



The “Work” of Mobilizing, Advocating, and Organizing for Care in The School District Central Office

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Abstract

This paper presents a case study of a caring school district located in a farmworker community composed largely of Latinx families. I examine how central office leaders create or maintain care supports under crisis conditions. Findings suggest that district-level care was multidimensional and distributed, involving mobilization of community leadership, improvisational structures, and novel leadership routines. District care was enacted through a collective vision of care, rooted in a love of place and focused on healing. This study offers an account of distributed leadership that centers families, community members, and community partners. Ultimately, I argue that caring is a form of institutional work. Types of work include creation, maintenance, expansion, and disruptive work. This study contributes to the empirical research base on organizational care and contributes theoretically through the application of a positive institutional work lens to the study of care in education.

Keywords: school districts, social context, organizational behavior, educational policy, English language learners, leadership, parent involvement, school-community partnerships

Care is a critical concept, worthy of attention. COVID-19, George Floyd, and anti-queer and trans bills have dominated news headlines and our collective souls of late, pushing us to rethink issues related to care. The question of how to ensure care in schools, however, is an ongoing question. For example, scholars of teacher education suggest that enhanced teacher-student relationships and an emphasis on culturally relevant practices is the way forward (Castagno & Brayboy, 2008; Cornelius-White, 2007). Some experts from the field of psychology, on the other hand, argue that a whole school approach focused on character traits such as “grit” will provide the care that students and staff need (Mahoney et al., 2020). Researchers working in partnership with practitioners further call our attention to the need for strategic alliances with community organizations to lift up students and staff (Schwartz et al., 2020). Finally, activists and critical scholars encourage caring approaches that center race, engage with issues of anti-Blackness, respond to local communities, and avoid a deficit lens (Jagers et al., 2019; Simmons, 2019).

In the broader literature on care in education, there is a glaring gap: school districts and how they take up care. To close this gap, I draw on qualitative data from an instrumental case study of a school district situated in the West, named La Subida¹. Most care research to date has considered the classroom, teacher, and school as the primary unit of analysis. Scant empirical work has examined how school districts organize their staff, resources, and community partnerships towards care. In the absence of such research, school district leaders must cobble together programs of unknown effectiveness, drawing on a disparate net of resources.

This gap in research on district-level care is worthy of scholarly pursuit, for district-level

¹ Pseudonyms used throughout for places, people, and groups.

decision-making processes are important to policy implementation and interpretation (Donaldson et al., 2021; Marsh, 2002; Wong et al., 2020). The role that school district leaders play in attending to the care and well-being of students and staff within a system may be essential, as staff and students grapple with increasing mental health issues (Centers for Disease Control and Prevention, 2021) and racial justice struggles. Extant literature on district-level leadership processes, however, has largely examined instructional reforms. Research suggests that the leadership needed to manage care and caring initiatives may differ from the leadership orientations needed for instructional reforms, for care is a radically political act (McKinney de Royston et al., 2021), relational in nature (Keese, 2018).

In this study I draw on concepts from institutional theory and care literature to answer this research question: How do central office leaders create or maintain care supports in a crisis? I find that district leaders act as caring leaders through district-wide, coordinated systems of care. The distribution of leadership in this case study includes parents, community members, and partners. I offer this study as an alternative to hegemonic, white-centered notions of social-emotional care that dominate the field (Camangian & Cariaga, 2021) by examining caring district leadership in La Subida, a school community that serves students who are majority Latinx and low-income.

Findings point to a stable, historical, and community-oriented bedrock of care supports in La Subida. These existing supports have allowed for district leaders to maintain care supports, expand upon pre-COVID care practices to meet the increased needs of students and staff, and improvise new, COVID-era care supports. La Subida's care supports were enabled by a system of distributed leadership that mobilized a caring community leadership structure, was motivated by a collective vision of care, and allowed for innovation and creativity amidst complexity and

crisis. Study results suggest a reconceptualization of community leaders, parents, and partners as education leaders, central to the distributed caring leadership structures found in La Subida.

I ultimately argue that caring is a form of *institutional work*. Types of work found in this case study include *maintenance* and *expansion* work, namely relational care, communications, and mobilization of community; *creation work*, including improvisations and advocacy; and *disruption* work, exemplified by a healing-centered collective vision of care.

Grounding the Study

This study is grounded in three interwoven bodies of literature. First, I draw on research on care and caring leadership in education. Second, I borrow ideas from research on the role of school districts in promoting social-emotional well-being. Third, I take into consideration the research on school districts. I weave these three groups of literature together to consider how school districts might operate as caring organizations, especially during this tender time of recovery and rebuilding school systems after COVID-19 (Ladson-Billings, 2021).

Literature on Caring Leadership in Education

Research suggests that care is about connections (Noddings, 2002). Since the early 1990's, scholars—overwhelmingly Black and Latinx—have empirically defined care. For example, Mercado suggested that care is empowerment, built on honest and trusting relationships (1993). Other scholars argued that care is complex, connected to race and power (Nobilt, 1993), and attuned to the needs of specific communities, such as a culturally critical care that takes up a Black Cultural Ethos (Johnson, 2011), or critical care that affirms relationships between students and teachers in Latino community schools (Antrop-Gonzalez & De Jesus, 2006). Further research points to the importance of caring peer relationships (e.g., Jackson et al., 2014; Luttrell, 2013); care as a political act (De Royston et al., 2017); the importance of a social justice

orientation towards care (e.g., Rivera-McCutchen, 2020; Sosa-Provencio, 2017); and academic rigor linked to caring practices (Cooper & Miness, 2014; Tichnor-Wagner & Allen, 2016; Webb et al., 1993). Additional empirical research connects an absence of caring with a sense of lovelessness, or a care deficiency, at the student level (Matias & Allen, 2016; Rivera-McCutchen, 2021; Yiu, 2016). Finally, caring leadership research emphasizes school leaders as those who intentionally cultivate caring communities, engage families, empower teachers to care for students, attend to staff needs, and focus on relationships (e.g., Louis et al., 2016; Oplatka, 2007).

Little empirical research has considered how school district leaders might promote care, or what the conditions for care might be, but recent evidence points to district care as complex, relational, enacted through partnerships and political connections, embodied, and responsive to local needs (Kennedy & Walls, 2022). Noddings (2015), an influential care scholar, wrote a philosophical essay pondering how organizations might promote care, suggesting that leaders can create the necessary conditions for care, which is distinct from being in direct caring relationships with students as teachers and school staff are (Noddings, 2015).

For the purposes of this paper, I define school district care as a *holistic leadership approach that attends to the physical, academic, and emotional needs of students and staff*. This definition builds on empirical research rooted primarily in Black feminist theories of care (e.g., McKinney de Royston et al., 2021; Rivera-McCutchen, 2020; Ryu et al., 2020; Thompson, 1998). This study seeks to remedy a major gap in the literature by expanding the current corpus of care literature to include the consideration of school districts as caring organizations. However, in the absence of research on caring organizations in education, I borrow concepts from the broader field of social-emotional well-being, sketched out next.

Research on the Role of School Districts in Promoting Social-Emotional Well-Being

A related literature base examines the school district as a site for social-emotional well-being intervention. Promising empirical research points to the importance of district-level supports in promoting care (e.g., Kendziora & Osher, 2016; Marsh et al., 2018; Schwartz et al., 2020). In the first study to evaluate a district-level caring program—a specific social-emotional intervention—authors Kendziora and Osher (2016) found that districts used various paths to implement programming. In another study, Marsh and colleagues (2018) examined “outlier” districts in California that had positive gains on social-emotional outcomes with African American and Latinx students. This study pointed to five categories of district support for school social-emotional growth: priorities and frameworks, staffing, programs and curricula, training, and data use (Marsh et al., 2018). Yet another study conducted across several school districts on social-emotional supports by Schwartz and coauthors elevated the importance of central office coordination and implementation, intentional development of district and school partnerships, and resources dedicated to adult capacities as key to successful implementation of caring supports (2020). However, this handful of studies is limited to evaluations of social-emotional programs. While broad care at the organizational level may differ from implementation of social-emotional programs, these concepts are adjacent to my broader conceptualization of caring leadership, and nevertheless served as handy motivating concepts for this study.

School District Literature

The school district organizes the work of schools, serves as a clearinghouse for state and federal funding, and both enables and constrains community and school-level efforts. In other words, school districts are a powerful force, leading approximately 13,000 independent local educational agencies in the United States (U.S. Department of Education, 2023). School districts

are generally led by elected school boards and a superintendent. The superintendent manages a centralized staff of associate, assistant, or chief-level directors, as well as other staff. These central office leaders make decisions related to hiring, facilities, resource distribution, human resources, teacher and classified union negotiations, teaching and learning, and more.

Central office workers are key to policymaking processes that impact educators and students (e.g., Datnow, 2006; Spillane, 2008; Woulfin et al., 2016). The latest wave of research on school districts as organizations, and school district leaders as policy actors, suggests that much of the variation in policy implementation can be attributed to district leaders acting as mediators of, for example, state policy (Woulfin et al., 2016). Research further points to central office leaders as persuasive, powerful leaders who have a great effect on school leadership practices in K12 schools (Wong et al., 2020). Research on school districts and district actors has examined implementation of academic reforms or issues related to principal oversight, evaluation, and supervision (e.g., Burch & Spillane, 2004; Coburn et al., 2009; Honig & Rainey, 2020; Huguet et al., 2021; Rogers, 2022). Researchers have also looked at the role of equity directors (Irby et al., 2022), family and community engagement (Beard & Thomson, 2021; Epstein et al., 2011; Honig, 2006), and integration policies (Mattheis, 2017) within the school district central office. Relevant to this study is research on how educational systems function and shift over time, in response to academic reforms (e.g., Cooney & Cohen, 2023; Marsh et al., 2020; Peurach et al., 2019; Spillane et al., 2022; Yurkofsky & Peruach, 2023) and towards equity goals (e.g., Bush-Mecenas, 2022; Stosich, 2024).

In sum, this study draws on and contributes to the literature on caring leadership in education, along with related research on the role of school districts in social-emotional program implementation. This study is grounded in, and contributes to, the growing research base on

school districts, district leaders, and caring leadership.

Conceptual Framework

In this study, I draw on theories from sociology, bringing in the concept of *institutional work* to examine “the purposive action of individuals and organizations aimed at creating, maintaining and disrupting institutions” (Lawrence & Suddaby, 2006, p. 215). In this section, I first sketch out the broader field of new institutionalism. Then, I briefly discuss how new institutional theories have been used in the study of education policy. I conclude with an overview of institutional work and how I apply it to the study at hand.

New institutionalism is used in this study as a conceptual framework. Growing from a body of literature spearheaded by Selznick (1949), continued by Meyer and Rowan (1977), and then broadened by DiMaggio and Powell (1991), new institutionalists believe that meaning is socially constructed, and that shared systems of rules serve as both constraints and enablers for organizational practice, routines, and processes (DiMaggio & Powell, 1991). Widely utilized by education policy scholars, this “new” turn in institutional theory suggests that a shared system of rules and meaning influences choices and structures within and across organizations (DiMaggio & Powell, 1991).

New institutionalism is a set of theoretical constructs useful for studying the district role in providing care supports. This framework is applied because new institutional theory can illuminate how the structural, organizational aspects of district care might operate, while also allowing for the possibility of actor agency to shift and change practices. Within the high-pressure environments of school districts, many would argue that there is little room for deviance from “the grammar of schooling” (Tyack & Cuban, 1995), especially when it comes to “newer” areas such as care and caring leadership practices. New institutional theory, then, is used as a

kind of flashlight to illuminate how organizational structures may enable or hinder care, the ways in which individual leader agency might disrupt current practices, or how structure and agency interact within the highly institutionalized sector of school districts (Zucker, 1977).

New institutional theorists, and the scholars who study public education, have long lamented the durability of education institutions and the near impossibility of making change within them (Burch, 2007; Cuban, 2020; Mehta & Datnow, 2020; Tyack & Cuban, 1995). New institutionalists within the field of education have explored how structures within highly institutionalized environments (e.g., schools and districts) interact with individual agency to influence policy uptake in arenas including special education (Bray & Russell, 2016), reading and English Language Arts instruction (e.g., Wong et al., 2020; Woulfin, 2016), market pressures (e.g., Jabbar, 2016; Jabbar & Creed, 2020) and mentoring programs (März et al., 2016). A related line of sociological inquiry offers another conceptual framing to the playing field of new institutionalism with *institutional work*, arguing that within hard-wired, structured institutions, actors have agency to take up the “work” of change (Lawrence & Suddaby, 2006).

To elaborate, institutional work might involve *creation*, such as crafting new structures (e.g., cross-district teams aimed at changing instructional practices). Creation work might be done through changing normative associations, advocacy, or vesting in new rules or structures (Lawrence & Suddaby, 2006). Another part of institutional work involves the *maintenance* of institutional routines, such as the purposeful actions taken to keep key aspects of institutional life thriving (Lawrence & Suddaby, 2006). An example of maintenance work might be found through team meetings that examine student-level data on a regular basis, with the intention of maintaining necessary instructional interventions in service of academic rigor. Other ways in which institutional work might maintain institutionalized practices include policing, deterring,

mythologizing, and embedding and routinizing (Lawrence & Suddaby, 2006).

Disruption work, on the other hand, is about resistance and forcing change; one might think about the disruption to long-standing institutional public-school practices such as disbanding grade-level classes to create multi-age, progressive mixed classes, or removing standardized assessments in favor of student-created portfolios (Martí & Fernández, 2013). Disruptive institutional work might include disconnecting sanctions, disassociating moral foundations, or undermining beliefs (Lawrence & Suddaby, 2006). Together, these three types of work—*creation, maintenance, and disruption*—make up the bulk of theorizing to date on the individual “work” of actors within institutions (Jarvis et al., 2019; Lawrence et al., 2011).

A set of studies from the field of business and organizational sociology flesh out Lawrence and Suddaby’s influential theorizing (2006) through additional conceptual and empirical work. Lawrence and colleagues (2013) suggest that institutional actors are goal-oriented and capable, arguing that the complex nature of institutional work and the investigation of how novel ideas are institutionalized are topics that warrant further attention. In their study of Ebola in one emergency department, Wright et al. (2020) contribute the concept of custodianship as a form of institutional work, considering the importance of place to institutionalization. In a study that looks at how collective emotions influenced institutional creation work during a crisis, Farny and colleagues (2019) found several institutional work practices that “helped to mobilize collective emotions and build new institutions” (p. 76), including advocating emergent roles, improvising, collaborating, and mobilizing engagement, among others. Lawrence and Matlis (2012) explore how an ethic of care might be embedded in organizations, considering how relationship structures, such as work teams, could build team resilience and lead to the development of an “ontology of hope” (p. 655).

Institutional work literature has taken shape vis-à-vis empirical study of mostly corporate organizations, with related concepts less relevant to education's greater goal of serving the public good (Labaree, 1997). Nilsson (2015), however, addresses this shortcoming by combining positive organizational scholarship with institutional work to consider "the creation or maintenance of institutional patterns that express mutually constitutive experiential and social goods" (p. 363). A positive institutional work lens, then, highlights the agency that embedded actors have within the constraints—or higher-level field logics—of the institution of education while focusing on the purposive, mutual goals of serving the public good. This emphasis is timely and needed for research conducted during a crisis when state testing was canceled, school was virtual or hybrid, and leaders scrambled to feed families, provide access to technology, and extend condolences for lives lost.

In sum, this study applies positive institutional work concepts to the examination of how central office leaders create or maintain care supports in a crisis. Figure 1 gives a visual overview of this conceptual framework and depicts the iterative interplay of organizations and individual actors who are engaged in types of institutional work (e.g., creation, maintenance, disruption), expressed through organizational practices (e.g., routines, structures, actions). This work can then affect organizational practices, and perhaps even shift institutionalized patterns or routines at the meso level. Institutional work within education is done with positive goals in mind, or goals that are purposeful, beneficial for many, and for the public good.

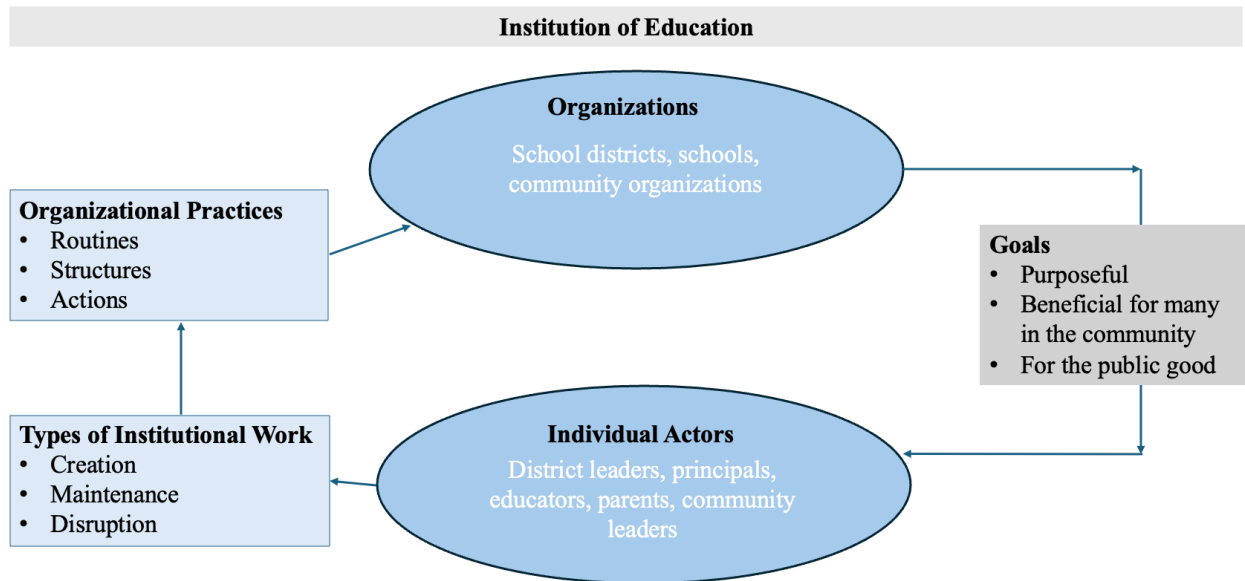


Figure 1. Conceptual Framework of Positive Institutional Work in Education

Methods

In this study I focused on this research question: How do central office leaders create or maintain care supports in a crisis? Concepts from institutional work—*create* and *maintain*—were intentionally embedded into the research question at hand. In this section, I reflexively discuss my role as a researcher; outline my methodology; discuss the data sources and analytical strategies applied; and reflect on the qualifications (limitations) that couched this study.

Researcher Reflexivity

This article was authored by an activist-scholar from the Midwest as part of a project focused on school and community responses to the COVID-19 crisis (see Marsh et al., 2022 for more information on the broader study). I was one of two primary researchers who collected data in this school district. I am a White woman who conducted research with/in a community that is primarily Latinx. During data collection, analysis, and writing, I examined my own relationship to race, ethnicity, and White privilege, doing my best to ensure I was not subscribing to race-

evasive or color-evasive practices (Gordon, 2005). Throughout this study I drew on my experiences as a teacher of English Learners, as well as previous work in/with Latinx communities. It is likely that my race and positionality as a researcher not from the community—an “outsider”—shaped how participants’ responded to my questions, and in particular those about equity.

Additionally, I am a mother of school-aged children who were at home attempting to learn virtually during the time this case study data was collected; this globally shared challenge and “humble vulnerability” (Saldaña, 2018) helped to inform this research project. My positionality as a motherscholar (Matias, 2022) assisted in creating rapport with research participants and feeling my way through research-in-a-pandemic. In my research and practice, I am committed to reflexive, asset-based, feminist, caring, and equity-oriented approaches to research and research relationships (Rallis & Rossman, 2010). The goals of my research are activist in nature (Apple, 2019; Wong, 2010; Yiu, 2016), aimed at creating a more just world, to undoing erasures in education policy scholarship (Kaomea, 2003), and to creating change through ecological thinking (Lenhoff et al., 2022). This case study—including the district chosen, participants, qualitative methods, theoretical lenses, and findings—springs from these epistemological and ontological roots.

Methodology

Case study methodology guided this inquiry. This case was purposively chosen as an instrumental case study (Stake, 2005) of caring district leadership. Over a one-year period of time, I interviewed state-level leaders, observed online district activities, and spoke with community partners in the Western state of interest, carefully choosing La Subida based on its reputation as having strong community relationships and its outward appearance as a caring

school district. La Subida School District is a midsize city in the Western U.S. serving students from pre-K through grade six. La Subida sits in the agricultural center of the United States, teaching mostly low-income students, including many children of immigrant farmworkers. The school district is majority Latinx and serves 10,000 students across 10 schools. La Subida is located near a prison, with a fair number of students living within the district to be close to their incarcerated fathers. Recently, an influx of indigenous Central American families entered the area and the district.

Data Sources

Case study data was collected during the 2020-2021 academic school year. In the spring of 2020, I forged a relationship with a key central office leader who ushered me through the district research approval process and connected me to research participants. This early rapport—during a time of chaos and uncertainty due to COVID-19 pandemic stay-home orders—was pivotal in helping to secure the sample of interviewees. I spoke with district leaders, parents, and school leaders, along with representatives from the teachers’ union, classified union, community organizations, and the local school board. In all, I interviewed 28 participants, seven of whom identified as male, and 21 as female. The average age of research participants was 50. Most of the sample identified as Latinx ($n=19$), seven as White, one as mixed race, and another as African American (see Appendix A).

Interviews were conducted using Zoom videoconferencing technology, lasted on average 60 minutes each, and were professionally transcribed. A semi-structured interview protocol was used to guide interviews, and incorporated sensitizing concepts from caring leadership, district research, and social-emotional well-being implementation literature (e.g., district coordination, community partnerships, staffing). The protocol was organized around three main topics—the

district and community context; crisis response; care and social-emotional well-being supports—and included broader questions about, for example, racial injustice and past and future crisis management. Some of the interview questions that I analyzed for this paper include: How is the district helping school leaders meet the social-emotional well-being needs of students and staff? How are you partnering with community organizations to do so? How have you, as a district leader, acted to take care of social-emotional well-being needs? Been empowered to act or held back? What programs did your district have in place to support the social-emotional well-being of students and/or staff? These questions were crafted to probe for the actions, routines, and structures of district leaders that may involve caring leadership practices, based on my review of the literature. Other data sources that I analyzed for this case study include documents, social media postings (e.g., Twitter and Facebook), web site pages, and online meeting videos.

Data Analysis

Analysis relied on both deductive and inductive approaches. First, I and another researcher collaborated to create a case narrative report (Yin, 2014) to synthesize emergent themes. Next, I used qualitative data analysis software to engage in multiple, iterative rounds of coding (Saldaña, 2016). First cycle codes included “social-emotional well-being supports,” “work routines,” “central office structures,” and “response to COVID-19 crisis.” These first cycle codes were derived deductively, using concepts from the conceptual framework outlined above, as well as inductively. Second cycle coding was used to explore fine-grained ideas illuminated through the theoretical insights described above. Second cycle codes included “improvisation,” “collaboration,” and “hope” (see Appendix B for the coding scheme).

Analytic memoranda were employed as part of the analysis process; during and after each interview, and while coding, I used memo writing to record and trace emergent themes. After

multiple cycles of coding were completed using Nvivo 12 qualitative data analysis software, an analytic memo was created to organize themes and descriptive quotes. Throughout the data analysis process, I used analytic memos and researcher data talks (i.e., researcher meetings where we met to discuss emergent themes, ongoing throughout the cycle of the research study) to triangulate and crystallize findings (Merriam & Tisdell, 2016). To ensure trustworthiness, all assertions made in the findings or discussion sections below are supported by, at minimum, three participant voices and/or documents or web site data (Merriam & Tisdell, 2016). This trustworthiness strategy of three or more supporting data sources includes the illustrative quotes woven throughout this paper, meant to serve as examples of broader themes. I also sought out disconfirming evidence (Creswell & Poth, 2018; Posselt, 2016; Yin, 2014), as part of researcher reflexivity (Anderson, 1989). Finally, thick description in participants' own voices is included as another way of ensuring trustworthiness (Geertz, 1972).

Qualifications

This case study represents data collected during the academic year 2020-2021, which was a tumultuous time of COVID-19 pandemic illnesses, deaths, school closures, and political upheaval and social activism related to the death of George Floyd. Thus, a limitation is that data were collected entirely over videoconferencing technology and via the internet and email during a time of stress and crisis. In this case, I entered the research process with deep respect and empathy, attempting to conduct ethical research with humanity and care. I was witness to intense grief and sadness that blanketed every interaction with research participants; it cloaked digital data and documents collected. Accordingly, this particularly terrible time affected how and to what degree I probed. This time of vulnerability may have impacted the study findings in several ways. That is, participants may have been more open to sharing their experiences with an outside

researcher, as I was witness to (and a part of) this time of intense pain. Moreover, participants may have elected *not* to participate in this study or share deeper insights due to overwhelm and grief; there may be key voices or perspectives not included here due to the special time during which this study was conducted. As a researcher, I may have failed to ask appropriate follow-up questions after participants shared a harrowing story of a family death, or when I was distracted due to COVID-19 complications. The messiness of 2020-2021 complicated research and human connections; this study is no exception.

Findings

In this case study, I investigated this research question: How do central office leaders create or maintain care supports in a crisis? I found that central office leaders maintained and expanded caring supports through caring work practices, namely by a) ensuring counselors for all, b) strengthening relational care during the pandemic, c) communications, and d) via Community Services Centers that served as the center of care work for the community of La Subida. My study also revealed the creation of novel care routines and practices, such as student support groups, advocating for adult care needs, and inclusion of student voice. These findings show how district care work is made up of a distributed series of people, actions, and belief systems centered on creation, maintenance, and expansion work. At the center of this distributed care network was a robust community leadership structure. Study findings revealed two additional types of caring work—mobilization of community leadership and disruption through a collective vision of care—supported the increased care needs in La Subida.

Maintenance and Expansion of Care Routines and Practices

La Subida had many caring practices in place before the pandemic. Throughout the pandemic, La Subida maintained their counseling program, connected community members with

care supports via their Community Services Centers, continued with strong parent and community engagement that was geared toward community uplift and care, and maintained healthy collaborative relationships with the teachers' union. Together, these existing care supports helped take care of La Subida's students, staff, and community members. Additionally, through building on a solid foundation of caring supports, La Subida expanded and strengthened aspects of care routines and practices. I explore how care supports were both maintained and expanded next.

Counselors for All

A robust counseling program was the top care support mentioned by case study participants. Mental health specialists across the district, and counselors in every school, were key to La Subida's caring supports before COVID. This was a direct result of many years of community and parent organizing, as well as a local advocacy campaign to put more resources into counseling and fewer into school resource officers. During the pandemic, the importance of available counseling staff was made apparent. Ryan, superintendent, elaborated on the district's counseling program:

The parents are reporting that their kids are nervous and unhappy and fretful. We do have a counselor at each school site. We have behavioral health. We also have a contract with a company called [Mental Health Now] that provides additional counseling support. Our counselors are meeting with classes. They're giving presentations to classes throughout the district and they're providing group sessions when the kids aren't doing their synchronous or asynchronous work. After that, they are providing group sessions to the kids. However, we're getting a lot of anecdotal reports that the kids are nervous and unhappy, and they want to come back to school...

Elisa shared how La Subida’s counseling program had grown to include staff. The maintenance and expansion of the counseling program were also discussed by Jennifer, a central office leader who oversees the counseling program. She described how she marshaled district resources to take care of one family in a COVID-related crisis:

I’m sending my counselor to work with families who are part of their schools, because dad died. Stepdad who they’ve known as their dad has been hospitalized and they’re taking him off the respirator. I had two of those situations in one day last week.

Jennifer was in touch with the needs of families during COVID, dispatching counselors to families in crisis. In sum, the counseling program was maintained and expanded during the COVID crisis in service of care for students, families, and La Subida staff.

Strengthened Relational Care During the Pandemic

Relationships broadly, and strong collaborative working relationships especially, were integral to La Subida’s caring supports, practices, and routines. Participants shared that there had been a level of trust and stability for several years in the district. Thus, relational care among staff, students, families, and community partners enabled the maintenance, and expansion, of care supports during the COVID-19 crisis. While relational care is not a tangible support, such as mental health specialists or a well-being curriculum, I include the theme of relational care as it was mentioned so widely by participants as an enabling condition for taking care of students, staff, and families during a taxing time. Amelia, a central office leader, said that one key part of La Subida’s relational care revolved around parent relationships:

With the parents [on] our school site council meetings, our [English learner parent committee] meetings have turned into a collaboration. And I think a lot of it is driven through our [district funding plan], our [required] stakeholder meetings. So a lot of the

relationships started there.

Through regular relational care routines such as parent stakeholder meetings, as described by Amelia, La Subida's comfort with collaboration and trusting community expertise blossomed.

Sofia, a parent in La Subida, suggested:

I think what La Subida District has done is open its doors to the community, work with organizations in the community, with parents, being a team that really reflects the needs of the community and also understands the needs of the students that go beyond the academics. Something that I appreciate with La Subida is creating different ways to involve the parents and being open to listen to what they come up with.... [District leaders] have told us, we aren't experts in how to collaborate [or have] authentic community engagement, so they understand that and want to collaborate.

Sofia described a type of humility found among district leaders, who recognize that the expertise for community collaboration lies within parents and the community. These examples are just a few of many in the La Subida case study. Indeed, all types of research participants—board members, central office leaders, union leaders, community partners, parents, school leaders, and teachers—pointed to relationships and collaborations as central to taking care of the needs of students and staff during the pandemic. Relational care grew and flourished during pandemic conditions, as Amanda, a central office leader, noted: “I think it's strengthened [relationships with the board, community partners, and unions] in some ways, because I think they're like, if you need anything, we're here to support you, we're in this together. We want to help you.” In review, relational caring relationships were strengthened during the pandemic.

Communications as Caring Work

Interviewees reported a heightened sense of community and care exhibited through

expanded communications. For example, central to caring communications are the classified staff of La Subida. Camila, the union leader for classified staff and an attendance secretary, described how she helped with the needs of the whole child, attending to the physical and social-emotional needs of students when she learned about student mental health needs from parents.

Incidents of depression had increased due to the pandemic, as she reported:

I always communicate with [the Community Services Centers Staff] if we have a student that is being affected with COVID, and they do a home visit. They provide food. They provide any supplies that the family needs. So I think we try our best to really make sure the student there is safe. Because for me, that is very important... because I receive calls from parents saying that 'Oh my daughter, she is so depressed and things like that.' So it's hard. When I receive calls like that, immediately I send an email to the principal, vice principal, the counselor, Community Service Center... and teacher, and anyone else that I think will be able to help the student.

Camila, as a classified staff worker, served on the front lines of caring communications in her role as an attendance secretary, using agency to communicate with those who could help the students including school leaders, counselors, and those in the Community Services Centers.

Similarly, Megan, a classified staff member who worked in transportation, agreed with the importance of communications as caring work, saying:

I think the most valuable thing in this whole district is communication, not just with the school, secretaries or clerks or dispatcher. It comes from the district office, all the way down. Everybody has to be in communication with one another all the time, to get ... just service everybody in this community, because it is a very unique community and a lot of our children, they're not just one child from a family. There's an abundance, four or more

in a family here... A lot of them live with families, other families.

From her point of view, Megan identified communications as an important part of providing community-centered care. In short, communications are a critical aspect of caring work in La Subida.

Community Services Centers: Centers of Care

Finally, the Community Services Centers (CSCs) are an integral part of La Subida's continuum of care. The first La Subida Community Services Center was built three decades ago, and since then, this successful model has grown. With multiple locations throughout La Subida, the CSCs were a source of community-centered care. The CSCs were spoken of with pride and reverence by nearly every research participant in this case study, and, overall, the CSCs emerged as the most prevalent theme revealed by the data. While at first blush, the CSCs are about providing physical resources (e.g., clothing, diapers, food services) and family education services, in fact they are much more than a location through which to secure tangible resources. The CSCs are the heartbeat of La Subida, and they act as purveyors of caring through healing-centered, whole child wraparound supports and caring connections. For example, Amanda, a central office leader shared this:

We have the most wonderful thing in La Subida called the Community Services Centers. They've won lots of awards. Isabella is the person you need to talk to, because she does hold our district together in a lot of ways. When parents are in crisis, when parents need anything, they reach out to the Community Services Centers... There is a connection in the community with [the director] and her team, her staff... She gets calls from teachers and principals. She had one, we were in a meeting... She has this child that doesn't want to get out of bed and just doesn't want to go to school. Doesn't want to engage... Stuff

like that happens all the time and she gets those calls all the time. So that's the person that has to deal with the crises in our school.

In speaking about the CSCs, Amanda revealed how the CSCs operate as the center of the community; parents and staff alike view it as an accessible arena for all types of assistance, including handling social-emotional needs such as depression, engagement, and crisis support.

The CSCs were especially needed during the COVID crisis. One salient example of this was shared by multiple stakeholders and exemplified by Isabella's comment about the CSCs' role in aiding the community: "Our struggle has always been it's never one issue in isolation." To illustrate the interconnection among struggles within La Subida, I offer the following story, told by Isabella: When a father from La Subida passed away from COVID-19, the mother was left with a young child but no job or money. The newly widowed parent was fearful of her future as the head of an undocumented, mixed family status (e.g., the mother was undocumented, but the children were not), and she needed money for funeral costs, housing, counseling, help with immigration status, and food. Isabella, the central office director who oversees the CSCs, strategically partnered with county mental health services, the food bank, a housing clinic, and an immigration attorney. This was not an easy process, for mom was fearful of deportation, and grief hung over them all. But through careful navigation and mobilization of community partnerships and political connections, the Community Services Centers were able to provide care for this family. In brief, the CSCs are at the center of caring supports in La Subida.

Creation of Novel Care Routines and Practices

The pandemic was a time of loss and grief, but also a time for inspiring improvisation and creativity. In response to COVID-19 and the increased needs of students and staff, La Subida leaders created three novel care routines: student support groups (SSG), a focus on adult care

needs, and the inclusion of students' voices in data collection.

Student Support Groups as Improvisational Caring Work

La Subida District has an organized central office with departments dedicated to education services, operations, and counseling. During the pandemic, the number and nature of meetings increased, in step with the rising needs for technology, food access, mental health services, and virtual learning. The concerns were great. During weekly central office leadership meetings, La Subida leaders realized that some students were unaccounted for completely, and that others had irregular participation and low attendance. In response, district leaders created a novel leadership structure called Student Support Groups (SSG) that included school-level leaders, a counselor, a secretary, and a representative from the Community Services Centers in each school building.

Through the Student Support Group structure, education leaders and certified staff worked together, across divisions and previously held separate routines and roles, to enact care for students. Actions that followed from SSG strategic planning included home visits, provision of wraparound services (e.g., medical care or food assistance), and connections with counselors. Jennifer, a central office leader, described the creation of Student Support Groups:

With COVID this year, we've shifted, and we now have Student Support Groups on each of our campuses, and that includes administrators. It includes one of the clerks, typically an office worker. And it includes other members of the team and the counselors, typically one of them, and also our Community Services Centers staff. The idea behind that is, whatever it is that's causing Christina not to get to class, not to log in is something that we really need to address. Is it a matter of technology?... Or is it a matter of the student is struggling with something academically?... But very often, what we're finding is

especially as the same continues to go on and on [is] that it's an emotional piece, it's just that kind of sad feeling that our kids are feeling that too.

In other words, the novel structures of SSGs allowed for discussion and findings about student needs during the pandemic. These structures had not previously existed in La Subida, but participants expressed hope that these new SSG teams would continue after the pandemic concluded.

Advocating for Adult Care Needs as Caring Work

Another creation because of the COVID-19 pandemic was advocacy for adult care needs. A type of caring work, a focus on teachers and staff during the pandemic, resulted in self-care days for hard-working staff, yoga sessions for teachers to recharge after days of virtual teaching, and access to counselors. For example, Emma, a school leader, discussed the recent shift from looking at only student needs to a focus on the whole system, including teachers:

I'm actually doing one [session]... on teacher self-care, and we're trying to tap into all of those different needs that we have as a staff because our kids have more than average needs of the average learner. So, if we don't pour into our staff, how can we expect them to pour into our students? It just doesn't work.

In this quote, Emma connected the need to focus on adult staff to the increased care needs of students. Emma was but one voice of many conveying a sense of concern about teachers' capacity to "pour" all their energy into student supports during COVID, with the understanding that more advocacy for adult care was warranted. Advocating for adult care needs was a form of caring creation work.

Inclusion of Student Voice as Caring Vesting Work

Another improvisation during the pandemic involved student focus groups as a novel way

to learn how students were feeling about being out of school and to help with the return-to-school process. Tracy, a school leader in La Subida, described gathering student input:

We're doing a student focus group where we have our school counselor and our parent liaison come into our meetings and talk with our students. The teachers ask questions about, how are you feeling about being at home, and what do you miss about school?

A new form of caring work, Tracy's description of the student focus group outlined the importance of gathering student input to be in touch with the social-emotional effects of COVID. In this case, Tracy learned that students are sad and feeling isolated at home. In sum, one way in which care was expressed was through the improvisational creation of novel leadership activities.

Mobilization as Care: Community Leadership in Distributed Caring Work

District-level care was enacted through a robust structure of community-centered leadership that was mobilized through the Community Services Centers and via parent organizing. Community members and parent activists had been active in the community for a decade, and the solid foundation of community voice and valuing community leadership was evident as the district responded to the COVID-19 crisis. The CSCs were mobilized during the COVID pandemic to care for families' physical and emotional needs.

Another way in which distributed care was mobilized was through parent organizing. Parent organizers were supported by non-profit activist groups and community funding organizations. The parents I met with described their roles as parent organizers as multi-generational. Mia, a parent organizer in the district, said:

I am advocating—my children are now in high school and others go to one somewhere else—I am advocating for the education of my grandchildren and my generations. Today,

I can advocate for these children that I know in the future will advocate for my grandchildren and my generations and make a very different change to the world, not just locally, we can make a change.

These parents had worked together over time to push for more counseling staff, better support for English learners, and translators for a newcomer indigenous population. During the pandemic, parent organizers offered up concerns about student isolation during virtual schooling, the supports available to students in crowded, small homes, and social-emotional needs. Central office and school building leaders mobilized the Community Services Centers staff and responded to active parent organizers. Thus, mobilization of community resources as a form of caring work is a central aspect of La Subida's caring leadership system.

Disruptive Work: A Healing-Centered Collective Vision of Care and Love of Place

At the heart of this case study is a form of caring work that was inherently *disruptive* to the highly institutionalized nature of education. While great loss shone through all our conversations, so did a healing-centered collective vision of care in La Subida. This caring vision was espoused by many and was deeply connected to community organizing and centered on healing, disrupting traditional hierarchical or uncaring notions of schooling. This vision of care was rooted in the place of La Subida and embodied by many who had grown up in the area. Marisol, a central office leader, described the importance of a local and homegrown teaching and leadership force:

We have a very large group of teachers and employees who actually attended the district as children. There's actually a section in our web site called 'From the Community of La Subida', with many people included. So the district is a very strong pillar in the community.

This collective vision of care for the community is rooted in a pride of place and driven by central office leaders and teachers who hail from La Subida and the surrounding communities; many of them were themselves the children of immigrant farmworkers. Marisol, a central office leader, explained that, despite leadership turnover at the upper echelons of the school district, and school board members who could be challenging, many administrators harnessed their love for community to provide care for students, no matter what. She described it in this way:

These men and women were migrant workers themselves. They see themselves reflected in the kids that they teach. And they will talk to you about this openly. So no matter what happens at the top, they remain very committed to the children... They just keep doing what they were doing.

Building on what was described above, Isabella, central office leader, shared how the CSC intentionally infuses a collective vision of care for La Subida's families:

So this space really is a hub of so much more than just getting people what they need and I'm grateful for that. I would just hope that everyone who comes through the door, feels like the most important person in the world in that moment because when you come in, you are one of us and we are one of you.

This was a sentiment echoed by many in La Subida. For instance, parents also described this collective vision of care, including Valentina, a mother of four children in the district:

I think the Parent Organizing Committee, part of organizing, part of our methods for organizing are opening up cultural spaces where our community has the opportunity to heal and feel empowered. This is what the committee also provides, spaces for the parents. We do circles, we do a lot of activities that allow us to raise awareness that our culture is very important.

In this quote, Valentina espoused a culturally relevant form of collective care, focused on healing. Finally, Leila, a community partner, further described how parent advocacy is culturally informed and invokes a healing lens:

One of the biggest ambitions [of ours] is to end the school-to-prison pipeline. This is where the parents connect. And their main focus is social-emotional. One of the issues they mostly advocate around is social-emotional... The biggest area that the parents fight is not only about trauma-informed, but healing-informed from a cultural lens... We train some of the parents, [working with a national organization] that focuses around cultural healing, specifically Latinos.

Leila touched on important aspects of healing-centered caring work: the connection to larger injustices such as the school-to-prison pipeline, connections to parents, a shift from trauma-informed to healing-informed, and Latino-specific cultural healing. Leila and others ascribe to a healing-centered collective vision that is a form of caring work, disruptive in nature, for it resists oppressive educational structures so common in K-12 schools, such as those that adhere to carceral logics, are disconnected from parents and communities, or subtractive in nature for Latinx students (Durán, 2020; Elmesky & Marcucci, 2024; Valenzuela, 2002). In sum, many in La Subida subscribed to a healing-centered collective vision of care, rooted in a love of place; this is a form of disruptive caring work.

Summing Up: Caring Work in La Subida

The case of La Subida provides a rich example of caring work. Figure 2 provides a visual representation of the findings presented in this section. On the left, I outline the types of caring work found in the study: creation, expansion, maintenance, and disruption. I also organized the caring organizational practices by routines, structures, and actions. In the blue bubbles I spell out

the groups that make up La Subida School District and below list the actors in La Subida. In keeping with positive institutional work theory, I sketched out the shared beliefs (goals) of the community of La Subida.

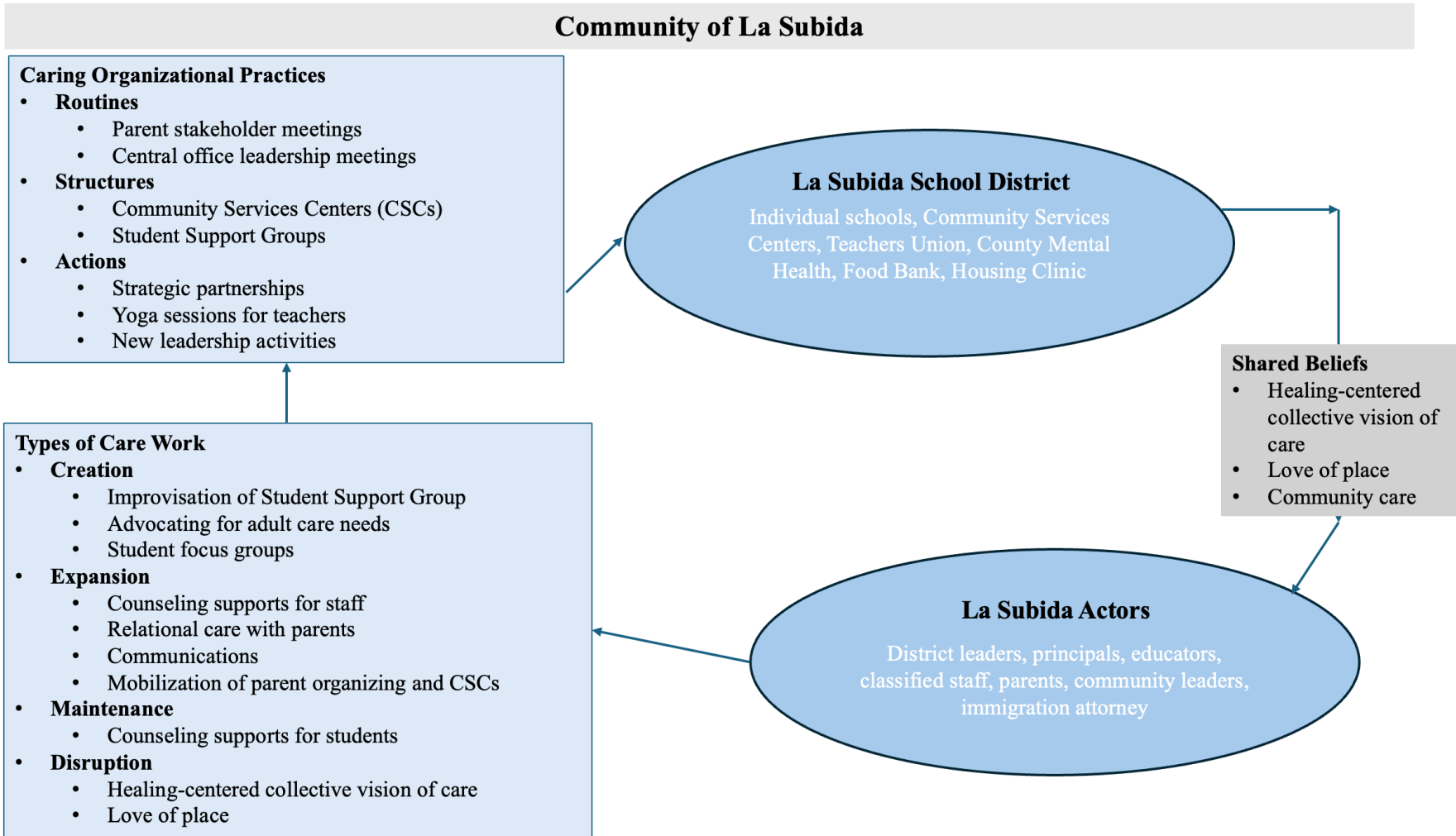


Figure 2. Caring Work in La Subida

Discussion

This case study investigated the research question, How do central office leaders create or maintain care supports in a crisis? In the face of crisis, La Subida *expanded* upon existing care practices by ensuring access for students and staff to counselors. Relational care—already a strength in the district—*expanded* and flourished during the pandemic. Moreover, the Community Services Centers became invaluable as centers of caring work, further evidence of *expansion* as caring work. In response to COVID interruptions, La Subida leaders *created* new care practices and routines of student success teams, advocacy for adult care needs, and through intentional inclusion of student voices. Finally, two cross-cutting themes further evidenced caring work: the *mobilization* of community leadership as distributed, and the *disruptive* work of a healing-centered collective vision of care.

In what follows, I offer a discussion of the study by returning to the conceptual framework of new institutionalism and positive institutional work. I begin by discussing the role that parents and community play in caring leadership, and how La Subida reimagines the distribution of leadership. Next, I take up the idea of healing and a collective vision of care, returning to the concept of disruptive work as caring work. Finally, I discuss the role of improvisations in caring work.

Parents and Community as Caring Leadership: Rethinking the Distribution of Leadership

These case study findings are in line with recent leadership research that reconceptualizes parents and community members as educational leaders (Bertrand & Rodela, 2017; Ishimaru, 2019). Additionally, this view of caring leadership as distributed and inclusive of parents and community partners adds to prior theorizing about “webs of caring” that value the importance of out-of-school experiences and community (Smylie et al., 2016). In all, the La Subida case

suggests that caring leadership is neither a top-down nor a bottom-up endeavor, but instead a case of distributive leadership that is inclusive of the community and parents. School system leaders and education scholars may resist this expanded notion of distributed leadership (Burch et al., 2020; Ishimaru, 2022).

Reconceptualizing “distributed leadership” as inclusive of the community also points to the complex nature of institutional caring work, an area of institutional theory that is currently under-researched (Lawrence et al., 2013). Moreover, legitimizing the community and parents as part of a distributed leadership continuum is aligned with current calls to reconsider school communities as historically and ecologically-based places, centering community well-being (Germain, 2022; Lenhoff et al., 2022). Finally, recent work on distributed leadership theory (Burch et al., 2020) illuminates the multidimensional, institutionally-constructed nature of caring district work, born out by these case study findings.

I contend that this case study legitimizes caring work as a distributed leadership activity, and further legitimizes community partners and parents as educational leaders. Offering an ontology of possibility and hope, parents can operate as key caring workers by giving voice and power to their narratives of care, hoping for a better future for generations to come (Lawrence & Maitlis, 2012; Nilsson, 2015). Indeed, this is in line with a growing body of literature that connects care in educational communities to personal and political identities, specifically in Black and Latinx communities (McKinney de Royston et al., 2017; McKinney de Royston et al., 2021; Pimentel, 2011; Roberts, 2010; Watson et al., 2016).

Positive Disruptions: Healing and a Collective Vision of Care

In the case of La Subida, a healing-centered collective vision of care served as a *disruption*. Disruption as a form of institutional work is an under-researched and lesser-theorized

avenue of institutional theory (Lawrence et al., 2013; Lawrence & Suddaby, 2006). While it may seem incongruous to pair *care* with *disruption*, case study data show that this organizational identity, rooted in a collective vision of care, can serve as an act of resistance (Martí & Fernández, 2013; Schilke, 2018) to hegemonic forces (Camangian & Cariaga, 2021) and market-based logics that position schools as places of competition overly focused on academics, stemming from a deficit-based model of schooling (del Carmen Salazar, 2013). Indeed, collective visioning of care works as a steadying force, a kind of North Star for the community of La Subida, consistent with theories about the power of positive emotions in organizations (Fredrickson, 2001, 2003; Fredrickson, 2013; Fredrickson & Losada, 2005).

The healing-centered, collective vision of care revealed through these case data is in line with—and contributes to—a growing body of research that takes up the project of a collective, transformative envisioning of social-emotional and caring work that is politicized, color- and race-conscious, and connected to community uplift (e.g., Forman et al., 2021; Foster et al., 2022; Jagers et al., 2019; Legette et al., 2020; White & Bristol, 2022; Williams & Jagers, 2020). Prior research on care in K12 schools further points to the importance of culturally specific and relevant care, as evidenced in the collective vision of care that was rooted in a love of place in La Subida (e.g., Antrop-Gonzalez & De Jesus, 2006; Curry, 2016; García et al., 2012; Johnson, 2011; Lewis et al., 2012; Matias & Allen, 2016; Pimentel, 2011; Rivera-McCutchen, 2021; Sosa-Provencio, 2017). Moreover, a collective vision of care as a form of disruptive institutional work adds empirical evidence to conceptual literature that combines theoretical constructs from institutional work with positive organizational psychology (e.g., Nilsson, 2015).

Improvisation as Caring Work

Above I described the creation of novel structures and routines to support the growing

care needs of La Subida's students and staff. These improvisations included student support groups, advocating for adult caring needs, and the inclusion of student voices in data collection via student focus groups. In essence, La Subida's leaders were able to improvise amidst crisis and complexity because of a strong, stable base of trust, routines, and a collective vision of care. Moreover, a type of creation work is naming and theorizing (Lawrence & Suddaby, 2006). When La Subida's teams collaborated across silos and departments, they improvised and named their new structures, thus doing the institutional work of embedding, routinizing, and naming. This might also be considered a type of boundary work, when actors in disparate departments act as boundary spanners (Honig, 2006) in service of caring supports. In sum, improvisations were an important part of La Subida's response to COVID-19, and a key part of the distributed caring leadership.

Implications and Conclusion

La Subida is a caring school district, with caring practices distributed across a wide continuum of people and departments, including parents, community partners, school district staff, classified staff, teachers, school leaders, school board members, and central office leaders. While this case study was originally intended to explore *district central office* practices that contributed to the care of students and staff, it became apparent, after listening to the voices of participants, watching online meetings, reviewing documents, and observing social media posts, that the "story" of care in La Subida was far greater than the actions of central office leadership. And while the importance of people and routines in organizational care has been explored in education policy and leadership literature (e.g., Louis & Murphy, 2017; Noddings, 2015; Siddle Walker, 1993; Walls, 2017; Walls et al., 2021), this case study builds on, and expands, that research base by offering a case study of a caring school district.

In La Subida, many teachers and leaders were from the community. This homegrown pipeline was viewed by most as a positive way to reach students and families. However, it was not a formalized mechanism. As research increasingly points to the benefits of a “grow-your-own” teaching force (e.g., Redding, 2022), it will be important for educators and policymakers to consider how to formalize their teacher and leadership pipelines in meaningful and impactful ways. For example, La Subida encouraged interns from local universities to help fill in social work needs.

Another consideration gleaned from the La Subida case is the story of the actors behind the caring continuum that enabled a range of supports during the COVID-19 crisis. Before this crisis, the district had weathered many storms, including financial problems, leadership turnover in the central office, state interventions, and lawsuits. However, a stable, long-term system of actors—classified staff, influential central office leaders, and community organizers—acted as a type of protective or caring buffer (Astor et al., 2007; Honig & Hatch, 2004) by continuing to serve students and families despite turmoil. An important implication for policy and practice here is the need to intentionally invest in actors at all levels within and external to a school district to help with caring buffering work. What this looks like in practice across diverse settings, and how we can rebuild school systems that embrace institutional care, is an open question that this study of La Subida begins to answer, and one that I invite fellow scholars, leaders, and researchers to further engage with.

This study revealed the power of a widened distributed leadership system, and how multiple actors across levels of the school system—including parents, community advocates, and those outside of traditional leadership roles—performed care work. This may not be the norm or particularly valued in traditional educational spaces, and so one question for education

researchers and practitioners might be: how can systems facilitate the removal of traditional boundaries and empower non-traditional voices in the interest of advancing organizational care work? This line of inquiry might build on research that centers youth and parent voices (e.g., Bertrand et al., 2024; Durand et al., 2024; Rodela & Bertrand, 2022) or work that leverages the power of regional partnerships (Holme & Finnigan, 2018).

There has been a large investment in community schooling models in the state of California and elsewhere (Holme et al., 2022; Oakes et al., 2017). While admirable, this La Subida case study offers a few cautions for policymakers embarking on the community school journey. First, successful community school may require a long-term, sustained investment in parent organizing. In La Subida, community organizations and funders had been allocating resources to community wraparound supports for several decades. Second, these findings suggest that a community schooling model ought to be culturally relevant and contextualized to the place and people. That is, community school models need to be situated in their racial and political realities, an idea supported by prior research (e.g., Trujillo et al., 2014).

La Subida was a case study conducted during one (very tumultuous) academic year. Additional research based on a longitudinal, ethnographic investigation of place-based caring leadership over multiple years would enrich our understanding of how the work of care is institutionalized. Further research is also needed to consider how shared mood and collective rituals (Lepisto, 2022) may contribute to the institutionalization of caring practices, especially during times of profound grief and loss. In the case of La Subida, the pandemic may have given increased meaning and purpose to the rituals and routines of the wraparound supports provided via the Community Services Centers, for example.

In this article I argue that caring is a form of institutional work. While there is a research

base on institutional work related to maintenance, creation, and disruptions (Lawrence et al., 2013), the addition of *expansion* work is a contribution to the field of institutional theory and institutional work (Lawrence et al., 2011; Lawrence et al., 2013; Wright et al., 2020).

Conceptualizing expansion work within the context of public-serving institutions (such as schools) could serve to strengthen theoretical understandings of positive institutional work.

Research on expansion work might be better suited to the staid grammar of schooling (Marsh et al., 2020; Tyack & Tobin, 1994) that makes true disruption a near impossibility. Future research might explore to what extent this type of work creates an institution of care, or if caring leadership can be institutionalized via expansion work. Moreover, additional research on how institutional care work contributes to the rebuilding and recovery of school districts in this post-COVID era would benefit the field.

In conclusion, this paper demonstrates how caring is a form of institutional work. I describe how a distributed leadership approach allows for care supports during a crisis, attending to issues of unprecedented loss, grief, and isolation. The role of school districts and community leadership under crisis conditions has necessarily expanded current notions of care, which I document and offer here as we collectively rethink our roles as scholars, policymakers, and practitioners in an era of healing and COVID recovery.

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Appendix A

Case Study Research Participant Demographic Information

| # | Name (Pseudonym) | Title | Age Range | Gender | Race or Ethnicity (Self-reported) |
|----|---------------------|-------------------------|--------------|--------|--------------------------------------|
| 1 | Amanda | Central Office Leader | 50-60 | Female | White |
| 2 | Amelia | Central Office Leader | 40-50 | Female | Latinx |
| 3 | Camila | Classified Union Leader | 50-60 | Female | Mixed Race |
| 4 | Christopher | Teacher Leader | 40-50 | Male | Latinx |
| 5 | Daniel | Central Office Leader | 50-60 | Male | Latinx |
| 6 | Dorothy | County Office Leader | 50-60 | Female | White |
| 7 | Elisa | School Leader | 40-50 | Female | Latinx |
| 8 | Emma | School Leader | 30-40 | Female | Latinx |
| 9 | Faith | Teachers Union Leader | 50-60 | Female | White |
| 10 | Isabella | Central Office Leader | 30-40 | Female | Latinx |
| 11 | Jennifer | Central Office Leader | 60-70 | Female | White |
| 12 | Jessica | Community Partner | 60-70 | Female | African American |
| 13 | Joshua | School Board Member | 60-70 | Male | Latinx |
| 14 | Kristin | Community Partner | 40-50 | Female | White |
| 15 | Leila | Community Partner | 30-40 | Female | Latinx |
| 16 | Marisol | Central Office Leader | 50-60 | Female | Latinx |
| 17 | Matthew | School Leader | 30-40 | Male | Latinx |
| 18 | Megan | Classified Union Leader | 50-60 | Female | White |
| 19 | Pedro | Central Office Leader | 50-60 | Male | Latinx |
| 20 | Pilar | Parent | 40-50 | Female | Latinx |
| 21 | Ryan | Superintendent | 60-70 | Male | White |
| 22 | Samuel | Central Office Leader | 50-60 | Male | Latinx |
| 23 | Sarah | Central Office Leader | 50-60 | Female | Latinx |
| 24 | Tracy | School Leader | 40-50 | Female | Latinx |
| 25 | Valentina | Parent | 50-60 | Female | Latina |
| 26 | Olivia | Parent | 30-40 | Female | Latinx |
| 27 | Sofia | Parent | 40-50 | Female | Latinx |
| 28 | Mia | Parent | 30-40 | Female | Latinx |

Appendix B

Sample codes for multiple rounds of inductive and deductive coding during data analysis

| First Cycle/Bucket Code | Second Cycle Code | Sample Quotation |
|--------------------------------------|------------------------|--|
| Social-Emotional Well-Being Supports | Adult social-emotional | <p>“And as far as staff is concerned, I just see everyone being very short-tempered and very raw. We know we're all not well and we keep saying that, but we really don't have... I mean, what I do in my job is I try to keep pushing things for social-emotional health, right? Like, there's going to be this seminar on how to take care of yourself and this and that or the other, but beyond that what else?” (Marisol, Central Office Leader)</p> |
| | Mental health | <p>“So we were the ones that they go to and we don't have any professional training through grief counseling. All we carry with us to the table is humanity. So burnout from that personal investment, I think, has become very real for my staff when they started to see that amount of loss.” (Isabella, Central Office Leader)</p> |
| Caring Practices | Community organizing | <p>“I went to talk to [a leader], I sent emails to the state superintendent, to the county superintendent, and I told them, "This is what's going on, guys, hold off in the there. I'll try my part as a parent, and if I need assistance, I'll make sure you're aware of what's going on here." And I told them, "Oh no, because that's the reason that I put you there, so you can go and speak for me, and I'm just here bringing you that information that we are going through, or what's going on." (Pilar, Parent)</p> |
| | Relational care | <p>“And then we had one member actually normally a very contentious member, I was thrilled. She said, I want to work to help families of teachers who pass away, because I understand that they don't know all of their rights. They don't know about the insurance. I want to be the person who reaches out. Wow. Okay. That's great.” (Faith, Teachers Union Leader)</p> |
| Institutional Work | Improvisations | <p>“District-wide, have we done student focus groups. Not in this way, this has been the first time I've seen it done in a pandemic situation where it's all remote. But we do as a district, through PBIS ... I'd say they're more surveys to see how the kids are feeling about the school culture and what would they like to see in the student store, and what events would they like to see for spirit week, and so we try to survey... It's like, as a site leader, you recognize our students need to have voice and choice, and if we keep giving them, this is what we're doing, and this is how we're doing it, then we're negating the most important customer that we're catering to.” (Tracy, School Leader)</p> |

| | | |
|-----------------|-------------------------------|---|
| | Routines | <p>“I report progress for them, as required. I am not as in tune with the professional development that my co-director in special ed facilitates, but I collaborate with him, in the development of actions that are part of our district's special education plan.” (Samuel, Central Office Leader)</p> |
| | Collaborative problem solving | <p>“I think it's just an overall shift for collaborative work. I'm guessing collective impact isn't a new phrase for you. It's like the hot thing in doing anything, and addressing holistic needs is the hot thing in any kind of thing, so that naturally means you have to work together. This kind of inter-dependency is getting clearer and clearer. No one thing affects an individual, we know that, so we have to work together. It's just the way it works. I think it's just an overall tendency. We have a bit of history, as many counties do, but organizing in La Subida County, and I think we're smart enough to let it evolve.” (Kristin, Community Partner).</p> |
| COVID-19 Crisis | Crisis response | <p>“So it started off as a debriefing meeting. What's the need? What do you see? What do we still need? Trying to get down schedules and just your basic food schedules, close this down. Now we're going to open up, we're going to have, we need more people here just listening to the sites and their needs so that the directors in the different departments could respond to those needs.” (Amelia, Central Office Leader)</p> |
| | Increased need | <p>“We are bringing another agency in to help us with the targeted and intensive interventions for students, because the referral lists are so great. I mean, very long lists of students and for the counselors to truly serve them well. They too have families and friends that are getting sick. I've had a couple of our counselors get sick with COVID. Three, I think. Four. So all of those things are happening for them too. And we do have the money with Cares, and we do have the money with other things. So we have put forth money to bring in additional outside counselors for a day and a half a week for each campus.” (Jennifer, Central Office Leader)</p> |
