

# **Child Rights and Wellbeing Impact Assessment (CRWIA) for Routine Protective Measures in Schools, Early Learning and Childcare (ELC) settings and daycare of children's services**

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## Contents

Introduction .....	3
1. Which articles of the UNCRC does this policy/measure impact on? .....	7
2. What impact will your policy/measure have on children's rights?.....	9
3. Will there be different impacts on different groups of children and young people?.....	10
4. If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact? .....	13
5. How will the policy/measure give better or further effect to the implementation of the UNCRC in Scotland? .....	16
6. How have you consulted with relevant stakeholders, including involving children and young people in the development of the policy/measure? .....	16
7. What evidence have you used to inform your assessment? .....	17
8. How will the impact of the policy/measure be monitored? .....	19
9. How will you communicate to children and young people the impact of the policy/measure on their rights? .....	19
10. Sign & Date.....	20
Annex 1 – UNCRC Article Clusters .....	21
Annex 2 – General Comments .....	23

## Introduction

### Policy aim

The revised Schools guidance and guidance for the Early Learning and Childcare (ELC) sector seek to ensure routine protective measures are a proportionate and appropriate response to competing harms. They are predicated on the principles that: i) mitigations in schools should be retained for no longer than is necessary based on the state of the epidemic and evidence about risk, and ii) that there should be a presumption against placing a greater restriction on children and young people than on the rest of society.

In so doing, development of the policy has taken careful account of the evolving risk environment in schools and wider communities, and seeks to ensure that only those mitigations that are necessary and proportionate to ensure the safety of school communities are retained.

Where possible, alignment with equivalent measures across wider society is deemed beneficial to support ease of understanding and subsequent adherence. This is particularly applicable in respect of self-isolation, physical distancing, face coverings, contact tracing and vulnerable people.

### Background

On 22 February 2022 the Scottish Government published an update to [Scotland's Strategic Framework](#), setting out a new staged approach to easing protective measures to help Scotland manage and recover from the ongoing coronavirus pandemic. It updated the strategic intent from a focus on suppressing cases to managing COVID-19 effectively, primarily through adaptations and health measures that will strengthen our resilience and recovery. The intent set out the Strategic Framework is to rely, as far as possible, much less on legal requirements and more on people and organisations making and sustaining the adaptations to behaviours and physical environments that will improve our resilience to the virus and help keep it in check.

One of the Scottish Government's top priorities has been, and will remain, to keep schools, early learning and childcare (ELC) settings and daycare of children's services open and safe. This is in line with advice from the World Health Organisation and elsewhere, and has helped to ensure continuity of the care, education and support they provide to children, families and communities.

The suite of COVID-19 safety guidance for schools, ELC settings, school-age childcare and childminding services has been kept under close review based on expert advice from the [Advisory Sub-Group on Education and Children's Issues](#), through consultation with the [COVID-19 Education Recovery Group](#) (CERG) and in partnership other stakeholder groups.

The measures set out within our various guidance for schools, ELC settings, school-age childcare and childminding services support the best possible outcomes for children with appropriate and proportionate protective measures, which are now

more closely aligned with those across society. This reflects the current level of risk posed by the virus.

In addition to partners on CERG, continuous engagement with public health experts, staff, parents and representative bodies has been undertaken develop all measures and to minimise the operational and educational impacts, while keeping children and staff safe.

For ELC and daycare of children's services, the suite of COVID-19 guidance has been amalgamated, updated and published on 17 March 2022. Relevant recommended changes should be implemented from 18 April, although settings may begin to implement these sooner if they wish, following their own risk assessment.

Revised Routine Protective Measures guidance for schools was published on 17 March 2022 to take effect from the start of the summer term in April 2022. This guidance applies to all local authorities and primary/secondary/special/school hostels/residential schools under their management, and all external organisations involved in delivering services in schools (e.g. contracted facilities management services) in the delivery of education in Scotland. It should also be used by grant-aided schools and independent schools.

## **Decision making**

Throughout the pandemic decisions on closure and re-opening of schools and childcare services have been informed by scientific advice and discussion and agreement through a number of groups. For schools and childcare, the main forums for decision-making have been the COVID-19 Education Recovery Group (CERG) work streams and through the Working Group on ELC and Childcare Recovery.

The [Scottish Government COVID-19 Advisory Group](#) was established in March 2020 to apply the advice coming to the four nations from the Scientific Advisory Group on Emergencies (SAGE) and other appropriate sources of evidence and information and use it to inform local decisions in Scotland during the pandemic.

Later in 2020 the Coronavirus (COVID 19) [Advisory Sub-Group on Education and Children's Issues](#) was convened as a sub-group of the COVID-19 Advisory Group. It was established to provide increased resource on scientific advice for education and children's issues.

The [COVID-19 Education Recovery Group](#) (CERG) was established in April 2020 to support government decision making by providing insight into the practicalities around re-opening schools and childcare. It is jointly chaired by the Cabinet Secretary for Education and Skills and the CoSLA Spokesperson for Children and Young People, and members includes representation from local government, professional association, parents, and young people.

The Working Group on ELC and Childcare Sector Recovery was created to provide support to the childcare sector through the relevant representative bodies, in response to the needs brought about by COVID-19. The group's work sits within the wider architecture of the CERG and the Critical Childcare and ELC workstreams and

is designed to ensure that the private, third and childminding sectors are able to input into the work of the workstreams. The Working Group on ELC and Childcare Sector Recovery membership is drawn from the representative bodies from across the childcare sector (Care and Learning Alliance, Early Years Scotland, National Day Nurseries Association, Scottish Childminding Association and The Scottish Out of School Care Network) together with the Care Inspectorate, COSLA and Scottish Government.

The Scottish Government, in common with all UK nations, also takes advice from the Joint Committee on Vaccination and Immunisation (JCVI) in relation to vaccination policy and delivery across Scotland.

## **Context**

On 22 February 2022 the Scottish Government published an update to [Scotland's Strategic Framework](#), setting out a new staged approach to easing protective measures to help Scotland manage and recover from the ongoing coronavirus pandemic. It updated the strategic intent from a focus on suppressing cases to managing COVID-19 effectively, primarily through adaptations and health measures that will strengthen our resilience and recovery. The intent being to rely, as far as possible, much less on legal measures and more on people and organisations making and sustaining the adaptations to behaviours and physical environments that will improve our resilience to the virus and help keep it in check.

In line with advice from the [World Health Organisation](#) and elsewhere, one of the Scottish Government's top priorities has been, and will remain, to keep schools and ELC settings open and safe, and to ensure continuity of the care, education and support they provide to children, families and communities.

## **Revised guidance**

The current guidance for schools, ELC settings, school-age childcare and childminding services has been kept under close review based on advice from the Advisory Sub-Group on Education and Children's Issues, and through consultation with the COVID-19 Education Recovery Group (CERG) and other stakeholder groups. The guidance has been updated to reflect the updated Strategic Framework. This means that the guidance supports a strategic move over time to managing rather than suppressing the virus, and that they support the best possible outcomes for children. We will therefore have appropriate and proportionate protective measures that are aligned with those across society and reflect the current level of risk posed by the virus.

Continuous engagement with public health experts, staff, parents and representative bodies have been undertaken to develop the routine protective measures to minimise the operational and educational impacts, while keeping children and staff safe.

## In summary

Due to the relatively lower vulnerability of children to harm arising from COVID infection, and the high vaccination coverage of the working age adult population, the routine protective measures that remain in place in schools and ELC settings are:

- children, young people and staff should **stay at home and self-isolate** if they:
  - have symptoms of COVID-19, whether they feel unwell or not
  - have tested positive, even if asymptomatic
  - are required to self-isolate for any other reason e.g. travel-related reasons
  - are identified as a close contact and are over 18 years and 4 months and not fully vaccinated
- **good hand and respiratory hygiene and surface cleaning** in ELC and school environments and on dedicated school transport
- an ongoing focus on the importance of **good ventilation** and the potential for CO2 monitors to be utilised to monitor air quality in enclosed spaces, with the goal that all school buildings, including all learning and teaching spaces, and ELC settings should be assessed regularly for ventilation issues, taking remedial action where required.
- **physical distancing** will not be necessary among learners, but staff should continue to take reasonable steps to keep a safe distance from other adults in communal areas (and between adults and school-aged children and young people wherever possible) in line with the recommended mitigations for other workplaces.
- the use of **face coverings** is a recommended mitigation in certain parts of the school or ELC e.g. for adults and secondary age learners when in communal areas or moving around the building and in ELC settings where 1m distancing cannot be maintained.
- arrangements for **dedicated school transport** should follow the general [guidance for public transport](#) on the use of face coverings, cleaning, hygiene and ventilation
- ongoing need for **outbreak management** capability, including active surveillance
- assessments on the **use of PPE** should continue to be undertaken for those who work in close contact with children and young people
- **asymptomatic testing** for children and young people in secondary schools and for school and ELC staff should be in line with the wider [Test and Protect Transition Plan](#). At the time of writing it is expected that routine asymptomatic testing will end from 18 April 2022.

Scottish Government will continue to review and update this document where required. Any future iterations will reflect an increased understanding of these impacts as the amount of data and research available, continues to grow.

This impact assessment should be read in conjunction with impact assessments developed in parallel, namely, a combined Equality Impact Assessment (EQIA), Island Communities Impact Assessment (ICIA) and Fairer Scotland Duty assessment (FSDA).

## 1. Which articles of the UNCRC does this policy/measure impact on?

**Article 2 - Non-discrimination** - Children should not be discriminated against in the enjoyment of their rights. No child should be discriminated against because of the situation or status of their parent/carer(s).

**Article 3 - Best interests of the child** - Every decision and action taken relating to a child must be in their best interests. Governments must take all appropriate legislative and administrative measures to ensure that children have the protection and care necessary for their wellbeing - and that the institutions, services and facilities responsible for their care and protection conform with established standards.

**Article 6 - Life, survival and development** - Every child has a right to life and to develop to their full potential.

**Article 12 - Respect for the views of the child** - Every child has a right to express their views and have them given due weight in accordance with their age and maturity. Children should be provided with the opportunity to be heard, either directly or through a representative or appropriate body.

**Article 13 - Freedom of expression** - Every child must be free to say what they think and to seek, receive and share information, as long as the information is not damaging to themselves or others.

**Article 15 - Freedom of association** - Every child has the right to freedom of assembly: to meet with other children, and to join groups and organisations, as long as it does not stop others from enjoying their rights.

**Article 18(1,2,3) - Parental responsibilities and state assistance** - Parents, or legal guardians, have the primary responsibility for the upbringing and development of the child, and should always consider what is best for the child. Governments must provide appropriate assistance to parents and carers to help them. Governments must take all appropriate measures to ensure the children of working parents have the right to benefit from childcare services and facilities.

**Article 19 - Protection from all forms of violence** - Children have a right to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. Governments must do all that they can to ensure this.

**Article 23 - Children with disabilities** - A disabled child has the right to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. Governments must recognise the right of the disabled child to special care, and ensure the disabled child has effective access to education, training, health care, rehabilitation, preparation for employment, and recreational opportunities.

**Article 24 - Health and health services** - All children have a right to the highest attainable standard of health, and to health care services that help them to attain this. Governments must provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy.

**Article 28 - Right to education**

Every child has a right to education on the basis of equal opportunity. Primary education must be free. Secondary education must be available to every child, with financial assistance available in case of need. Information and guidance on education should be available to all. Governments should take measures to encourage regular attendance and reduce drop-out rates. School discipline should be administered in a manner consistent with the child's human dignity.

**Article 29 - Goals of education**

Education must aim to develop every child's personality, talents and abilities to their fullest potential. It must encourage the child's respect for human rights, their origins and identity, for other cultures around the world, and for the natural environment.

**Article 30 - Children of minorities/indigenous groups** - Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of people in the country where they live.

**Article 31 - Leisure, play and culture** - Every child has a right to rest and leisure, to engage in play and recreational activities, and to take part in a range of cultural and artistic activities.

**Article 34 - Sexual exploitation** - Governments must protect children from all forms of sexual exploitation and abuse.

**Article 39 - Recovery and rehabilitation of child victims** - Children who have been the victims of any form of exploitation or abuse; cruel, inhuman or degrading treatment or punishment; or who are victims of war should receive the help they need to recover their health, dignity and self-respect, and reintegrate into society



## 2. What impact will your policy/measure have on children's rights?

The recent [Public Health Scotland Impact Report](#) proposed recommendations and a range of mitigating actions as part of the wider programme to address the impact of COVID-19 on children, young people and their families. Aligning to wider societal and workplace routine protective measures will have a positive impact on children's rights where it relates to self-isolation, physical distancing, face coverings, contact tracing and asymptomatic testing. It will allow children to have a more 'normal' experience as we move into the next phase of our response and management of COVID-19.

**Aligning self-isolation to routine protective measures in society and workplaces** (Safe: Articles 34, 35, 36) (Healthy: Articles 6, 24) (Achieving: Articles 18, 28) (Active: Articles 31) (Responsible: Articles 12) (Included: Articles 6, 23)

Relaxation of self-isolation restrictions, accompanied by the remaining public health measures will, overall and in the long term impact positively on children's rights.

**Easing physical distancing and aligning to routine protective measures in society and workplaces** (Healthy: Articles 24) (Achieving: Articles 18, 28, 29) (Nurtured: Articles 5, 18) (Active: Articles 31) (Respected: Articles 12, 18) (Responsible: Articles 12) (Included: Articles 6, 18, 23)

In wider society it will remain important to be cautious and exercise personal responsibility, recognising that, where possible and especially during outbreaks, it is safer to keep a distance from other people.

For ELC-aged children it is important to feel secure and receive warmth and physical contact that is appropriate to their needs, especially when they are receiving personal care, need comforting or reassurance.

Alignment of physical distancing measures to wider national advice will ensure that ELC, daycare of children's services and school-aged children continue to access high quality childcare and learning.

**Adjustment of contact tracing and asymptomatic testing to align with routine protective measures in society and workplaces** (Healthy: Articles 6, 24) (Achieving: Articles 18) (Nurtured: Articles 18) (Included: Articles 6, 23)

It is recognised that making these changes to protection measures results in a change in risk, which may impact on some children more than others and that some children or young people will feel more anxious than others, resulting in disproportionate impacts on these individuals. However, these impacts need to be balanced against any intended positive impact on the health and wellbeing of children. The regularly reviewed and updated guidance for schools and childcare services has helped to keep the transmission within these settings low.

Alignment of contact tracing and testing programmes with wider national advice will ensure that ELC and school-aged children continue to access high quality childcare and learning with minimal disruption.

Careful consideration has been given to any potential impacts on children and young people in respect of direct health harms, educational continuity or anxiety as a result of the ending of the asymptomatic testing programme for secondary pupils in schools. The overall judgement of public health advisers and senior clinicians is that any benefits of retaining regular asymptomatic testing in secondary schools would not outweigh the disadvantages at this stage in the pandemic. We propose to help mitigate any impacts in respect of anxiety by ensuring appropriate communications around the strong public health basis for the decision, and setting out clear advice on how to minimise risks as we move into a new phase of the pandemic.

### 3. Will there be different impacts on different groups of children and young people?

Yes.

Given that the [body of evidence](#) on the role of children in transmission continues to point to household transmission as the primary driver, the continuing low risk of harm to children from COVID-19 infection, and that severe health outcomes for all age groups are far less likely to arise while vaccination rates are high, the clinical advice and data support the move to routine measures in schools and ELC settings in a proportionate and responsible manner in line with the timetable set out in the revised strategic framework for COVID-19.

Some children at the highest clinical risk may have a health condition that could be considered a disability. Disabled people and people with learning disabilities of all ages, were at greatest risk of severe illness or death from COVID and have also experienced interruption to health, social care and community services, with associated impacts on their wellbeing.

The Advisory Sub-Group on Education and Children's issues published [a summary of the latest evidence](#) on the current state of the epidemic, the role of schools in transmission of COVID-19; the health and wider harms to children and young people from COVID-19; and workplace-associated risks to staff from COVID-19.

Informed by recent evidence, the Group concluded that Children and young people as a group, have a relatively low risk of direct COVID-19 harm but are at particularly high risk of wider and long-term social, educational, developmental, and wellbeing harms. Those wider risks are particularly relevant for more disadvantaged children, and those with additional needs. These disproportionately affect the most vulnerable, and include concerns about learning, and speech and language development, as well as wider health concerns such as mental health and obesity.

The Advisory Sub-Group carefully considered the potential impact of the return to routine protective measures on children and young people previously on the Highest Risk List. Specifically regarding testing, the Advisory Sub-Group considered whether

there should be a differentiated approach to asymptomatic testing for special schools. The Group agreed that there should not be a blanket approach to testing for those settings, as it would single out the sector.

The Group noted that many pupils with additional learning support needs are also attending mainstream schools and ELC settings and therefore advised, consistent with existing clinical advice, that there should continue to be tailored advice and tailored personal child plans, for individual pupils who have additional needs.

We are promoting and developing support for children and young people who are or have been on the Highest Risk List (HRL) and those who are living in households where someone is or has been on the HRL. We understand that some of these children and young people may be worried or anxious about the future and what adapting to live with COVID means. We have written to those on the HRL to highlight existing support for mental health and wellbeing for children and young people, including information on how to access it.

At present, the Chief Medical Officer's advice is that children and young people on the highest risk list can follow the same advice as for the rest of the population. This includes attending education settings, unless their clinician has advised them otherwise individually.

For ELC-aged children (i.e. those aged 0-5), evidence shows that entitlement and access to increased funded hours of high quality early learning and childcare helps to provide children with skills and confidence to carry into school education, and is a cornerstone for closing the poverty-related attainment gap. Evidence from both UK and international evaluations and studies of ELC programmes support the fact that all children, and especially those from disadvantaged backgrounds, can benefit in terms of social, emotional and educational outcomes from attending high quality ELC.

Research conducted during the course of the pandemic shows that, overall, COVID-19 and the associated restrictions have had a negative impact on many young children and their families. Results of Child Health Reviews undertaken by health visitors over the course of the pandemic appear to show a rise in the number and percentage of babies and young children for whom there is a concern about their development, and that this is particularly noticeable in respect of speech and language. In addition, parents have recorded poorer mental wellbeing, which has had a direct impact on their children.

Moving towards a limited set of routine protective measures in childcare settings, and allowing providers to offer a more 'normal' experience for young children – including by welcoming parents and carers into settings, lifting restrictions on contacts within settings and encouraging day trips – is likely to have many benefits for children's development and family wellbeing.

For children and young people with additional support needs, consistent in-person learning at school will enable increased access to support for their learning, including individualised approaches to teaching, therapeutic support and care within a school setting. Many children and young people with additional support needs benefit from a regular routine, relationships with friends and school staff, and the continuation of these will impact positively in terms of wellbeing and learning.

For children and young people who are sitting national qualifications in 2022, or those working towards non-formal qualifications such as youth awards, continued consistent schooling will support their learning towards the achievement of these qualifications. This will impact positively on children and young people's right to education and education which develops their mind, body and talents.

The negative impacts of wearing a face covering for school-aged learners who have additional support needs arising from hearing impairment, neurodiversity and children and young people with English as an Additional Language, were 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.

Wearing face coverings in communal areas of the school estate (for pupils in secondary schools and all staff in all schools) is aligned with the approach in wider society.

Children and young people who attend Gaelic medium schools will continue to resume the immersion element of the learning within the language on a more regular and uninterrupted basis, which will have a positive impact on their learning and their right to speak their own language.

For children and young people who experience disadvantage and poverty, fewer interruptions to support for learning and teaching, increases parity with their peers. Other protective factors, including for their wellbeing more generally, will also be maintained. Therefore this is likely to impact positively for children and young people in these circumstances.

There is neither positive nor negative impact for children and young people in receipt of free school meals as this provision has been maintained during the pandemic, and during school holidays.

Therefore, all children in Scotland who attend ELC and education settings are likely to benefit by the policy move to routine protective measures. Those groups to whom there will be benefit in particular include children who have experienced a disproportionate impact from the pandemic, including children:

- **with additional support needs** who may require access to resources and experiences in childcare that are not available at home;
- **at an increased risk of harm** through domestic violence, neglect and poor mental health and wellbeing, where childcare provides safety, consistency and access to wider support/interventions;
- **in poverty**, where childcare provides access to experiences and necessities that are not (readily) available at home.

#### 4. If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

It is recognised that making these changes to protection measures results in a change in risk, which may impact on some children more than others and that some children or young people will feel more anxious than others, resulting in disproportionate impacts on these individuals. However, these impacts need to be balanced against any intended positive impact on the health and wellbeing of children. The regularly reviewed and updated guidance for schools and childcare services has helped to keep the transmission within these settings low.

The [body of evidence](#) on the role of children in transmission continues to point to household transmission as the primary driver. The risk of harm to children from COVID-19 infection is low and severe health outcomes for all age groups are far less likely to arise while vaccination rates are high and the current variant is less severe, the clinical advice and data support the move to routine measures in schools and ELC settings in a proportionate and responsible manner.

It is not yet known what the overall impact of these changes for children will be on child health. But the challenges to child health services and recovery of these provide a chance to reflect on how our paediatric health services are designed, our child health workforce is supported and strengthened, and our parents are empowered to take action to promote their children's health and wellbeing.

Routine protection measures within schools and childcare settings will be kept under review. The measures relating to self-isolation, good hand hygiene and surface cleaning in ELC and school environments and on dedicated school transport, good ventilation and CO2 monitors, physical distancing between adults (and between adults and school aged children and young people wherever possible), the use of face coverings in certain parts of the school or ELC and dedicated school transport combined with active surveillance and ongoing outbreak management mean that, as far as possible, the use of mitigations will be aligned with those deployed elsewhere in society. Amongst other benefits, such consistency will be an important factor in helping people to understand what is required of them as well as encouraging adherence.

As noted above, the ending of the regular asymptomatic testing programme in schools and in wider society may cause anxiety for some children and young people who have to date been testing regularly. However, our judgement, based on expert public health advice, is that it would not be proportionate to retain asymptomatic testing in schools only to manage any such anxiety. As noted above, we propose to help mitigate any such impacts by ensuring appropriate communications around the strong public health basis for the decision, and setting out clear advice on how to minimise risks as we move into a new phase of the pandemic. It will still be open to local Health Protection Teams to make use of asymptomatic testing to manage outbreaks in schools and other settings if, in their expert judgement, it is necessary.

## Mitigations

[Scotland's updated Strategic Framework](#) notes that current evidence provides confidence that the booster vaccination programme has greatly strengthened population immunity against severe illness. Additionally it also notes the number of mitigating actions following the relaxation of some protective measures in March 2022, which includes

- an annual booster programme,
- the consideration of a Scottish Vaccination and Immunisation Programme (SVIP),
- continued public health surveillance programmes,
- implementing of the commitments to improve care and support for people with long COVID, and
- publications in Spring 2022 of a Test & Protect transition plan and a new COVID-19 Outbreak Management Plan.

The routine protective measures that remain in place in schools and ELC settings are set out in the summary section of this document.

Schools and ELC settings are considered to be low risk settings for outbreaks due to the relatively lower vulnerability of children to harm arising from COVID infection, and the high vaccination coverage of the working age adult population.

## Guidance and sharing good practice

From the outset of the pandemic, we have been clear that local authorities and schools should continue to prioritise personalised support to meet the individual, physical and emotional needs of all children and young people.

Education Scotland put in place a wide range of support for families, including specific resources to support families of children with complex additional support needs. This support is set within a model of inclusive learning policy and practice, which is kept under constant review with robust tracking and monitoring of learning and wellbeing. Education Scotland have maintained high levels of engagement with all local authorities throughout the pandemic to provide support and to gather intelligence on the impact on learners e.g. where schools have been closed/partially closed.

This offered an opportunity to share good practice and encourage collegiate working. HM Inspectors of Education have also carried out a series of thematic reviews and published these reports to share learning and support improvement.

As we move into a calmer phase of the pandemic, Education Scotland are building on this approach in the context of pupil progress. This will lead to particular arrangements for support at school and local authority level with the aim of improving performance. This includes a comprehensive package of health and wellbeing support. Additionally HM Inspectors will carry out a series of recovery visits from March 2022, engaging in professional dialogue to support continuity of learning, wellbeing of staff and learners and safeguarding.

## **Support for workforce to address children's needs**

Our guidance is clear that schools and local authorities should prepare and maintain clear, strong contingency plans for providing educational continuity in the event of a local outbreak. Education Scotland and local authorities must 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 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. The Routine Protective Measures aim to minimise in-person learning disruption while protecting the health and safety of the school population at large.

Additionally, the provision of Scottish Government funding to local authorities for free school meals protects the health and wellbeing of children and young people and reduces the impact of poverty on thousands of families across the country. Latest [Scottish Government Data on eligibility for free school meals](#) suggests that around 358,000 children and young people are currently in receipt of a free school meal.



## 5. How will the policy/measure give better or further effect to the implementation of the UNCRC in Scotland?

In these very difficult and unprecedented decisions, there has been consistent consideration of children and young people's wellbeing and rights, and a particular focus on the reduction of negative impact through mitigating actions, recognising that in some circumstances it is not possible to wholly mitigate the impact to children and young people's rights.

Aligning protective measures in schools and ELC settings with wider societal and workplace routine protective measures is in line with [advice from Public Health Scotland on the impact of COVID-19 on children and young people](#). These adjustments will have a positive impact on children's rights in relation to easing self-isolation, physical distancing, face coverings, contact tracing and asymptomatic testing.

The decision to ease protective measures was taken with consideration to the rights, health, safety and wellbeing of children and young people with the focus on mitigating impacts to children and young people's wellbeing and education remaining a central concern.

## 6. How have you consulted with relevant stakeholders, including involving children and young people in the development of the policy/measure?

Stakeholder engagement has been integral to developing and implementing policies and informing this impact assessment. We have drawn on significant work by The Scottish Youth Parliament, YouthLink Scotland, and Young Scot to understand the views of children and young people. We have undertaken a number of engagement sessions with partners and stakeholders over recent weeks, including webinars where clinicians and public health experts undertook Q&A sessions.

The development of the policy has also benefited from taking into account the views and experiences of children and young people by drawing from surveys and reports such as the [lockdown lowdown](#) and the [education recovery youth panel](#). Themes reported in the findings of these surveys and through other consultations include:

- support for decisions regarding the education and ELC sectors to be aligned with those elsewhere.
- Concern about removal of the asymptomatic testing programme.
- Mixed views on recommended cleaning instructions.
- Some anxiety about the implications of this move for those people on the highest risk list.

Members of the Education Recovery Youth Panel children and young people were previously invited to comment during the development of earlier versions of the Reducing Risks in Schools guidance and MSYP, as members of CERG, have also contributed to the Routine Protective Measures guidance. In addition, the Scottish



Youth Parliament and National Parenting Forum of Scotland, have independently and as members of CERG, contributed views and acted as conduits for the perspectives and views of children and young people in developing the guidance on Routine Protective Measures. Many of the issues outlined above are still considered a priority but panel members and those consulted were especially keen to ensure the direction of travel set out in guidance was effectively communicated to children, young people and their families.

For early learning and childcare aged children (age 0-5) there has been limited direct engagement with children due to the very young age of many of the children affected. However, the '15 Stories' project conducted by Children's Parliament was commissioned to record and reflect on how families with children under the age of 8 have experienced during the initial phases of the pandemic. This highlighted the importance of keeping early learning and childcare and schools, and parks and play areas open, the need for an improved model for learning from home and to ensure adequate support is available for parents. Engagement throughout the pandemic and respective lockdowns had also been undertaken with parents and carers of ELC-aged children. Consideration has also been given to the experiences of children and young people during the COVID-19 pandemic.

We consider that while significant analysis of the impact of the coronavirus pandemic has already taken place and we have a good understanding now of how restriction impacted children's rights and wellbeing, further work is ongoing to monitor the impact of the remainder of the pandemic and longer term impacts. Therefore, the Scottish Government will continue to monitor new evidence as it emerges to refine and enhance our analysis.

## 7. What evidence have you used to inform your assessment?

We have drawn on a range of work to help understand the views of children and young people affected by the pandemic. This includes research carried out by The Scottish Youth Parliament, YouthLink Scotland, and Young Scot. A recent survey, [Lockdown lowdown 3](#), highlighted that 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.

This provides for the right of children and young people to be heard ([article 12](#)) and contributes to the understanding of the experiences of children and young people as officials consider the support required to sustain a stable learning environment.

Officials have also reflected the information gathered through statistical evidence and data, and information provided by other colleagues across the Scottish Government including Scottish Government publications such as:

- [Coronavirus \(COVID-19\): Advisory Sub-Group on Education and Children's Issues - evidence on children, schools, early learning and childcare settings and transmission- summary report - gov.scot \(www.gov.scot\)](#)
- [Summary Statistics For Schools In Scotland 2021 - gov.scot \(www.gov.scot\)](#) and [Achievement of Curriculum for Excellence \(CfE\) Levels 2020-21 - gov.scot \(www.gov.scot\)](#)
- [COVID-19: Children, young people and families – June 2021 Evidence Summary,](#)
- [COVID-19 Mitigation Measures Among Children and Young People in Scotland – Summary of the Evidence Base](#)
- [Coronavirus \(COVID-19\) - experiences of vulnerable children, young people, and parents: research](#)

Evidence was also published by Public Health Scotland in 2021 on [The Impact of COVID-19 on 10-17 year olds](#) in Scotland and set out in a discussion paper in March 2022 on [The impact of COVID-19 on children and young people](#).

It is expected that children and young people will benefit further from the improved continuation of their 'usual' routines brought about by the measures described above. Primary data sources reviewed in assessing the impacts to date on children and young people, of the COVID-19 restrictions and mitigations include:

- The [COVID-19 Early Years Resilience and Impact Surveys \(CEYRIS\)](#)
- [Information on child development from child health reviews undertaken by health visiting teams](#) when children are 13-15 months and 27-30 months old
- [Public Health Scotland's paper on the impact of COVID-19 on children and young people - 2-4 year olds](#)
- [Coronavirus \(COVID-19\) - early learning and childcare provision: equalities impact assessment](#) of February 2021
- [Impact Assessment of the closure of and reopening of schools as part of the COVID-19 recovery process in Scotland](#)
- Children's Parliament's '[Listen and Act](#)' research project
- New UKRI rapid response project: '[Childcare and Wellbeing in Times of COVID-19: Developing Crisis-resilient Care Solutions](#)'

## 8. How will the impact of the policy/measure be monitored?

Following the revised schools and ELC sector guidance, protective measures will be kept under constant review, and if data and evidence suggest that any specific measures must be adjusted, advice will be provided to that effect.

Going forward, we will ensure that our leadership capacity across the system is used in the right way to support outcomes for children and young people. That means we will retain a CERG Monitoring Group, including representation from local government, professional association, parents, and young people, which will continue to meet regularly. This provides a mechanism for appropriate review and discussion of the data and evidence as well as a route of escalation should it be necessary to stand CERG up again in its full capacity. Within ELC, we will continue to engage with partners through the Covid Recovery Group to review the impacts of measures and any concerns around implementation.

Furthermore, the Scottish Education Council, which was stood down when CERG was established, was re-established last year as the key stakeholder forum for oversight of improvement and recovery activity in Scotland.

The Children and Young People (Scotland) Act 2014 places key elements of GIRFEC in statute. There are eight GIRFEC wellbeing indicators – Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included – commonly known by the acronym SHANARRI. The indicators were developed as part of the GIRFEC approach which aims to improve outcomes for all children and young people in Scotland. Section 96(2) of the Children and Young People (Scotland) Act 2014 provides a statutory definition of 'wellbeing', relating it directly to the eight indicators. The statutory guidance for Part 18 (Section 96) of the Act provides further detail.

The GIRFEC approach was built up from the UNCRC, and requires those who work with children and young people to put children at the centre of their day-to-day practice. Putting children at the centre realises all UNCRC Articles, but in particular highlights the requirement to consider the best interests of the child (Article 3), and the need for children's views to be taken into account when decisions are being made about them (Article 12).

## 9. How will you communicate to children and young people the impact of the policy/measure on their rights?

It is essential that the voice of children and young people helps to challenge and to shape decisions about the education system. This is even more important as we incorporate the UNCRC into Scots Law.

The Scottish Government continues to work in collaboration with Young Scot, across their social media channels (TikTok, Twitter, Snapchat, Instagram, etc.) to communicate key messages and to drive children and young people to the [Young Scot Coronavirus page](#) to check for the latest support and guidance. In addition, we continue to provide the latest up to date advice and guidance on Parent Club.

Child Rights and Wellbeing Impact Assessment (CRWIA) for Routine Protective Measures in Schools, Early Learning and Childcare (ELC) settings and daycare of children's services

For the ELC sector communication continues through a range of channels including regular provider notices (which issue to every childcare setting, programme updates, social media messaging and supplementing of national social marketing communication campaigns.

## 10. Sign & Date

Policy Lead Signature & Date of Sign Off:

- Carolyn Younie and Francois Roos. 31 March 2022

Deputy Director Signature & Date of Sign Off:

- Sam Anson and Eleanor Passmore. 31 March 2022

## Annex 1 – UNCRC Article Clusters

### [CRC Clusters \(unicef-irc.org\)](https://www.unicef-irc.org/)

#### I General measures of implementation

[Article 4](#) implementation obligations

[Article 41](#) respect for existing standards

[Article 42](#) making Convention widely known

[Article 44\(6\)](#) making reports widely available

#### II Definition of a child

[Article 1](#)

#### III General principles

[Article 2](#) non-discrimination

[Article 3\(1\)](#) best interest to be a primary consideration

[Article 3\(2\)](#) State's obligations to ensure necessary care and protection

[Article 3\(3\)](#) standards for institutions services and facilities

[Article 6](#) the right to life, survival and development (see also: [VI Basic health and welfare](#))

[Article 12](#) respect for the views of the child

#### IV Civil rights and freedoms

[Article 7](#) right to name, nationality and to know and be cared for by parents

[Article 8](#) preservation of child's identity

[Article 13](#) freedom of expression

[Article 14](#) freedom of thought, conscience and religion

[Article 15](#) freedom of association and peaceful assembly

[Article 16](#) protection of privacy

[Article 17](#) child's access to information, and role of mass media

[Article 37\(a\)](#) [right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment](#)

#### V Family environment and alternative care

[Article 5](#) parental guidance and child's evolving capacities

[Article 18\(1\) and \(2\)](#) parental responsibilities and State's assistance

[Article 9](#) separation from parents

[Article 10](#) family reunification

[Article 11](#) illicit transfer and non-return

[Article 27\(4\)](#) recovery of maintenance for the child

[Article 20](#) [children deprived of their family environment](#)

[Article 21](#) [adoption](#)

[Article 25](#) periodic review of placement and treatment

[Article 19](#) protection from all forms of violence

[Article 39](#) rehabilitation and reintegration of victims of violence (see also: [VIII - Special protection measures](#) )

## VI Basic health and welfare

[Article 6](#) right to life, survival and development (see also: [III - General principles](#) )

[Article 18\(3\)](#) support for working parents

[Article 23](#) rights of disabled children

[Article 24](#) right to health and health services

[Article 26](#) right to social security

[Article 27\(1\)-\(3\)](#) right to adequate standard of living

## VII Education, leisure and cultural activities

[Article 28](#) right to education

[Article 29](#) aims of education

[Article 31](#) right to leisure, play and participation in cultural and artistic activities

## VIII Special protection measures

### **A - Children in situations of emergency**

[Article 22](#) refugee children

[Article 38](#) children and armed conflict

[Article 39](#) rehabilitation of child victims (see also: [V Family environment and alternative care](#) )

### **B - Children involved with the system of administration of juvenile justice**

[Article 40](#) administration of juvenile justice

[Article 37\(a\)](#) prohibition of capital punishment and life imprisonment

[Article 37\(b\)-\(d\)](#) restriction of liberty

[Article 39](#) rehabilitation and reintegration of child victims (see also: [V Family environment and alternative care](#) )

### **C - Children in situations of exploitation**

[Article 32](#) child labour

[Article 33](#) drug abuse

[Article 34](#) sexual exploitation

[Article 35](#) sale, trafficking and abduction

[Article 36](#) other forms of exploitation

### **D - Children belonging to a minority or an indigenous group**

[Article 30](#)

[Optional Protocol to the UNCRC on the Involvement of Children in Armed Conflict](#) Governments should ensure that children under 18 who are members of the armed forces do not take a part in combat. Any recruitment of children under 18 must be voluntary and carried out with the full consent of the child's parents/carers. The UK Government has entered interpretive Declarations to this Optional Protocol. The UK would not exclude the deployment of under 18s who are members of the armed forces in direct combat if there is a genuine military need; it is not practicable to withdraw them before deployment; or doing so would undermine the operational effectiveness of their unit. The minimum age at which children may join the UK armed forces is 16 years, with parental consent required.

[Optional Protocol to the UNCRC on the Sale of Children, Child Prostitution and Child Pornography](#) Governments must prohibit the sale of children, child prostitution and child pornography, and recognise the vulnerability of child victims, protect their privacy, provide appropriate support services and ensure their safety.

## Annex 2 – General Comments

General Comments are non-legally binding interpretive aids issued by the UN Committee on the Rights of the Child to provide State parties with assistance regarding the interpretation of an article or issue relating to the UNCRC, and what actions governments should take to ensure its implementation. New General Comments appear at irregular intervals.

[Treaty bodies Search \(ohchr.org\)](#)

1. [The aims of education \(2001\)](#)
2. [The role of independent National Human Rights Institutions in the protection and promotion of the rights of the child \(2002\)](#)
3. [HIV/AIDS and the rights of children \(2003\)](#)
4. [Adolescent health and development in the context of the Convention on the Rights of the Child \(2003\)](#)
5. [General measures of implementation on the Convention on the Rights of the Child \(2003\)](#)
6. [Treatment of unaccompanied and separated children outside their country of origin \(2005\)](#)
7. [Implementing child rights in early childhood \(2005\)](#)
8. [The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment \(2006\)](#)
9. [The rights of children with disabilities \(2006\)](#)
10. [Children's rights in juvenile justice \(2007\)](#)
11. [Indigenous children and their rights under the Convention \(2009\)](#)
12. [The right of the child to be heard \(2009\)](#)
13. [The right of the child to freedom from all forms of violence \(2011\)](#)
14. [On the right of the child to have his or her best interests taken as a primary consideration \(2013\)](#)
15. [On the right of the child to enjoyment of the highest attainable standard of health \(2013\)](#)
16. [State obligations regarding the impact of the business sector on children's rights \(2013\)](#)



17. [On the right of the child to rest, leisure, play, recreational activities, cultural life and the arts \(2013\)](#)
18. [On harmful practices \(Joint General Comment with the Committee on the Elimination of Discrimination against Women\) \(2019\)](#)
19. [Public budgeting for the realisation of children's rights \(2016\)](#)
20. [Implementation of the rights of the child during adolescence \(2016\)](#)
21. [Children in street situations \(2017\)](#)
22. General principles regarding the human rights of children in the context of international migration [\(Joint General Comment with the Committee on the Protection of the Rights of All Migrant Workers and Members of their Families\) \(2017\)](#)
23. State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return [\(Joint General Comment with the Committee on the Protection of the Rights of All Migrant Workers and Members of their Families\) \(2017\)](#)
24. [General comment No. 24 \(2019\)](#) on children's rights in the child justice system
25. [General comment 25 \(2021\)](#) Children's Rights in relation to the digital environment.





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