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GUIDANCE

Meeting the psychological needs of children in shielding families

This guidance considers the psychological needs of children who have been shielding themselves, or who are in families where someone else has been shielding. Parents and families have contributed to the development of this guidance and we are grateful for their input.

WHAT IS SHIELDING?

‘Shielding’ is defined by Public Health England (PHE) as a measure to protect extremely vulnerable people by minimising interaction between those who are extremely vulnerable and others. Those adults and children who are classed as extremely vulnerable or most at risk are strongly recommended to take additional precautions to avoid Covid-19 infection. Within their homes, individuals should minimise all non-essential contact with other members of their household (Royal College of Paediatrics and Child Health, 2020).

Children may themselves be shielding due to their own health conditions. Children may also live in families where someone else needs to shield, such as a parent or sibling.

WHAT IS THE PSYCHOLOGICAL IMPACT OF SHIELDING ON CHILDREN?

Children who are shielding because of their own health condition:

Children who have been shielding themselves will have been doing so because they have a physical health condition which makes them extremely clinically vulnerable to the coronavirus. We know that children with physical health conditions even before the pandemic were more likely to experience a range of additional stressors, such as mental health difficulties and extra challenges with education (Hysing et al., 2007). The impact of multiple hospital appointments, medical regimens, procedures and investigations, feeling different to their peers, and physical symptoms such as fatigue and pain can all add additional demands on a child.

Children in families where someone else is shielding:

Children who live in families where someone else has been shielding have already potentially been exposed to a family member with a serious physical health condition. Siblings of children who have chronic health needs are already at greater risk of psychological distress, and are often seen as a ‘forgotten’ group in terms of their

psychological needs. As the focus in the family can often be on the needs of the person who has a health condition, healthy siblings/children can sometimes be overlooked. Children in these situations will often have additional demands on them, such as needing to spend time with other caregivers whilst the person with the health condition attends appointments or is unwell. They may possibly have to take on more caring roles, and have to take on complex medical information and learn about medical regimens including what to do in an emergency. Therefore, the advice contained in this document should be applied where appropriate to children who are not shielding themselves, but who live in families where someone else is shielding.

Throughout the pandemic, children who have been shielding, or who are in shielding families, will have been more restricted in all aspects of their lives than children in non-shielding families. Whilst little research has yet been conducted in this group, we know from research into the impact of social isolation and loneliness of children in other pandemics that children can be at increased risk of psychological difficulty from the impacts of quarantine. Studies show that children can still be affected by the impact up to nine years later, with rates of depression linked to feelings of exclusion (Loades et al., 2020). Research into the adverse effects of physical isolation on hospitalised patients suggests the potential for increased rates of depression, anxiety, fear, and hostility (Abad, Fearday & Safdar, 2010). Researchers are starting to conduct studies looking at the impact on children who are in shielding families – this will add to what we know about the needs of these children during and following periods of shielding.

Clinically, children in shielding families reported some positives at the beginning of the current pandemic. This took the form of reduced face-to-face medical appointments and therefore reduced trips to hospital. A sense that the restrictions were impacting on all of their peers too helped to mitigate the impact as most children needed to isolate from one another and access school remotely. Some children in shielding families actually felt that, as they had experienced restrictions in their lives owing to their health, they were able to support their healthy peers with the new way of life.

As restrictions begin to ease, it is possible that the psychological needs of children in shielding families will change.

What might be some of the issues facing children in shielding families as the pandemic restrictions ease?

- ‘Undoing’ some of the health-related behaviours that children will have learned, such as allowing more contact with people, or being able to be close to people in their household.
- Explaining to children that whilst some behaviours can change, others will need to remain in place e.g. handwashing, keeping a distance from friends.
- Children who have been in shielding families may continue to be more restricted than those not in shielded families, adding to a sense of difference and unfairness.
- Fear of causing harm to others, e.g. exposing the shielding family member to the virus if the rules are not followed.
- Healthy children in shielding families may already carry significant caring responsibilities too, both physically or psychologically.
- Ongoing social isolation or reduced physical contact may impact on a child’s mood and wellbeing.

- Participation in education may become more difficult for those who continue to shield as most children return to school and alternative forms of access (such as remote classrooms) become less available.
- The child's key relationships with people outside the family will likely need attention so that children maintain a sense of belonging with friends, school and other important aspects of their life.
- Where decisions are made in a family to reduce shielding, there may be a high level of anxiety in the family or for the child.
- On the other hand, children may feel frustrated if shielding continues in some way and they would rather return to familiar ways of life.
- Continuing to feel worried about the risk of exposure to the virus. A gradual or small-step process of re-integration may be necessary if children have experienced psychological difficulties during shielding (such as depression, anxiety, fear or hostility).

IMPACT ON PARENTS

Parents of children in shielding families are likely to have a number of anxieties and stressors in comparison to parents of children in non-shielding families. By the nature of serious health conditions being rare, parents often feel a different sense of risk perception – a sense that something unlikely has already happened to their child, and so they can perceive other risks relating to their child's health in a different way. The fact that coronavirus affects people with underlying health conditions may increase anxiety where there is a health condition in the family.

Around 50 per cent of parents are concerned about their child returning to school; this increases in parents of children with Special Educational Needs (SEN), neurodevelopmental needs and pre-existing mental health needs (Co-SPACE study, 2020). Some research is now being published examining the specific impact on children who have been shielding; Darlington et al. (2020) found that 85 per cent of parents of children with cancer were worried about the virus, and 89 per cent worried about their child getting the virus from them. Parents may also turn to other sources of information such as friends, family, other parents, social media and news sources to inform their decision-making.

Although restrictions will ease, we know that some parents' worries and anxiety about risk may mean that parents need to go through a process of deliberating about the best course of action for their child. As children are not often the decision makers in terms of their behaviour during the pandemic, this may further reduce their sense of control if their parent chooses to maintain restrictions.

Parents have told us about the wide-ranging impact the pandemic has had on family life:

- Difficulties accessing basic needs such as food from shops
- Sleepless nights from worry and stress about uncertainty and the impact of shielding
- Balancing home life with working, including managing the child's medical needs and appointments
- Hospital no longer feeling like a 'safe place' owing to the virus (Darlington et al., 2020)
- Hearing about the potential impact should the child contract coronavirus and having to manage that worry
- Making decisions about easing restrictions and how much feels safe to allow

- Having to manage the needs of the person who has the health condition, alongside the needs of the others in the family
- Feeling guilty about the impact of shielding on others in the family
- Not being able to see grandparents, who are often a source of support for the family system.

Many parents also report incredible resilience – they are already experts in their child's needs and so have managed to draw on this to support their child during the pandemic. Parents report benefits from spending more time with their children, seeing them achieve milestones within the home, and feel that many children were equipped to deal with the pandemic owing to them already having restrictions on their life.

HOW CAN PROFESSIONALS SUPPORT CHILDREN IN SHIELDING FAMILIES?

Identifying children who have additional psychological needs as shielding restrictions ease is important. Taking time to listen to the experiences of families and not assuming that the process of easing out of restrictions is a positive one is critical. Asking questions such as:

- How have the pandemic restrictions impacted on your child? Has this changed over time?
- How have they spent their time?
- How have they accessed and engaged with education?
- Have they had much contact with friends or extended family?
- What have the positives been?
- Have you noticed any changes in their mood / sleep / eating / behaviour?
- Has your child stopped doing things they might have been able to do previously, or needed more help from you to do them?
- How does your child feel about the changes to the restrictions?
- How do you / your child feel about more changes to the restrictions easing? What are you looking forward to? Do you have any worries?
- Do you / your child need more information about their ongoing care and why a particular course of action is being recommended?

Professionals should ensure that parents and children have the information they need to make informed choices. It's important to ask parents whether they have any questions about their child's health and the risks posed by coronavirus, and ensure they have accurate sources of information. They should ask them explicitly how they feel about restrictions easing to ensure parents have the right information. The BPS has developed a range of documents (see resources, p.5) to support parents with managing anxiety and uncertainty.

Services supporting children who have been in shielding families should consider the following as restrictions ease:

- Normalising worry, providing information about how uncertainty can make people feel and what is involved in decision-making processes
- Ensuring the child has regular, visible contact with professionals who are involved in their care, through video link where possible and telephone if not possible

- Using technology to include the child in lessons and school if they have not yet returned to school, including informal contact with peers
- Ensuring the child has the opportunity for meaningful connections with others, such as shared projects (for example, creating artwork about their different experiences during this time)
- Advising the family on helpful general advice such as routine, diet, exercise and sleep
- Praising the child for their responses during the pandemic, including highlighting the challenges and obstacles they have had to deal with and giving specific examples of things you have noticed they have done to try to manage the difficulties
- Ensuring the child's views are sought and that they are involved in the decision-making process as much as possible.

RESOURCES

Professionals and families may find the following resources helpful:

[Resilience and coping: supporting transitions back to school](#)

[Talking to children about illness](#)

[Managing uncertainty in children and young people](#)

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