Safe Model for School Return during the COVID-19 Pandemic

What if lockdown is needed again? Family consultation and school co-production to develop a Scottish Model for Safe Education (SMS-Ed)

Abstract
As soon as lockdown began in March, we began talking to families to see how they were coping. This highlighted the immense pressure some families were under, trying to balance their children’s care and education with their work responsibilities.
We realised that an alternative to single household self-isolation would be helpful if lockdown is ever needed again - a model that could help reduce family stress, improve and equalise educational and developmental outcomes for children and allow parents to be economically active.
To explore this, we developed a partnership with Scottish Borders Council and held stakeholder focus groups with teachers and parents.
This report describes our consultation with families, our co-production with Scottish Borders teachers and parents - and the model we developed and refined together.

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Social Distancing - How did families cope?

A team at the Institute of Health and Wellbeing at the University of Glasgow conducted two waves of interviews with 43 families during the UK wide lockdown.

The study 'Social Distancing – how are families coping?' showed that families who had good relationships and personal resources pre-pandemic were more flexible in adapting to lockdown restrictions, creating a balance between work and homelife, childcare and personal life and following the measures. Conversely, families with poor relationships and complex health needs struggled more to adapt and found it challenging to keep to the guidelines.

**Methods**

- 43 participants from Scotland and England
- Participants were families and professionals (police, social workers, teachers, community nurses)
- 2 waves of interviews:
  - Phase 1: March & April
  - Phase 2: June & July

Self-isolation and social distancing increased stress, anxiety, and risk of domestic violence in some families. Many families were worried about the future. However, some families were optimistic. The majority of parents felt that technology helped them and their children to work, do homework and stay in touch with friends. Parents and children found that lockdown was an opportunity to spend quality time together, obtain new skills and be more active.

**Factors that correlated with good adjustment**

- Knowledge of technology
- Ability to work from home
- Connectedness to their social network
- Having good pre-pandemic mental health
- Optimism about the future
- Larger living area and access to outdoor space

**Factors that correlated with poor adjustment**

- Complex family structures (separated parents, foster families, etc)
- Lost access to outside support (e.g. social work, community nurse, childcare)
- Families with adolescents at high risk for maladaptive behaviours (e.g. risk of going missing, at risk of exploitation, drugs, alcohol, bullying, aggression)
- Families with children with additional educational needs
- Pre-pandemic mental health problems
- Financial worries

Main themes

These are the main themes from the interviews with families and professionals.

**Family Dynamics**

Families were reduced to the nuclear family. This removed a lot of familiar coping mechanisms and support structures and increased stress in parents and children. By the second wave adjustment had improved for some but worsened for others. Quality family time had increased, but some parents struggled with managing their children’s behaviour and maintaining a routine.

**Education**

Children in nursery were better able adapt to lockdown. Primary aged children struggled to adapt to learning at home. Teenagers were mixed – some adapting well, others poorly. Parents found it very difficult to adapt to their new role as teachers. Children with additional needs found home schooling very challenging. Most families were anxious about school-reopening.

**Health and Wellbeing**

Families reported a negative impact of the reduced support available to them - especially for children with additional needs. Some families reported an increase in mental health difficulties. Other families adapted well and established new routines. Social workers and police described a sharp increase in reported domestic violence.

**Work and Employment**

Lockdown came with many changes to work. Families found it very difficult to manage both working from home and childcare responsibilities. Many families had increased financial worries and insecurity. However, only a few parents expressed a wish to want to go back to their workplace. Key workers were anxious and worried about putting their families at risk.

**Technology**

There was a significant gap in access, confidence, and skill in regard to using technology for work, education, and social interaction. This caused varying levels of stress to families. Over time many families adapted, however there was a substantial number of families for whom technology did not offer solutions to their problems, e.g. young children or people with communication difficulties.

**COVID Guidelines**

The ability to follow social distancing guidelines set out by the government varied greatly. This variation increased as the lockdown eased, and national guidance became more complex. Younger children, teenagers, and those with additional needs found it difficult to follow guidelines. Many families struggled to understand the measures, especially when there was a language barrier.
Scottish Model for Safe Education (SMS-Ed)
Reducing the stress to families and children by co-producing an alternative to full-time education.

The ‘Social distancing- how are families coping’ study highlighted the immense pressure some families were under during lockdown, trying to balance their children’s care and education with work responsibilities. We realised an alternative to single household self-isolation could help reduce family stress, improve educational and development outcomes for children and allow parents to be economically active. To explore this, we developed a partnership with Scottish Borders Council and held stakeholder focus groups with teachers and parents.

Methodology
- 5 schools in the Scottish Borders participated
- Rural and urban areas, as well as deprived and affluent areas were represented
- There were two phases of focus groups, 9 sessions in total (parent n=19, teachers n=10)
- The discussion was guided by the input of disease modellers

Five schools participated in two rounds of focus groups to discuss how families have coped with home-schooling and education during lockdown. Using co-production, we designed an alternative model to school return, usable in the event of the need for lockdown.

This model is intended to offer a way to discuss a contingency plan with families that is both practical, acceptable and reduces the risk of COVID-19 to the community.

Closed Childcare Clusters (CCCs) enable families to link in with neighbouring families and support each other with home learning and childcare. Social contact would be restricted to families in the cluster.

Benefits of the CCCs are:
- Continued socialisation throughout closing of schools
- Support with home learning and schooling
- Peer support for children
- Peer support for adults

Concern was voiced over how CCCs would work for families who are shielding, those who work shifts, families who are socially isolated or families who would be excluded, as well as families with children with additional needs and other vulnerabilities. Alternatives should be offered to these families, which must be balanced against the risk.

Guiding Principles
- The model offers a way to plan for school closure with families
- Co-production is the foundation of this model
- The risks of infection need to be balanced against the risks to families’ wellbeing
- Teachers and Headteachers are will guide the conversations with families
- Parents only find this acceptable if other parts of society (pubs, shops etc.) are closed
What would happen if schools have to close?

Parents and children would be invited to coproduce - with teachers - options to help them plan for a school closure due to COVID-19: i.e. their local version of The Scottish Model of Safe Education (SMS-Ed).

Teachers would facilitate conversations to help families choose an option that would work for them. Options would be offered according to a rigorous risk assessment.

Closed Childcare Cluster
- 2-5 families
- Contact restricted to adults and children in cluster with
- Families choose those they trust

Considerations:
- Essential workers could cluster together
- Some families will need help to find others to cluster with

Grandparent or trusted adult Cluster
- Families cluster with grandparents (or other trusted adult)
- Contact restricted to adults and children in cluster

Considerations:
- To decrease risk to older adults this option will only be offered if CCC is not possible
- If this is not an available option, the child can go to a local hub

Local Hub
- Child goes to local hub
- Hub ideally is in the school building the child usually attends
- Teachers and Additional Needs Assistants will be at school

Considerations:
- To decrease risk this option will only be offered if no other is available.

An example of SMS-Ed as coproduced in the Scottish Borders teachers and parents to fit their needs and preferences as well as to address their worries and hopes. The risks of these options were assessed, and the model offers a balance of risk and meeting those needs.

Offering options and balancing risk

The aim of the decision tree is to offer options to families while at the same time minimising the risk to individuals, families, and communities.

Most families will be in CCCs.

Fewer families will be in Grandparent Clusters.

Very few will be in local hub.

Decreasing risk of illness

Decreasing social interaction

This is a visual representation of the model in a community of 12 households. Strong lines show household connection, dotted lines show cluster connections.

Offering options and balancing risk
The model has been compared to others forms of education.

In order to assess the risk of the SMS-ED model we compared it to various alternatives.

- **Decreasing risk of illness**
  - Grandparent Cluster
  - Child
  - Parent
  - Household connection
  - Cluster connection

- **Decreasing social interaction**
  - Isolation at home
    - Social contact only within household
  - Closed Childcare Cluster
    - Social contact only within cluster
  - Grandparent (trusted adult) Cluster
    - Social contact only within cluster
  - Part-time return to school
    - Social interaction only within larger social bubbles (approximately half of the class)
  - Full-time return to school
    - Social interaction in after-school clubs, shops, offices, pubs and parks