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Hardships and Hope in California During the COVID-19 Pandemic

Family Experiences During the COVID-19 Pandemic
Questionnaire Brief, Wave 1

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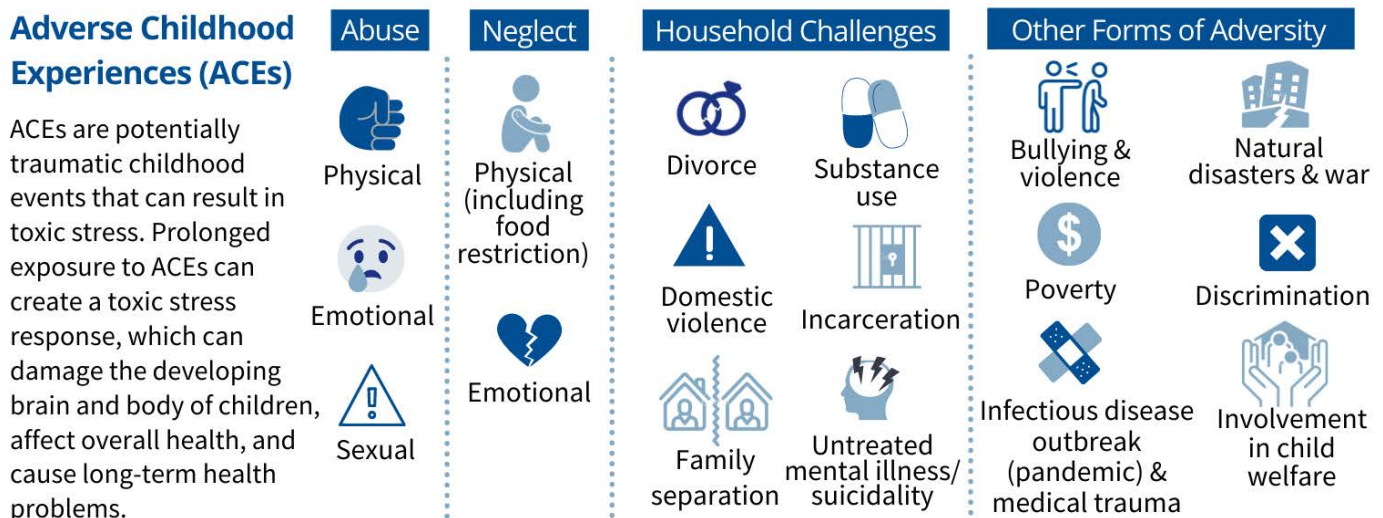
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Overview of the COVID-19 Pandemic and Adverse Childhood Experiences

The COVID-19 pandemic has increased hardships and disruptions for many families and communities. Such hardships include social distancing, employment and housing instability, and inequities in health outcomes and access to healthcare.^{1,2} Children living in communities that experience poverty, lack of access to healthcare, food insecurity, and financial and/or housing instability are at greater risk of exposure to Adverse Childhood Experiences (ACEs) and to toxic stress during the COVID-19 pandemic.^{1,2} Even so, there are opportunities to reduce potentially harmful long-term impacts on children and families in California. The *Hardships and Hope in California During the COVID-19 Pandemic* questionnaire brief focuses on key findings from the questionnaire *Family Experiences during the COVID-19 Pandemic*. It emphasizes ACEs and Positive Childhood Experiences (PCEs) during the pandemic, as well as strategies and resources to help Californians recover from adversity experienced during the pandemic. Although the findings showed that caregivers experienced hardships in the pandemic, caregivers also reported creating positive experiences with their children, which can mitigate the harmful effects of adverse experiences.

- Caregivers can include:
- Foster parent
 - Relative caregiver
 - Non-related extended family member
 - Legal guardian
 - Foster adopt parent
 - Adoptive parent³



The above image was adapted from the Robert Wood Johnson Foundation.⁴

ACEs are defined differently across various studies and research publications. Those depicted here are intended to capture a broad range of traumatic childhood events, beyond the original 10 from the Robert Wood Johnson Foundation, that can result in negative impacts to mental and physical health.

Balancing Adversity with HOPE: The Healthy Outcomes from Positive Experiences (HOPE) Framework

Protective factors and PCEs can reduce the harmful effects of ACEs and toxic stress.⁵ PCEs, such as being able to talk to family about feelings, participating in community traditions, and feeling supported by friends, have been associated with improved mental health and social emotional support in adulthood.⁶ Visit the [Healthy Outcomes From Positive Experiences \(HOPE\) webpage](#) to learn more about the HOPE Framework.

Safe, stable, nurturing relationships and environments (SSNR&Es) promote resilience among youth and pave the way to healthy development.⁷ Local Health Departments and other child and family service providers can contribute to creating positive experiences and improving wellbeing in their communities by connecting families with resources, educating partners and organizations about policies that improve child wellbeing, and supporting strategies that improve resiliency.⁵

Positive Childhood Experiences

Positive childhood experiences (PCEs) are experiences that engage the child, the caregiver, and the caregiver-child relationship in order to achieve positive child health outcomes. PCEs contribute to healthy development and can reduce or prevent harmful effects of childhood adversity and toxic stress. PCEs can be organized in four categories:

- Being in nurturing, supportive relationships
- Living, developing, playing, and learning in safe, stable, protective, and equitable environments
- Having opportunities for constructive social engagement and to develop a sense of connectedness
- Learning social and emotional competencies.

Four Categories of PCEs



Nurturing and supportive **relationships**



Safe, stable, protective, and equitable **environments**



Social **engagement** and **connectedness**



Social and emotional **learning**

Family Experiences During the COVID-19 Pandemic Questionnaire

The *Family Experiences During the COVID-19 Pandemic* questionnaire was designed by the American Academy of Pediatrics in collaboration with the Centers for Disease Control and Prevention, Prevent Child Abuse America, and Tufts Medical Center.^{8,9} The first wave of the questionnaire was conducted from November 9 to December 11, 2020. Additional waves of data were collected in March and July 2021 and will be presented in future resources. The questionnaire asked caregivers about the following experiences:

- Disruptions in education, healthcare, and social activities
- Emotional and behavioral health
- Economic security
- Child and caregiver safety
- ACEs and PCEs
- Caring for children with special healthcare needs

In California, 1,526 parents and caregivers with at least one child under the age of 18 responded to the questionnaire. Data were weighted to represent the demographics of caregivers of children under the age of 18 in California. Key findings from Wave 1 of the questionnaire presented in this data brief capture both positive and negative experiences of Californians. For more information about the data source and survey methodology, please visit [KidsData](#). To learn more the national-level findings, see [Family Snapshots: Life During the Pandemic](#) on the American Academy of Pediatrics website.*

Key Findings from the Questionnaire for California

Adverse Childhood Experiences

Being aware of the number of ACEs that children have experienced in their lives provides a foundation to understand the increased risk of experiencing them during the pandemic. Figure 1 shows the number of caregiver-reported lifetime ACEs experienced by the oldest child. Nearly two-thirds of caregivers reported that their oldest child had not experienced any ACEs in their life so far. Almost 30% reported one to three ACEs among their oldest child, and 8% reported that their oldest child had experienced four or more ACEs. The most commonly reported ACEs were in households with parents or guardians who were divorced or separated (18%), households with members with a mental illness (12%), and households where there is alcohol or drug abuse (10%).

The risk of experiencing ACEs may have increased during the pandemic. For example, loss of supportive systems like recreational activities and childcare may indicate an increased risk of experiencing ACEs during the pandemic.¹⁰ Among caregivers

*To support more robust findings in California from the “Family Experiences During COVID-19 Pandemic Questionnaire”, the Lucile Packard Foundation, in partnership with the EfC Initiative, funded an oversample. KidsData provided the analysis and findings in-kind.

in California, the two highest reported disruptions to their children’s regular activities after the COVID-19 outbreak in March 2020, were having sports or after school activities canceled (36%) and medical or dental appointments canceled (29%). In response to the stress of the pandemic, caregivers reported using alcohol (22%), tobacco (14%), and/or cannabis/marijuana (16%) in the previous month. Substance use among caregivers can serve as a ripple effect for multiple risks/exposures to ACEs. One example of this relationship is that increased substance use with a caregiver can lead to an increase risk of the child using substances at an earlier age, which can lead to an increased risk of experiencing ACEs.^{11,12}

Adverse Childhood Experiences Among Oldest Child

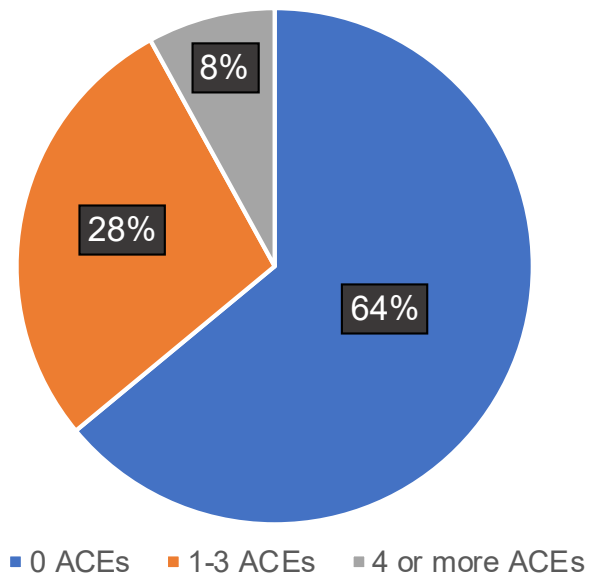


Figure 1. Estimated percentage of ACEs among the oldest child (ages 0-17) reported by caregiver.

Nearly two-thirds of caregivers reported that their oldest child had not yet experienced any ACEs.

Economic Insecurity and Care for Children and Youth with Special Health Care Needs Linked to ACEs

Changes in economic security can cause toxic stress within families and could lead to an increase in ACEs among children. Many caregivers experienced changes in their financial situation and employment status during the pandemic. Among adult caregivers, 43% indicated that their financial situation had been negatively impacted by the pandemic (see Figure 2), and 29% reported leaving the workforce or becoming unemployed during the pandemic. The use of social safety net resources before and during the pandemic suggest that there was a high percentage of families in need, with 44% of caregivers continuing to use those resources during the pandemic and 11% of caregivers newly started to use social safety net resources, such as Women, Infants and Children (WIC) program, and Supplemental Nutrition Assistance Program (CalFresh), during the pandemic.

During the pandemic, 11% of caregivers started using social safety net resources for the first time. This may have been due to the 29% of caregivers who left the workforce or became unemployed.

Caregivers accessing food banks and free or reduced price school meals almost doubled during the pandemic. Prior to the pandemic, 10% of caregivers used these resources while 19% used foodbanks and 20% received free or reduced price meals during the pandemic. About one in four caregivers (26%) used CalFresh, and one in five (19%) accessed public insurance.

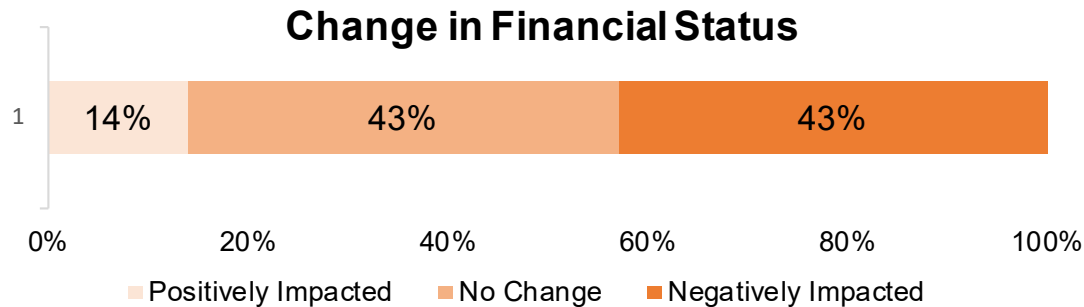


Figure 2. Estimated percentage of caregivers living in California that reported experiencing a change in their household financial situation since the COVID-19 outbreak in March 2020.

Children and youth with special health care needs (CYSHCN) require more frequent and specialized health care and related services. Before the pandemic started, 20% of caregivers felt fairly or very often overwhelmed by the demands of caring for their CYSHCN. Nine months into the pandemic that percentage was 24%. Use of care coordination, case management, durable medical equipment, and legal counseling increased during the pandemic, while special education services, respite care, and mental health services decreased. CYSHCN households are also more likely than non-CYSHCN households to experience higher numbers of ACEs. Households with CYSHCN reported 21% of their oldest child having experienced at least one ACE in their life, and 12% having experienced four or more ACEs, which is twice the amount households without CYSHCN reported experiencing.

Positive Childhood Experiences (PCEs)

Opportunities for Nurturing, Supportive Relationships with California Caregivers



Figure 3. Percentage of California caregivers that reported believing their children had one or more daily opportunities to have fun within the past week, and percent of caregivers who participated in positive activities with their children within the past week (at time of questionnaire).

Children and families also experienced PCEs during the pandemic, which may reduce the risk of ACEs and alleviate the negative long-term impacts of the pandemic. Over 94% of respondents reported participating in at least one positive activity with their children in the past week, 64% reported that their children had at least one opportunity to have fun in the past week, and over 78% indicated that they felt close to their children during the pandemic. At the time of the survey, nearly half of respondents said they read with their children in the past week (48%), and 62% joined their children in outdoor activities.

78% of California caregivers felt close to their children during the pandemic.

Many California caregivers helped their children with schoolwork, as 83% children engaged in full or partial remote learning, and 60% shared that they had a positive experience in helping them. The percentage of Californian parents who spent four or more hours with their children weekly stayed the same before and during the pandemic at 86%.

Conclusions and Next Steps

Despite disruptions and hardships faced during the COVID-19 pandemic, families in California showed resilience and created positive experiences. There is a need to continue to support strategies that strengthen economic security and foster both positive experiences and nurturing relationships for caregivers and children as families in California continue to recover from adversity experienced during the COVID-19 pandemic.

- The COVID-19 pandemic created a time of intensified hardship and disruption to families, which may indicate an increased risk of experiencing ACEs.
- Despite hardships, caregivers were able to create positive experiences with their children during the COVID-19 pandemic, which can mitigate the risk from ACEs.
- CYSHCN households were found to be more likely than non-CYSHCN households to experience a higher number of ACEs.
- Participation in social safety net resources and services increased during the COVID-19 pandemic, such as CalFresh free or reduced priced school meals; Food Bank services; public health insurance; and WIC programs emphasizing the importance of such programs.
- Further information is necessary to better understand whether exposure to ACEs among caregivers' children changed during the COVID-19 pandemic because the *Family Experiences During the COVID-19 Pandemic* questionnaire evaluated the number of cumulative ACEs over a child's lifetime.
- The findings presented in this brief are representative of the *Family Experiences During the COVID-19 Pandemic* questionnaire's Wave 1 data, which was conducted in November 2020. Data from additional waves of the questionnaire that were conducted in March and July 2021 will be made available in the future to learn about trends and long-term impacts of the pandemic on the wellbeing of children and caregivers in California.

Strategies and Resources

To help Californians strengthen their household financial security and achieve safe, stable, nurturing relationships and environments, Local Health Departments and children and family service providers can consider the following strategies and resources:

Strategy	Resources
<p>Explore where opportunities exist to support local communities in building an equitable recovery from COVID-19.</p>	<p>California Department of Public Health COVID-19 Health Equity Playbook for Communities: Strategies and Practices for an Equitable Reopening and Recovery is intended to support local communities in California, eliminate disparities in levels of COVID-19 transmission, and promote an equitable recovery.</p>
<p>Educate decisionmakers about opportunities to strengthen and extend eviction protections and remove barriers to rental assistance programs.</p>	<p>Communities can ensure that relief resources flow to those who need them most by targeting outreach efforts and reducing barriers, such as burdensome application processes and language barriers.^{13,14} View the following resources to learn more about how eviction protections can improve wellbeing and how to increase equitable access to housing resources:</p> <p>Preventing an Eviction and Debt Epidemic: Delivering Effective Emergency COVID-19 Rental Assistance in California</p> <p>COVID-19 Equity Investment Guide: Local Policy and Investment Priorities for an Equitable Rolling Recovery</p>
<p>Support Californians' tax filing for purposes of collecting tax credits, including the California Earned Income Tax Credit (CalEITC) and Young Child Tax Credit (YCTC).</p>	<p>Connecting Families to Tax Credits to Improve Child Wellbeing in California: A Brief for Local Health Departments and Children and Family Service Providers is intended to assist Local Health Departments and children and family service providers in efforts to educate about how the California Earned Income Tax Credit (CalEITC), Young Child Tax Credit (YCTC), federal EITC, federal Child Tax Credit, and other associated tax credits can improve the wellbeing of Californians.</p>

<p>Educate about the benefits of family-friendly work policies, including Paid Family Leave.</p>	<p>Family-friendly work policies improve balance between work and family responsibilities, strengthen economic security, and enhance parents and caregivers' ability to provide necessary care for children.¹⁵ View the following resources to learn more about family-friendly work policies: The Centers for Disease Control and Prevention's (CDC) Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities California Partnership to End Domestic Violence's Strengthening Access to Economic Supports webpage</p>
<p>Engage with local coalitions who are working to create policy change that improves the lives of children.</p>	<p>Essentials for Childhood Initiative California Child Wellbeing Coalition e-Guide is a digital resource intended to support state and local public health programs, child-serving systems, non-profits, and philanthropic organizations that are interested in collaborating with organized groups at the local-level who are working to achieve child wellbeing through policy, systems, and environmental (PSE) change.</p>
<p>Educate decisionmakers about the importance of PCEs and trauma-informed practices and approaches.</p>	<p>View the following resources to learn more about PCEs and trauma-informed practices and approaches that can improve the health and wellbeing of communities: Healthy Outcomes From Positive Experiences (HOPE), a program of Tufts Medical Center SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach</p>
<p>Link families and caregivers to expanded services and resources made available during the pandemic that can assist with efforts to help promote PCEs and reduce harmful impacts of ACEs.</p>	<p>For support and linkage related to services, please visit: Childcare and Education Assistance Financial Assistance Workers and Businesses Assistance</p>

Additional Resources

- [Healthy Outcomes from Positive Experiences \(HOPE\), a program of Tufts Medical Center](#)
- [KidsData, a program of the Population Reference Bureau \(PRB\)](#)
- [Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health](#)

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About the Program

[The Essentials for Childhood \(EfC\) Initiative](#) is a coalition led in partnership by the California Department of Public Health, [Injury and Violence Prevention Branch](#) (CDPH/IVPB) and the California Department of Social Services, [Office of Child Abuse Prevention](#) (CDSS/OCAP).

The Essentials for Childhood Initiative:

- Seeks to address child maltreatment and Adverse Childhood Experiences (ACEs) as public health issues;
- Aims to raise awareness and commitment to promoting safe, stable, nurturing relationships, and environments (SSNR&E);
- Creates the context for healthy children and families through social norms change, programs, and policies; and
- Utilizes data to inform action.

The EfC Initiative recognizes that child maltreatment and ACEs are preventable and utilizes a primary prevention approach, working upstream to address underlying causes to prevent childhood adversity from occurring in the first place.

Utilizing a collective impact model, the EfC Initiative advances the common agenda of multiple agencies and stakeholders through the alignment of activities, programs, policies, and funding so that all California children, youth, and their families thrive in safe, stable, nurturing relationships and communities where they live, work, and play.

If you have feedback, questions, or would like to know more about this document, please contact: ivpb@cdph.ca.gov.