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.

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.

<table>
<thead>
<tr>
<th>Family Dynamics</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families were reduced to the nuclear family. This removed a lot of familiar</td>
<td>Children in nursery were better able adapt to lockdown. Primary aged</td>
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<tr>
<td>coping mechanisms and support structures and increased stress in parents and</td>
<td>children struggled to adapt to learning at home. Teenagers were mixed—</td>
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<tr>
<td>children. By the second wave adjustment had improved for some but worsened for</td>
<td>some adapting well, others poorly. Parents found it very difficult to</td>
</tr>
<tr>
<td>others. Quality family time had increased, but some parents struggled with</td>
<td>adapt to their new role as teachers. Children with additional needs</td>
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<tr>
<td>managing their children’s behaviour and maintaining a routine.</td>
<td>found home schooling very challenging. Most families were anxious about</td>
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<td></td>
<td>returning to school.</td>
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<tr>
<th>Health and Wellbeing</th>
<th>Work and Employment</th>
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<tbody>
<tr>
<td>Families reported a negative impact of the reduced support available to them</td>
<td>Lockdown came with many changes to work. Families found it very difficult</td>
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<tr>
<td>—especially for children with additional needs. Some families reported an</td>
<td>to manage both working from home and childcare responsibilities. Many</td>
</tr>
<tr>
<td>increase in mental health difficulties. Other families adapted well and</td>
<td>families had increased financial worries and insecurity. However, only a</td>
</tr>
<tr>
<td>established new routines. Social workers and police described a sharp increase</td>
<td>few parents expressed a wish to want to go back to their workplace. Key</td>
</tr>
<tr>
<td>in reported domestic violence.</td>
<td>workers were anxious and worried about putting their families at risk.</td>
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<tr>
<th>Technology</th>
<th>COVID Guidelines</th>
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<tbody>
<tr>
<td>There was a significant gap in access, confidence, and skill in regard to</td>
<td>The ability to follow social distancing guidelines set out by the</td>
</tr>
<tr>
<td>using technology for work, education, and social interaction. This caused</td>
<td>government varied greatly. This variation increased as the lockdown eased,</td>
</tr>
<tr>
<td>varying levels of stress to families. Over time many families adapted,</td>
<td>and national guidance became more complex. Younger children and children</td>
</tr>
<tr>
<td>however there was a substantial number of families for whom technology did</td>
<td>with additional needs found it difficult to follow guidelines. Many families</td>
</tr>
<tr>
<td>not offer solutions to their problems, e.g. young children or people with</td>
<td>struggled to understand the measures, especially when there was a language</td>
</tr>
<tr>
<td>communication difficulties.</td>
<td>barrier.</td>
</tr>
</tbody>
</table>

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, and that a key contributing factor was the education and childcare of children in the household and the lack of opportunity for parents to work unfettered by childcare responsibilities. We realised an alternative to single household self-isolation could be beneficial in reducing the stress families were under and improving educational and development outcomes for children. To explore this, we developed a partnership with Scottish Borders Council and held stakeholder focus groups with teachers and parents.

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 risk needs to be balanced against families' well-being
- 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

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

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.

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.

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 infection**
  - Grandparent
  - 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