Perspectives of School Leaders on Supporting Learners With Special Education Needs During the COVID-19 Pandemic: An Ethic of Care Analysis

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Abstract
The ethic of care is a moral philosophy that has been used to describe and guide the work of educators, especially those working with students with special education needs (SEN). In this study, 36 principals and vice principals from four provinces in Canada were interviewed about their work with students with SEN during the pandemic. Responses were analyzed using the ethic of care framework. Accordingly, responses indicated that principals were particularly aware of, and responsive towards, the wide range of need experienced by students, their families, and school staff. Principals appeared especially concerned about the social needs of their students with SEN, the emotional support needs of the students' families, and the teachers' distress at not being able to meet all the educational needs of their students. Although most principals described the emotional toll of their work during the pandemic, none identified efforts directed towards self-care. This paper considers these findings in regard to motivational displacement as it relates to an ethic of care and calls for a broader consideration of need within education, such that support is extended to students, school staff and

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school leaders as the most effective means to foster healthy, future-ready schools. Key words: pandemic, principal, inclusive education, ethic of care, mental health.

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An essential role of principals, vice-principals, and school leaders (henceforth, “principals” is used) is that of a caring supporter for students, families, and staff. This role was especially important during the COVID-19 pandemic. The impact of the novel coronavirus (COVID-19) reached far beyond the bounds of physical health, and challenged our daily lives on a global scale, especially those of school-aged children (Lopez & Hossain, 2021; Wang et al., 2021). The United Nations estimated the education of more than 90% of learners around the world was disrupted in some way (UNESCO, 2020). Schools shifted rapidly between full remote learning and modified in-person learning, often with little warning or preparation. When in-person learning was possible, schools had to reorganize classrooms and routines to accommodate health, safety, and physical distancing requirements. This necessitated the ongoing shifting of physical spaces, class sizes, teaching assignments, and daily schedules. In Canada, most jurisdictions also required that students had the option to attend school virtually even when sporadic in-person learning was allowed, thereby requiring schools to operate two different systems of education simultaneously.

Students with special education needs (SEN) experienced particularly high levels of disruption in their schooling, as did the teachers, school staff, and families involved in supporting their education (author, 2020). Many aspects of specialized learning plans had to be reduced or eliminated during the shift to remote learning as students with SEN had less access to assistive technology, support personnel, school routines, lesson plans, and assessment practices. Shifting these plans to work in a home environment was one of the greatest challenges for everyone involved (Authors, 2021 (1); Authors, 2021 (2). In light of the seismic changes required by pandemic-driven learning modalities, principals were called upon to respond to the heightened needs of their students, families, and school staff members, and provide additional levels of care for each.

Enacting an ethic of care has been a long standing part of education. According to the moral philosophy of ethic of care, educators’ professional practice must be guided by a critical commitment to the academic and overall well-being of their students (Noddings, 2012). Noddings argues that given the extent to which the quality of care influences student learning and school success, educators must accept and take ownership for developing deep, meaningful, and caring relationships with their
students. However, this is not without challenges. Ideally, caring relations are mutual (i.e. caring roles are not fixed such that one can give care in one situation but receive care in another), but relations such as teacher-student and principal-teacher are unequal by nature. Therefore, teachers and principals may seldom experience being “cared-for” in their professional role. Motivational displacement is another feature of caring relations, meaning that the person offering care behaves in a selfless way such that the needs of the other person supersedes their own needs (Noddings, 2012). However, when needs are extraordinarily high, as in the COVID-19 pandemic, motivational displacement may mean that educators’ needs are rarely attended to.

In this study, the perspectives of principals in four Canadian provinces provided insights into the emotional and mental health toll of the pandemic on students with SEN, their families, and the educators who support their learning. Responses were analyzed to inform the primary research question: “What do school principals identify as key experiences in their work to support students with SEN in the pandemic, and how do these experiences inform our understanding of the mental health impact of the pandemic on students with SEN, their families, and the educators who support their learning?” We examine this research question within an ethic of care framework.

**Literature Review**

Students with SEN were among the worst affected by changes to schooling during the pandemic. Although there is no universal definition of SEN (OECD, 2007), the International Standard Classification of Education 1997 describes children with SEN as those who struggle to succeed in school (UNESCO, 1997) and require additional resources (OECD, 2007) for a wide variety of reasons that may include physical challenges, mental health challenges, behavioural and emotional disorders, developmental delays, and learning disabilities. Relying on remote learning and hybrid learning models prevented many educators from offering the services traditionally used to support students with SEN, including full access to teachers, support personnel such as speech, occupational, and physical therapists, counsellors, resource teachers, and individual education plan meetings (Rowe et al., 2020). Remote learning also disrupted the usual types of interactions that are important for students with SEN, such as explicit instruction, timely feedback, and behaviour specific praise (Tremmel et al., 2020). At least in the early stages of the pandemic, many students did not have access to the technological resources such as computer programs and tablet applications that provide text-to-speech, speech-to-text, and word prediction capabilities that can make education accessible for many students with SEN. Furthermore, parents of students with SEN were asked to take on much of the work typically done by the school teams, despite the enormous stressors on parents of reduced or lost income, access to limited social support, and health concerns (Centers for Disease Control and Prevention, 2021).

Closures and changes to the usual operation of schools also affected socio-emotional well-being (United Nations, 2020). Orgiles et al., 2020 examined the psychological effects of school closures and stay-at-home orders on young people, and found that
85% of parents reported their children experienced increased levels of irritability, restlessness, nervousness, loneliness, and difficulty concentrating. These adverse consequences were particularly significant for students who have difficulty managing new routines and regulating aggression (Colizzi et al., 2020; Becker et al., 2020; Zhang et al., 2020).

Disruptions to school negatively impacted educators as well. The general stress associated with the teacher profession has been well-documented by Mercer and Gregersen (2020), and includes challenges such as heavy workloads, time constraints, limited autonomy, and managing difficult student behaviour. However, teacher stress was exacerbated by the COVID-19 pandemic, given that educators had to teach under unfamiliar and challenging conditions with minimal training or preparation (MacIntyre et al., 2020), especially in regard to digital technology instruction (Schleicher, 2020).

Principals were also impacted by especially stressful demands during the pandemic. Prior to the pandemic, principal stress and burnout has largely been ignored within the literature (DeMatthews et al., 2021), despite that high and competing demands coupled with a lack of support and resources heightens the risk for burnout among principals (Yan, 2020). Demands on principals were particularly high during the pandemic given the scale and speed with which principals had to respond to this crisis, and the resulting increased complexities and challenges of leading in a crisis (Fotheringham et al., 2020; Wang et al., 2021). Moreover, in addition to being responsible to a multitude of stakeholders, many principals served as essential frontline workers who supplied food to families, delivered school work, arranged for technology, and addressed various other crisis-driven demands of their staff and students (Stone-Johnson & Weiner, 2020). Principals took on even greater responsibilities to ensure the needs of students with SEN were supported through emergency remote teaching approaches (author, 2020). Principals had to respond to changing school and government policies, and ensure their responses addressed the safety and well-being of their students, staff and broader school community, an especially difficult task given the complex learning needs of students with SEN. Not surprisingly, the pressure to address and enact top-down communications significantly contributed to the stress school leaders have experienced during the pandemic (Fotheringham et al., 2020).

**Conceptual Framework**

This study was informed by Nodding’s conceptualization of ethics of care in education (Noddings, 2012). The *ethics of care* is a moral philosophy originating in the experiences of women that has been applied to various fields (e.g., political science, Sevenhuijsen, 2003; health care, Woods, 2011). Conceptually, the caring relation is a delicate balance of need recognition, action, and response, whereby the carer is receptive to the expressed and inferred needs of the cared-for, responds accordingly, and the cared-for completes the relation with some form of response or acknowledgement (Noddings, 2012). According to Louis’ (2016) review of the ethics of care literature, caring relationships are marked by attentiveness (to know and understand the person
who is being cared for), motivational displacement (the person offering care behaves in a selfless way such that the needs of the other person supersedes their own needs), situationality (care is not universalistic or rule-bound but specific to the situation in which care might be offered), and authenticity (caring requires genuineness by the person offering care, and must be experienced as genuine by the person receiving care). Otherwise stated, in order to enact an ethic of care, one must be attuned to the needs of the other person, respond to those needs without self-interest in accordance with the specific situation, and respond because of a genuine desire to support that person.

Although Noddings’ work primarily addresses the K-12 classroom setting, ethics of care have also been considered in relation to principals’ work with both students and teachers (e.g., Smylie, Murphy, Sokal, Trudel, & Babb, 20162020). Smylie and Murphy identified three main elements of caring school leadership: leader caring (i.e. care given to teachers and students), cultivating caring communities (e.g. among students and among staff), and developing caring beyond the school (e.g. helping students extend an ethic of care outside of school boundaries). As such, one might argue that operating from an ethic of care is especially complex for school leaders.

However, responding to the needs of others does not come without a cost. Reciprocity is an essential component of the ethic of care. The roles of the carer and the cared-for are not static identities, but roles that should be interchanged. Unfortunately, not all care relations allow for equal reciprocity (as with principals to students, and principals to teachers). For those people in unequal caring relations, care work can come at a significant emotional cost. Maintaining healthy self-care may require alternative forms of care. In fact, it has been noted that unbalanced and unreciprocated acts of care can increase principals’ risk for compassion fatigue and burnout (Lane et al., 2021), especially when those acts of care result in secondary trauma in the principal (DeMatthews et al., 2021). As noted above, Noddings (2012) recommended that people like principals will “need the support of a caring community to sustain them” (p. 54).

It is important to note how an ethic of care framework is differentiated from other frameworks which may share some commonalities. For example, transformative leadership theory draws on some similar aspects such as an acknowledgement of the importance of relationships and a value placed on reciprocity within those in an organization (Shields & Hesbol, 2020). However, transformative leadership emphasizes a focus on social justice to ensure equitable opportunities for learners in educational contexts, something not emphasized in an ethic of care. Alternatively, culturally responsive school theory posits that healthy school environments are fostered when school leaders foster inclusion and do not engage in exclusionary practice (Khalifa et al., 2016). Culturally responsive school leadership places emphasis on ensuring equitable outcomes for marginalized students. An ethic of care framework speaks to similar concepts through aspects such as authenticity and relationships but also adds psychological components such as motivational displacement. Each of these frameworks centre the role of the principal and teachers as caring educators.
Method

The current phenomenological study examined the professional learning and day-to-day experiences that school principals identified as having a significant effect on how they supported students with SEN in inclusive schools, at a time when the apparatuses of educational systems were tested by the extraordinary circumstances of the COVID-19 pandemic, through a framework of the ethic of care.

Participants

Participants were recruited from across Canada through social media and the professional and personal networks of the research team (e.g., emails, recruitment posters on Twitter). No incentives were offered for participation. There was no data lost to participant attrition. While some of the participants were known to the researchers, we do not consider this to be a conflict because all interactions with the participants (e.g., interviews, transcriptions, member checking) were done by research assistants and not the authors directly. We were able to recruit participants from four provinces (Ontario, Alberta, Newfoundland, Quebec). Research assistants conducted semi-structured interviews (n = 36) with 37 participants (one interview included a principal and vice principal from the same school) during the final weeks of the 2020 school year (most were conducted in June, 2020), during the height of the first months of emergency schooling. Interviews, transcripts, and member checking was all done by the four research assistants who were trained and supervised from the institution of the first and the third author. The authors strove to ensure the sampling included a balance of males and females, English- and French-speaking, elementary and secondary settings, and that each of the provinces selected for this study were represented (see Table 1).

Data Collection

Principals were asked to describe specific examples of their day-to-day experiences supporting students with SEN, especially if those experiences influenced their perspectives on inclusion. The participants were not asked questions specifically related to mental health considerations (e.g., “How do leadership style decisions reflect the importance of the emotional and mental wellbeing and your ethic of care?”) because we wanted to see the extent to which those factors originated organically from the

Table 1. Demographics of Interview Participants (n = 37).

| Interview Participants                              | Number of Interview Participants |
|-----------------------------------------------------|---------------------------------|
| Principals & vice-principals & school leaders       | 37                              |
| Elementary; Middle/Junior high; secondary           | 21; 3; 12                       |
| English; French                                     | 31; 5                           |
| Number of school systems represented                | 18                              |
| Provinces represented                               | 4a                             |

*aAB, ON, NL, QC.*
interviews. Rather, principals were asked to identify and describe a specific incident related to a student with SEN, and then asked to reflect on how that experience changed the way they provide leadership or the way they think about their role as a school leader. Principals were also asked to describe something they had learned through the weeks preceding completion of the interview that would influence their work in the future with regard to leadership and supporting students with SEN. The four structured questions were:

1. Please describe one critical incident or experience that stands out in your mind from the time of the pandemic with respect to inclusion of students with special education needs. Critical incidents are defined as either positive or negative experiences that influenced your thinking. For example, this could be an event or experience that changed the outcome for a student, a situation that was extremely demanding, or an experience that taught you something new.
2. Has this experience changed the way that you provide leadership or think about your role as a school leader?
3. What is something you have learned through the past few weeks that will influence you going forward with regard to leadership and supporting students with special education needs?
4. Is there anything else that you would like to say about your experience with school leadership, special education, and the pandemic?

Analysis

All interviews were conducted by members of the research team, were semi-structured, and were digitally recorded. Transcripts from the interviews were returned to the participants for member checking. No revisions or changes were identified by the participants, and all participants responded to the member-checking request. Transcripts were then analyzed using a constant comparison method (Boeije, 2002). During the first cycle of analysis, the research team attached codes (descriptive phrases) to units of text (line-by-line coding); approximately 170 codes were developed in that first cycle. In the second cycle of analysis, initial codes were collected under four categories. Those four categories included “principal stresses” (indications that the study participant is directly and negatively impacted on an emotional level by the events of the pandemic; included in 25/37 transcripts), “teacher stress” (indications that the study participant is aware of teachers and staff who are negatively impacted on an emotional level by the pandemic; 19/37), “student & family well-being” (indications that the study participant is aware of students and/or their families who are negatively impacted on an emotional level by the pandemic; 23/37), and “emotional support approaches” (indications that the study participant is undertaking specific work/activities to address the emotional strain experienced by students, families and staff during the pandemic; 23/37). During the third cycle, three broad thematic codes were derived from the categories: (a) identification of needs (included in 19/37 transcripts), (b) response to needs (22/37), and (c) emotional toll (24/37) (Table 2).
Table 2. Example of three cycles of analysis on section of interview transcript.

| Transcription | Line-by-line Coding | Category | Theme |
|---------------|---------------------|----------|-------|
| That's one of my concerns, the teachers who have these kids who required a lot of support in school, are now going above and beyond and I worry about their mental health and their wellness | Extra pressure on principals | Principal stresses | Emotional toll |
| I Have a couple people coming into my office and they're so frustrated with the families, and they're so frustrated with the students | Teacher wellness | Teacher burnout |  |
| It's just frustrating for them watching all their hard work go away, and just that feeling of helplessness because you're not there helping these kids the way you normally could | Helplessness | Emotional support approaches | Identification of needs |
| And I think we're going to have to rely on patience a lot, and that side of the job, and encouraging teachers and supporting them the best they can | Patience | Teacher burnout | Response to needs |
| and already were vulnerable learners who now are just pushing us away even more | Supporting teachers | Student needs | Student & family well-being |
|                                | Difficulty of students with SEN |         |       |
At every stage of the analysis, the researchers returned to the original transcripts to ensure that the thematic coding reflected the ethos of the interviews. We assigned pseudonyms to all participants.

Findings

Three main themes emerged from this analysis: (a) identification of needs, (b) response to needs, and (c) emotional toll. In relation to the first theme of “identification of needs,” principals demonstrated a keen awareness of the negative emotional impact of the pandemic on staff (noted by 19 out of 37 principals), and students and families (noted by 23 out of 37 principals). In relation to the second theme of “response to needs,” principals described specific actions taken to address the perceived well-being needs of teachers, students, and their families (noted by 22 out of 37 principals). In relation to the third theme of “emotional toll,” noted by 24 out of 37 participants, principals reflected upon their stress and frustration at not being able to extend the care and support needed by students and families because of the restrictions of the pandemic.

Identification of Needs

When thinking about their students, principals observed the extraordinary stress and strain experienced by students with SEN, largely attributed to the frustrations of students trying to learn in isolation within a framework that did not meet their perceived needs. Principals told us that student welfare was a constant anxiety. Principals were particularly concerned that students were suffering because they were away from the predictable environment and social supports on which the students had come reliant. For example, principals were aware that virtual schooling cannot replicate the support of a familiar adult, thereby preventing staff from encouraging self-regulatory activities that are critical for learning. Liz, for example, stated “It (virtual schooling) is still not having that person say ‘Hey do you need break? Let’s take a walk. Let’s take a basketball break.’ That part was a struggle for our special education children since these breaks brought much joy to their day”.

Principals were also attentive to the stress experienced by the families of their students. Jane described the emergency remote learning model as a system ill-suited to support vulnerable families: “It was rolled out for emergency; it was rolled out to address the pandemic, but there is a huge population that wasn’t taken into consideration, and they are really really really struggling”. Principals were aware that supporting the well-being of families required direct and empathetic support. Bonnie noted “It has been a really rough 3 months for a lot of families, a lot of tears. I’m on the phone with a lot of them”. However, it was also noted that it was not always easy for principals to identify what families needed from the school. According to Jessica, principals had “no idea what’s going on behind closed doors in those homes”. Supporting those families meant that principals needed to “be whatever it is that [the families] need”.

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Principals were also aware of the strain experienced by their teaching staff. Challenges to the mental health of staff largely stemmed from new and heightened demands to teach their students with SEN in a remote environment. Jennifer noted, “there was a level of anxiety… amongst teaching staff, classroom teachers, especially because for all of them it’s a new approach … and initially the workload was pretty overwhelming for some”. Principals also recognized that many of these stressors were exacerbated by the fact that teachers and staff were coping with their own emotional response to the pandemic. As Lynda described, “not only were classroom teachers charged with an extraordinary task of shifting how they provide learning opportunities in a relatively quick way, but they are also dealing with their own emotions around the pandemic”. Kiera said, “I feel like my teachers have been traumatized because their whole work expectations and work life has been radically changed.”

Response to Needs

Most principals spoke extensively about their efforts to support the well-being of students, families, and staff. For example, insufficient access to course materials was one of the earliest needs addressed by principals. For rural and low-income families, principals organized the delivery of hardware devices (e.g., Chromebooks, iPads) or paper-based correspondence learning materials. Students also required additional opportunities to connect, socialize with one another, and express their anxieties about the pandemic, especially so for students with SEN. Francis stated that one of his students with SEN was representative of a common need for social engagement that was absent in the online environment: “The most significant for me is just, you know, checking in with this kid three times a week, and making sure he’s okay.” However, principals were mindful of the limitations of their role. Jessica noted “You’re not a psychologist, you’re not a psychiatrist, you’re not a mental health worker…. It’s providing the support, the permission, being flexible as we work through this, and modeling all of that for them, it’s just providing the care, concern, and compassion”.

Principals also responded to the expressed and inferred needs of their staff members. Considering the extraordinary circumstances of emergency remote teaching, principals were keenly aware that their staff members had to be confident and courageous in their efforts to support student learning. Most comments regarding their efforts to support the mental health of staff reflected a concern that staff needed to accept the limitations of what they could effectively do during the pandemic. As described by Rowan, supporting staff members required a multi-faceted approach:

A lot of my work has been centered around just keeping people calm and helping them understand. So just encouraging people to take risks and holding space that we are going to try something, and trying something is better than not trying. I would say for me it’s not just a leadership thing - it’s how do you keep pumping hopefulness and stretching their risk-taking capacity so that they are willing to try.
According to the principals in the study, responding to the needs of students and staff members was facilitated by relationships and communication. As described by Lynda, there was no path forward without meaningful relationships: “Communication and relationships are two key pieces. Without those, I don’t see that we can see our way forward.” However, school teams, led by the principals, and home teams, led by parents, required levels of communication that went far beyond what might be expected prior to the pandemic. As part of their efforts to support the well-being of staff and students, other principals noted the importance of prioritizing relationship building. As explained by Jane:

I think I’ve learned a lot of building relationships to ensure that everyone is okay, whether that’s students, parents, teachers, which is something I did before, it’s just more important now, because it just seems that disconnect came kind of in a bubble at home. It’s easy to get lost in the paperwork and getting the stuff done, but it’s that human connection that’s really missing. I’ve learned how important that is, and really trying to find creative ways to keep that connection and that community feeling going.

*Emotional Toll*

Despite their best efforts to address the social, emotional, and educational needs of their students, families, and staff, 24 out of 37 principals mentioned the emotional strain they experienced because of the pandemic. Specifically, respondents described the emotional toll of not being able to communicate and connect with students and staff as they were accustomed to, which was clearly identified as a core element of their job. Ava, for example, stated “Where if you’re in a building you can just go up to them and talk to them and have that face-to-face interaction and read body language a lot better, which is a lot more difficult to do from afar”.

Several principals spoke specifically of their concern regarding not being able to work effectively with their students. Brittney reported that “Despite [our] best efforts to meet students where they’re at and provide supports and scaffolding, it was very frustrating.” Lea stated: “We understand that there are students that we haven’t reached. That part of it bothers me a lot”. Jane acknowledged the strain by stating: “It’s been really difficult to monitor and really heart wrenching to watch [students with SEN] go through this and listening to the parents who are calling almost in tears because they’re frustrated”. The emotional toll of these varying sources of stressors is well described in Ava’s comment:

One of the hardest pieces is that, the guilt of always having to be available… right now it’s from the moment you wake up to the moment you go to bed. You feel like you’re on or should be on, or maybe that’s just me, and it’s hard right because I have my own kids at home that I have to support… So it’s managing the demands of your own kids, your own family, and then your career on top of that, and being able to be visibly supportive for staff and special education needs.
Discussion

This study examined the responses of 37 principals about specific experiences with students with SEN during the first wave of the pandemic regarding the impact of school disruptions on students, families, and staff members. Close analysis of the responses revealed the extent of principals’ commitment to enact an ethic of care. Enacting an ethic of care first requires an attentiveness to the needs of others (Louis, 2016); despite that no question specifically asked about the well-being of their students with SEN, the principals in this study were clearly concerned about student well-being. An ethic of care also involves taking action and responding to the needs of the other person. In this study, most respondents offered unsolicited examples of concrete and specific ways in which they provided emotional and mental health support to their students, families, and staff. Actions toward families largely centred on responding to high stress and frustration, actions towards students focused on making social connections, and actions toward staff centred on supporting staff to adjust to the constraints and challenges of teaching under pandemic schooling conditions.

Emerging research suggests that principals’ concerns about student and staff well-being are well-founded. Although there is very little research on the impact of school closures from pandemics on the mental health and well-being of children, especially in relation to the research on the impact of other large-scale events such as natural disasters or terrorism (Bahn, 2020), there is a growing body of evidence documenting the negative mental health impacts of school disruptions on children and youth (e.g. Orgiles et al., 2020). These impacts have been especially significant for students with SEN (e.g. Asbury et al., 2020; Colizzi et al., 2020; Zhang et al., 2020).

Principals’ reflections on the impact of school disruptions on the health and well-being of teachers is similarly documented by a growing body of literature (e.g., Anderson et al., 2021; Stachteas & Stachteas, 2020; Sokal et al., 2020). The principals in our study were cognizant of the strain resulting from heightened demands to teach under novel conditions, the extent to which teachers were worried about the learning of their students, and the challenges of managing these work stressors while simultaneously coping with personal worries related to the pandemic. These observations are consistent with research on this topic. For example, Maclntyre et al. (2020) also reported that teachers listed workload and family health as the most significant stressors in the early days of the pandemic. Anderson et al., 2021 identified shifting to remote learning as a major source of work stress for teachers, and Pressley (2021) listed anxiety about teaching demands during the pandemic as one of the most significant contributors to burnout.

As described in the introduction, the expectation to place the needs of others above one’s own, and the unequal care dynamic between principals and students, families, and staff members, can leave the educator-carer depleted in the long run. Not surprisingly, most principals in this study readily acknowledged their own experience with emotional strain due to the pandemic. Primarily, principals spoke of their frustration in not being able to reach, communicate, and connect with their students, staff, and families as
effectively as they had in the past. This observation is particularly noteworthy because it speaks to the centrality of an ethic of care to principals’ work throughout the pandemic. Principals might have spoken about the stress of long work hours, worry about their own health, and frustration with ever changing rules and regulations, but instead, responses reflected their frustration with their ability to offer more care to those within their sphere of responsibility.

Despite the widespread acknowledgement of emotional strain, notably absent from the principals’ descriptions of efforts to support mental well-being were any actions taken to respond to their own mental health needs. Admittedly, principals may have identified efforts to address their mental health needs if specifically asked about this, but we find it notable that principals readily acknowledged the significant strain on student, family and staff well-being, the strain upon themselves, the actions taken to address the strain on others, but did not identify any actions to address the strain upon themselves. In fact, none of the responses regarding efforts to address mental health concerns included actions to alleviate or prioritize the mental well-being of principals themselves. Rather, principals were concerned with providing emotional support to families experiencing high stress and frustration, making social connections with students struggling with the isolation, and helping staff set more realistic expectations of themselves and accept the reality of the constraints on their teaching abilities under pandemic schooling conditions.

As noted above, motivational displacement has been identified as a key element of an ethic of care in education, such that carers put the needs of others above their own (Noddings, 2012). The respondents in this study might be interpreted as exhibiting motivational displacement given that all efforts were directed toward supporting others, and the inability to support others effectively was identified as the primary source of principal emotional strain. These findings are particularly meaningful because, as noted previously, principal stress and burnout has largely been ignored within the literature (DeMatthews et al., 2021; Persson et al., 2021; Silbaugh, 2021), despite the evidence that principals are at risk for burnout when they experience high and competing demands (Yan, 2020). These conditions that have been especially prevalent throughout the last several months of the pandemic (Fotheringham, 2020; Stone-Johnson & Weiner, 2020).

In this study, the principals’ concern for the well-being of their students is consistent with concerns expressed by educators around the world. Most calls to action have focused on prioritizing the well-being of students. For example, Hamoda et al. (2021) argue that school mental health programs will need to make use of universal approaches that will be relevant to all students, and to make use of targeted programs for those most negatively affected by the school closures and the pandemic. Similarly, Kearney and Childs (2021) argue that plans to return to full in-person learning post-pandemic should be guided by a multi-tiered system of support in which schools address problems related to academics, and problems related to social and behavioural issues using universal (whole school), targeted (directed to at-risk students) and intensive (students...
showing severe re-adjustment difficulties) interventions. However, neither recommendation address the mental health needs of staff and school leaders.

The current research suggests that mental health supports are going to be important for students with SEN, but also for the educators who support them. What remains unclear is whether there is room for personal needs within the work of a caring school leader. If motivational displacement is understood to mean that carers (i.e., educators) *always* place the needs of those they care for above their own, this may help to explain a culture in education in which staff and school leaders are less likely to attend to their own well-being needs, especially in the context of a crisis like the global COVID-19 pandemic. However, the growing body of evidence that suggests attending to educator well-being has positive outcomes for both teachers and students (see Harding et al., 2019) should not be ignored. To this point, we suggest an ethic of care is a useful framework from which to understand principals’ experience of their work with students with SEN, their families, and their teachers during the pandemic. However, we also suggest that attending to the well-being needs of school staff and school leaders will be equally important in the aftermath of the pandemic. In this way, we hope that enacting an ethic of care will not become a burden of care.

Accordingly, we recommend that school boards or district offices prioritize initiatives to support principal and staff mental health by providing appropriate training, skills, and resources. However, we also recognize it is insufficient and inappropriate to simply help educators cope better with stress. None of these issues identified in this study are likely to change in the foreseeable future. In fact, there are indications that students returning to in-person learning lack a sense of social belonging and feel disengaged in their learning, making the job of teachers particularly difficult (EdWeek Research Center, 2021). School boards or district offices must therefore set policies to prioritize the social and emotional needs of students, and ensure that teachers have the time, support, and resources to address these needs. In doing so, we will reduce the pressure on principals to address the unmet mental health needs of both students and staff.

**Limitations**

One limitation of this study was that participants were not asked questions specifically related to mental health considerations (e.g., “How do leadership style decisions reflect the importance of the emotional and mental wellbeing and your ethic of care?”). Principals might have responded with additional information had we asked such directed questions. As such, findings reflect the influence of specific incidents on leadership during a pandemic for students with SEN, rather than the influence of mental health considerations on the leadership during a pandemic for students with SEN. However, the fact that 35 out of 37 participants commented on mental health concerns suggest that there is considerable overlap between these two perspectives. A second limitation of this research is that principals were recruited knowing that the study would relate to key experiences with students with SEN during the pandemic. As such, our
sample likely draws from a sub-population of principals inclined to engage in fostering positive schools for students with SEN. Given the qualitative nature of the study and the relatively small sample size, this study does not attempt to claim this is a representative sample of all Canadian school principals. A third limitation of this research is that we did not follow up with participating principals in the new school year. Needs, priorities, concerns and insights likely change over the long-term. Educators who initially managed the early days may wear out over time (Sokal, et al., 2020), so to understand the process of pandemic educational response, researchers should design longitudinal studies that follow educators over long spans of time.

**Conclusion**

In spite of these limitations, the findings of this study suggest that principals need guidance and support to respond to the demands of their profession, now more than ever (DeMatthews et al., 2021; Shields & Hesbol, 2020). Certainly, principals benefit from professional development opportunities to strengthen resilience and coping skills, but policies and practices need to address the unbalance between job demands and resources. However, this study also highlights that mental health demands of the profession go far beyond what principals’ experience in themselves – mental health demands extend from teachers, students and their families as well. Using an ethic of care framework (Noddings, 2012) helps contextualize the experiences of principals in the pandemic in relation to the mental health needs of students, families, and educators. As attested to by the professional practices documented in this study, principals are regularly guided by an ethic of care in which they demonstrate a commitment to the well-being of their students. However, the limited actions that principals in this study undertook regarding their own mental health provides compelling evidence that more needs to be done to support the mental health needs of principals. To this end, school systems and principals’ professional associations need to develop and implement resources specific to support the mental health needs of principals.

This study contributes to our understanding of the mental health needs of students, families, educators, and other principals. The study uses examples situated within the COVID-19 pandemic, but these examples serve as signposts to issues related to student and educator mental health which have long been acknowledged in education, but which have received limited serious attention. It also leads to new questions for future studies. For example, what types of mental health interventions seem to have high efficacy with principals? How could professional learning communities for principals be leveraged to enact an ethic of care to meet the specific mental health needs of principals? What forms of professional learning for principals are effective in supporting the mental health needs of students with SEN and their families? Can an ethic of care framework help explain the ways in which students with SEN are supported (or not) in schools? As students, families, educators, and principals deal with various waves of the COVID-19 pandemic, and the potentially increasing levels of mental health needs that accompany these waves, more attention needs to be given to these types of questions to foster healthy, future-ready schools.
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