

# “New Normal” for Children and Families: Developing a Universal Approach with a Focus on Equity

## Contributors:

Doha Ali, *Undergraduate Intern*<sup>1</sup>  
Ennis C. Baker, MSW, LCSW<sup>1</sup>  
Carolyn Y. Barnes, Ph.D.<sup>1</sup>  
Kimberly J. Friedman, JD<sup>1,2</sup>  
Anna Gassman-Pines, Ph.D.<sup>1</sup>  
Krysta Gougler-Reeves, MSW, MPH<sup>1,2</sup>  
Katie D. Rosanbalm, Ph.D.<sup>1</sup>  
Javaid E. Siddiqi, Ph.D.<sup>3</sup>

## Affiliations:

<sup>1</sup> Center for Child and Family Policy, Sanford School of Public Policy, Duke University

<sup>2</sup> Family Connects International

<sup>3</sup> The Hunt Institute

The COVID-19 pandemic has created unprecedented challenges for families across the country. The virus’s reach is widespread, touching nearly every person—whether that be through job loss, the closing of schools and universities, or health challenges to name a few. Although COVID-19 is a physical health crisis, its reach has been pervasive, developing into a socio-economic crisis and a mental health crisis, among other detrimental impacts. For example, the policies put in place to curb the transmission of the COVID-19 have increased our levels of social isolation, exacerbating many people’s stress and anxiety for many people. Research demonstrates that increased emotional difficulties during times of crisis can result in increased substance abuse, child abuse, and intimate partner violence. While the elderly are considered the face of this pandemic, children risk becoming the biggest victims, emerging from the crisis with learning loss, exposure to violence and psychosocial stress. Moreover, the harmful effects of this pandemic are not distributed equally. The pandemic is deepening pre-existing inequalities, exposing vulnerabilities within our systems which in turn are amplifying the impacts of the pandemic.

These unprecedented times call for an exceptional level of collaboration and coordination. Now is the time to step up solidarity for children and families. As we work together to navigate this crisis, we ought to look honestly at the shortcomings of our current systems. This will allow us to identify a series of immediate and sustained actions to build better and more equitable systems for children and families. Action now will help prevent this universal crisis from having a lifelong impact on our youngest generation.

This brief provides an overview of the various channels through which COVID-19 has affected the lives of children and families, and proposes **4** key actions to help communities heal and build stronger, equitable systems:

1. Create a “new” public health system centered upon a universal approach to care with a focus on equity.
2. Invest in early childhood systems to maintain and strengthen childcare providers in the long term.
3. Invest in K-12 education to minimize educational loss caused by the pandemic.
4. Expand social safety net to be robust enough to keep families afloat during an economic crisis.

## THE MEANS THROUGH WHICH COVID-19 AFFECTS CHILDREN AND FAMILIES

To understand COVID-19’s impact on the nation’s children and families, it is helpful to look more closely at the various channels through which the lives of children and families are affected.

### Health and Social Inequities

Pandemics such as COVID-19 put a strain on our health care system and decrease people’s willingness to engage in routine care, both of which can decrease the likelihood for individuals to receive treatment and services. The reduction in care may be compounded by intersecting inequalities, including ethnicity, socioeconomic status, age, and geographic location. These social determinants of health “lead to different levels of health risks, needs, and outcomes.”<sup>1</sup> Recent data demonstrates that, thus far, the virus has disproportionately affected racial and ethnic minorities.<sup>2</sup> Communities of color have been disproportionately impacted for many reasons, including poorer health outcomes prior to the pandemic due to structural racism. Historical and current structural inequities and policies, such as residential and school segregation and zoning regulations, have contributed to the current reality that people of color in the United States are more likely to live in densely populated neighborhoods, have less access to green spaces and healthy foods, and higher exposure to air pollution and environmental toxins—all of which contribute to an increased likelihood of preexisting chronic health.<sup>3</sup>

### A Weakened Public Health System

Public health systems protect and improve the health of the entire population. It is “the science and systems designed to create community, statewide, and nationwide conditions that promote health, prevent disease and encourage healthy behaviors across the entire population.”<sup>4</sup> In addition to promoting health and preventing disease, a strong public health infrastructure ensures that communities are prepared to respond quickly when public health emergencies arise. Strong state and local infrastructure are needed in order to activate when a national plan of action is developed.

The COVID-19 pandemic has highlighted the deficiencies in our public health system. Public health has not been a funding priority at any level of government for over 20 years. The CDC’s Public Health Emergency Preparedness funding, the main source of state and local funds for novel outbreaks like coronavirus, was cut by over 33% from 2003 to 2019.<sup>5</sup> Today, public health claims just three cents of every health dollar spent in the country.<sup>6</sup> The results of the lack of investment in public health were apparent long before COVID-19 began its march across the globe. Local health departments eliminated more than 50,000 jobs, or 23% of their workforce, between 2008 and 2017.<sup>7</sup> The public health systems at the federal, state and local levels are now tasked with responding to the current crisis with reduced staffing and funding.

### Child Care

Just as health care is a crucial part of our nation’s infrastructure, so is access to affordable, high-quality childcare, which enables parents to remain in the labor force and provides healthy foundations for young children to learn and grow. However, vast inequities exist for families trying to access quality care (inequities which existed before COVID-19). On average, families with children under the age of five spend 10% of their income on childcare.<sup>8</sup> Subsidies for families living in poverty are meant to assist with this burden, but due to waiting lists and access hurdles, fewer than one in six children eligible for childcare subsidies receives this assistance.<sup>9</sup> Low-income families without this subsidy spend 35% of their income on childcare. Despite this disproportionate expenditure, these families are only half as likely to access licensed care, meaning that the quality of their child’s care is likely to be lower than that of children in middle-class families.<sup>10</sup>

On the other side of the equation is the childcare workforce. Early childhood professionals play a critical role in nurturing our nation’s youngest citizens, providing foundational relationships and building strong brain architecture for early academic and social-emotional learning.<sup>11</sup> Yet childcare providers have a median hourly wage lower than that of fast-food employees.<sup>12</sup> These professionals support the labor force of both today and tomorrow but often do not make a living wage themselves.

The COVID-19 pandemic has brought an increased burden to both families of young children and the childcare workforce. As public schools began to close, so did many childcare centers. By the end of April, an estimated 42% of North Carolina licensed childcare facilities were closed, and those remaining open were not operating at full capacity: roughly 61% of childcare spaces were vacant across all centers. While these closures were important to diminish infection spread, they also made the lives of working families much more challenging. Families have scrambled to find alternative care settings, cared for children while working from home, or found themselves at home without work struggling to manage expenses. Many centers did choose to remain open, largely to serve children of essential workers, but childcare providers took on the burden of an increased risk of COVID-19 exposure. Moreover, only 15% of the early childhood workforce receives health insurance through their workplace and fewer than 25% have paid sick leave.<sup>13</sup>

## Education at a Standstill

Similar to child care, schools across the country provide a space for necessary learning and growth for our future generations while enabling parents to work during the day. School closures brought on by COVID-19 have occurred at an unprecedented scale, with nearly every state in the country shutting their physical school doors for the last quarter of the 2019-2020 school year.<sup>14</sup> The potential learning losses that may accrue in learning for today’s youth, and for their development, are hard to fathom. Institutions of higher learning were forced to quickly close their campuses and transition to online learning online, creating new challenges for many students. Publicly funded schools from preschools through universities are facing potentially insurmountable financial hardships, with state appropriations—still impacted by the Great Recession—now facing drastic cuts due to the economic devastation of COVID-19 on state budgets.<sup>15</sup>

Schools are an integral part of the social safety net, offering food to low-income students as well as mental and physical well-being support. Many schools and districts were quick to respond by finding new ways to offer meals, and the U.S. Department of Agriculture has offered critical flexibility to states, but other services are more challenging to sustain.<sup>16</sup> For example, schools are a critical source of identifying child abuse and, as schools closed, states across the country saw significant declines in child abuse reports with no clear guidance on how to identify potential cases of abuse, given the limited interaction educators and students currently have.<sup>17</sup> Similarly, students in higher education are also experiencing food and housing insecurity.<sup>18</sup>

Students, parents, and educators are also struggling to maintain learning during the pandemic, raising concerns that learning gaps among student subgroups will grow. Many families lack the requisite access to broadband Internet and technology for online learning, and others, including parents and higher education students, are understandably prioritizing income over education right now. This means student growth will slow or stall in many instances, and schools will have to find ways to counter the learning loss.

## Economic Devastation

The efforts to decrease the spread of coronavirus, particularly the closure of non-essential businesses, have had an extraordinary impact on the United States economy. The unemployment rate in the United States has jumped from 3% in March of 2020 to 13.3% in May of 2020, a rate unseen since the Great Depression.<sup>19</sup> In May, the number of unemployed persons reached 21 million.<sup>20</sup> This shock to the economy has overwhelmed the unemployment benefits systems leaving them unable to cope with the demand and resulting in significant delays for enrollment and approval of benefits.<sup>21</sup> The pandemic is straining families' ability to afford basic needs—mortgages, utilities, and food.

Americans across the country have turned to community resources such as food banks for help. However, these already overwhelmed community resources can only do so much and cannot fulfill the hole left by lost wages and benefits. In regard to employer benefits, 55% of Americans receive health care through their employers and when they lose their jobs, these Americans are left uninsured.<sup>22</sup> Neither Americans nor the systems of support were properly prepared for the worst economic crisis since the Great Depression. Research demonstrates that three out of four American families live paycheck to paycheck with 30% having no emergency savings at all.<sup>23</sup> Congress enacted several emergency relief packages such as The Families First Coronavirus Response Act, a statute that provides additional resources and expanded paid leave to employees affected by COVID-19, and the Federal coronavirus stimulus package called the Coronavirus Aid, Relief, and Economic Security (CARES) Act that included expanding unemployment benefits and sending stimulus checks to some Americans.

## HELPING COMMUNITIES HEAL AND BUILD STRONGER, EQUITABLE SYSTEMS

The impact of COVID-19 on children and families' mental and physical health, safety, and education are far-reaching. The effects, however, are not distributed equally. Children and families of certain socio-economic and ethnic backgrounds will bear the greatest burden in the absence of proper mitigation efforts. This pandemic has further exposed the impact of structural inequalities, the vulnerabilities of our economy, and the gaping holes in our safety net systems.

As we collectively plan for the future, we need to consider an approach that embraces everyone. The proposed path forward must start with listening to what families need, connecting people to high-quality resources that meet their needs and preferences, and building a system that invests in children, families, and public health.

## Health and Social Inequities

The pandemic did not create unjust systems, as the inequities were already present, but the pandemic has highlighted gaping holes within our social fabric and exposed the devastating impact of such systems and policies on communities of color. Addressing the social determinants of health is a crucial part of improving communities' health and reducing longstanding disparities. Repairing the drivers of health and social inequities will not be an easy or quick fix. It is necessary to include a long-term vision for dismantling existing inequitable structures if it is to truly meet the goal of healthy futures for all families. However, we have an opportunity to develop policies and systems that strengthen our economy and families and form a foundation to support health and well-being for all.

The rebuilding of a public health system that will properly address the needs of Americans will take considerable funding and planning. A universal system of coordinated support systems available to all families can be part of a foundation of the “new” public health system. This new model would remove stigmatization and barriers and encourage coordination to address the various social determinants to establish a family-centered access approach to care.

The future of a successful public health system that can best meet the needs of children and families will have an infrastructure that vastly differs from the current approach. To meet the needs of all Americans throughout the life span, we recommend building a public health infrastructure that acknowledges and works to mitigate the disparities in access to health services and treatment. A high-quality public health system that supports everyone in a triaged manner—versus the historical strategy of creating programs targeted to the poor—can be a key strategy to address disparities. We recommend the development of future public health systems’ infrastructures that reach all families in order to connect them to the information and resources that meet their needs and preferences. Programs such as Family Connects and NCCare360 provide a model of how universal public health prevention programs can be developed and implemented to improve outcomes across communities. Public health systems funded and oriented in this way could prevent marginalization, ensure that each person can have his/her needs assessed, and receive the specific resources and supports that are tailored to his/her needs and preferences.

### Investing in Early Childhood Systems

For the sake of the early childhood essential workforce and our nation’s children, we need to prioritize early childhood systems during the COVID-19 pandemic, while also legislating enhanced supports and resources to maintain and strengthen childcare providers in the long term. These supports for childcare providers include increased wages for early childhood professionals, with access to health insurance and paid sick leave. While COVID-19 has put our focus on physical safety, we cannot ignore the mental and emotional toll that the pandemic has placed on workers. To ensure the well-being of both childcare providers and children, we recommend there be a prioritization of workforce wellness, with systemic support for social-emotional health alongside the heightened cleaning and safety protocols. Wellness supports include sufficient staffing for regular out-of-class break time, time for lesson planning, reflective supervision, and access to mental health care.

Moreover, the broad impact of COVID-19 on all aspects of our lives is a feature to be considered in designing enhanced training and consultation for early childhood professionals. Young children will need extra attention, nurturing relationships, and considerable social-emotional support amidst the increased stress and safety protocols of the pandemic. Teachers and directors will benefit from increased guidance and coaching on policies and practices that will build safe and supportive classroom communities. This includes consistently grouping the same staff and children, providing structured routines and environments, and providing teachers with virtual access to early childhood mental health consultants. Equally important, all childcare programs will need adequate internet access and devices to support videoconferencing with parents and family members, because drop-off at the door will greatly limit opportunities to check in with families and share important information. Likewise, mobile devices will allow child care providers with access to the early childhood support systems that offer virtual coaching, consultation, and training. Strong communication systems are more crucial than ever to reduce isolation and maintain healthy relationships among all adults involved in caring for a child. Finally, as we work to strengthen the early childhood system, it is critical that we consider equitable access to affordable childcare for families. This will involve increased childcare assistance for families to ena-

ble all eligible children the option for subsidy coverage. Only then will parents be able to remain in the workforce, confident that their children are receiving the quality care they need for future success.

## Investing in K-12 Education

Similar to the additional investment in childcare, the nation’s K-12 system needs to be restructured to minimize educational losses caused by the pandemic. As K-12 schools seek to implement social distancing requirements, purchase personal protective equipment, and expand access to broadband Internet and technology, they will incur unexpected costs. Additionally, postsecondary institutions will likely see an influx of new students as a result of the recession, but per-student state appropriations in all but seven states are still lower than before the Great Recession. Recovery will require that state governments attempt to maintain their investment levels and that the federal government inject additional funds in the K-12 and postsecondary education systems.

To prevent greater student learning loss than what has already occurred from school closures and to help students attain grade level, we suggest schools invest in both summer and fall programming. This will require formative assessments to help educators pinpoint academic placement in real-time and additional investments in staff to provide more personalized student support.

Equity must be prioritized as a part of policy making as states make these investments. The challenges brought on by the pandemic have highlighted the gaps that already existed, and it will be important for schools to ensure that students of color, low-income students, and students with disabilities all receive the support they need. Students, teachers, and administrators will need to be provided with tools to address the effects of the pandemic. Investing in training and development to ensure that schools are able to implement trauma-informed practices will help educators provide for the physical and mental well-being of students as schools reopen in the fall.

## Economic Supports

The COVID-19 pandemic has left the United States economy in another “once in a lifetime” recession. This pandemic has shown that the existing “safety net” for those who have low-incomes, work in jobs without benefits, or become unemployed is not agile enough to handle an economic crisis nor robust enough to keep children and families afloat during an economic crisis.

This crisis has highlighted the need for families’ economic stability when an unexpected illness strikes. One remedy to the current situation would be the development of a robust Paid Family and Medical Leave insurance program.

These policies are state (or federal) programs that include all workers, allowing them to receive partial wage replacement when taking time off from work to address their own critical health needs or the health of a loved one. Research shows that paid leave not only improves economic stability but also improves the health of workers and their families. Similarly, publicly provided paid sick leave, which would cover shorter amounts of time away from work, can allow families to enjoy increased economic stability while promoting public health by encouraging those who are ill to stay home.

The significant reduction of economic activity across all major sectors threatens the livelihoods of millions of adults and their children. To make ends meet, families rely on both community and government resources to fill in the gaps. The largest public nutrition program, the Supplemental Nutrition Assistance Program (SNAP), is a crucial component of the safety net, preventing the hunger of children and families. Benefits, however, are often not sufficient to support families each month. Making SNAP

benefits more generous would provide immediate, needed support to millions of families. Food access during the summer months is a particular challenge for families with school-age children who rely on meals provided by National School Lunch and School Breakfast programs. As a result of this pandemic, the U.S. Department of Agriculture launched a temporary program called pandemic EBT, which provides money for food for families who rely on school meals to be used while schools are closed. Now that the program infrastructure is in place in nearly all states, it could be made permanent to provide nutritional support to families during the summer months.

## Conclusion

This global pandemic has shined the brightest of lights on the inequities and health disparities that exist in our current society. It also has demonstrated that a perpetually under-funded and under-staffed public health system and patchwork of safety-net programs and policies is ill-equipped to address our nation’s needs—needs that will continue beyond the urgent pandemic response and that will also require further investments. We cannot return to business as usual. To return to the system and structures of the past would be to accept an environment rapt with inequalities and inefficiencies. It is time that we reimagine and rebuild.

The return will not be to “normal” but rather to a “new normal” that centers upon a universal approach to care, with a focus on equity. This means reimagining our healthcare systems to be universal systems of coordinated support, which will increase access to families and break down barriers to health care services. The new normal for childcare and education need to be transformed to include trauma-informed processes to best address the stressors to children and childcare providers caused by the pandemic and everyday life. The expansion and roll-out assistance to families, from paid sick leave and childcare grants to offering increased food access, will be necessary for shielding children and families from poverty. By implementing policies and programs designed to support and promote child and family well-being, we can carve a path forward that connects every family and child to the healthy future they deserve while strengthening our economy.

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## About the Authors

**Doha Ali** is the summer undergraduate research assistant with Duke's Center for Child and Family Policy. She is a rising senior at Duke University studying the social sciences.

**Ennis Baker** is an Associate in Research with Duke's Center for Child and Family Policy. Baker is a licensed clinical social worker specializing in early childhood mental health and has served in a variety of roles serving at-risk children ages birth to 5 and their families.

**Carolyn Barnes** is an Assistant Professor in the Sanford School of Public Policy at Duke University and Faculty Affiliate of Duke's Center for Child and Family Policy. Barnes, who researches childcare policy, family services and support for young children, is the author of the recently published book, *State of Empowerment: Low-Income Families and the New Welfare State* (2020).

**Kimberly Friedman** is the Policy Engagement and Analysis Director for Family Connects International.

**Anna Gassman-Pines** is the WLF Bass Connections Associate Professor of Public Policy & Psychology and Neuroscience in the Sanford School of Public Policy at Duke University and Faculty Affiliate of Duke's Center for Child and Family Policy.

**Krysta Gougler-Reeves** is the North Carolina Manager for Policy and Engagement for Family Connects International.

**Katie Rosanbalm** is a Senior Research Scientist with the Center for Child and Family Policy at Duke University. Trained as a child clinical psychologist, Rosanbalm's work focuses on program implementation and evaluation in the areas of self-regulation development and trauma-informed early care and education.

**Javaid Siddiqi** is President and CEO of The Hunt Institute.