remains consistent is their commitment to supporting the mental health of students and advocating for their needs. During times of larger crises, such as historical events like September 11 and Hurricane Katrina, school social workers have been vital responders. As the world grapples with the COVID-19 pandemic, school-based social workers are in a unique position as schools close and transition to remote learning to prevent further spread of the deadly virus. Presently, it is unclear when schools will fully open in person across the country. The pandemic has shed light on a plethora of systemic inequities and challenges that impact the lives of young people and their families, particularly as they relate to schools and education. As a result, schools have relied on the expertise, leadership, and skills of social workers to address multiple issues such as access to technology, food insecurity, services for students with disabilities, mental health support, and crisis intervention.

School social workers work in a variety of settings that can include public, private, charter, agency-based settings, school-based health clinics, and more (Richard et al. 2019). The writers of this chapter currently work in a large public high school, a transfer charter high school, and a non-profit program based full-time in a small
public high school, all located in New York City (NYC), the largest school district in the United States (Department of Education 2020). Working in the early epicenter of the US COVID-19 outbreak, each of the social workers had a unique experience preparing for and supporting remote learning, as well as navigating the mental health needs of students, families, and staff who were greatly affected by the pandemic and its economic impacts.

School social workers are not a mandated Department of Education (DOE) position in NYC public schools, and many schools are without one; in fact, the ratio of students to in-house social workers in Manhattan schools is 800:1 (Brewer 2017). Schools have the option to add a social worker to their budget, dependent on the priorities of an individual principal and school. Furthermore, when a school chooses to hire a social worker, their role is not uniform: some provide mandated counseling for students with Individualized Education Plans (IEPs); some provide psychosocial testing for initial IEP evaluation; and some provide social-emotional support or crisis intervention in multiple schools. The lack of uniformity and clear supervision of school social workers in the DOE has meant additional challenges for public school social workers attempting to continue their work remotely.

In addition to the nearly 1600 public schools located in NYC, there are currently over 260 charter schools (DOE 2020); however, there are no current statistics and data on how many social workers are employed in charter schools in New York State or NYC. Nevertheless, social workers are employed by most charter schools in NYC and proved to be an integral part in the response to COVID-19. Due to their deregulation from local and state authorities, charter schools are provided with more flexibility and independence to choose their curriculum, how school days can be structured, and teaching pedagogy (Kahlenberg and Potter 2014). This may also be true of the situation of the COVID-19 response in NYC within charter schools.

Another model for school social work is for outside agencies to place social workers in public schools; since the early 2000s community-based organizations (CBOs) have increasingly begun partnering with individual schools or school districts in order to provide social services and other resources to public school staff, students, and families (Johnston et al. 2017). The Community School model has become popularized and is generally well-accepted as an evidence-based approach to providing wraparound services to less-resourced communities (Oakes et al. 2017). Hundreds of partnerships between public schools and CBOs are in existence throughout the country, and they are meant to boost overall attendance and graduation rates, and improve schools in communities with higher rates of poverty (What is a Community School? 2020).

In NYC, there are currently 267 community schools that have full-time staff hired by non-profit partners (Community Schools 2020). The writer that works as a CBO social worker manages a school-based counseling program designed to help support high school students with their attendance, graduation, and overall mental health. Though they are employees of the non-profit rather than the school district, the social work team operates full time in the school and is at the forefront of communication with students and families regarding crises, resource needs, mental health services, and advocacy.
The Challenge of Preparing for and Communicating About Closing School

As the news of COVID-19 cases being documented in NYC spread, public school staff in all different schools and settings expressed their disappointment in communication and decision-making from the DOE leadership. As the largest school system in the country, DOE school staff recognized the emergent threat that COVID-19 presented to the health and safety of staff and students alike. Some teachers, students, and DOE faculty expressed feeling trapped in schools and the desire to shut down the system in order to stay at home, as other cities had already done. Many families decided in the weeks leading up to mass school closures to stop sending their child to school, instead of attempting to reach out to faculty and staff in order to explain or get their children excused. In an op-ed published prior to the closing, NYC public school teachers expressed their apprehension and fear about commuting to and teaching in buildings with up to thousands of students (Daves et al. 2020). The fear for the safety of students and of the numerous school-based staff was palpable and proved valid; as of August 2020, at least 70 DOE staff members have been reported to have passed away as a result of contracting COVID-19 (Cruz 2020).

In the week prior to the start of remote learning, DOE required staff to come to their individual school to learn the strategies to transition to remote learning. Though some recommendations were provided for guidance counselors, this was not the case for school social workers, given their varied roles and responsibilities. While many school social workers across districts banded together for mutual aid and assistance with finding resources, the lack of centralized leadership and timely communication led to many social workers feeling paralyzed or unsure of how best to support their students. Different timelines of communication across the large school system meant that social workers were not consistent in their approach and ability to provide immediate support to students and families in crisis. As of mid-April 2020—almost a month into remote learning—social workers had yet to receive guidance on providing teletherapy.

While some DOE social workers expressed feeling directionless and frustrated with the district’s lack of action prior to the closing, several charter school networks in NYC, including Uncommon Schools and Public Prep, had already begun working on their remote learning plans (Public Prep Network 2020; Uncommon Schools Network 2020). The charter school-based writer—a school administrator and a licensed clinical social worker—was given the task to develop and provide a school COVID-19 closure plan along with other school administrators. Because of their charter status, the writer’s school was able to announce closure earlier than the DOE and begin preparations for remote learning.

With the guidance of their Charter Management Network (CMO)—an organization that provides management services to charter schools that can be either not-for-profit or for profit—provisions were made to provide academic and family resources and structures/plans of the school closure. Each school in the charter network had the autonomy to create their own plans and structures on how they were going to
conduct remote learning, provide support for students and families, and decide how they were going to support teachers and staff in their respective schools. These remote school closure plans were provided by each school to the CMO for feedback and subsequently implemented.

Similarly, the community school staff employed by the non-profit were informed by their agency that they would begin remote work days before the school system was shuttered and were thus able to plan slightly ahead for the transition. While the non-profit was attempting to make the best decision to keep their staff safe, it caused some emotional discomfort as the social work team navigated telling their students and DOE colleagues that they would not be returning to work in person. The social work team was relieved that their employer was valuing their health, but also felt that they were abandoning their school community in its time of need. This proved untrue, ultimately, as just days later the school chancellor announced the closure of all schools in the system.

It is very likely that the charter school network and non-profit were able to make decisions more quickly and adroitly to protect their staff and students as a result of their smaller size; the DOE is a huge system responsible for thousands of buildings, over a hundred thousand staff, and one million students (DOE 2020). For schools that already had systems in place for social service delivery and regular communication with families (i.e., Community Schools), the transition to remote work and support was made more smoothly.

**Working Remotely with Vulnerable Students**

Once the schools shifted fully to remote learning, resource and access disparities emerged quickly. Of primary importance for learning was ensuring that all students had internet access and a laptop or other remote learning device. The next challenge was designing a system of tracking student engagement and identifying ways to support all learners, including those with disabilities. Additionally, as layoffs and illnesses began to impact communities, social workers were privy to the challenges that families were facing in securing adequate food resources, accessing money for necessities, and coping with the many COVID-related deaths and hospitalizations that occurred. These challenges were even more acute for those already in vulnerable positions, including undocumented families who were unable to receive stimulus money or other benefits.

The uniqueness of charter school governing provided ample opportunities for charter schools to be innovative and creative in finding ways to support their students, families, and staff through COVID-19. It is not uncommon for charter schools to service students from underserved communities. In fact, students who are enrolled in charter schools are more likely to come from communities of color and poverty (Kahlenberg and Potter 2014). In New York City, over 80% of students who are enrolled in charter schools are economically disadvantaged (New York City Charter Center 2020). As a result, social work expertise was utilized to support families and
students in crisis who were parenting, living in temporary housing, and coping with grief and loss. A system for ensuring communication based on the “primary person model” was implemented; this model consists of every student being connected to and having a relationship with at least one adult from the school (Alliance for Excellence in Education 2020). Researchers have found this model improves student engagement and attendance for students. Each student was assigned to a social worker, counselor, or student advisor who was instructed to make daily outreach communication to students and their families to ensure wellness, safety, and academic progress.

In addition, a laptop distribution program was created. All students were assessed, and those who indicated they needed a laptop either were mailed one or had picked up a laptop from a central location. Google forms were also created and emailed out to families providing opportunities for them to communicate with the school if needing assistance. Families who responded to the Google form had requested emergency supplies and food. As a result, the school responded by purchasing items for families and having them shipped directly to their homes along with providing resources to families in the community. Lastly, a grant was also written by the school administration team requesting funding from the NYC Charter Center and the grant was accepted. This additional funding was used toward purchasing mobile hotspots for students, online tutoring services (especially for students with individual education plans), and laptops.

In contrast, DOE-based social workers were left paralyzed by legal questions regarding how to begin remote counseling. Three weeks passed before clear instructions were provided as to how to communicate with parents/caregivers and students, which electronic consent forms to obtain, whether or not these forms were necessary, new service plans for students, and how to record care. Because of this lack of organization and cohesiveness in the DOE’s leadership, students lost services. School social workers would provide check-ins so as to continue to care for their students without having any liability issues in the process. In a time of community crisis, school social workers as a unit were not prepared.

As agency-based social workers, the CBO staff had more flexibility in their response to the pandemic, untethered by NYC DOE mandates such as when and how to conduct remote counseling. Prior to the pandemic, a significant number of students reported mental health symptoms due to past trauma, anxiety, depression, chronic stress related to poverty, and more. Even before the schools began remote learning, the agency-based social workers began reaching out to as many students as possible, prioritizing students who were already deemed at-risk (due to mental health concerns, housing instability, or other factors), in response to growing concerns about COVID-19. During these check-ins conducted via text, telephone, video, or even using social media platforms such as Instagram, students expressed their feelings to the mental health staff.

Social work leadership and expertise were required and leaned upon during this time. Because families were struggling with economic disadvantages and resources, social work knowledge of agencies and programs were utilized. The CBO school social work team also played a large role in the resource response for students and
families. Utilizing a social work-based needs assessment survey and training school staff to screen for immediate needs, the CBO was able to divert funding that was to be used for trips and events to emergency assistance for students and families. Cash grants and gift cards to purchase necessities were provided to families, as well as support with connecting to additional emergency assistance via non-profit and city agencies.

Mental Health Needs of Students, Families, and Staff

In the context of a global health crisis, the role of the school social worker became even more vital. As remote learning progressed and moved into its second and third weeks, the agency-based social work team identified several emergent themes from their sessions with students. Many of the high school students described their high stress levels, frustration with the amount of work being assigned, and their worries about the future of their high school careers; that is, whether they would be able to pass their classes, graduate on time, and more. Additionally, students felt overwhelmed with balancing home responsibilities and remote learning, while also managing anxiety about the future, their families’ health, and financial stability. Alongside the daily struggles of parental job loss due to the virus, food/housing insecurity, and the other stressors that persisted before the pandemic, the pressure from teachers to continue to produce felt alienating and infuriating to some.

The charter school social work team held a virtual professional development session for the entire staff on coping skills and managing the crisis of the new virtual work experience at supporting staff’s own families at home. The professional development provided a space for staff members to process their feelings, engage in social support, and learn concrete skills on how to manage their feelings, new work schedules, and competing work/life balance needs. Similarly, the CBO team held multiple community staff check-ins to connect and share regarding their shared experiences of COVID-19. The stress of having to care for others professionally while also experiencing direct effects, including fears of contagion, contracting COVID-19, and hospitalizations for one’s self or loved ones, was overwhelming for many. These effects of dual exposure to a trauma-laden environment are consistent with the findings regarding shared trauma for other communal disasters, including ongoing terrorism (Baum 2010), September 11 (Bauwens and Tosone 2010; Tosone et al. 2014), Hurricane Katrina (Boulanger 2013; Tosone et al. 2014), and Hurricane Sandy (Nyapati and Mehra 2015).

In addition to supporting staff, advocacy on behalf of students’ mental health continued to be a top priority for social workers in all three settings. In conversations with school administrators, the agency-based school social work team regularly emphasized the importance of students’ mental health needs during the time of crisis and worked together to craft messaging to the teaching staff, encouraging them to adopt a more flexible approach to work completion and a softer tone when
communicating with students. The team also provided different types of spaces in which students could share their feelings and receive support and suggestions for how to practice self-care in the midst of the pandemic. Through group meetings on Zoom, social media interactive posts, texting, and phone calls, the team used whatever opportunity they had to connect with students and assess their mental health.

School social workers quickly observed that students were in dire need of both mandated and non-mandated services. Although closing schools prioritized physical health of students during the pandemic, the emotional toll of social isolation from peers and other adults began to take shape. Children at home during remote learning experienced loneliness and disconnection, clearly linked to lack of social engagement. Home confinement may also put some young people at risk of experiencing increased intrafamily violence, in addition to increasing the risk of depression, anxiety, and PTSD (Guessoum et al. 2020). Relying solely on remote means of engaging with their students proved frustrating for social workers who understood that in-person school was often a safe haven for vulnerable youth.

Research has shown that in times of community trauma, children are susceptible to symptoms of PTSD and other mental health effects; for example, 6 months after 9/11, the NYC Board of Education conducted a study of 8266 children in grades 4 through 12 for psychiatric diagnosis (Calderoni et al. 2006). This study demonstrated that 10.5% of students overall met the criteria for PTSD, as well as risk factors for PTSD that included personal physical exposure to the attack as well as family exposure and loss (Calderoni et al. 2006). The experience of COVID-19 has already begun to cause longer term symptoms of PTSD as a result of students losing immediate family members, living in communities where many lives have been lost, and constant fear and anxiety of becoming ill. In sessions with students, social workers listened as they articulated feeling low-energy, difficulty sleeping and eating, loss of interest in normal activities, and hopelessness about the future. In a weekly COVID-19 Coping Skills group run by the writer in a DOE public school, the most shared experience expressed by students was their feelings of mourning for social interactions and connection to others.

The difference between COVID-19 and 9/11 is the additional experience of individual and community loneliness and isolation. Humans are a social species: we are born into and live our lives in social organizations that vary in size and membership, and we need to socialize with others to survive (Laursen and Hartl 2013). With all opportunities for social contact outside of family removed, this leaves youth potentially feeling an increase of anxiety and depression.

**Practice Implications and Future Directions**

While much can be learned from the start of the COVID-19 crisis, it is important to recognize that the effects of the pandemic will be felt by young people for a long time to come, particularly as related to their mental health (Kramer 2020).
In considering the future of K-12 education, educators, administrators, students, and families must advocate for continued services for the already most vulnerable students—those who are faced with mental health challenges or have a trauma history, those who are dealing with the effects of oppression and poverty, and those with disabilities. Schools may reopen in the short term, but there is possibility of a resurgence of the virus until an effective vaccine becomes widely available, leading to additional closures. In planning for this and any future crisis, social workers must remain strong advocates for the most vulnerable and for themselves, ensuring that they are seated at the table when planning for a crisis response.

While no one could have predicted how COVID-19 would have paralyzed our nation, schools and school systems have learned quickly the importance of preparing for crisis more generally and the important role that social workers can play in creating connections and systems that keep communities together. Unfortunately, in many public schools the lack of clarity in the role that school social workers should play in responding to the crisis demonstrated the often overlooked nature of their job. Where there is a unified force and clear protocols allowing school social workers to provide both mandated counseling and high-risk counseling immediately, students and families benefit.

Students, families, and school staff will need support and counseling in the aftermath of COVID-19. The amount of loss—including deaths to COVID-19, job loss, food insecurity, and social isolation—has taken a large toll on communities of color and, therefore, on the public school system in New York City and around the country. While the future is uncertain, it is important that social workers and their allies advocate that every school hire at least one social worker to mitigate the impact of COVID-19; in fact, some elected leaders have called for just that, noting the positive impact that school social workers can have on students’ mental health (Brewer 2017).

Finally, it is worth noting how difficult it was for such a large institution like the NYC DOE to make important decisions regarding health, mental health, and safety for all of its stakeholders. In part due to their smaller size, charter schools and nonprofits were able to jump into action more quickly in some instances. The DOE and other similarly large and diverse urban school systems should consider ways to allow more autonomy and innovation so that schools can better meet the needs of their particular student and family populations. The Community School model may be the most effective way to approach K-12 education moving forward as it joins academic and social needs, and provides a school community with a plethora of resources and strategies for addressing crises.

This reflection illustrates how macro-level policies, mezzo-level innovations, and micro-level interventions influenced responses in NYC schools to COVID-19. Furthermore, this reflection demonstrates the social work leadership and expertise that is required in crisis situations in order to protect, support, and advocate for those most in need.
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