

# Caring Through Crisis: Newcomer Students and Their Educators During the COVID-19 Pandemic

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## Abstract

All human beings need care, including professional caregivers such as educators. What happens when a global crisis places care providers' own care needs in conflict with their duty and desire to provide care? In this article, we apply care ethics to one school district's decisions regarding newcomer English learners and their educators during the 2020–2021 academic year. Drawing on qualitative case study data from a larger multi-district, multi-state study, we examine how educators and administrators in a small urban school district in New England made sense of students' and educators' sometimes conflicting care needs during the COVID-19 pandemic. We argue that even school districts with clear commitments to equity and justice have their efforts severely limited by state and federal leadership's neglect of care/essential workers, youth, and marginalized groups. To end the ongoing pandemic and prevent future harm, we recommend that educational and political leaders prioritize human needs and relationships through a move towards "universal care" (Chatzidakis et al., 2020).

**Keywords:** care, COVID-19, newcomers, remote learning, leadership

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During a pandemic which has already claimed over 6.5 million lives worldwide (as of October 4, 2022; World Health Organization, 2022), educators are struggling to support their students while protecting their own safety and livelihoods. At the same time, the murders of George Floyd, Breonna Taylor, Tony McDade, and many more Black people resulted in massive protests across the United States and worldwide; combined with the pandemic, these protests have drawn attention to structural racism and other forms of systemic violence. Care theorists, activists, workers, organizers, and others who engage with care work have noted that the COVID-19 pandemic has brought to the surface questions regarding care, a practice that is increasingly marginalized and taken for granted as neoliberal capitalism maintains a "crisis of care" (Chatzidakis et al., 2020).

In this article, we apply care theory—specifically, Tronto's (1993) conceptualization of conflict and scarcity as constraints on care workers—to the pandemic response of an immigrant- and refugee-serving school district in the northeastern United States. To explore the district's response, we first lay out the basics of care theory and what caring looks like for newcomer immigrant youth and their educators. We offer background and context regarding African immigrants in the U.S. and in the school district under study. We attend to the research question, "How do educators and district leaders balance their own needs with the needs of their students during the COVID-19 pandemic?"

Our findings show how conditions of conflict and scarcity place constraints upon what school district leaders and individual educators can do to support newcomer students and the educators who care for them. Every day, educators and district leaders face the challenges of keeping everyone, including themselves and their own families, safe, while attending to students' educational, social, material, and psychological needs. While educators find creative ways to care for students, this



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effort takes a toll on their own sense of safety and feelings of being cared for. Our study highlights the importance of educator practices that support immigrant students and families, as well as their educators, through simultaneously acute and chronic crises, or what some call a “dual pandemic” of illness and inequality (Pak, 2021).

## Background

### Care Theory

Emerging as an area of academic study from the feminist, civil rights, and liberation movements of the 1960s and 1970s, care theory (or care ethics) identifies humans as fundamentally social and interconnected beings. As a result, care has major social and political implications. Fisher and Tronto (1991) define care as

A species activity that includes everything that we do to maintain, continue, and repair our “world” so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web. (p. 40)

Care has four dimensions: “caring about,” or the recognition that a need exists and should be met; “taking care of,” or believing that a need can be met and taking some responsibility for meeting that need; “care-giving,” or direct contact between those giving and receiving care; and “care-receiving,” or the response that the person(s) being cared for provide to the care they get (Tronto, 1993, p. 107).

In addition to these four dimensions, care has other aspects which affect how it is provided and experienced. First, care is not solely a principle or an emotion, but a practice. This is because care involves interrelated thought and action directed toward a goal. Second, care can involve conflict between and within its dimensions (Noddings, 2013; Tronto, 1993). For example, a caregiver and a care-receiver may have diverging ideas of what constitutes good care, two caregivers may disagree on how to provide care, or caregivers’ needs for self-care may clash with their work. Third, care is a universal aspect of human life, but what “good care” looks like can be very different across cultures as well as across individuals and groups. For example, an adolescent student and their teacher both need care, but the specifics of those needs may differ. Finally, good care requires material, temporal, and

skill resources. Scarcity—of money, goods, time, and/or skilled caregivers—has an adverse impact on the care process (Tronto, 1993). This article focuses on dilemmas of conflict and resource scarcity.

“Care work” encompasses occupations as diverse as, but not limited to, teaching, health care, child and elder care, and labor in customer service, retail, sanitation, restaurants, and bars; labor that is increasingly referred to as “essential work” since the onset of the COVID-19 pandemic (Chatzidakis et al., 2020; Fine & Tronto, 2020). Care is clearly necessary for our continued survival, so why and how is it that care and the people who carry it out are routinely devalued? As Tronto (1993) writes,

Caring in our society does not function in an egalitarian manner. The distribution of caring work and who is cared-for serves to maintain and to reinforce patterns of subordination. Those who care are made still less important because their needs are not as important as the needs of those privileged enough to be able to pay others to care for them. (p. 166)

Furthermore, in most societies, the division of labor is arranged such that people of certain genders, classes, castes, races, and ethnicities are more often tasked with doing care work, paid or unpaid, than others. In the United States, the most marginalized people, including women, Black people, Indigenous people, and immigrants from the global South, depending on the occupation, tend to carry out lower-wage and lower-prestige care work, such as child and elder care, teaching, nursing, cleaning, and service-industry labor (Duffy, 2007; Wingfield, 2019). Of course, race, class, ability, language proficiency, immigration status, gender expression, and sexuality mediate access to caring careers like teaching. In the U.S., this results in a teaching workforce that is overwhelmingly made up of non-Latina, non-immigrant White women, even as the student body diversifies (National Center for Educational Statistics, 2021).

To create a more just society, Tronto (1993) argues, “we need to see the world differently, so that the activities that legitimate the accretion of power to the existing powerful are less valued, and the activities that might legitimate a sharing of power with outsiders are increased in value” (p. 20). In other words, we must change how care work and the people who carry it out are valued, which requires a fundamental shift in the organization of our world.

### **Supporting and Caring for Immigrant-Origin Youth**

As sites of intercommunity interaction and contact with the state, public schools play a vital role in supporting or marginalizing immigrant students and families (Patel, 2013; Portes & Rumbaut, 2006; Suárez-Orozco et al., 2008). While schools are, in theory, sites of caring for all (Noddings, 2013), in practice they are often places that reproduce and reinforce subjugation (Dumas, 2014). Minoritized students and families often learn that their chances of receiving (sometimes inauthentic, shallow, or irrelevant) care are contingent upon being able to perform practices accepted by the dominant culture and that repress their authentic ways of being (Antrop-González & De Jesus, 2006; DeMatthews & Mawhinney, 2014; Duncan-Andrade, 2009; Valenzuela, 1999). Furthermore, the neoliberalization of schooling forces educators to prioritize test scores and grades over caring for the whole child (Ball & Olmedo, 2013; Luttrell, 2013; Rabin, 2013; Tuck, 2013). On top of this, minoritized students—particularly those who do not conform to the dominant culture—are often held to low standards by educators who do not believe that their students are capable of high academic achievement (Rivera-McCutchen, 2012). The disconnect between minoritized students’ needs and educators’ expectations, allegiances, and actions can cause students and families to distrust and disengage from the school (DeNicolo et al., 2017; Hos, 2014; Valenzuela, 1999).

Much like minoritized students, minoritized teachers also face obstacles to providing and receiving care. Teachers of color are often valorized by White colleagues and school leaders as model minorities who can “handle” students of color deemed “difficult,” creating an imbalance of work responsibility without additional compensation or recognition. At the same time, when educators of color challenge oppressive policies and practices, they are often marginalized by their peers and castigated by administrators (Acosta, 2019; Endo, 2019; Milner, 2020). This marginalization from colleagues and supervisors can make care work extremely difficult for educators, as it forces them to choose between preserving their own well-being and tending to that of their students.

Engaging in genuinely caring relationships with marginalized students, families, and educators is hard work during times of “normalcy” and the COVID-19 crisis has only amplified this difficulty. School districts like the one highlighted in this article quickly transitioned into remote learning, interrupting students’ familiar routines and creating physical barriers to relationship-building (Marshall et al., 2020; Primdahl et al., 2021). Many parents lost their jobs, while others—mainly in the “essential work” sectors of healthcare, retail, manufacturing, education, sanitation, agriculture, shipping, and transportation—had no choice but to risk infection to make a living (Gelatt, 2020). Educators, many of whom had their own children to care for and assist through remote learning, struggled to develop work–life balance and tend to their mental health (Kaden, 2020; Kraft et al., 2020). Few educators have had prior experience with or training on effective remote teaching (Marshall et al., 2020; Myung et al., 2020). At the same time, remote learning has provided students and educators with opportunities to use novel approaches to learning and care (Anderson et al., 2021; Kaden, 2020). These conditions posed immense challenges to educators and educational leaders with limited resources and limited training on managing crises at the scale of a multi-year pandemic (Harris & Jones, 2020). It is within this set of conditions that we studied the myriad and conflicting components of care.

## Context

The school district highlighted in this article, Westfield,<sup>1</sup> serves approximately 7,000 students in a small New England city. Just over half of Westfield students receive free or reduced-price meals. While the city is in an overwhelmingly White area, about one in three of its students are from what the district’s educators often call “multilingual families,” or immigrant/refugee-origin families who speak languages other than or in addition to English. This article focuses on the experiences of educators of multilingual newcomer students. Black students, who make up about a quarter of the students in Westfield, are primarily immigrants, refugees, or the children of immigrants and refugees from Somalia, Rwanda, the Democratic Republic of the Congo, and Angola.

Westfield schools had the means of providing resources to students and families thanks to their existing partnerships with local organizations and intentional planning around meeting needs. Pre-pandemic, I (Edom) observed classrooms and social workers’ offices full of snacks for students to take freely; in one classroom for newcomer English learners, I saw a teacher distribute new hats and insulated gloves donated by a community member. On days when large numbers of parents visited schools, for example during parent–teacher–student conferences, schools prepared free food and secondhand clothing for families to take home. At one school’s conference day, I noticed racks of clothes for men, women, children, and infants, as well as tables piled with fresh bread and produce. Additionally, parent–community liaisons, who work within the district’s multilingual services department and who represent most of the city’s immigrant communities, are in constant communication with parents to answer their questions and connect them with resources. I observed and interviewed one liaison who fielded phone calls all day, resolving issues from helping a newcomer mother resolve a parking ticket to supporting a parent whose spouse had been detained by Immigration and Customs Enforcement.

Despite Westfield’s diversity and attentiveness to community needs, the state in which Westfield is located has one of the whitest populations in the country and one of the largest disparities in COVID-19 infection rates along racial and national origin/immigrant status lines. Immigrants and refugees make up about 5% of the state’s population, 10% of the city’s residents, and 35% of Westfield’s student body. Data released by the state’s Department of Public Health in May 2020 showed that Black residents, who make up less than 2% of the state’s population, made up about 12% of positive COVID-19 cases and were almost 14 times more likely than White residents to contract COVID-19. While the state did not collect COVID-19 data related to immigrant status, most of the state’s cases were concentrated in cities and towns with relatively large immigrant-origin populations, such as Westfield. Black people in the city and state, over half of whom are immigrant-origin, live under circumstances that make them particularly vulnerable to COVID-19. Among families in which at least one head of household is foreign-born, 12.6% are under the federal poverty line, compared to 7% for families in which all heads of household are U.S.-born. Vulnerability to COVID-19 is linked to class, race, and immigrant status in Westfield, as it is in the rest of the United States.

## Methods and Data

This descriptive and explanatory single case study (Yin, 2014) presents a slice of data from a larger study of six immigrant-serving districts across the United States. The six districts represent unique contexts of reception (Golash-Boza & Valdez, 2018; Portes & Rumbaut, 2006), serving distinct immigrant communities and geographic regions. Our study initially sought to investigate how educators in varying contexts of reception respond to recent federal immigration policies but pivoted towards investigating how educators and districts across the country were responding to immigrant communities' needs during the COVID-19 pandemic. Given the crucial role schools play as the primary point of contact with the state for immigrant youth and families (Patel, 2013; Portes & Rumbaut, 2006; Suárez-Orozco et al., 2018), our research has documented how shifts in national and local COVID-19-related policies and conditions inform educational practices and their effects.

We collected data from educators and administrators through in-person and virtual means. Edom conducted pre-pandemic semi-structured interviews and observations in schools in November 2019, and over Zoom in-pandemic in November and December 2020. Throughout 2020 and 2021, we also collected data through synchronous video conferences with educators from Westfield along with educators from our five other partner districts. Interviews were transcribed and cleaned up using third-party human transcribers and Otter.ai, a transcription tool that uses artificial intelligence. We analyzed transcripts line-by-line to identify what educators did in their daily work, what they felt was effective or ineffective and why, and how they believed their work and working conditions could improve.

The impetus of this article, the COVID-19 pandemic, resulted in one major limitation: the impossibility of meeting and observing people in person. Due to public health restrictions on travel, school operations, and gatherings, we could not conduct observations or in-person interviews. We also experienced significant difficulties in gathering data, as spikes in positive cases caused schools to make sudden switches to fully remote learning. During data collection, one author and several interviewees contracted COVID-19, while at least one educator who we interviewed pre-pandemic took a leave of absence and could not be reached.

## Researcher Positionality

As lead author on this paper, my (Edom's) positionality is important to discuss. My identities—as a Black person, a U.S. citizen since birth, the child of Ethiopian immigrants, a young adult (sometimes closer in age to students than to their educators), a doctoral student at an elite university, and someone raised in a lower-middle-class household, among others—affected how I formed relationships with and gained trust from the people I met. Before the pandemic, as I met educators and students for the first time, I was struck by how welcoming everyone seemed to be. With African immigrant educators, while our common Black and African identities allowed us to be more honest about anti-Blackness, racism, and xenophobia, other power differentials—particularly age, gender, ethnicity, immigration status, and institutional affiliation—complicated the interpersonal dynamic. It felt as though who had more power could change from one moment to the next. With others, especially when listening to White educators, I wondered how much was being held back out of a desire to be seen as “an ally” or “one of the good ones.” The second author of the paper, Rebecca, was aware of her own positionality in the process of conducting research and writing as well. As a White woman and the principal investigator of the larger study, she worked to listen with a perspective of understanding to the experiences of others, recognizing that her own identity shaped her interpretation of the experiences of Black immigrant students and educators.

## Findings

We found that conflicting needs and scarce resources contributed to ethical dilemmas in making decisions regarding in-person classes and educator labor issues. In this section, we begin by summarizing Westfield's response to the onset of the pandemic in the spring of 2020. We then turn to how educators and the district held conflicting positions on what constituted “good care” for newcomer

immigrant students and how educators creatively balanced students' care needs with their own. We also discuss how scarce and uncertain funding impacted educators' attempts to keep themselves safe and raised concerns regarding the ethics of hiring primarily Black immigrants for temporary roles that may not turn into long-term employment.

### ***Community Relationships and the Onset of the Pandemic***

In mid-March 2020, as schools and businesses across the U.S. began to shut down, Westfield schools rapidly ensured that all students had the means to attend online classes by lending out Chromebooks and internet hotspots. Students receiving free- and reduced-price meals could take food home for the days when they were not in school. COVID-19 tests were provided to staff and students for free; Westfield schools also hired additional multilingual nurse aides to maximize access for immigrant communities. The district was able to raise additional funds over the spring and summer of 2020 to support families, including undocumented families, who needed help paying for necessities that the state and federal governments are unwilling to provide. The district also connected with community organizations to provide childcare for working families. In sum, the regularity and variety of resource distribution pre-pandemic meant that Westfield was at least somewhat prepared to meet students' and families' basic needs in the absence of state and federal direct relief.

Paraprofessionals and educational technicians, many of whom are themselves African immigrants and refugees, were able to take on roles with more responsibilities and room for creativity. They worked with teachers to develop lessons and improve communication with families, including starting to use WhatsApp in lieu of sending mail or emails. In some cases, teachers and educational technicians visited homes while maintaining masks and social distancing to check up on students experiencing attendance issues.

Westfield's prioritization of basic resource distribution pre-pandemic meant that students and families had access to food, basic health care, computers, and a stable internet connection. This has been a priority of the district for years, and their efforts paid off as the district was able to transition quickly into remote instruction. However, more complex issues regarding the provision of adequate care remained. We next examine two points of conflict and scarcity during the COVID-19 pandemic: policymaking around in-person classes and educator labor conditions. Despite individual and district-level efforts to protect them, Black immigrant students and their educators suffered due to state and federal governments' neglect of marginalized workers and families; a "crisis of care" (Chatzidakis et al., 2020) resulting from decades of neoliberal and settler colonial policies that prioritize productivity and efficiency over human needs (Lopez & Neely, 2021). One product of this crisis is a dilemma faced daily by educators and leaders: is it possible to provide "good care" to students while everyone is struggling? If so, how?

### ***Hybrid Learning and Conflicting Ideas of "Good Care"***

After months of fully remote learning in spring 2020, Westfield school officials announced that most of the district would transition into hybrid learning for the 2020-2021 academic year. Students at each elementary and middle school were split into two groups; one half would attend school in person on Mondays and Tuesdays, while the other half would be on campus on Thursdays and Fridays. On days when students were not on campus, they would attend classes online. Wednesdays were exclusively online so that facilities could be disinfected. High school classes were held remotely until the spring of 2021, when high schools adopted the hybrid model in response to rising student absences and course failures.

With more days of in-person instruction, district leadership argued, students get more out of instructional time in terms of academic, linguistic, and social-emotional development. However, students, families, and educators are at increased risk of contracting COVID-19. This is especially worrisome because "multilingual students and families," as Westfield sometimes calls them, are more likely than the average Westfield resident to work in low-wage, low-protection settings as "essential workers," which also puts them at high risk of contracting COVID-19. At the same time, with fewer or zero in-person instruction days, students, families, and teachers were less likely to contract COVID-19, but students missed out on the educational and social-emotional benefits of in-person instruction. Students, families, educators,

noninstructional staff, and administrators puzzled over what constituted a “good educational experience” under these circumstances.

This was a major point of contention across the district. One teacher who works with newcomers felt as though “we [multilingual educators] are being punished” for working with especially vulnerable students. Having to provide in-person instruction twice as often as educators of English-proficient students, he argued, put him and his colleagues at increased risk of infection. While this teacher enjoyed his work pre-pandemic and cared strongly for his students, he felt that district leadership was not adequately balancing educators’ needs with those of their students. In an online post, an administrator wrote,

We have staked out providing more time in school for newcomer students; our parent and community specialists [liaisons between immigrant communities and the schools] tell us that our multilingual families desperately want their children in school (not universally, but largely). Our ELL [English language learning] teachers are the strongest voice of dissent. They ground their opposition in that it’s ‘racist’ of us to want the students in school. (Online communication, spring 2021)

While the administrator acknowledged the parents’ and community specialists’ efforts and the preferences of multilingual families, they did not address teachers’ concerns, possibly exacerbating tensions between teachers and the district.

While they grappled with concerns about their own safety, teachers still wanted to provide care to their students. The result was a series of daily struggles over the best course of action while teaching. In the classroom, teachers struggled with assisting students while maintaining the six-foot distance recommended by the CDC and the district. One teacher explained to me his workarounds, such as using a document camera in front of the classroom instead of writing immediately next to students. However, he said, at times it was impossible to keep his distance, especially when students experienced difficulties using their computers. Some students, particularly those who lived in refugee camps, had never used a computer before arriving in the United States. Helping these students was particularly challenging if a student could not express their needs in English and was too shy to ask for help from a classmate, or if none of their classmates spoke their language. “The quality of teaching really goes down,” he noted, when he cannot point to things on a student’s physical or digital materials. Time spent on devising workarounds, he felt, could have been spent on teaching and connecting with his students.

### ***Labor Conditions, Scarcity, and Creativity***

While Black immigrant students and families experienced immense difficulties during the pandemic, their educators also struggled to keep themselves safe while supporting their students. As discussed earlier, the choice to have multilingual students learn in person for four days a week instead of the standard two also had consequences for educators, who worried about being infected with COVID-19 at school and bringing the virus home to their families. Many educators were parents themselves and are thus responsible for two sets of students: their own children at home, and their class of students at school. Others were older or had conditions that made them more vulnerable to life-threatening illness. Educators in this situation who were ineligible for retirement were faced with a difficult choice: keep working despite the risks, or take a leave of absence and forgo income during an economic crisis in favor of reducing their risk of infection. Teachers who took leaves of absence faced significant obstacles in obtaining leave, such as delays in bureaucratic processes and pressure from colleagues and administrators to remain at work.

The pandemic also led to new opportunities for Black immigrant paraprofessionals and educational technicians in the district to meet students’ needs creatively and advance their professional goals. For example, one secondary school moved the multilingual classes to the library, which was otherwise closed to students. Joseph, the library’s educational technician who is himself an immigrant from the same African country as most of the school’s newcomers, found himself with an opportunity to take on a bigger role. Joseph was spending more time with newcomer students than ever before, and as someone with teaching experience prior to immigrating, he was eager to return to the profession in the United States. Joseph co-taught the homeroom class and began to build deeper relationships with his students

and their families. Having a teacher from their home country, Joseph and his colleagues noted, helped students feel more at ease in class during turbulent times. Furthermore, unlike his colleagues, Joseph could communicate directly and fluently with parents. When the school's multilingual instructional team noticed frequent student absences, Joseph drove to each student's home to speak with their families:

So, we the staff members [decided], 'I'm going to go to [a student's] house,' drove to their house and asked, 'How is it, Dad?' 'Oh, well, [my children] told me they only have school twice, two days a week.' All my guys, you should have seen those kids' eyes, like embarrassed. So, we were able to straighten a lot of things like that.

Later in the fall, when a full-time multilingual teacher took a leave of absence for the rest of the school year due to COVID-19, Joseph filled her position and continued to work intensively with African newcomer students.

District and school leaders also grappled with the ethics of using temporary employees to fill in for staff who had taken leave or retired during the pandemic, as Joseph had done at his middle school. Funding for these positions was available through the \$180 billion Elementary and Secondary School Relief (ESSER) Fund, which was distributed to state departments of education to support student learning and technology infrastructure improvements. About 90% of the ESSER Fund was left to the discretion of states and districts. According to one school's assistant principal, the state's Department of Education provided Westfield with funding to hire staff on one-year contracts. Like Joseph, many of these temporary employees were Black immigrants and other people of color interested in gaining permanent, full-time employment within the district. This administrator, a White man who had worked in the district for several years pre-pandemic, noted that while this practice improved diversity in the district's workforce and allowed multilingual students to work with educators who speak their native languages, it also "smacks of having Black and dark-skinned people doing the work that White people are too scared to do." He worried that these staff who risked their health to care for students, especially those working with multilingual students in person four days a week, would be left without the permanent employment they sought once the pandemic-related state funds ran out.

## Discussion

Which groups of people receive care, and from whom? What kind of care is provided? Who gets to decide how and when care is provided? Who feels as though they are receiving or giving adequate care, and why? What do those who feel uncared for do about it? The answers to these questions about care become especially relevant and clear during times of crisis, including the present moment (Fine & Tronto, 2020). In anticipation of future pandemics and other acute crises, a possibility signaled by epidemiologists and environmental scientists (Marani et al., 2021), we conclude with recommendations for district leaders as well as state and federal policymakers with the opportunity to construct new approaches to care. Specifically, we recommend that educational and political leaders adopt the approach of "universal care" (Chatzidakis et al., 2020), which prioritizes human needs, relationships, and the environment over the profit motive.

The unnecessarily protracted nature of the pandemic placed schools and the communities they serve in a Catch-22 situation: regardless of what path leaders take, low-income and racialized students, families, and the educational workers who care for them experience harm in some way. While districts' efforts (e.g., communication, provision of free or low-cost basic health services, distribution of essential goods) showed that they intended to address and mitigate inequity, and their efforts did have a positive effect on students and families, structural violence embedded at every level of U.S. society means that these efforts were insufficient. Post-crisis, what we need is not to "return to normal," because for so many, "normal" was a state of crisis and exploitation. Instead, we must build a society in which we prioritize restorative care for all.

We argue that leaders should work toward adopting the approach of "universal care" (Chatzidakis et al., 2020), which replaces neoliberal logics of efficiency, individual responsibility, and privatization with policies driven by the acknowledgement that networks of care-giving and care-receiving are essential for human life. A caring country would have free, high-quality medical care for everyone.



Our internet would have safeguards against disinformation. Our schools would teach scientific and media literacy to combat disinformation. Students and staff would be treated with dignity and respect. All workers, especially care workers like educators, would have much higher wages and more paid leave. Early childhood and post-secondary education would be free, as would child and elder care. Public health departments and research would flourish thanks to abundant funding. No one would experience food or housing insecurity. In a society built on universal care, educators would be able to care for students while their own needs are securely met.

Universal care does not entail a one-size-fits-all approach to caring, as “adequate care” is context-specific. For Black immigrant communities at Westfield schools, universal care could look like having more community members in permanent, full-time, well-compensated positions, including in school- and district-level leadership. Through their knowledge and connections, including drawing on Indigenous epistemologies, they can resist the uncaring climate of the U.S. to respond to students’ and families’ holistic care needs (Abdi, 2021). This study’s findings suggest that Black immigrant educators may have the pedagogical skills that districts like Westfield are looking for, but without continued support from the state and federal levels, their employment and ability to care for students remain precarious. Universal care could also entail putting resources into improving computer literacy for newcomer students and families, particularly those with limited or interrupted formal schooling experiences such as refugees or the growing population of unaccompanied Central American minors in Westfield. Newcomer students’ difficulties in engaging with course materials suggest that this is an area of growth for the district. Overall, entering into partnerships with communities, rather than imposing top-down changes, is essential for providing universal care to immigrant students and families. As communities across the country respond to ongoing and new challenges, school districts might work toward universal care as an aspirational and attainable goal.

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## Endnotes

<sup>1</sup> To maintain participants' privacy, all people and locations have been given pseudonyms.

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