

# **Coronavirus (Covid-19) Reducing Risks In Schools Guidance**

## **Impact Assessment**

**February 2022**

## Background

This version of the Impact Assessment relates to the updated guidance published on 17<sup>th</sup> December (enhanced measures following the emergence of the Omicron variant) and the subsequent updated published on 1<sup>st</sup> February that reverts to the pre-Omicron protections.

Almost all pupils returned to full-time in-school learning following the Easter break 2021, with mitigating measures in place to support the health and safety of the school community, and to minimise disruption to educational continuity. Since this time, the situation with regards to the pandemic has developed, and whilst society's collective immunity has improved due to the vaccination programme, the new Omicron variant has challenged our understanding of the balance of risks.

Updated [Reducing risks in schools guidance](#) (versions 7.0 – 7.4) has been developed in consultation with the COVID-19 Education Recovery Group (CERG) and with the advice of the Advisory Sub-Group on Education and Children's Issues. Version 7.0 took effect from the start of the January term in 2022 and sets out that local authorities and schools should continue to apply the mitigations that are currently in place as well as reintroducing some key measures that had previously been relaxed.

In summary, following the emergence of the Omicron variant, the key mitigation changes relate to:

- I. a strengthened approach to minimising contacts
- II. tightened restrictions on school visitors
- III. updated guidance on ventilation and CO2 monitoring
- IV. updated text on asymptomatic testing
- V. updated approach to self-isolation for household contacts
- VI. confirmation of education sector staff to be exempted from self-isolation under the critical workers category
- VII. tightened restrictions on school visits and trips
- VIII. A continuation to provide essential in-person support for particular groups (including vulnerable children and young people) in the event of temporary school closures at a local level

Version 7.4 takes effect from 1<sup>st</sup> February and reverts to the previous set of protections – i.e. key changes relate to:

- I. An adjustment of the approach to minimising contacts
- II. Easing the restrictions on school visitors
- III. Easing the restriction on school visits and trips in order to reflect wider mitigations across society
- IV. Removing the need for staggered timetables

## **The scope of this Impact Assessment**

This document considers the impact of the updated Reducing risks in schools guidance on the following groups:

- Children and young people;
- Parents and carers; and
- School staff, both teaching and wider workforce.

This document collates the considerations of groups with protected characteristics in line with:

- An Equalities Impact Assessment (EQIA)
- A Fairer Scotland Duty Assessment (FSDA)
- An Island Communities Impact Assessment (ICIA)
- A [Children's Rights and Wellbeing Impact Assessment](#) (CRWIA) has been developed separately.

## Children and young people

### Age

As schools returned from the Christmas / New Year break, they were advised to retain the existing mitigating measures in place, along with the reintroduction of some measures that had previously been relaxed as set out in the guidance, until advice is issued that it is safe to remove them. Following greater evidence and awareness regarding the risks and impacts of the Omicron variant, from 1 February, the guidance reverses some of the enhanced measures introduced in December 2021. In particular, it adjusts measures in a manner that aims to support wellbeing, learning and teaching. Mitigating measures are not intended to be in place for any longer than is necessary to ensure safety, and will be kept under ongoing review. Whilst those measures are in place, there will be varying impacts for different groups amongst the pupil population.

### Asymptomatic testing for children and young people in secondary schools

All children in schools will be affected indirectly by the testing of staff, and secondary school pupils (age approx. 11-18) will be affected directly if they are participating in the testing programme. The effect on all groups of children will likely be positive, with a greater positive impact in areas where high proportions of teachers and secondary pupils participate.

Initially our programme of asymptomatic testing in school focused on senior phase pupils, because the evidence at the time suggested they are more likely to be infected with COVID than younger age groups, as a result of being closer in age to the adult population. This was then extended to make testing available to all secondary school pupils. The programme has and will continue to be reviewed in light of any public health advice changes.

The Advisory Sub-Group on Education and Children's Issues confirmed its view that all staff and secondary pupils should be encouraged to undertake an at-home LFD test before they return to school in January. Schools and early learning centres were encouraged and supported to order enough test kits before Christmas, to give to pupils and staff ahead of the holidays – in particular, so children and staff were able to take tests and record their results in the week before they returned to school. All school staff and secondary pupils are strongly encouraged to restart twice-weekly at-home LFD testing in the week prior to return. Ideally, taking the second weekly test either in the morning before the first day of school or the evening before.

Letters were issued to local authorities to update them regarding the new Omicron variant and ask them to emphasise the vital importance of wholesale adherence to current mitigations within education settings and build this advice into their return to school communications. If a child receives a positive result from their LFD at home or has symptoms, they must report any LFD result online (or by calling 119), self-isolate and book a PCR test via NHS Inform at [www.nhsinform.scot](http://www.nhsinform.scot). Everyone in the household should also self-isolate and follow the advice about next steps on NHS Inform.

Some pupils may be nervous about this, and may require support to administer the test and log the result online. A range of guidance and communications toolkits have been made available to local authorities and schools via the programme, and these should continue to be used to support efforts to promote uptake and reporting. These include:

- provision of a [Young Scot communications toolkit](#), designed in partnership with Scottish Government, in both digital form and hard copy for secondary schools (materials have been mailed direct to all secondary schools at the start of the summer term) encouraging young people to test and record results, and to check for the latest support and guidance on [www.young.scot/coronavirus](http://www.young.scot/coronavirus). In the summer, paid advertising took place for two weeks of

paid advertising across Young Scot's social media channels (TikTok, Snapchat, Instagram, etc.).

- template reminder letters have been sent to schools for them to send to parents, asking that they encourage their children at secondary schools to test and report their results regularly. In the previous term, uptake and recording of results was lower than expected in some local authority areas (although survey evidence indicates that a significant proportion of secondary pupils may have been testing and not recording results).
- A one-page guidance note has been produced that summarises approaches that local authorities and schools have reported as being effective in promoting uptake.
- Some additional improvements have been made to processes under the testing programme, to ensure that schools can now hand out test kits more proactively to staff and students, and focus efforts on encouraging greater uptake and reporting. These involve:
  - reductions in the requirements for schools around keeping test kit logs, which should reduce burdens for school staff; and
  - a move away from the need for written agreement to participate, with acceptance of test kits and completion of the tests at home taken as implied agreement to participate. This brings the programme into line with other testing pathways.

Full guidance on how to implement these new processes has been provided to local authority testing leads for onward communication to schools, and is also available directly to schools via the document sharing platform that supports the programme.

Some potential barriers to testing that were identified by survey evidence were the discomfort of tests and the time it takes to do them and record results.

The UK Government have also updated their online reporting portal so that household accounts can be created. This will allow parents to record results for more than one child without having to re-enter data multiple times.

## **Contact tracing and self-isolation**

Based on the latest clinical evidence, revised self-isolation measures apply to index cases and close contacts of any Coronavirus strain from Thursday 6 January 2022. Where a pupil has received a confirmed positive test result for COVID-19 or is displaying symptoms, they will be expected to self-isolate for 10 days. However, if the person tests negative on day 6 and day 7 LFD tests (taken at least 24 hours apart, with the first test no earlier than day 6) they may leave isolation if they have no fever after their day 7 test.

All contacts who are aged under 18 years and 4 months should take 7 daily LFD tests and report results instead of isolating – there is no longer a requirement for a PCR test to be released from self-isolation. Children aged under 5 are encouraged, but not required, to take LFD tests. For the purposes of this guidance, the references to contacts above relate to those falling within the category of high-risk close contacts, as defined below.

The previous risk-informed approach within schools will continue to apply. That is that, all potential contacts (whether defined as high- or low-risk) will be identified and provided with appropriate, proportionate advice on the action that should be taken in the following ways:

- Test and Protect will, through the contact tracing system, identify those contacts where there is a higher risk of transmission and ask them to follow the appropriate steps based on NHS guidance (self-isolation and/or daily LFD testing dependent on age and vaccination status); and

- other low risk contacts will be identified by schools when they are informed of positive cases, and sent information letters that advise them to take certain mitigating actions. These actions do not require self-isolation, but include important advice on LFD testing and other mitigating actions.

This approach means that blanket isolation of whole classes will continue to be minimised. Fewer children and young people are likely to be asked to self-isolate, and when they do it will be for a shorter period of time.

Through not being able to attend school in-person, affected pupils will miss out on face-to-face teaching, learning and support and interaction with their peers. Whilst there are negative impacts linked to this requirement, it is outweighed by the potential health impact of not following self-isolation guidelines for symptomatic people or those who test positive.

Plans for remote learning have been developed and can be deployed in line with Education Scotland guidance, in the event that smaller or larger numbers of pupils and/or staff have to self-isolate. Previously agreed [Education Scotland/CERG guidance on remote learning](#) makes clear that class teachers retain responsibility for planning and organising children's and young people's learning, with learning supported by parents and carers.

As we have done throughout the pandemic, we will continue to engage with our Covid-19 Education Recovery Group to ensure that our approach is partnership based and draws from their own intelligence, operational understanding and local need. Our guidance is clear that schools and local authorities should prepare and maintain clear, strong contingency plans for providing education remotely.

Education Scotland's previous work with the sector – including the development of national overview of practice to support the quality and effectiveness of the delivery of remote learning allows us to be confident that schools and local authorities are able to deliver remote learning where required.

Further potential disruption to learning may be especially relevant to senior phase pupils who will be aware of the timescales associated with upcoming national qualifications, and will have felt the impact of not beginning courses in June, as would generally have been the case in previous years.

Education Scotland and local authorities are to ensure schools, learners and parents are aware of [the National eLearning Offer \(NELO\) to support the curriculum](#) including live, recorded and supported resources for both the BGE and Senior Phase. The National eLearning Offer continues to expand and remains both available and popular to support young people learning in school or from home.

Pupils miss out on time to interact and socialise with their peers. We know from the [LockdownLowdown](#) survey, commissioned by Scottish Youth Parliament, Youth Link and Young Scot, that school closures earlier in the pandemic had an overall negative impact on the mental wellbeing of pupils, and further time in isolation could compound this.

Plans for remote learning have been developed and can be deployed in line with Education Scotland guidance, in the event that smaller or larger numbers of pupils and/or staff have to self-isolate. Previously agreed [Education Scotland/CERG guidance on remote learning](#) makes clear that class teachers retain responsibility for planning and organising children's and young people's learning, with learning supported by parents and carers. This makes clear that pupils can expect regular opportunities for engagement with other pupils to support learning, as well as informal engagement.

Through not being able to attend school for any period of time, there is an increased risk of exposure to abuse or child protection issues, with reduced opportunity for disclosure. Due to continuing social/economic stresses, there is also the potential for more pupils to become vulnerable.

In these circumstances, and in line with the [National and Supplementary National Child Protection Guidance](#) a rights-based, child-centred approach to assessment, intervention, and planning to meet needs will be essential, drawing together support from partners and third sector organisations in order to ensure appropriate support for children and young people.

Self-isolation of close contacts will now only apply to children and young people who test positive themselves. Upon confirmation of a negative COVID LFD test, instead of isolating, following close contact with a COVID positive individual, children and young people may take 7 daily LFD tests and report their results which, if negative, then return to school and continue with in-person learning. These changes aim to minimise in-person learning disruption while protecting the health and safety of the school population at large.

All contacts who are aged under 18 years and 4 months should take 7 daily LFD tests and report results instead of isolating with no requirement for a PCR test to be released from self-isolation. Children aged under 5 are encouraged, but not required, to take LFD tests.

This approach will mean that the likelihood of whole classes or year groups being requested to self-isolate will continue to be minimised. Fewer children and young people will be asked to self-isolate, and when they are it will be for a shorter period of time. This is expected to have a positive impact on all pupils from both an academic and wellbeing perspective.

For pupils who are identified as a close contact of a confirmed positive case, the impact of them being required to self-isolate / test daily will continue to be felt. However this will be to a lesser extent than earlier in the pandemic due to the shorter timeframe and the change in the previous requirements for all households of a positive case to isolate. This will have a negative impact for pupils who are required to self-isolate, but brings positive health benefits to classmates and peers.

Quick access to PCR and LFD tests will be important. Some children and young people may find it harder to access tests than others (e.g. due to transport or communication issues). Guidance will be made available in accessible formats, and there is an increasing number of local test centres available within walking distance in urban areas. Any remaining issues around access to PCR and LFD testing for children and young people will be kept under close review with local authorities, with a view to identifying further options to address these issues where available.

## **Vaccinations**

Teaching staff take up rates of vaccinations are very high. Public Health Scotland data indicates that, as of 24 January 2022, 96% of school teachers have had their first dose, 95% have had their second dose, and 85% have had their third/booster dose.

Whilst we know that there is minimal evidence of transmission between staff and pupils<sup>1</sup>, this is expected to provide some reassurance to pupils nonetheless, thereby having a positive impact.

In line with current JCVI advice, the vaccination of young people began in August (and still only applies for those aged 12+). This means that large numbers of unvaccinated children and young people will come together in a way that is unlikely to happen in other parts of society.

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<sup>1</sup> [COVID-19 in children and the role of school settings in transmission - second update \(europa.eu\)](#)

However, vaccination rates among 12-18 year olds are now significantly higher than they were at the start of the academic year. Latest data shows that, as at 18 Jan 2022, 82% of 16-17 year olds, and 68% of 12-15 year olds have received at least one dose. Two dose coverage in these age groups were 54% and 33%, respectively.

In relation to attending school, this is expected to have a positive impact for those aged 12 and above who are eligible, from both a health and a wellbeing perspective.

The high levels of vaccination amongst adult staff is also expected to reduce risks in the school environment, supporting easing of mitigations in due course.

## **Face coverings**

As advised by the Advisory Sub-Group on Education and Children's Issues<sup>2</sup>, face coverings will continue to be required to be worn in classrooms by pupils and staff in secondary schools.

However, mitigating measures such as face coverings will remain under regular review and will not be required any longer than is necessary for health and safety reasons.

At the point that it is possible to reduce or remove the use of face coverings in the classroom, although views are varied, this is broadly expected to have a positive impact for pupils, many of whom are expected to welcome bringing this decision in line with other parts of society.

Schools will play a key role in communicating changes in mitigating measures to pupils, and should provide reassurance to pupils where appropriate.

Some pupils may feel nervous about the removal of face coverings in the classroom setting, and this may affect their confidence or reassurance in attending school. Some pupils find wearing face coverings for long periods of time uncomfortable.

As above, the policy of wearing face coverings in classrooms will be kept under close review and when the evidence supports the removal of this mitigation as being safe this decision will be taken. Guidance sets out that face coverings can be made of cloth or other textiles and should be two, and preferably three, layers thick and fit snugly around the mouth, nose and chin while allowing you to breathe easily.

The use of face coverings will also continue to be required in other parts of the secondary school estate where there is more movement, for example corridors or school transport for those aged 12 and over. Pupils who have previously been exempt from using face coverings will continue to be exempt in these circumstances.

## **Mental health**

We know that the effects of lockdown have broadly had a negative effect on the mental health of children and young people.

Pupils of all ages may be impacted by poor mental health, which could be caused or exacerbated by the effects of changing and increased mitigations or levels of uncertainty.

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<sup>2</sup> [Coronavirus \(COVID-19\): Advisory Sub-Group on Education and Children's Issues - return to school in August 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/education/childrensissues/returntoschoolinAugust2021)



We have confirmed that arrangements for counselling through schools are in place across Scotland, to ensure early access to support.

We have also developed and published [training for school staff on supporting children and young people's mental health and wellbeing](#), and will shortly publish guidance on whole-school approaches to mental health and wellbeing.

The Advisory sub-group on Children's Issues recommended a particular emphasis placed on the need for visits from professionals such as social workers, youth workers, child psychologists, and speech and language therapists to continue in order to avoid wider harms. The need for tutors to visit student teachers on placement was also noted.

In addition, the Group advised that, due to the potential impact on mental health and wellbeing, there was not sufficient justification for reinstating previous restrictions on expressive arts and physical education in schools.

Where appropriate, the reintroduction/continuation of ongoing partnerships and programmes of work previously delivered in schools that support young people with their mental health should continue.

Whilst the mitigations and reintroduction of key measures (which had been previously been relaxed) at the start of the January term in 2022 may have negatively impacted upon young people's health and wellbeing, the guidance did, in recognition of the positive impact on the wellbeing of children and young people, supply staff and other professional visitors could continue to visit schools. This includes visiting teachers, psychologists, nurses, social workers, youth workers and outdoor learning specialists.

From 1 February, the return to pre-Omicron mitigations, including the adjustment of the approach to minimising contacts, the easing of the restrictions on school visitors and easing the restrictions on school visits and trips, should help further improve the mental health and wellbeing of children and young people.

## **Disability**

### **Pupils at high clinical risk**

Some people at the highest clinical risk, (previously those on the shielding list) may have a health condition that could be considered a disability.

Teaching staff take up rates of vaccinations are very high. Public Health Scotland data indicates that, as of 24 January 2022, 96% of school teachers have had their first dose, 95% have had their second dose, and 85% have had their third/booster dose. This may be particularly reassuring in the context of staff working in close physical proximity to some pupils, particularly those with physical needs.

Vaccination rates among 12-18 year olds are now significantly higher than they were at the start of the academic year. Latest Public Health Scotland data shows that, as at 18 Jan 2022, 82% of 16-17 year olds, and 68% of 12-15 year olds have received at least one dose. Two dose coverage in these age groups were 54% and 33%, respectively.

This is expected to provide reassurance to individuals and their families as well as bringing clear health benefits.

The evidence is that children and young people, even those with significant long term health issues, rarely become significantly unwell if infected with COVID with a low chance of mortality from the virus with a rate of 2 deaths per million in children and young people from COVID in the UK during the pandemic. Balanced against that for most children and young people are the significant benefits from attending school and the harm from not attending. The advice given reflects our current understanding of the best balance of risk and benefit for children and young people and will be kept under review.

In the event of an outbreak of the virus, this could include the closure of one or several schools, in which case all pupils would be affected. However, it is important that the response to an outbreak is proportionate. As has been the case throughout the pandemic, decisions are taken locally on how to manage outbreaks in individual settings in schools, in conjunction with local Health Protection Teams, who have greater knowledge of the local area and circumstances. This ensures that local situations are managed appropriately and proportionately, recognising the diverse settings and circumstances across Scottish schools.

It is for local Health Protection Teams to consider individual risks for any staff or pupils who are at highest risk from COVID-19 within mitigating actions or partial closures in the event of a local outbreak.

As outlined in the [Reducing risks in schools guidance](#), it is important that appropriate arrangements for remote learning are in place to support pupils who cannot attend school.

### **Additional Support Needs (ASN)**

Pupils with additional support needs have had to adapt to many changes throughout the pandemic, and it is recognised that there are reports of some pupils, including some with ASN or anxiety, having found benefits during periods of remote learning. Whilst the majority of pupils participated in in-school learning throughout the summer and Autumn terms, the return to school after the winter break may cause anxiety for some groups of pupils.

This may be exacerbated with changes being introduced to mitigating measures, that some pupils have only recently adapted to, and therefore further change may create challenges.

Schools will play a key role in communicating changes in mitigating measures to pupils, and should provide reassurance to pupils where appropriate. Learning Support Assistants may play a key role in this for pupils with ASN.

Care plans should be reviewed regularly, with emotional wellbeing being considered, as well as recognition of any additional needs that arise. Engagement with parents and carers, as well as the children and young people themselves will be key.

Support may be drawn from other partners, such as Social Work Services, Allied Health Professionals, agencies such as Skills Development Scotland, and third sector organisations. This process should take into account the communication of any routine changes where appropriate.

In line with all individuals, if an ASN pupil were to test positive for COVID-19, they would be required to self-isolate. In these circumstances they would be offered remote learning, where they are well enough to participate.

Whilst we know that some ASN pupils welcomed certain aspects of remote learning, this will bring a change of routine, which may provide challenge for pupils as well as their parents or carers.

Pupils who normally receive additional support in school, e.g. from a Learning Support Assistant, may miss out on this support during the period of remote learning.

## **Asymptomatic COVID testing**

Lateral flow tests may continue to be used during term time on a routine basis. Pupils with additional support needs, particularly those transitioning to secondary school, may feel anxious about the use of lateral flow tests, or may struggle to administer the tests.

We have provided guidance in relation to pupils with additional support needs, including considerations about whether and how they should be testing, and have provided schools with information about risk assessments, to ensure that the needs of these pupils are carefully considered. New LFD tests have been made available which are easier to tolerate for some children and young people, as they involve only a nasal swab rather than a nasal and throat swab.

## **Personal hygiene**

Guidance says that for all activity we should be aiming to maintain appropriate mitigations, particularly higher standards of hygiene than were present pre-COVID. Some pupils, due to a physical disability or additional support needs, may require additional support to be able to maintain hygiene levels e.g. regular hand washing. Signage should be applied as a reminder, and school staff may provide physical support to some pupils too.

## **Face coverings**

From January 2022, as advised by the Advisory Sub-Group on Education and Children's Issues<sup>3</sup>, face coverings will continue to be required to be worn in classrooms by pupils and staff in secondary schools.

When staff or young people are wearing face coverings in school this may cause communication difficulties for pupils who depend on facial expressions or lip reading to communicate, for example deaf learners and those with a hearing impairment.

There are exemptions that apply to the use of face coverings, which include where a face covering may cause distress, and the ability to remove a face covering when communicating with a deaf person. Individuals who may not be able to handle and wear face coverings as directed (e.g. those with additional support needs or disabilities) should not wear them as it may inadvertently increase the risk of transmission.

In special schools and units, and where there are groupings of children with complex additional support needs, risk assessments should be conducted in full consultation with staff and their trade unions, aligned to the relevant protection level and reviewed on a regular basis, to consider (amongst other things) the appropriate mitigation measures which should be adopted in situations where opaque face coverings may act as a barrier to communication.

There is recognition that the impact of wearing opaque face covering for learners with additional support needs, including any level of hearing loss, should be carefully considered. Communication for many of these learners (including hearing impaired young people) relies in part on being able to see someone's face clearly. This is also important for children and young people who are acquiring English and who rely on visual cues to enable them to be included in learning.

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<sup>3</sup> [Coronavirus \(COVID 19\): Advisory Sub-Group on Education and Children's Issues minutes: 14 December 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/education/childrensissues/minutes/14december2021)

Appropriate use of transparent face coverings may help in these circumstances, but does not mitigate the need to take other reasonable adjustments to ensure deaf children are not disadvantaged. Transparent face coverings or face shields may be supplied by local authorities and used where there is a risk of detriment to the child's health and wellbeing from opaque face coverings.

Whilst face coverings continue to be used in communal areas in secondary schools, and by staff in communal areas in primary schools also, consideration should be given to the impact on ASN pupils, who may be more adversely affected than their peers.

For some learners with ASN, the wearing of face coverings may not be appropriate or could be a cause of anxiety or discomfort.

However, mitigating measures such as face coverings will remain under regular review in light of increased vaccine rollout and emerging data, and will not be required any longer than is necessary for health and safety reasons.

At the point that it is possible to reduce or remove the use of face coverings in the classroom, this is expected to have a positive impact on secondary pupils. In particular, hearing impaired pupils and others with communication difficulties are expected to welcome this decision.

## Sex

### Child protection

It is known that some risks to children and young people will have increased during the pandemic and that it is expected that there will have been an intensity in the experience of domestic abuse, which typically affects more girls than boys<sup>4</sup>. It also affects the children of parents who experience domestic abuse.

Women are more likely to experience domestic abuse, which will have an impact on their children. The following text comes from [Equally Safe](#): *'There are a number of specific issues prevalent in the lives of girls and young women; for example, sexting and non-consensual sharing of intimate images (also known as 'revenge porn') can also particularly affect young people. Young women disproportionately experience intimate partner violence in relation to young men, and report much greater negative impacts as a result. The prevalence of and easy access to pornography is a constant presence in the lives of young women and men that ultimately contributes to reinforcing the gender norms that play a key role in perpetuating violence against women and girls.'*

In addition, Zero Tolerance have more information on the types of VAW experienced by young girls at school - <https://www.zerotolerance.org.uk/work-young-people>

Children and young people may not immediately disclose these concerns, particularly if affected by self-isolation requirements, and there is a need for a sustained approach, as highlighted in the [Guidance on support for continuity of learning](#).

£1.5m was provided in March 2020 to organisations that support victims of violence against women and girls (VAWG) and another £4.25m in September 2020 in recognition of the impact the pandemic has had on women and children where there is violence in the home.

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<sup>4</sup> <https://www.gov.scot/publications/domestic-abuse-forms-violence-against-women-girls-vawg-during-covid-19-lockdown-period-30-3-20-22-05-20/>

## Access to resources throughout remote learning or self-isolation

We see evidence of segregation by sex in participation in different subjects in the senior phase at school with, for example, females more likely to take up subjects such as languages<sup>5</sup> and males tending to take up subjects such as computing<sup>6</sup>, with resulting implications in terms of occupational segregation and the gender pay gap.

With the ongoing requirement for pupils with a confirmed positive COVID test to self-isolate, it is inevitable that some pupils, where well enough, will be dependent upon remote learning for a period of time. Pupils who are reliant upon specialist resources or equipment for some subjects may find it more challenging to access the curriculum. Dependent on the subject affected, this could have a disproportionate effect on either boys or girls who may make up the majority of the cohort.

Close the Gap undertook some polling work in October 2021 to determine [the impacts of Covid-19 on young women's employment, financial security, and mental health](#), which showed young women were more likely than young men to be reporting negative mental health impacts of the pandemic.

## Gender reassignment

### Pastoral support

The [Online in Lockdown Report](#) in 2020 indicated that 26% of young people responding to the survey saw prejudice-based posts, comments, attitudes online since the lockdown began which related to transphobia.

Whilst pupils have since returned to school, some pupils may continue to be affected by this prejudice. The education workforce should remain mindful of any long-term impact on the wellbeing of pupils and work in partnership with specialist/third sector organisations where appropriate.

## Pregnancy and maternity

### Support for pregnant pupils and young parents

Pregnant pupils and young parents may feel anxious about the removal of enhanced mitigating measures in schools.

It is important that all pregnant pupils follow advice from the [Royal College of Obstetricians and Gynaecologists](#). As highlighted in the [Child Poverty Delivery Plan](#), young mothers are at a greater risk of poverty. Schools have an important role to protect and support pregnant pupils. It is also advised that an individual risk assessment should be conducted for all pregnant young women attending school. The Reducing Risks in Schools Guidance has been updated to reflect the latest advice, and will be kept under careful review.

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<sup>5</sup> In 2020, 72% of entries into a Higher Modern Languages qualifications were female; the highest sex split was in Higher French with 74% of female entries. Source: [SQA August 2020 results](#)

<sup>6</sup> For STEM related subjects in 2020, 48% of entries in STEM Highers were female, with 18% of Higher Computer Science entries female. Source: [SQA August 2020 results](#)

<sup>10</sup> <https://www.closesthegap.org.uk/content/resources/Joint-briefing-on-the-impact-of-Covid-19-on-young-womens-employment-financial-security-and-mental-health---October-2021.pdf>

## **Asymptomatic COVID testing**

The LFD tests are safe to use by those who are pregnant. Testing should provide a further mitigation which will help further improve the safety of the school environment for pregnant pupils.

## **Race**

According to 2019 data, 78% of Scotland's pupil population is from a White (Scottish) ethnicity, while 12% have a White (other) ethnicity and 8% are from a non-White Minority Ethnic (ME) group<sup>7</sup>.

## **Language development**

2019 data shows that 9.6% of the pupil population have a language other than English as their main home language<sup>8</sup>. Pupils who speak English as an additional language may have been disproportionately affected by reduced face-to-face teaching time throughout the pandemic and its impact on their proficiency of the English language, particularly if English is not their main home language.

By reducing the numbers of pupils likely to be required to self-isolate, this is expected to bring positive benefits for this group of pupils, through being able to spend more time in school benefitting from face-to-face learning and interactions with peers. However, as with all pupils, if an individual receives a confirmed positive test result or is requested to self-isolate, they may be asked to participate in remote learning.

Pupils who have English as an Additional Language are considered to have an additional support need. The guidance and support considerations for ASN pupils, will also apply to pupils who have an additional support need as a result of having English as an additional language.

Whilst face coverings continue to be used in communal areas in secondary schools there is a risk that pupils who depend more on lip reading or visual clues for communication, such as those with English as an additional language, may be disproportionately affected.

Schools may wish to consider the use of transparent face coverings to support these pupils.

## **Communication barriers**

School pupils whose English is better than their parents may be required to forward information or become translators for their parents to help them understand the changes. This is extra pressure and responsibilities for young people who have become carers for this reason. Schools should have a record of these family groups and use an effective method of communication – verbal and audio, with support from the local authority, to communicate new mitigation measures. This should be carried out in a culturally sensitive manner.

## **Religion or belief**

### **Denominational schools**

Physical distancing in schools should be implemented in a proportionate way. Guidance states that schools should encourage staff and secondary pupils to maintain distance indoors where

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<sup>7</sup> <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

<sup>8</sup> <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

possible. Restrictions around large group gatherings may impact upon religious practices and celebrations.

## **Sexual orientation**

### **Pastoral support**

Some pupils, particularly those living in households where their sexual orientation is not accepted, may have found the pandemic and spending more time at home more challenging than some of their peers.

Whilst there is a risk that this could be exacerbated by the need for individuals with a confirmed positive COVID test to self-isolate, the negative impact is expected to be reduced with changes to contact tracing and self-isolation requirements.

Schools should be mindful of this potential impact when supporting pupils and work in partnership with specialist/third sector organisations, where appropriate, to ensure any existing supports that may have been in place are enabled to continue during periods of remote learning.

### **Socio-economic disadvantage**

It is recognised that some groups in society are at greater risk of poverty than others<sup>9</sup>, including single women with children, people from non-white minority ethnic groups, and households with a disabled family member.

Attendance and absence statistics for 2020/21 showed that school buildings were closed for around a fifth of the school year; during which time home learning was in place. The attendance rate (when school buildings were *open*) was 92%, compared to 93% for the full 2018/19 school year. The percentage of pupils achieving the expected CfE level in 2020/21 is lower than in 2018/19 for all stages and across all organisers. The size of the drops range between three and six percentage points and are generally larger than previous changes at national level. Performance has decreased for pupils from the most deprived areas to a greater extent than pupils from the least deprived areas, between 2018/19 and 2020/21.

According to a [Lockdown lowdown survey](#), published in November 2021, around half of young people thought it was harder to learn at home during the second school closure, compared to the first school closure. Respondents in areas of higher deprivation were more likely to say that they found it harder to learn than those in areas of lower deprivation. Older respondents (age 16-18) were more likely to select this option than younger respondents.

The Advisory sub-group on Children's Issues recognise the need for contact with professionals such as social workers, youth workers, child psychologists, and speech and language therapists to continue in order to support children and young people and avoid wider harms, during periods of self-isolation.

### **Self-isolation**

We know that pupils from disadvantaged backgrounds have been more impacted by the pandemic than their less disadvantaged peers. This is evident from the following:

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<sup>9</sup> [Poverty and Income Inequality in Scotland 2016-19 - gov.scot \(www.gov.scot\)](#)

- Half (50%) of pupils who lived in the most deprived areas of Scotland experienced a spell of self-isolation of at least ½ a school day compared to only 39% of pupils who lived in the least deprived areas;
- Almost three-in-ten (29%) pupils who lived in the most deprived areas of Scotland were not in school throughout the school year for a total of at least 1 week due to self-isolating compared to only 17% of pupils who lived in the least deprived areas; and

10% of pupils who lived in the most deprived areas in Scotland were not in school throughout the school year for a total of at least 2 weeks due to self-isolating compared to only 4% of pupils who lived in the least deprived areas.

The above would indicate that there is a greater risk of disadvantaged pupils being affected by ongoing requirements to self-isolate following a confirmed positive COVID test, in comparison to their less disadvantaged peers. This is likely to have an impact on their access to in-school learning, and interaction with staff and peers.

However, with only close contacts being identified and with daily testing (and negative results) meaning contacts can return to in-school learning, this risk is reduced in comparison to the summer term when all contacts were asked to self-isolate. When pupils are identified as a close contact, they will be required to take daily LFD tests self-isolate until they receive a negative LFD test. There is a risk that socio-economically disadvantaged children and young people may have delayed access to a PCR and/or LFD test in comparison to their peers. This may be due to access to information, or dependency on public transport which cannot be taken when isolating.

Detailed information on how to access a PCR is available in guidance<sup>10</sup>, and the situation will be monitored on an on-going basis to ensure support is provided where possible.

## Ventilation

We know from previous evidence, the Education Recovery Youth Panel's report<sup>11</sup> that pupils have reported feeling cold and finding some practical tasks difficult. This may impact disadvantaged pupils more than their peers due to potentially reduced access to warm clothing.

Good ventilation is important in controlling the spread of COVID-19 but it's important to ensure a balance between fresh air and levels of warmth in schools during winter as it's important pupils feel comfortable in school. Our guidance, informed by expert scientific advice, sets out strategies to ensure fresh air can enter indoor spaces while balancing the need to maintain levels of warmth in schools during winter.

Local authorities have now completed initial CO2 assessments of all learning, teaching and play spaces in their schools. Local authorities should arrange for CO2 assessments of learning, teaching and play spaces often enough to support ongoing decision-making by staff about balancing ventilation with temperature during the winter months.

On 11 January 2022 additional capital funding of up to £5m was announced to support any further urgent remedial work that is needed to ensure good ventilation in schools and ELC settings.

HSE guidance makes clear that deploying air cleaning devices would not remove the need to improve ventilation, for example by opening windows or doors, or ensuring appropriate mechanical ventilation.

<sup>10</sup> [Coronavirus \(COVID-19\): guidance on reducing the risks in schools - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-guidance-reducing-risks-in-schools/pages/12_to_14.aspx)

<sup>11</sup> [YS+Education+Recover+Report\\_V2.pdf \(squarespace.com\)](https://www.youthpanel.gov.scot/YS+Education+Recover+Report_V2.pdf)



Guidance makes clear that local authorities should ensure that, where individual children and young people cannot access warm clothing necessary for the local strategies adopted, appropriate support is provided on a case-by-case basis.

## **Free school meals**

Evidence from the Child Poverty Action Group showed that families entitled to free school meals valued having that support continue during lockdown.

Whilst pupils may be affected by access to free school meals if required to self-isolate, the changes to contact tracing and self-isolation requirements are expected to have a broadly positive impact by reducing the number of pupils impacted.

During term time local authorities should continue the provision of a free school meal or an alternative to all children who are eligible, this could include a direct cash payment, voucher, home delivery or collection from a specified hub.

## **Digital equity**

Where pupils are required to self-isolate or schools are required to close, pupils will be dependent upon digital connectivity to enable them to participate in remote learning. However, some pupils may be disadvantaged in comparison to their peers through not having access to digital devices, particularly younger children who are more likely to have to share devices with other members of the household. In 2018, the ONS reported that 12% of those aged between 11 and 18 years in the UK (700,000) reported having no internet access at home from a computer or tablet, while a further 60,000 reported having no home internet access at all<sup>12</sup>.

The government has invested £25m to support digital inclusion among school-aged children, with over 72,000 devices and 14,000 connectivity packages having been distributed to pupils in Scotland to date.

To achieve digital inclusion for young people who normally learn through youth work, local authorities/schools should ensure that this engagement is facilitated/supported during any period of remote learning.

## **Gaelic medium education**

### **Immersion learning**

In 2019 there were 4,631 learners in the GME sector. In the same year there were 541 learners with Gaelic (Scots) as their main home language<sup>13</sup>. Therefore we can assume that a majority of GME learners do not speak Gaelic at home, and consequently earlier school closures will have had a negative impact on the language development of these pupils, particularly younger pupils who may not yet be confident engaging with the written language independently.

It is reasonable to expect this impact to continue or be exacerbated in circumstances where pupils are required to self-isolate due to a confirmed positive COVID test.

Throughout the pandemic the number of online resources available to support learners has grown, and this includes resources specifically to support the GME sector through Storlàn, E-Sgoil, e-

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<sup>12</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04>

<sup>13</sup> [Pupil census: supplementary statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/pupils-census-supplementary-statistics)

Storas, Education Scotland and BBC ALBA. Most GME resources can be found on the Comman Parant website<sup>14</sup>. To provide further support Storlàn has extended its site to support parents as well as learners and teachers. Professional support is also available from Bòrd na Gàidhlig via [foghlam@gaidhlig.scot](mailto:foghlam@gaidhlig.scot).

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<sup>14</sup> <https://www.parant.org.uk/>

## School staff

### Age

### Vaccinations

A quarter of the teaching workforce are over the age of 50 and around one in twenty are over the age of 60<sup>15</sup>. Vaccinations for all staff age groups are an important consideration in deciding the need for and balancing mitigations.

Teaching staff take up rates of vaccinations are very high. Public Health Scotland data indicates that, as of 24 January 2022, 96% of school teachers have had their first dose, 95% have had their second dose, and 85% have had their third/booster dose, with uptake in school teachers generally higher than that in the working age adult population.

The impact of the vaccination programme is expected to have a positive impact on staff wellbeing, by increasing their resistance to any infection, but also by providing some reassurance. All schools are asked to encourage any staff who have not received both doses of the vaccine and the booster to seek a vaccination as a priority. Mitigation measures remain in place until it is safe to reduce or remove them. These will support with the health and safety of the school community.

### Staff members at the highest clinical risk

The Chief Medical Officer's advice is that people at highest risk can continue to follow the same advice as the rest of the population, unless a GP or clinician has advised otherwise. The developing picture suggests that the Omicron variant is making people much less severely ill than previous variants. Following the usual protective measures, including having vaccinations and boosters, will help to reduce its spread. Strict adherence to mitigations is strongly encouraged for staff at highest risk.

It is essential that employers conduct a COVID-19 risk assessment which will help them to identify measures which can be implemented to reduce the risk of transmission in the workplace. Employers can be asked for copies of the risk assessments for the workplace.

For staff who are at highest or higher risk of increased vulnerability due to age, BMI, underlying health conditions or ethnicity, individual risk assessments can be used to assess and highlight personal risk – translated as a COVID-age, to support discussions additional precautions that may be needed. Further information at [Coronavirus \(COVID-19\): guidance on individual occupational risk assessment - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/)

### Disability

As at all times, it will be necessary for employers to continue to consider the specific needs of staff who have a disability, in line with their responsibilities under the Equality Act 2010. Guidance makes clear that any response to a localised outbreak should be proportionate and considered. Staff with a disability, may be considered clinically vulnerable and may have concerns linked to both their health and wellbeing, or be at greater risk than other members of staff.

Risk assessments should be in place, and carried out with full consultation of the member(s) of staff concerned.

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<sup>15</sup> <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/>

## **Asymptomatic COVID testing in schools**

Staff and secondary pupils continue to be encouraged to take lateral flow tests on a routine twice weekly basis, but particularly if symptoms develop, or in the event of a localised outbreak.

Staff with a disability may require support in accessing or using these tests.

Schools should continue to accommodate needs on an ongoing basis, and to reflect this in risk assessments.

## **Mental health and wellbeing**

It is widely recognised that the pandemic has impacted the mental wellbeing of many people, and this includes the education workforce. It should be acknowledged that some members of staff may be cautious about the removal of some enhanced mitigating measures from 1 February and how this may impact their wellbeing. Employers should communicate any changes to mitigating measures clearly with staff.

Local authorities should ensure that managers in school have sensitive, supportive conversations with staff who have concerns about their mental health with wellbeing. Managers and employees may wish to access the package of [additional workforce support](#) designed to aid school staff as they manage Covid-19 in establishments.

## **Sex**

### **Caring responsibilities**

Women make up an overwhelming majority of the education workforce with around 77% of all teachers being women, ranging from 64% in secondary schools to 89% in primary schools<sup>16</sup>. Although we do not know what proportion of the wider workforce (catering staff, admin staff, cleaning staff etc.) are women, they are likely to account for the majority of staff in these roles within school settings, the impacts below will likely also affect the wider workforce. Women also generally carry out the majority of childcare, particularly if lone parents or grandparents with a caring role, who may be without their usual sources of support.

Women with caring responsibilities may therefore be disproportionately affected if someone they care for is required to self-isolate, such as in the case of a school or nursery being closed due to a localised outbreak. Employers should remain mindful of this impact, as they would if a dependent were unwell for another reason.

### **Women's health**

At any one time, a proportion of the female education workforce will be dealing with the often debilitating effects of the menopause and other menstrual health issues such as endometriosis.

Stress - which we know has increased for some as a result of the pandemic, or may do due to changes to mitigations - can exacerbate a number of the symptoms associated with these conditions and returning to a repurposed school estate where access to toilets might have changed may be challenging. With workplaces moving towards being 'menopause friendly', schools should consider how they offer support in this context.

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<sup>16</sup> <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/>

Although evidence is still emerging, [a recent report by Close the Gap](#) highlighted that women are more likely to experience long-covid than men. The potential impacts of self-isolation on women experiencing domestic abuse and other forms of VAW have been evidenced [in a paper outlining research on the experience of individuals and families experiencing domestic abuse](#).

## **Gender reassignment**

Transgender members of the workforce may continue to experience delays to gender-affirming treatment due to COVID-19, which could have a negative impact on their mental health and wellbeing. There is no data available to know how many members of the workforce may be impacted.

## **Pregnancy and maternity**

### **Pregnancy**

[COVID-19 vaccines are recommended in pregnancy](#). Vaccination is the best way to protect against the known risks of COVID-19 in pregnancy for both women and babies, including admission of the woman to intensive care and premature birth of the baby. Further information can be found at: [Combined info sheet and decision aid 20.07.2021 \(rcog.org.uk\)](#)

Schools and local authorities should continue to follow their duties and responsibilities under both the Management of Health and Safety at Work Regulations 1999 and the Equality Act 2010. These include ensuring that appropriate individual risk assessments are in place to inform any reasonable adjustments required to remove risk for pregnant women.

Schools and local authorities should follow the guidance set out by the [Health and Safety Executive](#) and in the most recent [Royal College of Obstetricians and Gynaecologists advice](#) to keep the risk of exposure as low as is practically possible to pregnant women, particularly in the third trimester.

In light of recent data showing that vaccination uptake amongst pregnant women is around 34% have and an increased number of unvaccinated pregnant women with COVID in intensive care, the department of Health and Social Care (DHSC) has revised and updated the [guidance for pregnant employees](#) and their employers.

The key changes to this Guidance and their potential impact are summarised below. The revised Guidance advises:

- All pregnant women who are vaccinated should undergo a risk assessment in the workplace and continue to work if it is safe to do so.
- Pregnant women who are unvaccinated at any gestation should take a more precautionary approach in light of the increased risk.

School staff who are pregnant at any gestation must have a workplace risk assessment with their school/local authority and occupational health team. Having a COVID-19 vaccine does not remove the requirement for schools and local authorities to carry out a risk assessment for pregnant employees. They should only continue to work if the risk assessment advises it is safe to do so. We advise continuing to use the [Scottish Government Covid 19 Guidance](#) on individual occupational risk assessment and tool.

However, the risk assessment tool does not take into account pregnancy or a person's vaccination status, and it should form only part of the individual risk assessment process. Careful attention should be paid to mental health and wellbeing and schools and local authorities should be sensitive to any anxiety pregnant staff may be feeling, and offer support and solutions to address this wherever possible. Individuals should discuss requirements with their line manager in the first instance. In the event of any concerns that cannot be addressed in this way, they should speak with their local HR or Health and Safety team, as well as their Trade Union representative. Schools and local authorities should also continue to factor in workplace risks and control measures that can be put in place to protect staff as well as the local prevalence of the virus.

Any risk posed to the member of staff should be removed or managed and if this is not possible, they should be offered suitable alternative work or working arrangements (including 21 working from home). If alternative work cannot be found, advice on suspension and pay can be found in [HSE guidance](#).

Women who are pregnant with significant congenital or acquired heart disease continue to be on the Scottish Government's Highest Risk List. Everyone on this list is currently advised to follow the same measures and guidance as the rest of the population, including on-going into the workplace if they can't work from home. Further information is available on the [Scottish Government website](#).

Non vaccinated or not fully vaccinated women who are pregnant have an increased risk of becoming severely ill and of pre-term birth if they contract COVID. Schools and local authorities should undertake a workforce risk assessment as set out above and, where appropriate, consider both how to redeploy these staff and how to maximise the potential for homeworking, wherever possible.

Where adjustments to the work environment and role are not possible and alternative work cannot be found, staff should be suspended on paid leave. Advice on suspension and pay can be found in [HSE guidance](#).

Boards may wish to use previous mitigations and options utilised for those who were on the Highest Risk (previously Shielding) List, depending on individual needs and risks assessed.

## **Returning to work**

Some members of staff will be returning to the workforce after maternity leave. Experts have warned Covid-19 has had a negative impact on maternal mental health beyond that seen in the general population, where reported rates of anxiety have more than doubled. Consideration should be given to their re-induction to the workforce, with individual risk assessments to be completed where appropriate.

## **Race**

### **Support in the workplace**

Minority Ethnic (ME) communities make up approximately 1.8% of Scotland's teaching workforce<sup>17</sup>. International evidence suggests COVID-19 has affected minority ethnic groups disproportionately. There is also evidence that people from a minority ethnic background who are infected may be at higher risk of severe disease. The Scottish Government continues to work with experts from a range of fields, including the [Ethnicity Expert Reference Group](#), to develop actions to help mitigate any disproportionate effects and implications experienced by minority ethnic groups and communities.

Staff who have increased vulnerability to COVID may feel anxious about the start of the new term, and enhanced mitigating measures being put in place.

Risk assessments should be in place where appropriate, and carried out with full consultation of the member(s) of staff concerned. [COVID-19 Occupational Risk Assessment Guidance](#) will be particularly relevant for staff who are anxious about risks in the workplace or have an underlying health condition. For staff who are at highest or higher risk of increased vulnerability due to age, BMI, underlying health conditions or ethnicity, individual risk assessments can be used to assess and highlight personal risk – translated as a COVID-age, to support discussions additional precautions that may be needed. Further information at [Coronavirus \(COVID-19\): guidance on individual occupational risk assessment - gov.scot \(www.gov.scot\)](#)

Further information is also available in the [Reducing risks in school guidance](#). Employers should remain mindful of their duties under the Equality Act 2010.

## **Religion or belief**

### **Wellbeing**

With the widely recognised impact of the pandemic on the wellbeing of pupils and staff, it is likely that staff with a religious role may play a significant role in supporting staff and pupils. The impact of this aspect of the role on the health and wellbeing of those staff should be taken into account when assessing their specific occupational health support needs.

## **Sexual orientation**

There are not considered to be any areas of this policy area that disproportionately impact groups with this protected characteristic.

## **Socio-economic disadvantage**

### **Travel and transport**

Staff from lower socio-economic backgrounds may be more likely to be dependent on public transport to arrive at work. This may be a cause of anxiety or stress for some due to greater risk of coming into contact with the virus. Staff who move between schools, such as peripatetic teachers or cleaning staff, may particularly feel this impact.

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<sup>17</sup> <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/pages/4/>

## Ventilation

Local authorities should be aware of the needs of staff who may be unable to access clothing appropriate to local strategies adopted.

## Gaelic medium education

There are 310 FTE GME teachers in Scotland. In line with the general teaching population around a quarter of them are 50 years of age or older<sup>18</sup>. When considering the teacher workforce, particularly if staff shortages become an issue for some settings, GME teachers will also need to be taken into account and the impact on immersion learning. Professional advice and support can be obtained from the Bòrd na Gàidhlig Education Team ([foghlam@gaidhlig.scot](mailto:foghlam@gaidhlig.scot))

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<sup>18</sup> 2019 Teacher Census Supplementary Statistics - <https://www.gov.scot/publications/teacher-census-supplementary-statistics/>



## Parents, carers and families

### Age

#### Older parents and carers

Older parents and carers may have concerns about their child attending school. Some parents and carers may be concerned about their child being in school, due to the risk of bringing the virus into the home.

In these circumstances, schools and local authorities should engage with those parents and carers to provide reassurance on any concerns, overcome any barriers to learning, and support attendance. In line with requirements under the Scottish Schools (Parental Involvement) Act 2006, local authorities and settings should make arrangements to involve and communicate with all parents and carers (the “parent forum” for the school) as well as the Parent Council.

The school safety mitigations will remain of key importance, including hygiene and cleanliness. This may be most relevant to those who are highly clinically vulnerable. Children and young people who live with a person who is at highest risk should attend school in line with arrangements for the return to school after the summer holidays. All school staff and pupils in secondary schools who live with someone at highest risk are encouraged to use the offer of lateral flow testing as this will help to find people who don't have symptoms and would not know they have coronavirus.

All clinically vulnerable adults have been offered a vaccine and are encouraged to take up their vaccine if they haven't already. Pupils over the age of 12 have all been offered the vaccine.

### Disability

#### Parents with a disability

Parents with a disability, similarly to older parents, may be more likely to be at high clinical risk. Similarly also, some parents and carers may have concerns about a child attending school, particularly as mitigating measures likely reduce. The same approach should be taken as outlined above. It will be particularly important to ensure that messaging to all parents and carers is clear.

### Sex

#### Caring responsibilities

Women generally take responsibility for a majority of childcare. Increased childcare and other unpaid work during Covid led to some women to reduce their hours and leave their job. [Research by IFS on the impact of lockdown](#) found that mothers were 1.5 times more likely to have quit or lost their job during the first lockdown, and that mothers had reduced their working hours by more than their male counterparts.

If necessary for pupils to self-isolate or for remote learning to take place, this will impact on carers, who are most likely to be women. The impact of the child or young person they care for not physically attending school may impact their ability to work, and could be more challenging for those who are also experiencing poverty. This impact may be particularly relevant to lone parents, 90% of whom are women, and are already more likely to be experiencing poverty. This may have been exacerbated as the furlough scheme came to an end, women may have to take unpaid leave in order to care for children during school closures/self-isolation periods.

## **Gender reassignment**

There are not considered to be any areas of this policy area that could disproportionately impact groups with this protected characteristic.

## **Pregnancy and maternity**

### **Pregnant parents and carers**

Current clinical advice states that pregnant women of any gestation are at no more risk of contracting the virus than any other non-pregnant person who is in similar health. Pregnancy itself however, by altering the body's immune system and response to viral infections in general, can occasionally cause more severe symptoms. Mitigation measures remain in place to ensure that any risk of transmission within the school setting is minimised.

## **Race**

### **Language and communication**

Parents and carers who speak English as an additional language risk being disadvantaged through possibly not having a full understanding of changes to mitigation measures taking place. Schools and local authorities should continue to ensure they communicate effectively with all families within their school community. Local authorities should continue to work with community sources to identify which community languages information should be shared in.

Parents can be reliant upon the young people in their family to communicate information. To empower parents to have more control there could be alternative language formats and platforms utilised to have an inclusive message. Access to information may be limited. Ethnic minority women who are in abusive households may have limited access to devices, less confidence to approach school, and be more reliant on partners for relating information. This supports the need for schools to have direct contact with the main carer of the child/young person in an accessible and safe way.

## **Religion or belief**

There are not considered to be any areas of this policy area that disproportionately impact groups with this protected characteristic.

## **Sexual orientation**

There are not considered to be any areas of this policy area that disproportionately impact groups with this protected characteristic.

## **Socio-economic disadvantage**

### **Remote learning**

Research from the Sutton Trust<sup>19</sup> suggests that parents on lower incomes feel less confident to support remote learning. Low-paid workers are also less likely to have the flexibility to be able to work from home and access to necessary resources and equipment to facilitate home learning.

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<sup>19</sup><https://www.suttontrust.com/our-research/covid-19-and-social-mobility-impact-brief/>

Whilst most pupils have been participating in full-time in-school learning since Easter 2021, there will continue to be some pupils who test positive and need to self-isolate. Equally, there remains a risk that in the case of localised outbreaks, some schools may close for health and safety reasons.

Parents of younger children who are well enough to engage with remote learning may feel less confident supporting their child(ren) with remote learning in comparison to less disadvantaged parents. This would naturally have a knock-on effect for the child(ren)'s learning and development. Following government funding, local authorities are working to ensure disadvantaged pupils have access to a device and internet connection.

There is information to support parents with learning from home available through [Parent zone](#).

Also, lone parents (with the majority women) are more likely to be living in poverty. Lone parents face particular barriers to balancing home schooling/childcare with paid work. If they have to leave paid work or reduce their hours, this will push them into further and deeper poverty. Schools are encouraged to continue to engage with their community partners to support parents/carers with remote learning.

### **Free School Meals**

Latest data suggests that around 156,000 children and young people are currently in receipt of a free school meal. For pupils who are required to self-isolate due to a confirmed positive COVID test, or due to localised outbreaks and school closures, there may be an impact on their ability to access free school meals whilst at home. Schools should do what they can to continue provision for children and young people who are entitled to Free School Meals, within existing arrangements during any localised closures.

This could also have had a negative impact on parents and carers (particularly women, given they account for the majority of lone parents) through causing them worry or to go without food or other necessities themselves.

### **Gaelic medium education**

Throughout lockdown and with schools reopened, it remains vital that parents are informed and updated on policy developments. Local Authorities provide GME Families with support information, this is important as experiences demonstrate the particular challenges, which have impacted on the GME sector when school closures and staff absences occur which may negatively impact on immersion.

Local Authorities can provide strategic leadership for schools regarding how best to deliver a quality educational experience in the GME setting. This may relate to creativity in staff deployment for example and accessing particular support from agencies such as e-Sgoil. This applies to the GME sector as well as the English medium sector.

Local authorities can obtain professional advice and support from the Bòrd na Gàidhlig Education team on policy development, as well as working with Comann nam Pàrant to ensure messages are disseminated effectively.

## **Island Communities Impact Assessment**

The changes in the guidance for the safe return of pupils to education are detailed above. The long-term shared ambition of both national and local government remains to safely maximise the number of children and young people who are learning in schools as long as it remains low-risk. Throughout the pandemic, the government has also been committed to maintaining equity for Scotland's children and young people. However, there are some characteristics of island and rural communities which require additional consideration.

Due to the need to put measures in place quickly, no specific formal consultation with island communities on this updated Guidance has been undertaken. Informal engagement on specific policy areas is described in the Assessment section of this document. This includes the membership of COVID-19 Education Recovery Group (CERG) and the engagement with Covid-19 Advisory Group specialising on children's and education issues. These groups have provided data relevant to the school population, drawn on international comparisons and made recommendations to support education experts in their planning.

### **Transport to/from school**

Island and rural communities generally have less frequent public transport routes in their communities, and pupils may be required to undertake longer journeys each day.

Face coverings should be worn on dedicated school transport by pupils aged 12 and over (subject to exemptions), in line with public transport requirements. Due to possibly longer travel time, the impact on these pupils may be greater than their peers that have shorter journeys and for staff who are required to travel between schools, (e.g. cleaning staff).

For Island based pupils travelling via public transport, including ferries and buses, SG guidance will be followed. Potential capacity (Ferry and Flights) issues, Scottish pupils returning to school while English schools are still on leave. This will be monitored with our Transport Scotland colleagues.

### **Pupils staying in Accommodation**

Pupils staying in accommodation during the week to attend school on mainland will continue to follow the COVID-19 guidance for their individual circumstances. (Hostels etc.)

### **COVID testing in schools**

The asymptomatic testing programme remains open to all members of staff and secondary age pupils, with tests available to everyone who requests one as well.

Island and rural communities may be disadvantaged more than their urban counterparts if a member of staff is required to self-isolate following a confirmed positive COVID test, due to the challenge with finding temporary cover. Therefore the effect on the whole school community will be greater. We will continue contact with local authorities should these issues arise.

### **Gaelic Language**

In many Scottish Islands GME and Gaelic will have particular importance given the strength of the language in island communities. Consideration should be given to providing GME services in these contexts. Staffing strategies and the delivery of immersion education are therefore crucial. Particular regard should be paid to a range of policies which impact upon GME and Gaelic within island communities and these may include:

- The Gaelic First policy of CNES
- The Gaelic Language Plans of Highland Council, Argyll and Bute and CNES.

## **Digital equity**

Digital connectivity is a key enabler for education in general, particularly in Scotland's more remote, rural and island areas. The importance of this has been magnified through remote learning owing to the COVID-19 pandemic, and where necessary for pupils to self-isolate. School staff may be dependent on digital connectivity to be able to carry out their jobs in circumstances of localised outbreaks. The National Islands Plan recognises that access to good quality digital infrastructure for all is essential to improving the educational outcomes for children and young people on the islands.

Concerns with rural and Island communities access to broadband and their digital connectivity are being continuously monitored with learning from the last year being implemented. Continued discussions with local authorities to ensure equality to learning for rural and island communities.

To achieve digital inclusion for young people who normally learn through youth work, local authorities/schools should ensure that this engagement is facilitated/supported during any period of remote learning.

## Methodology

From the outset of the COVID-19 pandemic, it was evident that decision makers would be faced with unforeseen challenges, and that it would continue to be necessary to take a broad approach to involving key groups in policy development throughout.

For this reason, the COVID-19 Education Recovery Group (CERG) was formed. It is co-chaired by the Cabinet Secretary for Education and Skills and Councillor Stephen McCabe, CoSLA's Children's and Young People's Spokesperson. It brings together ministers, Education Scotland, senior officials and expert representatives from unions, local authorities, Scottish Qualifications Authority (SQA), Early Years Scotland (EYS), the Scottish Youth Parliament, and National Parent Forum of Scotland (NPFS). The group has met regularly since April 2020 and has contributed to policy development at every stage.

It is recognised that the balancing of Covid-related risks and harms in schools has, from the outset, been dependent on decision makers having access to the most up-to-date scientific and medical advice available, in order to protect the health and safety of children, staff and families. Therefore the CERG has sought the views of the Covid-19 Advisory Sub-Group specialising on children's and education issues. These groups have provided data relevant to the school population, drawn on international comparisons and made recommendations to support education experts in their planning.

The [Education Recovery Youth Panel](#), created in November 2020 and delivered by Young Scot in partnership with [Children in Scotland](#), supported the Scottish Government's COVID-19 Education Recovery Group (CERG) – as a successor to the earlier Scottish Learner Panel project. The group have taken part in CERG meetings and were invited to comment specifically on the measures included in the Reducing risks in school guidance in July 2021. In addition, the Scottish Youth Parliament, as a member of CERG, has contributed very actively and effectively as a conduit for the perspectives and views of children and young people.

Whilst it has been necessary to take decisions at pace in response to COVID-19, the Scottish Government has sought the views of equality stakeholders in the development of impact assessments throughout the pandemic.

## Key findings

Previous findings show that school closures, mitigating measures and the pandemic overall, has had a predominantly negative impact for most of Scotland's children and young people. The reduced access to education settings, previously through school closures, and more recently due to mitigating measures or requirements for self-isolation, has affected access to learning as well as mental health and wellbeing for both pupils and other members of the school community i.e. staff, parents and carers.

As described throughout this document, as the situation across society improves and the vaccine and booster rollout continues, the overall impact of the pandemic is expected to continue reducing in the school setting and for these groups of people.

- Teaching staff take up rates of vaccinations are very high and vaccination rates among 12-18 year olds are now significantly higher than they were at the start of the academic year.
- With the reduced number of people identified as close contacts, all are expected to benefit from reduced disruption to learning.
- The improving picture across society and the advice to only cautiously reduce or remove mitigations when advised, is expected to provide some reassurance to all members of the school community who have been concerned about health and safety throughout the pandemic.
- The changes to the self-isolation approach means fewer teaching staff and children and young people are likely to be asked to self-isolate, and when they do it will be for a shorter period of time.
- Following the emergence of the Omicron variant, from the start of the January term in 2022, schools guidance set out that local authorities and schools should continue to apply the mitigations then in place, as well as reintroducing some key measures that had previously been relaxed.
- Following greater evidence and awareness regarding the risks and impacts of the Omicron variant, from 1 February 2022, the guidance then reversed some of the enhanced measures introduced in December 2021, helping provide reassurances to the school community.
- Mitigations in school will be reduced or removed cautiously and steadily under close monitoring from the Advisory Sub-Group. As restrictions are eased, this will allow schools to slowly return to some pre-pandemic routines and procedures e.g. concerning staggered start times or one way systems, albeit some measures, such as cleaning, hygiene and ventilation, may continue for some time.

However, despite moving in a positive direction overall, with the mitigations reverting to the pre-Omicron protections, from 1 February, this document highlights that not all members of the school community will experience the impacts of the updated Reducing risks in schools guidance equally. Key findings include:

- Despite the reduction in the numbers of close contacts being identified, pupils from disadvantaged backgrounds may be disproportionately affected by needing to self-isolate. They may also find it harder to access LFD tests, and to engage with remote learning, where well enough to do so.
- Some pupils with additional support needs, or with communication challenges, for example through having English as an additional language, or through hearing difficulties, may continue to need support to be able to understand changes to guidance and to follow mitigating measures.
- Secondary pupils may continue to be impacted whilst face coverings remain in place, in the classroom.
- Women may also be particularly negatively impacted, given they make up the majority of the education workforce and likely to make up a large proportion of the wider force too.

Women with caring responsibilities, including lone parents, may also be disproportionately affected if someone they care for is required to self-isolate. In addition, if women are in an abusive relationship then this may be exacerbated, if requiring to isolate.

## Conclusion

We know that all children and young people, staff and families across Scotland have been impacted by the pandemic, and that this particularly affects those with protected characteristics (e.g. women, Black and minority ethnic people, disabled people) or who are experiencing disadvantage.

Since the Easter break in 2021, despite the mitigating measures in place, we know that many have welcomed the opportunity to return to full-time in-school learning, and that this has had a positive impact on teaching and learning, as well as mental health and wellbeing.

Following the emergence of the Omicron variant, it was necessary that local authorities and schools should continue to apply the mitigations that have been in place as well as reintroducing some key measures that had previously been relaxed. Following greater evidence and awareness regarding the risks and impacts of the Omicron variant, from 1 February 2022, the schools guidance reverses some of the enhanced measures introduced in December 2021. In particular, it adjusts measures in a manner that aims to support wellbeing, learning and teaching.

Whilst society's collective immunity has improved due to the vaccination programme, the new Omicron variant has challenged our understanding of the balance of risks. However, we need to remain mindful of the medium and long-term impacts of mitigations that remain in place, as well as the effects of restrictions in place earlier in the pandemic. Measures should not be in place any longer than is necessary, with decisions informed upon expert advice from the [Advisory Sub-group on Education and Children's Issues](#). Findings from this impact assessment and others should help inform and support the schools sector through this challenging period.





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