



[Image description: Three masculine-presenting, elementary-aged students of Color, wearing medical masks.]



Equity by Design:

Ensuring Contextually Relevant
Psychoeducational Decisions in the
Wake of COVID-19

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COVID-19 has had substantial impacts on all facets of life, including education. The wide-ranging challenges associated with COVID-19 have been moderated by existing inequality, exacerbating effects for minoritized communities (Sullivan, 2022).

KEY TERMS

Low inference hypothesis: A conclusion or assumption relying on explicit observation and is testable and alterable (Christ & Aranas, 2014).

Learning loss: Loss of existing or projected learning due to COVID-19 (Chen & Krieger, 2022)

Health disparities: “Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations... Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources” (CDC, 2020).

High inference hypothesis: A conclusion or assumption that relies on within-person characteristics that are not easily observable and are often difficult or not able to be altered (Christ & Aranas, 2014).

Multitier Systems of Support (MTSS): A framework of data-based decision-making and service delivery where screening, progress monitoring, problem solving informs universal, group, and individualized supports (Sullivan et al., 2022).

Although rates of infection and mortality may decline, the effects on individuals, families, communities, and systems are likely to be long lasting, with some estimates suggesting lifetime and multigenerational detriments for those most marginalized (Cook et al., 2019; UNICEF,

2020). As such, we cannot and should not return to business as usual. Instead, we should undertake a critical inquiry and reimagining of educational policies and practices. At a minimum, we must commit to contextually relevant decision-making, particularly where students present with challenges in the wake of infection and disruption related to COVID-19. This brief first outlines the short- and long-term impacts of COVID-19 on student learning and wellness. Next, we critique common narratives and responses to student educational difficulties following the start of the pandemic. Finally, we conclude with key considerations for educational decision-making, prevention, intervention, and individualization across all levels of programming: schoolwide, group, and individual.

Wellbeing and Learning in the Wake of COVID-19

COVID-19 is a pandemic, but the role of social inequity in worsening its effects is widely recognized (Horton, 2020). In fact, COVID-19 can be considered a *disaster* (Sullivan, 2022). Disasters are defined not just by an event or catalyst (here, the virus), but by the massive disruption to social systems and losses to communities that follow (Tierney, 2019). In addition, scholars note the role of social inequality in shaping disaster risk, response, and recovery (Kadetz & Mock, 2018; Tierney, 2019). Consequently, marginalized communities bear the brunt of disasters’ effects, and disasters often result in even greater

inequity. This has been the case with COVID-19, with some global organizations estimating multigenerational detriments for marginalized communities' educational, social, and economic outcomes without targeted recovery efforts (UNICEF, 2020).

COVID-19 Health Disparities

Since the first wave of COVID-19, health disparities were clear: groups and communities with access to personal protective equipment (e.g., masks), COVID-19 testing, contact tracing, vaccines, and quality health care—typically higher income, predominantly White, white-collar workers—had lower rates of infection, severe illness, and mortality than communities without such access (Peery-Wolf et al., 2021). Moreover, with social distancing being one of the most effective preventive measures, it operated as a marker of privilege, placing so-called essential workers, including education and health professionals, as well as many lower wage occupations, at greater risk of exposure. These essential workers were more likely to be women and come from racially minoritized or immigrant backgrounds (Asfaw, 2022; Berkhout & Richardson, 2020). Although infection and mortality rates shifted as prevention was politicized (Van Beusekom, 2022), the disproportionate effects on racially minoritized, immigrant, and/or economically marginalized communities remains (Sullivan, 2022).

Disparate access to necessary preventative measures and healthcare highlights how health disparities and outcomes are not solely attributable to individual behavior or choice; rather, health disparities are preventable differences in health-related

opportunities and outcomes (CDC, 2013)—they are the product of unjust systems, policies, and practices that have differentially impact minoritized communities (Tierney, 2019). The Center for Disease Control and Prevention (CDC, 2022) reports that American Indian or Alaskan Native, Black or African American, and Hispanic and Latine groups were two to three times more likely to be hospitalized and 1.7-2.1 times more likely to die from COVID. Despite these racial groups having a higher risk, it is of important note that race does not contribute to these health disparities; racism does—that is, differential exposure to structural inequity attributable to systemic racism influences social determinants (Walensky, 2021). Social determinants of health include economic (in)stability, educational opportunity, health care access and quality, neighborhood and built environments (e.g., where people live, work, and play), and



[Image description: Overlapping pieces of torn paper with various words and phrases on them. Perceivable are: uncertainty, money, fear, health, reality, panicking, challenge, financial, economic turmoil, corona virus, work, retirement, and government.]

social and community context, thus encapsulating housing; transportation;

employment conditions (e.g., income stability, safety); natural resources (e.g., clean water, soil, and air); and access to food, material resources (e.g., reliable internet), and physical activity (CDC, 2021). All have affected or been affected by COVID-19. For example, Black, Latine, and other or multiracial households were more than twice as likely as White households to lack sufficient food or rental funds during the pandemic, as were those with children (Center on Budget and Policy Priorities [CBPP], 2022).



[Image description: Feminine-presenting teacher of Color assisting a masculine-presenting, middle-school aged student of Color in class.]

Educational Impacts of COVID-19

The effects of far-ranging disparities in social determinants of health throughout COVID-19 inevitably have far-reaching effects on communities, schools, and students, particularly those from minoritized backgrounds already impacted by a host of educational disparities. COVID-19 disrupted educational services and supports and has been associated with elevated academic, social, emotional and behavioral needs, particularly minoritized students (i.e., racial minority, emergent bilingual, LGBTQ, low-income, and special

education; Sullivan et al., 2021; Sullivan, 2022). For example, compared to pre-pandemic norms, decreased learning rates attributed to reduced educational opportunity (e.g., school closures, teacher and schedule changes, limited remote instruction, inadequate academic supervision, technology resources, learning spaces) are estimated to be most severe for Black, Latine, and low-income households (Dorn et al., 2020). Implemented to reduce virus-spread, remote instruction during school closures assumed high levels of adult supervision of learning, as well as access to necessary hardware and internet. However, approximately 60% of low-income households reported internet difficulties and nearly half had concerns about paying for internet (Pew Research Center, 2021). As the pandemic continued throughout spring 2021, Black (63%) and Latine (59%) students were less likely be engaged in full-time, in-person schooling compared to White (75%) students (Oster et al., 2021). In addition, impediments to educational access included language barriers for English learners, and loss of access to special education services for students with disabilities (U.S. Department of Education, 2021).

Yet, in-person instruction was no simple matter for many minoritized communities, given the role of disparities in social determinants of health in making in-person instruction more or less safe (e.g., when schools lacked sufficient prevention measures, when communities could not fully engage in social distancing because of crowding, families' reliance on essential jobs) (Berkhout & Richardson, 2020). By 2022, analyses of state test performance

suggest increasing disparities in reading and math scores between high- and low-income schools (Kuhfeld et al., 2022), and students from lower income backgrounds were less likely to graduate or pursue postsecondary education than pre-COVID trends (Barnum et al., 2022; Dorn et al., 2021).

Social-Emotional Consequences of COVID-19

The social-emotional detriments of the pandemic are also extensive. These included parents' early concerns about the harms of being separated from peers and teachers (Calderon, 2020) and elevated mental health needs, loss in gender and sexuality affirming alliances, and increased harassment for Asian American students (U.S. Department of Education, 2021). In addition, by 2021, one in every four COVID-19 deaths represented a loss of a primary caregiver, with Indigenous, Black, and Latine children being 4.8, 2.4, and 1.8 times more likely, respectively, than White children to be affected (Hills et al., 2021). As of 2021, an estimated 5-10% of children and youth were expected to experience prolonged traumatic grief requiring intervention (Treglia et al., 2021), but rates may be higher given continued high rates of infection and mortality in 2021 and 2022. Furthermore, a substantial portion of children (approximately 25%) and nearly half of adults are experiencing long-term COVID difficulties that can include mood, sleep, sensory, respiratory, and other issues (Chen et al., 2022; Lopez-Leon et al., 2022), with higher rates among women and individuals from racially minoritized backgrounds (Howard-Jones et al., 2022). Thus, the potential implications for long-term functional impairments and disability are vast.

Critique of Common Narratives and Responses to Educational Difficulties

So how then are educators and leaders to make sense of all of this? Although the immediate, most obvious effects of COVID-19 may seemingly diminish, especially if it becomes endemic and such effects are normalized (i.e., accepted as business as usual within the dominant social discourse and policy), the long-term effects on physical and mental health, as well as educational, social, and economic outcomes are likely to continue to permeate educational spaces. Critically, how education leaders and educators frame the narrative surrounding COVID's impacts will shape responses. In essence, how we make sense of COVID-19 will determine how we react to it.

Minimizing Student Impact

A common early narrative about COVID-19 and schooling centered on children's lower risk for infection and mortality, framing the impact on them as fairly minimal (e.g., Mayo Clinic, 2022). Yet this ignored the roles of adults and broader systems on kids, lacking recognition of the holistic effects of COVID-19 on students' home, school, community environments and, thus, the students themselves, including the importance of healthy families, communities, and school professionals for students' educational experiences. This also ignored the risks to students from racially minoritized backgrounds, for whom severe complications and death were more common than among White children (Artiga et al., 2021), in addition to minimizing the social-emotional effects of family and community illness and death, as well as



multisystemic disruption (e.g., closure of community resources) on children's wellness. Given the long-term implications for trauma responses and subsequent academic, behavioral, and social emotional functioning, this minimization of COVID-19's effects carries risks of ignoring or misattributing difficulties in ways that marginalize, penalize, or pathologize students' reasonable, predictable responses to extraordinary circumstances.

Focusing on Learning Loss

Although COVID-19 has wrought significant loss for students (e.g., death of loved ones, loss of food or housing security, loss of socialization and cultural practices), a common educational narrative focuses on so-called learning loss, or differences in standardized test scores or rates of change thereof compared to pre-pandemic performance or projections (Chen & Krieger, 2022). Although the documented and projected effects on student learning can be meaningful, the narrative of learning loss is deficit-based and focused on one dimension of learning outcomes, without consideration for the broader context and systems students learn within, as well as ignoring the other types of learning and skills that students might have engaged in (e.g., coping, community care, functional and adaptive skills) (Zhao, 2021). This narrative disproportionately stigmatizes outcomes of racially minoritized students, whose communities and schools were most disrupted by COVID-19. It also builds on the narrative that students were or should have been minimally disrupted by COVID-19, and is often linked to associated narratives about disengagement predicated on assumptions of typical functioning during an unprecedented national and global

disaster. Such framing risks blaming students for reasonable disengagement, inappropriately framed as laziness or bad attitude, rather than acknowledging the broad systemic factors that brought on the disengagement, framing a systemic problem as an individual one. This deficit-based thinking centers what students presumably lack in absence of context. COVID-19 disrupted every facet of many students' lives, as well as those of education professionals who experienced compounding effects of insufficient resources, support, and preparation to be frontline workers during an unprecedented pandemic that contributed to staffing shortages, job dissatisfaction, and rising turnover (Bacher-Hicks et al., 2022; Jotkoff, 2022).

Considering the Whole Child

Instead of focusing on test scores (and investing in more testing), educators and educational leaders should focus on meeting students where they are with a deep and expansive appreciation for context; taking a whole child approach (Noddings, 2005) to conceptualizing education, wellness, and subsequent outcomes; partnering with students, families, and communities to center the needs of the most affected and to chart paths forward; and learning from the pitfalls and opportunities revealed by COVID-19 (Sullivan et al., 2020b; Sullivan et al., 2021; Zhang & Storey, 2022; Zhao, 2021). Without this shift in framing, the within-student, deficit-based assumptions of this narrative continue to blame those most harmed by increased educational inequities.



[Image description: Masculine-presenting young student of Color in class, smiling holding a colored pencil.]

For defensible educational decision-making to occur in the wake of COVID-19, an alternative framing that is strengths-based and contextually responsive is required to make sense of educational difficulties, and to consider the non-traditional, meaningful learning that our students have engaged in during the pandemic (Salazar, 2020). In particular, instead of focusing on learning loss, we can focus on differential opportunity and recalibrating standards for our context. Such recalibration is predicated on recognition and responsiveness to severe and ongoing multi-system effects of COVID-19 in many communities due in no small part to the coalescence of mutually reinforcing insufficient systemic responses deeply rooted structural inequities.

Key Considerations for Educational Decision-Making

Key to ensuring contextually relevant, psychoeducational decisions in the wake of COVID-19 is applying critical consciousness to understanding its effects on individuals

and communities, past, present, and well into the future (Sullivan, 2022). Educational decisions should be grounded in critical collaborative inquiry (Skelton et al., 2021), with decisions and resource allocation related to unmet needs or problems rooted in context. When engaging in such problem analysis, educators should and prioritize of low-inference assumptions about the potential contextual drivers of needs where smaller group or individual concerns are involved (Christ & Arañas, 2014). The level of inference reflects assumptions about the nature of an observed problem: low-inference assumes contextual causes whereas high inference locate the source of difficulties within person (e.g., when a student's academic performance is attributed to insufficient instruction [low inference] versus suspected disability [high inference]; or when group differences are attributed to differential opportunity or lack of culturally responsive supports [low inference] rather than differential aptitude or psychopathology [high inference]). Low inference hypotheses about educational difficulties have always been important, but are particularly salient as many push for a return to supposed 'normal,' or minimize, ignore, or misunderstand the long-term effects of disruption, infection, and other COVID-factors on students, educators, and schools. Low inference hypotheses and consideration of context and systems influencing learning should be applied in inquiry and problem analysis at all levels (e.g., schoolwide, classroom, group, individual).

Systematic problem analysis is an efficient approach to resource allocation and intervention because many individual



difficulties stem from systemic issues. These systemic causes can be directly tested and corrected through provision of associated opportunity or resources before considering higher level inferences that are generally unprovable (Christ & Aranas, 2014) and may perpetuate deficit-based thinking about students and educational disparities (Miller et al., 2020; Weeks et al., 2020). Therefore, psychoeducational decision-making (e.g., pre-referral intervention, special education eligibility) should utilize problem analysis within context approach that prioritizes low level inferences at multiple levels, followed by corresponding practices and supports, measurement of their effects, and iterative problem solving to support student learning and wellness. This can be consolidated via multitier systems of support (MTSS), a framework of data-based decision-making and service delivery where screening, progress monitoring, problem solving informs a continuum of research-based universal, group, and individualized supports (for discussion, see Sullivan et al., 2022). MTSS can be leveraged to focus on creating equitable structures in the wake of COVID-19, particularly when led by representatives from all groups represented in a school, including students and minoritized groups, committed to supporting all students (as discussed in Sullivan et al., 2020; 2021, 2022).

Considerations for Schoolwide/Universal Supports

Focusing on schoolwide or universal supports provides an opportunity to address any opportunity gaps that may have been impacted by the different experiences and access pre-, during, and post-pandemic (Sullivan et al., 2020b) and

should be predicated on critical collaborative inquiry (Skelton et al., 2021) that includes consideration of the multidimensional drivers and impacts of COVID-19, particularly for those most marginalized. Too often, the implementation of schoolwide initiatives such as MTSS lacks consideration and formulation to fully encapsulate every student. Indeed, research suggests students who are racially or linguistically minoritized or have disabilities are often overlooked within universal and schoolwide planning when considerations of accessibility, cultural responsiveness, differentiated instruction, or universal design are instead relegated to targeted or individual services and supports (Sullivan et al., 2020). Instead, these considerations can be foregrounded in planning and evaluation of schoolwide supports and resources. When looking at curriculum and practices, Sullivan and colleagues (2020b) suggest the following guiding questions:

- **Are the curriculum and practices culturally responsive and evidence-based?** There should be critical vetting of new materials, with considerations to cultural appropriateness and responsiveness, and inclusive practices for the marginalized groups of the school community (Sullivan & Miller, 2023). Evidence-based practices that should be purposefully and routinely incorporated into classrooms include explicit instruction, opportunities to respond and practice, constructive feedback, checks for understanding, and differentiated instruction.

- **Are the universal supports sufficient?** To serve the whole child comprehensively, the domains of academic, social, emotional, and behavioral needs should all be addressed schoolwide. It is important to look at whether implementation gaps exist for one or more of those domains, paying particular attention to the needs that may be relevant to your students (e.g., COVID-19 having disproportionate physical, mental, and financial impacts on marginalized communities). Because of disruptions in learning experiences, it may be necessary to pay particular attention to (re)orientation of expectations and supportive, rather than punitive practices (Crutchfield & Eugene, 2022).
- **Are the necessary structures in place to support strong implementation of school-wide supports?** The structures include master scheduling permitting comprehensive programming, intervention, and enrichment; teaming structures to bolster communication and collaborative decision making; integrated data systems for efficient, holistic problem solving; and proactive calendaring to ensure iterative inquiry processes (Sullivan & Miller, 2023).
- **Are the assessment practices in place defensible?** School-wide assessments and associated practices should be appropriate for the students in your school and the intended uses, which necessitates consideration of the constructs, purpose, norming samples, and validity evidence for any measure used. An essential component of

identifying unmet needs is to screen all students in all domains, and use that data to determine the effectiveness of universal supports. Screening provides a proactive, effective, and defensible approach to identifying students when contextually appropriate measures, decision rules, and implementation are utilized, and should be undertaken with consideration of the purpose within the school context, how data will be linked to specific supports, and potential biases and consequences for marginalized population (Miller et al., 2020). Existing data can also be used to understand dynamics, practices, and issues within the school. A key component of data analysis should be disaggregation to allow for identification of contexts or groups for whom existing schoolwide practices or supports are insufficient, or to identify patterns that indicate an inequity in access, treatment, or outcomes (Sullivan et al., 2020b; Sullivan et al., 2022).

Group and Intensive Supports

Even with the highest quality school-wide services and supports, some needs will also require more intensive services or supports. The extensive disruption of COVID-19 may mean that the level of need in particular domains lend well to expanded school-wide supports as the most efficient means of delivering more intensive supports. In other cases, group or individualized supports will be more appropriate. In selecting interventions or other supports, it is especially important to leverage an evidence-based practice approach that integrates the best available research with local resources and participant voice, such that local

contextual, cultural, and organizational features are prioritized (Sullivan et al., 2022). This will help to avoid ineffective one-size-fits-all programming and other attempts not formulated to truly meet the needs of the students involved. The goal is to match unmet needs to appropriate services or supports. Here, a problem-solving approach, as opposed to standardized intervention or protocol, is useful in ensuring contextual and cultural factors are given due consideration in inferences about needs and subsequent effectiveness (Miller et al., 2020). Further, intensification of supports can take many forms, sometimes meaning different programming or supports, but it can mean a change in dosage, group size, opportunities to respond, or provider preparation (Hammerschmidt-Snidarich et al., 2020). Efforts should include ongoing monitoring of progress and fidelity, but the traditional 6-8 week timeframe may not be appropriate or needed to determine fading or intensifying of supports, so decision rules may need to be modified to reflect the local context (Miller et al., 2020).

A substantial subset of students will also continue to be eligible for and benefit from special education. Particularly in a (post) COVID-19 context, an ongoing challenge comes in differentiating disability from differential opportunity or reasonable, temporary responses to context. As such, any referral or evaluation process should include careful consideration of the nature of educational experiences throughout so that special education identification is not used to address needs that should be addressed through other services or supports. This is especially important given the intersectional nature of individuals and

communities' experiences of COVID and associated impacts. The school, home, and community disruptions related to COVID mitigation, illness, and grief make especially important thorough consideration of the extent to which an individual's difficulties may be primarily attributable to constricted opportunity, rather than disability. Given the ways COVID has differentially affected minoritized communities, such inquiry will be crucial to avoid reproducing common patterns of racial disproportionality in special education, where over-identification has been attributed to insufficient opportunities to learn, and bias in identification of the most subjective disabilities (Sullivan & Osher, 2019).



[Image description: Group of elementary-aged students of varying racial/ethnic backgrounds and gender expressions in class doing classwork.]

At the same time, it is likely that a subset of youth will experience long-term challenges related to COVID, which may necessitate supports via Section 504 or special education (OCR & OSERS, 2021). Referral and evaluation processes should be

calibrated to feature data collection in partnership with families, students, and interdisciplinary service providers to help discern the nature of students' difficulties. This should be supported by professional learning and collaborative inquiry to enhance understanding of the many dimensions of COVID (e.g., structural, health, social-emotional), both generally and within the local context. When combined with culturally, contextually appropriate continua of supports and data-based decision making, multidisciplinary evaluation teams can be more confident in high-inference hypotheses about potential disability.

Conclusion

Reframing the narrative and responses to student education difficulties in the wake of COVID-19 will require intentional consideration of the systematic factors impacting students, families, educators, and communities. Contextually relevant psychoeducational decisions are based in critical consciousness and inquiry, along with problem solving approaches that are responsive to the structural inequities and multisystemic effects of COVID-19, particularly for minoritized communities.

Recommended Resources

- Adelman, A. & Taylor, L. (2020). *Restructuring California schools to address barriers to learning and teaching in the COVID-19 context and beyond*. Policy Analysis for California Education. <https://greatlakesequity.org/resource/restructuring-california-schools-address-barriers-learning-and-teaching-covid-19-context>
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About the Midwest & Plains Equity Assistance Center

The mission of the Midwest & Plains Equity Assistance Center is to ensure equity in student access to and participation in high quality, research-based education by expanding states' and school systems' capacity to provide robust, effective opportunities to learn for all students, regardless of and responsive to race, sex, and national origin, and to reduce disparities in educational outcomes among and between groups. The Equity by Design briefs series is intended to provide vital background information and action steps to support educators and other equity advocates as they work to create positive educational environments for all children. For more information, visit <http://www.greatlakesequity.org>.

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