

Child-juvenile risks during confinement due to COVID-19: review of family prevention measures in Spain

Factores de riesgo infanto-juveniles durante el confinamiento por COVID-19: revisión de medidas de prevención familiar en España

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ABSTRACT

Introduction: On March 14, 2020, the Spanish Government declared a state of alarm to face the health emergency situation caused by the rapid evolution of the COVID-19 pandemic. The greatest impact of the restrictions applied by the lack of contact with the main areas of socialization has been on childhood and adolescence. The increase in the rates of family violence and the abusive consumption of gambling or pornography show the need to reinforce family prevention measures. **Methodology:** a review of the main family prevention measures applied in Spain was carried out. They are classified according to the levels of prevention (primary / educational-secondary / socio-educational-tertiary / psychological) and complementary measures identified at the international level are proposed. **Results:** a large part of the Spanish prevention measures are tertiary in nature. Psychological telephone support was the measure most widely applied in the different regions of the Spanish state. **Discussion:** Despite the emerging risks in Spanish households during confinement by COVID-19, no resources were identified so that families can effectively manage daily family dynamics. **Conclusions:** the need to provide primary risk prevention resources, aimed at improving family communication and parental skills, in order to reduce rates of family violence and the inappropriate use of ICT by children and adolescents, is concluded.

KEYWORDS: childhood; adolescence; family; domestic violence; TIC; family life education; Spain.

RESUMEN

Introducción: El 14 de marzo de 2020, el Gobierno Español, declaró el estado de alarma para afrontar la situación de emergencia sanitaria provocada por la rápida evolución de la pandemia de COVID-19. El mayor impacto de las restricciones aplicadas por la falta de contacto con los principales ámbitos de socialización se ha dado sobre la infancia y la adolescencia. El incremento en de las tasas de violencia familiar y del consumo abusivo del juego o de la pornografía evidencian la necesidad de reforzar las medidas de prevención familiar. **Metodología:** se realizó una revisión de las principales medidas de prevención familiar aplicadas en España. Se clasifican según los niveles de prevención (primario/educativo-secundario/socio-educativo-terciario/psicológico) y se proponen medidas complementarias identificadas en el ámbito internacional. **Resultados:** gran parte de las medidas de prevención españolas son de carácter terciario. El apoyo psicológico telefónico fue la medida mayormente aplicada en las diferentes autonomías del estado español. **Discusión:** a pesar de los riesgos emergentes en los hogares españoles durante el confinamiento por COVID-19, no se identifican recursos para que las familias pudieran gestionar las dinámicas familiares cotidianas de manera efectiva. **Conclusiones:** se concluye la necesidad de facilitar recursos de prevención primaria de riesgos, orientados a mejorar la comunicación familiar y las competencias parentales con tal de reducir las tasas de violencia familiar y el uso inadecuado de las TIC por parte de niños/as y adolescentes.

PALABRAS CLAVE: infancia; adolescencia; familia; violencia doméstica; TIC; educación a la vida familiar; España.

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Translation by **Paula González** (Universidad Católica Andrés Bello, Venezuela)

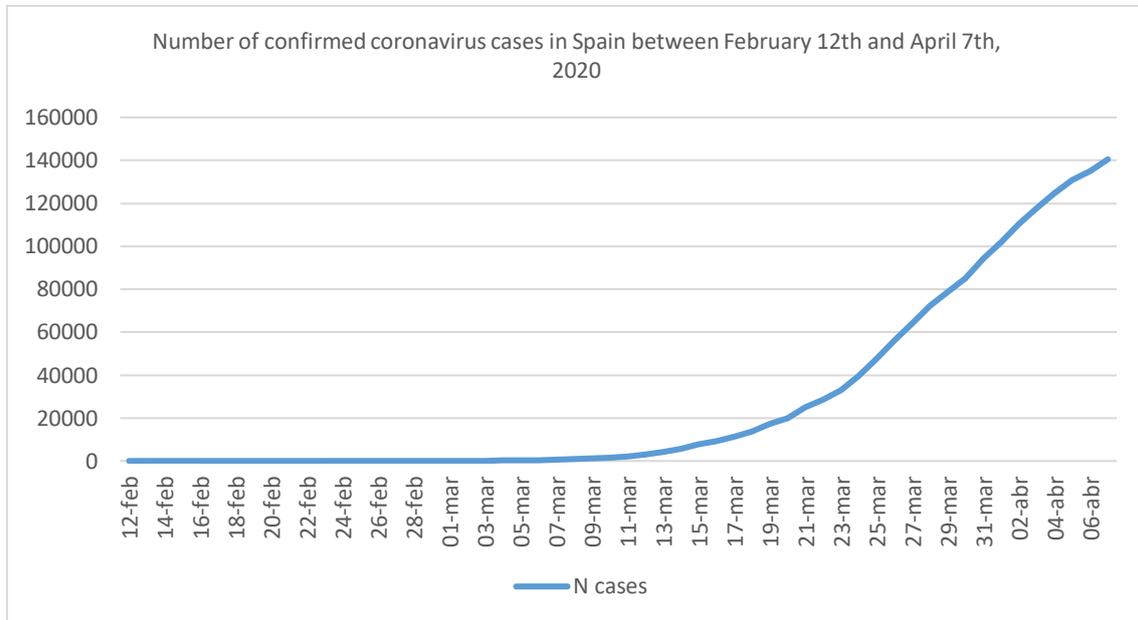
1. Introduction.

In early December 2019, an outbreak of “2019 novel coronavirus pneumonia” (n-CoV) was detected in the Huanan City Wet Market in the city of Wuhan (China). In early January 2020, the CDC (Chinese Center for Disease Control and Prevention) identified and isolated the first case of atypical pneumonia known as severe acute respiratory syndrome, coronavirus 2 (SARS-CoV-2) (Li *et al.*, 2020). SARS-CoV-2 is transmitted through contact between people closer than 182.88 centimeters, through oral and nasal secretions that are transferred by the infected person, when inhaled by close people. Its spread can also occur among asymptomatic individuals. SARS-CoV-2 can cause breathing difficulties that require intensive care and / or cause death.

On April 8th, 2020, 1,426,096 infected people had been registered, with 81,865 deaths, and 300,054 recovered individuals worldwide, of which 146,690, 14,673, and 48,021, respectively, had been identified in Spain; A country that, after the US, with 400,004 infected individuals registered, 12,911 deaths, and 22,461 recovered people, was the country with the highest level of affectation.

Faced with the seriousness of the potential effects of COVID-19, both Wuhan and other Chinese regions adopted rigorous containment measures to control the epidemic. The WHO, declared on

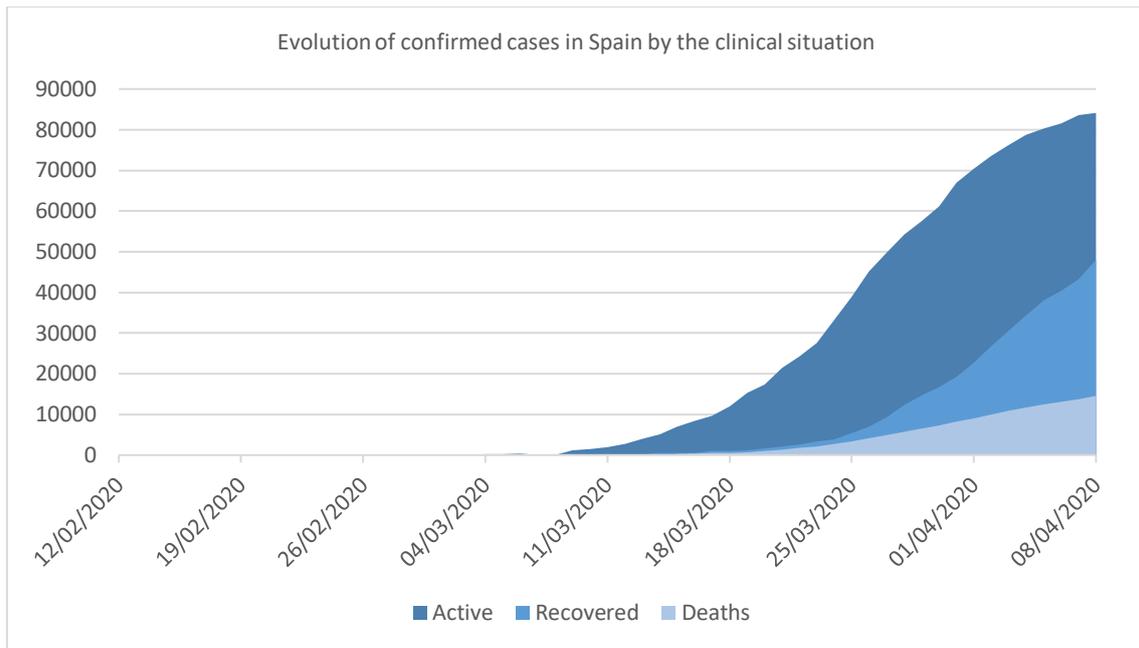
January 31st, 2020, more than 200 deaths and about 8 thousand confirmed cases, plus 98 infections in 18 countries, apart from China (RTVE, 2020; Ministry of Health, 2020). On March 11th, 2020, after evaluating the severity and spread of the outbreak, and with 118 thousand cases and 4,291 deaths, identified in 114 countries, the World Health Organization declared the global spread of COVID-10 as a “Pandemic caused by coronavirus” (WHO, 2020).



Graph 1: Number of confirmed coronavirus cases in Spain between February 12th and April 7th, 2020.

Source: Self-made (Orte and Nevot-Caldentey, 2020; Statista, 2020)

On March 14th, a state of alarm was declared in Spain to try to cope with the emergency caused by the degree of development of the pandemic. On April 8th, Spain already had 5,407 deaths and 143,247 individuals infected by COVID-19; when it reached the highest volume of confirmed infections worldwide, after the US. Cured people continued to increase, reaching 30.7% of the total, with 2,771 new discharges. After completing 24 days of quarantine, it was possible to reduce the daily evolution from 22% to 3%; a fact that indicated that the measures had begun to show effectiveness (RTVE, 2020; Ministry of Health, 2020).



Graph 2: Evolution of confirmed cases in Spain by the clinical situation on April 8th, 2020
Source: self-made (Ministry of Health, 2020; Orte and Nevot-Caldentey, 2020; RTVE, 2020)

Table 1. Confirmed cases, patients who have required ICU, deceased, and cured by COVID-19 by Autonomous Community –March 28th, 2020

Autonomous Community	TOTAL, confirmed cases	Patients who have required ICU	Deceased	Cured
Andalusia	4.277	172	175	139
Aragon	1.592	124	58	8
Asturias	1.004	50	33	65
Balearics	862	59	26	80
Canary Islands	1.025	68	36	25
Cantabria	937	37	22	21
Castilla La Mancha	4.512	289	448	197
Castile and Leon	4.791	249	321	585
Catalonia	14.263	1.324	1.070	3.106
Autonomous Community	TOTAL, confirmed cases	Patients who have required ICU	Deceased	Cured
Ceuta	17	2	1	0
Valencian Community	4.034	282	234	92
Extremadura	1.394	40	88	49
Galicia	2.772	112	47	95
Madrid	21.520	1.404	2.757	6.326
Melilla	45	2	1	0
Murcia	802	58	17	12

Navarre	1.829	84	70	98
Basque Country	5.136	176	221	1.023
La Rioja	1.436	43	65	364
SPAIN	72.248	4.575	5.690	12.285

Source: self-made (Ministry of Health, 2020; Orte and Nevot-Caldentey, 2020)

Two months later and since June 1, with 70% of the Spanish territory in the de-escalation phase, the balance of the Ministry of Health, recorded a total of 240,326 cases of contagion in Spain and 27,128 deaths. According to the latest available count, on May 18 the number of recovered was 150,376 people (RTVE, 2020; Ministry of Health, 2020). The simple transmission and level of fatality of COVID-19 indicate that society requires measures to prevent its spread.

1.1. Rationale: Impact of COVID-19 lockdown on families

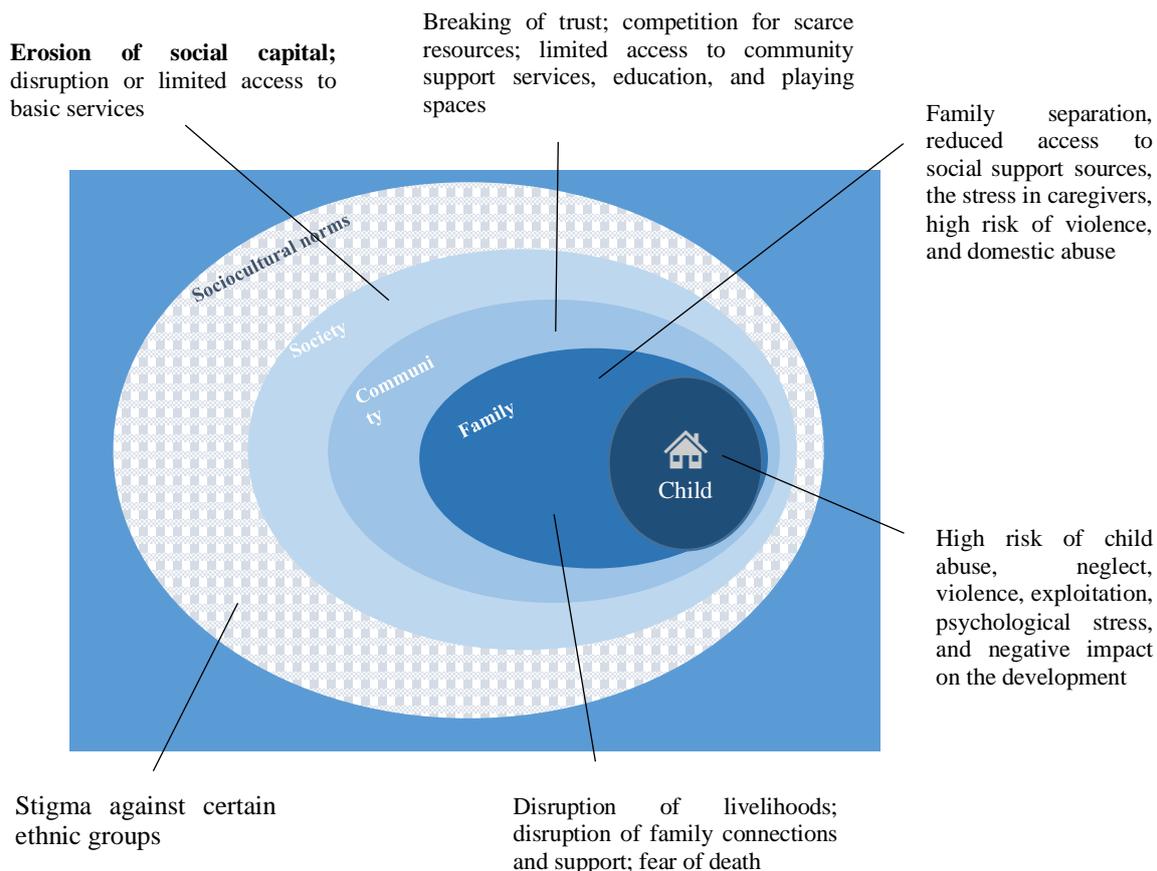
The COVID-19 coronavirus pandemic has changed home dynamics. The UN (United Nations Organization) for Education, Science, and Culture indicated that approximately 38,000 million minors stopped attending schools and practicing group activities, such as team sports or playgrounds. While part of the mothers and fathers and/or caregivers worked telematically, taking care of the minors at the same time, others had to stop attending or were left without work, under the uncertainty given by the ignorance of the scope of the consequences and the duration of the situation (Cluver *et al.*, 2020).

The rigor in the application of restrictive mobility measures generated a break in the performance of daily activities by the population. However, the greatest degree of impact occurred in the younger population, since home isolation meant the loss of contacts in different circles of socialization such as educational spaces, places where leisure activities and free time could take place, or the street itself. The situation with the greatest impact on those minors at risk, because they present different difficulties in their respective microsystems (degree of family breakdown, deficiencies in parenting family skills, and/or problems related to addictions), and for minors at risk, because they are under processes of residential or family care and/or in a situation of guardianship or custody by the Public Administration (Ministry of social rights and 2030 agenda, 2020).

The Osasun eskubidearen alde elkartea (OSALDE, 2020), lists the main risks given in situations of these characteristics, due to their potential risk to family health and well-being:

- Problems with addictions
- Lack of entertainment resources
- Low access to technology
- Coexistence in contexts of risk of violence
- Situation of social exclusion
- Lack of ties to engage in active communication
- Difficulties in understanding the state of alarm
- Obligation to attend the workplace
- Be dependent or a minor
- Lack of support networks
- Economic precariousness and/or lack of economic resources

The rapid evolution of the pandemic has generated various implications for family health, mainly in families with a lower level of resources, with limited support and / or who do not receive the necessary income to meet daily family needs.



Graph 3: *Socio-ecological impact of COVID-19.*

Source: Self-made (Orte and Nevot-Caldentey, 2020): The Alliance for Child Protection in Humanitarian Action (2020)

The high levels of stress suffered by families have and can lead to the erroneous adoption of coping strategies and thus generate an unsafe and/or risky context for minors (Ducy and Stough, 2011). It has been identified that child abuse rates, for their part, increase during periods in which educational spaces are closed (United Nations, 2020).

1.2. Research question

Evidence has indicated that vulnerability and violence have increased during periods of closure, due to health emergencies, of educational centers (Rothe *et al.*, 2015). Family experimentation with uncertainty has increased levels of family stress, due to the application of exceptional measures, difficulties in reconciling family and work life, and/or the lack of support from the labor regulations applicable in the Spanish territory. In a large part of the households, this impact has increased the rates of abuse and violence of minors (UNICEF, 2020; WHO, 2020). Taking into account the changes that family life faces during COVID-19 confinement, this review aims to know:

- *What are the family prevention measures most applied in Spain? What have been the main child and youth risks in families during confinement? What international family prevention strategies could complement the Spanish resources aimed at the family environment?*

1.3. Theoretical framework

Faced with the global pandemic experienced by the contagion of COVID-19, the Chinese government applied rigorous quarantine policies, managing to stop the spread of the pandemic, both in the continental regions of China and in the rest of the world. However, research has identified the occurrence of adverse psychological effects in children and adolescents (Liu *et al.*, 2020). For minors in quarantine with their families, the stress levels given by contextual changes could be alleviated, to a certain extent, by applying/facilitating the appropriate resources. However, minors who are or have been separated from their relatives, require special attention, fundamentally in those cases of minors infected by the SARS-CoV-2 coronavirus and who are in local hospitals or medical observation centers in quarantine, in those whose family caregivers have died from the disease, or in those isolated in sheltered apartments or centers for minors. More, if possible, in minors with special educational needs, or with mental health/addictive disorders that require treatment (Ortuño, 2020), since they may be more susceptible to the separation or loss of family/caregivers. The National Child Traumatic Stress Network (NCTSN, 2020) lists some recommendations in this regard:

1. Companionship, fundamental for the welfare of children; Family separation creates a state of crisis that can increase the risk of psychiatric disorders.
2. Contact with friends. Children isolated during a pandemic are more likely to develop acute stress or adjustment disorders.
3. The loss or separation of family members/caregivers during childhood also has adverse long-term mental health effects, including increased risk of developing mood disorders and/or suicide in adulthood.
4. Family communication time, access to information about the coronavirus through comics and/or videos; the establishment of a regular schedule for activities; providing action references adapted to the minor, health and/or care personnel, for when minors are concerned or have anxiety, difficulty sleeping, and/or loss of appetite, are also defined as resources recommended by the NCTSN.
5. Post-pandemic surveillance is recommended against potential mental disorders that these minors may suffer in the future.

On the other hand, time shared in confinement can also create the opportunity to develop stronger relationships with minors. UNICEF, WHO, the Global Alliance to End Violence against Children, the United States CDC (Center for Disease Control and Prevention), Parenting for Lifelong Health, and the Achievement for Africa's Adolescents Hub have collaborated to facilitate open access virtual parenting resources, specific to families in confinement by COVID-19.

They provide tips and advice for families to build positive relationships, to manage unwanted behaviors, and/or to manage family stress. These resources, supported by randomized controlled trials, can be shared via social media and are available online (Internet of Good Things (IoGT) (Cluver *et al.*, 2020; Vally *et al.*, 2015; Ward *et al.*, 2020).

The Alliance for Child Protection in Humanitarian Action (2020) indicates several priority child protection responses within education (Education; CPMS Standard 23; INEE Resource List):

- Reduce the impact of school closings by using distance learning methods that are attractive to minors.
- Agree with employers labor flexibility measures for workers with dependent minors, to facilitate the care of minors.
- Work with the different educational contexts to limit panic and anguish given from the protection and safety messages, promoting adherence to health measures and family tranquility.

- Train professionals who work with minors so that they can identify symptoms of distress to facilitate the coverage of specific child protection needs.
- Ensure the necessary knowledge and skills so that people who work with minors can mitigate the risk of the consequences derived from violence, exploitation, and/or sexual abuse.
- Support the development of mechanisms that facilitate protective messages for minors in educational centers or places related to child protection.
- Address stigma and situations of social exclusion, linked to the appearance of COVID-19.

The *Alliance for Child Protection in Humanitarian Action* (2020) proposes a series of actions to protect minors during the COVID-19 pandemic, focused on building abilities and/or positive coping strategies in families, communities, and/or minors.

Table 2. Priority actions for the protection of minors by ecological level

Priority protection actions for minors	
Preparatory actions	Response actions
MP Strategy: Individual and group activities for the welfare of minors	
<ul style="list-style-type: none"> • Identify alternatives for mental health and psychosocial support and educational activities for minors • Involve minors in the design of interventions 	<ul style="list-style-type: none"> • Train educational and health services personnel on the risks derived from COVID-19 • Identify strategies to provide psychosocial support to minors, especially those in quarantine • Remote contact, increased awareness based on gender and age
MP strategy: Strengthening the family and care settings	
<ul style="list-style-type: none"> • Work with minors, family members, and professionals to identify cultural beliefs and protection and risk practices for minors in confinement • Identify opportunities to increase awareness and highlight the importance of positive parent-child relationships • Develop an inter-institutional plan, in collaboration with the relevant authorities, to strengthen the care of vulnerable minors 	<ul style="list-style-type: none"> • Provide support to care centers and families, including foster families or care centers, so that they emotionally support minors and develop adequate self-care • Provide material assistance to families with income impairments • Promote safe contact measures between family members and minors who are physically separated. • Work with other areas for the implementation of measures to prevent the separation of the minor from their family
MP Strategy: Community Approach	
<ul style="list-style-type: none"> • Identify community spaces that can increase awareness and protection of minors and families • Work as a community to identify strategies for the prevention and protection of vulnerable groups (e.g. children at risk of stigmatization and/or exclusion, refugees, in alternative care...) 	<ul style="list-style-type: none"> • Work with the community to disseminate responsible messages to minors, related to risks and facilitate access to referral channels • Identify flexible telematic communication strategies with the different community agents • At the community level, develop activities that end stigmatization and promote adequate coping and support for affected populations • Work with religious leaders to adapt traditional practices that may be risky (e.g., burial and mourning ceremonies, or gestures of greeting).
MP Strategy: Case Management	
<ul style="list-style-type: none"> • Train and support workers who work with children and adolescents, about the coronavirus, including basic information, information about myths or the impact of the concerns of minors • Work with health personnel to facilitate the inclusion of minors in situations of exclusion • Identify measures that reduce the risks for workers in contact with people as well as alternative methods that allow monitoring avoiding direct contact 	<ul style="list-style-type: none"> • Establish mechanisms so that communities can comply with mobility restrictions • Identify minors in situations of special vulnerability (e.g.: refugee children, homeless, migrants, with some disability, etc.)

<ul style="list-style-type: none"> • Provide references to specialized services 	
MP Strategy: Alternative Care	
<ul style="list-style-type: none"> • Train health personnel in the application of measures to prevent the separation of minors and their families and identify unaccompanied minors • Train families and professionals who are responsible for unaccompanied minors or children separated from families by contagion • Train systems in preventing family separation and promoting reunification and family-based alternative care 	<ul style="list-style-type: none"> • Establish alternatives and family-based care • Ensure that children separated from their families have regular channels of family communication • Avoid the dissemination of information that may encourage families to act negligently regarding minors • Work with authorities to establish systems that prevent long-term family separation and facilitate reunification

Source: self-made (Orte and Nevot-Caldentey, 2020; *The Alliance for Child Protection in Humanitarian Action*, 2020)

2. Objectives

COVID-19 requires identifying and applying effective strategies to strengthen families to care for, respond to, and protect children and adolescents (Clark *et al.*, 2020). This review was proposed to compile the main educational, socio-educational, and psychological resources for families in confinement due to COVID-19, at two levels:

- Identify the existing resources in the Spanish state and by autonomy related to educational, socio-educational, and psychological support in the face of mobility restrictions applied for coronavirus.
- Identify the main child and adolescent risks that emerged during confinement and include reference strategies, at an international level, to improve and/or maintain family dynamics, which make it possible to prevent the risks of confinement.

3. Methodology

A review of family measures applied by the different national and regional bodies and entities in Spain to support families in the face of mobility restrictions applied by COVID-19 is presented. This research was carried out between March 14th and April 11th, 2020.

As inclusion criteria, it was established that they were measures directed at the family (1); aimed at facilitating educational or primary prevention resources, socio-educational or secondary prevention resources, and psychological or tertiary prevention resources and/or treatment of emerging social problems during confinement (2).

For the classification of the measures applied in the Spanish territory, the types of prevention defined by the WHO (2020) were considered according to their action objectives:

- *Primary prevention*, aimed at avoiding the appearance of a health problem, by controlling the causal agents or risk factors. It includes measures aimed at intervening on risk factors when the problem has not appeared. In the context of this work, it defines the educational measures that are aimed at preventing emerging risks due to the exceptional situation linked to COVID-19, in the individual or the family.
- *Secondary prevention*, which defines the measures aimed at stopping, delaying, or preventing the progress of a problem in its early stages. In the current review, it will include the socio-educational measures and the available resources aimed at alleviating the specific risks that emerged during the state of alarm and that are present in individuals and/or families.
- *Tertiary prevention*, aimed at treating or rehabilitating a person regarding a problem or disease, to slow down its progression and avoid the appearance or worsening of its

complications. In this work, tertiary prevention measures will be understood as those measures of a therapeutic and/or psychological nature aimed at people and families affected by COVID-19 or by problems aggravated from the declaration of the state of alarm due to circumstances related to it and the restrictions applied for its remission.

Measures aimed at preventing/treating the main emerging problems in Spanish families were especially considered; family stress; work stress; family violence, online gambling, and pornography trafficking. The contents of the official state publications, and of the 17 autonomous regions and autonomous cities of Spain, and the resources of the online media were reviewed.

3.1. Search results

In Spain, in light of the economic impact caused by COVID-19, a Decree was approved on March 12th by the Council of Ministers, which includes family support measures (State Agency Official State Bulletin, 2020):

- *Article 8* contains the basic right to food for children in vulnerable situations affected by the closure of educational centers. It contemplates the direct economic benefit to families or the distribution of food.
- In *Article 9*, the possibility of granting a credit supplement in the Budget of the Ministry of Social Rights and 2030 Agenda is contemplated to cover the financing of social services programs in the autonomous communities. It has an amount of 25 million euros.
- In *Article 10*, the school calendar for compulsory education is defined, contemplating the flexibility of the volume of school days in the centers affected by the closure measures.
- In *Article 11*, the exceptional consideration is included, as a situation of assimilation of a work accident in periods of isolation or contagion, framed in the Special Regimes of Public Officials, from COVID-19.

3.1.1. Family support measures in Spain during confinement by COVID-19

Among the emergency measures applied, a set of resources and preventive strategies for families are identified, both at the national and regional levels.

Table 3. Resources in the Spanish state of family support during confinement

Date	Organization	Resource title	Description
2020			
Educational support resources			
- March.	Ministry of Education and FP	Online educational materials and resources (Families)	Tools, websites, and applications so that families can complement minor's education and develop recreational activities (by educational stage)
March 16 th .	Ministry of Education and VT, and RTVE	EduClan	Digital media (3 to 10 years old) for families during the closure of educational centers
March 21 st	Ministry of Education and VT, and RTVE	"We learn at home"	Special television programming promoted by the MEFP to alleviate the lack of face-to-face classes caused by the coronavirus crisis
Socio-educational support resources			
March 17 th	Caritas	Carita's measures	Measures of employment, housing, minimum income, food, immigration, and international protection, basic supplies
Psychological support resources			
March 31 st	Ministry of Health, Consumption, and	Helpline for the population affected by	Telephone numbers for relatives of the sick or deceased (917 007 989), for professionals (917 007

	Welfare, and General Counsel of Official Associations of Psychologists (COP by its acronym in Spanish) of Spain	the coronavirus	990), and for the entire population (917 007 988) aimed at promoting first-rate care and support, to manage the stress and discomfort caused by the pandemic
March 27 th	Ministry of Social Rights	Recommendations for emotional support for minors during the epidemic	Family resources to provide effective care for minors
March	Spanish Society of Psychiatry (SECPAL)	“Take care of your mental health during the coronavirus quarantine”	An information sheet with information on the possible impact of fear of contagion, isolation, and quarantine on mental health
March	Spanish Society of Psychiatry (SECPAL)	Guide for people who suffer a loss in the time of coronavirus	Tips to help you cope with isolation and uncertainty, offering ways to meet the need to express pain

Source: self-made (Orte and Nevot-Caldentey, 2020)

Table 4. Family support resources in confinement/ Autonomous Community

Date	Organization	Resource title	Description
2020	Educational support resources – Primary prevention		
March 23 rd	Andalusian Board	"Now also... at home"	Creative proposals and resources useful for families to continue the teaching-learning process at home
	Socio-educational support resources– Secondary prevention		
March	Community of Madrid	Pinardi Project	Attention to basic needs for families and minors in situations of special social vulnerability
March 23 rd	Andalusian Board	Meal service for students benefiting from the Infant Feeding Reinforcement Program	The help of the Counseling is maintained for the beneficiary students of the Infant Feeding Reinforcement Program
April 01 st	Board of Extremadura and Caixabank Social Work	Expansion of the feeding program for vulnerable minors	Weekly deliveries of basic food batches by local suppliers
March 22 nd	Professional Council of Psychology of Aragon	A psychological attention telephone number for people who need support in extraordinary situations	Telephone number (876036778) of psychological attention for people who suffer anguish or pain due to the pandemic and its consequences
March 22 nd	Security and Civil Protection Service of the Government of Aragon	Recommendations for psychological help in the face of the coronavirus crisis	The Security and Civil Protection Service of the Government of Aragon has prepared three documents that include the "Recommendations for psychological help in the face of the coronavirus crisis", established by the Professional College of Psychology of Aragon (COPPA by its acronym in Spanish) and the Professional College of Social Work of Aragon.
March 27 th	Associations and organizations in the Balearic Islands	Solidarity initiatives for families	The Espacio Joana Barceló and Cáritas Diocesana provide support, information, financial aid, clothes collection service, accompaniment, among other resources. Also, Can Gazá, Zaqueo, Tardor, Palma Compasiva, the Nava Jeevan Association, or the Montis-Sion Foundation.
April 07 th	IBDona Balears	Campaign "Mascareta-19"	Awareness campaign against sexist violence.

March 18 th	Balearic Government and Insular Councils	WhatsApp 24-hour service, the extension of shelter services	Attention to women victims of gender violence, women caregivers, prostitution, or women in a situation of special vulnerability to the state of alarm
April 1 st	Trama Center Association (Asturias)	Residential accommodation	Enabling residential accommodation with professionals with experience in intervention with minors at social risk
March 24 th	Adamundi, EAPN-Cantabria, Cantabria Acoge (...)	Support measures for families and vulnerable groups	Support for foster and adoptive families, in situations of poverty and social exclusion...
April 10 th	Government of La Rioja	Support for the basic needs of families in social exclusion	The Riojan Government facilitated telephone number (941 294 388) to make food accessible to families and isolated people who do not have a support network
Psychological support resources– tertiary prevention			
March 23 rd	The Community of Madrid (Osalde)	Psychosocial support guide during this coronavirus epidemic	Social intervention guide (COVID-19) to minimize the psychological impact on affected people and their families, on people with psychological problems, for professionals, and the entire population
March	Andalusian School of Public Health (a)	How to help children cope with stress during the Coronavirus outbreak	Ideas to help children cope with the stress they may experience during COVID-19.
March	Andalusian School of Public Health (b)	Tips to take care of our mental health	Tips for mental health care during confinement by families
March 23 rd	Andalusian Board	How to face the coronavirus crisis in a healthy way	A website with resources of interest that allow us to face the crisis healthily, sharing general and specific recommendations for attention to different needs and adapted according to the different stages of the life cycle
March	Observatory for Children in Andalusia	“What we should know about the Coronavirus”	Guide about the coronavirus aimed at children and adolescents.
March 18 th	Official College of Psychology of Western Andalusia	“What is normal to feel and recommendations for psychological well-being in the period of confinement”	Selection of psychological recommendations during confinement.
March 16 th	UNED	“Parents and caregivers: how to help children with the health alert”	Podcast for families with minors that includes guidance to face COVID-19
April 2 nd	Government of Catalonia	“7 tips for healthy confinement for teens”	Document with advice for parents who have adolescents at home during confinement.
March 27 th	Government of Catalonia	“Recommendations for managing children's emotions in the face of Coronavirus”	Recommendations for emotional management and information about COVID-19 for families
March 27 th	Government of Catalonia	“When the coronavirus closely affects children”	Recommendations to inform minors when any of the cohabiting persons contract the infection.
March 31 st	Government of Catalonia	“Coping with grief in childhood and adolescence in the context of the COVID-19 pandemic”	Family recommendations on the grief of minors due to situations experienced from COVID-19.
March	Government of Catalonia	“Coronavirus. 5 activities to learn more.”	Activities for families to inform minors about the coronavirus (6 to 12 years old, as a recommendation).
March	Official College of Psychology of Madrid	Psychological recommendations to explain COVID-19 to children	Recommendations according to age and maturity level to inform minors about the outbreak

March	Niño Jesús University Children's Hospital	10 ways to help children cope with COVID-19 and isolation at home.	Recommendations for families to help minors in coping with the situation of isolation
April	Alicante Family Institute	We are FAMILY against COVID-19	Family support guide against isolation. It offers specific recommendations for different types of families (couples with or without children, with children of different ages, pregnant, among others).
March	Board of Galicia (a)	Coping guidelines to reduce the psychological impact of Coronavirus confinement	Guidelines for coping with confinement in people suffering from mental health disorders. Document available in Galician.
March	Board of Galicia ©	If you are in the process of rehabilitation due to addictive behavior...	Resource for people with addictive disorders in confinement. Document available in Galician.
March	Board of Galicia (b)	Confinement and alcohol consumption	Resource for people who consume alcohol during confinement. Document available in Galician.
March	Castilla y León Official College of Psychology	Guide for families with children	Educational psychology recommendations for families with minors.
March	Castilla-La Mancha Ministry of Health (a)	Emotional well-being in children and adolescents	Recommendations of family support for minors in confinement
March	Castilla-La Mancha Ministry of Health (b)	Exercises for emotional regulation	Material with activities for minors of different ages and their family members
March 31 st	Health Council of the Region of Murcia, 2020	Psychological support service for families of people with mental health	Toll-free support line for families with members with a mental health disorder
March 18 th	Government of the Balearic Islands and Official College of Psychology IB (COPIB)	Free psychological help on 900 112 003 for families	1,762 professionals to provide free psychological help to families due to the death of one of their members
March 26 th	Government of the Balearic Islands	"You are not alone"	Telephone and face-to-face assistance to victims of gender violence: 971178989
March	Council of Mallorca	"Fight against sexist violence"	Telephone number 971 598 209 of the Insular Directorate for equality and diversity of attention to women victims of gender violence
April 07 th	COPIB	Orientations to families about coronavirus	Guidance for families to share positive and educational time during confinement
April 07 th	COPIB	COVID-19 courses	"Psychotherapeutic intervention with children exposed to gender violence: from the approach to trauma, attachment, and resilience" "Psychological intervention in trauma and addictions"
April 07 th	Balearic Health Area (IBSALUT)	Psychological support program for relatives of admitted patients	Service for relatives of people hospitalized for COVID-19 infection
March 25 th	Asturias Education Council	Telephone service on COVID-19	Telephone numbers to resolve family doubts regarding the coronavirus: 900 878 232; 984 100 400
April 1 st	Council of Social Rights and Welfare of the Principality of Asturias	Measures aimed at protecting groups of special vulnerability	Information for users of municipal and specialized social services
April 07 th	Official College of Psychology of Navarra and Council of Health (Nafarroako Gobernua)	Telephone for mental health conditions of the population	Telephone number (848 420 090) for people affected by mental health problems
March 24 th	Cantabrian Institute of Social Services	Psychological support line	Telephone number (917 007 989) for relatives of people who have been hospitalized or died from coronavirus

Source: self-made (Orte and Nevot-Caldentey, 2020)

In Spain, the labor market has shown different levels of affectation, starting from the health crisis caused by COVID-19 and the subsequent State of Alarm decree. In particular, a significant downward trend has been identified in the number of Social Security affiliates, which has been accompanied by a rebound in the volume of unemployed people, following the statistics of the Ministry of Labor and Social Security (2020). Specifically, the greatest decreases in affiliation rates have occurred in Andalusia (-6.6%), in the Canary Islands (-6.3%), and in the Valencian Community (-5.8%) compared to the national drop of 4.7% (CROEM, 2020).

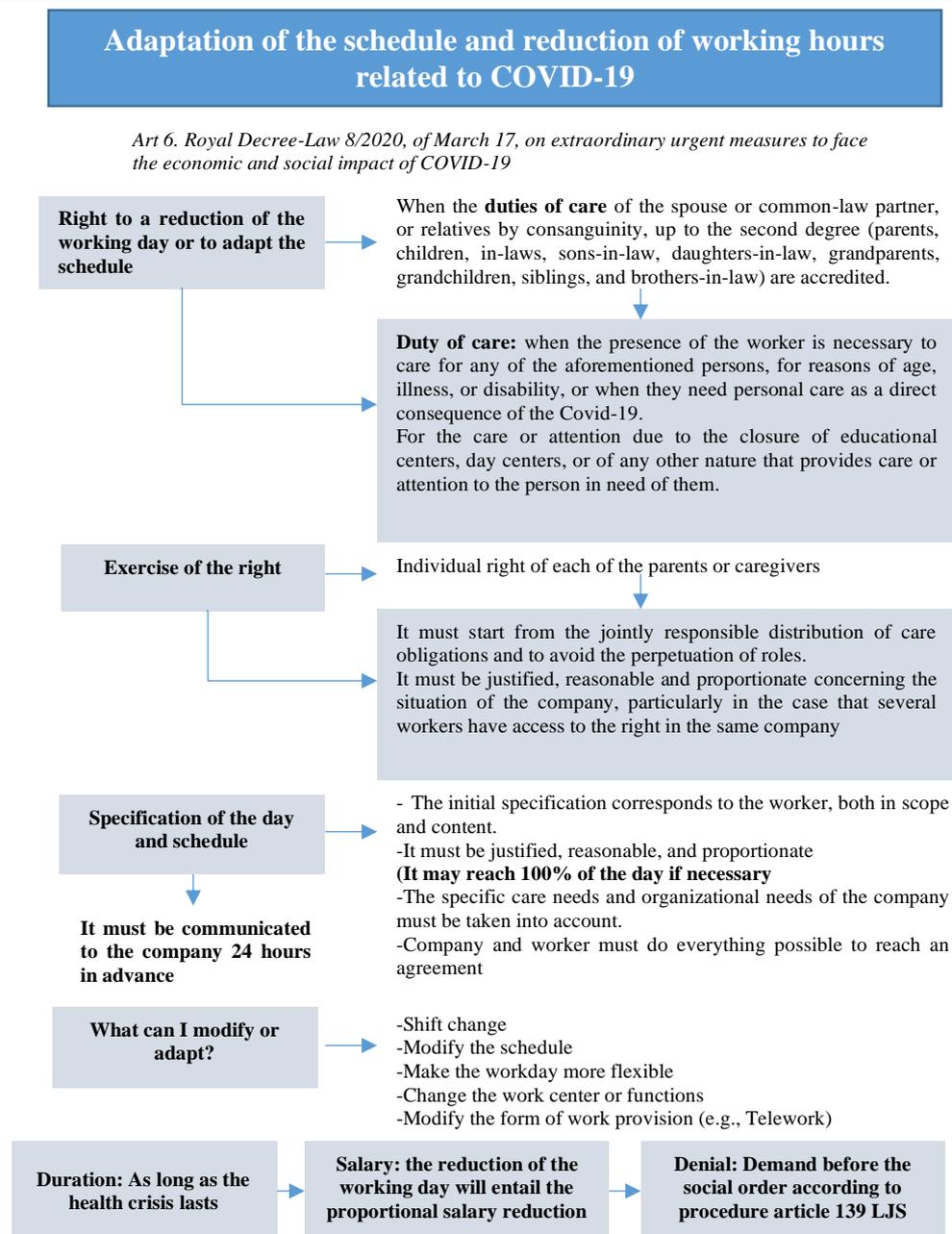
UNICEF, in collaboration with the ILO, has developed several recommendations for family support in the pandemic by companies. They indicate the need for public authorities to reinforce and increase social protection measures, above all, in families of special vulnerability, facilitating access to income and work, supporting employees, and promoting financial support for those individuals and families who lose their employment (UNICEF, 2020).

Spanish labor regulations have offered guarantees so that families affected by the closure of educational centers can see “days for their own business” contemplated when the applicable collective agreement contemplates it (1); can obtain paid permission for “an inexcusable public and personal duty” contained in art. 37.3d of the Workers' Statute.

For health workers it is defined as a public health issue (2); have the right to have their working hours adapted to facilitate “*conciliation a la carte*” (a measure to reconcile work and family life (3).

Royal Decree-Law 8/2020 of March 17th, includes exceptional adoption measures given from the health crisis caused by COVID-19:

1. Configuration of remote work as a first-order instrument in the combination of confinement and isolation measures to contain the spread of the coronavirus and to guarantee the recognition and exercise of work-related activities.
2. The possibility of teleworking established as a first-order instrument when it comes to allowing the combination of compliance with containment measures to prevent the spread of the coronavirus and guaranteeing the possibility of exercising work activities.
3. Possibility of having the working day reduced to avoid the application of sanctions due to lack of attendance at the workplace, as opposed to the need to give attention and care to people who are in their charge.
4. Guarantee of the right to housing by mortgage debtors who are in a particularly vulnerable situation who have seen their income reduced as a result of the health crisis caused by the pandemic.



Graph 3: Flowchart of Article 6. Of Royal Decree-Law 8/2020, of March 17, collected in CHAPTER 1 on “Measures to support workers, families, and vulnerable groups”. (Orte and Nevot-Caldentey, 2020)

However, it is identified that the Workers' Statute does not contemplate the worker's right of absence from work, as provided for the figure of the employer in case of having to suspend the contract due to force majeure (Article 47 of the Workers' Statute) (Olías, 2020).

In certain autonomous communities, such as in the Balearic Islands (*Decree-Law 6/2020, of April 1st*) or Navarra (Provincial Law Decree (DFL), specific measures have been applied for families in particular vulnerability (Govern de les Illes Balears, 2020; Nafarroako Gobernua, 2020).

3.1.2. Child and adolescent risks during confinement in Spain: national and international recommendations for their prevention

People with consumption problems have faced the risks of the rest of the population, plus having to face the specific risks linked to the lack of possibilities to act in the face of the COVID-19 pandemic. The European Monitoring Center for Drugs and Drug Addiction (EMCDDA) published a document on the implications of the impact of SARS-CoV-2 and drug use, to give visibility to the risks related to coronavirus infection and drug use, encouraging the review, planning, and adaptation of those interventions of specialized and first-line services (EMCDDA, 2020).

The United Nations Office on Drugs and Crime (UNODC, 2020), for its part, warned of the increased risk of weakening the immune system in those who suffer from an addictive drug disorder, especially injecting drugs. The abusive consumption of stimulant, disturbing, and/or depressant drugs increases the possibility of presenting somatic conditions such as hepatitis, HIV, cardiovascular or pulmonary disease, cancer, or tuberculosis. These conditions, together with the stigmatization and discrimination related to people who suffer from toxic use disorders, have been able to limit access to health care resources, housing, employment, or social support; circumstances that aggravate the difficulties of effective protection and prevention of contraction risks of COVID-19 (UNODC, 2020).

Along these lines, UNODC itself has offered a set of recommendations such as addressing continuous access to services (1), the safety of staff and patients in services, avoiding social gatherings (2), ensuring that the premises of services are kept under hygienic conditions - WHO has guidelines in this regard- (3), providing information and means so that individuals can protect themselves in different circumstances (4), and offering continuity in low-threshold services, through the distribution of Naloxone to those who may suffer from an opioid overdose, maximizing needle distribution efforts again for injecting drug users and considering the possibility of continuing support from peers, facilitating telematic means of communication.

Other measures identified among the UNODC recommendations have been (5) the facilitation of treatment to facilitate its continuity, including the facilitation of access to medicines through refills, measures to facilitate the application of treatment at home, home delivery, prescriptions, prolonged-release formulations, increased availability of drugs to treat relapse prevention, symptomatic drugs and/or for the treatment of co-occurring disorders (6), facilitation of the maintenance of psychosocial therapies (7), support for the homeless (8), and they indicate, with special attention: *“under no conditions should a person be denied access to health care for the fact of consuming drugs!”* (UNODC, 2020).

The situation of isolation can exacerbate the severity of substance use and the challenges generated by mental health disorders. SAMHSA (Substance Abuse and Mental Health Services Administration) has compiled a set of resources on its web resource and has provided the possibility of generating support groups through the *Zoom* platform. SAMHSA also offers treatment guidance through telemedicine and has provided a set of prescriptions for the treatment of opioid use disorder, as well as advice on the care of hospitalized patients from mental health providers (Phd, 2020).

Confinement has led to an increase in the consumption of ICT (Information and Communication Technologies), since its use has spread as a tool for entertainment, socialization, information, and training as well as education, in face of the measures to restrict mobility, which have been applied as a result of the declaration of the State of Alarm. In these circumstances, the National Drug Plan in Spain (PNSD by its acronym in Spanish) has indicated the need to provide emotional support to

minors and supervision, given the impact generated by the increase in the use of ICTs and the risks associated with it.

The abusive use of ICTs has been related to the appearance of sleep problems, and problems with academic performance and attention. Access to age-inappropriate content has been facilitated through the widespread use of ICT (PNSD, 2020).

The data have revealed that, specifically, the consumption of pornography has increased notably in Spain (61% above the average, during the state of alarm). Statistical data from *Pornhub*, a pornography website that provided free access to *Premium* accounts during quarantine, have shown that the Spanish population has experienced the largest increase, worldwide, in web traffic (50 points above the world maximum) (HuffingtonPost, 2020).

Regarding the abusive consumption of pornography, research has identified the lack of awareness about reproductive and sexual health, the consumption of pornography, and dysfunctional family functioning, as fundamental pillars of risk of developing sexual behaviors that pose a risk to the health of minors, with the health problems that these practices trigger (Panting *et al.*, 2019; Ballester and Orte, 2019).

The WHO (2020), has revealed that more than 1 million individuals contract, annually, an STI (Sexually Transmitted Infection), that more than 376 million individuals contract diseases such as gonorrhea, syphilis, or chlamydia, there are more than 500 million individuals with herpes simplex (HSV), and that, besides, diseases such as syphilis, are generators of 305,000 neonatal or fetal deaths, of the fact that 215,000 babies have a greater risk of death due to prematurity, low birth weight, or some congenital disease, among other data that elucidate the need to implement measures to prevent the spread of STIs (WHO, 2020).

For its part, due to COVID-19, from the beginning of the infections until April 7th, 2020, 1,136,851 cases had been confirmed worldwide, of which 648,557 were in Europe and 135,032 in Spain (Government of Spain, 2020). By applying and complying with preventive measures, an improvement in the evolution of the duplication times of infections was identified.

At first, deaths doubled after two / three days of counting; a frequency that was reduced since the outbreak stopped being located in the exponential growth phase. The Spanish curve began to flatten, until reaching the maximum peak, both in deaths and in the volume of infections. Following Chinese trends, it was expected, at that time, a period in which the data would remain on a plateau (in China it remained for 2 weeks), to begin, later, with the remission phase (Government of Spain, 2020).

The transmission of STIs comes fundamentally from the lack of protection in sexual relations; both oral and vaginal or anal, and are preventable through risk prevention applied at the time of sexual intercourse (WHO, 2019) and integral sexual and affective education (Venegas, 2014 and 2018). The Spanish Ministry of Health confirmed a 26% increase in registrations of people infected with some STIs (HIV Surveillance and Risk Behavior Unit, 2019). Therefore, the lack of effectiveness in the application of sexual and affective education measures that guide the population's awareness of the need to apply preventive measures in sexual relations is defined in this way. The persons of reference for minors are those who exert the greatest influence on the sexual and affective education of minors. Through their attitudes and their involvement in educational actions, they affect the degree of development of assertive response capacity in young people who face risks in their daily interaction with the internet and with the media (Mayer-Davis *et al.*, 2019).

Although the behaviors and relationships with minors of relatives and reference adults have a decisive impact on decision-making about the affective and sexual relationships of minors, many families have difficulties and/or limitations when communicating effectively with minors on these issues. Both the media and the internet are defined as agents of sexual socialization with a powerful impact on young people; a fact that can promote risky and / or early sexual activity in those minors who are living in family environments where there is a lack of effective communication in this regard (Prado *et al.*, 2019; Scull *et al.*, 2019).

The results of various meta-analyzes and systematic reviews related to reproductive and sexual health issues have highlighted, in turn, the effectiveness of family interventions aimed at improving sexual communication and have encouraged the development of other social and communication skills (Wight and Fullerton, 2013; Gavin *et al.*, 2015, Santa María *et al.*, 2015, Widman *et al.*, 2019). Family behavioral interventions have also been shown to be effective in preventing drug use and the development of sexual risk behaviors (Prado *et al.*, 2019).

Apart from the risks to the sexual health of young people, confinement has harbored other emerging problems, among which the increase in online gambling stands out; During the first week in confinement, various families had to call Patim, an association aimed at preventing and treating addiction problems, warning of gambling in minors (Moreno, 2020). On March 31st, the Spanish Ministry of Consumer Affairs banned online gambling advertisements to intensify protective measures for public health (Vélez, 2020).

Apart from the different family resources defined in Table 5, selected for constituting useful international references concerning the use of ICTs, the PNSD (National Plan on Drugs by its acronym in Spanish) of Spain also included certain recommendations to avoid abusive use of ICT by minors during confinement for COVID-19.

1. Establish a positive and trusting family relationship.
2. Establish spaces and define times: clear rules of when and how much to be in front of the screens.
3. Have the computer and gaming devices in common areas of the home.
4. Avoid screens before sleeping, as they are stimulating and decrease sleep.
5. Facilitate the contact of minors with their friends through social networks.
6. Properly exemplify, the reference persons for minors, in the responsible consumption of technologies, fundamentally, when sharing time with minors.
7. Select the games, shows, and web content available to minors. Try to restrict the devices to certain content that may be inappropriate for their age.
Establish rules for device consumption and screen time.

*From 0 to 2 years old, the use of screens is not recommended. From 2 to 4 years old, maximum, 1 hour a day (Orte and Nevot-Caldentey, 2020).

Table 5. *International reference resources*

	Organization	Resource title	Description
March	The National Child Traumatic Stress Network	Guide to help families cope with the Coronavirus disease 2019 (COVID-19)	Recommendations for families to prepare their members for relapse or affectation of COVID-19.
March	UNICEF	Healthy use of ICTs for families	Guidelines for the healthy use of ICT
March	UNICEF	<i>Tips for parenting during the coronavirus (COVID-19) outbreak</i>	Strategies to maintain health in family confinement. Tips to improve family relationships
March	UNICEF	<i>Internet of Goof Things (loGT)</i>	Telephone application to store the content of an educational nature that allows improving the free information available that helps communities in everyday life
March 25 th	American Academy of Pediatrics (APP)	<i>Parent tips and resources for dealing with Covid-19 and its stresses</i>	Family calm-keeping strategies in the context of confinement
March 25 th	American Academy of Pediatrics (APP)	<i>Positive Parenting & COVID-19: 10 tips to help keep calmness at home</i>	Tips for families to teach children assertive behaviors in times of stress
March	Suicide Prevention Lifeline	<i>Emotional Wellbeing During the COVID-19 Outbreak</i>	Recommendations to reduce stress related to COVID-19 (Tips)
March	Child Mind Institute	<i>Talking to Kids About the Coronavirus. Kids worry more when they're kept in the dark.</i>	Family communication advice and support for minors in the face of the crisis
March	Child Mind Institute	<i>Supporting Kids During the Coronavirus Crisis</i>	Tips for dealing with parental fears and managing stress with minors in confinement
March	Child Mind Institute	<i>Supporting Teenagers and Young Adults During de Coronavirus Crisis</i>	Parenting advice during adolescence in confinement
February 18 th	The Lancet	<i>Parenting in a time of Covid-19</i>	Resources for building positive relationships, managing inappropriate behaviors in minors, and managing family stress in confinement
March 25 th	The Lancet Child & Adolescent Health	<i>Mental health considerations for children quarantined because of COVID-19</i>	Mental health considerations in minors to consider interventions related to COVID-19
March 27 th	Research to Policy	<i>Mitigating the implications of coronavirus pandemic on families</i>	Resources for professionals and families to support the well-being of minors in confinement and to support people with consumption problems
April 10 th	UNESCO	<i>Ario, you are my hero: how children can fight Covid-19!</i>	Book for minors worldwide affected by COVID-19, of attention to mental health needs and support in emergencies

Source: self-made (Orte and Nevot-Caldentey, 2020)

The *Royal Decree-Law 11/2020*, on complementary urgent measures in the social and economic sphere, it expressly indicates that “*given the implications of the declaration of the state of alarm in terms of mobility and leisure activities available to citizens, to avoid the intensification of online gambling consumption (...), which can lead to compulsive or even pathological consumption behaviors (especially to protect minors, young adults, or people with gambling disorders at a time of greater exposure), the commercial communications made by state-level gambling operators are limited, including entities designated for the commercialization of lottery games*” (p. 432) (State Agency Official State Bulletin, April 10th, 2020).

4. Conclusions

The review presented in this article was proposed to collect prevention measures (primary, secondary, and tertiary), applicable at the national and regional level, in Spain, that aimed at family care in confinement as a result of the COVID-19 pandemic. It was also proposed to define the main child and youth risks generated in Spanish homes during confinement and define the measures, at an international level, complementary to the actions applied in Spain, and that would be useful for Spanish families to face, with resilience, confinement situations.

The mobility restriction measures have been shown to have effects on family well-being, by increasing stress in coexistence situations, contributing to generate a greater volume of situations of violence and intrafamily abuse (1), increasing risks for the well-being of minors in the face of the loss of contact with the main areas of socialization and education, being replaced by the consumption of the resources available in ICT (2).

The results of this review have indicated that a large part of the Spanish measures has been aimed at, tertiary, preventing family problems during confinement. Fundamentally, psychological support measures have been identified given by the provision of psychological telephone support lines. Of the identified lines, a large part has been aimed at supporting families affected by losses from coronavirus infections. In the Balearic Islands, as well as in other various autonomous regions, the implementation of resources and services aimed at giving attention to crises and situations of family violence was identified. Services were also activated, both nationally and regionally, to psychologically support, by telephone, social, residential, and emergency ways, the *Mask-19* campaign.

Regarding the risks faced by Spanish families due to the increase in the consumption and use of technologies in confinement, certain educational recommendations linked to promoting continuity in the training and education of minors at home with their families were identified; It is necessary to give greater emphasis to the development and practice of parenting and family relationship skills, to improve or enhance family dynamics and abilities to prevent, at the primary level, the main risks for minors, in situations family confinement. As a result of the declaration of the State of Alarm, a worsening was identified in the data on consumption problems in the Spanish state. Especially striking were the data about the rise reflected in the statistics published by *Pornhub* during confinement. Faced with the potential risks presented by addictions posed by isolation and lack of mobility, several measures are identified to prevent the aggravation of drug use, to give continuity to treatment, and also to prevent gambling consumption, based on of the urgent measures that were applied by the Spanish Ministry of Consumer Affairs and that were reflected in the BOE. Also, for the resources provided by various international reference agencies on addictions and their prevention. In any case, it defines the need to implement, to a greater extent, measures that allow families to prevent the impact of consumption, on the one hand, of pornography in minors, defining itself as one of the main sources of sexual education and risks. Given the effectiveness in improving youth sexual behaviors from the improvement of family dynamics and family communication, the need to put into practice and enhance family relationship skills provided from international sources included in this review is identified. In turn, socio-educational intervention measures are identified in a large part of the Spanish autonomous communities and educational measures are facilitated by various international reference institutions of family support in the prevention of the main defined risks.

This review had certain limitations, among which are the difficulties in guaranteeing the inclusion of all the documentary sources that were of interest and that were published, about resources implemented during confinement and that were intended for families. The search, carried out

indirectly, consisted of tracking the initiatives by region and at the international and national level, harboring the possibility of having excluded certain resources that could have been of interest, according to the objectives of the study.

The main results of the review indicate the efficiency of the organization and the dedication of family time available during the confinement period, to put into practice healthy family relationship skills, and how they can be useful for effective coping and from resilience, from family stress situations and for the prevention of emerging risks in childhood and youth stages.

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