

# Feasibility and acceptability of daily testing at school as an alternative to self-isolation following close contact with a confirmed cases of COVID19: A qualitative process analysis.

This qualitative study was designed as a process analysis nested in the main study: ‘A cluster randomised trial of the impact of daily testing for contacts of COVID-19 cases on education and COVID-19 transmission in English secondary schools and colleges’ (see [interim report](#) by Trial Investigators: Bernadette Young, David Eyre, Tim Peto). The aim of this sub-study was to improve our understanding of a range of behavioural factors, including reasons for participating in daily testing, responses to negative and positive test results, and adherence to self-isolation. A full analysis and report is in preparation for submission for peer review; here we report our interim findings.

## Initial conclusions

### Acceptability and feasibility of daily testing

- DCT is highly valued by parents and students who are motivated to enable school attendance
- DCT is highly valued by households with vulnerable members in order to detect infection and prevent transmission to the vulnerable household member
- Most students and staff are confident in their ability to undertake daily testing correctly
- Many parents and students have a good understanding of the risks and limitations of daily testing, and the implications for managing the residual risk to others
- There was evidence of some lack of understanding, both in terms of people expressing confusion, or giving answers in which confusion was apparent.
- There was a desire for better information about what positive and negative test results mean, how accurate tests are, and the rules and regulations for relating to contact outside of school hours during the testing period (e.g., travelling to and from school / after school clubs)
- Some schools find it more difficult to implement testing, due to lack of resources (e.g., limited space and staff capacity – particularly to cope with large outbreaks) or the nature of their school population (for example, parents and students with lower levels of IT and health literacy)
- A barrier to acceptability of daily testing is concern about the accuracy of tests and the safety of the test to release policy
- Some people prefer the certainty of a period of self-isolation in terms of infection risk management and planning their activities. For example, some parents preferred to accept that their

child would be isolating for 10 days, rather than face the uncertainty of not knowing whether their child would be sent home each day

- Some parents and pupils were concerned about the risk of a positive test, which might extend their isolation period, and/or have a negative impact on the household (who would also have to isolate).
- Some people choose self-isolation because they feel school attendance is not important (for example, if home schooling is preferred)
- Many people had complex, well-informed reasons for choosing to test or to isolate, based on their personal risk assessments, including perceived risk of exposure and perceived vulnerability of household members.

### Limitations of the study

- Despite purposive diversity sampling, it is likely that people with more negative views of and less engagement with daily testing may have been under-represented in our sample as they would be less likely to engage with research

### Implications for interpreting trial findings and for wider implementation

- Many students, staff and parents are motivated and competent to implement daily testing appropriately to enable school attendance
- However, the acceptability, feasibility and effectiveness of implementing a policy of daily testing may vary between households and schools, and may also vary depending on the context of local infection levels (since these affect perceptions of the risks involved)
- Better and more accessible communications are needed to ensure that all students and parents have a good understanding of the rationale for testing, what test results mean (including their level of accuracy and limitations), how test results should be acted on, and how likely students are to be a case following close contact
- Particular attention is needed to improve acceptability and feasibility of testing in schools and households with lower levels of IT literacy and health literacy
- Concern about a positive test resulting in a longer self-isolation period or the need for other household members to self-isolate poses a barrier to testing acceptability, especially in households with less resources for self-isolation
- The option of daily testing of contacts may be beneficial for those who require reassurance to reduce anxiety about transmission from school contacts to vulnerable household members

## Methods

### Design

We conducted interviews with students, parents and staff in a sample of the schools involved in daily testing.

### Sampling and data collection

We asked a key contact in all schools that were involved in the trial of daily testing to invite staff, students, and parents of students who had been identified as being in close contact with someone with the virus to take part in an interview with the research team. Interested participants were directed to an online form where they left their contact details, the name of their school, the year group of the student, and whether or not they/their child had participated in daily testing. We then used a purposive sampling strategy that aimed for diversity in whether or not the participant had participated in daily testing, school size and location, and year group of the student. Selected participants were contacted by email, and provided with an information sheet about the study.

Interviews were conducted remotely (online or by telephone) by a trained qualitative researcher from the University of Bristol (SD, LT, GT, BA, and RB). Our initial topic guide was designed to explore experiences of the testing process, beliefs about testing, perceptions of positive and negative test results, and impact of testing on behaviour. In order to encourage participants to speak openly about their views and behaviour during the testing period, participants were informed that the interviews would be anonymous even if they had not always adhered to the guidance. However, participants were reminded that the research team would be obliged to notify authorities if the participant revealed any intended or planned breaches of COVID regulations that could put others in danger.

All participants provided verbal consent/assent prior to taking part in the interview. Parental consent was obtained from parents of all participants under the age of 16 years. Ethical approval was obtained

### Analysis

Interviews were audio-recorded, transcribed verbatim and anonymised. Data were analysed using an inductive thematic approach. Accordingly, transcripts were read repeatedly by two authors (SD, LT), and detailed notes were made about interesting concepts and ideas. Transcripts were then imported into NVivo software and all text was labelled with an initial set of codes. Team members met regularly to discuss codes and develop a preliminary set of themes. Drawing on existing literature, themes were refined and similar themes grouped together. Charts were then developed for each theme, with the relevant data displayed. The team then explored patterns within and across the full range of participants and groups. Divergent cases were discussed and included in the analysis.

## Results

A total of 63 participants took part in an interview. This included 24 students, 24 parents and 15 members of staff. A total of seven parents, six students and two members of staff did not participate in daily testing.

### Results of the thematic analysis

Data are presented under six main headings (1) motives for taking part in daily testing, (2) barriers to taking part in daily testing, (3) factors influencing implementation, (4) engaging in testing, (5) understanding and interpreting results and (6) behavior during the testing period.

Motives for taking part in daily testing

To keep children in school

Involvement in daily testing appeared to be driven by the desire to keep children in school in order to fulfill both for educational and social needs:

*"I was quite happy to go into school and socialize. I needed that socializing" (CO4, Student, participated in testing)*

*"She likes school so much and she wanted to see her friends... we don't want her education to be ruined when there's that opportunity there... it's better being face to face so you're learning a lot better than looking at a screen" (P02, parent, participated in testing)*

Those in exam years and those who had missed a lot of school over the previous year were particularly keen to stay in school as much as possible:

*"It was mainly because I didn't want to get behind in my lessons and in exams because I've got exams coming up, so I don't want to miss out on much learning so I wanted to be at school" (C11, student, participated in testing)*

*"It meant that my son could then continue in school... it meant that he could actually not have a fifth period of isolation, so as a parent I was really happy about that" (P10, parent, participated in testing).*

To avoid having to isolate

Staff, students and parents were keen to avoid potentially unnecessary periods of isolation:

*"I've personally had to self-isolate twice. I've never tested positive but I've had to self-isolate and it's the worse feeling. I'm an outdoors person so staying indoors for me and doing absolutely nothing is the worst thing" (C06, Student, participated in testing)*

Many students had had multiple periods of isolation in the past, despite never having tested positive:

*"I think I've had five isolations now which is bad luck and so I was thinking 'oh, I'm going home, I'm going home, this is it'... We've never actually had a choice before, we're usually just 'bad news guys, you're going home', so it was really nice" (C10, student, participated in testing)*

*"We ended up with about 450-500 students self-isolating in that final month. And it was just like a revolving door with students coming and going so if there's anyway where we can be part of the pilot where we can offer daily contact testing and hopefully prevent a recurrence of that, that's the kind of motivation for us in terms of getting on board with this and seeing it as such a high priority" (S01, staff, participated in testing).*

School staff reported the significant detrimental impact that having to isolate could have on students, and were keen to do all they could to avoid further periods of isolation:

*"I am the one who has to deliver the letters to the students who have to isolate when they are identified as direct and close contact and giving students letters sometime on the third or fourth go that they've had to isolate it's heart breaking when they're crying you know they don't want to go home" (S06, Staff, participated in testing)*

For reassurance and peace of mind

Some participants described wanting to take part in daily testing for the reassurance offered by daily tests:

*"[I feel] relieved each time you get a negative result because, when you wait for the results, you're stressing and feel 'am I going to get it because I came into contact walking home? Did I come into contact with someone?'" (C04, student, participated in testing)*

The extent to which people felt reassured by tests appeared to depend on whether or not the participant thought it likely that they had caught COVID from the positive index case. Indeed, some participants reported that it was highly unlikely that they had caught COVID from the positive index case, either because they had only seen the positive index case briefly and/or because they had not been very close to them). This group considered themselves likely to be COVID free, and potentially at risk of catching the virus if they went to school and mixed with others who had been in contact with the positive case. In contrast, other participants thought it was quite possible/likely that they had caught COVID from the positive index case. They weren't as concerned with catching COVID from the school bubble, because they thought that they may already have COVID. This group appeared to be more motivated to take tests for reassurance – because the alternative would be staying at home (potentially with a vulnerable household member) without knowing if they were positive or not:

*"[it gave us extra reassurance as a household] yeah, because she was a very close contact with this girl so we knew that at any one point she could be testing positive" (P18, parent, participated in testing)*

*“My mum is in a vulnerable group... and she’s part of our household bubble... So that just meant for the time that ((name)) was on the trial... so actually the trial made me feel more confident about it if anything... the fact that he was testing every day probably made me feel more confident... I’d got test results saying that he’d not got it or that the greatest likelihood was that he’d not got it” (P05, parent, participated in testing)*

*“Also my dad has had a stroke and my mum has another health related problem so it’s nice to feel that we’re safe at home and we’re not going to pass on the virus to our parents” (C04, student, participated in testing)*

Barriers to uptake

Concerns about the risk of transmission of COVID-19 in schools

One of the biggest concerns among participants was the risk of transmission during the testing period. This included concerns about students passing the virus to others, and students being at a greater risk of catching the virus from others:

*“My understanding and my knowledge of the illness is obviously it’s highly contagious so, to me, you should be isolating” (S12, Staff, did not participate in testing).*

*“If she’d been in school with the person who had tested positive, if she then stayed in school with all those other children who had been with the person who had tested positive, she would be more likely to then contract it herself” (P07, Parent, engaged in testing)*

Students were also concerned about possible third party transmission:

*“It’s still kind of pointless because if the people who are doing the test have to self-isolate, apart from in school, but the other people who aren’t doing the test don’t, then if we pass it onto the people who aren’t doing the test and they could go to the shop and pass it onto anyone else, so it seems kind of pointless in a way” (C13, Student, did not participate in testing)*

Concerns about transmission were exacerbated by concerns about the accuracy of the tests:

*“So because we weren’t 100% convinced on the result of it, you kind of think well, have they actually not got it? And then you’re sending them out where they might have it? Or are other kids or might have it getting a negative test and still going in? So it seemed easier to control the unknowns really by just doing the stay at home bit” (P12, parent, did not participate in testing)*

Due to concerns about the accuracy of the tests, those who did not participate in testing reported that additional measures needed to be in place, additional questions answered, and/or lower rates of the virus in circulation:

*“Q: Do you think extra caution is needed during the seven-day testing period to make up for that potential lack of accuracy? A: Not when they were wearing masks. Now they’re not wearing masks and mixing, yeah” (S05, staff, participated in testing).*

Participants had a number of questions, that, had they been answered, they would have been more comfortable engaging in the initiative:

*“What if I have a test at 9am, can I still develop COVID at 10am? Would I be potentially spreading it around? I think if I could have some reassurance about those sorts of questions” (S15, Staff, did not participate in testing).*

*“I think you’ve obviously picked up the fact that it’s not a programme that I agree with.... I mean, who knows, I might be proven wrong in the future. This might be the way that we do have to return to normal life but I do certainly think that the numbers have got to be a lot lower before maybe I would be comfortable... but I think at the moment in time the demographics of our school, the numbers were quite high as well... I just didn’t feel it was safe” (S12, staff, did not participate in testing)*

A lack of knowledge and understanding of DCT

In some instances, participants were reluctant to engage in daily testing simply because they did not know enough about it:

*“Initially I was a bit confused and concerned because I didn’t really understand the implications of it or what it would mean” (P07, parent, participated in testing)*

School staff reported a lack of information prior to initiating daily testing, and described how parents had been concerned due to not fully understanding elements of the study:

*“The only concerns I was aware of were similar to my own concern and it was other members of staff, but I think it was that we didn’t have a full grasp on the information to begin with before we started the testing” (S09, staff, participated in daily testing).*

*“I think they were concerned because they didn’t fully understand the study. I think more their concerns are general COVID concerns. It was the same people who were concerned about this study who have been concerned about different elements all the way along really” (S06, staff, participated in daily testing).*

Preferring to stay at home

In contrast to those who had struggled with online learning and were keen to get back to school, other students had enjoyed remote learning and were happy to go back to online learning when they had the opportunity:

*“So I thought being at home, like I work better at home anyway, so I thought that it would be better at home to revise for my tests coming up” (C13, student, did not engage in testing)*

*“During lockdown, I enjoyed the live lessons” (C17, student, did not engage in testing)*

In some cases, parents did not like the uncertainty of not knowing if their child would be sent home, and opted to keep them at home for consistency:

*“I think my main reason was kind of consistency because obviously they’d have to do the daily testing and then could or couldn’t go in depending on the result of it and it just seemed easier just to go right, we’ll just do that then and then we all know where we are” (P12, parent, did not participate in testing)*

The fact that that students had to isolate outside of school appeared to convince some that they were better at home. This included a number of staff who did not want to attend school if they still had to isolate at the weekends:

*“I know some staff didn’t like the idea of it and chose not to sign up their consent because they didn’t like the idea of coming to school to be tested, however, in their free time, in their own time on weekends, they will be expected to isolate. So I had a few staff make comments about that, not being happy” (S04, staff, participated in testing)*

Staff thought a lack of engagement in testing could result from a lack of desire to go to school:

*“I just got the impression that it was a lower end, it wasn’t a top set year group. If that makes sense? It was a middle of the road or lower, so a lot of the kids in the group didn’t really want to go to school anyway, so they I think they use it as a bit of an excuse not to have to go to school” (S05, staff, participated in testing)*

Covid skeptics

Whilst participants were not COVID skeptics themselves, a small number described being aware of others who were skeptical about COVID-19 and felt this could be a reason for not engaging in testing:

*“I say, the ones who have definitely declined are the same people who are probably going to be skeptical about vaccines, are going to be skeptical about challenging us on mask wearing and things like that, it’s much more tied up with being opposed to a lot of, you know, what’s going on with the wider thing”(S01, Staff, participated in testing).*

Concerns about having to isolate following a positive test result

A number of participants were reluctant to take part due to concerns about receiving a (true or false) positive test result:

*“I was a bit nervous in case I got a positive test and then I’d have to self-isolate” (C16, student, participated in testing).*



*“From what I’ve heard, most of the tests, we were told that the tests were only 60% accurate which already like, I don’t know, but some of my friends have like been falsely positive without any symptoms or anything and I thought it was kind of pointless to keep on doing tests if one of them was going to turn out positive anyway” (C13, student, did not participate in testing)*

Factors influencing implementation of daily testing

Participants who had engaged in daily testing were largely positive about the conduct of daily testing in schools:

*“Everything was very well organised and we were all kept apart from people and we were shown exactly how to do the test and reminded throughout the week. People just got on with it so from my experience there weren’t any struggles or any difficulties. I don’t know if that is because we are old and capable of what we are doing or because the school is so well organised but no, I don’t think there is anything that could be changed” (C04, Student, participated in testing)*

Despite this, some degree of disruption to the school day was inevitable:

*“Probably the getting up and going to school that early in the morning to be honest. It takes it all out of you having to wake up early and shorten your whole routine” (C01, student, participated in testing).*

Initial teething problems were common, with students not being clear where they had to go:

*“[my son] is year seven, so he’s one of the younger ones and it was about quarter to ten on the Monday he texted me, I’m in a classroom, there’s only 11 of us in here, I don’t know what’s happening... I’ve had my test but they’ve just put us in a classroom.... there isn’t anybody here, we’re just on our own” (P08, parent, participated in daily testing)*

Over a period of time, the testing procedures were refined and adapted to suit the individual situations and circumstance of each school:

*“[Schools] must all have slightly different ways... Whatever works. We refined it as time when on, so by the time to the daily contact testing I think we’d got it more or less sussed really” (S10, staff, participated in testing)*

Conduct of testing appeared to be very much influenced by school support for daily testing, inside and outside space available, number and demographics of students, and staff resources available:

*“We’re very fortunate to have [separate buildings]; it’s completely separate to the main college so we’re able to do all the testing over there. So actually the risk to the bigger school is almost mitigated because we’re able to do that contact testing before they even come onto college site, so you know, we’re very, very fortunate in that. I’m sure many schools aren’t” (S02, staff, participated in testing)*

*“So we’re very small... I wouldn’t want to do it in a mainstream secondary to be honest having worked in mainstream secondaries, the thought of queues snaking around the building in the freezing cold and the rain waiting to come into a particular area yeah I could see that would be much more difficult to manage” (S08, staff, participated in testing).*

Depending on the resources that were available, schools adopted different approaches to testing, however, staff resources were a big issue:

*“We haven’t got spare staff to be doing any of these jobs” (S03, staff, participated in testing)*

Regardless of the size of the school, it was not considered possible to test a large number of close contacts:

*“We had this one last week... we just said we’re really sorry but we have got to capacity, I think we’ve got 150 students that the girls are having to get through and I think that was our limit... and we can’t drag anybody from anywhere else cos we haven’t got anybody otherwise it’s impacting on teaching and learning” (S06, staff, participated in testing)*

Whilst not a barrier to implementation, schools recognized that different communications and approach would be needed to suit the demographics of the students:

*“We’re very fortunate with our community, we’ve got a lot of doctors, a lot of clinicians, we also serve the military as well, so we’ve got quite a high military population of students and pupil premium. So we’ve got a lot of people that have put their trust in us to make the right decision and are therefore very supportive of it” (S02, Staff, participated in testing)*

*“We are in a very deprived ward, so the demographic of our pupils there and parents... is predominantly white working class. It means that we have to go through a different thought process... are less IT literate, they’re less engaged with their children. It doesn’t mean they don’t love their children... They just can’t access some things” (S03, staff, participated in testing)*

Engaging in testing

Overall, school staff reported that the majority of students had been able to take the tests without concerns:

*“[students] have been fantastic. We’ve not even had to assist any of them, but, again, I think because we’ve been doing the testing at home, they’re all experts, I think. They don’t seem fazed... I’d say when we did the original government testing back in January when they all returned to school, we were concerned that some would struggle, but, like I say, they’ve all been great... we’ve not got concerns with any of them. Even some of our SEN pupils. They’ve been amazing” (S04, staff, participated in testing)*

Although unpleasant, students described how they had accepted testing as something that had to be done:

*"Nobody likes doing it but you have to and I'd rather just do the test than miss out on school and self-isolate. Yeah, I just get it over with and it's alright really" (C01, student, participated in testing).*

School staff described making every effort to reassure students who were particularly anxious:

*"There are a few who are nervous and anxious but we've tried to create an environment which puts them at their ease... we've got music playing, we've got a very jolly bunch of people down there who are trying to be as friendly and welcoming... we've got members of senior leadership or a teacher or a head of year down there who welcomes them and just chatting to them while they're queuing up, keep them at ease and I think it's like anything, the first time will be the one when they're most nervous" (S01, staff, participated in testing)*

*"I've seen in one class because a ton of people were nervous and didn't want to do it, a teacher actually did it with them to make sure they knew how to do it" (C02, student, participated in testing)*

Students described how they had taken many tests, and were very familiar with the process and procedure:

*"We had also done it so many times we felt confident we were absolutely doing it right" (C10, student, participated in testing)*

Despite students familiarity with testing, school staff would provide clear instructions and closely observing students whilst taking their tests:

*"Yes so again even the seven day testing people would constantly remind us subtly that this is how you do it just in case you forget. They have instructions Cellotaped to the table so even if you haven't heard the lady properly or if she has repeated it and you just haven't listened it's always there. It's very difficult to get wrong I think. I think for us guys who are 18 or 17 once you've done it once you can that muscle memory and you can just do it again" (C06, student, participated in testing).*

Students were confident that they had taken the tests correctly:

*"Q: How did you know that you were doing the tests correctly? A: 'Cause they'd watch you when you do the test and tell you if you hadn't done it properly" (C16, Student, participated in testing)*

Due to workload and resources, many schools opted to only inform students and parents of positive test results:

*"What we said to our parents is we'd only communicate if it was a positive test, so the negative tests we haven't communicated" (S08, staff, participated in testing).*

Parents, particularly those with younger children, reported that confirmation of test results would have been useful:

*"I think as a parent as well that was the bit that was missing for me because I'd be texting ((name)) at half eight or quarter to nine saying 'Are you okay or am I coming to pick you up?'" (C01, parent, participated in testing)*

Interpreting and understanding test results

Although some people referred to tests in absolute terms, the majority of participants were aware that tests results were not 100% accurate, and that anyone could catch the virus at any time:

*"I think the tests are what, 50% accurate or something, 60. I don't know what the number is, but I know it's not 100%" (S05, staff, participated in testing)*

Despite generally agreeing that tests were not always accurate, those participating in daily testing were confident that the tests were "good enough" to facilitate a return to school:

*"There's still a tiny chance me having it that [tests] won't pick up, but it's a less chance of me having it, so I can still be in school" (C08, student, participated in testing)*

*"We've got very few staff who are not wanting to do the test because they feel that so long as it's more than 50% accurate, just to swab your nose and your throat and to get some kind of result that could be more than 50% accurate is better than not testing at all. That's not just for themselves, but for their families at home and the wider community and their colleagues in school. So absolutely everybody who does that test understands that it's not 100% accurate. I've said it was 70-odd% accurate, the one we were previously using, and everybody that I've spoken to has said yeah, that's better than doing nothing" (S03, staff, participated in testing)*

Confidence in the accuracy of tests appeared to be reinforced by a lack of symptoms and/or a lack of contact with the positive index case:

*"I'd probably say pretty accurate because I think if I'd have felt symptoms and it was still coming back negative obviously I'd think okay, maybe they're not as accurate as I think" (C01, student, participated in testing)*

*"I was pretty confident because I had barely been near the person. In my seating plan the tables are very far apart so I wasn't actually that close to her and I've never actually walked passed her or spoken to her or anything, so I was pretty confident that they were reliable and true" (C11, student, participated in testing).*

Any concerns about the accuracy were lessened by the use of multiple (LFD and PCR) tests:

*"I was pretty confident because obviously they were the same each day, so if I was positive, it would have shown up on one of the days at least probably" (C08, student, participated in testing)*

*"Yes, I am confident because on the odd occasion we have had a positive lateral flow that has been confirmed by a PCR" (S10, staff, participated in testing).*

Strategies were put in place to increase the perceived accuracy of tests, for example, taking multiple tests consecutively:

*"I had already taken three the night before... um, because the person that tested positive said that she had done four and two came back positive and two came back negative, so I just did three to make sure" (C19, student, participated in daily testing).*

Behavior during testing

School staff, pupils and parents highlighted a range of measures that had been introduced to keep schools COVID secure:

*"Not because of the DCT, but obviously due to COVID and everything, we've gone very overboard on the safety" (S04, Staff, participated in testing)*

Students were encouraged to maintain social distancing as much as possible:

*"We kind of separated from the other students and went into a room... We kept our bubble so we didn't actually mix with other people that were not in our classes... Normally we are allowed to sit with everyone in the Sixth Form but with self-distance and measures such as sitting with a certain amount of people on a table or certain things" (C04, student, participated in testing).*

Most participants were aware of, and accepted, the rules regarding the requirement to isolate whilst not at school:

*"I think again school laid it out very clearly and they explained everything to us and why we have to do what we need to do. In all fairness they weren't asking us to do or not do something that was a big part of our lives and our livelihoods. They were just asking us not to mix with other people and I think in that situation that is fair" (C06, student, participated in testing).*

Although some participants reported understanding the logic underpinning the rules, there appeared to be some confusion about the mixed messages:

*"Yeah, because tests aren't accurate, well they're not 100% accurate, so if we're only in school then we can only pass it onto like --, if we do have it, then we can only pass it to a certain amount of people, but if we went to the shop while we had the test then it would still be like we're passing it onto strangers and people that we don't know" (C12, student, participated in testing)*

*“It is a bit weird that you can go to school but you can’t take the dog for a walk or go for a run by yourself. That was a bit baffling to some people I think because that’s weird because it’s not as big of a risk if you just went for a run round your town and not seen anybody” (C01, student, participated in testing).*

Isolation rules were viewed as annoying, but largely accepted:

*“I was a bit annoyed to be quite honest but yeah, you do what you’ve got to do to keep other people and things safe and I didn’t want to pass it on or anything, so it was better I’ll say, yeah, it was all right” (C15, student, participated in testing).*

Most students and parents reported either that they had adhered to the rules, or had engaged in low contact activities (e.g., taking the dog for a walk, seeing friends they were at school with):

*“The first weekend she was isolating, it was her friend’s birthday and she was a bit frustrated saying, ‘Everyone’s going out,’ and we had a talk about what the situation might be if her friend came out, and if it was friends she’s at school with and they were going to be outside in the open air, and friends were okay with it, and there weren’t too many of them, and they’re people that she’d been mixing with at school. I said, ‘We can discuss it if that is the case,’ thinking maybe there’d be some pressure, that she’ll want to join them and maybe that wouldn’t be stretching the rules too much but, as it was, nobody went out and did anything anyway” (P11, parent, participated in testing).*

Participants described additional efforts to avoid vulnerable relatives during their testing period:

*“I just tried to keep my distance a bit more because I’ve got my 80 year old grandma living with us at the moment so obviously trying to keep myself away as much as possible was a priority really because obviously I don’t want her to get it if I had it. I tried to keep my distance a bit more” (C01, student, participated in testing).*

Whilst participants described adhering to the rules themselves, they were often concerned that others may not do so:

*“I think that’s where the real danger will be, is that people will think that daily contact, you know, that daily test, gives me 24-hours for want of a better word, protection. And they think a) it means I’m virus free and b) I don’t need to worry about any kind of, you know, wider behaviour outside of school” (S01, staff, participated in testing).*