

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

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1. Introduction

Title of policy: Routine Protective Measures in Schools, Early Learning and Childcare (ELC) settings and daycare of children's services

Moving to routine protective measures for schools, early learning and childcare settings and daycare of children's services will help Scotland continue to manage and the ongoing coronavirus pandemic in a manner that is consistent with the Strategic Intent in [Scotland's Strategic Framework](#):

“To manage COVID-19 effectively, primarily through adaptations and health measures that strengthen our resilience and recovery, as we rebuild for a better future.”

This represents an update of the suite of previous Coronavirus (COVID-19) guidance.

Summary of aims and desired outcomes of policy

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, decision making of returning to routine protective measures has taken careful account of the evolving risk environment in schools, ELC settings 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.

Directorate, Division and Team

Directorate for Learning, COVID Education Strategy and Recovery Division

Directorate for Early Learning and Childcare, Quality and COVID Safety and Recovery Unit

2. 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 and ELC Covid Reference Group, continuous engagement with public health experts, staff, parents and representative bodies has been undertaken to 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 and updated into the [Coronavirus \(COVID-19\): Early learning and childcare services guide](#), which was published on 17 March 2022 to take effect from 18th April 2022.

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.

In summary

Schools 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. Therefore, 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 are 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.
- staff should continue to take reasonable steps to keep a safe physical **distance** from other adults (and between adults and school-aged children and young people wherever possible) in line with 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 18th April.

3. 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.

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.

Evidence / Public Health Scotland recommendations

As set out in Minutes and evidence reports on transmission of COVID-19 by the [Advisory Sub Group on Education and Children's Issues](#) the [body of evidence](#) continues to point to household transmission as the primary driver for COVID infections in children. Coupled with the continuing low risk of harm to children from COVID-19 infection, and the fact that 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.

4. Context

Our management of the COVID-19 pandemic has been guided by a [Strategic Framework](#) updated in February, June, and November 2021, and most recently in February 2022 to reflect Scotland's response to various stages of the pandemic. This most recent update articulates a shift in our strategic intent - supported by the remarkable progress first on vaccination and also in new treatments - from a focus on suppressing cases to managing COVID effectively, primarily through adaptations and health measures that strengthen our resilience and recovery as we rebuild for a better future.

This Impact Assessment is to collate in one place our understanding of the impact of the steps we have taken at a national level, and to inform any future decision making for similar events at a local or national level. It builds on the earlier publications of an initial impact assessment which supported the strategic framework for re-opening schools and early learning and childcare settings.

This document considers the impact on children, their families and the education and childcare workforce. It covers the scope of:

An Equalities Impact Assessment (EQIA)

In line with The Equality Act (2010), the EQIA element considers the impact of the outlined policy decisions on the nine protected characteristics, namely Age, Disability, Sex, Gender reassignment, Pregnancy & maternity, Race, Religion or belief, Sexual orientation, Marriage & civil partnership.

An Island Communities Impact Assessment (ICIA)

Considers impacts on those living in island communities.

A Fairer Scotland Duty Assessment (FSDA)

Reflecting the Scottish Government's commitment to Fairer Scotland Duty Assessments since April 2018, this document considers how socio-economic disadvantage may impact on the experiences of people affected by these decisions.

5. Equality Impact Assessment (EQIA)

Development of the COVID Recovery Strategy included consideration of the impact of the pandemic across protected characteristics and socio-economic disadvantage. The findings are set out in detail in the [COVID Recovery Strategy documents](#), a [review of evidence](#) and [slide packs across protected characteristics](#).

The Scottish Government published its [Strategic Framework update](#) on 22 February 2022, setting out our approach to '*manage COVID-19 effectively, primarily through adaptations and health measures that strengthen our resilience and recovery, as we rebuild for a better future*'.

[Equalities consideration](#) and decision making in the development of the updated National Strategic Framework have taken into account that the measures will have differential impacts on people related to their intersectional protected characteristics. The Framework accepts a level of COVID-19 circulating in society as being the right balance of harms. Some baseline measures have been retained to ensure that remaining risks do not sit disproportionately on people who are at greater danger of harm from COVID-19.

The Scottish Government is mindful of the three needs of the Public Sector Equality Duty (PSED):

- To eliminate unlawful discrimination, harassment and victimisation
- To advance equality of opportunity between people who share a protected characteristic and those who do not, and
- To foster good relations between people who share a protected characteristic and those who do not.

We are mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. We have sought to do this through provisions contained in the Regulations, or by current support and guidance available.

While it is the view of the Scottish Government that any remaining impacts are currently justified and a proportionate means of helping to achieve the legitimate aim of reducing the public health risks posed by coronavirus, the Scottish Government also recognises that these measures respond to the current set of circumstances, and are only necessary as long as the potential public health benefits can justify any negative impacts caused.

In relation to guidance for schools and childcare settings, this means a small number of routine protective measures will remain in guidance. These protective measures will continue to be kept under regular review, and if data and evidence suggest that the approach to any specific mitigations should be updated, then advice will be provided to that effect. Whilst those measures are in place, there will be varying impacts for different groups amongst the pupil population.

This EQIA provides a current assessment and we will continue to consider and use any newly identified evidence, as it relates to each of the protected characteristics.

The pandemic has shone a bright light on inequality, poverty and disadvantage. There is a steady stream of evidence from the public and third sector, from academia, think-tanks and from lived and learned experience, all of which agree that harm has been felt disproportionately by people and communities who were already experiencing poorer outcomes prior to the pandemic.

The impact on children and young people has been far-reaching, including attainment but stretching into all areas of their lives. Mitigations to help with access to digital learning and summer of play programmes were put in place, along with less restrictive public health measures for younger children. It is clear that the longer term impacts, and particularly on those young people who missed key life stage milestones, such as developing strong peer relationships, are still to be fully understood.

The unprecedented nature of the pandemic meant that it was necessary to take extraordinary measures to protect public health. But throughout, we aimed to seek balance and proportionality to reduce harmful impacts across a broad range of health, social and economic factors, and take into account differential impacts on the Scottish population, including for equality groups and socio-economically disadvantaged groups. Our response included a particular focus on protecting the right to life, the right to the highest attainable standard of public health, and the right to healthy and safe working conditions, all of which are set out in a range of international human rights instruments to which the UK is a state party.

Throughout, we continued to build evidence and gather lived experience to understand the impacts of the pandemic on people's lives. In doing this we recognised the need for a wide range of expertise to help us understand the issues. We established the [Social Renewal Advisory Board](#), the [Expert Reference Group on COVID-19 and Ethnicity](#) alongside ongoing groups such as the [First Minister's National Advisory Council on Women and Girls](#), the Faith and Belief Group and individual discussions between policy areas and people with lived and learned experience. We have also engaged with those who have been at highest clinical risk from COVID-19 through user research and wider PHS evaluation surveys.

As part of our evidence gathering there has been discussion and dialogue with membership of COVID-19 Education Recovery Group (CERG), the COVID-19 Advisory Sub-group and the ELC COVID-19 Reference and Impact Groups which has shaped how these measures will be implemented. In developing the measures we have also sought the views of parents' representative organisations, workforce unions and The Scottish Youth Parliament (SYP).

The Scottish Government has considered the evidence gathered and the inputs provided, both in implementation of the measures and as part of our ongoing monitoring of these measures. These in turn will help in the consideration of the existing and potential impacts – negative and positive – that they may have on each of the protected characteristics. It is recognised that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. Therefore it should be recognised that mitigating actions do not stand alone and form part of that wider consideration of the duty.

5.1 **Children**

Evidence from UK and international studies support the fact that all children and young people, and especially those from disadvantaged backgrounds, benefit in terms of social, emotional and educational outcomes from attending high quality education. This is highlighted in the body of impact assessments undertaken to date which includes: [The Coronavirus \(COVID-19\) re-opening childcare impact assessment of September 2020](#); [The Coronavirus \(COVID-19\) reducing risks in schools guidance for back to school arrangements impact assessment of August 2021](#); [The Coronavirus \(COVID-19\) early learning and childcare provision equalities impact assessment of February 2021](#); [The Coronavirus \(COVID-19\) reducing risks in schools guidance Child's Rights and Wellbeing Impact Assessment of February 2022](#); and [The Coronavirus \(COVID-19\) reducing risks in schools guidance impact assessments of February 2022](#), to accompany policy changes in schools and in ELC settings.

These assessments, and the evidence collected throughout the pandemic such as the findings from round three of the [COVID-19 Early Years Resilience and Impact Survey \(CEYRIS\) report](#), demonstrates that closure or limited access to schools and ELC has had a negative impact on aspects of young children's learning, development and wellbeing.

The evidence continues to point to household transmission as the primary driver for infection in children. Coupled with the continuing low risk of harm to children from COVID-19 infection, and the fact 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.

Similarly, we recognise that aligning the measures in schools and ELC settings more closely with wider society is less confusing and likely to have a positive impact on the same groups.

There is strong evidence that people's risk from COVID-19 has changed as a result of the vaccination programme and an improved treatment programme that can be targeted to those who will benefit most. The population currently has much stronger protection against COVID-19 than at any other point in the pandemic, due to the vaccination programme and the development of natural immunity to the infection. Severe health outcomes are now far less likely to arise due to this protection, availability of and access to antiviral treatments, and increased scientific and public understanding about how to manage risk.

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 in schools. The overall judgement of public health advisers and senior clinicians is that any benefits of retaining regular asymptomatic testing in schools would not outweigh the drawbacks 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.

Age

We now know that children and young people, even those with significant long term health issues, rarely become significantly unwell if infected with COVID-19 with a low chance of mortality from the virus with a rate of 2 deaths per million in children and young people from COVID-19 in the UK during the pandemic. Careful and continued consideration has been given to [the role of schools in transmission of COVID-19, the risks to children and young people from COVID-19 or from being out of school, workplace-associated risks to staff from COVID-19](#) by the Coronavirus (COVID-19): Advisory Sub-Group on Education and Children's Issues. There remains little evidence in Scotland that transmission of the virus is occurring at greater levels between children in schools or ELC settings when compared to wider society. 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.

The 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 include:

- 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-19,
- the wider [Test and Protect Transition Plan](#), and
- publication in Spring 2022 of a new COVID-19 Outbreak Management Plan.

Children and Young People (especially young carers and those in LGBT+ groups) have experienced greater impacts on mental wellbeing as a result of the pandemic and the public health measures required in response. Young people have also been more financially vulnerable to economic shocks which will have further increased mental stress.

The direction of travel in wider society, underpinned by the data and advice, supports the indication that moving to routine protective measures will have a positive impact on schools and ELC settings in Scotland.

Disability

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.

The analysis under "Children" regarding the ending of the asymptomatic testing programme and mitigation of any potential impacts in respect of health harms, educational continuity or anxiety may apply particularly to any disabled children or young people who have made use of regular testing during the pandemic. Specific consideration was given to whether regular testing should be retained for secondary pupils in special schools for a longer period. However, advice from public health advisers and senior clinicians was that the benefits of doing so would not outweigh the drawbacks. As above, we propose to mitigate any impacts in respect of anxiety by ensuring appropriate accessible 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.

Sex

According to the 2021 [Pupil Census](#), almost 49% of school age pupils are female. The data currently collected through the ELC census does not allow us to measure uptake of ELC by child's sex, however the new ELC census (currently being developed) will collect information about a child's sex and enable us to assess uptake of ELC in relation to this protected characteristic. Our latest ELC census data shows near universal uptake of funded ELC by 3 and 4 year olds and that uptake of

the 2 year old offer has gradually increased over the last few years. Given that uptake for 3 and 4 years is near universal, we do not have any basis to conclude that uptake between children of different sexes is systematically or significantly different.

According to the [Scottish Government Report on the impact of COVID-19 restrictions on domestic abuse and other forms of violence against women/girls](#), it is clear that some risks to school-age children and young people, e.g. domestic abuse, increased during the pandemic and that these risks typically affect more girls than boys. Children and young people may not immediately disclose these concerns, particularly if affected by self-isolation, and there is a need for a sustained approach to support, as highlighted in the [Guidance on support for continuity of learning](#).

However, we do not have a basis to conclude that the impact of moving to routine protective measures in schools or ELC settings will have a different impact on individuals based on their sex.

Gender reassignment

Although pupils have been in consistent in-person learning, some may continue to be affected by prejudice. Young people who are transitioning may continue to benefit from contact from trusted adults outside the home. 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.

We did not find information on this protected characteristic in relation to children in childcare.

Pregnancy and maternity

It is important that all pupils who are pregnant (or attending any form of out of school care) follow advice from the [Royal College of Obstetricians and Gynaecologists](#). Pupils are individually risk assessed, to keep the risk of exposure as low as is practically possible, particularly in the third trimester.

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.

Race

According to the 2021 [Pupil Census](#), almost 82% of pupils were recorded as being White-Scottish or White-Other British and 7% of children have a language other than English as their main home language. The data currently collected through the ELC census does not allow us to measure uptake of ELC by ethnicity, however the new ELC census (currently being developed) will collect information about a child's ethnicity and enable us to assess uptake of ELC in relation to on this protected characteristic.

Public Health England published evidence on [understanding the impact of COVID-19 on BAME groups](#) showing that COVID-19 impacts disproportionately on minority ethnic groups. Minority ethnic groups could be exposed to potential increased risk,

however, a range of mitigation measures is set out in the Strategic Framework as part of the intended approach to respond to and manage the pandemic.

Religion or belief

We did not find information on this protected characteristic in relation to children and young people in ELC and daycare of children's services. There are currently no restrictions on holding assemblies or similar gatherings in schools so implementing routine protective measures will not have a disproportionate impact on religious practice/observance.

Sexual orientation

We did not find information on this protected characteristic in relation to children and young people in childcare. Young people may benefit from contact with trusted adults outside the home. The workforce in school age childcare may provide this support to young people to some extent.

Some pupils, particularly those living in households where their sexual orientation is not accepted, may benefit from the support offered by consistent in-person learning and specialist/third sector organisations, where appropriate. Schools should be mindful of this potential impact when supporting pupils and work with partners to ensure any existing supports are enabled to continue.

Marriage and civil partnership

The age range of children accessing school and childcare services makes the likelihood of them requiring consideration of this protected characteristic very unlikely.

Summary

The Scottish Government is mindful of the three needs of the Public Sector Equality Duty (PSED) and the revised guidance for Schools and the Early Learning and Childcare (ELC) sector seeks to ensure routine protective measures are a proportionate and appropriate response to competing harms. As set out in Section 5 of this document, this was part of wider [Equalities consideration](#) and decision making in the development of the updated National Strategic Framework took into account that the measures will have differential impacts on children related to their intersectional protected characteristics.

This guidance is felt to have no impact in relation to eliminating unlawful discrimination, harassment and victimisation or advancing equality of opportunity between people who share a protected characteristic and those who do not, and is neutral in relation to fostering good relations between people who share a protected characteristic and those who do not. The revised guidance reduces the mitigations in schools and ELC settings, aligning with those recommended for wider society and, in that regard, is considered to advance equality of opportunity between people who share a protected characteristic and those who do not.

5.2 **Workforce**

Age

According to the [Scottish Social Service Workforce report](#) from 2020, while childminders have an older average (median) age than the general 'day care of children' workforce (48 years compared with 36 years), we do not believe it is to the scale that would have a differential impact on their experience at work. Scottish [Social Service Council published data on workforce](#) from 2020 show 640 out of school care staff were aged 55 to 64 and there were 70 who were 65 and over. It is more likely that older members of the workforce, who would have been shielding throughout the pandemic, will be more concerned with returning to routine measures, compared to younger members of staff. This could be due to reasons linked to their own health or the health of a family member. It will therefore be important for service managers to consider practical options for these members of the workforce.

[The Summary Statistics for Schools in Scotland](#) shows that in 2021, teacher numbers were highest between the ages of 25 and 41. The average (mean) age of primary, secondary and special school teachers was 40 in 2021, compared to 43 in 2011, so the teacher workforce was, on average, younger in 2021 than in 2011. Thirteen percent of the teaching workforce are over the age of 55 years of age.

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 support discussions about additional precautions that may be needed. Further information at [Coronavirus \(COVID-19\): guidance on individual occupational risk assessment - gov.scot \(www.gov.scot\)](#)

Disability

According to the [Scottish Social Service Workforce report](#) from 2019, 1% of the childminding workforce and only 2% of the day care of children workforce and unpublished information from the Department for Education states that less than 1% of the teaching workforce are recorded as disabled. For disabled employees, there may be a particular negative impact where their disability may cause them to feel particularly vulnerable with regards the move to routine protective measures. It is possible that a higher number of staff with disabilities may be on the Highest Risk List but in line with advice from the Chief Medical Officer, people on the Highest Risk List can follow general population advice unless advised otherwise by their GP or clinician. Further information and advice is available at [Coronavirus \(COVID-19\): advice for those at highest risk](#).

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. Disabled staff, 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. The revised guidance for Schools and ELC settings includes signposting to a range of resources developed to support wellbeing and mental health in the Education and ELC workforce.

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.

Section 8 of this document provides further detail regarding additional mitigations and support for the schools and ELC workforce, parents, carers and families.

Careful consideration has been given to any potential impacts on school/ELC staff, including those who may be disabled or clinically vulnerable, in respect of direct health harms or anxiety as a result of the ending of the asymptomatic testing programme in schools. The overall judgement of public health advisers and senior clinicians is that any benefits of retaining regular asymptomatic testing in schools would not outweigh the drawbacks 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.

Sex

Staff working in childcare are mainly women. The [Scottish Social Service Workforce report](#) from 2019 shows around 100% of registered childminders are women, 96% of staff in day care of children services and [Summary Statistics for Schools in Scotland in 2021](#) show 94% of teachers who delivering funded ELC are women.

[Summary Statistics for Schools in Scotland in 2021](#) show 77% of teaching staff are women across all school settings. Any potential impact relating to the return to routine protective measure in schools and ELC settings are likely to be minimal across the workforce. However, available data and evidence of the effects of COVID-19 infections continues to be reviewed and this will help inform the ongoing response and management of COVID.

Gender reassignment

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

Pregnancy and maternity

[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 \(rcog.org.uk\)](#)

ELC, 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.

ELC, 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 [population level data on vaccination rates](#) showing that vaccination uptake amongst pregnant women is substantially lower than in the general female population 18-44 years of age. The Department of Health and Social Care (DHSC) has published revised [guidance for pregnant employees](#) and their employers.

ELC and 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 employers 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 continue to 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.

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 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-19. ELC,

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](#).

Some members of staff will be returning to the workforce after maternity leave. Consideration should be given to their re-induction to the workforce, with individual risk assessments to be completed where appropriate.

Race

The majority of childminding staff (98%) and of day care of children staff (88%) identify as being from a white ethnic background. The [Scottish Social Service Workforce report](#), shows a high percentage of 'unknown' ethnicity for day care of children staff. Public Health England also published evidence on [understanding the impact of COVID-19 on BAME groups](#) showing that COVID-19 impacts disproportionately on minority ethnic groups. Minority ethnic groups could be exposed to potential increased risk, however, a range of mitigation measures is set out in the Strategic Framework as part of the intended approach to respond to and manage the pandemic.

[Summary Statistics published by the Scottish Government in 2021](#) show that Minority Ethnic (ME) communities make up approximately 2% of Scotland's teaching workforce. International evidence suggests COVID-19 has affected minority ethnic groups disproportionately. The Scottish Government continues to take forward the recommendations made by the [Ethnicity Expert Reference Group](#), to develop actions to help mitigate any disproportionate effects and implications experienced by minority ethnic groups and communities as we align measures in education with those in wider society. Staff who have increased vulnerability to COVID may also feel anxious about moving to routine protective measures from the start of the new term.

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. Further information at [Coronavirus \(COVID-19\): guidance on individual occupational risk assessment - gov.scot \(www.gov.scot\) and](#) employers should remain mindful of their duties under the Equality Act 2010.

Religion or belief

There are not considered to be any aspects of this policy area that could disproportionately impact members of the workforce with this protected characteristic.

Sexual orientation

Data on sexual orientation of the workforce is not available. There are not considered to be any areas of this policy area that could disproportionately impact members of the workforce with this protected characteristic.

Marriage and civil partnership

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

Summary

The Scottish Government is mindful of the three needs of the Public Sector Equality Duty (PSED) and the revised guidance for Schools and the Early Learning and Childcare (ELC) sector seeks to ensure routine protective measures are a proportionate and appropriate response to competing harms. As set out in Section 5 above, this was part of wider [Equalities consideration](#) and decision making in the development of the updated National Strategic Framework took into account that the measures will have differential impacts on people related to their intersectional protected characteristics.

This guidance is felt to have no impact in relation to eliminating unlawful discrimination, harassment and victimisation or advancing equality of opportunity between people who share a protected characteristic and those who do not, and is neutral in relation to fostering good relations between people who share a protected characteristic and those who do not. The revised guidance reduces the mitigations in schools and ELC settings, aligning with those recommended for wider society and, in that regard, is considered to advance equality of opportunity between people who share a protected characteristic and those who do not.

5.3 Parents, carers and families

Age

Older carers (e.g. grandparent kinship carers) may feel vulnerable due to the move to routine protective measures and / or may be on the Highest Risk List. The Chief Medical Officer (CMO) is undertaking a review of those on the Highest Risk List and wrote in early March to everyone currently on the list about the review.

The situation has changed enormously since the list was established and there is strong evidence that people's risk from COVID-19 has changed as a result of the vaccination programme and an improved treatment programme that can be targeted to those who will benefit most. In line with advice from the Chief Medical Officer, people on the Highest Risk List can follow general population advice unless advised otherwise by their GP or clinician. Further information and advice is available at [Coronavirus \(COVID-19\): advice for those at highest risk](#).

Disability

Having more stable in-person learning and teaching environment of schools and ELC settings continues to have a positive impact on parents and carers with a disability. Coupled with the continuing low risk of harm to children from COVID-19 infection and the high vaccination rates, the clinical advice and data support the move to routine measures in schools and ELC settings. However, available data and evidence of the effects of COVID-19 infections continue to be reviewed and this will help inform the ongoing response and management of the virus.

The Advisory Sub-Group on Education and Children's issues has 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.

Section 8 of this document provides further detail regarding additional mitigations and support for the schools and ELC workforce, parents, carers and families.

Sex

Women generally take responsibility for a majority of childcare. Increased childcare and other unpaid work during COVID-19 led to some women having to reduce their hours and leave their job. [Research by the Institute for Fiscal Studies 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.

Census data shows nine out of 10 single parents are women. Therefore, stable in-person learning and teaching environments provided by schools and ELC settings continue to have a positive impact on female parents and carers.

Gender reassignment

There are not considered to be any areas of this policy that could have a disproportionate impact on the protective characteristics of this group.

Pregnancy and maternity

There are not considered to be any areas of this policy that could have a disproportionate impact on the protective characteristics of this group.

Race

Public Health England has published evidence on [understanding the impact of COVID-19 on BAME groups](#) showing that COVID-19 impacts disproportionately on minority ethnic groups. Minority ethnic groups could be exposed to potential increased risk, however, available data and evidence of the effects of COVID-19 infections continue to be reviewed and a range of mitigation measures is set out in the Strategic Framework as part of the intended approach to respond to and manage the pandemic.

Religion or belief

There are not considered to be any areas of this policy that could have a disproportionate impact on the protective characteristics of this group.

Sexual orientation

There are not considered to be any areas of this policy that could have a disproportionate impact on the protective characteristics of this group.

Marriage and civil partnership

There are not considered to be any areas of this policy that could have a disproportionate impact on the protective characteristics of this group.

Summary

The Scottish Government is mindful of the three needs of the Public Sector Equality Duty (PSED) and the revised guidance for Schools and the Early Learning and Childcare (ELC) sector seeks to ensure routine protective measures are a proportionate and appropriate response to competing harms. As set out in Section 5 above, this was part of wider [Equalities consideration](#) and decision making in the development of the updated National Strategic Framework took into account that the measures will have differential impacts on people related to their intersectional protected characteristics.

This guidance is felt to have no impact in relation to eliminating unlawful discrimination, harassment and victimisation or advancing equality of opportunity between people who share a protected characteristic and those who do not, and is neutral in relation to fostering good relations between people who share a protected

characteristic and those who do not. The revised guidance reduces the mitigations in schools and ELC settings, aligning with those recommended for wider society and, in that regard, is considered to advance equality of opportunity between people who share a protected characteristic and those who do not.

6. Island Communities Impact Assessment (ICIA)

6.1 Island communities

The nature of the provision of education, ELC and childcare in island communities (and other remote and rural communities) varies from provision in more populous areas. Settings are typically smaller and face higher operating costs due to smaller numbers of children. For ELC, childminding, third sector and local authority-run provision tend to be more prevalent than private settings.

In an island context with a small population and where schools and ELC settings typically rely on a smaller workforce, the extent to which local authorities are able to work flexibly to respond to individual circumstances, are particularly important.

The revisions of the schools and ELC sector guidance place a strong emphasis on engagement with local health protection teams in the local COVID response and management. Informal engagement on specific policy areas includes with the membership of COVID-19 Education Recovery Group (CERG) and engagement with COVID-19 Advisory Sub-group specialising in education and children's 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.

An adapted local approach to outbreak response and management will have a positive impact for island communities.

6.2 Gaelic medium education

Gaelic medium education (GME) is a distinct sector within Scottish education and aspires to provide a 3-18 education. The nature of GME is clearly described in the [Statutory Guidance on Gaelic Education](#).

In 2019 there were 4,631 learners in the GME sector the majority of whom do not speak Gaelic at home. Therefore we can assume that stable in-school learning will have had a positive impact on the language development of these pupils, particularly younger pupils who may not yet be confident engaging with the written language independently.

Throughout the pandemic the number of online resources available to support learners has grown. [National parent's advice and support](#) is offered by Comann nam Pàrant. Also, 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

There are not considered to be any areas of this policy that could have a disproportionate impact on this group.

7. Fairer Scotland Duty assessment

We know from our work on the drivers of child poverty that there are clear risk factors associated with poverty in Scotland. As part of [Scotland's Child Poverty Delivery Plan](#) we have identified 'priority families' as: those headed by a lone parent, families with a disabled adult or child, young mothers, minority ethnic families, families with a child under one year old, and larger families (with three or more children).

Evidence from both UK and international studies of early learning and childcare programmes, such as Public Health Scotland's [evidence review of childcare quality and children's outcomes](#), as well as our own [Growing Up in Scotland Study](#), supports 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 early learning and childcare. Increased access to high quality early learning and childcare in the early years offers opportunities to support young children to develop and learn, to build social skills and networks, and in turn to help reduce the poverty related attainment gap.

We know that for families affected by poverty and disadvantage, access to food during a childcare session (free meals at ELC, breakfast clubs and snacks included with afterschool clubs) is a vital support.

The operation of schools and ELC settings continues to impact positively on low income families.

8. 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.

8.1 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 out 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.

8.2 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.

8.3 Support for workforce wellbeing and practice

It is widely recognised that the pandemic has impacted the mental wellbeing of the education workforce. It should be acknowledged that some members of staff may be cautious about the removal of some mitigations. 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.

Resources have been developed for the early years workforce to support staff wellbeing. A [Team ELC Wellbeing Hub](#) has been made available and contains a wealth of practical hints and advice to help staff manage their wellbeing, connect with each other and engage in shared learning. Resources have also been developed on mental health, wellbeing and professional learning to support schools and childcare practitioners.

8.4 Support for parents

All parents and carers may have concerns 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.

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

The routine protective measures will remain of key importance, including hygiene and cleanliness. There is a wealth of information to support parents through [Education Scotland's Parent zone Scotland](#) website and on the [Parent Club website](#).

8.5 Funding for free school meals

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.

9. Conclusion

The updated Strategic Framework and revised strategic intent published on 22 February represent the next step in our evidence-based and considered strategic approach to managing the virus across wider society in the long term.

This impact assessment summarises key benefits and support aimed at reducing negative outcomes in schools and ELC settings for different equality groups from the new guidance on routine protective measures. It should be read alongside the Routine Protective Measures guidance, as well as the equality impact assessments produced for earlier versions of the Reducing Risks in Schools guidance.

We know that all children and young people, staff and families across Scotland have been impacted by the pandemic in the past two years, and that this particularly affects those with protected characteristics or who are experiencing disadvantage.

The [body of evidence](#) on the current state of the epidemic continues to point to household transmission as the primary driver, the risk of harm to children from COVID-19 infection continues to be 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. After detailed consideration expert advice from the [Advisory Sub-group on Education and Children's Issues](#), is that it would be appropriate at to move to routine protective measures in schools and ELC settings in a proportionate and responsible manner. This includes face coverings, physical distancing and asymptomatic testing, which should follow the general guidance for wider society.

Findings from this impact assessment and others should continue to inform and support the schools and ELC sectors as we strengthen our resilience and recover from the coronavirus pandemic We can look forward with increased confidence and anticipate a calmer phase of the pandemic because of the progress we have had made through vaccinations, treatments and the response of people, communities and businesses over the last two years.

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 a Child Rights and Wellbeing Impact Assessment (CRWIA), developed in parallel.



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