

Meeting the Needs of Vulnerable and At-Risk School-Age Children

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SUMMARY. In March 2020, in response to concerns about the rapidly spreading coronavirus, schools across the nation closed to in-person instruction. Despite having laws and policies addressing education in a public health emergency, school districts lacked comprehensive plans addressing specific issues raised by COVID-19. The outbreak has exposed a lack of preparation for providing education and services, and inability to adapt instruction in an extended emergency, which has further exacerbated existing education and health inequities. Many students, particularly minorities and students from low-income families, did not have access to the internet or the technology required to participate in online instruction. English-language learners and students with special needs for whom in-person school is critical also struggled in this new learning environment. Education is a significant social determinant of health, linked to long-term health outcomes of infant mortality, health behaviors, and even life span. Schools also play an important role in short-term health of students, including nutrition, physical health and activity, and mental health and well-being. Federal, state, and local governments and school districts must work together to devise and implement trauma-informed, equity-centered education strategies.

Introduction

The outbreak of COVID-19 has caused unprecedented disruption to the education of children in the United States, the impact of which is likely to result in significant long-term health effects and widen already existing health disparities faced by minority, low-income, and otherwise disadvantaged communities.

Evidence suggests that children under the age of 21 experience milder COVID-19 symptoms (Bixler et al., 2020). However, children may contract the disease, be asymptomatic and transmit the disease to other family or community members. To reduce disease spread, schools across the country have been closed to in-person learning in varying degrees since mid-March 2020, potentially slowing academic progress and even causing regression. Many children lack technology, broadband internet access, and parental assistance to participate in school activities and support learning.

Disruption in education has severe consequences because education “is the most important modifiable social determinant of health” (Lancet, 2020). While necessary to reduce the spread of coronavirus, emergency school closures and subsequent remote schooling have affected students’ health in a myriad of ways as well. These include reduced daily exercise; lack of consistent access to healthy meals; disconnection from peers, stress from family circumstances, grief, and other mental health concerns; decreased and less effective delivery of special education

services, including nursing and speech, occupational, and physical therapies; lack of safe supervision for children of low-paid essential workers; and reduced reporting of child maltreatment. Further, some schools provide direct physical and mental health services through school nurses and counselors, school-based health centers, or partnerships with community organizations, and have had to alter or discontinue service provision.

Although all children are negatively affected by disruption of in-person instruction, students from low-income communities, students with disabilities, students identifying as LGBTQ, students involved with the child welfare system, students experiencing homelessness or parental unemployment, or students for whom English is not their family’s primary language may face even greater challenges. While some view education as “the great equalizer,” the impact of COVID-19 has exposed and widened many existing educational and health disparities. Guidance from the Centers for Disease Control and Prevention updated on February 11, 2021, recommends strategies for reopening schools to in-person learning while reducing risk of disease spread including handwashing; universal and correct mask wearing; social distancing; cleaning and maintaining health facilities; and collaborating with the health department with isolation, quarantine and contact tracing. However, schools continue to grapple with the very real challenge of balancing the benefits of in-person learning with the costs and other barriers to preventing COVID-19.

Federal, State and Local Authority for Education

In the United States, there are approximately 50.8 million school-age students enrolled in nearly 100,000 public schools in pre-kindergarten through 12th grade (Wilkinson-Flicker, 2019). State governments have primary authority for public education, with the federal government having a limited role. Governance of schools varies by state with states delegating differing degrees of authority to the more than 13,500 local education agencies (LEAs) across the country. Pre-pandemic annual spending on education for kindergarten through 12th grade is estimated at \$680 billion, an average of \$13,440 per student (Wilkinson-Flicker, 2019). The majority of funding for education is split between state and local governments, with the federal government only contributing approximately 8% (Hussar et al., 2020). In a public health emergency, like the COVID-19 pandemic, LEAs look to state and federal leadership for direction as well as additional funding.

Many state departments of education had public health emergency response plans in place that addressed issues such as reporting student cases to local health officials, authorizing school exclusion and re-admittance of students, and authorizing school closures. Lacking, though, were comprehensive policies addressing many of the issues arising with COVID-19, such as preventing disease spread, remote instruction, and access to services during school closures (Nuñez et al., 2020). Districts clamored to develop policies as the outbreak unfolded and continue to face challenges.

Funding to Address the Pandemic

In March 2020, recognizing schools would be faced with significant unforeseen expenses to address the pandemic, Congress provided states \$13.5 billion in the Education Stabilization Fund included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020. States were required to distribute 90% to school districts based on population-based funding formulas in Title 1 of the Elementary and Secondary Education Act (ESEA). States could use the remaining 10% to respond to COVID-19-related emergency needs. Congress also earmarked \$3 billion for governors' discretion for child care through college and authorized flexibility to combine and carry over certain funding streams.

States quickly discovered that the CARES Act did not fully address the extensive needs of the education system. In late December, Congress approved an additional \$54.3 billion for public elementary and secondary schools through the Consolidated Appropriations Act of 2021. States again may retain 10%, \$1.3 billion is included for governors' discretion for public schools, and an additional \$2.7 billion is allocated specifically for private schools.

States and LEAs have flexible use of relief funds. Funds may be used to expressly prevent spread of the virus, such as purchasing personal protective equipment (PPE) and supplies, increasing staff to sanitize schools, or upgrading ventilation systems. Funds may be used to prevent loss of learning through assessments, materials and technology. Funds may also address students' mental health needs. Additionally, funds may be used to mitigate disparate impact of the disease, focusing on the needs of disadvantaged students, low-income students or students experiencing homelessness, students with disabilities, or non-native English

speakers. Finally funds may be used to improve administrative coordination, staff training, and developing and improving preparedness and response plans for addressing public health emergencies.

Vulnerable and At-Risk Students

Race and Income

Race and income are intricately intertwined, and racial and economic inequities have further complicated the response to the pandemic. Minority and low-income communities have been disparately affected by COVID-19. Data demonstrates disproportionately higher rates of COVID-19 deaths and hospitalizations among racial and ethnic minorities younger than 21 years old (Bixler et al., 2020).

Prior to the pandemic, student achievement at predominantly white schools was greater than predominantly Black schools. A greater proportion of minority students attend high-poverty schools, which have greater achievement gaps than more affluent schools. High-poverty schools are more likely to have younger, less experienced teachers and higher teacher turnover rates. Schools with fewer resources are unable to provide as many academic options, such as advanced courses. Families in these communities may have less access to quality early childhood opportunities to prepare children for school, internet service, and computers. Further, parents in these communities have less political, social, or economic capital to effect school improvements (Reardon et al., 2019).

Educational disruption due to COVID-19 has exacerbated existing disparities, and the full impact may not be known for years. As COVID-19 began to spread in the spring of 2020, schools across the country shut down and reopened with varying degrees of online teaching in the fall: 24% reported providing instruction fully online, 51% hybrid in-person/online instruction, and 17% offering instruction fully in person, with some allowing parents to choose online instruction (Honein et al., 2021). Only 60% to 70% of Black and Hispanic students are regularly participating in online learning. Compared to 90% of higher income students, only 60% of low-income students are regularly logging on (Dorn et al., 2020). This is even more troubling given that poor attendance is a strong predictor of non-completion (Chang et al., 2008).

Students' access to high-quality or even adequate online instruction differs, with some students receiving low-quality instruction or even none at all, potentially resulting in widening the achievement gap, slowing learning, or causing learning loss (Dorn et al., 2020). Not having a quiet environment or sharing devices among multiple students in the home are further obstacles to successful online learning. Families with parents working outside the home may be unable to provide assistance with schooling, and minorities are overrepresented among low-paid essential workers in health care, transportation, food services and groceries, utilities, and sanitation who are unable to work from home (Rogers et al., 2020).

Special Education Access

Nationwide, 14% of students receive special education services under the Individuals with Disabilities Education Act of 2004 (IDEA),

Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. Early in the pandemic, questions were raised about how to continue to implement special education services. The U.S. Department of Education (USDOE) initially released a statement on March 12, 2020, indicating that schools did not have to provide special education services if general education services were not provided. To avoid running afoul of the law, some states and LEAs opted not to offer any general education services, while other states and LEAs interpreted their remote offerings not as “education” but as supplemental learning opportunities or for enrichment only (Gavin, 2020).

While this approach may have made sense for a short-term closure, it quickly became obvious that response to the virus would last much longer than a few weeks. On March 21, 2020, the USDOE Office for Civil Rights, Office for Special Education and Rehabilitative Services recognized the problematic interpretation and released a fact sheet reversing the initial guidance, emphasizing that compliance with disability laws should not prevent offering distance learning.

Parents and advocates urged against alterations that might threaten services, while organizations supporting school administrators argued for flexibility in deadlines, processes, and paperwork. However, USDOE guidance from September 28, 2020, reiterated that IDEA provisions were not waived and students remain entitled to a free and appropriate public education (FAPE). Schools physically closed to prevent the spread of COVID-19 must consider alternative delivery options, such as online, by telephone, or in another location, like the student’s home, if services can be provided safely. The USDOE did extend timelines for initial or re-evaluations considered invalid unless conducted in person. Student observations necessary for evaluation can be conducted by video with parental consent. The USDOE also allows for virtual individualized education program (IEP) meetings if the parent agrees. Schools are allowed, but not required, to create distance learning plans for students detailing how their IEP will be carried out until in-person instruction is again practicable.

While school districts remain obligated to provide special education services, many obstacles exist (Nowicki, 2020). Each student’s IEP or 504 plan is, by design, individualized, making planning and service provision difficult. Ensuring the safety of staff and students has prevented services such as one-to-one aides, or speech, occupational or physical therapies in students’ homes; however, for many students these services are difficult to provide remotely as well. Shortened synchronous instruction periods may not align with instructional hours committed in students’ IEPs. Further, many students rely on the support of various adults throughout the day, requiring parents to assume many roles, from teacher to aide, to nurse, to service provider, sometimes while also assisting siblings or working themselves.

English Language Learners

English language learners (ELLs) make up 10% of students in the United States, and approximately three-quarters of ELL students’ native language is Spanish (National Center for Education

Statistics, 2020). More ELL students than English-speaking students live in poor households (Nowicki, 2020). USDOE guidance from May 18, 2020, states that if remote education is being provided, schools must continue to provide instruction to ELLs.

ELL students have disproportionately less access to technology and broadband, and ELL families may not understand how to use the technology to access online learning. Communication with ELL students and their families during COVID-19 has presented unique challenges too. Technical support, pandemic policies, and instructional materials are not always available in languages other than English or Spanish, and some online materials may not have captioning. In addition, remote learning limits opportunities for peer interaction to improve English language skills. These factors contribute to widening the achievement gap between ELLs and English speaking students (Nowicki, 2020).

Addressing Complex Problems Technology Device and Internet Access

In the United States, 7.3 million children do not have access to a computer, laptop or tablet, and 16.9 million children lack home high-speed internet (Alliance for Excellent Education, 2020). This includes 31% of Black and Hispanic families and 34% of American Indian families, as compared to 21% of white families. The disparity is even greater for children living in low-income families: 4.6 million children who live in families that make less than \$50,000/year do not have access to high-speed internet. Additionally, two out of five families in rural communities lack high-speed home internet. (Alliance for Excellent Education, 2020). Even more households express concern about being able to continue to afford home internet service, with COVID-related parental unemployment, illnesses, and even death.

Early in the pandemic, school districts scrambled to pivot from in-person to online instruction. Laptops and tablets were distributed to as many students as possible, though not all students received needed devices. Many internet service providers temporarily modified business practices to make wireless internet more accessible, sometimes even free. To help meet long-term needs, the Consolidated Appropriations Act provides a \$3.2 billion Emergency Broadband Benefit Program, under which eligible low-income households can receive monthly discounts on broadband services. Eligible households may also qualify for laptop, tablet, or desktop computer subsidies.

Additionally, computer literacy is critical. Teachers must receive high-quality targeted training and support for teaching in an online environment. Students and parents may also need assistance with using the equipment to participate in class and complete assignments. For more on the digital divide, see Chapter 32.

Infrastructure

The lack of equal access to safe learning environments is a significant barrier to returning to in-person learning. While some schools in affluent and middle-class white neighborhoods with structurally sound buildings have been able to implement sufficient mitigation strategies to safely open schools to in-person learning,

schools in low-income minority neighborhoods have not, due to unequal building conditions of the school buildings. In fall 2020 almost twice as many districts in highly concentrated poverty areas were forced to provide remote-only learning than districts in lower poverty areas. More than 40% of school districts in the United States have outdated and poorly functioning ventilations systems in half of the schools within their districts (Harris et al., 2020). Because funding for school building infrastructure is a mostly local expense often tied to property taxes, it is not surprising that more schools in low-income communities are in need of repair. While the CARES Act and the Consolidated Appropriations Act allow for infrastructure improvements, the expense and time required for repair are significant.

Free or Reduced-Price Lunch Program

More than half of all U.S. students rely on the Free or Reduced-Price Lunch (FRPL) program for at least one daily meal. The Trust for America's Health states that "hunger, poor nutrition and food insecurity can increase a child's risk of developing a range of physical, mental, behavioral, emotional, and learning problems" (Trust for America's Health, 2020). Closure of schools to reduce the spread of coronavirus presented an immediate crisis for delivery of meals to children across the country. While LEAs made arrangements to serve students eligible for FRPL in their communities, initial confusion, delays in federal program approvals, difficulty with coordination with community stakeholders, and lack of family transportation to meal sites meant that some students may have missed meals.

The U.S. Department of Agriculture (USDA), which administers the program, has issued a number of waivers to facilitate school lunch service during the pandemic. Waivers provide needed flexibility for schools and families, such as allowing for delivery or pick-up of meals at different times, locations on or off-site, and with or without a child present. Recognizing that districts may have difficulty procuring certain foods, the USDA also waived certain nutrition requirements, although this could have negative consequences if scarce foods are replaced with less healthy and balanced alternatives. Some states have opted to provide meals for all children, regardless of FRPL eligibility. Some districts are providing multiple meals a day or multiple days' worth of meals a few times a week or weekly, thus reducing the contact between nutrition staff and families. Districts have also experimented with reaching families through different delivery models, such as using bus drivers to drive routes and make meal drops.

The Families First Coronavirus Response Act of 2020 authorized funds to be distributed through a Pandemic Electronic Benefits Transfer (P-EBT) program to students who would have received free or reduced lunches. Participating states can provide up to \$5.70 per day to eligible students. The program was extended by the Continuing Appropriations Act of 2021.

Reporting of Child Abuse and Neglect

COVID-19 has exacerbated known risk factors for child maltreatment, including parental loss of employment, financial distress, and social isolation. Teachers and other school personnel are in the unique position to observe signs of child abuse and neglect, and, in most states, are mandated by state law to report reasonable suspicion of abuse or neglect. With school cancellation and remote learning, 40% to 60% fewer child abuse and neglect reports were made between March 2020 and May of 2020 than the same period in 2019, potentially leaving vulnerable children at risk (Weiner, et al., 2020).

An additional complication during the height of the pandemic was that, in some states, Child Protective Services was not investigating reports of maltreatment in person and instead conducting virtual visits. Virtual visits reduce caseworkers' ability to adequately assess circumstances of the child and family, substantiate allegations, or connect families to needed resources for stabilization.

Finally, children already in foster care are more vulnerable to school closures. Public schools serve as communities and provide children with important peer and adult connections for children in foster care who may not have consistent contact with their biological family. Thus, school connections may serve as a protective factor against further despair and isolation. 🌟

Recommendations for Action

Federal government:

- Congress should continue flexible funding designated for education-sector response to COVID-19 to reduce disease spread, prevent learning loss, and close achievement gaps. The Department of Education should also continue to allow for repurposing of existing funding streams.
- Congress should continue to fund and the Federal Communications Commission should continue to implement expansion of broadband to rural and low-income communities, providing access and affordability.
- Congress should fully fund IDEA at 40% of the average per pupil expenditure for states to meet the needs of students with disabilities.
- The Department of Agriculture should continue flexibility in delivery of food through the FRPL program, while maintaining nutrition standards as feasible.

State governments:

- State governments should require that school districts follow statewide guidance based on scientific criteria for when schools will provide in-person options versus fully remote instruction.
- State public health departments should prioritize vaccination of teachers after essential health care workers and first responders to safely have students return to in-person learning as soon as possible.

State/Local governments:

- State and/or local governments should revamp school funding formulas to reduce proportion of local funds and increase proportion of state funds; may require change to state/local tax structure.
- State and/or local governments should prioritize safely opening schools by continuing disease prevention measures in the community, such as mask mandates and restrictions on non-essential businesses and gatherings.
- State and local governments should develop and practice contingency plans for public health emergencies, including coordination between state departments of education and LEAs, state and local public health, other relevant sectors, teachers unions, and private and non-profit stakeholders.
- State and/or local governments should ensure plans include flexible reallocation of resources; procurement and distribution of PPE, technology and other resources needed for student learning; broadband access; and continuation of FRPL program to minimize service gaps.
- State and/or local governments should assess, fund and initiate infrastructure improvements, including HVAC filtration systems.
- State and/or local governments should provide funding to at-risk families

for childcare, service provision and facilitation of student learning.

- State and/or local education agencies should offer teacher training and resources for online instructional delivery and professional development opportunities on meeting students' needs through trauma-informed, equity-centered strategies.
- State and/or local governments should ensure adequate funding for school nurses and social workers to help identify and refer students and families who may have health-harming needs to community service providers, including legal aid.

Local governments:

- Local education agencies should enforce mask mandates, use of PPE, social distancing, and hand sanitizing for staff and students in school facilities and buses.
- Local education agencies should collaborate to offer on-site rapid testing for teachers and students, as well as vaccination clinics for teachers and eligible students, taking into account FERPA, HIPAA, and other relevant legal issues.
- Local education agencies should ensure students have access to necessary technology at home, including broadband and individual devices compatible with assignments through both public appropriations and public/private partnerships.
- Local education agencies should provide at-risk students with additional services and supports to prevent learning loss and close achievement gaps, such as tutoring, evening classes, and summer school.

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