

## CRWIA – Stage 3

### The Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021

#### [CRWIA for legislation](#) (Scottish Government use only)

<b>CRWIA title: Face Coverings</b> <b>Date of publication: July 2021</b>	
<b>Executive summary</b>	<p>The aim of this Children’s Right and Wellbeing Impact Assessment is to analyse the impact of the face covering provisions within the Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021.</p> <p>These provisions introduce changes to the face covering requirements within the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020.</p> <p>These include:</p> <ol style="list-style-type: none"><li>1. Increasing the exemption for the wearing of face coverings for children who are “under 5 years of age” to “under 12 years of age”.</li><li>2. Retaining requirements for the mandatory use of face coverings for adults and children of 12 years of age and over, in all public indoor spaces currently listed in The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020, unless exempt.</li></ol> <p>Face coverings, if worn correctly and used in addition to other measures such as good hand and respiratory hygiene, ventilation and continuing to keep distance from others, can be effective in reducing transmission via all transmission routes (close range aerosols and droplets, fine aerosols suspended in the air, and contaminated surfaces). They can be an effective mitigation when people are in close proximity, in crowded settings, and in poorly ventilated places. Their primary purpose is to reduce the transmission of the virus (including asymptomatic and pre-symptomatic transmission from infectious people) to others, while providing some protection to the wearer.</p> <p>The Scottish Government has retained all indoor public settings where the use of face coverings is mandatory, including on public transport. This policy is therefore intended to ensure adherence to the use of face coverings to continue reducing the spread of the virus beyond Level 0.</p> <p>The UN Convention on the Rights of the Child (UNCRC) defines a child as anyone under the age of 18. Therefore, it is this age group which is under the scope of this impact assessment.</p>
<b>Background</b>	<p><i>Legislative Background</i></p> <p>Amendments to the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 came into effect on 22 June and 10 July 2020 that made it mandatory for face coverings to be worn on public transport and in retail settings (respectively), with additional regulations from 9</p>

October 2020 that made it mandatory for face coverings to be worn in storage and distribution facilities, and for face coverings to be worn in communal staff areas in both retail and storage and distribution facilities.

Further amendments came into force on 2 November 2020 which made the use of face coverings mandatory in a large range of indoor public places, including indoor communal workplaces.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No.21) Regulations 2021 implemented the system of levels of protection which are set out in the "[Coronavirus \(COVID-19\): Scotland's Strategic Framework update](#)", published on 22 February 2021. The provisions relating to the wearing of face coverings remained unaltered.

The Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021 will implement the precautionary measures (formerly known as baseline measures) for beyond Level 0, which are set out in the "[Coronavirus \(COVID-19\): Scotland's Strategic update](#)", published on 22 June 2021.

#### *COVID-19 Strategic Framework Update*

Both in the rest of UK and Scotland, since February 2021, there have been two significant developments which have influenced the future trajectory during the pandemic, namely:

- the reduction of health harms following the roll-out of the vaccination programme in the adult population; and
- the highly transmissible Delta variant driving a third wave of cases.

It is within this context that, on 22 June 2021, the Scottish Government published "[COVID-19: Strategic Framework update](#)", which set out how and why the Scottish Government's COVID-19 response strategy will change in light of new conditions and what beyond Level 0 will look like. It also provides an update on how we will adapt the different tools at our disposal to achieve our new strategic intent aiming "*to suppress the virus to a level consistent with alleviating the various harms of COVID-19, while we enable to Scotland to recover and rebuild for a better future*".

Assuming that vaccines continue to have their desired effect, the updated Strategic Framework establishes that the whole of Scotland will move to Level 0 on 19 July and beyond Level 0 on 9 August. To ensure it is safe to proceed, progression beyond Level 0 is linked to a 'Gateway condition' based on clinical advice, namely, the lifting of Level 0 restrictions should not happen until at least all adults over 40 years of age are protected by two doses of the vaccine. This is expected to happen by 9 August.

The updated Strategic Framework highlights that, to maintain the progress we have made in returning to more normality, it will be important that individuals, businesses and organisations continue to be guided by a set of precautionary measures, covered either by regulations or guidance, to manage the spread of the virus and to protect those who do not have protection from vaccination.

	<p>In considering future precautionary measures to retain beyond Level 0, the Scottish Government has and will take into account of all social and economic factors as well as the epidemiological impact on transmission, keeping measures under regular review. We will also continue to use evidence and judgement to ensure that our decisions and proportionate.</p> <p>The updated Strategic Framework sets out a number of precautionary measures, which we expect to retain as we move beyond Level 0. These include:</p> <ul style="list-style-type: none"> <li>• Good hand hygiene and surface cleaning</li> <li>• Continued promotion of good ventilation</li> <li>• Requirement for face coverings in certain settings</li> <li>• Continued compliance with Test and Protect, including self-isolation</li> <li>• Ongoing need for outbreak management capability, including active surveillance</li> <li>• Continued support for home working where possible and appropriate</li> </ul> <p>The continued use of face coverings in certain settings (in either a mandatory or guidance-based capacity) and the epidemiological impact of this measure, cannot be taken in isolation from other precautionary measures and interventions. Rather, it should be considered as part of an interactive package or set of levers which engage in different ways and at different times.</p>
<p><b>Scope of the CRWIA, identifying the children and young people affected by the policy, and summarising the evidence base</b></p>	<p>This CRWIA sets out the considerations which have been given to children’s rights and wellbeing, for the continued mandatory use of face coverings in most indoor public places and indoor communal spaces including retail, restaurants, cafes, bars and public houses, and in workplaces and on public transport, unless exempt. It also considers the impact of raising exemption for children from ‘under 5 years of age’ to ‘under 12 years of age’.</p> <p>These considerations are provided in the following sections:</p> <ol style="list-style-type: none"> <li>1. Change in minimum age requirement</li> <li>2. Other exemptions and reasonable excuses</li> <li>3. Retention of face covering requirements in all indoor public settings</li> </ol> <p><u>1. Change in minimum age requirement</u></p> <p>Since July 2020, children aged 5 years or over have been required to wear a face covering unless they were exempt. Our position was based on a balanced assessment of harms and was primarily informed by a range of clinical advice and evidence such as SAGE, the Scottish Government’s COVID-19 Advisory Group, and the World Health Organisation (WHO).</p> <p>The Scottish Government’s COVID-19 Advisory Group advised the following on 12 June 2020:</p> <p style="text-align: center;"><i>“[Face coverings] should not be used in young children (&lt;5 years of age) and individual discretion should be applied in deciding if they are safe to use in people with learning disabilities and people with breathing problems. Since people are being asked to balance the</i></p>

*potential risks and benefits at an individual level, this recommendation is not discriminatory”*

This was consistent with the guidance subsequently published by the WHO regarding the use of face coverings by adults and children in the community.<sup>1 2</sup> In particular, the WHO made a number of recommendations on the age criteria to wear a face covering, noting that governments should apply them appropriately in the national and local context, namely:

- Children aged up to 5 years should not wear face coverings for source control purposes given childhood developmental milestones, compliance challenges and the autonomy required to use a face covering properly.
- For children between 6 and 11 years of age, a risk-based approach should be applied to the decision to use of a face coverings. This approach should take into account consideration of factors such as the (i) intensity of transmission in the area where the child is and updated data on the risk of infection and transmission; (ii) social and cultural environment such as beliefs, behaviour or social norms that influence the community and population’s social interactions, especially among children; (iii) the child’s capacity to comply with the appropriate use of masks and availability of adult supervision; (iv) potential impact of mask wearing on learning and psychological development; and; iv) additional specific considerations for settings such as households with elderly relatives, schools, during sport activities or for children with disabilities or with underlying diseases.
- Children of 12 years of age and older should follow the WHO guidance for mask use in adults and/or the national face coverings guidelines for adults.

On the basis of the evidence at that stage, and a balanced assessment of the 4 harms, it was concluded that:

- Babies, toddler and children under 5 years of sage should be exempt from the legal requirement to wear a face covering. The risk of overheating, strangulation and suffocation made its use unsafe for this age group.
- Children aged 5-11 were required to wear a face covering where it was safe for them to do so. While there was limited evidence on the risk of transmission by children of a younger age this was adopted as a precautionary measure. The exemptions under the regulations enabled parents, carers and relevant adults were to exercise discretion whether it was appropriate and safe for the children to wear a face covering.
- Children and young people aged 12-18 were required to wear face covering where it was safe for them do so, given mixed evidence on risk of transmission to other children and adults.

The proposed change to raise the minimum age requirement to those aged 12 or over has been informed by the latest evidence on transmission and

<sup>1</sup> WHO (2020). Mask use in the context of COVID-19. Interim guidance.

[https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

<sup>2</sup> WHO (2020). Advice on the use of masks for children in the context of the community in the context of COVID-19. [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

health impacts on children and young people, which has continued to show that pre-school and primary aged children are less susceptible to COVID-19 infection than adults, such as is the case of a recent paper from SAGE on children, schools and transmission<sup>3</sup>. There continues to be mixed evidence for secondary aged and older children, who may have higher levels of susceptibility to infection. However, evidence continues to confirm that children and young people are at a lower risk of severe illness than older people.<sup>4</sup>

In terms of long COVID, on 22 July 2021, the [Office of National Statistics](#) (ONS) developed a short report on long COVID for SAGE. The report mentions that there are limited data available for children, but the data which are available suggest that long illness duration after SARS-CoV-2 infection in school-aged children is uncommon, with around 2% experiencing symptoms at 8 weeks post infection.<sup>5</sup>

A recent report from the [Academy of Medical Science](#) highlights that, to date, Multisystem Inflammatory Syndrome in Children (MIS-C) is the primary COVID consequence studied in children. The AMS report also shows the results from the ONS survey, dated April to December 2020, which revealed that 12.9% of UK children aged 2 to 11, and 14.5% of children aged 12 to 16, have symptoms five weeks after their first infection. Symptoms like fatigue, muscle and joint pain, headache, insomnia, respiratory problems and palpitations are frequently reported, severe enough to affect daily activities in a high proportion. Studies have also identified immunological differences between children that completely recovered from acute infection and those with long COVID. It is important to note that many of the symptoms of long COVID are also common in the adolescent population (e.g. fatigue, headache). The degree to which long COVID will have longer-term implications for children's health and wellbeing remains unclear.<sup>6</sup>

A meeting was held with the Children and Young People Commissioner Scotland to discuss the change to increase the minimum age to wear face coverings. The Commissioner was supportive of this measure, noting the importance that changes to face coverings requirements remain proportionate in the context of package of precautionary measures being applied to the adult population.

Likewise, SG Senior Clinicians have advised that the age-based exemption should change from "Children under 5" to "children under 12-years-old" as we move beyond Level 0.

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<sup>3</sup> Children's Task and Finish Group. Update to 17<sup>th</sup> December 2020 paper on children, schools and transmission. Paper agreed by SAGE 80 on 21 February 2021. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/963381/S1102\\_Children\\_s\\_Task\\_and\\_Finish\\_Group\\_update\\_to\\_17th\\_December\\_2020\\_paper\\_on\\_children\\_schools\\_and\\_transmission.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963381/S1102_Children_s_Task_and_Finish_Group_update_to_17th_December_2020_paper_on_children_schools_and_transmission.pdf)

<sup>4</sup> As above.

<sup>5</sup> Paper prepared by the Office for National Statistics (ONS) that was considered at SAGE 94 on 22 July 2021 - [ONS: Short report on Long COVID, 22 July 2021 - GOV.UK \(www.gov.uk\)](#)

<sup>6</sup> Academy of Medical Science, COVID-19 preparing for the future – Looking ahead to winter 2021, 2022 and beyond, 15 July 2021: [AMS: COVID-19 preparing for the future – Looking ahead to winter 2021, 2022 and beyond, 15 July 2021 - GOV.UK \(www.gov.uk\)](#)

On the basis of the latest evidence, and a balanced assessment of the 4 harms, the proposed change is as follows:

- Children and young people under 12 are exempt. The positive progress on the vaccination programme of the adult population is contributing to alleviate the direct public health harm. Scotland has also started to vaccinate children aged 16 and 17-years-old, which is expected to continue contributing to reduce the health harm from COVID. This progress and evidence continues to indicate that younger children are less susceptible to infection and experience severe illness, providing the basis to remove the legal requirement on children aged 6 – 11 age group. Evidence on the impact of long COVID and the Multisystem Inflammatory Syndrome on children and young people are direct public health harms, which will need to be monitored and continue to inform our advice on the use of face coverings and wider mitigations. However, due to the progress on the vaccination programme, the continued face covering requirement for adults and children aged 12 or over, and wider mitigations and measures being applied to the wider population, it is proportionate to remove the face covering requirement for children aged 11 and younger.
- Children and young people aged 12-18 will continue to be required to wear face covering. A removal of this requirement might increase direct public health harm given current mixed evidence on risk of transmission to other children. The current exemptions in the regulations ensure that only young people who can safely wear a face covering are required to do so, therefore, alleviating social impacts (Harm 3; these are set in the ‘Children and Young people’s view’ section).

## 2. Face covering exemptions

The other exemptions under the regulations will continue to apply to children of 12 years of age or over.

Children aged 12 and over will be exempt from wearing a face covering where they are unable to put on, wear or remove a face covering—because of any physical or mental illness or impairment or disability (within the meaning of section 6 of the Equality Act 2010), or they cannot wear one without severe distress. This means that, for example, any children with breathing difficulties, disabled children or any children where the wearing of a face covering will cause distress, are exempt.

The amended regulations will be supported by guidance to ensure that parents, children and relevant adults understand safe usage and the factors they should take into account when assessing whether it is appropriate for a child to wear a face covering.

It should be noted that provisions on the use of face coverings by children and young people in schools is covered in the [Early Learning Centres](#) and [Schools](#) guidance and is not within the scope of the regulations. An EQIA on the phased return to in school learning for the academic year 2020/21, including the impact of wearing face coverings on children and young people, is available [here](#). This EQIA will be updated for the new academic year 2021/22.

### 3. Retention of face covering requirements in most indoor public settings

Retaining the mandatory use of face coverings in most indoor public places, indoor communal spaces including retail, restaurants, cafes, bars and public houses, and in workplaces and on public transport, will benefit the overall population by ensuring high adherence to this measure and helping citizens feel safer and reducing the risk of infection (when implemented with other measures such as careful physical distancing, ventilation and hand and respiratory hygiene covered through guidance). Given that face coverings primarily provide some protection to other people from a person who is infected with COVID, as well as other respiratory diseases rather than protecting the wearer, this means that children and young people will benefit from adherence from adults and those of 12 years of age and over who are required to wear a face covering in these settings.

In its paper 'Considerations in implementing long-term 'baseline' Non-Pharmaceutical Interventions (NPIs)', SAGE sets out a number of precautionary measures which will be needed to reduce the impact of a third wave, as restrictions are lifted across the UK.<sup>7</sup> The paper highlights a number of considerations that need to be taken into account when reviewing precautionary NPIs, taking into account a hierarchy of control of risk.

The SAGE paper also provides a comprehensive review of the latest evidence on the theoretical potential effectiveness of face coverings and other mitigations.

On this, SAGE notes that:

*“[Face coverings] have the potential for high effectiveness as a source control and reasonable effectiveness as protection to the wearer. Mitigates all transmission routes. Theoretical effectiveness for a good quality face covering is likely to be around 50 to 90% for smaller aerosols and greater for large droplets. The potential effectiveness is hard to reach as it is highly dependent on quality and fit and compliance with wearing ”*

Face coverings on their own are not enough to reduce the spread of the virus and to protect others. Continuing to keep a safe distance from people from other households, good hand and respiratory hygiene and good ventilation in indoor spaces are also key for reducing the risk of infection via all transmission routes (close range droplets and aerosols, fine aerosols suspended in the air and via contaminated surfaces).<sup>8 9</sup>

Evidence indicates that, while vaccination is having an impact on preventing infection, disease and transmission, a low proportion of new

<sup>7</sup> SAGE. 23 April 2021. Considerations in implementing long-term baseline NPIs.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/992738/S1216\\_Considerations\\_in\\_implementing\\_longerterm\\_baseline\\_NPIs.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992738/S1216_Considerations_in_implementing_longerterm_baseline_NPIs.pdf)

<sup>8</sup> SAGE 76. EMG: Application of physical distancing and fabric face coverings in mitigation the B117 variant SARS-CoV virus in public, workplace and community, 13 January 2021

<https://www.gov.uk/government/publications/emg-application-of-physical-distancing-and-fabric-face-coverings-in-mitigating-the-b117-variant-sars-cov-2-virus-in-public-workplace-and-community>

<sup>9</sup> [S1216 Considerations in implementing longerterm baseline NPIs.pdf \(publishing.service.gov.uk\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992738/S1216_Considerations_in_implementing_longerterm_baseline_NPIs.pdf)

cases are amongst those who have already had two doses of the vaccine, and the asymptomatic can still transmit the virus.<sup>10</sup> Consequently key precautionary measures continue to be necessary and proportionate to reduce transmission.

On 14 June 2021 WHO published interim guidance on the approach that countries with advanced vaccination programmes should adopt to tackle COVID-19.<sup>11</sup> WHO recommends the continued use of face coverings in areas of known community or cluster transmission. In summary:

*“Decision makers should apply a risk-based approach when considering the use of masks for the general public regardless of vaccination or natural immunity status. In areas of known or suspected community or cluster SARS-CoV-2 transmission: WHO advises that the general public should wear a non-medical mask in indoor (e.g., shops, shared workplaces, schools) and outdoor settings where physical distancing of at least 1 metre cannot be maintained. If indoors, unless ventilation has been assessed to be adequate, WHO advises that the general public should wear a non-medical mask, regardless of whether physical distancing of at least 1 metre can be maintained.”*

Settings with close proximity, prolonged contact, high frequency of contacts and confined shared environments present the highest risk. We know that the great majority of infections occur in indoor spaces.<sup>12</sup> For instance, there is evidence that shows an enhanced risk of transmission of SARS-CoV-2 for both transport workers and passengers on public transport<sup>13 14</sup>. Likewise, staff in public-facing occupations are at a greater risk. Studies have consistently shown that staff working in hospitality, retail and leisure sectors, especially those working at restaurants, bars and pubs are at a higher risk.<sup>15</sup> SAGE has also highlighted the risk of ‘superspreading’ events, which can be both person-driven (one highly infectious, but possibly asymptomatic, person going to multiple places) and setting-driven (for example transmission at an indoor event with crowding and poor ventilation). Restrictions over the past year have limited the number of settings where superspreader events might occur. However, as greater numbers of people mix, the probability of superspreader events (infectors being present) and their size (number of people who are available to be infected) will increase.<sup>16</sup>

<sup>10</sup> In the period 19 June to 16 July, 61 percent of cases were amongst unvaccinated people and around 20 percent amongst fully vaccinated. PHS. Public Health Scotland COVID-19 Statistical Report. Published on 21 July 2021 <https://www.publichealthscotland.scot/media/8500/21-07-21-covid19-publication-report.pdf>

<sup>11</sup> WHO (2021). Considerations for implementing and adjusting public health and social measures in the context of COVID-19: interim guidance, 14 June 2021.

[https://apps.who.int/iris/handle/10665/341811?search-result=true&query=face+coverings+14+june+2021&scope=&rpp=10&sort\\_by=score&order=desc](https://apps.who.int/iris/handle/10665/341811?search-result=true&query=face+coverings+14+june+2021&scope=&rpp=10&sort_by=score&order=desc)

<sup>12</sup> PHE Transmission Group. [Factors contributing to risk of SARS-CoV transmission associated with various settings.](#)

<sup>13</sup> [S0441 EMG - Evidence for transmission of SARS-COV-2 on ground public transport.pdf \(publishing.service.gov.uk\)](#)

<sup>14</sup> [Transmission and Control of SARS-CoV-2 on Public Transport \(publishing.service.gov.uk\)](#)

<sup>15</sup> SAGE. Eighty-sixth SAGE meeting on COVID-19, 08 April 2021.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/979612/S1186\\_SAGE\\_86\\_Minutes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/979612/S1186_SAGE_86_Minutes.pdf)

<sup>16</sup> [SAGE 87 minutes: Coronavirus \(COVID-19\) response, 22 April 2021 - GOV.UK \(www.gov.uk\)](#)



**Children and young people's views and experiences**

Evidence on children and young people's views and experiences is summarised in the paper "COVID-19 Mitigation Measures Among Children and Young People in Scotland – Summary of the Evidence Base", published on 7 July 2021 ("the July 2021 Report")<sup>17</sup>.

This report presents the latest data (up to May 2021) on children's, young people's and parents' understanding of face coverings restrictions, their adherence to this mitigation measure and the impacts of face coverings on children's and young people's wellbeing. Findings are drawn from the representative "Young People in Scotland Survey" of secondary school pupils carried out between February and April 2021, as well as a number of non-representative surveys, YouGov weekly polls and qualitative research with children, young people and parents. This report has helped inform the policy positions on face coverings and other mitigations for children and young people.<sup>18 19</sup>

Most of the sources presented in the report are focussed on young people (aged 12 or over), as children were often exempt from many COVID-19 mitigation measures. Additionally, a number of survey questions on face coverings have focused specifically on the use of face coverings in schools.

With the exception of the representative Young People in Scotland Survey, findings presented in the report are drawn from open sample online surveys which cannot be treated as representative of the population of young people in Scotland, and from qualitative research, which highlights the range of views held and issues faced, but not their prevalence. While these sources of evidence individually do not provide the highest level of robustness, in combination they provide an overall indication of young people's experiences of COVID-19 mitigation measures, and supplement the representative findings. The findings must be interpreted with caution.

The Scottish Government has continued to engage with policy leads who engage with children and young people's organisations and the education sector.

*Views on measures and compliance*

The July 2021 Report showed that the majority of young people understood the rules on face coverings. In the Young People in Scotland Survey 2021 almost all secondary pupils understood when, where and why they were expected to wear face coverings. Qualitative research showed that the majority of young people and parents were comfortable with COVID-19

<sup>17</sup> Scottish Government. Coronavirus (COVID-19) mitigation measures among children and young people: evidence base summary. 7 July 2021 <https://www.gov.scot/publications/covid-19-mitigation-measures-children-young-people-scotland-summary-evidence-base/pages/2/>

<sup>18</sup> The report is the final version of a the Scottish Government's Working Paper: Covid-19 Mitigation Measures Among Children and Young People. <https://www.gov.scot/publications/working-paper-covid-19-mitigation-measures-children-young-people/>

<sup>19</sup> Both the working paper (January 2021) and final paper (July 2021) were undertaken in response to the WHO advice that countries should monitor the impact of face coverings on young people, looking at their physical and mental health and transmission of COVID-19.

mitigation measures, and recognised them as an appropriate balance of freedoms and restrictions. Almost everyone in the online non-representative TeenCovidLife 2 survey, conducted between August and October 2020, responded that they were wearing a face covering most or all of the time in public transport and in shops.

However, participants in the qualitative research with vulnerable groups described the ongoing changes in measures as confusing, with many finding it hard to stay up to date. There was a general agreement, by both young people and parents, that different rules depending on children and young peoples' ages made understanding and adherence difficult. Qualitative research found that most children and young people followed the ruled, but often found it difficult to adhere to physical distancing and limits around meeting others when peers did not.

#### *Attitudes towards face coverings in the community*

The majority of young people in the qualitative research with vulnerable groups agreed that they felt comfortable wearing face coverings as they felt these protected them and others against the virus. Likewise, YouGov polling from 17-18 March 2021 showed that most parents felt comfortable with their secondary school children wearing face coverings in the classroom (65%<sup>20</sup>) and when moving around the school (74%<sup>21</sup>). Most young people required to wear face coverings in schools were happy to do so, although some found them uncomfortable when worn all day in class.

Based on the representative Young People in Scotland 2021 Survey, the majority of participants mentioned that they did not feel anxious due to wearing a face covering and disagreed that others made them feel uncomfortable for wearing one. However, this attitude varied depending on the area where the young person lived, with more young people feeling anxious due to wearing face coverings as the area of deprivation increased. The percentage that disagreed that face coverings made them feel anxious increased as the area of deprivation decreased, from 51% in SIMD 1 to 69% in SIMD 4 and 5.

Qualitative research with vulnerable groups found that some children and young people reported that they found face coverings uncomfortable, as it was harder to breathe while wearing them, which can result in headaches.

However, this qualitative research as well as earlier qualitative research<sup>22</sup> showed that many children and young people felt unsafe when people did not wear face coverings and did not adhere to all mitigation measures (i.e., face coverings, physical distancing, etc.) when in shops, public transport and other public indoor settings. They called for stricter enforcement of measures.

#### *Impact on small children based on parents views*

<sup>20</sup> Sample size 118 parents.

<sup>21</sup> Sample size 120 parents.

<sup>22</sup> The Lockdown Lowdown 2 non-representative survey included five focus groups with a total of 37 groups of vulnerable young people aged 14 to 24. The focus groups took place between 8 and 29 October 2020.

	<p>In the COVID-19 Early Years Resilience and Impact Survey (CEYRIS) Round 2, a survey of parents of children aged 2-7 carried out in November and December 2020 showed that most parents/carers of small children (2-7 years old) disagreed that their child got upset when seeing others wearing a face covering, and half agreed that their child was happy to wear one. However, in YouGov polling from 11-12 May 2021 many parents of children under 18 said that they were concerned about the longer term effect of the pandemic on their child and were seeing changes in the way their child played/behaved as a result of the pandemic.</p> <p><i>Face coverings in schools</i><sup>23</sup></p> <p>Most young people felt comfortable wearing face coverings in schools.<sup>24</sup> Also, based on YouGov polling from 17-18 March 2021, most parents felt comfortable with their secondary school children wearing face coverings in the classroom and when moving around the school but around a quarter, did not feel comfortable with this measure. However, some young people in the qualitative research with vulnerable groups would have preferred if face coverings were not a requirement in schools, and were only needed in communal areas or to be given breaks to take the masks off.</p> <p>In the Young People in Scotland 2021 survey, similar percentages agreed and disagreed that face coverings made it harder to connect with others. 41% agreed that it was difficult to understand teachers when they were wearing a face covering and 40% disagreed that it was more difficult to follow lessons when teachers were wearing face coverings.</p> <p>Finally, many children and young people mentioned that safety measures in their schools, including face coverings, needed to be enforced.</p> <p><i>Impact on those exempt from wearing a face covering</i></p> <p>In the focus groups of the Lockdown Lowdown 2 survey (October 2020), young people that had an exemption from face coverings found that this was managed well through lanyards in both school and shops.<sup>25</sup> In the qualitative research with vulnerable groups, as well as in very small and non-representative polls by Disability Equality Scotland (August 2020 and March 2021) respondents were worried that pupils who had been exempt from wearing a face covering could be bullied, stigmatised and discriminated.<sup>26</sup></p>
<p><b>Key Findings, including an assessment of the impact on children’s rights, and how the</b></p>	<p>The Scottish Government found that the face covering policy does not impinge on children’s rights. We consider that it protects children’s health and wellbeing in a proportionate way:</p> <ul style="list-style-type: none"> <li>• This policy is necessary to reduce the risk transmission of COVID-19 by adults and children 12 years of age and older wherever is safe for them</li> </ul>

<sup>23</sup> Face coverings requirements for staff, visitors and students in schools is covered in the Guidance and is not within the scope of the regulations. However, this information is included to provide an overview of young people’s attitudes towards the wearing of face coverings in different settings.

<sup>24</sup> Scottish Government. Coronavirus (COVID-19) mitigation measures among children and young people: evidence base summary. 7 July 2021 <https://www.gov.scot/publications/covid-19-mitigation-measures-children-young-people-scotland-summary-evidence-base/pages/2/>

<sup>25</sup> As above

<sup>26</sup> As above

**measure will contribute to children's wellbeing**

to do so. There is further evidence showing that secondary aged school children are more susceptible to the virus, as well as more likely to transmit it, than those of a younger age.<sup>27</sup> The progression of the vaccination programme of the adult population, and the start of the vaccination programme for children who are 16 and 17-years-old, means that the benefits of children under 12 years of age being required to wear a face covering are no longer outweighing the potential social harms associated to the wearing of face coverings.

- This measure is justified on a precautionary basis, particularly in light of the new and more transmissible variants of concern (i.e. Delta variant). The current exemptions whereby anyone is exempt from wearing a face covering (i) if they are unable to wear it without experiencing distress as a result (ii) when a person has a physical or mental illness disability, guarantees that only children and young people who can wear them properly and safely and can tolerate them, will need to wear a face covering;
- Preserving the health of the general public, including parents and family members, by retaining the mandatory use of face coverings in most indoor public places, indoor communal spaces including retail, restaurants, cafes, bars and public houses, and in workplaces and on public transport will, in turn, contribute to children's wellbeing;
- The Regulations recognise that there are situations where a person is unable, or it would be detrimental for them, to wear a face covering. This includes "when a person has a physical or mental illness or impairment or disability (within the meaning of section 6 of the Equality Act 2020)" which might include hidden disabilities, for example, autism, or a learning disability). This may include children and young people with breathing difficulties and disabilities who would struggle to wear a face covering. The Regulations also set out exemptions for the wearer of face coverings to be able to remove it when communicating with someone who relies on lip reading and facial expressions to communicate. This is fully reflected on the face coverings guidance;
- The right of children to play and exercise is also guaranteed. The regulations make it clear that taking part in exercise of a type, which reasonably requires that the person is not wearing a face covering, constitutes an exemption to the wearing of face coverings. This is also fully reflected on the face coverings guidance; and
- It should be noted that the Scottish Government guidance makes it clear that those exempt under the Regulations should not be forced to wear a face covering and no one should be abused or treated in an unacceptable way. To support those who are exempt, the Scottish Government has developed an exemption card scheme which is currently in place. We also continue to raise-awareness on how employers/customers should approach those who are exempt in a proportionate and respectful way.

The Scottish Government will keep the face covering policy under regular review and will only maintain this policy for as long as it is strictly necessary. As part of this, we will seek to include the views of children.

<sup>27</sup> Weekly Scottish data on testing and positive COVID-19 cases among children and young people of educational age is available in the [COVID-19 Education Surveillance Report](#), published by Public Health Scotland.

<b>Monitoring and review</b>	The Scottish Government will regularly review the impact of face coverings provisions on children’s rights and wellbeing and will continue to engage with relevant stakeholders as appropriate.			
<b>Bill - Clause</b>	<b>Aims of measure</b>	<b>Likely to impact on . . .</b>	<b>Compliance with UNCRC requirements</b>	<b>Contribution to local duties to safeguard, support and promote child wellbeing</b>
Part 2 of The Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021	<p>To mandate the use of face coverings for adults and children over 11 years of age, in most indoor public places, indoor communal spaces including retail, restaurants, cafes, bars and public houses, and in workplaces and on public transport, unless exempt.</p> <p>To provide a list of exemptions and reasonable excuses for not wearing a face covering in certain indoor places and on public transport in which its use is compulsory.</p>	<p><u>Children under 12</u> No direct impact has been identified as children under 12 are exempt from wearing a face covering. Indirect impacts may potentially include communication difficulties in instances in which parents or family members are required to wear a face covering.</p> <p><u>Children and young people of 12 years of age and over</u> A direct impact on children and young people 12 or over, is that they may experience some discomfort in wearing face coverings.</p> <p>The questions on the impact of face coverings on the education of young pupils revealed that 41% of the pupils agreed that it was difficult to understand teachers when they were wearing a face covering (34% disagreed) and 32% agreed that it was more difficult to follow lessons when teachers were wearing face coverings (though 40% disagreed).</p> <p>However, the wearing of a face coverings will provide a degree of protection to this group from droplet and aerosol transmission. Children will also benefit from reduced transmission risk if other adults and children</p>	<p>The provisions within Regulations do not impinge on any of the UNCRC articles. The Scottish Government considers that it particularly protects the following articles.</p> <p><u>Article 6</u> is relevant, namely, the right of every child to life and develop to their full potential.</p> <p><u>Article 23</u>, namely, the right of a child with a disability to live a full and decent life with dignity and, as far as possible.</p> <p><u>Article 31</u>, namely, the right of every child to relax, play and take</p>	<p>The following <a href="#">wellbeing</a> indicator is relevant:</p> <p><b>Healthy</b></p>

		<p>around them are wearing a face covering.</p> <p><u>Children and young people of 12 years of age and over impacted by disability or underlying medical condition</u></p> <p>The “<u>COVID-19 mitigation measures among children and young people: evidence base summary paper</u>” highlighted concerns from some parents of children with hearing impairments (sample of 122 parents in a very small open sample poll), as the need to wear face coverings at school can affect their capacity to engage.<sup>28</sup></p> <p>Some children, young people and parents who were exempt from wearing a face covering reported getting bullied at school.<sup>29</sup></p>	<p>part in a wide range of cultural and artistic events.</p>	
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## CRWIA Declaration

### Authorisation

<p><b>Policy lead</b></p> <p>Victoria Ayre, FACTS &amp; Compliance Unit, COVID Ready Society</p>	<p><b>Date</b></p> <p>11 August 2021</p>
<p><b>Deputy Director or equivalent</b></p> <p>Elizabeth Sadler, Deputy Director, COVID Ready Society</p>	<p><b>Date</b></p> <p>11 August 2021</p>

<sup>28</sup> [Coronavirus \(COVID-19\) mitigation measures among children and young people: evidence base summary - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/08/Coronavirus_COVID-19_mitigation_measures_among_children_and_young_people_evidence_base_summary.pdf)

<sup>29</sup> As above