

# Co-operation and Consistency: A global survey of professionals involved in reopening schools during the COVID-19 pandemic

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## Abstract

**Purpose:** During the 2020 COVID-19 pandemic, schools closed in haste and were expected to create virtual learning opportunities for their students while they waited to see when and how they might re-open. National governments issued reopening guidance at varying speeds. The purpose of this study was to invite health and education professionals to share what was happening in their country about school reopening in terms of the features and implications of the guidance issued.

**Design:** A qualitative study. Initial interviews informed a semi-structured questionnaire distributed through the global community of the UNESCO Chair/WHO Collaborating Center in Global Health and Education and partner organisations. Its aim was to collect, analyse and share globally relevant knowledge and practices about school reopening.

**Findings:** There were 192 useable responses from 43 countries and territories and 1 multi-country region. 20 of these, mainly in the Global North, had received reopening guidance, 23 were still waiting and 1 had not closed its schools. Guidance prioritised public health measures like social distancing, with less emphasis on education impacts. Success came from partnerships between schools, families and local authorities, consistent guidance and enough time and resources for implementation. Fear of infection led to significant absenteeism among students and staff. Respondents waiting for guidance, mainly in the Global South, shared similar concerns and expectations.

**Originality:** Describing first-hand practices and perspectives of health and education professionals from diverse countries and territories.

## Introduction

During the first global wave of the COVID-19 pandemic, 90% of the world's student population, i.e. 1.57 billion children and young people in 190 countries, were deprived of their normal schooling (UNESCO, 2020a). It was a rapid response to escalating cases of infection, and schools closed in haste. Socialization and academic learning are equally important components of educational success, however, and in-person attendance at schools is the ideal situation for the health and wellbeing of all children and young people (Viner *et al.*, 2020a). Global commentators agree that bringing children into education, and keeping them in high quality secondary education for as long as possible as young people, improves their health outcomes (Patton *et al.*, 2016). Models show that the impact of school closures on student

academic achievement and inequalities has been significant (Kuhfeld and Tarasawa, 2020; Haeck & Lefebvre, 2020). For all these reasons, students need to return to school (Jourdan *et al.*, 2020; Viner *et al.*, 2020b).

But reopening schools after the pandemic closure, and while infections continue in waves, is a major challenge. Stephania Giannini, the UNESCO ADG, said in mid-May 2020 *“When and how to reopen schools is one of the toughest and most sensitive decisions on political agendas today. Is it safe to reopen schools or is there a risk of reigniting infections? What are the consequences to children’s mental health and to the social development of young children? Are students engaged in remote learning actually learning? And when the time comes, how will schools ensure students return and help learners who have fallen behind during school closures?”* (Giannini *et al.*, 2020).

The problem is not new: earlier influenza-type pandemics prompted an article from eminent global infectious disease professionals that reflected on the judicious use of school closure: the authors reflected that *“Health officials taking the decision to close schools must weigh the potential health benefits of reducing transmission and thus case numbers against high economic and social costs, difficult ethical issues, and the possible disruption of key services such as health care.... Also, if schools are expected to close as a deliberate policy option... it is important to plan to mitigate the negative features of closure”* (Cauchemez *et al.*, 2009). Sadly, the debate proposed at that time was not developed in order that national governments might have been better prepared to act in 2020. Other papers reflecting on the possibility of such pandemics suggested the development of web-based instructional models as a contingency, recognising that this would be *“...important both for academic continuity, as well as for maintaining consistency, and normalcy through a routine, which is often credited with facilitating coping in times of high stress or emergency”* (Soloff and Thomas, 2007).

Anticipating that there would need to be support for school teams to contemplate how and when to reopen, from April to September 2020, United Nations organizations (UNESCO, UNICEF, WFP and World Bank) published guidelines on the safe reopening of schools (UNESCO, 2020b), unions developed tools to support teachers in the reopening process (Education International, 2020), and many countries and territories issued national guidelines. Because the pandemic evolved in an unpredictable manner, and also because school reopening was part of a wider process of restarting national economies, the instructions given to schools developed over time, with a considerable amount of negotiation and discussion. These guidelines ranged from very detailed instructions that were difficult to implement (e.g. Ministère de l’Education Nationale, de la Jeunesse et des Sports, 2020) to open documents that left most of the responsibility on the shoulders of local school officials (e.g. Centers for Disease Control and Prevention, 2020).

Taking a political decision to reopen schools is the first important step in this process, but the operationalisation of reopening schools – by overcoming fears, welcoming children, communicating with parents, reassuring the community, and addressing many logistical and organizational issues – requires many other steps. A framework used to understand the enactment of guidance and procedures, which is very relevant to this situation, is the ‘double

translation' process where stage 1 is from international guidelines to the national level and the second from national to local level (Nordin *et al.*, 2019). This can be a very complex process.

There is an emerging literature reporting the perceptions and practices of teaching professionals during lockdown and as schools re-opened. For example, Marchant *et al.* surveyed primary school teachers in Wales in July 2020; their team reported that communication mechanisms between schools and families, and between government and schools, needed to be improved. Asbury and Lim (2020) contrasted the frustration that teachers in England felt about their portrayal in the media with their feelings that they were more valued than ever by students' parents. In Chile, teachers challenged the national policy imperative that prioritised external control and academic attainment to reassert professional autonomy and highlight wellbeing issues (Gonzalez *et al.*, 2020). Researchers in Fiji described the challenge of the pandemic to teachers' personal and professional lives (Dayal and Tiko, 2020). Teachers in Italy reported a lower capacity to manage their own time while engaged in remote learning activities (Giovannella *et al.*, 2020). Thus the problems are very complex.

### Context to the study

The global community of the UNESCO Chair in Global Health and Education consists of organizational and individual members involved in the fields of education, social care and health who share a vision of better intersectoral working in schools. In May 2020, community members in countries and territories highlighted the difficulties encountered by students, families and professionals in the field to UNESCO Chair Global Health and Education leaders.

In order to have a better understanding of how guidelines were being implemented at local level, what impact the pandemic had had on local professionals who were expected to implement the guidance in schools, and thus to reflect on the best way to support schools in times of crisis, the UNESCO Chair in Global Health and Education (UNESCO Chair GHE) launched a knowledge sharing process. The objective was to collect, analyse and share emerging knowledge and practices from a diverse range of countries and territories. The method chosen to deliver this objective was a survey of health and education professionals. The aim of this survey was to describe the actions and perspectives of health and education professionals in the field about the process of safe school reopening, and to give them a voice in a situation dominated by national policymakers who were creating guidance at distance from the schools that would impact on their everyday practice.

## Methods

### Survey construction

A qualitative approach using open questions was chosen to explore the meaning that a diverse range of individuals ascribed to school reopening as an important social phenomenon embedded within the pandemic (Creswell and Creswell, 2017). Anticipating that the language used by professionals would differ from one country and context to

another, it was concluded that open questions would be the most suitable approach. This would allow community members to use the language and terminology that they associated with this fast-moving political and professional situation. Such a qualitative survey makes it possible to identify different perceptions and categorize them, but not to obtain data on their representativeness.

During the week of 4<sup>th</sup> May 2020, 10 exploratory telephone interviews were conducted with professionals involved in the UNESCO Chair GHE community to ask them what was happening, what were their concerns and whether a survey to share practices would be useful. Rumours, fears, questions and technical challenges at the local level meant that schools and communities appeared to be struggling. Depending on the context, school staff and local health authorities were coping with the situation in different ways and, moreover, showed differences in understanding the situation and guidelines. The translation from guidelines to actual practice, and thus the implementation mechanism for the public health measures, did not seem to be straightforward (Nordin *et al.*, 2019). Based on these interviews, a survey was devised to enable health and education professionals to share what was happening at national and local levels in their country. To facilitate a rapid review of first-hand accounts that would not cause undue burden to professionals working in the field, but would allow them to share their hopes and concerns from wherever they were practising or locked down, an online survey promoted through social media was considered the most appropriate option.

The first question was in Yes/No format to determine whether the respondent had guidance available to them about reopening schools. The subsequent questions were open-ended. All questions could be answered by the respondent, regardless of whether they had answered 'Yes' or 'No' to the first one, if they felt they had a relevant comment in anticipation of the guidance. The topics included:

- Source (national organisation/s involved) and nature of the guidance
- Communication methods used to disseminate the guidance
- Perceived success and difficulties associated with reopening schools, including absenteeism
- An invitation to contribute their own suggestions about the process

In line with the UK Policy Framework for Health and Social Care Research<sup>1</sup>, the survey described the practice of professionals related to the extraordinary circumstances of the COVID-19 pandemic, and did not seek to derive generalisable or transferable new knowledge. It was not thus subject to ethical review. It was vital, however, to adopt good research practice principles in terms of managing data. Respondent identifiers were removed from survey responses before analysis, and each respondent was given a unique code. Separate Microsoft Excel® spreadsheets containing (a) the anonymised results and (b) personal data of respondents (name, email and linking code) were password-protected and only available to the research team.

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<sup>1</sup> [http://www.hra-decisiontools.org.uk/research/docs/DefiningResearchTable\\_Oct2017-1.pdf](http://www.hra-decisiontools.org.uk/research/docs/DefiningResearchTable_Oct2017-1.pdf)

The survey was not driven by a specific theoretical underpinning. It was an urgent response to a global pandemic, and was a means of rapidly sharing experience and good practice among health and education professionals in the UNESCO Chair GHE community. To this end, preliminary findings were shared on the community website in July 2020 so that community members could read out, and hopefully learn from, each other's experiences <https://unescochair-ghe.org/resources/about-covid-19/preview-survey-school-reopening/> .

### Participants

The link to an online survey was placed on the English and French UNESCO Chair GHE websites, on 10<sup>th</sup> May 2020 and 14<sup>th</sup> May 2020 respectively, and shared on social media platforms with our community (Twitter, LinkedIn). Emails in English to people within the UNESCO Chair GHE community were sent on 11<sup>th</sup> May 2020 and 18<sup>th</sup> May 2020 to a total of 617 contacts. An email in French was sent to 474 Francophone contacts within the UNESCO Chair GHE community on 19<sup>th</sup> May 2020. Many organisations involved in the community shared the link through their newsletters and social media during May and June 2020: EuroHealthNet; Schools for Health in Europe (SHE); UNESCO associated schools network; French National Federation Of Education And Health Promotion (FNES); International Francophone Network For Health Promotion (REFIPS); French network "Pratiques en Santé"; Education and Solidarity Network; RADIX Foundation Switzerland; School21 Network; International Union for Health Promotion and Education (IUHPE) and European Public Health Association (EUPHA). The survey was also translated into Russian and sent by the UNESCO Chair on Healthy Lifestyle Promotion to regional school administrators in the Russian Federation on 1<sup>st</sup> June 2020. The regional administrators contacted their schools and/or completed the questionnaire themselves. The survey links on both websites were closed on 22<sup>nd</sup> June 2020.

### Analysis

The survey was conducted using Google Documents, and data were exported to a MS Excel<sup>®</sup> spreadsheet for analysis. All identifiers were removed, stored in a separate password-protected spreadsheet, and substituted with a participant code in the dataset for analysis.

French and Russian language surveys were translated into English using online translation tools Google<sup>®</sup> Translate (FR) and DeepL<sup>®</sup> (RU) before analysis as one English text corpus. Qualitative analytical procedures were used, consistent with 'directed content analysis' (Hsieh and Shannon, 2005). The survey questions (Table 1) provided a clear source of categories with which to organise participants' responses, whilst allowing other themes to emerge; themes included the measures implemented, autonomy, communication, successes and difficulties. NJG undertook the primary analysis of coding the qualitative responses and defining overarching themes. A sub-sample of the dataset was independently analysed by DJ. Any difference in interpretation was resolved by discussion.

- Country and region?
- Do you have a national / regional / local strategy of reopening schools?
- What kind of guidelines targeting reopening schools were produced by the Ministry of Education, the Ministry of Health, local and / or regional authorities?
- What modifications are implemented in school transportation, organization of the lessons, the breaks, the canteen etc?
- What educational strategy is implemented (about social distancing, knowledge about the virus, fake news, well-being...)?
- How was communication organised before and during the reopening?
- Do schools have to implement precise guidelines, or do they have a lot of freedom to decide?
- What are the main successes for reopening schools in your country / region?
- What are the main difficulties for reopening schools in your country / region?
- Do you miss any guidelines and resources?
- Do you have any absenteeism (students and staff) in your schools?
- Your suggestions...

Table 1 – Questions asked in the survey

## Results

### Profile of respondents

The English (EN) version of the survey received 60 responses from 36 countries and territories and 1 multi-country region; the French (FR) version of the survey received 56 responses from 8 countries and territories, and the Russian (RU) survey received 78 responses from one country. The overall dataset consisted of 192 useable responses from 42 countries and territories and 1 region (Figure 1).

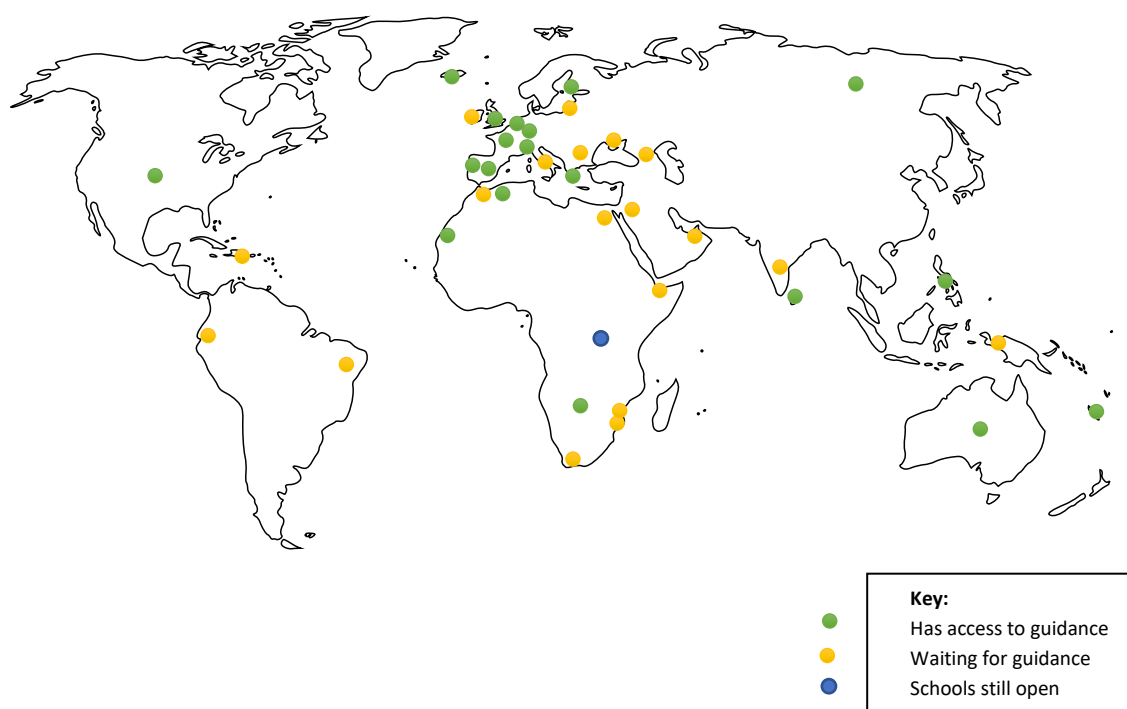


Figure 1 – Country responses to the survey

By Skimel - This file was derived from: World map without Antarctica. svg, CC0, <https://commons.wikimedia.org/w/index.php?curid=62612166>

For direct quotes used in the results section, the country of the contributing respondent is indicated in square brackets. Quotes from respondents in countries still waiting for guidance will be denoted by an asterisk (\*) next to the country name. The respondents were not asked to describe their specific role, so we cannot report the background of the participants. Considering the professional backgrounds of the members in organisations who shared the survey invitation with their networks, we can state with confidence that these comments represent the collective experience and perceptions of a group of professionals who included teachers, school managers, public health and health promotion experts, and healthcare professionals.

### Access to reopening guidance

At the time of the survey, in May-June 2020, COVID-19 had spread through Asia, was particularly rife in Europe but only just penetrating Africa and the Americas. Respondents collectively provided perspectives from all world regions.

A first group of respondents (138 from 20 countries and territories) reported having access to published guidance for the reopening of schools at national, regional or local level. This did not necessarily mean that schools had already reopened – although in some countries this was the case - but that some form of official guidance or strategy had been published and was available for consideration.

Another group (44 respondents from 24 countries and territories) reported that they did not yet have access to school reopening guidance. One country – Burundi - had not needed to close their schools at that time. Respondents from 20 of those countries without guidance shared some insights or hopes/concerns about what it might contain.

Respondents from most countries with guidance reported that it was nationally produced. There was variation in the reports of the involvement of health and education ministries/bodies in the guidance, but most of the participants considered that health advisers had played a leading role (10 health/education both involved; 5 health-led; 3 not specified; 1 education-led; 1 security council-led).

A survey question explored perceptions of school autonomy with regard to the guidance. Perceptions varied widely, even within countries with more than one respondent. Most felt that there was some flexibility within the national guidance for schools to implement the measures according to their context, many replied that they must be implemented precisely as written, and a minority had great flexibility.

*They [schools] must follow the health protocols and can interpret other actions depending on their size, location, staff profile educational priorities etc. [Australia]*

*There is absolutely no freedom to deviate from the set guidelines. [Namibia]*

*A lot of freedom to decide. CDC [national public health authority] does not have enforcement authority. States have some enforcement authority. [USA]*

### Communication about guidance

Responses to the survey question concerning national communication about the guidelines drew mixed responses, some of which described the communication methods operating nationally about the guidance itself, and others about the general communication between schools and families during closure and reopening. Communication among education professionals about the guidance and reopening was through the usual channels: phone, email, meetings using virtual platforms (such as Skype®) and social networks. Television, radio and social media channels were also being used to reach families.

Some respondents described the double implementation process - a multi-step implementation pathway of national guidance being communicated to schools through state, cantonal or other local intermediary networks, and then from schools to students and their families. In parallel, national public briefings were also available to all and sometimes the reopening of schools was referenced in those as well. Many felt that the use of all possible communication channels was needed, combined with sufficient resources and training.

- Maximize utilization of radio broadcasting instruction
- use of community loud speakers to promote messages
- maximize utilization of social media for consultation meetings
- promotion of [Information, Education & Communication] IEC materials and training. [The Philippines]

### Guidance content

Respondents were asked to describe the content of their national guidelines. Their responses reflected their engagement with the guidance, and their prioritisation of different public health measures. The team did not consult the official guidance to check respondents' understanding or accuracy. Figure 2 shows the number of countries and territories where respondents described a certain public health measure contained within the advice.

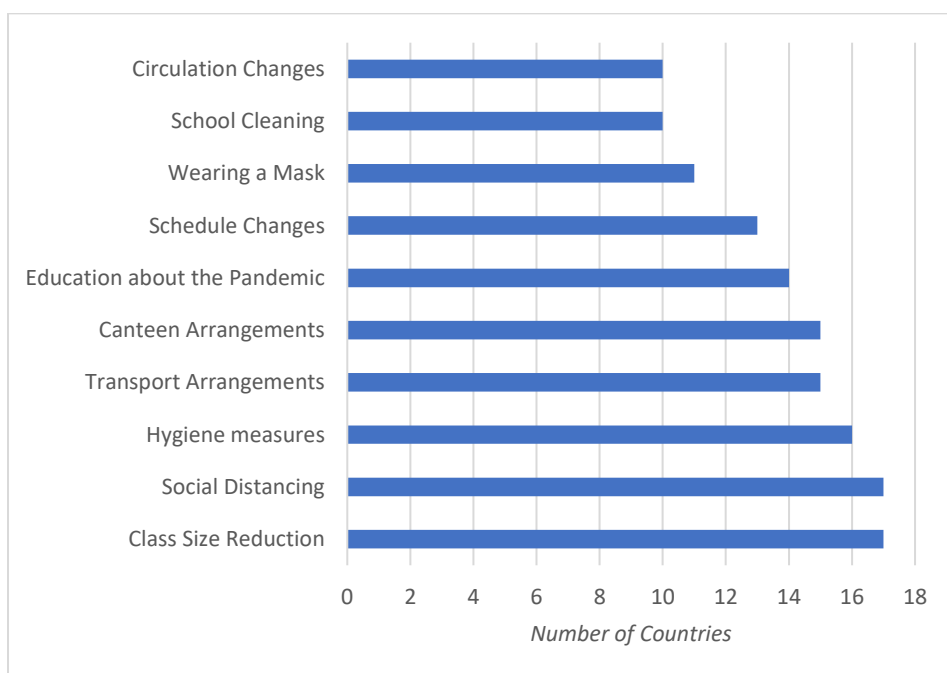


Figure 2 – Guidance elements described by country respondent/s (n=20)



Class size reduction was the most often reported element in the guidance (17 of 20 countries and territories), in order to achieve spacing between students that reflected acceptable social distancing. The description of these measures varied; examples included creating groups of 5 in preschool groups (Iceland); a 50% reduction from 30 to 15 students (England, France, Greece), and an upper reported group limit of 20 (Senegal, Iceland older students). Social distancing was highlighted in most countries and territories (17 of 20), although some respondents who were well into the return reported that this applied only to teachers (Australia) or to older students (Iceland upper schools).

Hygiene measures (frequent handwashing, toilet arrangements) were commonly reported, but school cleaning less so. Some countries had stopped school transport (Belgium) or were running it at half capacity to achieve distancing (Portugal, Senegal). Wearing a mask was described in guidance for 11 countries and territories, but in England the guidance specified that masks would *not* be mandated. Most countries describing canteen changes said they would be closed (Germany, the Netherlands): some countries had asked parents to bring lunches for their children (Philippines, France).

Circulation changes (10 of 20 countries and territories) and scheduling changes (13 of 20 countries and territories) were aimed to achieve spacing and distancing for students. Strategies included rotating smaller groups in for 1 or 2 days each week (Belgium); staggered start and finish times (e.g. Portugal) to avoid travelling at rush hour; and staggered break and lunch times (Tunisia). Reducing movement of students round schools (Australia), barring parents from being on-site (The Netherlands) and implementing a one-way system (England) could all help to sustain distancing.

#### Attitudes towards the reopening of schools

There was a general acknowledgement that many people had safety concerns about a return to school – parents and teachers alike. ‘Fear of infection’ was a common response regarding the challenges of reopening, and a reason given for seeing significant absenteeism of students and/or staff where schools had already re-opened.

*Parents' reluctance. Fear of being infected. [Senegal]*

*Staff that are vulnerable stay at home, as well as students. Some schools have to deal with anxiety amongst parents, that are scared to send their children to school. [The Netherlands]*

In the prevailing language of waging a ‘war’ against the virus, the balance of risk and benefit of reopening schools had not been discussed in some countries and territories at national level.

*The language of the pandemic so far has been in terms of a war against the virus and the population in general is still in fear of personal risk as there is no vaccine and no treatment. A national discussion about the balance of benefit and risk has not taken place effectively here. [England]*

Mental health difficulties for teachers were described, including mental fatigue from the rapid switch to remote learning, and anxiety about the complicated return and uncertainty about the future.

*We are in a transition phase without knowing very well how the next phase will be, education is being prepared for the opening of centres, with many uncertainties and the theme of conciliation is being prioritized more than the educational measure. [Spain]*

Many respondents referred to the adaptability that they had seen among teachers and school teams in creating remote learning methods during closure, and in the preparation for reopening. Some believed that this had not been widely recognised or praised.

*Recognize staff at their fair value, because they are exhausted and sometimes discouraged. [France]*

### Impact upon inequalities

Respondents also shared their concerns about a worsening situation for some students and families while schools remained closed. There was a recognition that some students did not have a home environment conducive to quiet effective remote learning – this might be due to lack of space, equipment, internet connection or family support.

*Only about 50% of urban households have internet, and about a quarter have a computer at home. If there is no access to computer, online education is conducted through cell phones using WhatsApp. This has some limitations. [India\*]*

The pandemic had made visible long-term lack of investment in education, and broader long-term national economic and social problems disadvantaging many families and schools – especially for students with special needs.

*Low economic standards and lack of funds for education for the past decade have resulted in vast social differences between families, or even schools. The majority of schools lack the necessary infrastructure to cope with such a crisis. Even more, children with special needs or educational disabilities of any type seem that are even more left behind now. [Greece]*

Wider economic impact might force families to remove adolescents from school to find work in the informal labour market.

*In most LAC countries, the economic crisis following lock-down will prevent many families that are already stressed from sending kids back to school, they will enter the informal market. Particularly secondary school age adolescents. [Latin America & the Caribbean\*]*

There was concern that children needing the most support had not yet returned, because parents had been given the right to choose whether to send their children back or not.

*The return of children with academic difficulties would have been beneficial, but due to the volunteering of families, it is these children who do not return for the most part. [France]*

Some expressed their fears for the future if a generation of students had their education interrupted and inequality gaps continued to widen.

*Please consider that no country, state or government should end up with poorly educated masses to handle in the future. There are some devastating examples in our days of what can happen when public education fails to produce educated citizens. [Greece]*

### Enablers for reopening schools

There was a strong theme within the responses that school reopening would work best where the school teams, local authorities and students/families were communicating well and cooperating to make the return happen.

*The support of the teams facilitates setting up the protocols. The involvement of primary school heads and middle school principals is crucial to the success of practical implementation and the resolution of practical difficulties. Another determining point is the collaborative work with the local authorities responsible for the premises, in particular the town halls. [France]*

*Cooperation of all, wide dissemination of information, provision of procedures and hygiene materials [New Caledonia]*

Consistent and timely information, relevant training and provision of appropriate equipment - leading to good adoption of the measures within the school - were considered very important. Indeed, over-complicated or confusing guidance was interpreted by some as a means of the Government protecting itself from challenge, whilst not helping those who needed to implement it.

*The state is too much in covering itself that it is impossible to work out well. 54 pages with so many complicated guidelines and rules that it does not give you really the wish to open schools. [France]*

A combination of modification of premises and changes to the patterns of circulation in schools were described by many as the way to prepare for a successful return (Table 2).

<b>Modification of Premises</b>	<b>Changing patterns of circulation</b>
Reducing the number of desks in a classroom	Introducing a one-way system in corridors
Adding handwashing / sanitiser stations	Keeping students in the same classroom, even for lunch
Marking out areas in school yards where single-class groups can be separated from other groups	Staggering start/finish times, breaks and lunchtimes
	Asking parents not to come onto the premises

Table 2 – Logistical measures reported by survey respondents

### Barriers to reopening schools

Whilst respondents recognised that public health measures were consistent with national public health guidance, some were concerned about the practicalities of implementation in schools. Some premises did not have adequate space for distancing. They saw a need for extra teaching staff, but no resource for hiring them. They were concerned about the lack of equipment needed, including masks and deep cleaning tools, and even a reliable water supply.

*We are a large school with little room for manoeuvre while respecting the protocol: narrow corridors, one floor, few stairs. [France]*

*Portable water provision to some schools in selected regions remains a challenge and the Ministry of Education, Arts and Culture is currently working on that with the Ministry of Agriculture, Water and Forestry. [Namibia]*

A number of respondents were anxious about receiving inconsistent and changing guidance. Others were concerned that the time given for preparation was not sufficient to implement all the necessary measures.

*Orders and counter-orders, lack of communication from representatives of the ministry. [France]*

*Too little time to organize from the moment decisions are made by the National Security Council. [Belgium]*

Respondents still waiting for guidance had practical concerns that it would be issued just before the planned reopening dates, many of which were expected to be the normal start of the new academic year, and that there would not be time to implement them satisfactorily. They wanted clear and flexible guidance, adapted to the local context, and sharing of good practice.

*Give freedom to the decision-making for each school, in function of what they have as resources. We need to open for social, psychological and economic issues. GIVE independence for each Region in Italy because the needs and culture are different from one area to another. [Italy\*]*

*It will be important to maintain flexibility and modify approaches as needed, and to ensure learning and sharing of good practices. [Republic of Moldova\*]*

Some felt that those who created the guidance needed to improve their understanding of the education sector.

*More communication and awareness of the educational community. [Senegal]*

#### Education about the pandemic

Respondents from 14 countries and territories described education provision about the pandemic and how it related to schools. Many countries had general population education hubs about COVID-19 that could be used by schools, but some education systems were specifically developing their own materials and approach. This might be devising games/videos for young children to convey handwashing messages (England, Switzerland), or adapting the content of the existing health curriculum to tackle pandemic-relevant topics (Finland, New Caledonia). In Namibia there was a concerted effort to provide an education hub to combat fake news and this would form part of their strategy. Only respondents from France described the contribution of school nurses to discussions about COVID-19 with students and staff.

#### Preparation for future crises and closures

Comments about the impact of closures on education, and the need to sustain a hybrid model of learning, featured in many responses. Some anticipated an ongoing complex schedule of hybrid learning where students would be attending school for part of the week and continuing to learn from home for the rest of the time. Some respondents reflected on the impact of the health measures on their educational approach – such as the reduction of class sizes, part-time attendance and the coherence needed between in-school and remote learning.

*The physical infrastructure is not prepared for partially reopening; hosting only so many students at once; parents availability to adapt to the different requirements are not guaranteed due to their working and living conditions... also there is need for new educational methods and communication techniques that ensure that most school work in relation to reduced physical classroom time can be done at home. [Germany]*

Beyond difficulties in connecting to remote learning platforms noted earlier, some students were not engaging with these assignments and adequate supervision was difficult.

*Not all students are disciplined in online learning, and there is less room for supervision. [Russian Federation]*

Several respondents concluded that there was a need to adapt the curriculum to prepare students for future crises in order to have a resilient national population.

*Develop a real program around executive and communication skills (not the use of the internet but knowing how to communicate with others) for the children of today so that the adults of tomorrow can better cope collectively with the crises of all orders that they will inevitably live through. [France]*

One respondent also saw an opportunity to introduce deeper, often neglected life themes to students, including death, mourning and the student's own place in their social world.

*We must take advantage of the circumstance to introduce other essential themes to pupils through non-formal education: meditation, death, mourning, the meaning of life, philosophy seen as a way of life, to be happy and useful to his community and to the world. These themes have been neglected for too long, in favour of other issues ... [Haiti\*]*

There was a call for empowerment of teachers, and to have trust in teachers to make the right decisions for their schools. A new vision of education might create specific expertise in remote learning, with the right resources and motivations.

*We need more funds, better educated teachers with better working conditions, differentiated teaching positions, including distance teachers with full professional rights, guaranteed working hours and earnings and more research on how contemporary education with the use of ICT should be: less paper, new content, new curricula. [Greece]*

## Discussion

The data from this survey have provided the experience and perspectives of health and education professionals in the field regarding guidance for re-opening schools, which we need to understand to optimise existing guidance and to prepare for future crises. The countries and territories reporting access to national reopening guidance largely represented Global North, and the countries still waiting were mainly from low- to middle-income countries in the Global South. At this relatively early stage in the pandemic (May-June 2020), some of the countries and territories were quite advanced in their preparation for school re-opening.

It was reported that health policymakers had taken a lead role in the guidance for many countries and territories. The public health measures were described in great detail, and the educational impact much less so even though, in some territories, educational resources have been created<sup>2</sup>. Guidance for schools mirrored the wider public health measures taken nationally – principally social distancing and close attention to better hygiene. Depending on the countries, there

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<sup>2</sup> An example can be seen at <https://covid19.rebee.chaireunesco-es.org/>

was wide variation in the perception of stakeholders in the autonomy of schools to implement these regulations according to their context: most felt that there was some flexibility, but all appreciated the seriousness of adhering strictly to hygiene measures.

Respondents showed that they were affected like the general population in their response to the pandemic, with concerns for their own safety as well as that of other stakeholders. Mental health challenges were reported. The urgency of the closure had demanded a quick response in terms of filling the education gap with virtual learning options. The flexibility and adaptability of teachers – with scarce recognition - were praised by respondents (Asbury and Kim, 2020). In effect they were still rapidly innovating for the home school situation whilst being asked to also plan a return to a very different school environment. There was much concern about the plight of students in difficult home conditions and the impact of extended closure on their education. They were mindful that some students might not return, if they were forced to seek work on behalf of the household in regions where the economic impact was very severe. Some respondents reflected further on the long-term national impact on a generation failed during this crisis by the education system. For all these reasons, and also the symbolism of school reopening as a general herald of national recovery, there was an appetite to return.

In terms of describing concrete enablers, obstacles and solutions for school reopening, and identifying resources still needed, consistency of information and sufficient implementation time was felt to be an important enabler. Positive partnerships between schools, families, local authorities and teaching unions also needed to be nurtured. Significant barriers to reopening at the level of the individual premises included lack of distancing space available, water shortages, staff shortages and equipment shortages. Inconsistent guidance, issued just before reopening, was a fear expressed in countries still waiting for their national response. Respondents also described the ongoing need for a hybrid approach to learning that did not disadvantage children and youth living in difficult circumstances, because the pandemic was far from over and part-time physical attendance for students was the only way in which distancing could be achieved in many schools. Some respondents saw opportunities to strengthen the skills of education professionals in hybrid pedagogical methods and to introduce subjects like life and death - that had been long neglected in the curriculum - to create resilient adults who could face future crises. To do this, they asserted that policymakers must empower and trust teachers to do the best for their students and schools. This is consistent with Kim *et al.*'s (2020) and Gonzalez *et al.*'s (2020) reflections on teachers' needs for autonomy and their anxiety about uncertainty. Examples were given of materials that had been created or adapted to educate children and youth about different aspects of the pandemic and the return to school, including better handwashing, wellbeing strategies and critical media literacy (Tessier *et al.*, 2021).

This summary of the main findings offers further reflections on issues of global impact and relevance that will benefit from further research.

### Implications of findings for global inequalities

The variation in access to school reopening guidance reported from Global North and Global South signals that a global effort is needed through UN agencies to promote equality of access to trustworthy and evidence-based information for schools, wherever they are located. Whilst the evidence still suggests that transmission within school communities is low (Viner *et al.*, 2020), adult transmission in the surrounding community has been causing further disruption worldwide. Lockdown reversals (e.g. Victoria Government Australia, 2020) confirm that the turbulence and uncertainty of the pandemic mean that schools will continue to be vulnerable to periods of closure. It is vital that subsequent closing and reopening of school premises is done in a thoughtful manner and that effective education strategies are formulated that will not further widen the inequalities laid bare by the pandemic. Canadian researchers, for example, reported in July 2020 an estimate that the socioeconomic achievement gap between the most and least deprived 15-year-old Canadian students could increase by 30% with the long duration of this interruption to their education (Haeck and Lefebvre, 2020). Moreover, it could affect students' ability to complete high school qualifications. The advice of commentators following earlier pandemics (Soloff and Thomas, 2007; Cauchemez *et al.*, 2009) to weigh school closures against other measures and to secure viable web-enabled remote learning methods remain pertinent to current ongoing challenges.

### Implications of findings for guidance implementation - the 'double translation' process

As previously observed in the literature, there are two different, although interconnected processes of translation (Nordin *et al.*, 2019). The first one is from international guidelines to the national level. At the date of this survey, more than half of the countries had not received guidelines for schools. For those who had received them, guidelines ranged from very detailed instructions (e.g. Ministère de l'Éducation Nationale, de la Jeunesse et des Sports, 2020) to simple and open documents (e.g. Centers for Disease Control and Prevention, 2020). Not all of them referred to relevant UN documents. During the COVID-19 crisis the translation process between the global and the national level seemed to be impaired by the fact that the fight against the epidemic was seen as a national/regional, rather than a global, issue (Paul *et al.*, 2020). Further analysis of the national/regional guidelines after the reopening of schools in all countries will be needed to see in what way global guidelines influenced the national documents.

The second translation process from national/regional to local also appeared to be anything but linear. Some respondents were not aware of the existence of such guidelines, which questions the communication process between central administrations and the local level. In addition, respondents said in many cases national rules did not fit the local context because people issuing guidelines needed a better understanding of the education sector. At the local level, the reopening process is very complex and includes social and educational issues in addition to health challenges. Guidelines appear to be only one ingredient, among many others, within the school (Jourdan, 2011). From our findings, we hypothesise that the enactment of the reopening guidelines as reported by our participants can be characterised as a non-linear and complex process of double translation (Nordin *et al.*, 2019). Further qualitative ethnographic research will be needed to specifically document the enactment processes in schools.

These translation issues have to be considered seriously because coherence of actions at different levels of governance – transnational, national, regional and local – is considered critical for the effectiveness of policies enhancing health and wellbeing as well as reducing inequalities (Marmot *et al.*, 2010 p. 34). There is a need to find a good balance between guidelines, which make people feel secure, and local adaptations; there are important differences from one school to another because of the facilities, staff, and the number of students. Further studies are needed to analyse the trajectories between international guidelines, national and local policies related to these reopening support documents. We agree with Marchant *et al.* (2020) that better communication on the COVID-19 epidemic between governments and schools, and then on to families, is needed.

#### *Implications for the wellbeing of the school workforce*

Respondents reported that the mental health and wellbeing of teachers was affected by the personal and professional effects of the pandemic; this was reported in terms of fatigue, anxiety and uncertainty. This was consistent with the findings of Marchant *et al.* (2020); wellbeing checks for students and teachers was their first recommendation. Allen *et al.* (2020) described the spike in work-related anxiety among English teachers in the week before lockdown, particularly among head teachers, and in the week before re-opening. Based on teacher interviews, Kim *et al.* (2020) showed that teachers were anxious about current and future uncertainties while navigating school re-openings, and how the COVID-19 pandemic has affected their personal and professional lives. Supportive group interventions may be needed to increase resilience in school teams and – through that increased compassionate capacity and strength – to support students and families. We might also learn from the use of drama and instructional technology interventions for teachers to enable expression and promote resilience through pedagogical support and personal wellbeing (Tam, 2020; Roman, 2020). Close links with healthcare professionals at school level could facilitate counselling and advice.

#### *Implications for intersectoral working in schools*

There was scarce reporting of any input of school nurses or other local health professionals to schools during the pandemic. This was considered surprising, knowing the impact of school nurses on the schooling of students with specific educational needs and on health promotion in schools (Kirchofer *et al.*, 2007; Lineberry and Ickes, 2015). Noting this relative absence of school nurses – or indeed any other locally-based healthcare professionals – from the reports, we feel there is a real opportunity to increase intersectoral working. A representative of school nurses reflected on the activities that they could do during the pandemic in schools, equipped with local knowledge, such as assessing the data available, assisting in emergency preparedness planning, and advocating for equitable distribution of services (McDonald, 2020). Closer connection of school staff with public health and healthcare professionals at the local school level during the pandemic might also have facilitated access to personal protective equipment and hygiene products. This is a time to review how health professionals can create a new vision of their engagement with schools in their community, as a trusted advisor and advocate who can build health and wellness capacity within school teams (Jourdan *et al.*, 2021).



Educational International published ‘Forward to School’ in July 2020, which was informed by insights from educators in a variety of contexts all across the world; we believe that our findings are consistent with the five essential areas they asserted governments needed to focus on to ensure a safe transition back to onsite education and to mitigate the impact of ongoing cycles of closures on students and educators (Table 3 overleaf).

We were able to elicit a rapid global response from education and health professionals, but the study has significant limitations. The survey was a cross-sectional study during a one-month period during the pandemic, and so it could not follow the evolving experience of all the countries and respondents who replied. Many partner organisations distributed the survey link globally, so we are unable to specify the nature of the sample frame. It relied on respondents’ reports of the contents of their national guidance, rather than accessing and content analysing the actual guidance, but this was done purposefully to gauge their engagement with - and priorities from – the documentation. Respondents will have been responding by assimilating knowledge gained as both professionals and as parents and grandparents – it is difficult to separate out these roles in an emotive situation. We did not ask respondents to describe their professional background, and we would recommend that this be done in future work.

<b>EI policy point</b>	<b>Examples of Consistent Survey Findings</b>
Engage in social and policy dialogue	<ul style="list-style-type: none"> <li>• Acknowledging the reopening of schools as part of a wider process of social recovery</li> </ul>
Ensure the health and safety of education communities	<ul style="list-style-type: none"> <li>• The significant ongoing fear of infection from teachers and families leading to absenteeism</li> <li>• Co-operation between local authorities, schools and families leading to success in implementing measures</li> </ul>
Make equity a top priority	<ul style="list-style-type: none"> <li>• Global variation in the availability of guidance about safe school reopening</li> <li>• Concerns about the widening education gaps for students who cannot engage with remote learning</li> </ul>
Support physical and emotional well-being and recovery	<ul style="list-style-type: none"> <li>• Reports of teachers feeling exhausted and under-valued</li> <li>• Creating resilience in students through better communication, curriculum addressing pandemic-relevant topics e.g. nature of life and death, rejection of ‘fake news’</li> </ul>
Trust the professionalism of educators	<ul style="list-style-type: none"> <li>• Variation in the autonomy given for implementation of measures</li> <li>• Reports that the authorities creating the guidance did not understand the school context</li> </ul>

*Table 3 – Consistency of findings with ‘Forward to School’ (Education International, 2020)*

## Conclusions

This work contributes to a better understanding of professionals’ views of safe school reopening during the COVID-19 pandemic. The survey offered a unique opportunity to reflect deeply on the perspectives of professionals working in the field, who do not create national guidance but have to implement it locally. Understanding the way in which education and health professionals were trying to make sense of the guidance at the beginning of the pandemic - and to implement it against a backdrop of serious concerns for themselves and the families and communities they serve – should inform political decisions and promote capacity-building at the local level. The survey findings underpin the need to ensure that professionals are actively involved in conversations about future resilience in schools, and that decisions are communicated to them in a prompt and clear way. Whilst the difficulties reported were inconsistent

information, lack of implementation time and lack of resources, our findings suggest that effective partnerships between stakeholders at local level – families, school teams, local authorities and unions – can address concerns and facilitate safe reopening.

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