Open Letter Regarding Continued Restrictions on Family Visiting within Paediatric and Neonatal Intensive Care

Throughout the covid-19 pandemic, Paediatric (PICU) and Neonatal Intensive Care units (NICU) have prioritised the health and wellbeing of babies, children and young people by restricting hospital visiting by patients' extended family (e.g., siblings and grandparents). Parents are never 'visitors'. They are integral to the care of the child. They are actively involved in the physical and psychological care of their child and their presence is essential not optional. The child and the staff rely on and recognise the importance of parents. Other family members also provide or contribute to this care and should not be seen as 'visitors' when the child is sick and the family needs support. Extended family provides the essential role of social support which can mitigate against the long-term effects of psychological trauma experienced in families following hospital admission of a child or baby. Many intensive care units have found creative ways to maintain connection between children and their families and communities, and at a local level there have been discretionary visits organised on compassionate grounds. However, visitor restrictions have continued and at the two-year mark of the start of the pandemic, these restrictions, designed to keep vulnerable babies, children and young people safe from the risks of COVID-19 (and to enable units to be safely staffed) have come at another cost – they have left a traumatic imprint on families' lives. We are beginning to see the long-term traumatic indicators of these restrictions as highlighted in the recent Bliss report.

We write this letter as a group of clinical psychologists who see continued restrictions as having the following effects:

Parents

Restrictions have reduced the time when parents can be present with their baby or child together, and where there are two parents, they need to be able to visit together. Within the NICUs and PICUs are parents who have just been through conception, pregnancy and birth and they have health needs which we need to attend to. Parents are not only coping with a sick child, but they are trying to navigate a new and overwhelming environment. They need support from people they know, love and trust, especially as they have difficult conversations and visit their child. Many parents often find themselves transferred to specialist centres with their sick child, which are geographically separate from their community which provided key social support. Parents should be treated in the same way as neonatal unit staff in terms of testing and isolation.

Families need the chance to be together with their baby or child. They need to build memories together. If the baby or child dies these memories will be incredibly precious. If the child survives the admission these memories become part of the child and the family's narrative and will help them process the trauma of the admission.

Siblings

Preventing hospital visiting for siblings causes long-term separation between these siblings and their parents. The consequences of this will require further study, but from an established understanding of adverse childhood experiences we would expect to observe increased presentations of anxiety, depression, sleep and eating difficulties, school refusal, and an increase in adverse coping (e.g., alcohol and drug use) in those siblings who have experienced prolonged separation from the rest of the family.

Furthermore, when sibling visiting is prohibited, families with other children at home are limited in their ability to be present with their children in hospital. This interrupts parents' ability to be involved in their child's care, with well-documented adverse impact on both parental and child mental health and well-being. We know that in times of trauma, connection to attachment figures is of paramount importance and this is being denied with the significant potential for long-term damage.

Grandparents

Often grandparents and other parts of a family's extended network provide invaluable practical support including childcare. Their 'visiting' in the hospital is sometimes about maintaining their relationships with the patient. Often, however, their 'visiting' is a practical arrangement that enables parents to spend time with their other children and engage in other activities that allow them to cope with the experience. The physical presence in hospital of a family's extended network is crucial in mitigating the harmful impact of the hospital admission on the mental health of both parents and patients.

Staff

Enforcing restrictions on distraught parents impacts our staff teams, contributing to and exacerbating moral distress and burnout. Under extreme stress and with little social support, parents will understandably become agitated, and some might find themselves in much greater levels of conflict with the staff team which is complicated to manage on a busy intensive care unit.

As above, we have briefly highlighted indicators for trauma in parents, siblings, grandparents and the staff teams that care for paediatric and neonatal patients within intensive care. We have many years of experience working with families and

staff facing traumatic stress and are responding to our moral and ethical responsibility to share our concerns.

We, the undersigned, urge hospital Trusts nationally to find safe ways to ease restrictions for siblings and grandparents while continuing to protect vulnerable babies and children.

Yours faithfully,

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