

# IN THE UK COVID-19 INQUIRY

## MODULE 8

### SUBMISSIONS ON BEHALF OF CLINICALLY VULNERABLE FAMILIES ('CVF') FOR THE SECOND PRELIMINARY HEARING, 11<sup>th</sup> JUNE 2025

#### **A. INTRODUCTION**

1. CVF was founded in August 2020 and currently represents those who are Clinically Vulnerable ('CV'), Clinically Extremely Vulnerable ('CEV') and the Severely Immunosuppressed,<sup>1</sup> as well as their households, across all four nations (collectively referred to as '**clinically vulnerable**'). Due to their underlying health conditions, this group of vulnerable individuals were, and remain, at higher risk of severe outcomes from Covid-19, such as greater mortality<sup>2</sup> and Long Covid,<sup>3</sup> than the greater population. For many vulnerable individuals, the pandemic is by no means over and indeed they still face as significant a risk from contracting Covid-19 – and in some respects a higher one, because of the removal of mitigation measures – as they did in early 2020.
2. CVF is keen to ensure that the Inquiry considers the full impact of the pandemic on children and young people who were either clinically vulnerable themselves or were part of clinically vulnerable families. In many cases, clinically vulnerable children ('**CV children**') or children in clinically vulnerable families ('**children in CV families**') continue to shield or lead limited lives to this day and a key question for this module will be what more should have been done, and could be done in the future, to ensure that they are safely able to rejoin society, re-enter education and access essential healthcare.

<sup>1</sup> These terms are used as they were during the acute stage of the pandemic according to the contemporaneous Government definitions.

<sup>2</sup> Pre-existing conditions of people who died due to coronavirus (COVID-19), England and Wales - Office for National Statistics

<sup>3</sup> Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK - Office for National Statistics

3. CVF welcomes the opportunity in Module 8 to shine a light on the distinct experiences of CV

children and children in CV families, who continue to be impacted both by the virus itself and the UK's response to it.

4. CVF are grateful to Counsel to the Inquiry ('CTI') and Solicitors to the Inquiry ('STI') for their helpful notes, together with other information, circulated ahead of this hearing.

## **B. SUBMISSIONS**

### ***(1) The overarching theme of Module 8 and the connection to Clinically Vulnerable families***

5. CTI's note states at §18 that "*there is very little in Module 8 which can be decoupled from the closure of schools: very many impacts on children stem from them*".
6. The decision to close schools inevitably involved, predominantly, the balancing of two competing risks: the risk of harm to children by not being in school (both in terms of missed education and the loss of a place of safety and support for many vulnerable children) set against the risk of greater transmission of Covid-19 and the resulting death and serious illness among clinically vulnerable people most at risk from the disease, including both children and their families, who would be exposed to Covid-19 if a child was infected at school.
7. CVF submits that to truly understand the decision to close schools and how this – and the associated harms – may be avoided in the future, the Inquiry must ensure that both CV children and children in CV families remain in sharp focus during Module 8. They are one of the primary reasons for the closure of schools which, in turn, was the pandemic response that had the greatest impact on children and young people generally. The Inquiry must also explore why schools were not safe enough to remain open (an issue which, concerningly, appears not to be a central focus of this module), and who was most at risk from unsafe schools.
8. A significant majority of children will have been living in a household with a clinically vulnerable person, whether vulnerable to Covid-19 due to their age or underlying health condition. The likelihood of living with a clinically vulnerable person is even greater among certain ethnic minority or lower socioeconomic groups for whom

9. CVF submits that the sheer number of children in this category, coupled with the central role they played in the risk-balancing exercise, would make any investigation that leaves them out of the equation wholly artificial.
10. CVF respectfully suggests that the key issue that is missing both from CTI's note and the Provisional List of Issues is the reality that unless schools and educational settings are made safer – and adapted to significantly reduce the transmission of airborne viruses – the UK risks remaining vulnerable now and in the future, whether to new waves of existing viruses or to future pandemics, and even more so if a future pathogen poses a greater risk to children.
11. School closures do not have to be an inevitable response to a pandemic, but in reality they will be unless something is done now to improve the safety of the buildings children are educated in. We will expand on this point in oral submissions.
12. Moreover, for some CV families this is not a theoretical or speculative point. Because of the failure to put in place measures to reduce airborne transmission in schools, some children in CV families remain effectively excluded from education today.
13. CV families are the most sensitive to infection risks regardless of there being a pandemic - and they are the most harmed when those risks are ignored. CV families, including children and young people, were left to navigate unsafe environments without support, facing impossible choices between education and a risk to lives. The government's "Living with Covid" policy framed risk as a matter of "personal responsibility", shifting the greatest burden of responsibility onto those facing the highest risks. Public health should not rely on individual actions but collective protection. When it is safe enough for the most vulnerable, it is safe enough for everyone.
14. It is extremely important for CVF and the people it represents that the difficulties they faced, and continue to face, because of the failure to make schools safe, are properly reflected in Module 8.

## ***(2) CTI's Note***

15. CVF found CTI's statement at §25D that "*it was fortunate that in this Pandemic, a very*

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*small number of children were severely affected by the Covid-19 virus in terms of their becoming acutely ill from it*", extremely concerning. This is later followed by the indication

at §26A that “*because Covid-19 did not have a significant impact on the physical health of the vast majority of children and because children, in general, suffer less ill-health than adults, Module 8 does not anticipate (save as set out above) focusing upon the impacts on physical health during the hearings*”.

16. Between March 2020 and October 2022, 88 children died from Covid-19.<sup>4</sup> CVF considers that this number may well have been higher had parents of CV children not kept their children away from school. In the first year of the pandemic alone, there were 6,338 paediatric Covid-19 admissions. Of those admissions, 259 children (4.1 %) needed paediatric intensive care.<sup>5</sup>
17. These numbers, and these children, are not insignificant and certainly not “*fortunate*”. While the Inquiry has an unenviable task of ensuring that a wide range of issues affecting children and young people are explored during the public hearings, CVF urges the Inquiry not to overlook the physical impact of Covid-19 on children.

### ***(3) Provisional List of Issues***

18. CVF is grateful for the early provision of the Provisional List of Issues. We appreciate that the list is not intended to be exhaustive and therefore have not sought to suggest modifications or additions to the list. CVF is further reassured by the statement on p.1 that: “*Module 8 is considering impacts on children across society. It is implicit that in each of the areas set out below, consideration will be given to whether the most significant decisions had a disproportionate impact on any specific group of children and to the measures put in place to mitigate their effects.*” (emphasis added).
19. However, CVF make the following observations:

- a. For the same reason that CV children and children in CV families were central to the issue of the closure of schools, they were also the group that were most impacted by the decision to re-open schools. CVF urges the Inquiry to give appropriate consideration to the specific and unique impact that the re-opening of schools,

<sup>4</sup><https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/deathsofchildrenfromcovid19inenglandandwales2020to2022>

<sup>5</sup><https://www.medrxiv.org/content/10.1101/2021.07.01.21259785v1>

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without adequate safety measures, had on CV children and children in CV families. Put quite simply, schools were not safe for CV children and children in CV families to return to in September 2020, which resulted in many CV families deciding that

their children would not attend school. This had wide-ranging consequences, from missed education, prolonged periods of isolation, stigma and discrimination, and the threat of fines or even criminal prosecution for non-attendance.

- b. While it is vital that the Inquiry identifies and seeks to understand the harms caused to children and young people by the Covid-19 pandemic and the UK's response to it, there is a danger in considering these issues in isolation when so many are rooted in the decision to close schools. In CVF's respectful submission, it is critical that the Inquiry grapples with the balancing exercise that underpinned that decision, and how the UK can safely keep schools open in a future pandemic, whilst protecting lives and health.

#### ***(4) Expert witnesses***

- 20. For the reasons already outlined, CVF considers that a fundamental concern for the Inquiry should be how educational settings could have been made safer for children and young people during the acute stage of the Covid-19 pandemic, and, even more importantly, could be made safe for children and young people to attend in a future pandemic.
- 21. CVF has written to the Inquiry, alongside the Trades Union Congress, Long Covid Kids and Long Covid Kids Scotland, to recommend the instruction of a suitably qualified public health and safety expert to consider how school attendance restrictions may be avoided in a future pandemic by improving Infection Prevention and Control ('IPC') measures in education environments. We await a response to that letter.
- 22. As was clear from the IPC expert evidence to Module 3, there is nothing inevitable about public buildings being unsafe: poor air quality is itself a choice. Buildings can be made safer by using IPC measures such as mechanical ventilation, air filters, high-grade FFP2/3 masks, and air quality monitoring. Infection control can also be enhanced by emerging technologies such as electronic biosensors to detect viruses and less invasive methods for frequent pool testing – such as saliva tests. Less invasive tests make it easier to test everyone, including younger children and those with special educational needs and disabilities ('SEND'), which would allow rapid detection and isolation of a small number

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of infectious individuals.

- 23. CVF has suggested Professor Jim McManus, currently the National Director of Health and Wellbeing at Public Health Wales but formerly the Director of Public Health at

Hertfordshire County Council, who CVF believes to have been instrumental in making improvements to ventilation in Hertfordshire schools. CVF has also proposed requesting that Professor Beggs provide a supplementary report to follow on from his helpful evidence on healthcare systems in Module 3.<sup>6</sup>

24. CVF submits that it would be an incomplete investigation to consider how the closure of schools affected children and young people without considering how school attendance restrictions may be avoided in future by improving the safety of these buildings. CVF urges the Inquiry to consider commissioning an expert to comment on these issues. Without this evidence CVF submits that the Inquiry will not be in a position to reach meaningful findings on the impact of school attendance restrictions, or to make practical and useful recommendations that would ultimately help mitigate the impact of any future pandemic upon children and young people.

### **C. CONCLUSION**

25. CVF hopes these submissions are of assistance to the Chair and looks forward to assisting the Inquiry in its Module 8 investigations.

**KIM HARRISON ADAM WAGNER K.C. SHANE SMITH HAYLEY DOUGLAS  
LAMEESA IQBAL**

Solicitors for CVF Counsel for CVF Slater & Gordon Doughty Street Chambers

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<sup>6</sup> See also the study completed by Professor Beggs and others on this issue: Noakes CJ, Burridge HC, Beggs CB, et al, '901 Class-ACT: the UK's trial on the feasibility and effectiveness of air cleaning technologies in schools', 19 June 2023.