

Mitigating the Implications of Coronavirus Pandemic on Families

Issue 2
March 27, 2020

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The fast-moving Coronavirus pandemic (also known as COVID-19) has numerous implications on the health and well-being of children and families. Congress was quick to respond to the economic impacts of the pandemic with [H.R. 6201: Families First Coronavirus Response Act](#), which will significantly alleviate economic hardship and psychological distress in working-class families and other vulnerable groups. We asked researchers for additional insights on mitigating the social, economic, and health impacts of the pandemic on children and families.

Isolation can exacerbate the severity of substance use and mental health challenges; ensuring continued access to [recovery services](#) and harm reduction can help keep families safe. The Substance Abuse and Mental Health Services Administration (SAMHSA) has compiled a list of virtual recovery [resources](#) and has [guidance](#) for moving support groups to zoom. Outdoor meetings may also be possible depending on state restrictions on group activities. SAMHSA also has guidance for providing treatment via telemedicine, allowing 14- or 28-day prescriptions for opioid use disorder treatment medications, and advice for inpatient mental health providers. Treatment providers are still grappling with how often and for whom to require urine drug testing, which has implications for available lab services, as well as how best to get patients with severe mental illness to follow CDC protocols. [Harm reduction services](#), such as providing and training people in use of Naloxone (a medication that can prevent overdoses from being fatal), ideally could move their training online and mail Naloxone to trained individuals. Also, in serving vulnerable individuals (e.g., people who are at-risk for living with HIV and HCV), harm reduction staff are in need of personal protective equipment (e.g., gloves, masks, hand sanitizer). Coordinated outreach and support to those serving vulnerable individuals at risk of worsening conditions during isolation (e.g., overdoses and suicides) will help avoid further straining emergency department medical teams.

Children and families who depend on early childhood care systems, especially federal programs such as Head Start and Early Head Start, need support and tools. In response to COVID-19, many Head Start and Early Head Start programs are following the lead of school systems and local health authorities and closing centers. Parents are likely to resort to babysitters or rotating childcare responsibilities, which depend on social capital and network. Although the Department of Health and Human Services (HHS) posted [Coronavirus Prevention guidelines](#), more resources are needed to prepare parents for supporting the short-term and long-term developmental needs during the closures. One example initiative is in Sacramento where [free childcare is available for first responder families](#) with children between 5-12 years of age.

Children with adverse childhood experiences (ACEs) and their parents can benefit from crisis nurseries that could be established at day care centers. Many families already stressed by limited supports and resources are now not able to work due to the COVID-19 Crisis. An already overstressed family may choose unhealthy coping strategies, which may lead to an unsafe environment and place children at higher risk for negative outcomes. Using day care centers as crisis nurseries for at-risk infants and toddlers could be an excellent way of supporting overstressed parents and saving the lives of children who may already be at high risk of adverse childhood experiences (ACEs).

Many day care centers are already equipped with cribs, toddler cots, beds, and other supplies, and could be staffed with qualified workers and implemented rather quickly. Having a child placed in a different environment for a day or two may be tremendously helpful, as parents are linked with much needed resources and necessary supports. For example, the former [New York Foundling Hospital](#) in NYC was actively involved in this program for several years.

Prolonged school closures have the potential to adversely impact students receiving special education supports.

Extended and still unknown lengths of school closures leave students receiving special education services, a vulnerable population often at significant risk of learning regression when instructional discontinuity occurs, unable to access their individualized education programs and therapeutic services. The Individuals with Disabilities Education Act (IDEA, 2004) provides a provision for Extended School Year learning throughout summer closures as an intervention measure to ensure that student learning regression is minimized. The [United States Department of Education \(2020\)](#) has provided guidance stating:

“If an LEA continues to provide educational opportunities to the general student population during a school closure, the school must ensure that students with disabilities also have equal access to the same opportunities, including the provision of FAPE. (34 CFR §§ 104.4, 104.33 (Section 504) and 28 CFR § 35.130 (Title II of the ADA). SEAs, LEAs, and schools must ensure that, to the greatest extent possible, each student with a disability can be provided the special education and related services identified in the student’s IEP developed under IDEA, or a plan developed under Section 504. (34 CFR §§ 300.101 and 300.201 (IDEA), and 34 CFR § 104.33 (Section 504).”

However, when schools are providing remote learning, providing specialized instruction and other therapies is going to be extraordinarily challenging ([McAdams & Stough, 2011](#)). Therefore, if a district continues to provide educational opportunities to the general student population during a closure, it must also ensure that students with disabilities also have equal access to the same opportunities as part of a free and appropriate education (FAPE).

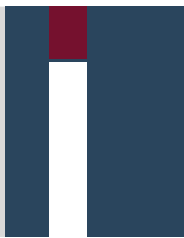
Additional Resources

- [Child Trends: Resources for Supporting Children’s Emotional Well-being during the COVID-19 Pandemic](#)
- [ZERO to THREE: Tips for Families: Coronavirus](#)
- [Harvard University Center on the Developing Child: Stress, Resilience, and the Role of Science: Responding to the Coronavirus Pandemic](#)
- [Pew Research Center COVID-19 Resources](#)
- [A very thorough analysis of the Coronavirus Pandemic: Politicians, Community Leaders and Business Leaders: What Should You Do and When?](#)
- [Early Learning Nation: A Parent’s Guide to Surviving COVID-19: 8 Strategies to Keep Children Healthy and Happy](#)
- [Harvard Graduate School of Education: Helping Children Cope with Coronavirus and Uncertainty](#)
- [National Association of School Psychologists: Talking to Children About COVID-19 \(Coronavirus\): A Parent Resource](#)
- [National Institute for Early Education Research: Resources for Early Childhood Policymakers on Preventing and Preparing for Novel Coronavirus \(COVID-19\)](#)
- [Early Childhood Development Action Network: Early Childhood Focused COVID-19 Resources](#)
- [NAEYC: Coping with COVID-19](#)
- [National Institute on Drug Abuse Resources to support and guide people with substance use disorders and in recovery.](#)

Families in rural areas do not have access to essential resources; thus can benefit from the involvement of volunteers, youth groups, and churches. Most families residing in rural areas do not have transportation or financial resources to access essential resources or organizations. Therefore, setting up a drive up/curbside pick for such resources that are hard to find (e.g., diapers, wipes, formula, food, sanitizer, and cleaners), partnering with non-profit organizations to disseminate handouts to grandparents, and providing gas cards for volunteer drivers might be beneficial.

References

McAdams Ducey, E., & Stough, L. M. (2011). Exploring the Support Role of Special Education Teachers After Hurricane Ike: Children With Significant Disabilities. *Journal of Family Issues*, 32(10), 1325–1345. <https://doi.org/10.1177/0192513X11412494>



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