



RESEARCH BRIEF

Social-Emotional Supports for Students During COVID-19

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The COVID-19 pandemic has upended the living and learning environments for youth across the country. In some households, students are dealing with social and emotional distress caused by a series of negative consequences resulting from the pandemic, including the ongoing health effects from family members who may have contracted the virus, the economic and financial fallout associated with job losses, and feelings of isolation created by the loss of social opportunities during school closures and remote learning. Students experiencing these pandemic-related stressors may be less able to effectively focus on academics if basic needs such as health, safety, and social connectedness are not met (DiAngelo et al., 2013).

To learn more about how districts were working to meet these basic needs during the early stages of the pandemic, the American Institutes for Research (AIR) launched a nationally representative survey among school districts and charter management organizations (CMOs). The National Survey of Public Education's Response to COVID-19 (PERC Survey) was sent to leaders in 2,500 school districts and 260 CMOs in late May 2020. The purpose of this brief is to report on results from the PERC Survey related to the ability of districts to respond to the social, emotional, and mental health needs of students and their families during the first few months of the pandemic.

About This Brief

- This brief presents survey results concerning how districts provided students and families with social-emotional supports during spring and summer 2020 school closures related to the COVID-19 pandemic.
- The data shown in this brief are based on 753 total responses to the National Survey of Public Education's Response to COVID-19 (PERC survey), collected between May 20 and September 1, 2020.
- Because high-poverty districts have likely been disproportionately affected by COVID-19, we report results by district poverty level (high versus low). School resources also may differ based on district size and district locale, so we present the results in terms of district size and locale as well.
- The results indicate that districts that serve high-poverty populations, are smaller in size, or are rural or town based may have more difficulty offering health and social-emotional supports to students and families during the COVID-19 pandemic. These findings suggest that high-poverty, small, rural, or town-based districts may need increased resources to better serve their student populations in terms of health and social-emotional well-being.

Student and Family Well Being



We expected schools to lean more heavily on certain supports to address emerging student and family needs resulting from the pandemic, including those related to social and emotional learning, mental health, and trauma-informed practices (AIR, 2020). Service delivery infrastructures such as multitiered systems of support may provide vehicles for delivering supports to those students negatively affected by the pandemic. A review of district-level reopening plans revealed that crisis response teams were an important aspect of many schools' plans to quickly mobilize, coordinate the provision of resources for students in need of immediate mental health support, and take steps to ensure that there is a cadre of school staff trained in trauma-informed practices.

Key questions asked on the PERC survey assessed the degree to which districts believed they were able to support the social, emotional, mental health, and well-being needs of their students and their families during the pandemic. Specifically, respondents were asked to answer the following:

- Whether staff trained in social-emotional supports were available to students
- Whether staff trained in safety and well-being were monitoring the status of students and families
- Whether school counselors or similar staff were providing mental health counseling for students
- Whether staff trained in trauma-informed care were available for students and families

We also found evidence (34 responses from open-ended questions asked on the survey)

that some districts are playing or intend to play an important role in supporting the social and emotional health of students and their families—potentially through leveraged partnerships with community providers. Some districts also reported an increased reliance on virtual formats to provide social and emotional health services to students and families. (See call-out box above.)

“We were able to leverage existing partnerships and relationships to maintain our commitment to addressing the mental health and well-being of our staff and students.”

—Urban district in Mississippi

“[We have] expanded the roles of counselors, social workers, and family liaisons with community partners.”

—Urban district in Washington

“Significant efforts [are being taken] to provide social, emotional health and resiliency support to students, staff on return.”

—Urban district in North Carolina

“Virtual tele-therapy for special needs students was always met with fear and trepidation; now it’s the new normal!”

—Urban district in Arizona

“Online student and family counseling was effective during our school closing.”

—Rural district in Indiana

The survey asked about service provision in broad terms, with response options of “No”; “Yes, for some families who need it”; and “Yes, for all families who need it.” The PERC survey administered by AIR in late spring 2020 revealed some differences in the ability of districts to provide supports to students and their families to help them navigate pandemic-related challenges.

High-poverty districts reported less capacity to provide supports than low-poverty districts.

Research demonstrates that students from low-income families are more apt to experience adversity, stress associated with financial instability, and trauma, which serve as barriers to learning and development (McLaughlin & Sheridan, 2016; Shonkoff et al., 2012), and there is preliminary evidence that such families also have been disproportionately affected by the pandemic (Adhikari et al., 2020). Given this reasoning, we sought to determine whether there were differences in response patterns between low-poverty and high-poverty school districts in terms of their capacity to provide students and their families with social, emotional, and mental health supports.¹



Comparing responses of “Yes, for all families who need it” against a combination of “No” and “Yes, for some families who need it,” high-poverty districts were less likely than low-poverty districts to report having staff trained to provide social-emotional supports available for all families who needed them. Overall, 54% of low-poverty districts reported having staff trained in social-emotional supports available for all families that needed them, whereas only 38% of high-poverty districts reported having such staff available (see Figure 1).

The observed difference between high-poverty and low-poverty districts may reflect inequities in terms of resources, funding, and opportunities that make it more difficult for high-poverty districts to provide such supports to students and their families during the pandemic, particularly in light of the number of students and families that may need such services (Aikens & Barbarin, 2008).

District Size and Locale Type

We also examined whether there were differences between smaller and more rural districts in terms of their capacity to provide supports related to social-emotional health and

“We have created family support networks staffed by our employees to respond quickly to the needs of our families. This is a system we have developed with a button on each website that allows a family to identify their need and our team responds with support. This might be a strategy we carry forward in non-COVID times. We are experiencing great success with this in our community.”

—Urban district in Arizona

“Teacher and student relationships have been strengthened, as our teacher community has made exceptional efforts in contacting students individually to check on progress and/or well-being.”

—Urban district in Georgia

“The most pressing issue is educating students who suffer from trauma and difficult home situations. We still have work to do to meet their needs at a high level.”

—Urban district in Iowa

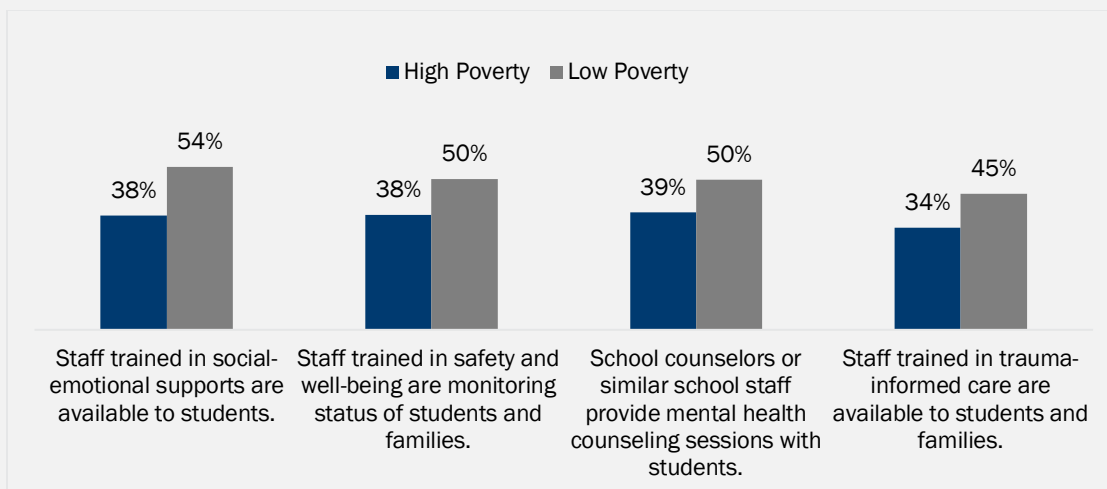
well-being relative to larger and more urban districts. **Smaller and more rural districts reported less capacity to provide these supports than larger, more urban districts.** Using enrollment figures to divide districts into groups by size (small, medium, and large²), we compared the proportion of respondents in each group who indicated that their district provided each service (for all families). Overall, larger districts were more likely to report offering each type of service than were smaller districts, with the most extreme difference being for trauma-informed care (see Figure 2).

We also conducted a similar analysis using locale type (city, suburban, town, and rural) rather than district size. Compared with urban districts, both rural and town-based districts stood out as being generally less likely to report offering most services than were other locales. Specifically, urban districts were more likely to offer social-emotional supports, safety and well-being supports, and mental health counseling than were town-based or rural districts (see Figure 3). Also note the call-out box on the previous page, showing examples of how some urban districts supported their students and families.

Conclusion

The results presented in this brief may indicate that higher poverty districts, smaller districts, or more rural districts need additional support to meet the social and emotional needs of the communities they serve, especially during the ongoing COVID-19 pandemic. It bears emphasizing, however, that the survey results presented here are from the earliest part of the pandemic, generally from late spring 2020; support capabilities may have shifted since this survey administration, along with community need. These data therefore serve primarily to raise important equity questions for districts and states and should be viewed as a conversation starting point for ongoing pandemic relief.

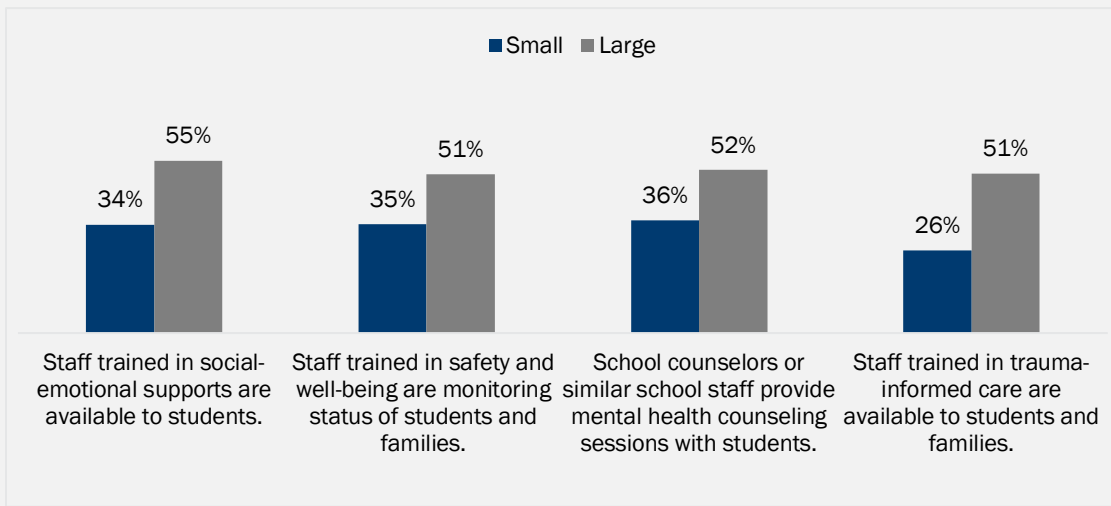
Figure 1. Availability of trained staff to provide social-emotional supports, safety/well-being supports, counseling, and trauma-informed care (for all families), by district poverty level



Note. Sample sizes: 182 low-poverty districts; 271 high-poverty districts for all questions except safety and well-being, which reflects responses from 182 low-poverty districts and 270 high-poverty districts.

Differences by poverty were statistically significant for social-emotional supports but not for other supports. Percentages shown indicate the proportion of responses that were “Yes, for all families who need it.”

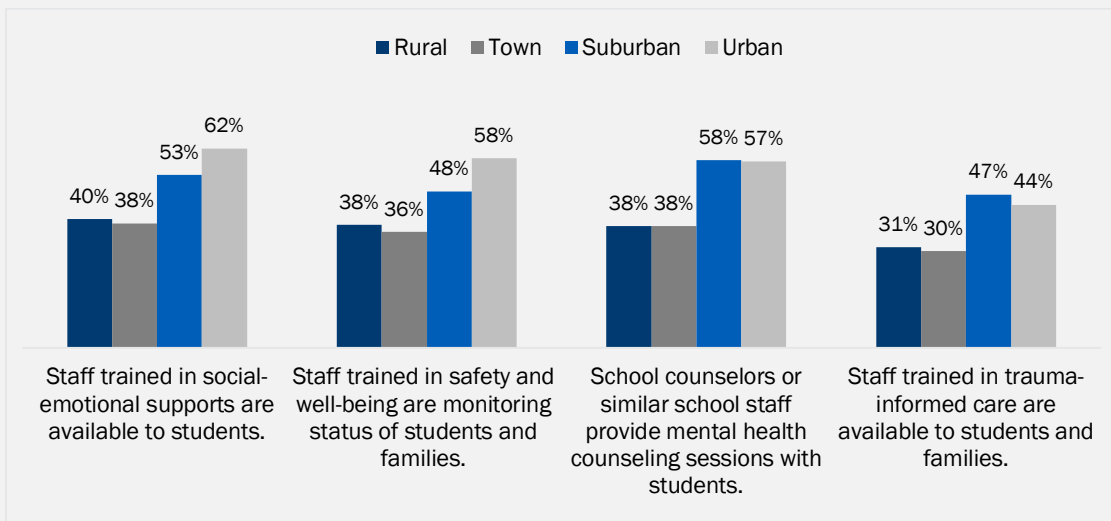
Figure 2. Availability of trained staff to provide social-emotional supports, safety/well-being supports, counseling, and trauma-informed care (for all families), by district size



Note. Sample sizes: 160 small districts and 189 large districts (for all questions).

Differences by district size were all statistically significant. Percentages shown indicate the proportion of responses that were “Yes, for all families who need it.”

Figure 3. Availability of trained staff to provide social-emotional supports, safety/well-being supports, counseling, and trauma-informed care (for all families), by district locale



Note. Sample sizes: For all supports except safety and well-being, data reflect responses from 115 urban districts, 231 suburban districts, 159 town-based districts, and 245 rural districts. For safety and well-being, data reflect 158 rather than 159 town-based district responses.

Compared with urban districts, differences for town and rural were statistically significant for all supports except trauma-informed care. Percentages shown indicate the proportion of responses that were “Yes, for all families who need it.”

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Endnotes

¹ To do this, we first defined poverty in terms of each district's child poverty rate, as provided in U.S. Census data. Low poverty was defined as any district with 0% to less than 10% overall child poverty, whereas a high-poverty district was defined as any district with a child poverty rate of 20% or more. Using this scheme, we identified 182 low-poverty districts and 273 high-poverty districts, with one survey per district. This scheme also yielded a "medium" poverty designation between 10% and 20%, which was not considered for this analysis.

² Small districts were defined as having less than 1,000 students enrolled. Medium districts were defined as having 1,000 to less than 10,000 students enrolled. Large districts were defined as having more than 10,000 enrolled students.



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