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## GUIDANCE

# Supporting adults who are or have been shielding: Guidance for employers and managers

This document is aimed at employers and managers from all sectors and provides information and recommendations to help when supporting employees and colleagues who are or have been subject to shielding.

The first part of the document describes the experience of shielding, what it feels like and why the pandemic has been a different experience for those shielding than for the wider population. We then make some recommendations so staff will be able to meaningfully contribute while feeling safe and supported which will benefit you, your employees and your organisation.

We centre these recommendations around the acronym CARE to help you remember the most important elements: Communicate, Acknowledge, Respond, Evaluate.

Managers should approach each individual demonstrating understanding of their particular situation, considering the person, their family and job role, and reviewing these often, to enable them to work in a way which benefits the organisation whilst appropriately addressing any issues.

As an employer, you will recognise that every individual has a different experience and reaction to the pandemic and shielding. Your organisational policies and practices will need to adapt and change with the uncertainty of the pandemic's impact on different people and health conditions.

We specifically focus on those in the 'high risk' category defined by the UK government but we recognise that many people not in the 'high risk' category may face similar challenges and may therefore find this guidance helpful, especially those shielding others, or those in 'moderate risk' categories.

BPS has produced separate guidance for [young people who are shielding](#).

# GUIDANCE

## A NOTE ON TERMINOLOGY

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Throughout this document we have used the term ‘vulnerable’ as this is the language used by the government for guidelines and policy. We acknowledge the criticisms regarding this language; describing individuals as ‘vulnerable’ can be understood as locating the challenges within the individuals, rather than due to circumstances beyond their control. This also links with disability rights regarding not individualising such issues within the person but acknowledging the role of everyone within society in responding to the pandemic. Please see our discussion regarding discrimination below.

## INTRODUCTION

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The UK government announced on 23 March 2020 that people in the ‘Clinically Extremely Vulnerable’ category should take extra precautions known as ‘shielding’ for an initial period of 12 weeks. This was extended until 1 August 2020. Shielding individuals are those who are at high risk of serious or fatal consequences if they are exposed to coronavirus. Our understanding regarding individuals that fall into the category is continually changing. The NHS describes levels of risk as high or moderate on the [NHS UK website](#).

Individuals from these categories may or may not have received government shielding letters. Some may have been told to shield by medical practitioners. People may have been shielding because of their own underlying health conditions, or they may live in a household where someone else has needed to shield or have caring responsibilities for someone who has been shielding. The overall themes for those who are or have been shielding will be similar but each individual will have variety in these challenges depending on their situations and lifestyles.

A recent [survey](#) on the experiences of staff from various minority backgrounds partly focused on those who are shielding or at high risk of serious or fatal complications if they were to be exposed to coronavirus. Some of the key points found were concerns about attending the office and the associated risks. Some people felt they would like the option to continue to work at home despite the national move to end shielding. Others worried about feeling safe at work or being judged by colleagues.

## THE IMPACT OF SHIELDING

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‘I’ve been shielding since my breast cancer diagnosis in March. It’s been an isolating experience both for me and my family. Although shielding has officially ended, I feel too anxious to go out at the moment as I’m undergoing chemotherapy. I feel guilty that my family are doing the same to protect me and they are missing out as others are starting to have some normality’.

**(Helen)**

There have been various social, psychological and physical health impacts for those who have been shielding, including:

Isolation and social exclusion, feeling left out.

Reduced or disrupted access to health care – treatments may have been postponed (such as oncology or surgery) or people may not feel safe to attend services.

Decreased fitness and physical health, particularly in some older people and some people living with long-term conditions.

Impact on emotional wellbeing with feelings of guilt, embarrassment, frustration, anxiety, and loneliness.

Uncertainty and disruption to work routine, training, and career development.

Impact on achieving independent life milestones for young adults e.g. disruptions to peer networks, leaving school or beginning university, or entering a workplace without the usual support of a physical team and work environment.

Job insecurity with associated financial pressures.

Practical challenges around remote working.

Concern that working from home is not seen as real work

Apprehension that colleagues may not fully understand the need for absence and ambivalence about how much they wish to disclose to explain.

Anxiety about work colleagues, family, friends and not being able to support them at a time of crisis.

Difficulties attending important social rituals or life events such as weddings, births, religious festivals or funerals.

Impact on families: carers, partners, siblings, parents and children whose lives may also have been disrupted (work, social life, finances) in order to protect the person being shielded.

Exhaustion due to the constant decision-making about how to behave safely and protect the person being shielded and/or their family.

## STIGMA IN THE CONTEXT OF SHIELDING

Anxiety and other psychological responses are completely normal and understandable reactions to the fears around shielding or coming out of shielding. They are healthy emotional responses to the pandemic and all of the social and political challenges that it has brought up.

Despite this, individuals will often face stigmatisation due to a perception that they are not responding in the same way as others; they may not return to work, or join in social events or rituals. It is important to note that individuals may already be experiencing stigma regarding their other physical or mental health challenges under these conditions.

Where others do not understand the challenges associated with shielding, this may have created stigma such as assuming shielding is unnecessarily anxious or overreacting to the concerns, creating misunderstandings between shielders and other colleagues.

It is important to understand the unique and often isolating experience of those who have been shielding as having a distinctly different and more restricted experience of the pandemic over those who have not been shielding. This is coupled with a reliance on wider society to take precautionary measures to protect those who are shielding, for example through the use of PPE, social distancing, hygiene and work practices.

## **DISCRIMINATION FOR THOSE WHO ARE SHIELDING**

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An in-depth understanding of stigma, discrimination and social inequality is beyond the scope of this paper. However it is important to highlight the issues around inequality for some individuals that overlap with issues related to the physical risk of serious or fatal consequences if exposed to coronavirus.

Disabled people and people with chronic health conditions who are at higher risk from the virus may suffer additional exclusion and isolation, which can be felt both physically and psychologically, due to prejudice and discrimination during the pandemic. They may also feel a sense of stigma from within wider society around disabled lives being of less value, as we have seen through unhelpful media representations of who is or is not at risk.

Those who care for other people may be experiencing the added pressure of attempting to explain their carer roles to receive support, whilst tackling the stigma around caring, disability and protecting the confidentiality of the person that they care for. Carers may experience the additional strain of being asked to account for how they are attending to their work whilst simultaneously caring. Often, carers are family members and there will also be spouses, partners, parents or children who will feel anxiety or fear of 'bringing home' and wish to continue to protect their loved one from the virus

Those who are pregnant may also experience stigma and discrimination related to asking for provisions and safety in the workplace. Maternity leave needs to be understood within the context of the pandemic and the additional needs that may arise for those who are pregnant. Some of these issues may pertain to gender discrepancy in pay within workplaces. There will be additional experiences of stigma surrounding pregnancy for individuals from LGBTQ+ communities.

There has been emerging data surrounding the increased risk for Black, Asian and Minority Ethnic groups. Such individuals are disproportionately exposed to situations that lead to poorer health outcomes and it is important to understand the way in which racism is embedded in systems that contribute to this. There has been unhelpful media representation implying individuals from Black, Asian and Minority Ethnic backgrounds are responsible for increased national rates of Covid-19.

For further exploration of these issues please see the [DCP Minorities Subcommittee paper](#) and the paper on [Racial and Social Inequality: Taking the conversation forward](#)

## THE IMPACT OF AN END OR PAUSE TO SHIELDING

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From 1 August 2020, the UK government advised a pausing to shielding, enabling those who were shielding to meet others outside of their support bubble in line with the national guidance. This still urges people to ‘stay at home as much as they can and continue to take precautions when going out’. This may be subject to change either nationally or locally as infection levels are monitored around the country.

An [update to the guidance](#) detailing the above has been published by the government, which stresses that it is only advice. The personal responsibility of managing uncertainty remains with those who know they may still be at high risk if they are infected by the virus. As they remain on the shielded persons list this may add to the anxieties and worries that people experience.

Guidance on shielding was prescriptive in terms of specifying what people could or could not do. However, updated guidance as the UK has been coming out of lockdown, and now with the pause on shielding, has been less clear-cut, resulting in confusing messages. Guidance also varies across the UK nations and includes local lockdowns, which creates additional confusion.

For people who have been regarded as ‘clinically extremely vulnerable’, there will be understandable, normal and self-protective anxiety about coming out of shielding. This may include:

Anxiety about leaving the house and/or returning to work.

Worry about the lack of strict adherence to social distancing by others.

Concern about colleagues’ and managers’ reactions towards them.

Although the risk of infection has reduced considerably since the peak of the virus, there still remains a risk with worrying outcomes including, for a small number, the possibility of death.

Additionally, despite the end of lockdown and pause on shielding, life is not returning to the way it was before, so things still look very different to life pre-Covid-19. People who have not needed to shield will have had time to gradually adjust to the changes whereas people who have been shielding will now have to try to adjust to the current situation including changed social and work environments and contacts, and changes to the way health or other appointments take place. This could create additional stress and anxiety for those coming out of shielding.

‘The government has said that shielding is now paused, which is confusing and worrying for me as I am still in the same critically vulnerable position and the virus has not gone away, yet I’m now allowed and even encouraged to go to shops, restaurants and public places. Furthermore, I have not received any specific advice from my doctor or nurses regarding my specific condition and vulnerability. I can feel quite isolated from my friends who aren’t always strict or understanding with social distancing, and I find it difficult to always be assertive, over small things, e.g. where someone is showing me something on their phone and comes too close or is walking a little too close to me.’

**(Olivia, a young adult)**

## HOW TO PROVIDE PSYCHOLOGICAL SUPPORT AND PROMOTE WELLBEING

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Staff who are shielding and returning to work are living with conditions or circumstances which they are still having to manage and which they know increase their risk of serious complications if they contract Covid-19. It may be that the person returning has been shielding someone else in their family who is and remains vulnerable.

With a family member who is very much at risk if he were to get Covid, the period of lockdown was easier as everyone was in the same situation. As lockdown has eased we struggle to decide what it is safe to do as we know he is still just as much at risk and we need to behave in ways to avoid bringing the virus into the home. It is really hard to know what to do and we need others in the community to take the risks seriously to keep the spread down otherwise we are trapped until there is a vaccine.

**(Julia, partner of shielding person)**

Multiple vulnerabilities may exist, for example someone with a long term condition who is also a carer for an adult over 70 and from a Black Asian and Minority Ethnic background.

The situation is complex as the virus hasn't gone away. Your staff may have conflicting emotions as they balance knowing that they remain more at risk while at the same time wishing to return to some normality. As job losses increase nationally, those who have been shielding may believe they are more at risk of losing their job.

The first meeting(s) will be important to establish the balance between appropriate support and expectation. Investing in a well-supported return ensures staff with valuable experience and skills can contribute to the success of organisations.

Following are some recommendations to help you support your staff and promote wellbeing. We centre these recommendations around the acronym CARE to help you remember the most important elements: Communicate, Acknowledge, Respond, Evaluate.

## RECOMMENDATIONS

We recommend that all employers and managers should:

### CARE – COMMUNICATE – ACKNOWLEDGE – RESPOND – EVALUATE

<b>Communicate</b>	<p>Offer regular contact with consistent communication. Webinars by managers to support staff and provide information can be helpful.</p> <p>Provide clear channels of communication through which staff and trade unions can raise concerns.</p>
<b>Acknowledge</b>	<p>Respect the fact that staff may not feel willing to explain lots of personal details about their lives to colleagues and this should be supported.</p> <p>Consider the impact of returning to work on family life and whether there are any ‘vulnerable’ family members whose needs are relevant.</p> <p>Be aware of team dynamics to allow teams to process responses to change and transition during Covid, including managing pressures and the resentments that might emerge towards shielding staff.</p> <p>Recognise the need for support for managers in dealing with the complexities of returning staff as they are increasingly faced with pressures around outputs and resources.</p>
<b>Respond</b>	<p>Demonstrate that safety measures are in place to make workplaces Covid-19 safe. Set out clear health and safety protocols and processes supporting a compassionate work culture with particular attention to ‘vulnerable’ staff.</p> <p>Offer flexible working options and ensure that the person is supported whilst working from home and not feeling devalued or disadvantaged for pay and career progression in the long term, including access to CPD and training.</p> <p>Include planning and advice for any potential future local lockdowns, which could impact workers who need to shield.</p> <p>Prepare returning staff if their role has been significantly changed as a result of pandemic working practice.</p> <p>Ensure your Occupational Health services are psychologically informed and staff have access to wellbeing support and appropriate Employee Assistance Programmes.</p> <p>Buddying arrangements and mentoring can be helpful to reduce isolation. Talking about experiences with others could help build everyone’s confidence.</p>
<b>Evaluate choice</b>	<p>Complete and regularly review individual assessments in relation to planning a safe return to work; include discussions about physical and mental health and wellbeing support.</p> <p>Establish feedback loops to review staff experience of these services.</p>

Your employees can find further help and information in BPS Covid-19 resources for the [public](#) and for [professionals](#)

This guidance was produced by the **British Psychological Society's Covid-19 Effects of Confinement and Isolation workstream**

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