Student Homelessness, COVID-19, and Social-Emotional Strengths and Needs: A Case Study

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ABSTRACT

Research indicates that student high mobility can create stress and trauma, disrupting learning and dismantling relationships with peers, and teachers. Students who experience homelessness and high mobility (HHM) are faced with traumatic events that negatively impact their mental well-being and their academic performance. During the COVID-19 pandemic, experts predicted that students would be returning to school having experienced great losses, deaths in their families, broken connections with peers and adults, and other adverse experiences. This qualitative case study bounded by a collection of districts including a large southwestern city, found that schools were unprepared for the switch to distance learning and that teachers lacked the training to deal with the social and emotional needs of children. I observed these districts through three phases of COVID-19 and assessed how Social and Emotional Learning practices were being delivered during the pandemic.

keywords: Homelessness, high mobility, social and emotional skills, trauma, trauma informed care, McKinney Vento

1. Introduction

Many students returning to school after the COVID-19 pandemic have experienced great losses, such as deaths in their family, broken connections with peers and adults, poor health, evictions, and other adverse experiences (Crosby, 2020; The National Education Academy, 2020; RAND Education and Labor, & Wallace Foundation report of 2020; CNN, 2021). These experiences can lead to feelings of disaffiliation, anxiety, and trauma. Homelessness and high mobility (HHM) have been recognized as a major risk factor that contributes to emotional and psychological trauma (Edwards, 2020; Goodman, 1991). As noted in Mastens' (1993, 1997) continuum of risk theory, students living in poverty all experience hardships, deprivations, and distress; however, students experiencing HHM are burdened with the added anguish of housing insecurities (Buckner, 2001; Masten,1993; Masten, 1997; Miller 2001, Ziesemer, 1994). HHM can also contribute to high rates of social isolation and behavioral problems (Bassuk & Rubin, 1987; Buckner, 2008; Masten, 1997, 2012; Miller, 2011a; Murphy & Tobin, 2011; Obradović, 2009; Rafferty, 2004; Zima, 1997; Zima, 1994). The events of the COVID-19 pandemic have likely compounded these feelings of isolation and trauma, making it particularly difficult for students who have been mobile or homeless to adjust to a new environment, such as returning to school (Buckner, 2001; Edwards, 2020; Goodman, 1991; Masten, 1993; Masten, 1997; Ziesemer, 1994).

1.1. Problem

Goodman (1991) assessed that homelessness can be a singularly traumatizing event for an individual. In the classroom, Perry (2001) asserted that trauma and unmet socio-emotional needs hinder learning capabilities, impede safe communities, and stagnate the part of the brain—the cerebral cortex—that has the ability to learn and grow.

The Department of Housing and Urban Development (HUD) estimates that homelessness could increase by as much as 600% in the next two to three years following the pandemic (Arnold, 2021; Liptak & Thrush, 2021; Estimating Development Future Homelessness – HUD, 2021). The events of 2020 and 2021 have brought to the forefront a requisite to address student trauma and student social and emotional well-being (Crosby, 2020; The National Education Academy, 2020; RAND Education and Labor, & Wallace Foundation report of 2020). In order to review how COVID-19 illuminated the social and emotional strengths and needs of students and families experiencing HHM, I take an overview of how much the public education system was blindsided by COVID-19. Education systems were socially, emotionally, and strategically unprepared for the impact of the crisis and the ensuing trauma.

1.2. Purpose

Current research suggests that COVID-19 has affected our collective and individual emotional and psychological wellbeing (Miller, 2020). This research looks at how social and emotional learning (SEL) skills with embedded trauma informed care were utilized during the COVID-19 pandemic. Now that students have returned to school it is important to take into account how much they have been affected by the pandemic socially, emotionally, psychologically, and educationally (Crosby, 2020; Kaffenberger 2020). As Jansen (2020) stated, "Our biggest mistake would be to treat children as cognitive machines that can simply be switched on again after the trauma of COVID-19." Coupling this with the hardship of homelessness and high mobility is the fact that students experiencing HHM face a rash of basic needs insecurities, such as for food, housing, and safety, there is good reason to investigate the use of SEL as it has been utilized prior to and during COVID-19. The purpose of this study is to examine the use of social emotional and trauma informed practices in the context of homelessness. To accomplish this task, I ask the following research question: How were social emotional learning skills utilized with students experiencing HHM during the COVID-19 pandemic? To understand the role of COVID-19, I focus on the use of these practices both retrospectively, prior to COVID-19, as well as during and after the pandemic.

2. Literature Review

To set the groundwork for this study in my literature review I will address the following: a.) the legal definition of homelessness and high mobility b.) the symptomatology of trauma, and how trauma can affect the lives of students experiencing HHM, and c.) how social and emotional skills (SEL) with embedded trauma-informed care have been implemented to combat the negative, life-altering effects of trauma for students experiencing HHM.

2.1. Student Homelessness, High Mobility & Federal Legislation

Prior to addressing the trauma HHM can inflict upon children, it is important to define HHM. The McKinney Vento Homeless Assistance Act (2000) (MVA) the legislation that governs the rights of homeless students in the United States defines homelessness as:

> Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship or similar reason; are living in motels, hotels, trailer parks,

or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; living in cars, parks, public spaces, abandoned buildings, bus stations, and similar situations (National Center for Homeless Education, 2018).

2.2. Trauma

Goodman (1991) defines trauma as the way in which a person responds to an uncontrollable negative life event. Weathers and Keane (2007) reference the destruction of one's community or home as a serious form of trauma. Perry (2001) explains that when a child's mind is functioning from a state of trauma or fear their ability to retrieve information from the world is discernibly different from that of a child who is coming from a calm state of mind. Perry (2001) notes the mind in a state of alarm alters that mind's sense of time. A child who is living in a state of fear or apprehension cannot see far into the future or cope with the concept of delayed gratification. Perry (2001) goes on to emphasize that this foreshortening of the future to the immediate by a child in constant fear leaves this child in a state where only instantaneous awards have meaning, such as negative attention. This sense of eminent peril disrupts the regulating capacity of the cortex forcing it to shut down for the purpose of aggressively preparing for any perceived threat. For a child living through multiple traumatic events the brain can become hypervigilant, armed to react without socially normed reason or warning (Perry, 2001).

For the brain to be open to new ideas and allow them to travel all the way up to the cortex where information can be interpreted the brain needs to be open and vulnerable. The learner needs to feel safe and supported so that the lower parts of the brain designed to protect us are not constantly on high alert. Large emotional reactions to all kinds of events have the capacity to shut the brain down without allowing the brain to process the event. This is the fight, flight and freeze impulse. Herman (1992) states that "unlike commonplace misfortunes, traumatic events...confront human beings with the extremities of helplessness and terror and evoke the responses of catastrophe," (p.33).

Educators in K–12 systems have begun to recognize how trauma influences educational experiences and outcomes for students and have started implementing social and emotional learning strategies into the classroom. Providing consistent trauma-informed care and SEL skills could help to anchor these students and build their resilience (Mendez, 2017).

3. Belonging: A Theoretical Framework

Durkheim (1951) elucidated the nexus of belonging and identity in his book *Suicide*. Durkheim's sociological theory of anomie originated from the increase of suicide amongst individuals who left their small communities to find jobs during the Industrial Revolution. These individuals experienced what Durkheim labeled anomie, or loss of their social and community identity. His assertion is that without a sense of belonging a person loses connection with how they perceive their being in the world. Durkheim theorized that the deeper the alienation from self-identification and belonging within a community would result in anomie or a loss of sense of self one derives from their community of friends. Children living in HHM contexts experience a similar loss of social self and isolation as they are forced to adapt to each new environment into which they are thrust. Multiple disruptions in the lives of students experiencing HHM can cause anxieties. This research analyzes social emotional learning skills through the theoretical framework of belonging as the foundational core grounding mechanism of personhood. Durkheim (1951) found that with each loss, individuals withdrew further from society and projected that they were being judged as unworthy. Goodman (1991) postulates that homelessness itself is a risk factor for emotional disorder and that experiencing

homelessness at any age can cause trauma so deep as to create social disaffiliation. Social sciences tell us that with increasing marginalization because of repeated failures, society begins to view individuals experiencing HHM as less than human (Dussell & Mendieta, 1996; Horkheimer, 1989).

The Substance abuse and mental health services administration (SAMHSA) (2019) found that people of all ages who experience homelessness tend to blame themselves for their circumstances; some even perceive themselves as being subhuman. Students who experience frequent moves face discontinuity in many aspects of their lives and similar feelings of personal failure. These traumatic events can translate to greater erosion of a child's sense of self and belonging. This lines up with Durkheim's theory of anomie and its correlation to belongingness as a central principle to a sense of selfhood, which is the focus of this study. All the subjects in the study have some involvement with students experiencing HHM and were able to reflect on students' sense of community and belongingness.

3.1. SEL and Belonging

Research conducted on the efficacy of SEL programming focuses on the need for the SEL curriculum to establish a sense of school belongingness, community, and safety (Allbright 2015, Anderson 2017) as the foundational groundwork for building a student's identity in conjunction with autonomy and self-awareness. One encouraging sign is that research suggests that many youths living in HHM situations choose to continue attending their school (Aviles De Bradley, 2011; Hallet & Frees, 2017; Mendez, 2017). Being part of a secure community with established social standing amongst peers can increase a student's sense of self awareness and self-worth (Cutuli, 2018). In addition, depressive symptoms are linked with high mobility and can affect achievement deleteriously. Lake and Worthen (2021) urge states to assess students following their return to school after the COVID-19 disruption, and suggest they consider surveying students to assess the depth of the effect the pandemic may have had on social-emotional and mental health, and students' sense of belonging.

Berkman (2000) postulated that social engagement and attachment are essential to the health, well-being, and healthy social development of a child, citing Durkheim's theory of anomie and anomic suicide, as well as Bowlby's (1969) theory of attachment. Bowlby (1969, 1973) described interpersonal bonding as a biological imperative for the health of a child. Our need for intimacy is a product of our human evolutionary process and can be seen as a crucial element in the cognitive and social development of children. Edwards' (2020) contemporary analysis of Durkheim's theory of anomie argued that a child's dissociation from society and loss of attachment can lead to emotional and health problems. For children this sense of belonging can be the affiliation they feel with their friends, their grade cohort and their teachers (Goodman, 1991). Providing consistent SEL care may help anchor students experiencing HHM in order to support their well-being (Mendez, 2017) as well as bolster their sense of self-worth.

4. Methods

This is a case study (Merriam, 1998) bounded by a conurbation of midwestern United States cities and surrounding areas, called "Midcities," a pseudonym. This study is a part of a larger case study of the Midcities area and students within that area experiencing HHM. Midcities encompasses 11 counties and a population of 7.5 million (U. S. Census, 2019). Midcities is one of the largest urban areas in the U.S. (U. S. Census, 2019) and represents a diverse population of students. Midcity Central is the major city contained within the Midcities expanse. It has a population of 1.2 million, and the main school district Midcity Public Schools (MPS) has a student count of 160,000 (U. S. Census, 2019). With this study, I focused on how the COVID-19 pandemic illuminated the social-emotional strengths and needs of students and families

experiencing HHM by asking the question: how were social emotional learning practices utilized with students experiencing HHM during the COVID-19 pandemic?

I approached this bounded case study from a pragmatic viewpoint (Feilzer, 2010; Ruddell, 2004; Saldana, 2016). The data gathered from interviews through the eyes of shelter workers, teachers, counselors, students, case managers, and service providers has helped me to ascertain how the social and emotional needs of students experiencing HHM were met during the pandemic. All these disparate points of view were examined through a constructivist, pragmatic framework (Cresswell & Poth, 2018) to cultivate a deeper understanding of the many perceived realities around children experiencing HHM during COVID-19.

4.1. Positionality

My positionality plays an oversized role in this study. My involvement with the homeless community runs deep in the Midcities area. For twenty-three years I served as the Midcity Public School's (MPS) MVA liaison. As such I was a problem solver, always looking for ways to assure students who were experiencing HHM had access to education and support systems while they were in MPS schools. I served as a board member on a variety of citywide committees representing MPS on issues that concerned the homeless and highly mobile. In 2005 the George W. Bush administration asked all of United States cities to devise and implement a plan to end homelessness in ten years. Federal funding for Midcities was contingent upon the cohesiveness, and viability of this plan. I therefore arrive late in life to academic research from a long history of trying to find solutions to problems. This has influenced my approach to my research incorporating a pragmatic viewpoint (Feilzer, 2010; Ruddell, 2004; Saldana, 2016) into my data analysis and coding of interviews. Pragmatism and problem solving also played a large role in the selection of people that I accessed to interview. Like myself they were tasked in the role of problem solving for families and children experiencing HHM.

My positionality also influenced my choice for the site location of my research. I resumed my participation in the Midcities Continuum of Care and youth task force subcommittee meetings. While there, I informed the group of my research and solicited interest from attendees to participate in the research. From all these resources I asked for referrals to other people who might be interested in providing an interview to contact me, thus creating a snowball effect of interviews (Bogdan & Biden, 2003; Glesne, 1999).

4.2. Site & Participant Selection

Midcities resembles other large urban and suburban areas in the United States in demographic breakdown, segregation of student populations, and the number of children living below the poverty line (U. S. Census, 2019). My knowledge of MPS and the surrounding districts facilitated my access to participants (Creswell & Poth, 2018). My selection of participants was opportunistic given my past position as the MVA liaison for MPS for 23 years; it was also purposive (Suzuki, 2007). I conducted a total of 44 interviews that included Executive Directors and of organizations, teachers, district administrators, a school board member, MVA liaisons, case managers, counselors, social workers, one parent and three students. For everyone interviewed, I used pseudonyms to protect the anonymity of my interviewees and that of the organizations they are affiliated with. After the first round I pulled 34 interviews relevant to the topic of SEL skills and executed a second round of coding on those interviews focusing on the delivery of SEL skills during the pandemic. Figure 1 gives an overview of the position and demographics of the selection group for this study.
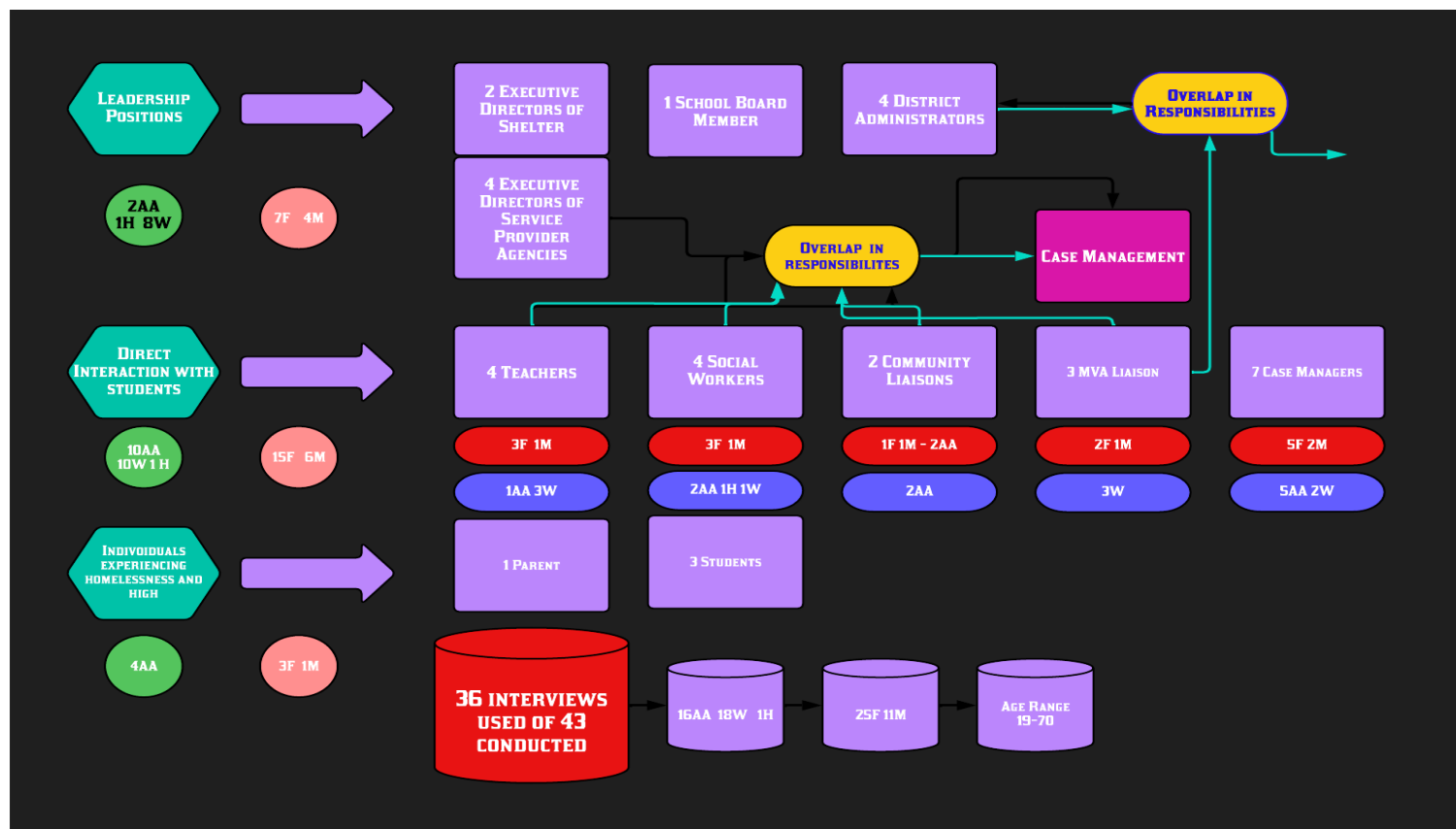
Figure 1. Interviews by race, gender, profession, or social role
Note. Race: W = White, AA = African American, H = Hispanic. Gender: F = Female, M = Male.

4.3. Interview Protocol & Process

The interview process started in June of 2020 and continued through to January of 2022. For the interviews I developed a single protocol that was designed to cover community, trauma-informed care, belonging and how issues of trauma were attended to in school, at shelters, and with service providers. As Merriam (1998) asserts, "[R]eality is not an objective entity; rather, there are multiple interpretations of reality" (Merriam, 1998, p. 22). Homelessness and high mobility create constantly shifting realities as students are forced to move frequently, leaving friends, family, and teachers behind to start over at a new school and home.

4.4. Coding

To begin the analysis of my data, an open coding process was engaged (Smagorinsky, 2008) with the objective of identifying salient themes in the interviews concerning the delivery of SEL skills to students experiencing HHM during the pandemic. Emergent themes developed along the line of three demonstrably individual phases of COVID-19 as an event over the two years of my research—2020-2022. I hypothesized these phases of COVID-19 as being fundamental to the delivery of SEL skills throughout the pandemic and used them as controlling factors for my next level of analysis.

The Midcities districts went through three distinct phases of handling the pandemic.

- **Phase one**: shelter-at-home quarantine and school closures
- **Phase two**: reopening schools for hybrid learning in the Fall of 2020
- **Phase three**: reopening of all schools for all students in the Fall of 2021

During this level of coding, I determined how the three phases of quarantine and the gradual reopening of schools informed my research question. For example, I found that so much of the decision-making process concerning the use of teachers during the pandemic was directed from the top down with little to no inclusion of the teachers in the decision-making process. This impacted the teachers in giving them the impression that they were not part of a learning community. Community is an essential part of SEL skill building. So much of the first phase of COVID-19 quarantine—from March to June of 2020 was dedicated to bringing distance learning to the students—an application never attempted before by many districts—left teachers and school administrators in a panic as to how to connect all students and how to account for their participation and attendance.

For my second round of coding, I applied pattern coding using the areas of concern that I had identified during my first round of coding. For example, one of the areas that emerged from the first round of coding was the ubiquity of trauma during COVID-19. Trauma permeated the lives of not just students but on all personnel in shelters, nonprofits and school districts. This opened the topic of the issue of universal care for all of the players involved in this study. This raised the question of how can a teacher or parent attend to the needs of a student affected by trauma without first receiving some form of trauma informed counseling for themselves.

Using pattern coding (Saldana, 2016) I assigned categories of meaning concerning an approach to the social emotional needs of students during COVID-19 and upon returning to school. I triangulated the information for overlaps and incongruencies.

Once I had created the three buckets of themes dominated by the phases of the pandemic, I analyzed all of the data through a social constructivist viewpoint. This approach is tied again to my positionality of that of a problem solver for a district and students experiencing HHM for many years. In my office I posted a sign that said there are always more than one side to every story and I considered it part of my job description to ascertain as many perspectives on

any problem I set out to solve. Constructivism theorizes that in order to actively construct understanding and make meaning of a subject or situation we need to take into account as many perspectives on the topic including individuals antecedent events before coming to a conclusion. (Narayan, R., 2013). I believe it is therefore fair to say that I analyzed all subjects from a pragmatic viewpoint of a problem solver allowing all perspectives and multiple realities to inform the analysis of the information (Creswell & Poth, 2018). As such I prioritized through social constructivism a means by which to expand our comprehension of how trauma and traumatic experiences imprint themselves on children experiencing HHM.

5. Findings

When it came to assessing SEL skill deliverables made by agencies and schools for children during COVID-19 I found that addressing the social and emotional needs of students was debilitated by the universal feeling of trauma incurred by the events of quarantine. Most of my interview subjects expressed confusion, stress, and uncertainty about the future. The utilization of SEL skills was put to the test by the external stressor of an international pandemic. It was also evident that prior to COVID-19 SEL skills was not considered a priority. During phase one of the COVID-19 quarantine and the scare of a worldwide pandemic became reality trauma entered the zeitgeist. Adults charged with delivering assistance to potentially traumatized students had to first cope with their own trauma before they could cope with their clients or students traumatic realities. During each phase of the pandemic interviewees reported feeling uncomfortable about how districts were dealing with the compounding problems of educating and attending to the emotional needs of students and teachers during the pandemic as well as the life-threatening aspect of the virus. Following is a breakdown in the characteristic changes in educators and students during the three phases of COVID-19.

5.1. Phase 1: Shelter at Home

Teacher Stress. Ron, a member of the MPS mental health support department explained:

> It was a panic back in March. People didn't know anything about the virus. We don't know that much now, but they knew less than we know now. Didn't know if masks worked, didn't know if you could catch it from a piece of paper…[or], you could be a carrier like Typhoid Mary. You don't have any symptoms and you can spread it to everybody in your house.

Ms. Dell, a Social and Emotional Learning Development Manager for the MPS oversees a team of 12 SEL experts who provide coaching to teachers in MPS. At the start of COVID-19 and school closings Ms. Dell said at first, she spent most of her time assisting teachers with self-care. "Teachers weren't prepared to digitize themselves." Ms. Dell met with teachers who were embarrassed to admit that they didn't know how to use Microsoft Teams, how to share their screen, or how to put the students into breakout groups. This unpreparedness incurred stress for teachers that could have been ameliorated with training. Ms. Dell voiced her concern that the district was not providing ample space for teachers to process their emotions. Teachers she worked with did not feel that they were in a community that supported them. Ms. Dell emphasized that when the stress of teachers is not adequately addressed, and the district fails to train and/or provide the tools to teachers to promote community and mental health, teachers will likely fail to address the social and emotional needs of students. Ms. Dell ran into multiple situations in which young people would express their needs and the adults responsible for their wellbeing were not prepared or equipped to handle those conversations. She lamented that support for SEL skills in the classroom does not receive the funding needed to establish trauma informed communities throughout large districts such as MPS.

Phase 1 of COVID-19 also illuminated the many and often traumatic dimensions of students' complicated home lives. Virtual education became a small window for teachers to see into the homes of their students. Coded as granular scenarios, I found anecdotal information that illuminated a variety of situations. For instance, teachers noted the frequency with which some families were forced to relocate. Ms. Gee, one district's MVA liaison observed:

> Most of these parents are stressed. I've got a family… they moved… every week into the new hotel. You know, she gets a paycheck on Friday. She calls all the hotels. She finds the one with the cheapest weekly rate. They move there for the week, and then do it again and again and again. She's got so much stress on her plate right now, just trying to maintain a job, maintain transportation.

Teachers witnessed many of their students living in multifamily households, with siblings of all ages participating in classes and older students babysitting their younger students during class, making it difficult for the student to focus and participate. These situations offered severely limited access to quiet, privacy and an online device. School counselors, social workers and teachers expressed levels of concern for their students and their families that were brought on by newfound awareness of their students' homelife. Some teachers found the conditions for students at home deeply distressing and sought ways of assisting the families without knowledge of who to turn to or how to deliver services to the families. Proper SEL skills training by districts would have prepared teachers for what they encountered with their students.

During phase 1 of COVID-19 many of the agencies I contacted admitted that getting things working virtually was difficult. At first, they faced the problem of maintaining privacy for students. Agencies and districts had to identify and implement cloud-based servers that met the needs of students' confidentiality. Counselors were forced to find ways for the students to connect in private and would ask them to scan the room to make sure no one else was there. Despite these initial hurtles many participants found virtual care very successful. For counselors working with Domestic Violence Issues (DV), distance communication turned out to be a blessing for many of their outreach clients. The client, utilizing a proper hotspot, could connect while taking a walk. This eliminated the ability of abusers to track the client at the outreach location, thus avoiding issues of further conflict. School counselors, MVA liaisons, and school social workers found that connectivity enhanced communication with students experiencing HHM.

Ms. Railin, an LPC with MPS, described an outreach effort conducted by the district's counseling department to contact students to see who wanted to continue receiving emotional support. Many of the students were open to this support and Ms. Railin found that many of these students enjoyed doing teletherapy as opposed to in-person therapy. It provided more anonymity and they felt more at ease to talk freely.

The MVA liaison, Ms. Gee maintained lines of communication between students, parents, and school personnel via connectivity. She found that this was frequently beneficial in the long run enabling her to provide SEL services to all students, no matter the distance. Ms. Gee, noted that some students began to lean on schools and service providers during the pandemic.

5.2. Phase 2: Returning to School & Hybrid Learning

Ms. Mason, a special education teacher, who is waiting on a donor for a kidney transplant, lives with her elderly parents and children. Ms. Mason expressed her apprehension about the reopening of school in the Fall of 2020. Her district was one of many in the Midcities area that chose to offer hybrid education to the students. Due to concerns over her own condition and the fact that her elderly parents live with her she decided to keep her children at home to avoid

infection. Unfortunately, her district ordered all teachers to report to campus or to surrender their positions and be replaced. Ms. Mason felt that her district's central administration showed little concern for her and all the teachers' wellbeing. Ms. Mason's fear of contracting COVID-19 and what this would mean for her elderly parents or her own potential for a successful kidney transplant added a tremendous amount of stress to her life. This was a common occurrence for teachers who were ordered to return to campus: contracting the virus or spreading COVID-19 amongst loved ones.

Ms. Sessions, an MPS administrator, told me that since school had reopened in the fall of 2020 the district had averaged three COVID-19 related deaths per week. She went on to tell me that in the three months since the start of school the MPS had dealt with close to 40 suicides. The impact of this could not be underestimated and Ms. Sessions didn't feel that the leadership of the district was there to support campus staff when dealing with stress and mental health issues.

Another stressor that teachers commented on was that they felt there was minimal training offered to them on how to administrate a hybrid learning environment. Hybrid education involved working with students who chose to return to school in person and students who had chosen to stay home and participate via distance learning. This meant that classroom teachers had to divide their time between the students online and students in-person.

Ms. Dell worried that, "when we haven't properly been able to support all teachers, to be able to say with fidelity that they know how to use these systems, I am very afraid for the mental health of both the teachers and the students." Ms. Dell added:

> People don't feel heard. Teachers don't feel heard. Principals don't feel heard. Central staff doesn't feel heard. From a neuroscience perspective, to be productive and effective, if your safety, whether that's physical or psychological or both, is not taken care of, you're not able to fully deliver. Teachers are still operating from toxic stress.

Corroborating Ms. Dells' assessment concerning teacher stress during the first semester back, MPS conducted a survey of staff in the Fall semester of 2020. Ms. Sessions helped implement this survey and analyze the results. She informed me that the teachers and campus counselors' primary need was more training and more support from central administration. Everyone felt unprepared to make the many changes that were being asked of them. In respect to SEL skills, as Ms. Dell noted, it is hard to tend to another person's needs if you are suffering. This is a basic tenet of trauma informed care and SEL skills, a person who has been traumatized and has never had the advantage of learning to cope with the trauma and regulate their fears will find themselves revisiting the event over and over and will be unable to bring themselves out of the event for the purpose of processing new ideas and concepts (Perry & Winfrey, 2021).

5.3. Phase 3: Getting Back to Normal

The full return to in-person instruction, posed a new set of striking problems for educators throughout the entire Midcities area. In the fall of 2021, many districts mandated that everyone was required to return to school under precarious situations. Everyone was compelled to wear masks including students. Precautions were taken to maintain safety and yet many complained that it was an unsettling situation. Ms. Stevens, a middle school Spanish teacher, had been back in the classroom for over a year when I spoke with her. She told me a story about one of her in-person students who would take off his mask to sneeze. Ms. Kearns, a special education reading teacher in a junior high school, noted that she had to teach her students how to sneeze during COVID-19 so as not to potentially spread the virus.

Ms. Stevens expressed her frustrations about returning to school:

> This year is… as crazy as it's ever been. I don't think you could ever match it with anything, even first year teaching... Since we've been back in person, we've had eight teachers get the virus. And we've had… 13 or 14 kids who've reported to us that they've had the virus.

Since returning to school full time, Ms. Kearns witnessed radical changes in her students. First, she has observed an increase in fighting and heard about incidences of students having sexual intercourse in the restrooms once or twice a week. Ms. Kearns attributes some of the student's unruliness to the fact that:

> They were free, and now we're expecting them to be unfree, to like it, and to pass the state mandated test. A whole bunch of kids had a level of freedom they've never had before and a level of fear they never had before, so they were going through an existential crisis and freedom at the same time.

The second demonstrable change Ms. Kearns has witnessed was an emotional transformation in her students. "This particular group of kids," she said, "to be honest… are for the very first time, scared of the past because so many people died. So, the past is really painful for them… this group saw people die that they cared about."

Ms. Kearns talked about the correspondence she received from students during and after COVID-19. "They wrote to us," she explained, "about their aunts, uncles, cousins, grandmother or grandfather dying from COVID-19." It was unambiguous to Ms. Kearns that this was something they felt guilty about. They were clearly afraid that they were responsible for giving them COVID-19. "They're intrinsically connected to, 'if you don't wear your mask, your grandma could die.'" She goes on to elucidate the changes she observed in her students: death is different, it's no longer something that happens to someone, it's something that happens to their relatives. Ms. Kearns explains that, "They're writing about it a lot more than they're talking about it. They're wearing necklaces of people. When you ask them, who's the necklace? It's an uncle or an aunt or someone they cared about - they're memorializing the dead…They're writing more privately… about people who they cared about *dying*."

Ms. Kearns goes on to note that beyond memorializing lost loved ones on bracelets and in their writing, her students were also crying a lot. "They're crying–so much more than I've ever seen in my entire life. I've never seen so many kids cry. And, as the teacher [my] instinct is like, 'Oh my God, you're crying, come talk to me.'" When she asks them why they're crying, they tell her that their parents are upset with them or that their teachers don't know why they can't remember things. "But yeah, everybody's crying more," she said. This could also be interpreted as a manifestation of unaddressed trauma. Little things that would not have bothered them as much in that past have become emotional triggers.

Ms. Dell considers, "the problem itself is dynamic, and so we need to create dynamic solutions." School districts are used to creating stringent, binary solutions to complex problems. To return to state mandated standardized testing so soon after a national crisis such as COVID-19 is to miss an opportunity to reassess how to work with students and how to create the support system that encourages feelings of safety and belonging. Students who experience HHM experience this loss of sense of safety and belonging with each move they are forced to make. Rather than preparing for tests, districts could be further researching how to implement supportive communities on campuses. Districts should take the time to assess the events of the last two years to apprehend what children and adults have gone through and ascertain what worked during the pandemic and how we can enhance those findings to be applied on a more universal level.

6. Discussion

Durkheim's (1951) theory of anomie was based on the concept that when people are disconnected from their community they can fall into despair and lose their sense of self. Goodman (1951) expanded on new theories of trauma and how homelessness can affect an individual's sense of self as a singular traumatic event. Terry, the Executive Director of a substance abuse prevention agency for teens says that "humans were meant for interaction with one another." Her agency has shifted its scope of substance abuse treatment to encompass attention to mental health care and resources. Her assessment is that traumatic experiences underlie many of the issues dealt with by teens who are substance abusers. Teaching teens how to self-regulate their emotions by both understanding them and developing coping mechanisms with them could potentially be a step towards curing, and preventing, self-destructive behavior.

What stands out from the research is that service providers, shelters, and campus personnel, such as MVA liaisons, that worked with students experiencing HHM directly showed a great deal more alacrity in accommodating children, youth and families in difficult situations. Models for how education might move forward addressing the trauma of children and youths in schools can be based on service providers' abilities and flexibilities when meeting the needs of students experiencing HHM during the pandemic.

6.1. Community Building and SEL

During one of our interviews, Ms. Dell reduced her philosophy of education and SEL to a simple but clear metaphor: "My philosophy is that oftentimes social and emotional learning is talked about as if it's an appetizer on the plate… [but] social and emotional learning *is* the plate." From Ms. Dell's perspective, SEL skills are what holds everything together.

For Ms. Dell everything relates to community building; students need to feel safe in their classroom. To achieve that feeling of safety, Ms. Dell spent a lot of time when she was a classroom teacher developing a sense of community and trust with her students. She would start every school year by developing a treatment agreement with her class. Treatment agreements focus on the behaviors and actions we show each other: how do we want to be treated and how should we treat others? As she explains:

> I would spend time doing community building and restorative practices. So, when we built our treatment agreement…we would act things out. I'd have the students act out what it meant to follow the treatment agreement and what it meant to break the treatment agreement and how we would repair harm…we spent a lot of time community building.

She said that even by state metrics of success from standardized testing, her students were outpacing everyone. "I wasn't wasting any time having to constantly work on behavior because we were a community." Now as the Development Manager she trains both SEL coaches and teachers on how to implement treatment agreements and how to build a community in the classroom.

6.2. A Future for Community Building via Distance Learning

One of the fundamental building blocks of SEL skills is establishing community. As Durkheim observed disaffiliation with community causes distress expressed as anomie. Finding ways of sustaining community for students who are HHM should be seen as a worthy goal for schools in the future. Counselors, teachers, and social workers reported that connectivity devices assisted them in maintaining contact with students experiencing HHM during periods of transition while the pandemic was ongoing. Connectivity assisted in the provision of resources and social and emotional assistance for students and families, and in turn helped students

maintain connections and community. Despite the complexities and extra effort involved in sustaining contact with students and families experiencing HHM, this kind of community building is worth maintaining and researching further for students who are itinerant in the future. Knowing how to contact a base of support, such as a school or shelter, from anywhere in the country could potentially provide a larger supportive community for students experiencing HHM, offering vestiges of long-term stability.

This brings to the forefront that one of the potential benefits of cloud-based learning is an increased capacity for connectivity for students experiencing HHM. Students experiencing transiency, in the past, have had to join new communities every time they moved and switched schools. This difficult adjustment period can be reduced if a child has adequate access to connective technology and schools facilitate support for them via cloud technology. If distance education has the potential to keep students plagued by transiency connected to their studies, then it may similarly hold the potential to help these students maintain involvement in their various communities.

One student Greg discussed how he and his friends had created a homework cohort. When teachers were unavailable to help them with their asynchronous assignments, they scheduled times to get together and finish their work. Greg said it was very successful. This represents an organic model of coping with a difficult situation with ad hoc community building.

An exemplar of using connectivity to ease transition from one locale to another was shared with me by Ms. Kearns the middle school special education teacher. She recalled that a student she had known for several years contacted her during COVID-19. The student and her mother had been forced to relocate to another state after the death of the student's grandmother. She was having difficulty adjusting to her new school. Ms. Kearns volunteered to contact the students' new school and teacher. The meeting helped the new teacher catch up on the needs of the student. Ms. Kearns provided the new teacher with some information about the student to guide the new teacher in understanding some of the triggers this student had for misbehavior and ways of preemptively assuaging them. Both teachers are special education teachers, both had received Applied Behavioral Analysis (ABA) training that taught them how to address antecedent events and emotional triggers. This is similar to SEL skills training. Both teachers found the conversation helpful and by all accounts this made the transition easier for the student.

As seen in this example, additional training in managing student emotions can be the variable that decides a student's capacity to adjust and participate in a new environment. ABA, like SEL skills training, acknowledges that behavior is often connected to social and emotional well-being. The trauma and ongoing stressors within a student's life follow them into the classroom – these experiences affect a student and their surrounding community, often until they are dealt with by the student, hopefully with guidance from a counselor or a teacher. When antecedent events of stress, distress or trauma are not dealt with, they can turn into future triggers, leaving the individual vulnerable and without proper awareness of what their emotional vulnerability is or why they can't control their behavior.

6.3. Winners and Losers

My research indicates that districts in the Midcities were woefully unprepared to shift from in-person to distance learning. They were also unprepared to cope with student's stressors and trauma incurred from the pandemic. Now that school is back to in person learning the trend is to try to return to the status quo of education *as it was*.

Many people assessing the situation have concluded that everyone in the world has been traumatized to some extent by the events of the COVID-19 crisis. Perry and Winfrey (2021)

explain that this assessment is inaccurate. Yes, everyone has lived through a shared experience, but not everyone has been traumatized or equally traumatized by the experience. This is important to take notice of as children from families of low socio-economic means were disproportionately affected by COVID-19. Now that the country is returning to life as usual, increased testing is kicking in on a statewide level as well as pressure to raise test scores. Education writ large is missing the opportunity to both study and ameliorate the trauma incurred by the COVID-19 crisis. Instead of finding ways of transitioning the student population back into in-person schooling in a healthy, community-based way, state education agencies are compounding the damage done by reenlisting standardized tests as the sole measure of school success. This re-enforces the classroom stress that prevents healthy community building, the same stressors which left the district unprepared for COVID-19 in the first place.

COVID-19 illuminated the huge digital divide faced by children and families living in low socio-economic neighborhoods which made it hard for students to participate in school and find resources for subsistence. These same neighborhoods were hard hit by the virus. Ms. Dell observed that from her vantage point of serving over 200 schools in a 100% free and reduced lunch district:

> that the scenario that our country and our city has been going with… has created winners and losers. I think because systems and policies, people are using the word equity. But practices are still inequitable and… are creating winners and losers.

Ms. Dell is correct that winners and losers are emerging from the pandemic. Despite districts' herculean attempts to bridge the digital divide and keep up with quarantine conditions, schools still do not appear to be any more apt to cope with the trauma incurred by COVID-19. Students living in HHM situations ran into a multitude of difficulties staying in touch with school through the internet. And now that we are returning to school full time, social and emotional issues are being pushed to the back burner in favor of getting statewide standardized testing back on track.

7. Conclusion

To return to state mandated standardized testing so soon after a national crisis such as COVID-19 is to miss an opportunity to reassess how to work with students and how to create the support system that makes students and teachers feel safe. Instead, schools must return to preparing for tests, leaving little to no time for SEL skills to be implemented on campuses to build supportive communities.

One teacher commented on Ms. Dell's plate analogy that if SEL is the plate then testing is the hammer that shatters the plate. Perry and Winfrey (2021) say testing can add appropriate stress to challenge a student but if it is not designed with the proper personal scaffolding then it is unnecessary stress that shuts down the part of the brain that reasons. "Children need challenges to build resilience but the stress of the challenges has to be just right and the scaffolding of support has to be in place or the child can get dysregulated and fail. In which case, rather than building confidence and resilience you risk eroding self-esteem or worse," (Perry & Winfrey, 2021, p.195).

Ms. Sessions, information relating to numerous deaths in her district including over 40 suicides emphasized the need for districts to take into account the trauma incurred by faculty and students in their school. Addressing stress and mental health at this time as well as researching how to implement SEL skills universally so that all campuses are speaking a similar emotional

language could help students now dealing with trauma as well as students facing HHM in the future.

States, cities, and districts should be encouraged to access The Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act for funding to help them bring SEL resources to their students in the form of counseling and teacher training who can then create supportive communities within their classrooms. Family shelters are starting to tap into this funding to build the infrastructure to aid their children with learning and with trauma. Schools which have served as community-based hubs for families for decades need to use what we have learned from COVID-19 to expand their capacity to both teach and assist families and students experiencing HHM on an ongoing basis, allowing them access to their school of origin.

With HUD predicting a growth in homelessness in the next three years, now is the time to encourage further research and dialogue on the use of SEL skills being incorporated at all levels on all campuses nationwide. Ms. Dell hopes that, moving forward, we will take what we have learned from COVID-19 and that SEL learning will be integrated into the fabric of all educational practices.

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