

Message

**From:** [REDACTED] /O=TSE/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS; [REDACTED]  
**Sent:** 02/08/2021 10:05:42  
**To:** [REDACTED]@gov.scot]; [REDACTED]@gov.scot]; Tannahill C (Carol) [carol.tannahill@gov.scot]  
**CC:** [REDACTED]@gov.scot]; [REDACTED]@gov.scot]; [REDACTED]@gov.scot]; McCormack M (Marion) [marion.mccormack@gov.scot]; Drought A (Andrew) [andrew.drought@gov.scot]; Anson S (Sam) [sam.anson@gov.scot]; Director of Covid Co-ordination [directorofcovidcoordination@gov.scot]; [REDACTED]  
**Subject:** RE: Face Coverings - Children - raising of age to 12

**Importance:** High

Hello [REDACTED] Carol,

Can I follow up on this on Mandy's behalf – this is now fairly time critical.

Given that today's Cabinet Paper will advise on removing the requirements for face coverings to be worn by under-12s, this means that there will be no NPIs – eg physical distancing, gathering – that apply to this age group.

The question that that needs to be answered therefore is – **taking into account clinical advice on this point, are we content to make this recommendation, for no NPIs for under-12s, in the Cabinet Paper?**

Conscious that other work is going on with the Guidance that [REDACTED] is drafting – I am coming in late in the process, and apologies as I may be missing something – can I ask for a clear steer on this that we can work into a paragraph/paragraphs laying out the proposal to remove FCs from regulations for the under-12s and the considerations around the recommendation. This also means having the clinical advice to hand – can I confirm that this has been sought/provided – or if not I will take this on.

**Very grateful for sufficient guidance to complete this advice as soon as possible – a completed draft of the Cabinet Paper is required by lunchtime today.**

Please let me know soonest if questions/concerns/further information required – thank you for your assistance.

Kind regards,

[REDACTED]

[REDACTED]

COVID Co-ordination – Implementation  
The Scottish Government  
Mob. [REDACTED] I&S

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**From:** Gordon A (Amanda) <Amanda.Gordon@gov.scot>  
**Sent:** 02 August 2021 09:30  
**To:** [REDACTED]@gov.scot>  
**Subject:** FW: Face Coverings - Children - raising of age to 12

**Amanda Gordon**  
Deputy Director Local Interventions, Outbreak Management

Mobile:

I&S

**From:** Gordon A (Amanda)

**Sent:** 26 July 2021 16:12

**To:** NR @gov.scot> NR @gov.scot>

**Cc:** NR @gov.scot> NR @gov.scot> NR @gov.scot> NR @gov.scot> McCormack M (Marion)

<Marion.McCormack@gov.scot>; Drought A (Andrew) <Andrew.Drought@gov.scot>; Anson S (Sam)

<Sam.Ansan@gov.scot>; Director of Covid Co-ordination <DirectorofCovidCoordination@gov.scot>

**Subject:** RE: Face Coverings - Children - raising of age to 12

Hi NR

I think the point FM was making was more about the package for under 12s in the round, in that we are not really proposing much in the way of protection for this cohort

- they won't be vaccinated (as things currently stand)
- when they go back to school they won't be required to self-isolate
- There's no physical distance requirements
- they aren't counted as part of the gathering rules

It's not necessarily about whether they should wear face masks, it's about whether there should be *something* retained for children, and if so what that should be

If nothing, we are saying that we will let the virus run unchecked amongst children. So the questions is – are we confident about the health risks of that approach? It could be that the answer is yes, that the harm 3 impacts of the measures is greater than the Harm 1 risks, we may just need to “show our working”.

Are we saying there is insufficient evidence to draw conclusions on long covid for children so far, but early indications is that only a small number are affected? If we don't have the evidence would there be benefit to taking a cautious approach? This of course ties back to weighing the harm 1 risks against the broader developmental harms of protective measures

The other part of that is of course that if we are saying that we are comfortable with that approach from the children's health perspective, given that could mean tolerating a high rate of prevalence within children, does that mean there is a stronger argument for masks in order to afford a greater degree of protection to adults they may be interacting with?

I think FM is just looking for reassurance that we have thought all this through.

I've added NR for a DCAF perspective – I'd welcome your input here

Copying Andy and Sam for awareness

Mandy

**Amanda Gordon**

Deputy Director Local Interventions, Outbreak Management

Mobile:

I&S