

Mitigating the Implications of Coronavirus Pandemic on Families

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The fast-moving Coronavirus pandemic (also known as COVID-19) has numerous implications on the health and well-being 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 impact of the pandemic on children and families.

Parenting in the time of coronavirus places undue burdens on families with low-wage jobs.

Proposed targeted relief to vulnerable populations (e.g., paid sick leave, unemployment benefits and wage compensation, a moratorium on evictions and utility bills, mortgage payment deferrals, food aid) will also enhance parent-child interactions and family life that benefit their children.^{1,2}

School Closures may have severe and varying consequences for different groups:

- **Food insecurity.** School closures risk access to critical sources of nutrition for nearly 22 million students who depend on free or reduced-price meals at their public schools. As Congress grapples with protecting students (e.g., [H.R. 6187 MEALS Act](#)) and other vulnerable groups (e.g., [H.R. 6201](#) provides additional funding for food and nutrition benefits for pregnant women, mothers, and young children), local businesses and organizations are stepping up (e.g., [free meals in Baltimore](#)). On the other hand, the stress associated with food insecurity might place an additional burden on parents, children, and overall family functioning.
- **Child maltreatment.** School closures place a high risk for children with abusive parents. Children will be at home more frequently, maybe left home with no supervision, and will likely have less contact with mandated reporters.
- **Disruptions in education, particularly for low-income communities and disadvantaged children.** Although most companies now offered educational features free of charge (e.g., [Google hangouts](#)), not every school and children have access to tools (Wi-Fi, laptop) needed for digital and distance learning. Lack of access and disruptions in education can also increase chronic absenteeism. Therefore, it is essential to find ways to maximize digital equity for all students across the country³

Exacerbating inequalities in well-being among vulnerable children and families.

- The growing impact of coronavirus pandemic threatens to exacerbate mental health problems, socioeconomic inequities, and racial disparities that endanger the well-being of vulnerable children and families. Adults with chronic illnesses, those who have a low income, and those who are racial minorities report significantly more challenges in complying or handling voluntary home quarantine orders, social distancing practices, and the closing of schools or childcare facilities due to competing work demands, or concerns about accessing prescription medications^{1,2}
- If [instituting a quarantine](#), best practice is to use automated calls from local public safety authorities (i.e., reverse 911 calls) by assigning a health care worker, professional, or volunteer to check in regularly (at least once every few days) with quarantined individuals. This can help quarantined individuals or families maintain their psychological well-being in the context of isolation while ensuring access to needed medications, supplies, or food^{4,5}

Transition to teleworking needs to be done fast, yet it requires effective, efficient, and inclusive methods.

- The number of teleworking employees in the United States grows to 3.9 million in 2017. The research findings on the impacts of telework are mixed. Job satisfaction is the highest for those who telework a moderate amount of time. For those who telework more extensively, organizational commitment increases, quality of relationships between teleworkers and leadership is enhanced, and turnover intentions, and work-family conflict decreases.⁶
- Amid the fast-moving crisis, child and family welfare organizations need to facilitate an effective and efficient transition to remote work. Further evaluation is needed to identify best practices for teleworking. One recent example is the implementation of telework in the Field Operations Division of the Department of Children, Youth, and Families (DCYF) in Washington State and its evaluation supported by the Quality Improvement Center for Workforce Development, [more information](#))

Additional support mechanisms should set in place to sustain the health and well-being of the healthcare workforce and their families.

- Concerns about childcare and eldercare may be particularly prominent among nurses and healthcare providers who may become torn between greater demands from employers and government to provide care to an increasingly sick public, as well as greater demands from their family to care for children to avoid spreading illness to vulnerable family members.^{7,8,9,10}
- History demonstrates the importance of additional support mechanisms for critical employees. In the United States, during the second wave of the H1N1 flu pandemic in 2009, nearly 10% of nurses reported an inability to work during the pandemic and willingness to work notably decreased in the context of reduced access to personal protective equipment (e.g., gloves, foot and eye protection, respirators) or when a loved one needed care at home or assistance with transportation.⁹
- Accordingly, critical healthcare workers must have access to services, needed equipment (e.g., respirators, face masks, gloves), and time and space to connect with their family members (even if it must be done remotely) to recharge their psychological and emotional reserves ^{6,9} and maintain their focus on effectively serving the public.^{8,11}

Ensuring access to healthcare services is vital, particularly for vulnerable groups, amid such extraordinary circumstances.

- Studies have shown that vulnerable groups (e.g., individuals with disabilities, elderly, immigrants) disproportionately affected due to poor access to healthcare³. Nearly 1 in 4 American adults do not have anyone available to take care of them if they became sick with a pandemic illness¹. Though most Americans (~94%) report they could stay at home for 7-10 days in the context of pandemic illness, between 35% and 48% of Americans challenges in accessing prescription drugs, baby formula, diapers, or providing care to aging parents during extended quarantines¹

The homeless population faces multiple risks and needs shelter to quarantine.

- The homeless population is unable to follow the recommended precautions, such as handwashing and social distancing. The lockdown order will require everyone to remain indoors, but there is no alternative for those who live on the streets. States have started to implement solutions (e.g., [San Francisco](#) sanitizes homeless shelters, supportive housing buildings, and SROs).
- Moving forward, shelters, churches, and other community-based organizations need both financial and social support to alter and safely maintain services.

The pandemic may have detrimental effects on incarcerated parents and their children.

- In some states, visitation and volunteer programs, including religious services, GED classes, and parenting courses in prisons are suspended until further notice. This ban may have severe ramifications for both parents and children (e.g., delay in the reintegration to society, decrease in the parent-child relationship quality).
- Remote alternatives such as [The Social Service Board's Supportive Televisiting Program](#) can be a solution for incarcerated parents to re-connect with their children and family members.
- Due to school closings and cancellation of afterschool programs, children of incarcerated parents are particularly vulnerable as they do not have additional caregivers who can fill in the gap.
- Voluntary isolation is impossible for some particularly vulnerable populations, including elderly and individuals with weakened immune systems (e.g., those experiencing substance use withdrawal).
- Lack of information, along with inefficient testing may lead to inaccurate results and an understanding of COVID-19's presence in prisons. Consequently, misinformation may also restrict the transfer of individuals between facilities.

Additional Resources

- [John Hopkins University Interactive Database](#) showing cases by each U.S. state and country
- [FutureLearn](#) free online educational videos about Coronavirus and discussion forum about implications
- The Federation of American Scientist has created an [Ask a Scientist tool](#), in collaboration with the Government Lab at NYU, the New Jersey Innovation Unit and NSPN, to answer questions about COVID-19 and reduce misinformation about this pandemic.
- Information leaflets and social media campaigns (e.g., [NPR's comic leaflet for children](#)).

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