

# **Schools/ELC Asymptomatic Testing Programme**

## **Monitoring and Evaluation Surveys**

### **Summary Report**

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**Learning Analysis Unit, Education Analytical Services<sup>1</sup>**

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<sup>1</sup> Key contacts: Learning Analysis Unit / Schools Asymptomatic Testing Programme Team

# SUMMARY REPORT

## Introduction

This summary report brings together the findings from seven separate surveys, which ran in April and May 2021, relating to the Schools/ELC Asymptomatic Covid-19 Testing Programme.<sup>2</sup> The surveys sought feedback from those involved in the testing programme in order to identify areas for improvement as the programme was expanding and developing.

The Scottish Government used the findings of these surveys, along with additional stakeholder feedback through fora such as the Covid-19 Education Recovery Group, to make improvements to the Schools/ELC asymptomatic testing programme, working closely where appropriate with the UK Department of Health and Social Care. These include improved communications products and guidance, improved processes for schools/settings to reorder test kits, sharing of good practice, provision of new (nasal-only) test kits, and improvements to the UK Government digital reporting portal. As such, the findings presented here should not be taken as indicative of the current position with the testing programme.

Two waves of survey work were undertaken in April and May 2021 as outlined in the table below. Wave 1 surveys were open from 9<sup>th</sup> to 20<sup>th</sup> April. These surveys sought feedback from:

- Local authority representatives with responsibility for managing the testing programme at the local authority level; and
- School/childcare setting<sup>3</sup> representatives with responsibility for overseeing the testing programme at the school/setting level.<sup>4</sup>

In Wave 2, between 11<sup>th</sup> and 23<sup>rd</sup> May five surveys were undertaken. As in Wave 1, feedback was sought from those responsible for overseeing the testing programme at the local authority and school/childcare setting levels and, in addition, feedback

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<sup>2</sup> The Schools/ELC Asymptomatic Testing Programme is for schools and childcare settings attached to schools. There is a separate asymptomatic testing pathway that targets staff in 'standalone' (i.e. not attached to a school) early learning and childcare, and school-age childcare settings. All registered "Day Care of Children" settings are included on a voluntary basis. Registered childminders were initially offered access to asymptomatic PCR testing but, since April 2021, they have been encouraged to access the Universal Testing offer.

<sup>3</sup> These surveys were aimed at schools and childcare settings attached to schools (e.g. nurseries, school age childcare). Between 11<sup>th</sup> and 20<sup>th</sup> May 2021 two separate surveys were also conducted with staff and representatives of standalone childcare settings. This report covers findings from the surveys for schools and childcare settings attached to schools only. Findings from the surveys for standalone childcare settings are covered within the [Asymptomatic Testing Programme Evaluation: November 2020 – June 2021](#).

<sup>4</sup> Due to pre-election guidance, it was not possible to seek the views of those eligible to participate in the testing programme until after the 6 May 2021 election.

was also sought from those eligible to participate in the testing programme – i.e. staff and secondary school pupils (and their parents/guardians).

**Table 1: Schools/ELC Asymptomatic Testing Programme Monitoring & Evaluation Surveys**

Wave	Survey	Survey for	Survey launched	Survey closed
1	1	Local authority representatives	9/4/21	20/4/21
	2	School/childcare setting representatives	9/4/21	20/4/21
2	3	Local authority representatives	11/5/21	23/5/21
	4	School/childcare setting representatives	11/5/21	23/5/21
	5	School/childcare setting staff	11/5/21	23/5/21
	6	Secondary school pupils	11/5/21	23/5/21
	7	Parents/guardians of secondary school pupils	11/5/21	23/5/21

A convenience sampling approach was adopted in order to identify areas for improvement as quickly as possible as the testing programme was being rolled out. As such, the samples for these surveys were not representative, and therefore it is important to bear in mind that the findings are not generalisable to the whole population. Those who responded to the surveys are likely to represent a more “engaged population” – individuals who felt strongly about a particular aspect of the testing programme, and/or their (or their child/dren’s) experience of it.

## **This report**

The Schools/ELC Asymptomatic Testing Programme monitoring and evaluation work developed at pace, in tandem with the rapid development and expansion of the testing programme itself. Analysis of survey data was undertaken quickly so that results could feed in to the development and improvement of the testing programme.

Analysis of Wave 2 survey data was carried out in a phased manner. Analysts worked with the testing programme policy team to develop an agreed order of priority, with analysis of survey questions linked to high priority Key Performance Indicators being undertaken first. This report is a summary of the highlights from the survey analysis.

## Wave 1 (April 2021) survey findings

### Survey responses

- With regard to the survey for local authority representatives, 40 responses were received from 27 (of a possible 32) local authorities. Six responses were received from one local authority and multiple responses from 5 other local authorities.
- Regarding the survey for school/childcare setting testing leads, 848 responses were received. There were 623 responses from primary schools (out of 2,005 primary schools in Scotland), with 131 responses from secondary schools, out of a possible 357.
- Of the 848 of responses overall, 73% were from primary schools, 15% from secondary schools; ELC settings, independent schools and special schools accounted for 4% (38), 2% (17) and 3% (25) of responses respectively.

**Table 2: Breakdown of responses to survey for school/childcare representatives**

School/setting type	Number of responses	% of total responses <sup>5</sup>
Primary schools (2,005 total)	623	73%
Secondary schools (357 total)	131	15%
ELC settings <sup>6</sup>	38	4%
Special schools	25	3%
Independent schools	17	2%
Unknown	14	2%
<b>Total responses</b>	<b>848</b>	<b>100%</b>

### Guidance

- Feedback on the guidance provided to local authorities and schools/settings about the testing programme was largely positive, with all local authority respondents agreeing that the rationale for the testing programme was clear.
- A small number of local authority representatives (less than 10%) indicated that they disagreed that guidance on some areas was clear – mainly test kit supply issues (information about when schools/settings in their local authority would receive test kits, how many test kits schools/settings would receive for staff and pupils, etc.). A fifth of respondents disagreed that the guidance was clear on what to do if schools/settings received too many test kits.

### Supplies, deliveries and logistics

<sup>5</sup> Due to rounding to the nearest whole number, these figures add up to 99% (as opposed to 100%).

<sup>6</sup> No responses were received from out of school care settings.

- A large majority (more than four-fifths) of local authorities indicated that the process of getting test kits out to schools/childcare settings was straightforward.
- A minority of those who responded to the survey for school/childcare setting testing leads reported some issues relating to supply and delivery of test kits during the period covered by the surveys (for example, 3% reported receiving too many test kits for staff).
- Around two-thirds of local authority leads and one third of school/childcare setting testing leads indicated that the testing programme could be improved by allowing schools/settings to reorder test kits.
- A majority of local authority respondents agreed that additional staffing resource to deal with the administrative burdens of the programme in schools could help to improve the testing programme.

### Uptake

- School testing leads reported a very positive picture on uptake, with high levels of participation in the testing programme among school staff. For example, 90% of respondents reported that 'most' or 'all' of the teaching staff in their school/setting were participating in the testing programme (43% reported that 'all' of the teaching staff in their school/setting were taking part, while 47% reported that 'most' of their teaching staff were participating).
- This contrasts with Public Health Scotland (PHS) uptake percentage estimates, which suggest lower levels of uptake for the period when the surveys were open.<sup>7</sup>
- However, as noted on the PHS COVID-19 Education Surveillance Report [dashboard](#), the number of reported tests is likely to be an underestimate of the total number who have taken a Lateral Flow Device (LFD) test, as some participants may opt to test but not record results. PHS further notes that anecdotal evidence suggests that negative LFD tests may be particularly underreported.
- This issue emerged from qualitative feedback from the survey of local authority representatives – i.e. an awareness that some school staff and pupils may have been doing tests but not recording their results on the digital portal.

### Barriers to participation

- 15% of school leads and over a quarter of local authority respondents indicated that the testing programme could be improved by providing help for pupils who do not have someone at home who can help them do the test.

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<sup>7</sup> Public Health Scotland data for the week ending 18<sup>th</sup> April 2021 indicates that testing uptake among school staff was 25.9% (37,942). Uptake among S1-S3 and S4-S6 was 8% and 8.1% respectively. For the week ending 25<sup>th</sup> April, the rate of uptake among school staff was 35.8% (52,311). Among S1-S3 and S4-S6 uptake was 11.3% and 10.6% respectively.

- Regarding how to support pupils in this situation, suggestions included enabling such pupils to do the test at school, or in wider community settings (e.g. football clubs/gyms), and/or for young people to be supported by a clinically trained professional when doing an LFD test for the first time (for example at a local pharmacy or GP practice), in order to reduce the likelihood of a 'void' result.

## Wave 2 (May 2021) survey findings

Survey responses:

- A total of 20 responses were received to the survey for Local Authority representatives. The total responses received included 3 separate responses from one local authority. In total, 18 out of 32 local authorities provided one or more responses.
- A total of 370 responses were received from school/childcare setting representatives. Most responses were completed by a headteacher (48%) or a member of administrative staff (26%). Around three-quarters of responses (75%, 279 responses) were identified as from primary schools. Most of the remainder (18%, 67 responses) were from secondary schools. ELC settings accounted for 3% (11) of responses.<sup>8</sup>
- Survey responses for the pupil, parent and staff surveys were as follows:
  - Pupil survey – 2,058 responses
  - Parent survey – 4,559 responses
  - Staff survey – 5,850 responses
- As noted previously, the samples for these surveys were not representative. As such, the findings cannot be generalised to the pupil, parent or school staff populations as a whole.

**Table 3: Surveys and number of responses received**

Survey	Number of responses received
Local Authority representatives	20 (from 18 of 32 Local Authorities)
School/childcare setting representatives	370
School staff	5,850
Secondary school pupils	2,058
Parents/guardians of secondary pupils	4,559

<sup>8</sup> No responses were received from out of school care settings. Independent schools and special schools accounted for 0% (no responses) and 2% (9 responses) respectively. Several of the responses were received from sites with multiple settings or setting types, e.g. co-located Primary and ELCs, multiple primaries collated in a single response. Where Primary and ELC settings were collated in a single response these were recorded as Primary settings. Therefore setting type breakdowns are approximate.

**Table 4: Breakdown of responses to survey for school/childcare representatives**

School/setting type	Number of responses	% of total responses <sup>9</sup>
Primary schools (2,005 total)	279	75%
Secondary schools (357 total)	67	18%
ELC settings <sup>10</sup>	11	3%
Special schools	9	2%
Independent schools	0	0%
Unknown	<5	<2%
<b>Total responses</b>	<b>370</b>	<b>100%</b>

For ease and speed of analysis, only closed questions were included in the Wave 2 surveys, with the exception of the survey for local authority representatives, which included four open questions.<sup>11</sup> The information accompanying the surveys advised that respondents should direct any additional questions or comments to Scottish Government analysts. Of the more than 12,000 individuals who responded to the staff, pupil and parent/guardian surveys, 38 sent emails providing additional feedback on the testing programme. Nine emails were received from individuals who had responded to the school staff survey, while the remaining 29 were from individuals who had responded to the survey for parents/guardians of secondary pupils. No emails were received from secondary school pupils.

It is likely that those who emailed with feedback did so because they felt strongly about a particular aspect of the testing programme, and/or their (or their child/dren's) experience of it and wanted to express themselves beyond the parameters of a closed question survey. The qualitative feedback in the emails was collated and analysed thematically and the findings are included, where appropriate, in the summary below. This feedback provided additional insight into the views and experiences of those who are (or whose children are) eligible to participate in the Schools/ELC Asymptomatic Testing Programme, adding nuance to the quantitative survey findings.

#### Supply and distribution of test kits

- A large majority of survey respondents (98% of staff and 88% of pupils) agreed that the process of getting test kits from their school was straightforward.
- Regarding the supply and distribution of test kits, the most common issue reported by both local authority and school/childcare setting representatives

<sup>9</sup> Due to rounding to the nearest whole number, these figures add up to 99% (as opposed to 100%).

<sup>10</sup> No responses were received from out of school care settings.

<sup>11</sup> The Wave 1 survey for local authority representatives included one open question, and three questions with response options including open text boxes where respondents could provide more detail (e.g. an 'other/please specify' response option).

was receiving too many test kits for staff during the period covered by the surveys (May 2021).

- There was a suggestion from local authority representative respondents that more straightforward arrangements for local authorities and schools to order test kits would help to improve the testing programme.

#### Uptake of test kits

- Most respondents to the pupil, parent/guardian and staff surveys indicated that they (or their child/ren) were participating in the testing programme (pupil - 70%, parent/guardian - 71%, staff – 93%) and planned to continue testing twice a week. However, it is important to note that these findings are not generalisable as the survey samples were not representative.
- The survey data contrasts with PHS uptake percentage estimates for the same time period in May 2021.<sup>12</sup> However, as noted above, PHS advises that the number of reported tests is likely to be an underestimate of the total number who have taken a Lateral Flow Device (LFD) test.

#### Motivations to participate

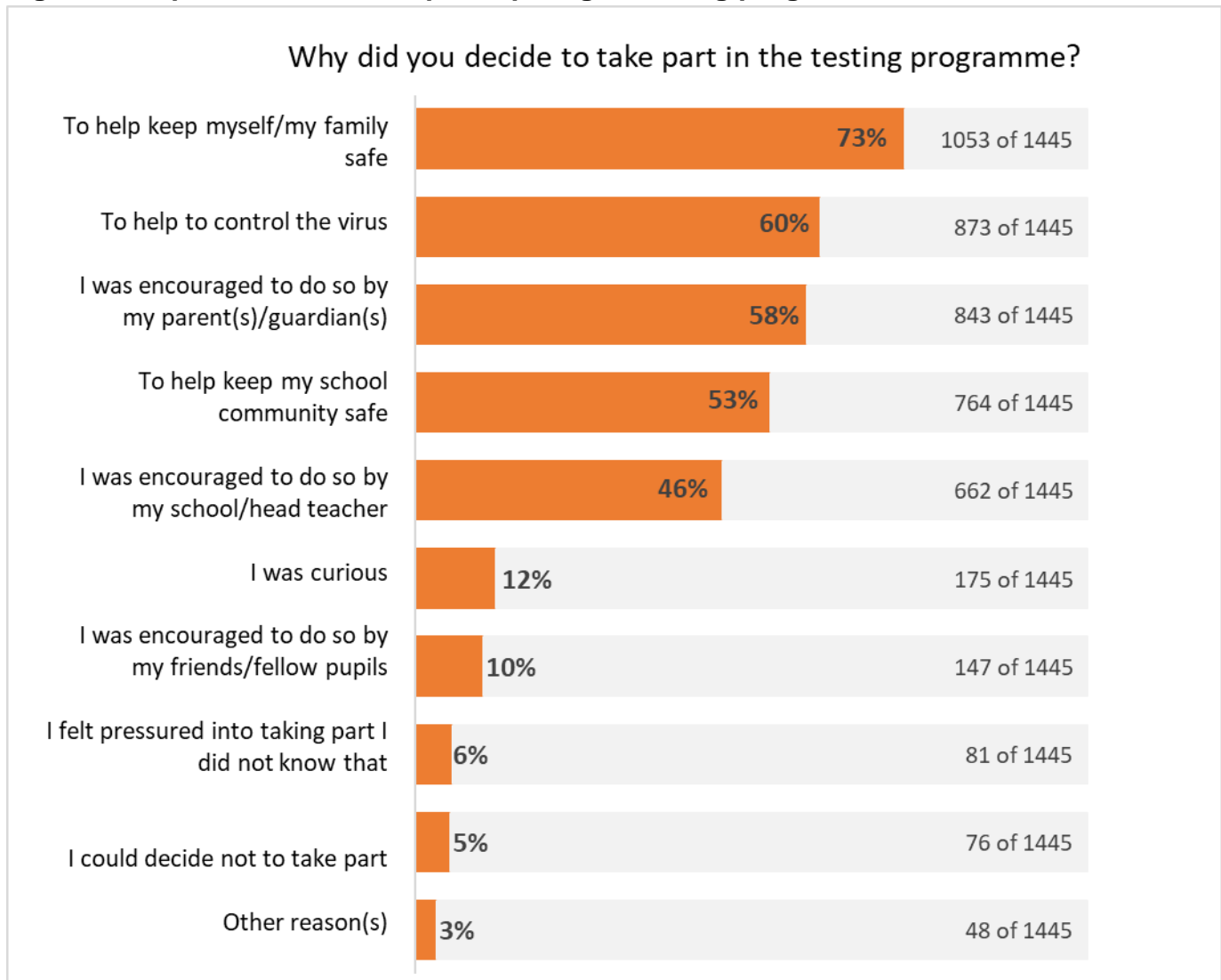
- The most common reasons given by staff and pupils for participating in the testing programme related to helping to keep their immediate family and school/childcare setting communities safe, to help contribute to the wider effort to control the virus, and because they were encouraged to do so by their school/setting/colleagues.
- For pupils, the third most important reason, after 'to help keep myself/my family safe' and 'to help to control the virus', was parental encouragement – i.e. that they were encouraged to test by a parent/guardian.

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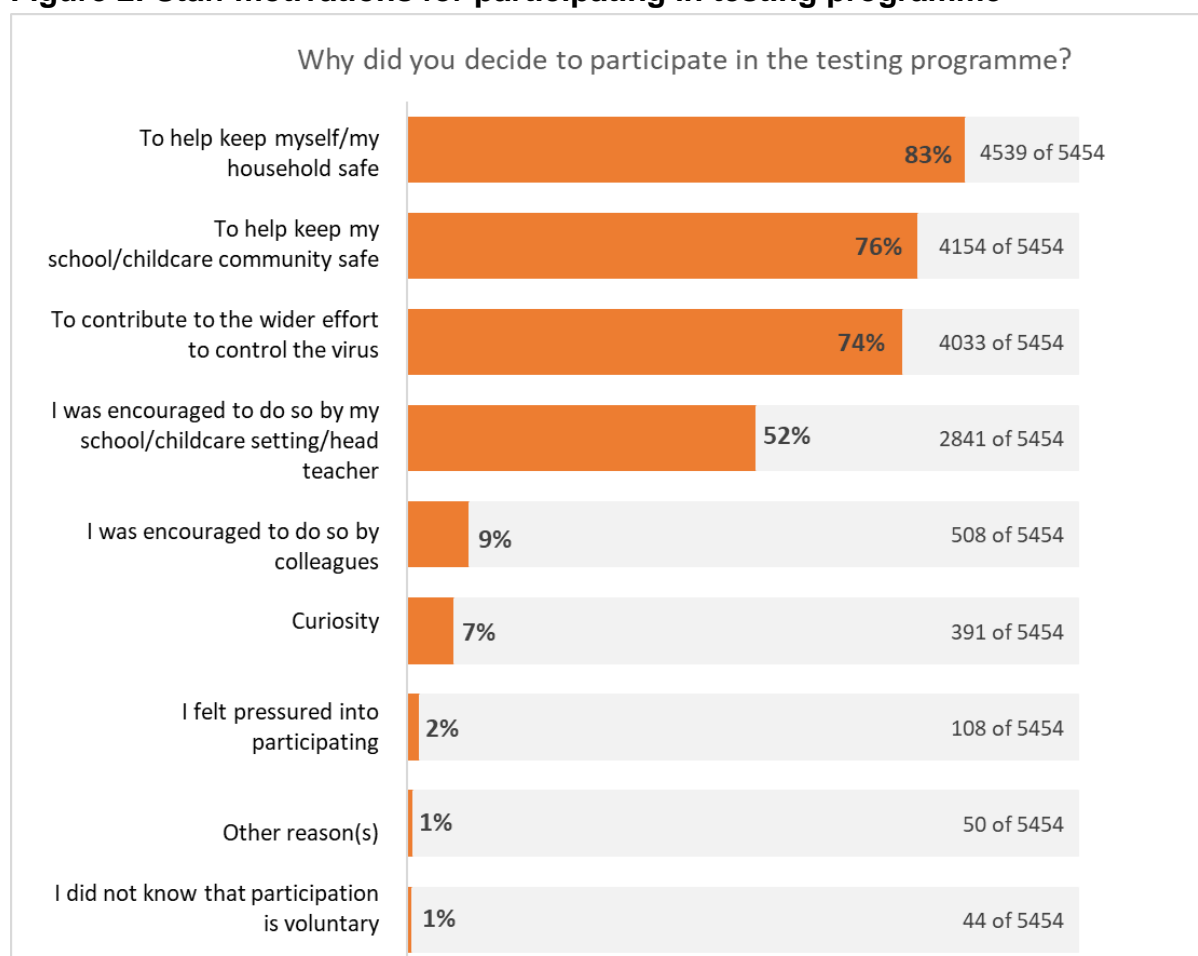
<sup>12</sup> Public Health Scotland figures for the same time period in May 2021 show that 8.1% of S1-S3 pupils, 7% of S4-S6 pupils and 31.6% of staff took and reported at least one LFD test.



**Figure 1: Pupil motivations for participating in testing programme**



**Figure 2: Staff motivations for participating in testing programme**



### Doing the test

- The vast majority of respondents who were currently participating in the testing programme agreed that it was easy to do the test (staff - 86%, pupils - 82%).
- Younger pupils (S1-S3) were more likely to agree or strongly agree that they needed help from an adult to do the test (34% of respondents in S1-S3 strongly agreed or agreed, compared to 17% of S4-S6 respondents). Older pupils (S4-S6) were more likely to disagree or strongly disagree about needing an adult's help (72% of S4-S6 respondents disagreed or strongly disagreed, compared to 56% of S1-S3 respondents).

### Recording test results

- A minority of staff and pupils indicated that they recorded test results only sometimes (staff - 15%, pupils - 19%) or not at all (staff - 4%, pupils - 13%).
- For pupils and parents/guardians, the most common reason given for recording test results only sometimes or not at all was that respondents did not realise they were expected to record negative and/or void results (i.e. they thought they were expected to record only positive test results). For staff, the

most common reason given was “It’s too time-consuming to record all of my results”.

- Though the samples for these surveys were not representative and the findings are not generalisable to the population as a whole, these findings appear to support the anecdotal evidence around individuals testing but not recording results, and/or only recording positive test results.

#### Non-participation

- Around a third of those who responded to both the pupil and parent/guardian surveys indicated that they (or their child/ren) were *not* currently taking part in the testing programme. By contrast, of those responding to the staff survey, just 7% indicated that they were not participating.
- Common reasons for not participating in the testing programme include that respondents did not know about the testing programme, they had heard that the test was uncomfortable/unpleasant, and concerns about the accuracy of the test.

#### Infection/transmission

- Of those staff and pupils who responded to the surveys and indicated that they were participating in the testing programme, 1% of staff and 1% of pupils had received a positive result using the LFD test kit provided by their school.
- More than a quarter of respondents to the survey for school/childcare setting representatives indicated that they believed that positive LFD test results had allowed their school/setting, and/or local health protection teams, to take action to interrupt a potential chain of COVID-19 transmission earlier than would otherwise have been the case during the period covered by the surveys.

## Barriers to participation in the testing programme

Potential barriers identified by the Wave 2 survey data included:

- **Concerns about the accuracy of the test.** Of 17 potential response options, concerns about test accuracy was the most commonly cited reason by parents/guardians as to why their child(ren) was not participating in the testing programme. Of the 1,308 parents/guardians who indicated their child was not participating in the testing programme, 34% (450) selected this option. (It was the second most commonly cited reason by staff who were not participating, and the fourth most commonly cited reason by pupils.)
- **Concerns about the test being uncomfortable or unpleasant.** This was the third most commonly cited reason by staff who were not participating in the testing programme, and the third most commonly cited reason (both by pupils and parents/guardians) as to why pupils were not participating. (Of the

385 staff who indicated they were not participating in the testing programme, 21% (81) selected this option,)

- **Lack of encouragement or practical support at home to do the tests for some secondary school pupils.** In the survey for school/childcare setting representatives. This issue was identified by more than a third of secondary school representatives who responded to the question (26 of 67 responses).

The qualitative feedback (emails from school staff and parents/guardians of secondary school pupils) pointed to other potential barriers relating to testing uptake and recording of test results, including:

- **Peer pressure** – pupils may have felt less motivated to test if peers were not testing;
- **Access to test kits** – pupils may have felt discouraged from/embarrassed about participating if they had to go to the school office to collect test kits;
- **Concerns about disruption and the impact on learning for pupils needing to self-isolate** in line with the Test and Protect advice at the time (May 2021), particularly for those due to sit assessments, meant that some parents were less likely to encourage their child(ren) to test regularly.
- **Environmental impact** of the waste generated by the testing discouraged some parents and pupils from participating.
- **Issues with the process for recording test results using the online UK Government portal** being cumbersome/ time consuming/ not child or young person friendly, leading to individuals doing tests but not recording results on the online portal, and/or only recording a result if it came back positive.

## **Confidence building and improving the testing programme**

- A majority of survey respondents agreed that the testing programme was contributing to the safety of schools/childcare settings and communities, and that it was helping pupils, parents and staff to feel confident that school was a safe place to be. Around three-fifths of respondents to the pupil survey and three-quarters of respondents to both the surveys for school staff and for parents/guardians expressed agreement that the testing programme was helping them to feel confident that school was a safe place to be.

Regarding improving the testing programme going forward, the qualitative feedback (emails from school staff and parents/guardians of secondary school pupils) identified a number of ways to further support uptake and recording of test results and provide reassurance that school was a safe place to be:

- **Clearer promotion of and more active support for the testing programme at the school level.**

- **Clearer explanation of why regular testing is important** – *“really sell the benefits”*.
- **Share evidence around transmission of COVID-19 in schools.**
- **Provision of nose-only swab tests** to increase uptake, particularly among those for whom the throat swab was uncomfortable/off-putting.
- **Streamlined access to test kits for pupils to make this as easy as possible**, e.g. distribute test kits to pupils directly rather than requiring pupils to collect test kits from school office.
- **Provision of on-site/in-class testing in schools**, in particular to help increase uptake among children and young people who may not have support to test at home.
- **A simpler/quicker method of recording test results online.**
- **Making information about uptake levels publicly available** might reassure some parents/guardians that testing was worthwhile and made school safer for their child(ren) – i.e. the higher the participation rate in the school, the more reassured a parent/guardian would feel that their child(ren) was safer because of testing.
- **Consider expanding the testing programme to include primary schools.**
- **Consider making testing mandatory** – *“For the school to be safe to attend surely it should be mandatory for all pupils to be tested?”*

Qualitative data from the survey of local authority representatives also pointed to the need to provide a **clearer explanation of why recording all test results – positive, negative and void – is important**. There was a belief that uptake was higher than reported due to individuals taking tests and not recording test results, and that being clearer about the benefits of recording test results would lead to a more accurate picture of uptake.