

[OUT OF SCOPE]

Fifth Meeting of Scottish Government COVID-19 Advisory Sub-Group on Education & Children's Issues

21 July - Held virtually.

Welcome from the Chair

1. [OUT OF SCOPE]
2. The Chair noted media coverage of international research, and that the sub-group had been asked to review the evidence. These concerns focused on levels of transmission by teenagers and on the role of face coverings. [OUT OF SCOPE]
3. The sub-group noted the recent increase in the number of recorded positive cases. Members were content that these were still small numbers and agreed that daily fluctuations are to be expected. Currently the numbers on new confirmed cases indicate that community transmission has been contained.

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Review of international evidence on transmission involving schools, and on age-related risk

8. In the discussion on the international evidence on transmission, the following points were noted:

- The sub-group considered a paper on lessons for Scotland looking at evidence from schools in Australia, South Korea and Israel.
- A newly published study in South Korea analysed data from just under 6,000 index cases and 60,000 contacts, looking at transmission within households and beyond households. The overall transmission rate for the whole sample was 11.8% (household contacts) and 1.9% (non-household contacts). The cases were grouped in 10 year age-groups (0-9 years, 10-19 years, etc). There were 29 index cases aged under 10 and in line with other studies, transmission rates were low for this group (5.3% household, 1.1% wider). The teenage group (age 10-19) involved 124 index cases, and a relatively high transmission was detected in this group (to

18.6% of household contacts, and 0.9% of non-household contacts). The confidence limits of the household transmission rates for this age group overlap with those of all 50+ age bands, leading to the conclusion that teenagers are as likely as older adults to transmit the virus to household contacts as are older adults, and more likely than young children and younger adults.

- Discussion noted that the study took place during the period when the epidemic was at its peak in S Korea, and schools were closed. Older children will contribute to spread but if there is low incidence and prevalence, the likelihood of them becoming infected in the first place is low. At the present time in Scotland, the pattern of new cases indicates that we are coming out of community transmission and moving into sporadic transmission.
- WHO suggests that less than 5% testing positivity (or lower) for at least 14 days should be a prerequisite for reopening. Scotland is currently seeing rates below that level, and if this remains there should be no additional concerns about the older children in secondary school.
- Measures that have already been eased have enabled children to mix more freely outside school, and the impacts of these changes should be carefully monitored.
- The importance role of Test and Protect was noted in outbreak management.
- WHO has stated that no global outbreak of the disease could be attributed to schools. This is against a background of schools in countries totally re-opening, partially re-opening and some still in complete lockdown with all schools closed. Where schools have re-opened there has not been any significant impact on levels of infection. The situation in Israel was considered in detail, noting that along with a total re-opening of schools, society as a whole reopened, including for example allowing large social gatherings indoors. There is also high population density in Israel. The evidence there suggests community transmission led to increased levels of infection in schools, not the other way around. An outbreak linked to a school in Jerusalem appears to have been a 'super-spreader' event, traced back to one adult.
- A study in Australia looking at transmission found that there was a very limited spread in schools and that children are more likely to be infected by adults at home. There is an absence of evidence of child-to-child or child-to-adult transmission in schools. Evidence from Public Health England's surveillance programme concludes that the vast majority of transmission is adult to adult.

[OUT OF SCOPE]

Monitoring, testing, and triggers for change

7. Proposals for monitoring and surveillance were presented to the sub-group, and members were supportive of what was proposed. Issues raised included:

- There is an expectation that we will see outbreaks and clusters. It is therefore important that procedures are in place to deal with them such as effective Test and Protect. Communication with parents will be important to reassure parents about their children's safety. If there are outbreaks in schools it will be important to be know who are in the cohort to facilitate isolation of staff and pupils. Public Health Scotland, NHS Boards and education providers have procedures and protocols in place to deal with incidents both COVID-19 related and non-related.

- Evidence is building about the experience of children and young people not being in school. Balancing any risk of being at school with the risks/harm of not being in school is important. Schools and ELC settings are key preventative services for children experiencing. When schools re-open an increase in child protection cases is anticipated as children and young people talk to staff about their experiences over lockdown. Schools will need to be aware of, and prepared, for this. Some of the recent research is looking at support circles which are bringing families together as a preventive approach.
- Clear, consistent communication on the scientific evidence about transmission and mitigation is important, as is compiling evidence relating to transmission and school. There is a growing confidence in the last few weeks that schools re-opening will be safe and anxiety levels are reducing. Local data dashboards and early warning systems are under development, and will contribute to public understanding and awareness.
- The sub-group discussed further the concerns regarding older children in secondary schools having the same transmission risk as adults and noted that the proposed enhance school-based surveillance is likely to focus on pupils in the senior phase.. It was highlighted that many older children are mixing freely in the community without physical distancing, and that monitoring of this wider behaviour would also be important.
- [OUT OF SCOPE]

ACTION: The sub-group will consider the proposed approach to monitoring, surveillance and testing in schools to confirm they are content or if they consider further action should be taken.

Further Action

[OUT OF SCOPE]

10. The sub-group will keep up to date on evidence about the rate of transmission in the senior phase of secondary. [OUT OF SCOPE]

11. [OUT OF SCOPE]

12. [OUT OF SCOPE]

13. [OUT OF SCOPE]

Advisory Group Members: Carol Tannahill (chair), Iona Colvin, Aline-Wendy Dunlop, Brigid Daniel, Paul Flowers, Gayle Gorman, Dona Milne, Ian Rivers, Sheila Rowan, Eileen Scott and Devi Sridhar.

Apologies: Marion Bain, Chris Chapman

SG (observing): Frank Strang, [REDACTED – s.38(1)(b)], [REDACTED – s.38(1)(b)]

Secretariat: Elizabeth Morrison, [REDACTED – s.38(1)(b)]and [REDACTED – s.38(1)(b)]

[OUT OF SCOPE]

Sixth Meeting of Scottish Government COVID-19 Advisory Sub-Group on Education & Children's Issues

28 July - Held virtually.

Welcome

1. The Chair, Prof Christopher Chapman (deputising for Prof Carol Tannahill) welcomed colleagues and noted apologies. The Chair introduced two observers, [REDACTED – s.38(1)(b)], Head of College Policy, and Catherine Carver, Scientific Writer.

[OUT OF SCOPE]

2. [OUT OF SCOPE]

Advice on Face Coverings in Schools

3. The recent DELVE report (published on 24 July) included a recommendation that older children and adults should wear face coverings. However, the context of this advice is nuanced and dependent on a number of variables including prevalence of the virus and other mitigating factors that are in place. The sub-group discussed both the report and the implications for the current advice issued by the group. The increase in cases that had been reported as schools were reopened in Israel was also discussed. The group noted that epidemiologically Israel was not comparable to the Scottish context. Feedback from the Scientific Advisory Group was to retain current advice on face coverings and monitor developments and emerging evidence. Further areas of discussion related to mitigation and balancing risk including the importance managing the size of groups, minimising the mixing of cohorts and understanding the role of Test and Protect. It was also noted that as the pandemic evolves we are experiencing cultural shifts within communities and face coverings are become more widely adopted in a range of settings. Furthermore, that children and young people should not be prevented from wearing face coverings should they wish to do so.

ACTION: It was agreed that on balance the current advice on face coverings should remain unchanged and emerging evidence should continue to be monitored. [OUT OF SCOPE]

[OUT OF SCOPE]

4. [OUT OF SCOPE]

[OUT OF SCOPE]

Monitoring and Surveillance

4. Frank Strang introduced documents on surveillance and response. It was noted that these have been approved by CERG. The group discussed the importance of low community prevalence as the key marker for a safe return to schools. This will be closely monitored via a range of real time data. There was discussion of how Public Health Scotland (PHS) and the local Health Protection Team (HPT) will rapidly identify whether any increase in community prevalence is linked to a school or ELC setting. The group also discussed the wider surveillance response and the processes in place to flag up any concerns to educational colleagues quickly. The second document highlighted the need for consistent and robust action whenever a case or cases emerge. The most relevant measures of prompt self-isolation for those with symptoms, implementation of rapid test and protect procedures and outbreak management were discussed. The group also discussed the range of data being proposed for the active surveillance of schools and ELC. There will also be enhanced surveillance for schools, and the principal focus of this will initially be on staff and pupils in S4, S5 and S6.

5. Two issues were considered by the group pertinent to the design of the proposal for enhanced surveillance in schools:

- The extent to which there is transmission of Covid-19 in the school setting by, to and between young people in classes S4, S5 and S6, including incidence amongst staff who deal with such age groups.

and

- The extent to which different settings, populations or practices are likely to lead to increases or decreases in the levels of such transmission.

6. In the discussion on the above questions on enhanced surveillance in the school setting, the following key points were noted:

- It is important to ensure the enhanced surveillance is comprehensive and consideration should be given to sample size, burden and attrition;
- This work was important for further reassurance. Full consideration should be given to the practical implications associated with implementation;
- Developing appropriate questions is a key factor in ensuring that high-quality data are collected;
- The group agreed that communication with the Scientific Advisory Group is important as this group has already discussed this matter in detail;
- Given the relatively small BAME population in Scotland, an option would be to target particular areas in Scotland with higher concentration of people from BAME communities;
- Ensure clarity of message that surveillance in schools is part of a broader picture of understanding and monitoring transmission within communities;
- It is important to consider general healthcare needs of children and the need for more mitigation measures for some individuals;
- It is important to reassure staff about their safety and communicate the differences between mass testing and surveillance;

and

- Role of behavioural surveillance in distinguishing whether the transmission happens in the school or in the community, particularly with older young people who are sometimes less clear about their contacts.

ACTION: Reflect this discussion in designing the programme. The Secretariat will contact the main advisory group for details about their discussions and approach to monitoring, testing and surveillance across Scotland (as opposed to the proposed approach for the education system) and the advisory group for BAME for more information.

[OUT OF SCOPE]

10. [OUT OF SCOPE]

[OUT OF SCOPE]

Interim Advice on Higher and Further Education

11. The group discussed the nature of college and school contexts, the complexity created by the movement of senior pupils between school and college settings and the challenges of delivering a full curriculum, particularly in practical subjects. The following points were raised during the discussion:

- The risk of transmission bridges associated with senior pupils attending college as they are mixing with older adults and young people from other schools;
- Many senior pupils, particularly those from lower socio-economic groups, attend college as part of their senior phase timetable. They gain important skills for life, learning and future employment;
- Senior pupils with additional support needs such as autistic spectrum disorder, attend college regularly as part of their school curriculum;
- The need to balance the risks of attending college given current low rates of transmission against the risks of missing out on key life skills and future employment opportunities if senior pupils are unable to attend college

and

- The possibility of colleges offering a blended experience using digital and other means.

ACTION: It was agreed that further group consideration was needed to adequately cover these issues. This is a particular time sensitive issue as schools will need to know if their senior pupils can return to college after schools re-open.

[OUT OF SCOPE]

Advisory Group Members: Prof Christopher Chapman (chair), Prof Aline-Wendy Dunlop, Prof Brigid Daniel, Prof Paul Flowers, Gayle Gorman, Dona Milne, Prof Sheila Rowan, Dr Eileen Scott, Prof Marion Bain and Prof Devi Sridhar.

Apologies: Prof Carol Tannahill, Prof Ian Rivers and Iona Colvin

SG (*observing*): Daniel Kleinberg, Frank Strang, Mick Wilson, [REDACTED – s.38(1)(b)], Catherine Carver

Secretariat: Elizabeth Morrison, Noreen Phillips and [REDACTED – s.38(1)(b)]

[OUT OF SCOPE]

Ninth Meeting of Scottish Government COVID-19 Advisory Sub-Group on Education & Children's Issues

25 August - Held virtually.

Welcome

1. The Chair welcomed colleagues and noted apologies from Dona Milne, Ian Rivers, Iona Colvin and Paul Flowers. The Chair also [REDACTED – s.38(1)(b)], who would be joining the meeting for the discussion on physical education.

[OUT OF SCOPE]

2. [OUT OF SCOPE]

Face coverings in schools – update and review

3. The Chair confirmed that the sub-group's advice on face coverings in schools had been reviewed to reflect the latest WHO advice on the use of face masks for children. The updated advice from the sub-group now stated that, unless specific exemptions apply, face coverings should be worn in secondary schools by adults and pupils in corridors and confined communal areas where physical distancing is difficult to maintain. Face coverings should also be worn by all children aged 5 and over on dedicated school transport, in line with the guidance for public transport. The sub-group's advice had been published on the Scottish Government website that morning, along with updated guidance on school reopening.
4. There was some discussion about the need to provide children with very clear advice about hygiene and the safe use of face coverings, particularly around removal, storage and disposal. The sub-group was made aware of guidance being developed by Education Scotland and Young Scot explaining the changes to young people.

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20. [OUT OF SCOPE]

21. [OUT OF SCOPE]

Article in the American Journal of Pediatrics

22. The sub-group discussed an article in the American Journal of Pediatrics which had been used as the basis for media articles which suggested that children were super-spreaders of Covid-19 because they can have high viral loads without showing any symptoms.

23. The following points were made during discussion:

- The media had represented the findings of the study in an unhelpful manner. The study was a technical analysis of viral load in children, and was not a study of transmission in school or community settings.
- The study concludes that children may be a potential source of contagion in spite of milder disease or lack of symptoms, and acknowledges that the manner in which children contribute to the spread of Covid-19 is unclear.

- The study sample was 192 children, and is not representative of school children as a whole. It needs to be considered in the context of wider evidence, the balance of which still suggests that children are less likely to acquire Covid-19 than adults, and have a limited role in transmitting the virus.
- The test and trace system which Scotland has in place will help to identify and manage any cases of Covid-19 in the school environment.

24. [OUT OF SCOPE]

[OUT OF SCOPE]

25. [OUT OF SCOPE]

Advisory Group Members: Prof Carol Tannahill (chair), Prof Aline-Wendy Dunlop, Prof Brigid Daniel, Prof Sheila Rowan, Dr Eileen Scott, Prof Marion Bain, Prof Devi Sridhar, Prof Chris Chapman, Gayle Gorman.

Apologies: Prof Paul Flowers, Prof Ian Rivers, Iona Colvin, and Dona Milne.

SG (observing): Frank Strang, Daniel Kleinberg, [REDACTED – s.38(1)(b)], [REDACTED – s.38(1)(b)], and [REDACTED – s.38(1)(b)].

Secretariat: Elizabeth Morrison, Katherine Peskett, [REDACTED – s.38(1)(b)]and [REDACTED – s.38(1)(b)]

From: SRIDHAR Devi <Devi.Sridhar@ed.ac.uk>
Sent: 27 August 2020 10:34
To: [REDACTED -s.38(1)(b)]
Cc: Covid-19 Advisory Group Secretariat <C19AG_Secretariat@gov.scot>; Kleinberg D (Daniel) <Daniel.Kleinberg@gov.scot>; Tannahill C (Carol) <Carol.Tannahill@gov.scot>; Andrew Morris <Andrew.Morris@hdruk.ac.uk>
Subject: Re: Impact of face coverings in relation to viral load

hi [REDACTED -s.38(1)(b)],

Yes- please see:

<https://www.nature.com/articles/s41591-020-0843-2>

<https://www.ucsf.edu/news/2020/07/418181/one-more-reason-wear-mask-youll-get-less-sick-covid-19>

that's the press release for: <https://link.springer.com/article/10.1007/s11606-020-06067-8>

Kind regards, Devi

On 27. Aug 2020, at 10:30, [REDACTED -s.38(1)(b)] wrote:

Devi

We would be grateful for your help with a question about the statement in para 5 of the education paper on face coverings that "there is additional evidence that face coverings also reduce the viral load". Do you have a reference for the research which that refers to?

Regards

[REDACTED -s.38(1)(b)]

<image001.jpg>

[REDACTED -s.38(1)(b)]. | Secretary to the COVID 19 Advisory Group | [REDACTED -s.38(1)(b)]

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From: [REDACTED – s.38(1)(b)]

Sent: 01 October 2020 16:35

To: Gorman G (Gayle) <Gayle.Gorman@educationscotland.gov.scot>; Colvin I (Iona) <Iona.Colvin@gov.scot>; Tannahill C (Carol) <Carol.Tannahill@gov.scot>; Kleinberg D (Daniel) <Daniel.Kleinberg@gov.scot>; Aline-Wendy Dunlop <a.w.a.dunlop@strath.ac.uk>; Devi Sridhar <devi.sridhar@ed.ac.uk>; Dona Milne <dona.milne@nhs.net>; Eileen Scott <eileen.scott1@nhs.net>; Ian Rivers <ian.rivers@strath.ac.uk>; Peskett K (Katherine) <Katherine.Peskett@gov.scot>; Chief Scientific Adviser for Scotland <ChiefScientificAdviser@gov.scot>; [REDACTED – s.38(1)(b)]; paul.flowers@strath.ac.uk; Bain MB (Marion) <Marion.Bain@gov.scot>; Chris.Chapman@glasgow.ac.uk; Brigid.daniel@virginmedia.com; [REDACTED – s.38(1)(b)]; Morrison E (Elizabeth) (Education Scotland) <Elizabeth.Morrison2@gov.scot>; Strang F (Frank) <Frank.Strang@gov.scot>; Kleinberg D (Daniel) <Daniel.Kleinberg@gov.scot>; [REDACTED – s.38(1)(b)]; Wilson M (Mick) <Mick.Wilson@gov.scot>; MacDougall A (Audrey) <Audrey.MacDougall@gov.scot>; [REDACTED – s.38(1)(b)]

Cc: COVID-19 Education & Children's Sub-Group Secretariat <C19E&C_Secretariat@gov.scot>

Subject: C19 Sub Group on Education & Children's Issues - Sub Group Update - 1 October 2020

Colleagues

SUB-GROUP UPDATE – 1 OCTOBER 2020

[OUT OF SCOPE]

Face Coverings

Public Health Scotland has raised a concern that the current advice in relation to face coverings within schools, which states that they are only required where staff are interacting face-to-face with young people for a sustained period of about 15 minutes or more, is inconsistent with wider public health advice on this matter which requires face coverings for interactions of more than 1 minute. This is leading to a high volume of requests for staff and pupils to self-isolate. We have asked policy colleagues to look into this, and the issue is likely to come back to the sub-group at a future meeting.

[OUT OF SCOPE]

[REDACTED – s.38(1)(b)] || Scottish Government || Learning Directorate || [REDACTED – s.38(1)(b)]
(Secretariat - Advisory Sub-Group on Education and Children's Issues)

Update from the COVID-19 Children and Education Issues Sub-Group

Professor Marion Bain, DCMO

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Published sub-group advice

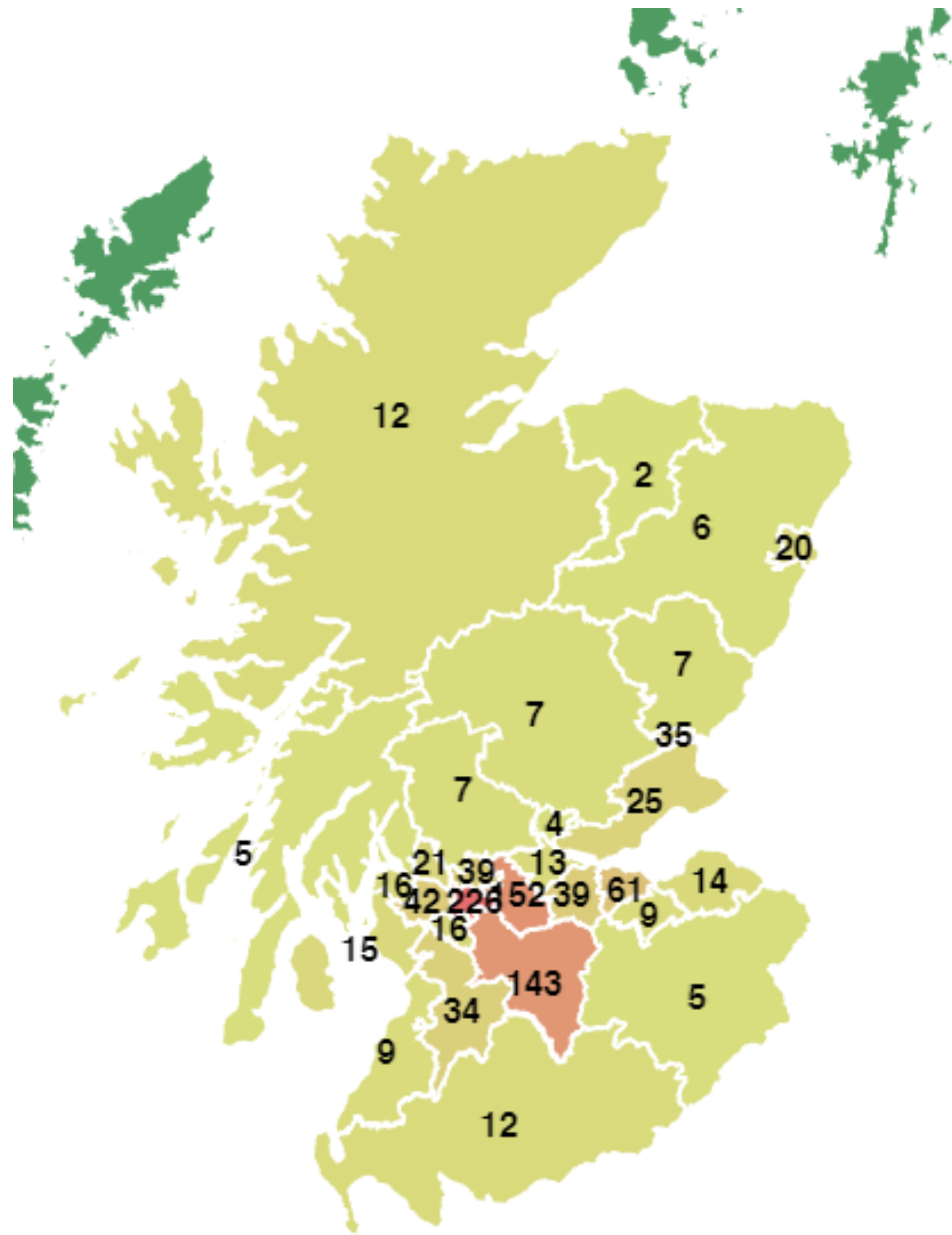
- Physical distancing in schools;
- Physical distancing in early learning and childcare settings (ELC);
- Use of face coverings in schools and ELC;
- School transport;
- School trips which include an overnight stay; and
- Physical education, music and drama

State of the virus: Epidemiology update

Estimated total number of infections

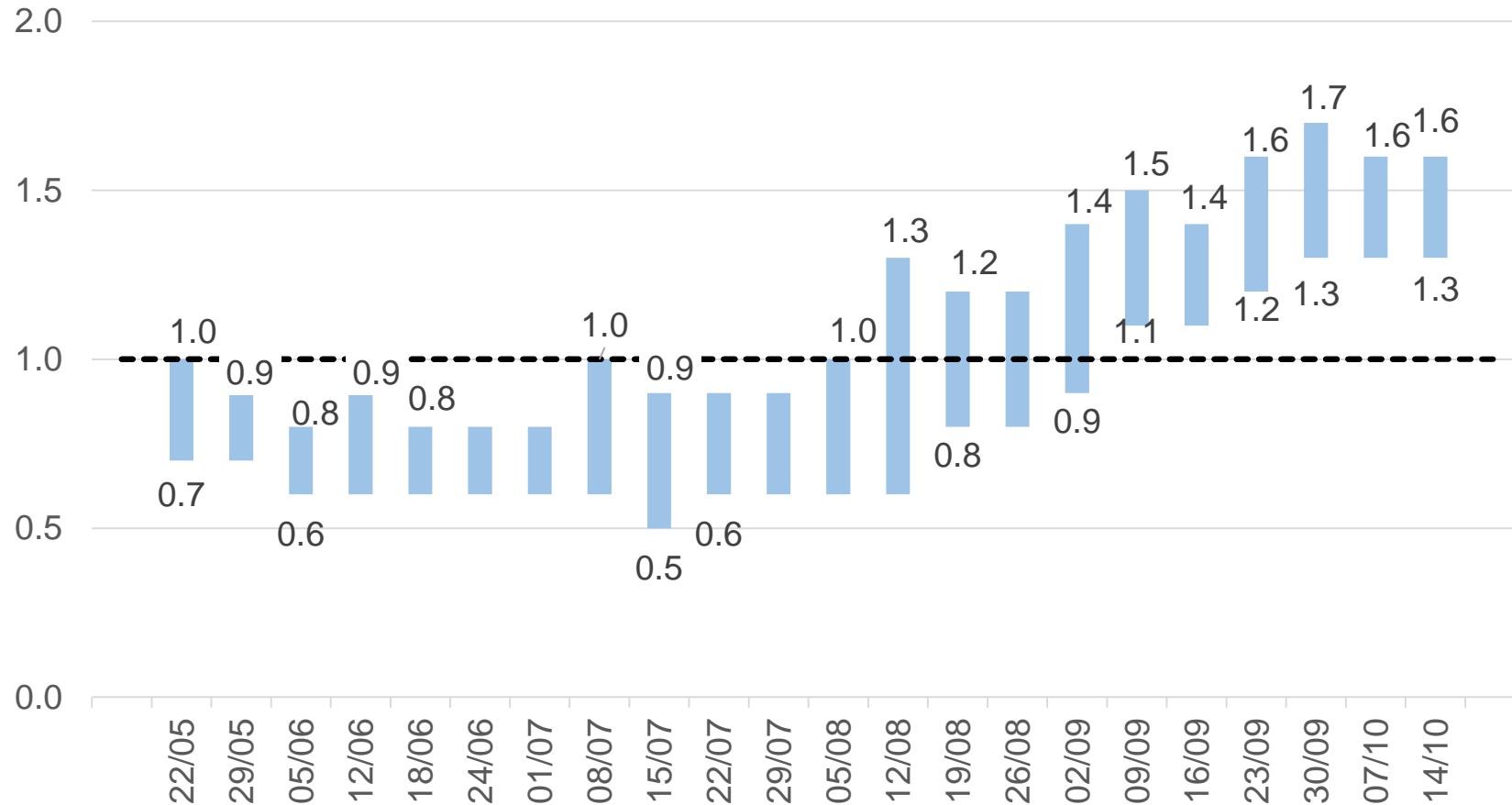


Source: Scottish Government modelling



Daily increase by Council Area (19 Oct)

R significantly above 1



The current **range for R** in Scotland is between 1.3 and 1.6. This has remained stable over the past week, although significantly above 1.

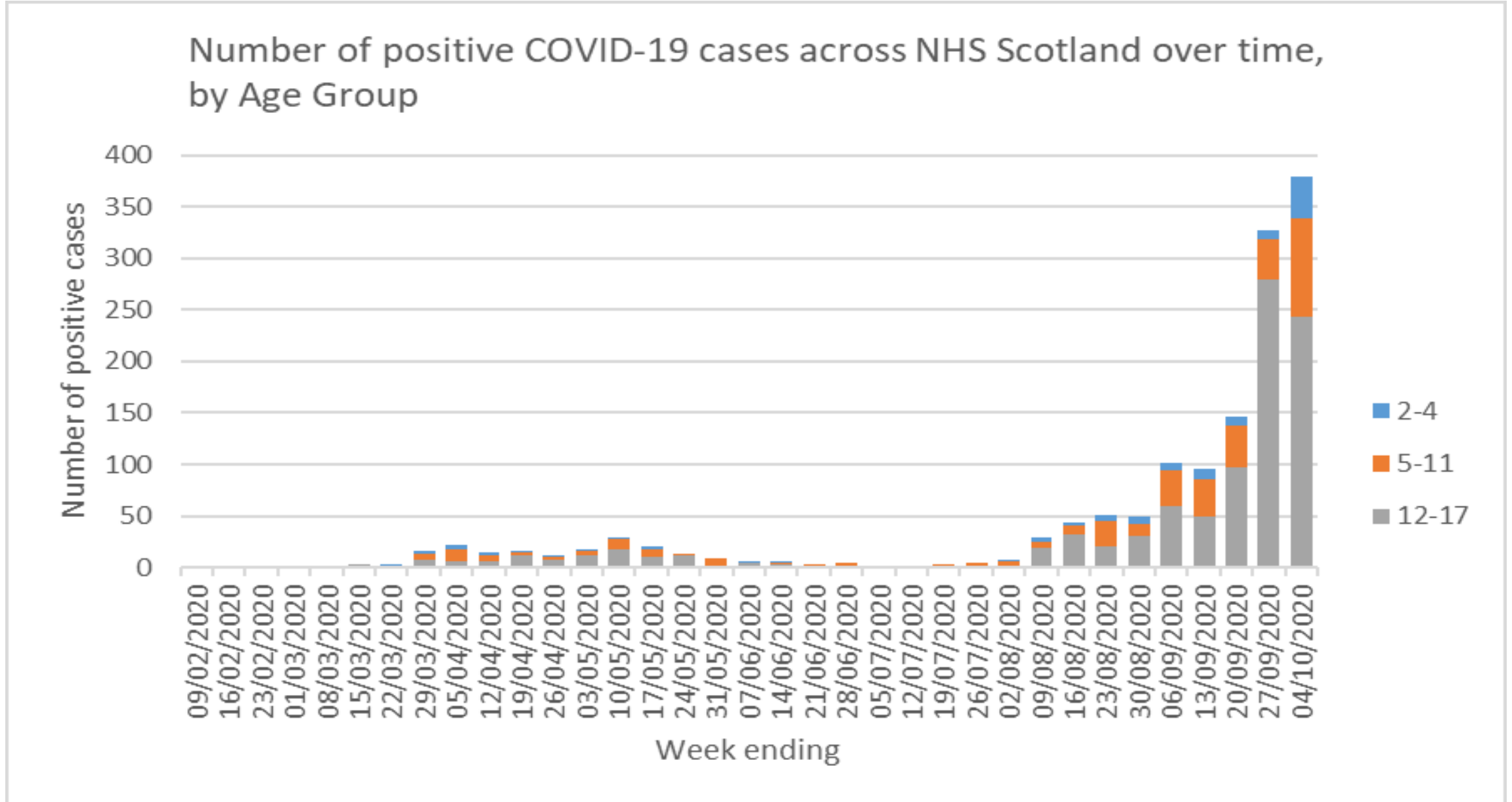
Key points from recent research

- Younger children appear to have a limited role in the transmission of the virus
- Risk of transmission from children to children and children to adults in primary school and day care settings appears low, particularly when infection control measures are in place
- Risk of the disease and transmission of the disease is likely to be higher in older than in younger children
- In Scotland case numbers match with this hypothesis and are far higher for older children with most cases in the 18-19 age range followed by the 16-17 age range and dropping off sharply in younger children

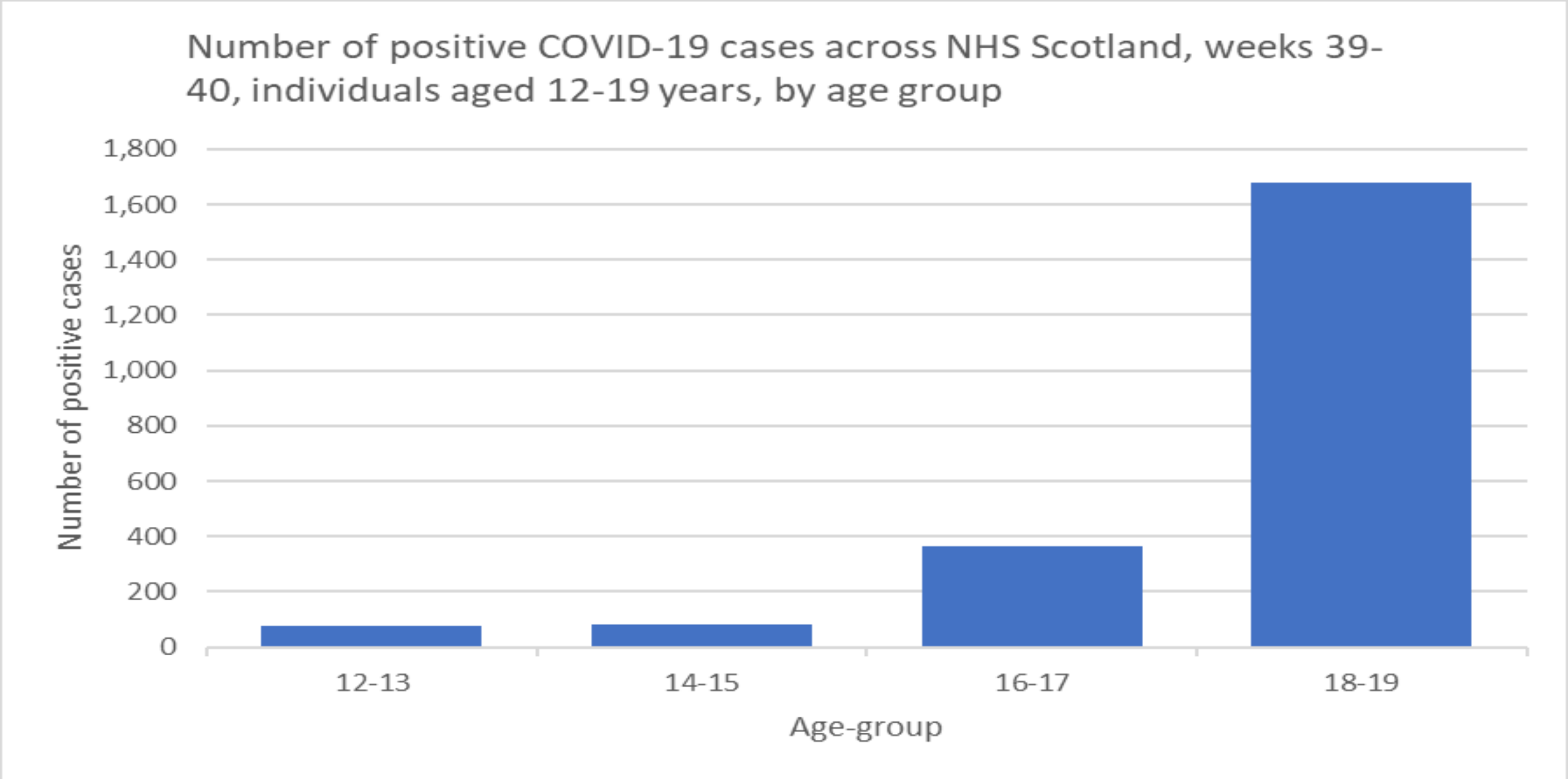
Key points from recent research cont.

- Most infections in children have come from within households and localised community transmission
- Testing levels were higher than normal on the return to school, with a very low positivity rate
- Some absences in schools can be attributed to a high level of worry and testing rather than as a result of illness caused by the virus
- Recent uptick in younger hospital admissions
- Overall findings are consistent with the previous literature and conclusions drawn from them

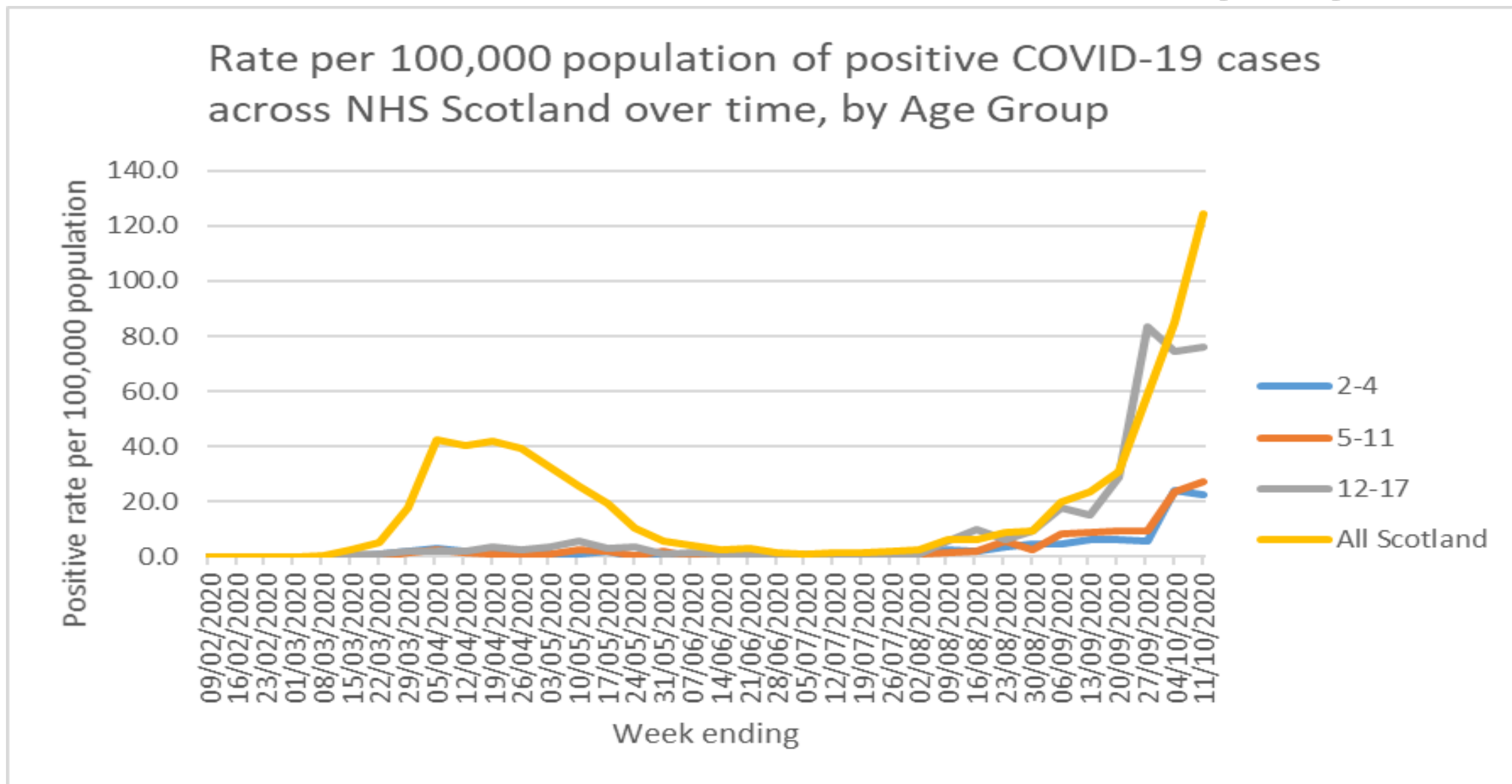
Positive cases over time by age group



Positive cases (weeks 39-40) by age group



Rates per 100,000 over time, by age group



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Face coverings in schools and ELC

- Considering the changed position on infection and transmission rates, the evidence and experience of school re-opening between August and October 2020, and recent scientific evidence, the sub-group has **concluded that its previous advice on face coverings in schools and ELC should be strengthened and augmented and brought in line with advice in the community**
- Face coverings should be worn by adults where they cannot keep 2m distance from other adults and / or children and young people
- Face coverings should be worn by adults when not working directly with children, for example when moving around settings, when in staff rooms, office and admin areas, in canteens
- Face coverings should be strongly encouraged for parents, carers and other visitors to the school site (whether entering the building or otherwise), including parents/carers at drop-off and pick-up

[OUT OF SCOPE]

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Dear xx

The Scottish Government's guidance on face coverings was updated at pace following the publication of the WHO advice, and in light of the most recent advice from the advisory sub-group on Education and Children's Issues as well as the development of the Strategic Framework.

We are continuing to develop and implement plans for monitoring the impacts of the policy. These form part of wider arrangements for ensuring an understanding of the impacts of COVID-19 and risk mitigation measures in schools and on children and young people. We are developing these arrangements in a proportionate and adaptable way given the fast changing nature of the situation with the virus.

Our approach, which will be built upon to cover issues around face coverings, includes the following key sources of information and evidence:

- Public Health Scotland currently collect and publish testing and case data for children and young people. Their weekly statistical report, which includes a link to an interactive dashboard, is available [here](#).
- The Scottish Government collects and publishes attendance and absence data, available [here](#).
- An infographic providing a weekly snapshot of current COVID-related data in relation to children and young people, such as the number of tests and positive cases reported, and the attendance and absence of both children and staff in childcare and school settings, is available [here](#). This information is reviewed on a weekly basis by the COVID-19 Education Recovery Group.

We are regularly reviewing the existing and emerging evidence base on face coverings and other restrictions for young people. We are commissioning or supporting a number of surveys or focus groups which will add to the existing evidence base, including [the following](#):

- We are currently in the process of commissioning an omnibus survey of secondary school pupils running in January 2021 which will include questions on awareness of face coverings requirements, attitudes towards requirements and wellbeing impacts of face-covering requirements;
- Regular polling on COVID-19 includes questions on parents' awareness of guidance for children and young people, as well as attitudes to restrictions and requirements.
- We are supporting the Scottish Youth Parliament, YouthLink Scotland and Young Scot to deliver the Lockdown Lowdown 2 survey, which includes a question on awareness of rules and restrictions for young people. The Lockdown Lowdown 2 project also includes a number of focus groups with vulnerable groups that will explore views on face coverings among other issues.
- We are working with Public Health Scotland on a second wave of COVID-19 Early Years Resilience and Impact Survey (CEYRIS) which will include questions around face coverings and children under 7.

We are also currently working with Young Scot to establish a national 'learner - education recovery panel' of 15 children and young people, ages 9 to 18. Young Scot will support the panel to meet on a monthly basis, feeding directly into the COVID-19 Education Recovery Group, which provides input into school reopening guidance.

The COVID-19 Education Recovery Group considers stakeholder feedback, including from public health and educational experts, on the impact and effectiveness of risk mitigation measures in schools on a weekly basis. This supports our qualitative understanding of the experiences of children and young people and parents. We have worked with the Scottish Youth Parliament to identify and support a young person to join the COVID-19 Education Recovery Group, and Liam Fowley, the current Scottish Youth Parliament vice-chair, sits on the group to gather, represent and directly feedback the voices and views of children and young people.

As this evidence is collated and assessed over time, our expectation is that it will provide a useful basis on which to adjust or amend policy and guidance as appropriate.

As noted above, many of these sources are already published either by Scottish Government, Public Health Scotland or partner organisations. As we develop our understanding of the impact and effectiveness of the mitigations in place for children and young people, including in respect of face coverings, we will consider how best to make that evidence available more widely.