

Mitigating the Implications of Coronavirus Pandemic on Families

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In the midst of the Coronavirus pandemic, many families are facing social shifts, economic uncertainty, and disruptions in their daily life, as well as coping with closures to school and childcare facilities and demands of providing for educational and childcare needs. The risk for child maltreatment can be elevated amid such unprecedented stressful conditions. Policymakers, therefore, need to ensure support to promote resilience and well-being for vulnerable children and families. This issue examines **child maltreatment and offers research-informed solutions.**

Policymakers need to consider strategies to ensure vulnerable children and families maintain access to needed healthcare and social services and supports as the necessary physical distancing policies heighten the risk of child maltreatment. Necessary responses to the COVID-19 pandemic have altered the health and social service landscape for vulnerable children and their families. The end of many face-to-face interactions in most states has disrupted the lives of all Americans, especially the lives of families with children, who are struggling to figure out how to meet their children's health, well-being, and educational needs in addition to their own. In particular, the new landscape may be especially challenging for families with:

- Children and parents or caregivers who have behavioral and mental health needs
- Children and parents or caregivers who have complex medical needs, and
- Children who are in foster care and/or at-risk for maltreatment.

For many of these families, school and in-person mental health, medical, and social service visits are critical to their well-being. On top of the loss of these services, many parents have lost jobs, and, with them, healthcare coverage, removing the families' ability to pay for the services that keep parents or caregivers and their children healthy. Policies are needed to ensure that children and families can access the services and supports that keep them healthy, such as:

- The [Families First Coronavirus Response Act](#), which is helping ensure coverage for those currently on Medicaid. However, the federal government and states must also be prepared for a dramatic rise in eligibility, due to historic increase in unemployment and the accompanying loss of health insurance. States that have not expanded Medicaid under the Affordable Care Act should consider doing so to help meet the unprecedented need.
- The FCC's [Keep Americans Connected Initiative](#) to support health care providers' use of telehealth services. A similar support is needed for schools and social service agencies.
- State Medicaid programs should mirror the recent [expansion of telehealth services under Medicare as encouraged by the Centers for Medicare & Medicaid Services](#).
- USDA's support for the further expansion of child and family nutrition programs is essential, particularly for families impacted by loss of access to free or reduced-cost meals through school and childcare settings. In addition, the Federal government should consider relaxing restrictions on use of EBT cards for purchasing of critical items (e.g., hot or prepared meals, cleaning or hygiene products) that may be needed by families.

Strategies such as these will help ensure that vulnerable children and families are able to access critical services and support at a time of unprecedented turmoil (see the policy brief [Ensuring Vulnerable Children and Families Have Access to Needed Health Services and Supports During the COVID-19 Pandemic](#)).

Increased stress and economic insecurity affect parenting behaviors, increasing the potential for child maltreatment. However, because school and childcare personnel represent a significant source of referrals to child protection agencies, many of these incidents may go undetected or unreported. States are already observing significant reductions in reports of maltreatment to child abuse hotlines. This [research brief](#) shows that the majority of parents face financial concerns and worries, and these worries are getting in the way of their parenting. The potential for child maltreatment may be higher in many families facing such strain. In the past two weeks since the Coronavirus pandemic, a majority of parents (61%) who participated in the study had shouted, yelled or screamed at their children at least once and 1 in 6 (16%) spanked or slapped their child at least once in the past 2 weeks. Parents reported having more conflicts with their children (25%) and yelling or screaming at their children more often (19%) since the pandemic. Families need more support to promote child wellbeing during these stressful and uncertain times.

Health professionals need to be prepared for an increase in mental health and substance use problems, as adults are using a variety of coping strategies to deal with the uncertainty of the Coronavirus pandemic. [In a survey of 562 adults living in the U.S.](#), the majority reported financial concerns related to the Coronavirus pandemic. Symptoms of depression were high: 2 out of 3 adults reported feeling tired or having little energy, trouble sleeping, and feeling hopeless several days or nearly every day since the Coronavirus pandemic. Symptoms of anxiety were even more common, with 50% or more reporting symptoms of anxiety nearly every day or several days a week since the Coronavirus pandemic. 28% of all respondents said they have used alcohol or other drugs to make themselves feel better. 22% said they are using alcohol more and 1 in 7 (14%) said they were using marijuana more. Even though people are relying on their romantic partners to cope with uncertain times, 22% of respondents in a romantic relationship reported having disagreements with their partner related to Coronavirus, 19% reported more disagreements than usual, and 15% reported more verbal fights than usual. Policymakers need to open pathways for parents and children to have easy access to evidence-based stress and coping resources (e.g., [CDC Resources](#)).

Co-parents with joint or shared custody of their children following divorce or separation may face unique challenges during national crises and pandemics. Parents may have concerns that transferring their child from house to house may introduce more opportunities for exposure to illnesses. Thus, families should be diligent about following CDC guidelines in the home, especially after transitions (e.g., hand washing and cleaning personal items the child is transferring between homes). Similarly, with school closures, parents may need to adjust parenting plans and other custody arrangements to accommodate changing schedules and shifting priorities. These transitions could create turbulence for parents and children as routines are disrupted. Parents should attempt to limit disruptions for the child in an effort to maintain some sense of normalcy. However, some activities may need to adjust in order to consider the health and safety of all family members. It is also possible that conflict between co-parents may increase amidst the many changes and stressors of a public health crisis. Parents should limit exposing their children to conflict or make it a priority to use healthy conflict management skills when having discussions in front of children. In the event of a parent falling ill to the virus, families may also need to identify additional caregivers to help maintain childcare routines. This support from others is particularly important for single parents who may not have other viable options for childcare during pandemics or other national emergencies that necessitate school closures. The fact that some individuals may not have reliable options and not all jobs can be flexible, illustrates further need for supportive solutions that support families in crisis.

Childcare staff need comprehensive social and financial resources to maintain their physical well-being, as they are on the front lines caring for the children of other essential healthcare workers and may be at higher risk for COVID-19. Child care staff comes into contact with many families each day, yet many may be at higher risk for severe illness from COVID-19 due to age (over 60), a history of smoking, BMI \geq 40, or existing conditions such as heart disease, asthma and diabetes. Policymakers need to ensure (i) the provision of health care coverage and hazard pay, (ii) the creation of a system delivering essential supplies (e.g., food for children and staff, hand soap) to child care programs to minimize need for child care staff to shop for supplies, (iii) continuing (virtual) access to Child Care Health Consultants to answer questions and provide recommendations on physical wellbeing for staff and children, and (iv) the creation of a support network and open communication system with administrators of all child care programs.

Alternative strategies and social resources are essential for the socio-emotional well-being of childcare staff and the children who might be struggling with considerable increases in exposure to stress. There could be alternative ways to maintain existing connections with teachers and classmates while practicing social distancing such as (i) maintaining small consistent groups of children and providers where possible, (ii) building support for family child care homes, (iii) providing virtual access to Early Childhood Mental Health Consultants who can help staff prioritize their own mental health and children's needs while following safety guidelines, and (iv) requiring young children to be cared for by professionals who meet or exceed minimum qualifications for serving in the role of classroom teacher for licensed child care programs according to state guidelines in place prior to the COVID-19 pandemic (See the policy brief [*Strategies to Support the Well-Being of Essential Child Care Staff and Young Children During COVID-19*](#)).

Additional Resources

- [Positive Parenting & COVID-19: 10 Tips to Help Keep the Calm at Home](#) by American Academy of Pediatrics (AAP) recommends parents to avoid physical punishment as it can increase long-term aggression in children, fails to teach children to behave or practice self-control, may inhibit children's normal brain development, and takes away children's sense of safety security at home.
- [Coronavirus: What child welfare systems need to think about?](#)
- [Opinion: Where is social science in the Coronavirus Response?](#)
- Children's Bureau [COVID-19 Resource Page](#)
- [Better Care Network's bank of COVID-19 response](#) on children's care and alternative care
- Child Welfare League of America [Coronavirus Resource Page](#)
- [National Children's Alliance Recorded Webinar on COVID-19 and CACs](#)
- [COVID-19 Health and Safety Concerns from the National Children's Alliance](#)
- [Protecting Children from the COVID-19 Outbreak from End Violence Against Children](#)
- [New York City's Guidance for Home and Community Health Care Workers](#)
- [COVID-19 Parenting Resources from the United Hospital Fund](#)
- [CDC's recommendations about talking to children about Coronavirus Pandemic](#)
- National Association of School Psychologist's (NASP) Guide: [Helping Children Cope with Changes Resulting from COVID-19](#)
- <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/The-American-Academy-of-Pediatrics-Advises-Parents-Experiencing-Stress-over-COVID-19.aspx>
- [Coronavirus News & Resources for Child Care Professionals, Families and Policymakers](#)
- [Center of Excellence \(CoE\) for Infant and Early Childhood Mental Health Consultation \(IECMHC\)](#)
- [What is a child care health consultant?](#)
- [NAEYC Coping with COVID-19](#)