The Optimise Study:
A rapid survey
examining concerns
about children
returning to school
in 2022

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A rapid survey examining concerns about children returning to school in 2022

The Optimise Study has followed a cohort of around 700 Victorians since September 2020. A rapid survey was conducted between 4 and 14 March 2022 to assess Optimise participants' concerns about children returning to school, COVID-19 testing in schools, views about COVID-19 prevention measures taken in schools, and the acceptability of closing schools under certain circumstances.

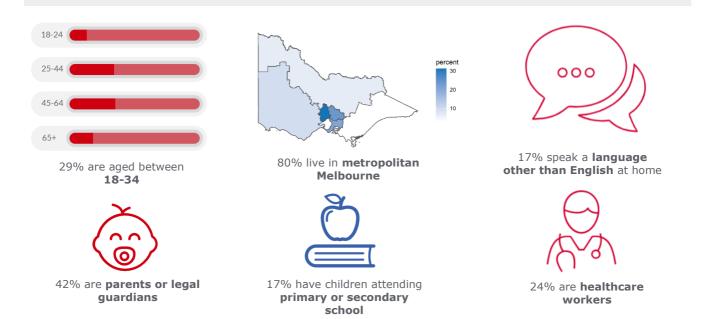
Of the 692 participants invited to complete the survey, 526 (76%) responded. The participants who completed the survey were representative of the Optimise survey cohort. Fifteen participants completed phone-administered surveys with bilingual data collectors in Mandarin, Arabic, and Dinka. Forty-two percent of participants who completed the survey were parents or legal guardians and 17% had children attending primary or secondary school.

The findings from this report were then presented to a Community Engagement Group that met on 5 April 2022. The Community Engagement Group was comprised of members representing healthcare workers, people who have had COVID-19, people with chronic disease, and culturally and linguistically diverse communities (including Afghan, Fijian and Pasifika, Indian, and South Asian communities).

SUMMARY OF FINDINGS

- The biggest concerns participants had about children returning to school were children contracting COVID-19 (51%), vaccination levels in the school (29%), and disruptions to onsite learning (26%).
- Parents of students reported that mask wearing was more challenging for primary school students than secondary school students. Parents of primary school students thought that it was easier for children over eight years old to wear masks in the classroom properly than students who were five—seven years old.
- Eighty-one percent of participants reported that keeping classrooms at a comfortable temperature would make it easier for children to wear masks in the classroom.
- Seventy one percent agreed that sending children to primary or secondary school was acceptable if there was a confirmed case of COVID-19 detected in the school but not in their class. Only 30% agreed it was acceptable to send children to school if there was COVID-19 detected in the class.
- Eighty-two percent of participants agreed that it was acceptable to require students to test if they are in class with a student who tests positive for COVID-19. Forty percent agreed that it was acceptable to recommend students test only when they have COVID-19-like symptoms.
- Seventy-four percent of parents of primary school students and 79% of parents of secondary school students agreed that the current testing requirements are manageable. Similarly, most parents reported that they had adequate access to RATs (79% and 81% respectively).
- Over half of participants (52%) agreed that it was acceptable to close schools for one week when community
 cases exceed 20,000 daily cases in Victoria. Only 23% of participants agreed that it was acceptable to close
 schools for the entire time that community cases exceed 10,000 daily cases.

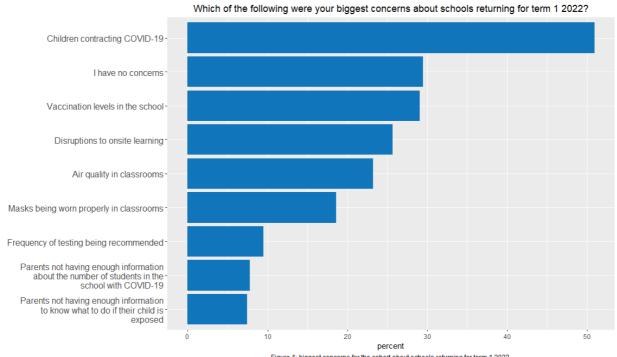
DEMOGRAPHICS



2. BIGGEST CONCERNS

Participants were asked about their biggest concerns about schools returning for term one 2022; for most (51%, n=268) it was children contracting COVID-19. This concern was followed by vaccination levels in the school (29%, n=153) and disruptions to onsite learning (26%, n=135). Less than a third (29%, n=155) of participants reported that they had no concerns about children returning to school.

Amongst parents of primary school children (n=59), their biggest concerns were children contracting COVID-19 (76%, n=45), disruptions to onsite learning (46%, n=28), vaccination levels in the school (27%, n=16) and masks being worn properly in the classroom (27%, n=16). Similarly, for parents of secondary school children (n=53), their biggest concerns were children contracting COVID-19 (74%, n=39) and disruptions to onsite learning (58%, n=31). However, air quality in classrooms was also a key concern (26%, n=14).



Most members of Community Engagement Group agreed that parents' biggest concern was children catching COVID-19 and passing the infection to family members. Despite this concern, most group members believed that it was better for children to be back at school compared with home schooling. Several members commented that school provided a range of benefits in addition to academic learning, including social and extra-curricular opportunities, which were not available with remote learning. One grandparent felt that the COVID-19 risks associated with onsite learning had been mitigated by the high vaccination rate in his community as well as the school's provision of RAT tests. A parent also stated that her child's school had improved the ventilation in classrooms since COVID-19, which had increased her confidence in the school's COVID-19 prevention measures.

Concern about disruptions to on-site learning was also raised by members of the Community Engagement Group. A participant stated that the consistency of on-site learning in some subjects was being disrupted because teachers were sick with COVID. It was reported that many people were reluctant to return to remote learning. The financial implications of keeping their children home resulted in some parents sending their children to school, sometimes with COVID-19 symptoms, because they needed to work and there was no one to look after their children.

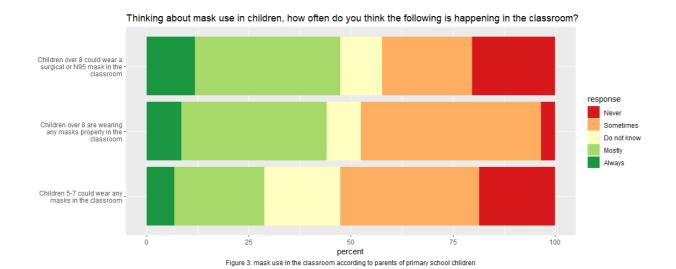
Members of the Community Engagement Group raised additional concerns related to returning to school. One member stated that children in her community could feel shame returning to school after isolating due to COVID-19. Another reported that children who tested positive were now burdened with missing out on social and other activities that other children could participate in. This compared less favourably to lockdown when all children missed out. It was also reported that some children were being ostracised by their friends if they were not vaccinated. A government initiative to fund camps for children from low-income households who were disadvantaged during lockdown was mentioned and positively endorsed.

Members of the Community Engagement Group also raised issues related to COVID-19 vaccination of children. The representative of the Fijian community reported some parents in her community were unhappy because they felt coerced to vaccinate their children. The healthcare worker representative reported there is currently no booster program available for children 13–15 years old, despite being vaccinated over six months ago.

3. MASK USE IN SCHOOLS

At the time of the survey children aged eight years and older attending primary schools were required to wear masks of any kind (including cloth) in the classroom. Participants were asked 1) about what they thought was the frequency of mask use in classroom and 2) whether children could wear masks in the classroom (standard and N95).

Less than half (47%, n=28) of parents of primary school children reported that children over eight years **could** wear a surgical or N95 mask in the classroom 'always' or 'most of the time'. Forty-four percent (n=26) of parents of children attending primary school reported that children over eight years are currently wearing masks of **any** type properly in the classroom 'always' or 'most of the time' and a further 44% (n=26) reported that children were 'sometimes' wearing masks properly in the classroom. Twenty-nine percent (n=17) of parents of primary school students indicated that children aged five to seven could 'always' or 'mostly' wear any type of face mask in the classroom.

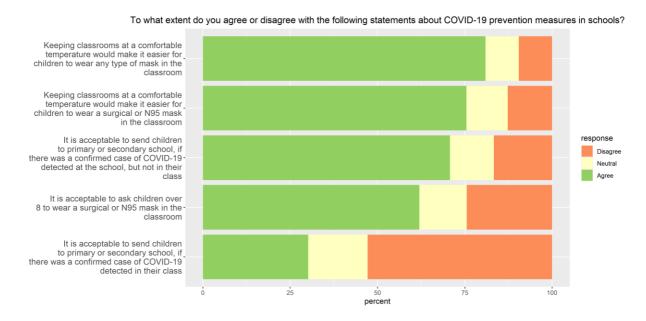


4. COVID-19 PREVENTION IN SCHOOLS

Participants were asked about their attitudes towards COVID-19 prevention measures in schools.

Eighty-one percent (n=373) of participants agreed that keeping classrooms at a comfortable temperature would make it easier for children to wear any type of mask in the classroom. Seventy-five percent (n=344) agreed that keeping classroom at a comfortable temperature would make it easier for children to wear surgical or N95 masks in the classroom.

Seventy one percent (n=327) agreed that sending children to primary or secondary school was acceptable if there was a confirmed case of COVID-19 detected in the school but not in their class. However, only 30% (n=140) agreed it was acceptable to send children to school if there was COVID-19 detected in the class, with 53% (n=245) of participants disagreeing with this statement.

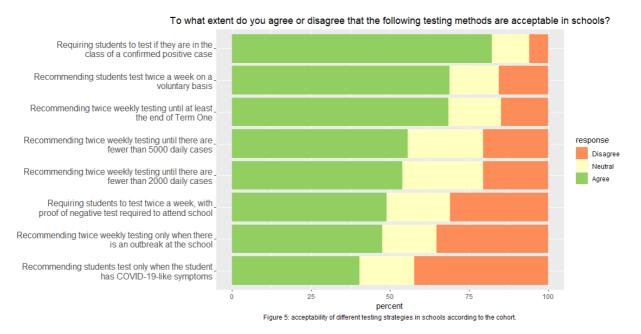


5. TESTING FREQUENCY

At the time of the survey, twice-weekly testing with Rapid Antigen Tests (RATs) was recommended for children aged three to five attending early childhood education and children attending mainstream primary and secondary schools.^{2,3} Participation in testing was voluntary with free RATs supplied by the school or early childhood education centre to parents of children.^{2,3}

Participants were asked about the acceptability of different testing strategies for students. Overall, participants were generally supportive of more frequent testing and testing upon exposure to COVID-19 compared with testing only upon experience of symptoms.

Participants were largely accepting of requiring students to test if they are in class with a student who tests positive for COVID-19 (82% agreed that it was acceptable, n=407). Recommending that students test twice a week on a voluntary basis and recommending that students test twice a week until at least the end of term one was acceptable for more than two-thirds (69%, n=340) of participants. The least acceptable option was recommending that student test only when students had COVID-19-like symptoms (40%, n=199 agreed that it was acceptable).



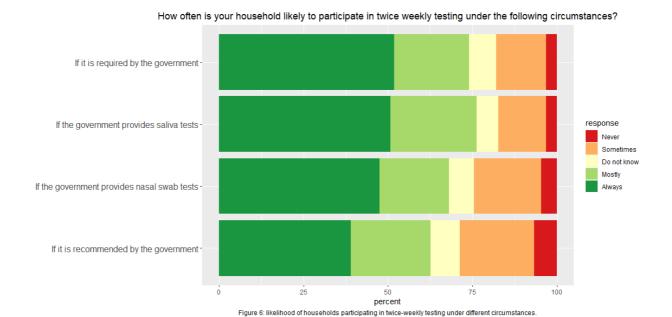
6. HOUSEHOLD TESTING

Participants were asked how likely their household would participate in twice weekly testing if it were recommended or required by the government. Seventy-four percent of participants responded that their family would **always** or **mostly** participate if twice weekly testing was **required** by the government (52%, n=168; 22%, n=72, respectively). The proportion of participants who reported that they would **always** or **mostly** participate decreased to 63% if twice weekly testing was **recommended** by the government (39%, n=122; 24%, n=74 respectively).

Participants were then asked about the acceptability of nasal swabs or saliva tests and how likely they would participate in household testing. If the government provided saliva tests, 51% (n=165) said that their household would **always** participate while 26% (n=83) said they would **mostly** participate. If the government were to provide nasal swabs, 48% (n=155) would **always** participate and 21% (n=67) would **mostly** participate.

² Victorian Government (2022) *Back to early childhood education and care (ECEC*), available from: https://www.coronavirus.vic.gov.au/back-to-early-childhood-education-care

³ Victorian Government (2022) *Rapid antigen testing in schools - information for parents and carers,* available from: https://www.coronavirus.vic.gov.au/rapid-antigen-testing-schools



7. BARRIERS TO HOME-BASED TESTING TO ATTEND SCHOOL

Generally, parents of children attending primary and secondary school (N=91) had positive experiences of testing their children as part of returning to school. Most reported that they had received adequate information about the COVID-19 testing requirements for school children (88%, n=52 of primary school parents and 87%, n=46 of secondary school parents).

Most parents were agreed that they would know how to report their child's positive RAT result to the school or the Victorian Government (88%, n=52 of parents of primary school children and 92%, n=49 of parents of secondary school children).

Most parents reported that they were confident with performing RATs properly (76%, n=44 of parents of primary school students and 77%, n=40 of parents of secondary school students), found the current testing requirements manageable (74%, n=43 and 79%, n=42 respectively) and they had enough RATs to do the required amount of testing (79%, n=46 and 81%, n=42 respectively). However, approximately half of the parents whose children attend primary school (48%, n=28) and one-third of parents of secondary school students (35%, n=17) indicated that their children found nasal tests too invasive to perform the test.

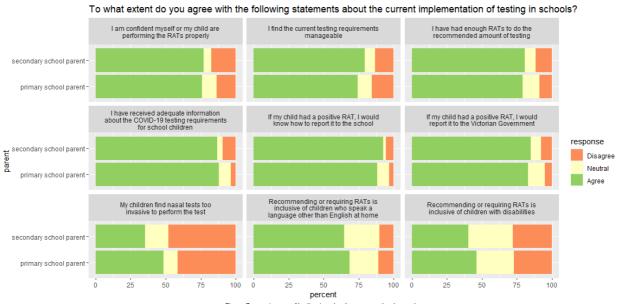


Figure 7: experiences of testing in schools among school parents.

8. BARRIERS TO WEARING MASKS AT SCHOOL

We asked participants of school-aged children about their children's access and attitudes towards mask-wearing. Less than half of parents believed that they had **adequate access** to surgical or N95 masks for their children to wear at school (44%, n=24 of parents of primary school students and 46%, n=24 of parents of secondary school students).

For primary school children, classroom temperature and the discomfort of masks were issues, with 46% (n=24) of parents of primary school children indicating that their children had **difficulty wearing masks in the classroom because it was too hot**, and 45% (n=43) indicating that their children had **difficulty wearing masks in the classroom because they are uncomfortable**. Heat in the classroom was reported as an issue by 43% (n=21) of parents whose children attend secondary school and discomfort was identified by a smaller proportion (33%, n=16) of these parents.

From the parents' perspective, wearing masks was a more significant issue for primary school students than for secondary school students. More than a third (37%, n=19) of parents of primary school students and a quarter (23%, n=11) of parents of secondary school students indicated that their children had difficulty wearing masks in the classroom because masks do not fit properly. There were a greater proportion of parents of primary school students than parents of secondary school students who agreed that their children had difficulty wearing masks in the classroom due to health reasons (29%, n=13 and 19%, n=8 respectively).

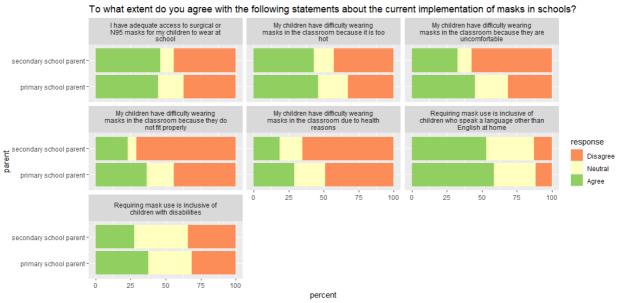


Figure 8: experiences of mask wearing in schools among school parents

9. IMPLEMENTATION OF COVID-19 PREVENTION IN SCHOOLS

At the time of the survey, Victorian schools were encouraged as part of advice from the Victorian Department of Education to review and make changes to learning environments (e.g., ventilation, air flow, classroom structures and/or operations) to reduce the risk of COVID-19 transmission.⁴

When asked how many of the suggested changes had been implemented in their children's schools, among parents whose children attend primary school, almost half (47%) indicated that their children's school had implemented all or most of the changes (22%, n=13 and 25%, n=15 respectively). A further 17% (n=10) of parents of primary school students said some of the changes had been implemented, while 3% (n=2) reported that none of the changes had been implemented in their children's school.

Among parents whose children attend secondary school, 23% (n=12) reported that all the recommended measures had been implemented in their children's school, while 11% (n=6) said most, 25% (n=13) said some, and 2% (n=1) said none of the changes had been implemented in their children's school.

A considerable proportion of parents with school-aged children were unaware of any changes the schools had made (32%, n=19 of parents of primary school students and 40%, n=21 of parents of secondary school students respectively).

When this was discussed at the Community Engagement Group, most members reported that parents were concerned about COVID-19 prevention in schools and wanted more clarity and consistency about prevention measures. The representative of Fijian communities said there was a need for better sanitation in schools, and/or promotion of school's sanitation initiatives. The representative of Indian communities was concerned that mask-wearing had initially been strictly enforced at schools but had been relaxed over recent weeks.

The representative of South Asian communities stated that parents were frustrated because many children were getting COVID-19. These parents were concerned schools were not managing prevention measures properly. The representative of South Asian communities indicated mask-wearing, social distancing and ventilation policies were needed. The representative of health care workers stated that despite improvements to school ventilation systems being a positive development, they may not be enough to protect children from the impact of COVID-19 in winter.

10. ACCEPTABILITY OF CLOSING SCHOOLS IN RESPONSE TO HIGH COMMUNITY COVID-19 CASE NUMBERS

Over half of the participants (51%, n=252) thought that it was acceptable to close schools for one week when community cases exceed 20,000 daily cases in Victoria, while 43% (n=214) of participants thought it was acceptable to close schools for two weeks when community cases exceed 20,000 daily cases.

More than a third (37%, n=177) considered it to be acceptable to keep schools open regardless of the community case numbers of COVID-19. The least acceptable option was closing schools for the entire time that community cases exceed 10,000 daily cases, with 23% (n=112) of the participants agreeing with this statement.

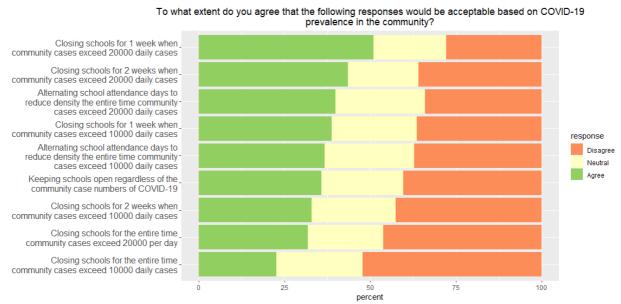


Figure 10: acceptability of closing schools in response to community COVID-19 case numbers

One member of the Community Engagement Group indicated that parents in her community did not want schools closed based on community numbers, but rather the number of cases in their children's classes. Several members also expressed uncertainty about longer-term plans for schools as the pandemic progressed. Specifically, they were unsure whether schools would be closed again. They felt consistency and guidance were vital to allow parents to plan ahead. Consistency of communication about outbreaks at schools was also needed.

11. BROADER IMPLICATIONS OF CHILDREN RETURNING TO SCHOOL

Broader implications of children returning to school were also discussed among members of the Community Engagement Group. The representative of older people reported the increased risk of being infected with COVID-19 from children returning to school had impacted intergenerational family dynamics, especially when grandparents (or others in the family) wanted to maintain high levels of caution:

"We have a push and pull in our family with one wanting to be very, very cautious and the others saying 'you're being over cautious, it's all in your head' and it's very hard to find out who's right? And it does cause conflict and guilt and all of that other stuff because of our connection to our children and our grandchildren."

Given that the government was encouraging people to "live with COVID-19", the representative of older people felt updated information about the risks and consequences of contracting COVID-19 was needed. Another participant agreed that negotiating family preferences for risk mitigation was complex and further guidance was needed. For example, she was unsure what measures her family should take before visiting an older or vulnerable person (e.g. should they have a RAT before each visit?)

A parent with long COVID said she was worried about being re-infected with the virus given she was yet to recover from the first infection. She also reflected that parenting with long COVID had been very challenging at times. She felt it was likely that people with chronic illnesses would face challenges in parenting if they contracted COVID-19.

The representative of healthcare workers said the increased case numbers when children returned to school negatively impacted the health sector. She reported that many colleagues with young children needed to take leave either to look after their children with COVID-19, or because they were sick with COVID-19 themselves. This condition put more pressure on healthcare teams. Furthermore, this representative commented that "COVID is going in the opposite direction for healthcare workers now". Previously, healthcare workers had been worried about taking COVID-19 from work to their families. Now they are concerned about bringing COVID-19 to their workplace from home.

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