

Can We Meet Children's Needs During Home Confinement and Relaxation of Restrictions?

Serie | COVID-19 & Response Strategy

ISGlobal Barcelona
Institute for
Global Health

[This document is part of a series of discussion notes addressing fundamental questions about the COVID-19 crisis and response strategies. These documents are based on the best scientific information available and may be updated as new information comes to light.]

17 April 2020

Cover photo: Senjuti Kundu/ Unsplash

Author: Quique Bassat, ICREA Research Professor at ISGlobal

The state of emergency declared in Spain in early March as a result of the COVID-19 epidemic was followed by strict stay-at-home guidelines affecting 47.1 million citizens. The only people allowed outside—with proper justification—are workers deemed essential for the well-being of society. The emergency legislation enacted to establish the rules and guidelines governing the state of emergency did **not specifically mention children**, on the assumption that these 8.13 million people—17% of the Spanish population—were not “essential” according to the criteria established and did not therefore require special attention.

This omission was logical from an epidemiological standpoint and supported by evidence on the direct health implications for children of COVID-19. The evidence gathered in various countries affected by the pandemic suggests that children are less likely than adults **to become seriously ill** as a result of this disease.

Therefore, all children and minors were **ordered to stay at home, without exception**, without any specific recommendations, and under the responsibility of their parents or guardians.

As the difficulties and challenges of this extraordinary situation have come into focus since lockdown began more than four weeks ago, concerns have been raised about the **possible harmful consequences of confinement for the physical, psychological and emotional** health of young children. Public pressure is also increasing, **although scientific and public health criteria** must always take precedence in the formulation of recommendations ●

1. Consequences of Confinement on Children's Physical and Mental Health

“Children living below the poverty line will be particularly vulnerable to the negative consequences of confinement.”

Several scientific publications^{1,2} and groups of experts on children's health (<https://www.aeped.es/>) and welfare (<http://plataformadeinfancia.org/100-medidas-infancia-covid19/>) have warned of the dangers of confinement in populations **traditionally viewed** as socioeconomically vulnerable.

Children living **below the poverty line**—those at risk of social exclusion, violence, or physical and psychological abuse, as well as unaccompanied migrant children, among others—will be particularly vulnerable to the negative consequences of confinement. Specific measures are therefore needed to address their additional problems.

The expert view is that children, although tremendously resilient, **are nonetheless sensitive to the dramatic** impact of the pandemic on their immediate surroundings. The main characteristics of this impact are as follows:

- Evidence in children^{1,3} suggests that confinement is associated with a **decrease in physical activity**, a **less healthy diet** and an **increase in screen time**, all of which can **lead to weight gain**.

- Children are prone to **fears, anxiety, irritability, distractions, frustrations and stress** to much the same extent as adults. **Irregular sleeping patterns** can also be associated with sleep disorders and even nightmares.

- In **China**, where confinement measures have been the strictest and lasted the longest, experience has shown that children also worry about contracting the disease, losing their loved ones, and the negative socioeconomic impact of the epidemic on their immediate family.

- The lack of daily **contact with classmates** (or other children of the same age) and separation from their **usual learning routines** at school are additional causes of frustration and anxiety.

- Confinement and emergency settings can be associated with an increase in **domestic violence** and **psychological and/or sexual abuse** ●

¹ Jiao WY, Wang LN, Liu J, et al. Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic. *The Journal of pediatrics* 2020.

² Wang G, Zhang Y, Zhao J, Zhang J, Jiang F. Mitigate the effects of home confinement on children during the COVID-19 outbreak. *Lancet* 2020; 395(10228): 945-7.

³ Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; 395(10227): 912-20.

2. Recommendations for Mitigating the Harmful Effects of Confinement on Children

“During lockdown, we must take proactive steps to prevent or mitigate the harmful effects of confinement on children’s mental and physical health.”

During lockdown, we must **take proactive** steps to prevent or mitigate the harmful effects of confinement on children’s mental and physical health. We suggest the following measures, although the application in practice of each one will depend on the material and emotional conditions in each home:

- Each household should have a **strict personal-hygiene routine** (also important for protection against infection) and involve children in ordinary **cleaning and cooking tasks** in the most educational, empathetic and collaborative way possible. These sorts of routines can counteract the challenge of facing monotonous days devoid of incentives and responsibilities.
- Since part of the day must be set aside for **learning, teachers and other educators** will play a fundamental role in children’s lives on a daily basis. Without going overboard, it is important to take advantage of the opportunities offered by modern computer systems and **e-learning** tools during the period set aside for learning each day.

Technological learning resources **must be accessible to all the children** who need them. It is never acceptable for the digital divide to exacerbate the situation of children under lockdown who are at risk of social exclusion.

- **Physical exercise, healthy sleeping and eating habits, and pure leisure time** should also be encouraged. It is also important for children to **interact virtually with friends and relatives** of their own age and play in groups, even if they are not necessarily in the same physical location.
- Notwithstanding the difficulties they may encounter when obliged to **combine their own work and child care**, parents and other household members should make an effort to act as role models, proactively encouraging dialogue and communication and involving children in family activities and decision-making. This will allow children and adolescents to keep developing their emotional **integrity, identity, independence and resilience despite the circumstances**.
- Finally, additional social and economic support tools should be made available to **the most disadvantaged families with children**. Emergency mechanisms for the monitoring and early detection of potential mistreatment or abuse of children should also be implemented ●

3. Recommendations for the Phased Relaxation of Confinement Measures for Children

“Given our relative lack of knowledge about SARS-CoV-2 infection and the COVID-19 disease in children, and the potential of children to spread the virus, we must be cautious. As clearly seen in other viral diseases with epidemic potential, children should be considered a potentially important link in the transmission of COVID-19.”

Given our **relative lack of knowledge** about SARS-CoV-2 infection and the COVID-19 disease in children, and the potential of children to spread the virus, we must **be cautious**. As clearly seen in other viral diseases with epidemic potential, children should be considered a **potentially important link in the transmission** of COVID-19. It is therefore more than likely that schools, nursery schools and other educational centres will **remain closed during the first phase of reopening**—a precautionary measure that we fully support. It is also likely that sleep-away camps and other group **activities will not be able to take place this summer**. This means that children will probably spend several additional weeks at home, and that this period may extend beyond the summer. We should therefore consider the following measures:

- Children should be allowed to **start going outside as soon as phased reopening** begins. These outings should have time limits (starting with 1 hour a day), stay close to home and take place under adult supervision. This will allow children to gradually return to their usual routines.

- During outings, **children must follow the same rules as adults**, maintaining a minimum distance of two metres, using masks and other hygienic and preventive equipment, and taking other steps to minimize the chances of catching or spreading the virus.

- It is especially important to **delay children’s contact** with the two main groups of **people particularly vulnerable** to the disease: those with chronic underlying conditions and older adults.

- **Teenagers over age 16 should be allowed to go outdoors unaccompanied**, following the same rules as adults.

- Children in **special situations**—with underlying chronic conditions, disabilities, autism spectrum disorders, etc.—should follow specific recommendations tailored to their needs that will allow them to benefit from outings as soon as possible.

- Finally, it will be important to assess the need for **psychological support** for children in the medium and long term to deal with issues that, although not yet apparent, may have arisen during confinement ●

To learn more:

- www.aeped.es
- www.plataformadeinfancia.org/100-medidas-infancia-covid19/
- www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf
- www.end-violence.org/protecting-children-during-covid-19-outbreak

ISGlobal Barcelona
Institute for
Global Health

A partnership of:

 **“la Caixa” Foundation**

CLÍNICA
BARCELONA
Hospital Universitari

UNIVERSITAT DE
BARCELONA

Generalitat
de Catalunya

GOBIERNO
DE ESPAÑA

Parc
de Salut
MAR

upf.
Universitat
Pompeu Fabra
Barcelona

Ajuntament de
Barcelona