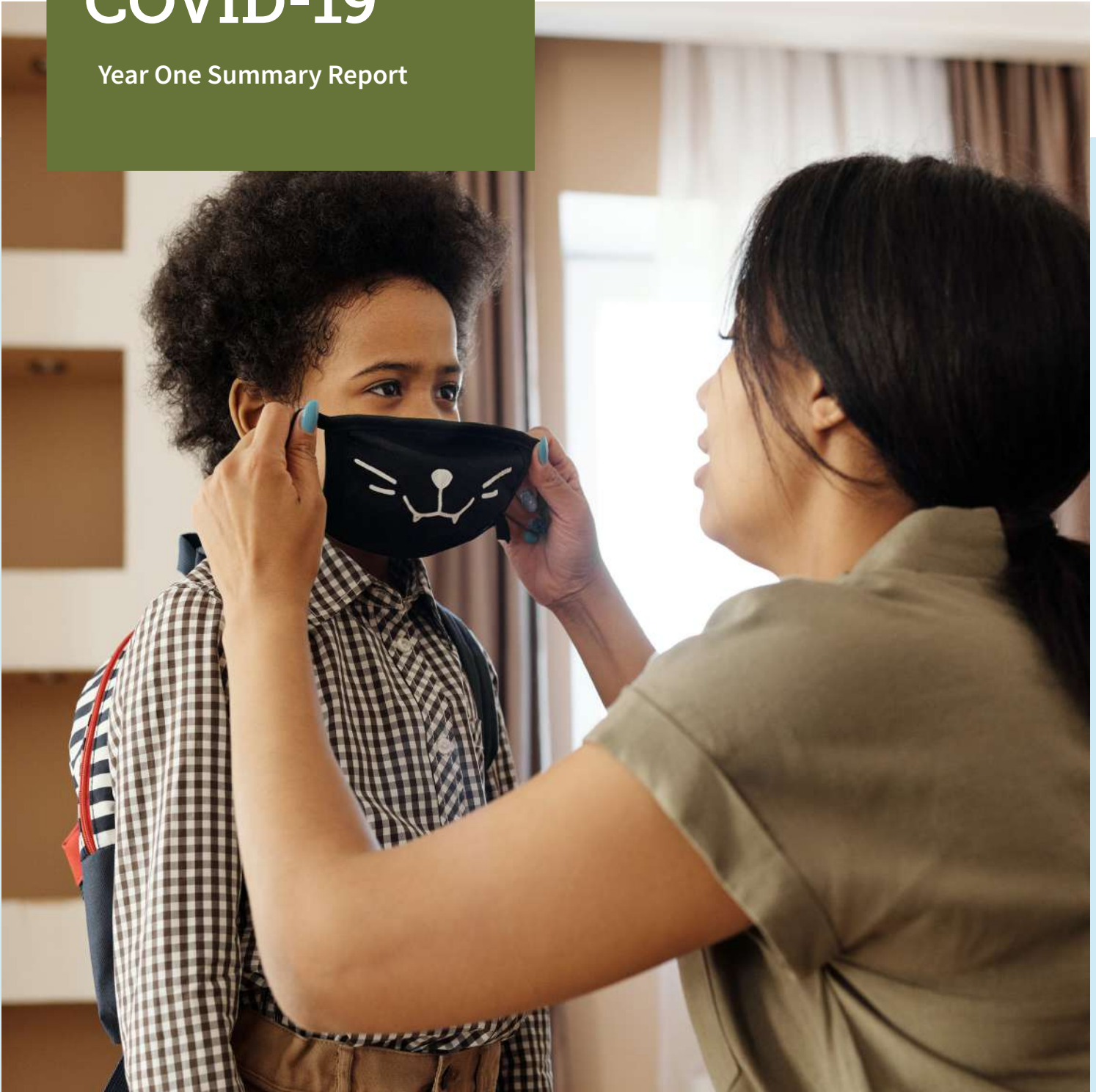


CAREGIVING IN THE CONTEXT OF COVID-19

Year One Summary Report

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MAGNOLIA DETROIT
Consulting

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▪ BACKGROUND



The American Academy of Pediatrics (AAP) received grant funding from the Centers for Disease Control and Prevention (CDC) and partnered with Prevent Child Abuse America (PCA America) and Tufts Medical Center to develop a survey that measured the impact of the COVID-19 pandemic on family life, adverse childhood experiences (ACEs), and positive childhood experiences.

Between November 2020 and July 2021, market research and data analytics firm YouGov disseminated and collected survey results from a total of 9,000 parents and caregivers of children under the age of 18. Input was also gathered through virtual focus groups with parents of children under the age of 18, who were recruited through online advertisements. The findings from the surveys and focus groups aimed to assist pediatricians and home visitors as they support families that are navigating the effects of the COVID-19 pandemic, as well as promote positive childhood experiences and prevent ACEs.

Project findings were summarized in eight published reports, collectively referred to as the “[Snapshot Reports](#)”. This summary report will synthesize those key findings and bring further attention to the experiences of those who parented and cared for children during the COVID-19 pandemic, collectively referred to as “caregivers”.

■ KEY MESSAGE 1:

IMPACT OF SUPPORT SYSTEMS

During the COVID-19 pandemic, physical distancing restricted the level of contact caregivers could make with their support systems, including extended family members, friends, school systems, faith communities, and childcare providers. Some caregivers were concerned about how their children's lack of socialization might impact their mental health and ability to build relationships. Children who shifted to fully remote or hybrid education were not able to interact in-person with classmates from school or peers from their neighborhood due to the closure of many public spaces. The closures of schools and childcare centers created a new challenge for many caregivers, as they now needed to identify new childcare options. Whether caregivers worked remote or outside of the home, finding someone to care for their children during school hours created stress. When childcare was not available, caregivers either had to miss work or try to manage the competing responsibilities of being an at-home educator and an employee.

"Times when school is canceled can make childcare difficult when both parents have full-time jobs." – Caregiver

"I have a baby that is only a few months old so not using childcare because of COVID-19 is making it more difficult to work from home." – Caregiver

When caregivers did have access to friends and family members, it proved to be a helpful resource because it allowed them to manage their employment responsibilities more easily and provide their children with an opportunity to maintain some of the relationships they had pre-pandemic. These relationships also generated a source of connectivity and support.

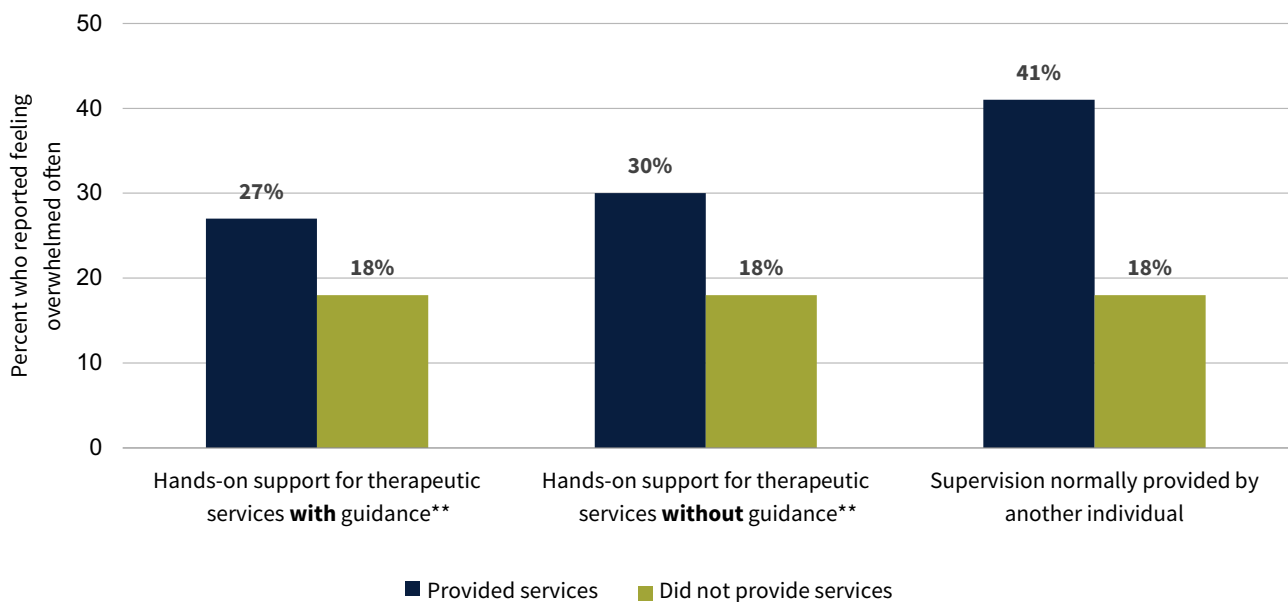
**"We have close relationships with our neighbors, most of which have children of a similar age to ours. The fact that all of these children were able to play together (after a brief quarantine period to ensure none of them was infected with COVID-19) provided relational normalcy and stability to them, and us."
– Caregiver**

Households with children and youth with special health care needs (CYSHCN) seemed to be further impacted by the decreased access to support systems than the households without CYSHCN. For example, households with CYSHCN experienced higher rates of disruptions in childcare or daycare closures.

"...it's been more of the school situation, because she already has a delay with her learning so that kind of put her back...what she had already progressed [to], it's kind of put her back." – Caregiver

When parents with CYSHCN lost access to their support system— either medical professionals or family members— they often took on the new responsibility of case management, mental or behavioral health provision, home nursing, and/or special education. Notably, 41% of caregivers who provided supervision to their CYSHCN that was normally provided by another individual reported feeling overwhelmed during the pandemic. In comparison, among the parents who did *not* provide such supervision, only 18% of them reported feeling overwhelmed. Similarly, parents who provided any type of hands-on support for therapeutic services reported feeling more overwhelmed than the parents who did *not* provide hands-on support for therapeutic services.

Caregivers Providing Services to CYSHCN* Were More Likely to Report Feeling Overwhelmed



*Children and youth with special health care needs

**Guidance from a therapist using technological supports

■ KEY MESSAGE 2:

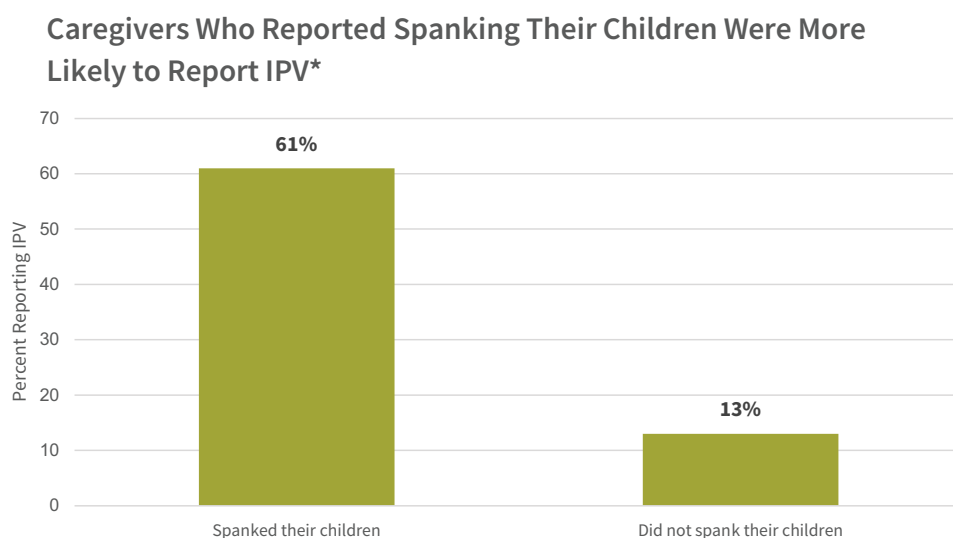
RELATIONSHIP BETWEEN INTIMATE PARTNER VIOLENCE, HARSH DISCIPLINE, AND CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

In this survey, stress was reported among those experiencing intimate partner violence (IPV), using harsh child discipline, and caring for CYSHCN.

For this survey, IPV victimization includes physical violence such as slapping, pushing, kicking, punching, beating, choking, burning, and threatening with or using a weapon. Psychological or emotional IPV included being insulted, humiliated, having money withheld, restricted access to family or friends, being tracked, or being threatened by an intimate partner. An intimate partner is a person whom one is dating, in a romantic partnership with, and/or in a sexual relationship with.

Approximately one-fifth (21%) of survey respondents reported that they experienced physical and/or psychological IPV since the beginning of the pandemic in March 2020. Notably, men reported higher victimization rates than women for psychological IPV only (13% vs. 8%) and physical IPV with or without psychological IPV (14% vs. 8%). There may be a relationship between emotional and financial stressors and rates of IPV among survey respondents. Caregivers who reported IPV during the pandemic also reported feeling nervous or stressed all or most of the time, or that difficulties were piling up so high that they could not overcome them compared with those who did not report IPV (26% vs. 18%). While caregivers across all income levels reported IPV, those with an income of less than \$20,000 reported a rate of 29%, higher than all other income brackets.

There was a relationship between the presence of IPV and harsh child discipline in a home. Harsh strategies for child discipline examined in this survey include yelling, threatening, and spanking. When asked to reflect on the past week, children were more likely to be yelled at or spanked in households that also reported IPV compared to the households in which IPV was not reported. Of the caregivers who reported that they spanked their child within the last week, 61% of them also reported IPV.

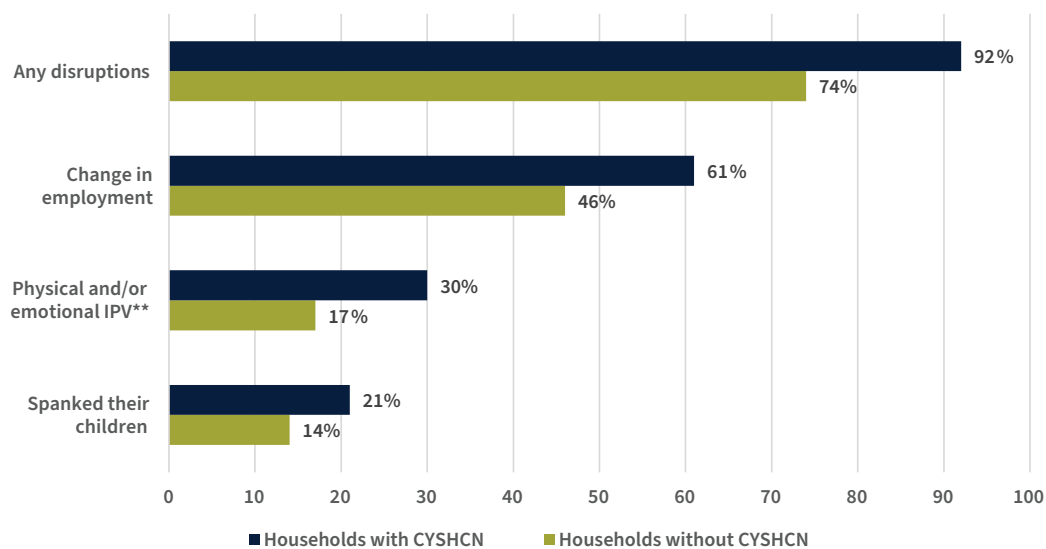


*Intimate partner violence

Among households with CYSHCN, there were more disruptions to the children’s daily lives (92% vs. 74%), higher rates of being laid off, furloughed, or reduced work hours (61% vs. 46%), and slightly higher rates of financial stressors (41% vs. 37%) compared to households without CYSHCN. More caregivers in households with CYSHCN reported IPV during the pandemic compared to households without any CYSHCN — physical and/or emotional IPV was 30% vs. 17%, physical IPV was 17% vs. 7%, and emotional IPV was 26% vs. 15%. Additionally, CYSHCN caregivers reported that within the last week, they utilized spanking as a form of child discipline at a higher rate than households without CYSHCN (21% vs. 14%).

While cause and effect cannot be definitively established, these findings suggest that households with CYSHCN experienced higher rates of stress, IPV, and spanking of children than households without CYSHCN.

Households with CYSHCN* Reported More Stressors in Daily Life



*Children and youth with special health care needs

**Intimate partner violence

KEY MESSAGE 3:

POSITIVE & CHALLENGING EXPERIENCES

In spite of the myriad stressors with which families were faced, many caregivers were able to experience joy during the pandemic. Closures of schools and childcare centers meant that many of them adopted the new role of educator and/or increased caregiving responsibilities during the day. Although 47% of caregivers noted that helping their children with education was stressful or caused household tension, 60% of those respondents also said that it was a positive experience that allowed them to build a closer relationship with their child.

My days off and lost hours have given me more time with him and allows me to help him with homework through the day so we can play after he's done, be it video games, Legos, Hot Wheels, or making some story up with action figures." – Caregiver

"The ability to work virtually has helped raising our child tremendously. Being able to stay home during the entire day, saving cost and time on my commute, increased our day to day satisfaction and reduced stress that was already elevated due to the quarantines." – Caregiver

This newfound closeness occurred while many caregivers were met with significant challenges. The limitations placed on activities outside of the home created tension and prevented some caregivers from relaxing or having time to themselves. Others did not have the choice to work from home and had to make difficult decisions when childcare options were limited and finances were strained.

"Not being able to find a babysitter for my child while I work or feeling stressed about making enough money to provide for cost of living and then wondering if my child would be able to go back to school so that I wouldn't have to find someone to watch him while I worked." – Caregiver

"When my kids school closed and we were FORCED to do at-home remote learning, I wasn't able to work during that time, so we didn't have money for awhile (sic)." – Caregiver

The contrast in the types of challenges encountered during the pandemic— and resources available to address them— highlights the privilege disparity that impacts families. Despite employment or financial status, all caregivers showed continued resilience and a desire to do the best for their children.

■ IMPLICATIONS FOR PRACTICE

Pediatricians and home visitors are in a unique position to inquire about home life, employment pressures, caregivers' histories of ACEs, and childcare needs so that caregivers have the freedom to express their successes and challenges in a supportive environment. These individuals have an opportunity to build personal relationships with caregivers and children, and use their wide network of resources to meet the

needs of families. As noted earlier, there is a relationship between stress from childcare responsibilities and financial strains, and harsh child discipline and IPV. Pointed questions from an engaged care provider can elicit information on the ecological factors that impact child and family wellbeing. The survey respondents noted that they are faced with obstacles that might not readily present in a medical record, such as a lack of support from family members or difficulty in accessing SNAP benefits or rental assistance. Pediatricians and home visitors have the ability to identify the holistic needs of families and collaboratively research solutions.

■ LIMITATIONS

The results of this summary report should be interpreted within the context of several limitations. A limitation for the team was creating a concise survey that yielded meaningful and actionable responses, while simultaneously limiting questions so survey completion was not burdensome. This constraint narrowed the scope of information that could be gathered from caregivers. Further, there were limitations due to the cross-sectional nature of the survey, because of this a causal relationship between the data cannot be determined. It is also important to note the possibility of underreporting one's experiences with IPV or use of harsh child discipline. In an attempt to control for this and encourage the respondents to be forthcoming, participants were not asked to provide any personally identifiable information, and the questions were asked via an electronic survey instead of over the phone or in-person.

Separately, there were numerous pivotal moments (i.e., racial justice movement, natural disasters, contentious 2020 U.S. election cycle) that contributed to families' experiences since March 2020; this project data could not isolate the effects of the COVID-19 pandemic from other events. Further inquiry is needed to understand how other contextual factors affected caregivers and families.

■ CONCLUSION

Through surveys and focus groups, caregivers highlighted key aspects of the COVID-19 pandemic that impacted their families. The importance of support systems became evident when childcare and employment responsibilities were stressful and overwhelming. Intimate partner violence, harsh discipline, and/or CYSHCN often co-occurred in a household, with feelings of stress paired with each experience. In spite of those stressors, many parents and caregivers were able to develop closer, positive relationships with their children. This newfound closeness occurred while many caregivers were met with significant challenges. Finally, there is an opportunity for pediatricians and home visitors to begin dialogues with families and encourage them to celebrate their accomplishments as well as help them identify needed resources.

ABOUT THE AUTHOR

Magnolia Detroit Consulting focuses on building capacity within organizations that value the betterment of society, and racial equity and gender equality in the workplace. Services include organizational assessments, strategic planning, qualitative research, and technical report writing. All work is completed through a social work lens, which lends itself to more human-centered and sustainable results. Amber Joiner-Hill is the owner and principal consultant of MDC. She holds a Bachelor of Arts in Psychology from the University of Michigan and a Master of Science in Social Work from the University of Texas.

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