

ADVICE FROM THE COVID-19 ADVISORY SUB-GROUP ON EDUCATION AND CHILDREN'S ISSUES

16 July 2020

Physical distancing in schools

The best and safest way to re-open schools is in the context of low community transmission and with a clear strategy towards driving case numbers continually towards zero. Given Scotland's current low prevalence, the advice given here on physical distancing in schools is appropriate. If the further unlocking of restrictions, including indoor settings and tourism, results in an increase in cases in late July and into August, there will need to be flexibility in the use of this advice and variation among areas depending on transmission in their local community. This could mean that distancing and greater use of face coverings may be required if prevalence increases. However, the overall objective is to continue to push incidence and prevalence down across Scotland and to re-open schools as normally and fully as Covid-19 prevalence makes possible. Flexibility is necessary within local areas to make the best decisions based on local data on community transmission.

Key messages

- Subject to continued suppression of the virus, and to surveillance and mitigations being in place, the balance of the evidence suggests that no distancing should be required between children in primary schools. The evidence is less clear for older pupils but at present we support the same approach being taken in secondary schools on the basis of the balance of known risks, the effectiveness of mitigations and the benefits to young people of being able to attend school.
- Two metre distancing should remain in place wherever possible between adults, and between adults and children who are not from the same household.
- Face coverings are not required for most children (those clinically advised to wear a covering would be an exception). Adults in schools do not need to wear face coverings as long as they can retain two metre distancing. Where adults cannot keep two metre distance, are interacting face-to-face and for about 15 minutes or more, face coverings should be worn.
- No additional general protections are proposed for particular categories of children or staff, such as those with underlying health conditions. Instead, requirements should be put in place to reflect individual circumstances in line with any specific clinical advice.
- The concerns within BAME communities must be recognised and individual requests for additional protections should be supported where possible. Care should be taken to ensure that BAME staff, pupils and families are involved in decisions about additional protections.
- Teachers should be provided with support and back-up in how to assess and meet the needs of children who have experienced neglect during the period of school closures.
- A package of measures must be put in place to reduce the risk of transmission of the virus:
 - There should be an increased emphasis on hand hygiene and surface cleaning. Hand washing/sanitising should be required for everyone on every entry to the school.

- As close as possible to zero tolerance of symptoms should be in place, and strict compliance with the Test and Protect system.
- In both primary and secondary settings, the preference should be to avoid large gatherings and crowded spaces and, as much as possible, to keep pupils within the same groups for the duration of the school day.
- Sharing of equipment/utensils/toys/books should be minimised; and smaller groups and more outdoor activities put in place.
- Movement between schools - of children, and of temporary/ supply/peripatetic staff etc. - should be kept to an absolute minimum.
- Co-ordination with wider easing is vital, and the approach needs to feel coherent to children and adults. The sub-group emphasises that connectivity with transport issues will be critical.

General comments

Covid-19 and children

- Globally, Covid-19 has been reported in children and young people of all ages, but there have been many fewer confirmed cases in children than adults.
- In Scotland, as at 12 July 2020, 151 (0.8%) of a total 18,365 positive cases were among people aged under 15. This is a rate of less than 20 per 100,000 of the population in that age group¹. There have been no deaths among people under 16 years of age, but in the absence of high quality sero-surveillance we cannot be certain how many children and young people have ultimately been infected.
- The infection appears to take a milder course in children than in adults; clinical signs are very similar to other childhood respiratory infections and very few infected children develop severe disease.²
- There is emerging evidence that children may be less likely to acquire Covid-19 than adults; and some evidence that children have a limited role in transmitting the virus – but the evidence is still developing.³

Overall approach

- Impacts resulting directly from Covid-19 need to be considered in relation to wider impacts on children and young people. This advice is based on a balance of evidence, bringing evidence specifically about Covid-19 together with evidence relating to the wider wellbeing of children.
- The pandemic and the consequences of lockdown have magnified existing inequalities. There is an anticipated high level of need for support for vulnerable children and families as lockdown eases and schools reopen.
- Schools are not closed systems. The effects of decisions in these settings need to be understood in the context of wider changes and levels of adherence.
- Decisions relating to schools need to attend to the safety of the adults in these settings, as well as the safety of children.
- There is an evidence-base relating to *how* changes are introduced and communicated, which needs to be considered alongside the evidence on transmission and risk.

¹ <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/>

² <https://www.rcpch.ac.uk/sites/default/files/generated-pdf/document/COVID-19---research-evidence-summaries.pdf>

³ <https://www.medrxiv.org/content/10.1101/2020.05.20.20108126v1>

- The advice that follows is contingent on there being low levels of infection in the Scottish population and on systems being in place for close monitoring, rapid testing and tracing of suspected cases. Where incremental changes can be made and the impacts of these monitored, that would be recommended.
- Measures put in place as precautions may become more relaxed as the prevalence and incidence of Covid-19 in Scotland reduce. Conversely, measures may need to be strengthened or reintroduced if there is evidence of a resurgence, or in the light of localised outbreaks. Where other relevant new evidence has implications for this advice, it will also need to be taken into account.

1. Given the latest evidence/health analytics about the suppression of the virus and children’s role in transmission, what implications does this have for our approach to physical distancing in schools?

- Scottish Government modelling suggests there are currently between 40 and 90 new infections per day and an infectious pool of approximately 700 people (data for 10 July 2020)⁴. We note that this is a much more positive position than was the case when the *Strategic Framework for Reopening Schools and Early Learning and Childcare Provision in Scotland* was published on 21 May. These figures are expected to reduce further in coming weeks, but the impacts of the phase 1 and phase 2 routemap easing are not yet clear. Any decisions about re-opening the school estate should be contingent on a continued low incidence (new infections each day), low prevalence (proportion of the population infected) and low reproduction rate (indicating whether the epidemic is growing or shrinking).
- The role of children in transmission is understood to be limited, both between children and from children to adults⁵. Most transmission is between adults. The situation in relation to older, secondary school students is less clear.
- Evidence from other settings and other epidemics highlights the role played in transmission by people moving between institutions. This learning should be applied to decisions about school re-opening, highlighting the need for particular attention to student teachers and other professionals (social workers, psychologists, voluntary organisation staff etc) who come in and out of the school estate on an interim basis and move between settings. This also extends to children and young people who move between settings e.g. students who attend other schools/colleges to study particular subjects in the senior phase and those in shared headship schools.
- General evidence is clear that two metre distancing is significantly more protective than one metre⁶. This is particularly important for those at higher risk and is therefore more important for adults than for children. The benefits of distancing are also dependent on other factors. For example, distancing is more important indoors than outdoors, and for face-to-face interactions. This point about heterogeneity of risk is set out in the Covid-19 Advisory Group’s advice on physical distancing⁷.
- There is evidence from polling data that compliance with distancing is falling in the population as a whole and is less easily sustained among children and young people than among the adult and older populations⁸.

⁴ <https://www.gov.scot/publications/coronavirus-covid-19-modelling-epidemic-scotland-issue-no-8/>

⁵ <https://adc.bmj.com/content/105/7/618>

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892043/S0484_Transmission_of_SARS-CoV-2_and_Mitigating_Measures.pdf

⁷ <https://www.gov.scot/publications/covid-19-advisory-group-physical-distancing-advice/>

⁸ <https://www.ipsos.com/sites/default/files/ct/news/documents/2020-06/scotland-covid-19-polling-tables-22-25-may-2020.pdf>

- Risks to children go beyond those directly associated with Covid-19 infection. Although there is not yet evidence of the specific effects of Covid-related social distancing on children’s development, the psychological literature unequivocally shows that children rely on social interaction with their peers to meet their broad developmental needs including learning, well-being and positive mental health outcomes⁹.
- Childhood is also an important life stage for the foundations for good mental health – and conversely for the development of mental health difficulties. Concerns about mental health are at the top of the issues highlighted by children and young people in response to the pandemic. Early onset of mental health difficulties is associated with more severe symptoms.
- There are particular impacts for children with additional support needs, for whom opportunities to interact regularly with their peers are especially important to facilitate social skills development and personal wellbeing.
- There is also some evidence of increased domestic abuse and concerns about vulnerable children and their safety.
- Learning loss will be felt by all children and all age groups but is particularly significant for secondary school pupils and for children from high-poverty settings^{10 11}. As schools reopen, there needs to be a clear focus on targeting the learning loss of our children and young people. The focus should not only be on the narrow domains of literacy and numeracy attainment but also targeted at creating the conditions for learning by focusing on children’s social, emotional, health and wellbeing.
- In summary, children’s development – academic learning, peer relationships, safety, wellbeing and mental health – is at risk from school closures and from social distancing.
- We conclude that - **subject to continued suppression of the virus and to surveillance and mitigations being in place** - the balance of the evidence suggests that no distancing should be required between children in primary schools. The evidence is less clear for secondary schools but at present we would support the same approach being taken in secondary schools on the basis of the balance of known risks and the effectiveness of mitigations.
- In both primary and secondary settings, the preference would always be to avoid large gatherings and crowded spaces and, wherever possible, to keep children and young people within the same groups for the duration of the school day. In giving this advice we recognise the practical challenges. Where possible, timetabling should be reviewed to reduce movement of groups of pupils around the school estate as much as possible. However, movement around corridors is less likely to result in transmission than is a large gathering in a single enclosed space (such as

⁹ <https://www.mentalhealth.org.uk/projects/right-here/why-focusing-relationships-vital-improving-young-people%E2%80%99s-mental-health-and-wellbeing>

¹⁰ Cooper, H., B. Nye, K. Charlton, J. Lindsay and S. Greathouse (1996). The effects of summer vacation on achievement test scores: A narrative and meta-analytic review. *Review of Educational Research* 66(3): 227-268.

¹¹ Davies, S., Aurini, Janice. and Milne, E. (2016) Contextualizing Summer Learning Inequality: The view from Canada in Alexander, K., Pitcock, S. Boulay, M (eds.) *The Summer Slide: What we know and can do about summer learning loss*. New York: Teachers College Press, Columbia University

¹² Atteberry, A. and McEachin (2016) School’s Out: Summer learning loss across grade levels and school contexts in the United States today in Alexander, K., Pitcock, S. Boulay, M (eds.) *The Summer Slide: What we know and can do about summer learning loss*. New York: Teachers College Press, Columbia University

an assembly hall). The general guidance about the maximum size of gatherings allowed in Scotland would provide a suitable benchmark for the advisable maximum size of a single group activity within a school at the time of re-opening.

- We conclude that on balance two metre distancing should remain in place wherever possible between adults, and between adults and children who are not from the same household.
- Clarity of message and consistency with wider advice on distancing is essential.

2. Are there any special considerations for different age groups of children? And what, if any, protections might be considered for particular categories of children considered to be at greatest risk of severe cases of the virus?

- As noted above, comparatively few children have been infected by Covid-19 and infection appears to take a milder course in children than in adults. There are, however, no clear cut-off points where risk increases in a step-wise manner. Behaviours, compliance, and wider contextual factors (living conditions, movement, etc) therefore become very significant considerations alongside age and clinical vulnerability. There is also the rare, delayed presentation of multisystem inflammatory syndrome in children who have had Covid-19.¹³
- Rates of positive cases in Scotland rise with age among children and young people, but are largely constant for those aged under 15. Those aged 0-4 have a rate of confirmed cases of 16.2/100,000 compared to 18.0 for those aged 5-14. This rises to 70.9/100,000 for 15-19 year olds and 213.8 for the 20-24 age group¹⁴. Note, however, that these rates cannot be taken as representative of true population prevalence figures – they come only from those who have undertaken a test for whatever reason. Asymptomatic children and young people are unlikely to have been tested.
- As at 6 July 2020, 2% (3,867) of the people in Scotland identified as at high clinical risk of Covid-19 and advised to shield, are children under the age of 16¹⁵.
- We are aware that Shielding guidance for children and young people is being updated, proposing that not all children and young people currently advised to shield will need to continue to do so. This will bring benefits for many children, including those with conditions such as cerebral palsy and scoliosis, for whom the benefits of school – in terms of access to therapies and developmental support – far outweigh the risk of infection. Clinical conversations will be held with families in advance of the proposed return to school in August.
- In light of this, no additional general protections are proposed as necessary for these children. Requirements should be put in place to reflect individual circumstances in line with any specific clinical advice.
- There is some wider evidence that children and adults from a BAME background who are infected seem to be at higher risk of severe disease from Covid-19^{16,17}. The evidence base relating to the Scottish population is very limited and Public Health England has not identified teachers as an occupation at high risk¹⁸.

¹³ <https://www.rcpch.ac.uk/sites/default/files/generated-pdf/document/COVID-19---research-evidence-summaries.pdf>

¹⁴ <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/>

¹⁵ <https://www.gov.scot/publications/?term=shielding&cat=filter&page=1>.

¹⁶ [Public Health England – Disparities in the risk and outcomes of COVID-19](#)

¹⁷ [https://www.thelancet.com/pdfs/journals/lanchi/PIIS2352-4642\(20\)30167-X.pdf](https://www.thelancet.com/pdfs/journals/lanchi/PIIS2352-4642(20)30167-X.pdf)

¹⁸ [Public Health England – Disparities in the risk and outcomes of COVID-19](#)

- However, the recent report by the National Records of Scotland on the breakdown of Covid-19 deaths in Scotland by ethnic group¹⁹ concludes that over the course of the pandemic to date, Covid-19 was a relatively more common cause of death for people in the South Asian ethnic group compared to people in the white ethnic group (Odds ratio of 1.9). That conclusion is reached after accounting for age, sex, deprivation and whether people live in urban or rural areas.
- In light of this, the concerns within BAME communities must be recognised and individual requests for additional protections should be supported where possible. Care should be taken to ensure that BAME staff, pupils and families are involved in decisions about additional protections.
- In addition, given that teachers have not been working collectively from schools, with normal routines and class sizes during the pandemic, the situation will need to be monitored as schools return.
- Looking at risk more generally, the evidence about the impacts of lockdown and loss of learning varies by age group but demonstrates that all age groups have experienced negative impacts – these impacts being greatest for secondary school children and lowest for those in early primary school year groups^{20 21 22}. School closures are almost certain to increase educational, and other, inequalities. Teachers should be provided with support and back-up in how to assess and meet the needs of children who have experienced neglect during the period of school closures. Relationships with others providing holistic family support will be crucial, and means of providing this safely need to be considered²³.
- Considerations by age group and for particular categories need to avoid additional stigma or exclusions. Chronological age is not always the best indicator of capacity to comply with complex requirements.
- Adherence will be lower where student needs/wants are not sufficiently considered or where they feel alienated by top-down regulation (more likely among older children).

3. What role might mitigations (such a face masks) or other enhanced hygiene measures play in consideration of physical distancing?

- There is well-established evidence²⁴ that distancing should be adapted and used alongside other strategies to reduce transmission, such as ventilation, effective

¹⁹ <https://www.nrscotland.gov.uk/news/2020/deaths-involving-covid-19-week-27-29th-june-to-5th-july>

²⁰ Cooper, H., B. Nye, K. Charlton, J. Lindsay and S. Greathouse (1996). The effects of summer vacation on achievement test scores: A narrative and meta-analytic review. *Review of Educational Research* 66(3): 227-268.

²¹ Davies, S., Aurini, Janice. and Milne, E. (2016) Contextualizing Summer Learning Inequality: The view from Canada in Alexander, K., Pitcock, S. Boulay, M (eds.) *The Summer Slide: What we know and can do about summer learning loss*. New York: Teachers College Press, Columbia University

²² Atteberry, A. and McEachin (2016) School's Out: Summer learning loss across grade levels and school contexts in the United States today in Alexander, K., Pitcock, S. Boulay, M (eds.) *The Summer Slide: What we know and can do about summer learning loss*. New York: Teachers College Press, Columbia University

²³ <https://childrensneighbourhoods.scot/wp-content/uploads/2020/05/CNS-PS-NSEE-COVID19-EarlyInsights-080520.pdf>

²⁴ <https://www.cebm.net/covid-19/what-is-the-evidence-to-support-the-2-metre-social-distancing-rule-to-reduce-covid-19-transmission/>

handwashing and regular surface cleaning. Guidance exists on how these should be considered in the school setting²⁵.

- The Advisory Group and sub-group have both also recognised the importance of staff and students being actively engaged in agreeing and establishing new practices and routines; and of public health (including good hygiene) becoming a core part of curricula and induction processes.
- Important mitigations include respiratory hygiene, ventilation, improved cleaning regimes within schools, including regular cleaning of surfaces, and regular handwashing. Greatest emphasis should be on hand hygiene and surface cleaning²⁶. Hand washing/sanitising should be required for everyone on every entry to the school. It will be important to teach all children good hand hygiene technique, and emphasise the importance of putting it into practice. Children who experience neglect may also need additional support in practising these hygiene measures. Provision for washing of clothing in schools may be beneficial.
- As close as possible to zero tolerance of symptoms should be in place – anyone with a high temperature, new continuous cough, loss of (or change in) sense of smell or taste, or who has had contact with a family/community member with symptoms should not attend/should be asked to return home and be tested. They should remain at home and everyone in the household should self-isolate until they receive their test results. If the test is negative, everyone can stop isolating (and return to school). If the test is positive, the index case must isolate for 7 days and those in the household for 14 days. Contact tracing should be undertaken, and this will have implications for the whole school community²⁷.
- Evidence is becoming clearer about the role of face coverings in reducing transmission²⁸. Face coverings should not be required for most children (those clinically advised to wear a covering would be an exception). Adults in schools (including in the school environment, such as at the school gate) should not need to wear face coverings as long as they can retain two metre distancing with other adults or pupils. Where adults cannot keep two metre distance, are interacting face-to-face and for about 15 minutes or more, face coverings should be worn. Some children may need additional support/reassurance about the reasons for adults wearing face coverings.
- Anyone (whether pupil or adult) wishing to wear face protection should be enabled to do so. As the wearing of face coverings/masks becomes more commonplace in Scotland, it is possible that more people may choose to wear a face covering in the school setting. Should the prevalence of the virus in the population start rising, nationally or in parts of Scotland, we would advise that consideration be given to encouraging the wearing of face coverings, especially among adults and older pupils in secondary schools, as part of an enhanced system of approaches to reduce transmission.
- Some aspects of school life should not be reintroduced straight away. We recommend incremental reintroduction of collective activities that cross classes and age groups, and of higher-risk activities such as assemblies, choirs, drama, gym etc.
- Early reintroduction of the supports that particularly benefit children who are more vulnerable should be a priority, subject to application of the infection prevention and control measures. Breakfast clubs within class groups would be one example, as

²⁵ <https://www.gov.scot/publications/coronavirus-covid-19-physical-distancing-in-education-and-childcare-settings/pages/hygiene-measures-including-ppe/>

²⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892043/S0484_Transmission_of_SARS-CoV-2_and_Mitigating_Measures.pdf

²⁷ <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/>

²⁸ <https://voxeu.org/article/unmasked-effect-face-masks-spread-covid-19>

well as smaller groups, nurture groups, 1-1 time, outreach to parents and carers, multi-disciplinary work around child planning, tutoring etc. At least initially, however, movement between settings (e.g. of children and of temporary/ supply/peripatetic staff etc) should be kept to an absolute minimum, including attendance at school of those who visit, including psychologists, nurses, social workers. Recognising the importance of holistic support for children, every effort should be made to secure these wider inputs through lower risk methods such as digital/virtual means or outdoor settings.

- Sharing of equipment/utensils/toys/books should be minimised; and smaller groups and more outdoor activities put in place. The Covid-related benefits of being outdoors provide a stimulus to maximise the use of outdoor learning. Research highlights the strong link between outdoor learning and health outcomes, and some evidence regarding positive impact on academic performance²⁹. There is potential to learn about infection control in these contexts from the practices in outdoor nurseries. Guidance is in place for these³⁰.

4. What further advice could be given to avoid teacher to teacher transmission in schools (such as avoiding congregating in staffrooms, sharing tea/coffee facilities etc)?

- Many aspects have been covered in response to Q3 above. The sub-group emphasises that transmission between adults should be a critical area of focus and should go beyond teacher-to-teacher interactions, including all adults within the school estate and those on the periphery (eg parents/carers at the school gate).
- Staff should be engaged in arrangements to minimise transmission. Systems and processes should be put in place to encourage staff to feel responsible – such as establishing a local team or champion, and working collectively to develop local solutions to the behavioural and staff movement problems.
- Schools should be encouraged to develop their plans for staff wellbeing and approaches to minimising transmission, and to share these within their school clusters for mutual support.
- As well as preserving a 2 metre distance between staff and adopting a strict approach to absence and testing when symptomatic, specific actions should include introducing regular ‘pauses’ in the staff routine during the day, specifically for handwashing and for cleaning of hard surfaces; and removing furniture in communal areas to ensure distancing happens (eg in staff rooms, eating areas etc).
- Special consideration should be given to supply cover, student teachers and NQTs/probationer teachers who will be new to schools. Inductions should include guidance on the school approach to ensuring distancing by adults as well as routines to ensure good infection prevention and control. The absence of serial and familiarisation days means that student teachers and NQTs will not have been able to get to know the school prior to their arrival. Additionally, Health and Safety Risk Assessments, which student teachers complete when they go on placement, should explicitly reference an understanding of the Covid-19 measures in place.
- Teachers who have underlying health conditions or who have been shielding will, like pupils, be subject to individualised clinical advice about appropriate action in their circumstances. There may be opportunities for such staff to support children in a similar position through remote learning and support.

²⁹ <https://policyscotland.gla.ac.uk/wp-content/uploads/2020/06/PSOutdoorLearningBriefingPaper.pdf>

³⁰ <https://www.gov.scot/publications/coronavirus-covid-19-fully-outdoor-childcare-providers-guidance/>

5. To what extent would the evidence support a move to a one metre distance or no distance between children with continued two metre distance between adults, and two metre distance adult to child, given the educational benefits of the increased amount of time in school that this would enable? What can we learn from other countries who are implementing this approach (e.g. Northern Ireland, Netherlands, Jersey, France, Belgium)?

- As stated earlier, given the current trajectory of infection in Scotland and the balance of evidence overall, we recommend that no distancing should be required between pupils and that 2 metre distancing should be required between adults and in adult-child/pupil interactions.
- Experience and approaches of other countries can be instructive, but cognisance must be taken of wider societal measures, other mitigating measures in schools, and the overall Covid-19 situation in the country at that time.
- In that context, we note that a number of countries including Australia, Belgium, Denmark, Estonia, France, Japan, the Netherlands, New Zealand, Norway, Poland, Switzerland and Taiwan are all easing physical distancing in schools. Of these countries, many have concluded that maintaining social distancing should be the aim but that approach can be eased if not practical.
- There is a degree of commonality in basing such approaches on evidence of the low transmission rates between children and the mild forms of the disease showing in children where the virus is confirmed. There is similar commonality in the introduction of mitigating measures such as class “bubbles”, staggered arrival/departure times and a role for face coverings.
- Other countries, for example China, Portugal, Singapore, South Korea, Spain, and Sweden are not planning to ease physical distancing in schools at this time. For these countries, increased handwashing and cleaning remains the norm, with additional measures such as masks, temperature checks, class ‘bubbles’, screen partitions and staggered lunchtimes and school starts and finishes in place.
- Many countries continue to apply distancing requirements between adults (aligned to broader national guidance) and between pupils and adults.
- In general (though not universally the case) countries have reopened secondary schools when incidence is lower, either later than primary reopening or at the same time if incidence was lower in general. For example, Denmark reopened primary schools when there were 193 cases per day, but secondary schools when the figure was 69. Austria had 14 new cases when both primary and secondary schools were reopened, and Germany opened all schools with a rate of 679 new cases per day.
- There is growing international evidence relating to the effects of re-opening schools on wider community transmission. This evidence requires careful monitoring, but to date studies from Scandinavian countries, Ireland, France and the Netherlands indicate that school opening has made no discernible difference to community transmission and there is little or no onwards transmission in school settings.
- Co-ordination with wider easing is vital, and the approach needs to feel coherent to adults and children. The sub-group emphasises that connectivity with transport issues will be critical.