Department for Education

13th November 2020

Briefing on COVID-19, children and education settings

The Government continues to prioritise the wellbeing and long-term futures of our children and young people, and as a result has been clear that childcare and education settings should remain open. This reflects the vital benefits of education for all children and young people, and the fact that these benefits far outweigh the risks of COVID-19 for children and young people.

Keeping settings open remains Government's priority, and as such it has taken other steps across society to manage down virus prevalence by closing other sectors, to allow schools, colleges and universities to remain at full attendance. The new national restrictions, announced on Saturday 31 October, have been introduced for a time-bound period to control the spread of the virus. Reducing infections in the community will reduce the opportunity for transmission to occur in education settings. We are grateful for the extraordinary, continuing efforts of leaders, teachers and staff across early years, schools, and further and higher education, to adapt their settings and maintain good, COVID safe practices, in line with guidance.

DfE regularly reviews data, analysis and advice from a number of different sources including SAGE, Public Health England, the Office for National Statistics, and the Joint Biosecurity Centre, to ensure our policies are guided by the most up-to-date scientific evidence.

Impact of missing education:

The impacts of missing education are severe for children – both now and in the future. The evidence is very clear that being out of education causes significant harm to learning, life chances, and mental and physical health now and in the future.

- There is clear and unequivocal evidence that further time out of education is detrimental for children's cognitive and academic development and their long-term productivity.
- The most robust studies suggest that time out of formal education leads to lost learning which can meaningfully affect the attainment and life chances of children if not addressed.[1] Meta-analysis of learning loss shows that every further day of missed education matters and will likely lead to further reduced attainment.[2]
- Learning at home may be particularly challenging for disadvantaged pupils. The EEF has estimated that the disadvantage 'gap' in attainment could widen as a result of the pandemic. This will be exacerbated further if educational settings are not kept open.[3]
- Attending education is crucial for the mental health and wellbeing of children and young people after what has been a hugely challenging year so far. Vulnerable children are most likely to be affected, with risk of harm and abuse higher associated with isolation and financial stress.[4]
- Emerging data from the March/April lockdown period provides growing indicative evidence that interventions such as social distancing and stay at home guidance including closures of education settings, have likely had an adverse effect on the mental health and wellbeing of children and young people.[5]

Workforce:

There is reassuring evidence that staff working in education are not at higher risk than those working in other sectors.

- Since the start of the academic year (ONS data from 2nd September to 16th October), there is no evidence of a difference in the positivity rates of pre-school, primary and secondary school and college teachers, university lecturers, and education support staff, compared to other key workers or other professions. This is the same when including household members of such groups.[6]
- ONS analysis on exposure to disease and data on workforce demographics suggest that education workers collectively tend not to be at the greatest risk from disease.[7] In general the risks of COVID-19 to working-age people are relatively low.
- The system of controls outlined in DfE guidance sets out the measures that all staff should follow, endorsed by PHE and DHSC. Where educational settings implement the system of controls outlined in guidance, in line with their own workplace risk assessment, PHE and DHSC confirm that these measures create an inherently safer environment for children and staff where the risk of transmission of infection is substantially reduced.
- It is important for staff to maintain good infection control practice inside and outside classroom settings. Evidence from UK and international studies suggest that where infection does occur this may largely be staff to staff (like other workplaces) rather than pupil to staff.[8, 9]
- One study shows that, for adults living with children there is no evidence of an increased risk of severe COVID-19 outcomes.[10]

Incidence:

Children and young people continue to be at low risk from COVID-19 and very rarely get seriously ill, even though infection rates have risen. COVID-19 infection rates amongst secondary school aged children and young adults are high compared to other age groups.

- Studies including ONS Coronavirus Infection show that the prevalence of the virus amongst younger children (broadly primary school aged children) was around 1.2% from 25th to 31st October 2020.[11, 12] This is roughly in line with the reported prevalence rates across the general population.
- The ONS Coronavirus Infection Survey shows that older teenagers and young adults continued to have the highest rates testing positive for COVID-19 (around 1.6% from 25th to 31st October 2020) but this rate has started to fall in recent weeks. Prevalence amongst secondary school age children (around 1.5% from 25th to 31st October 2020) appears to be levelling off.
- Other studies, such as the updated findings for Round 6 of Imperial College REACT Study, find similar results, including that the 13-17 age group (at 1.92%) was the age group with the second highest prevalence during October 2020.[13]
- Data also shows that some geographical areas face greater infection rates than others. ONS modelled prevalence levels in the North West and Yorkshire and Humber are high compared to other regions but appear to be starting to level off.[14]
- The risk from the virus of severe disease and death to children is very low.[15, 16, 17]

Transmission:

There is no clear or conclusive evidence that schools are playing a significant causal role in transmission and the spread of COVID-19.

- At present, there is no direct evidence that shows that children being in school is a significant cause of transmission. This includes from the published literature and experiences from other countries.
- Transmission to and from children and young people can occur in household, community, and educational settings. There are some emerging findings which should generally be treated with caution, given evidence continuing to develop:
    - It is not clear if primary and secondary aged pupils are picking up COVID-19 infections in education settings to a greater or lesser degree compared to other settings.
    - Several studies suggest that transmission in schools is influenced by overall community prevalence.[18] Conversely, the role of schools in driving community prevalence is unclear.[19, 20] Children can transmit to others in their households at roughly similar levels to older age groups (although they are less susceptible to catching it at home than older age groups).
    - Some evidence suggests transmission is lower in primary than secondary age groups [21, 22] and is lower in educational than household settings.[23] But the exact proportion of transmission in each setting cannot be quantified.
    - It is not possible to separate out behaviours and contacts within schools and colleges from the 'end to end' behaviours and contacts associated with attendance. For example, travel to and from education, activities around education, how these may change or be displaced, as well as the broader signal that settings being open sends to the community. These behaviours will vary depending on the age of the child.[24]

[1] DELVE Initiative (2020), Balancing the Risks of Pupils Returning to Schools. DELVE Report No. 4. Published 24 July 2020
[2] CEPEO (2020) Briefing Note: School Absences and Pupil Achievement
[3] EEF (2020) – Impact of school closures on the attainment gap: Rapid Evidence Assessment
[4] ONS (2020) Mental Health of Children and Young People in the Pandemic
[5] Children's Society (2020) Life on Hold: Children's Wellbeing and COVID-19; YoungMinds (2020) Coronavirus: Impact on young people with mental health needs.
[6] ONS (2020) Coronavirus (COVID-19) Infection Survey, UK: 06 November 2020
[7] ONS (2020) Which occupations have the highest potential exposure to the coronavirus (COVID-19)?
[8] PHE (2020) SARS-CoV-2 infection and transmission in educational settings: cross-sectional analysis of clusters and outbreaks in England
[9] Children's Task & Finish Group (2020) Risks associated with the reopening of education settings in September
[10] Morton et al., (2020) Association between living with children and outcomes from COVID-19: an OpenSAFELY cohort study of 12 million adults in England
[11] ONS (2020) Coronavirus (COVID-19) Infection Survey, UK: 06 November 2020
[12] Imperial (2020) Real-time Assessment of Community Transmission findings
[13] Imperial (2020) REACT-1 Round 6 Updated Report
[14] ONS (2020) Coronavirus (COVID-19) Infection Survey, UK: 06 November 2020
[15] SAGE 31 minutes
[16] Meeting of TFC group July 4th
[17] Statement from the UK Chief Medical Officers on schools and childcare reopening, August 2020
[18] PHE (2020) Transmission of COVID-19 in school settings and interventions to reduce the transmission: a rapid review [Update 1]
[19] PHE (2020) Transmission of COVID-19 in school settings and interventions to reduce the transmission: a rapid review [Update 1]
[20] Children's Task & Finish Group (2020) Risks associated with the reopening of education settings in September
[21] SAGE 64 minutes
[22] Viner et al (2020) Susceptibility to and transmission of COVID-19 amongst children and adolescents compared with adults: a systematic review and meta-analysis
[23] Viner (2020), School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review
[24] SAGE 65 minutes