

Witness Name: Osama Rahman

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UK COVID-19 INQUIRY

WITNESS STATEMENT OF OSAMA RAHMAN

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1. Chapter 1: Introduction

- 1.1. I, Osama Rahman, am employed by the Office for National Statistics' ("ONS") as the Director of the Data Science Campus. I have held this position since September 2022. Additionally, since April 2025, I have undertaken the role of interim Director of Economic Statistics Change. Prior to this role, I was the Department for Education's ("DfE or the department") Chief Scientific Advisor ("CSA"), Chief Analyst and Director of the Central Analysis Directorate between April 2018 and September 2022.
- 1.2. I make this statement in response to the UK Covid-19 Inquiry's ("the Inquiry") Request for Evidence under Rule 9 of the Inquiry Rules 2006 sent in draft on 2 May 2025 ("the Rule 9 request"). This statement responds to questions (1 to 65) in that request. As DfE's responsibilities cover England, this statement can only address what happened in England during the pandemic.
- 1.3. I would like to reiterate that settings were always open, at the very least, to children of critical workers ("CCW") and vulnerable children.
- 1.4. The statement is set out in 9 chapters, as follows:
 - 1.4.1. Chapter 1 – Introduction to the statement.
 - 1.4.2. Chapter 2 – Part A: Role and responsibilities of the CSA to DfE.
 - 1.4.3. Chapter 3 - Part B: Pre-pandemic planning.
 - 1.4.4. Chapter 4 – Part C: Initial understanding about children and COVID-19.
 - 1.4.5. Chapter 5 – Part D: Initial decision-making about children.
 - 1.4.6. Chapter 6 – Part E: Summer 2020 (May 2020 to November 2020).
 - 1.4.7. Chapter 7 – Part F: December 2020 and early January 2021.
 - 1.4.8. Chapter 8 – Part G: Differential impacts on children.
 - 1.4.9. Chapter 9 – Part H: Lessons learned.
- 1.5. This statement is supported by documentary evidence, which will be referred to in the format (Exhibit OR1/XX - INQ0000). The Inquiry should note that where exhibits refer to 'schools', this often covers all education settings, including schools, colleges as well as specialist schools and alternative provision.

2. Chapter 2 - Part A: Role and responsibilities of the Chief Scientific Advisor to DfE

- 2.1. I held the role of CSA and DfE Chief Analyst from April 2018 to August 2022. I was also Director of DfE's Central Analysis Directorate from April 2018 to April 2022. At the start of the pandemic period, the Central Analysis Directorate was part of Operations Group in DfE. In April 2022, as part of a wider DfE reorganisation, the Central Analysis Directorate moved to a new Strategy Group and was renamed Analysis and Strategic Data Transformation Directorate. At this point I became Director of Analysis and Strategic Data Transformation alongside my roles as CSA and Chief Analyst. I left DfE in August 2022 to join the ONS. The second Corporate Statement of Susan Acland-Hood dated 12 June 2025 (Exhibit OR1/001 - INQ000587823) provides a comprehensive account of director general led groupings and DfE work. I was appointed as a civil servant and remained a civil servant during the pandemic period.
- 2.2. During the majority of the pandemic period, the Central Analysis Directorate consisted of three divisions, each led by a deputy director who reported directly to me: Strategic Operations Analysis Division ("SOAD"), Central Research Division (known from November 2021 as the Central Research and Evaluation Division) ("CRED") and the Central Analysis Unit ("CAU") (Exhibit OR1/002 - INQ000623185). From April 2022, when the Central Analysis Directorate transitioned to the Analysis and Strategic Data Transformation Directorate these three divisions underwent changes. However, given that the structure of the Central Analysis Directorate was in place for most of the pandemic period, details are provided on the three divisions only. Each division's responsibilities were:
 - 2.2.1. CAU was primarily responsible for providing statistical and economic analysis and modelling support across DfE policy areas. At the time of the pandemic, it had an emerging data science team that has since moved (and expanded) to another part of DfE.
 - 2.2.2. CRED was responsible for supporting teams across the department to deliver research projects and surveys. Support provided by this division included approval for research projects, advice on contracting, financing and publication of findings.

- 2.2.3. SOAD was primarily responsible for providing analysis and modelling to support DfE's operations. At that time, SOAD also led on oversight of quality assurance of analytical work taking place across DfE.
- 2.3. DfE's Deputy Chief Scientific Advisor ("DCSA") had been in post before the pandemic. The DCSA worked within the Central Analysis Directorate with no additional staffing resource allocated. A second DCSA was appointed in August 2020. Paragraphs 2.28 to 2.29 below provide further information on this additional DCSA appointment.
- 2.4. A small science team, drawn from DfE officials working within Central Analysis Directorate, was established during the pandemic to support wider DfE teams to interpret relevant scientific data. The DCSA and small science team sat within CRED (Exhibit OR1/003 - INQ000623171).
- 2.5. Every DfE official is part of one of four professions linked to their role; functional, specialist, policy and delivery:
- 2.5.1. The functional profession contains a number of groupings, including analysis. Functions form a framework for collaboration within government organisations and across organisational boundaries, to support efficient and effective delivery of policy, outcomes and services. Most officials working in the DfE Central Analysis Directorate, and its successor the Analysis and Strategic Data Transformation Directorate, including analysts, researchers, economists and statisticians, belong to the analysis grouping within the functional profession.
- 2.5.2. The specialist profession also contains a number of groupings, including science and engineering. A number of DfE officials, also mainly based in the DfE Central Analysis Directorate and its successor the Analysis and Strategic Data Transformation Directorate, are members of the science and engineering grouping.
- 2.5.3. Other staff in DfE are members of the policy and delivery professions. Policy profession members design, develop and propose appropriate courses of action to help meet key government and departmental priorities and ministerial objectives. Delivery profession members deliver DfE's policies, for example through administering capital funding to schools and colleges.

- 2.6. Further detail on government professions and functions is exhibited here (Exhibits OR1/004 - INQ000623172 and OR1/005 - INQ000623173).
- 2.7. For the purpose of this statement, DfE officials belonging to the DfE Analysis Function ("AF") will be referred to as analytical colleagues. This designation applies only to those analysts who were members of the AF and not part of the analytical community (Exhibit OR1/006 - INQ000623192).
- 2.8. Those belonging to the science and engineering grouping within the specialist profession will be referred to as science colleagues. DfE officials belonging to the policy and delivery professions will be referred to as policy colleagues and delivery colleagues respectively.
- 2.9. Please note that the DfE science team included both science colleagues and analytical colleagues during the specified period.
- 2.10. It is important to note that in addition to those analytical and science colleagues working with me in Central Analysis Directorate, analytical colleagues were also embedded in policy directorates across DfE. These officials would have been assigned tasks by senior leadership colleagues responsible for those policy areas. The responsibility for commissioning work, assessing findings, and determining potential actions from these analytical colleagues rested with the senior leadership overseeing the policy areas in which they worked, although I and colleagues from within Central Analysis Directorate were always available to offer support, challenge and advice.
- 2.11. DfE has overall responsibility for setting policy and accountability, and the regulatory framework for education and care in England. This includes children's social care ("CSC") and safeguarding in relation to children, and education and training including early years ("EY"), primary and secondary education (including in schools), further education ("FE"), higher education ("HE") and apprenticeships and training. DfE's areas of policy responsibility include early education and childcare, CSC, including systems for children in need, child protection, and children in care as well as the standards, operation and funding of the system for children and young people in the primary and secondary school sectors as well as related teaching, learning and qualifications.

- 2.12. As the Chief Analyst and Director of the Central Analysis Directorate, my responsibilities included leading analytical teams within the directorate and providing guidance on analyses generated within the department. Additionally, I was occasionally required to address issues that required further examination and scrutiny of the analysis generated. This role involved evaluating and resolving issues related to work produced by DfE officials within the Central Analysis Directorate, as well as those embedded in various other directorates across DfE.
- 2.13. I was responsible for overseeing professional standards for analytical colleagues and analytical teams within the directorate, as well as those embedded in directorates across DfE. I was also responsible for overseeing DfE processes for providing or commissioning science and engineering advice as well as social and economic research via the DfE Research Board. Chapter 8 of this statement provides further information about the DfE Research Board.
- 2.14. By 2020, I expanded the Central Analysis Directorate from just the CAU in 2018 to include the SOAD and CRED divisions. I had started to develop internal structures to ensure policy making was underpinned by science and engineering evidence and advice, along with analysis. This initiative involved increasing the number of science colleagues within the Central Analysis Directorate. I had started to recruit science colleagues to work with analytical colleagues, recognising the importance of having a strong team to support the CSA. The pandemic accelerated this development, pushing DfE to recruit more science colleagues, including an additional DCSA, to work within a dedicated science team.
- 2.15. Additionally, I had started the work to establish a Science Advisory Council ("SAC") to provide expert independent advice on science policy and strategy to the department. However, I was unable to secure consistent ministerial approval for a DfE SAC during my time in the department. I understand that DfE now has an operational SAC.
- 2.16. It is important to note that as CSA, Chief Analyst, and Director of the Central Analysis Directorate, I take full responsibility for all work produced and shared by DfE officials working within the Central Analysis Directorate.
- 2.17. As CSA, I was a senior adviser, working at director level within DfE. I was not, at any point as CSA, a member of an Executive Board, known in DfE now as

the Leadership Team. Members of the DfE Leadership Team include the Permanent Secretary and all Director Generals. The second Corporate Statement of Susan Acland-Hood dated 12 June 2025 (Exhibit OR1/001 - INQ000587823) provides further detail on internal structures, including Director General Groups.

- 2.18. During the pandemic and to date, the CSA role is an advisory one. Although able to commission work within DfE, the CSA is not responsible for decision making. As CSA, my role was to ensure that DfE and government ministers had timely and accurate scientific advice to inform the decisions that they made.
- 2.19. I worked closely with the Government Chief Scientific Adviser (“GCSA”) and regularly attended cross-government CSA meetings, chaired by the GCSA, and pre-and post-pandemic CSA Strategy Workshops. *Guidance for government Chief Scientific Advisers and their Officials* sets out the role and responsibilities of CSAs and how they work with each other and the GCSA (Exhibit OR1/007 - INQ000623174).
- 2.20. From the start of the pandemic in January 2020, DfE officials, including me as CSA and the DCSA, received documents from the Scientific Advisory Group for Emergencies (“SAGE”) meetings. We began to review and summarise SAGE meeting minutes from February 2020 to share with ministers and DfE officials. The DCSA attended SAGE meetings from 4 February 2020, and I attended from 10 March 2020. The DCSA and I attended these meetings as observers initially and then attended as participants when invited to do so if there was a specific agenda item of direct relevance to education settings and children. Observers were present in SAGE meetings to watch the process and gather information, without actively participating or influencing the advice produced. Participants took an active role in the decision-making process, contributing to discussions, offering opinions, and potentially influencing meeting outcomes.
- 2.21. Later on, likely to be over summer 2020, I was invited to become a core participant with a standing invitation to attend all SAGE meetings. As advised in the paragraph above, before becoming a core participant, I was a participant at SAGE meetings when invited to do so, if there was a specific agenda item of direct relevance to education settings and children. Additionally, as explained in paragraph 4.13 of this statement, SAGE’s view

on the necessity of school closures to manage the pandemic changed in response to increasing transmission rates. This change took place around 16 March 2020. Given this timing, and my earlier participation at relevant meetings, I do not believe that obtaining participant status sooner or attending earlier SAGE meetings would have led to any substantial difference.

- 2.22. Please note that when I refer to SAGE in this statement, I am referring to both SAGE and its subgroups in general terms. For specific SAGE or subgroup meetings, I have provided references to the respective meetings.
- 2.23. In February 2020, my role expanded to include co-leading the DfE's Departmental Operations Centre ("DOC") alongside two other directors as the COVID-19 response function moved to the DOC on 24 February 2020. Before the pandemic, the DOC had been focused on managing EU Exit preparations, but in February 2020, staff in the DOC were brought together with staff from the Emergency Response Group ("ERG"), so that the DOC could become the central point for COVID-19 intelligence gathering, information sharing and commissioning. The ERG was responsible for coordinating DfE's response to emergencies. I held this role until July 2020 and was jointly responsible for coordinating work with Cabinet Office ("CO,"), filtering CO requests to DfE as needed. I also provided advice to leadership teams and SSE and commissioned work within DfE as required. Paragraphs 5.13 and 5.14 of this statement provide further detail about departmental changes in early 2020 and the ERG.
- 2.24. In March 2020, I was very worried about the number of DfE officials, particularly those working within the DOC, and in ministers' private offices, who were continuing to attend the office. Additionally, I was concerned that not enough departmental resource had been reprioritised to be focused on the pandemic and its implications for DfE. I wrote a strongly worded email to senior DfE officials at this point, expressing my opinion that DfE needed to take a much stronger line on DfE officials not coming into the office and prioritising resource (Exhibit OR1/008 - INQ000623140).
- 2.25. In April 2020, my role continued to expand to include co-chairing the Children's Task and Finish Working Group ("TFC") alongside Professor Charlotte Watts, Chief Scientific Adviser for the Department for International Development. The TFC was a subgroup of SAGE set up to provide

consolidated scientific advice on aspects of COVID-19 in relation to children and related education settings.

- 2.26. TFC participants were experts in a range of scientific disciplines but were not experts in education. As such, the TFC required input from DfE officials (Exhibits OR1/009 - INQ000542461 and OR1/010 - INQ000542462). DfE officials held the role of secretariat for the TFC, organising TFC meetings and linking TFC participants to relevant DfE policy and analytical colleagues, as well as mediating requests for clarification on DfE policy areas or DfE data. Between 9 April 2020 and 9 February 2021, the TFC held 11 official TFC meetings (Exhibit OR1/011 - INQ000303292).
- 2.27. As co-chair of the TFC my responsibilities included co-ordinating TFC work in response to SAGE, drawing input from TFC members, clearing TFC documents, and presenting TFC documents to SAGE.
- 2.28. Changes linked to my role included the appointment of an additional DCSA in August 2020. At that time the role of the DCSA was split into two separate roles: the established Grade 6 DCSA focused on analytical profession work and held the title of DCSA; Head of Research Knowledge and Engagement. The new deputy director (“DD”) DCSA (one grade higher than Grade 6 in DfE and a member of the Senior Civil Service), appointed on 5 August 2020, focused on science and engineering profession work. They sat within the Central Analysis Directorate and reported directly to me, but did not sit within a specific division (Exhibit OR1/012 - INQ000542554).
- 2.29. The new DCSA appointment aimed to bring in external scientific expertise on children’s health. The appointed DCSA joined DfE on a part-time basis (2 days per week) and continued work as a senior lecturer (clinical) in Child Public Health at Imperial College, and an Honorary Consultant Paediatrician at University College London Hospital.
- 2.30. During the specified period I also held a few unpaid, part-time external roles all but one of which were linked to my role as a senior government analyst or Chief Scientific Advisor.
 - 2.30.1. Full member of the sub-panel 16: Economics and Econometrics of Research Excellence Framework 2021 from March 2018 to February 2022 – (Exhibits OR1/013 - INQ000623170 and OR1/014 - INQ000623186). The Research Excellence Framework assesses the

quality of research conducted in UK universities every five years which then determines that amount of core public funding university departments receive for research purposes. As this was a moderately demanding role, I stepped back and reduced my responsibilities on it for the first six months of the pandemic.

2.30.2. I also held advisory roles on two university-based research centres.

2.30.3. ESRC Research Centre on Micro-Social Change, University of Essex – Advisory Board Member 2019-2023. As a member of the Advisory Board, I attended two meetings a year, approximately two and a half hours each, online during the pandemic, to discuss the overall research strategy of the Centre.

2.30.4. Centre for Education Policy and Equalising Opportunities – Member, Advisory Group / 2020-date. As a member of the Advisory Group, I attended two meetings a year, approximately two and a half hours each, online during the pandemic, to discuss the overall research strategy of the Centre.

2.30.5. I also held the following roles:

2.30.6. Centre for Educational Research Innovation (“CERI”), OECD – Bureau Member 2019-2022. I represented the UK’s national interests as one of the top seven funders, in setting the strategy and agenda of the Governing Board (of which I was also a member) in overseeing CERI’s programme of work and allocation of funds and other resources to research projects. Outside of the pandemic, meetings were held in Paris, twice a year, with each meeting lasting two days. During the pandemic, meetings were switched to online, for half a day every six months, but during this period I regularly delegated attendance.

2.30.7. Oxford Brookes University – Independent Governor 2020-date. The Board of Governors is responsible for determining the overall mission and setting the educational character of Oxford Brookes University. I was recruited in late 2020. Meetings were initially in-person only before moving to online during the pandemic.

3. Chapter 3 - Part B: Pre-pandemic planning

- 3.1. Prior to January 2020, in my roles described in chapter 2, I was not involved in pandemic planning. This includes planning related to the closure of education and childcare settings as part of a response to a pandemic, how children's services (such as the provision of social care) would be maintained in the event of a pandemic or how the welfare or safety of children could be protected in the event of a pandemic. To the best of my knowledge, DfE officials were involved in some preparations about this, but I was not. At the start of the pandemic period, I had no knowledge of the pre-pandemic planning work DfE had done. From February 2020, I was aware that DfE had reviewed Exercise Cygnus and its implications for DfE but I was not directly involved in this work. The second Corporate Statement of Susan Acland-Hood dated 12 June 2025 (Exhibit OR1/001 - INQ000587823) provides further detail on Exercise Cygnus.
- 3.2. In late February 2020/early March 2020, I perceived that government policy was for education and childcare settings to remain open. I understood that the impact of closing settings, especially on the most vulnerable and disadvantaged children, could be very harmful.

4. Chapter 4 - Part C: Initial understanding about children and COVID-19

- 4.1. This chapter provides an overview of my state of knowledge about COVID-19 in mid-March 2020. This chapter also provides an overview of interaction between DfE officials, including myself and the DCSA, and external organisations including SAGE.
- 4.2. As the department did not have its own source of epidemiological expertise on children and education, I and all DfE officials relied on public health and scientific advice from other government departments (“OGDs”) and agencies, such as Public Health England (“PHE”), and external sources such as SAGE.
- 4.3. I was aware, via the SAGE meetings, that from February 2020, the government’s principal focus was protecting the NHS. As school closure was being discussed as a potential non-pharmaceutical intervention (“NPI”), I had on 6 February 2020 commissioned work on COVID-19 reasonable worst-case scenario planning as a one-off exercise (Exhibit OR1/015 - INQ000542908). The potential risks of restricting school attendance were discussed in this paper. However, at this stage, this was a discussion of the risks associated with various options rather than a plan, as SAGE was still advising that schools would be unlikely to have to restrict attendance. Up to mid-March 2020, the priority had been for DfE to keep schools open and to produce actions that would be needed to do this (Exhibit OR1/016 - INQ000540796). As a result, I do not recall myself, the Secretary of State for Education (“SSE”) or DfE officials being specifically tasked with assessing the impacts of education setting closures and this was not our focus at this point.
- 4.4. I, along with the DCSA, received meeting minutes and documents from SAGE meetings via the SAGE secretariat. If we had not been invited to a SAGE meeting, documents and minutes would typically be provided together after the SAGE meeting, although sometimes documents were shared ahead of time, with the meeting minutes following afterward.
- 4.5. I and the DCSA, shared key findings and scientific summaries based on information from SAGE with ministers and DfE officials. By way of example, on 20 February 2020, an update on the scientific understanding of COVID-19 and UK options, including the modelling of school closure impacts from an advisory group of the Department of Health and Social Care (“DHSC”) was shared. This update provided expert advice based on infectious disease modelling and epidemiology by the Scientific Pandemic Influenza Group on

Modelling (“SPI-M”) (Exhibit OR1/017 - INQ000623113). A further update was provided on 2 March 2020 and 3 March 2020 (Exhibit OR1/018 - INQ000623115 and OR1/019 - INQ000623116).

- 4.6. I and the DCSA, raised questions with SAGE and shared responses with ministers and DfE officials. Questions to SAGE were developed in collaboration with DfE officials. There was no one set approach adopted to doing so. In some instances, policy colleagues would reach out directly to me, the DCSA or science team colleagues to request a response to specific questions (Exhibits OR1/020 - INQ000623114, OR1/021 - INQ000623117, OR1/022 - INQ000623118, OR1/023 - INQ000623119, OR1/024 - INQ000086954, OR1/025 - INQ000313345, OR1/026 - INQ000087584, OR1/027 - INQ000129014 and OR1/028 - INQ000310091). SSE and ministers would also raise specific questions (Exhibits OR1/029 - INQ000623151, OR1/030 - INQ000623128 and OR1/028 - INQ000310091). In other instances, DfE officials would form a working group, covering multiple policy areas, to generate a list of cross-cutting questions to support key policy decisions (Exhibits OR1/031 - INQ000623147, OR1/032 - INQ000623148 and OR1/033 - INQ000623149). Chapter 6 provides further information on questions raised with SAGE and the decision to fully reopen education and childcare settings from autumn 2020.
- 4.7. By mid-March 2020, my (and SAGE’s) understanding of COVID-19 and its impact on children was still extremely limited due to the lack of quantifiable data available at that time. As good data was not available at the time, with the virus being so new, an uncertainty stemmed from the scarcity of specific data on the severity of COVID-19 in children, particularly from China and other countries. Consequently, there was no clarity (let alone certainty) regarding the level of illness and transmissibility in children. While I was aware that NPIs had led to school closures in several countries, the available information was high-level and lacked detailed insights. I relied on SAGE to provide the evidence on the impact of closing education settings on transmission rates which I then disseminated to DfE ministers and officials. The papers I received from SAGE showed that the data at this time was very limited.
- 4.8. During SAGE conversation, it was suggested that school closures of 8 to 12 weeks could have a potential effect on transmission rates. For example, on

20 February 2020 at the SAGE 9 meeting, the Scientific Pandemic Influenza Group on Modelling, Operational sub-group (“SPI-M-O”) a sub-group of SAGE, produced a paper called *Potential effect of school closure on a UK COVID-19 epidemic* (Exhibit OR1/034 - INQ000075775). The paper stated:

“8-12 weeks of closure are required for maximum reduction of peak incidence.”

- 4.9. On 5 March 2020 at the SAGE 13 meeting, SAGE discussed a paper titled *Potential impact of behavioural and social interventions on a Covid-19 epidemic in the UK* (Exhibit OR1/035 - INQ000194008). The paper also referenced the 8 to 12 week closure in relation to reducing hospital demand.

“If children have similar role in transmission as in pan flu, c.10%-20% reduction in peak hospital demand with closures of 8-12 weeks.”

- 4.10. During this period, the available data for modelling was very limited. In my professional opinion, the primary reason for suggesting closing schools for a duration of 8 to 12 weeks was that this period would be most effective in reducing the R rate, while at the same time not being so long that public compliance would wane.

- 4.11. On 10 March 2020, at the SAGE 14 meeting, SAGE discussed the SARS-CoV-2, SARS-CoV-1 and MERS-CoV: *What do we know about children? 9 March 2020* paper (Exhibit OR1/036 - INQ000119702). This paper was written to gain a deeper understanding of the virus and its impact on children. It stated:

“From large Chinese datasets children appear to be less affected by the current outbreak. (0-9 years - 0.9%, 10-19 years – 1.2% of cases in the largest study of 72,314 cases.”

- 4.12. At the time, it was recognised that children could contract the virus. However, there was a significant degree of uncertainty regarding the infection and transmission rates among this demographic. The prevailing understanding was based on limited data, which suggested that while children were susceptible to the virus, the extent to which they could spread it to others, including adults and in relation to education and childcare settings as contributors to transmission remained unclear. However, the paper went on to state:

“Overall, the quality of papers was low and we have a limited set of inconclusive data about COVID-19 in children.” It also states

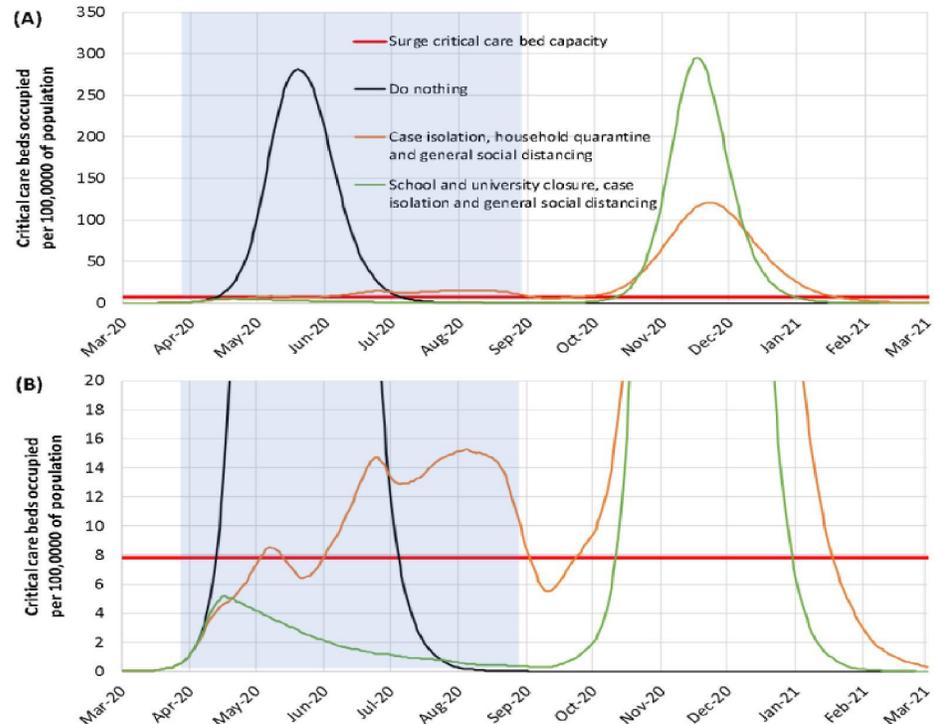
“The quality of the literature specifically describing disease in children is poor, consisting of small case series, individual case reports and unreferenced narrative reviews.”

4.13. By 16 March 2020, SAGE’s view on the necessity of school closures to manage the pandemic had changed in response to the increasing transmission rates (Exhibit OR1/037 - INQ000075664). While SAGE’s opinion at this stage remained that school closures constituted one of the less effective single measures to reduce the epidemic peak, SAGE did feel that it could become necessary in order to push demand for critical care below NHS capacity. As I was reliant on the information provided by SAGE, this was also my understanding at the time.

4.14. At the SAGE 16 meeting, on 16 March 2020, a paper prepared by Imperial College was presented (Exhibit OR1/038 - INQ000087315). The paper was on uncertainty around transmission rates in schools. The paper stated:

*“When policies include closure of schools and universities, we predict a reduction in critical care requirements from a peak approximately 3 weeks after the interventions are introduced and a decline thereafter while the intervention policies remain in place. While there are many uncertainties in policy effectiveness, this is the **only** strategy in which we predict that critical care bed requirements would remain within surge capacity.”* (emphasis added)

4.15. Figure 3 in this paper showed: Suppression strategy scenarios for GB showing ICU bed requirements. The black line shows the unmitigated epidemic. Green shows a suppression strategy incorporating closure of schools and universities, case isolation and widescale social distancing beginning in late March 2020. The orange line shows a containment strategy incorporating case isolation, household quarantine and social distancing of the entire population. The red line is the estimated surge ICU bed capacity in GB. The blue shading shows the 5-month period in which these interventions are assumed to remain in place. (B) shows the same data as in panel (A) but zoomed in on the lower levels of the graph. An equivalent figure for the US is shown in the appendix.



4.16. The DCSA provided an update on SAGE 16 and this paper to me, SSE, the Minister of State for School Standards (“MoSSS”), the DfE Permanent Secretary, Jonathan Slater, and DfE officials. The DCSA provided key points on SAGE’s recommendation to implement social interventions such as additional social distancing measures faster. This included consideration of school closures (Exhibits OR1/039 - INQ000607442).

4.17. In my opinion, this was the turning point in the government’s initial response to COVID-19 and closing education and childcare settings to most children. I was aware that a prevailing thought from SAGE had been that, in isolation, setting closures would not be effective. However, when combined with other NPIs, it would contribute to reducing the transmission rate (Exhibit OR1/040 - INQ000075787).

4.18. From 16 March 2020, via SAGE, I became aware that, using London hospital bed data, there was a significant issue with NHS critical care capacity. There was now a strong drive needed to reduce transmission rates, which meant using all NPIs available, including closing education and childcare settings to most children.

4.19. On transmission rates in children, as I have said above, around mid-March 2020 the data was extremely limited. At the SAGE 17 meeting on 18 March 2020, SPI-M-O presented the paper *Consensus view on the impact of school closures on Covid-19* (Exhibit OR1/041 - INQ000075448). In the assessment of the role of children in the transmission of COVID-19 section, the paper stated:

“There is still a great deal of uncertainty around the extent to which children have a role in the transmission of SARS-CoV-2. Based on estimates of people with subclinical infections, infected children could be an average of 25% to 75% as likely to transmit SARS-CoV-2 per contact than adults.”

However, the paper went on to state:

“It is the consensus view of SPI-M-O that, accounting for the policies announced on 16th March, and in the absence of school closures, NHS critical care capacity is likely or highly likely to be breached in the short to medium term.”

“It is almost certain that school closures will not make the epidemic worse, and that they would reduce both the epidemic peak and expected number of cases. Our best assessment is that they would reduce the reproduction number by between 10% and 20%. We do not know how likely it is that this will change the reproduction number from being above 1 to below 1.”

- 4.20. Therefore, the best modelling showed that closing education and childcare settings to most children was an important measure (alongside others) to arrest and help prevent exponential spread of the virus.
- 4.21. As knowledge about transmission at the time was limited, I was not aware of a granular level of knowledge as to how transmission occurred within schools. For example, how transmission occurred between children and teachers or the relationship between transmission in the community, families and transmission within schools.

5. Chapter 5 - Part D: Initial decision-making about children

- 5.1. This chapter provides an overview of the scientific information that I and DfE officials within Central Analysis Directorate, shared with ministers and other DfE officials regarding the decision, agreed at the Cabinet Office Briefing Room (“COBR”) meeting on 18 March 2020, to close education and childcare settings to the majority of pupils. Additionally, this chapter sets out work that DfE officials and I undertook around COVID-19 reasonable worst-case scenario planning and critical workers during February 2020 and March 2020.
- 5.2. It is important to note that during the pandemic period, SSE did not have autonomy to make core decisions. Chapter 3 of the first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides a comprehensive account of the days leading up to the announcement on 18 March 2020, and the decision that settings would close to the majority of pupils from 23 March 2020.
- 5.3. As advised in chapter 2 of this statement, I received SAGE meeting minutes from January 2020 and, from February 2020, I was invited to attend SAGE meetings when there was a specific agenda item of direct relevance to education settings and children. The DCSA attended SAGE meetings from 4 February 2020, and I attended from 10 March 2020.
- 5.4. From February 2020 to mid-March 2020, DfE officials, including me as CSA and the DCSA, reviewed and summarised meeting minutes and documents from SAGE. We shared key findings and scientific summaries based on information from SAGE with ministers and DfE officials. On 17 March 2020, key points from SAGE on the recommendation to implement social interventions such as additional social distancing measures faster, including the plan for considering school closures at the next SAGE meeting, were shared with SSE, MoSSS and the DfE Permanent Secretary (Exhibits OR1/043 - INQ000542446, OR1/039 - INQ000607442 and OR1/037 - INQ000075664).
- 5.5. I regularly discussed findings from SAGE with MoSSS, the DfE Permanent Secretary and DfE’s Chief Operating Officer and Director General for Operations, Mike Green (Exhibits OR1/045 - INQ000623125 and OR1/046 - INQ000623126). I cannot confirm that SSE and all ministers were fully informed about the prospect of education and childcare setting closures that we were feeding back via findings of SAGE meetings. However, I had no

reason to believe that information from these discussions would not be passed on to SSE and other ministers.

- 5.6. In addition to information from SAGE, I recall receiving daily dashboards circulated by CO from mid-March 2020 (Exhibit OR1/047 - INQ000542445). These dashboards included epidemiological data and insights into the state of public services, including education and international comparisons. As far as I can recall, I was not involved in monitoring other countries' education systems from January 2020 to March 2020. I am aware that from April 2020 to March 2022, DfE's International Education Directorate issued a weekly bulletin with international intelligence and evidence reporting how other education systems were responding to COVID-19 (Exhibit OR1/048 - INQ000542562). The director of International Education Directorate held the overall responsibility for this work and reported to the Director General for Higher and Further Education in DfE.
- 5.7. I received situation reports ("sitreps") from the ERG within DfE. The ERG's primary function was to co-ordinate a response to any emergencies related to the department. The group covered both co-ordination across DfE as well as working with CO and other parts of government. From January 2020, the ERG met daily to inform sitreps which were sent to DfE ministers and officials, including me (Exhibits OR1/049 - INQ000542437 and OR1/050 - INQ000233766).
- 5.8. From early February 2020, I had commissioned DfE's CAU to develop work on COVID-19 reasonable worst-case scenario planning (Exhibit OR1/051 - INQ000542412) following the internal circulation of the *Emergency Response Plan Coronavirus* (Exhibit OR1/052 - INQ000542409).
- 5.9. The COVID-19 reasonable worst-case scenario planning was a one-off exercise that we completed on 7 February 2020. It included a compilation of potential risks (and assessment of those risks) across all sectors of the education system and around social care, for a reasonable worst-case scenario (Exhibit OR1/015 - INQ000542908). At this stage, risks did not involve uniform regional or national closures but rather focused on individual closures of specific settings due to a high number of cases or due to staff illness necessitating isolation. The potential risks related to setting closures included:

- 5.9.1. Vulnerable children might not be identified by social services;
 - 5.9.2. Children might be unable to sit their exams;
 - 5.9.3. Staff shortages could result in a need to relax staff to pupil ratios.
- 5.10. The COVID-19 reasonable worst-case scenario planning included questions to help provide further consideration on each of the risks identified and a literature review on the impacts and possible responses to a likely pandemic (Exhibits OR1/053 - INQ000542414 and OR1/054 - INQ000542415). The literature review included a section on preventative measures, which provided information on school closures and alternatives to school closures.
- 5.11. On 24 February 2020, the ERG and DOC were brought together, and I was appointed the co-lead of this new team. Initially, the DOC was not sufficiently staffed, consisting of myself as co-lead, the second co-lead who later became the Director of Response-DOC ("R.Doc"), and a small number of DfE officials. Later in February 2020, a third and final co-lead of the DOC, who later became the Director of the Delivery-DOC ("D.Doc") was appointed.
- 5.12. The DOC was responsible for issuing sitreps to DfE officials and ministers and dealing with key issues including:
- 5.12.1. School restrictions: for example, some schools were already asking certain year groups or cohorts to remain at home for a short duration following a school trip to Italy or needing to deep clean;
 - 5.12.2. Insurance: helping schools to manage insurance claims when schools had cancelled school trips, especially to Italy;
 - 5.12.3. Overseas learners: preparing advice for overseas children and young people in advance of the Easter holidays.
- 5.13. In March 2020, the DOC was renamed the COVID-19 DOC and took on additional responsibilities including regular sector communications, guidance, and testing business continuity in DfE. By the end of March 2020, DfE significantly scaled up its COVID-19 response function. This was achieved by splitting COVID-19 DOC into three distinct segments: the R.Doc, the D.Doc and the Post-recovery DOC ("P.Doc"). These segments were either led by a director or a deputy director. Later on, in July 2020, the three DOCs were brought into a single director-led COVID-19 Response Unit ("CRU"). CRU

focused on four areas: sector guidance and communications; cross-government coordination and briefing; COVID-19 policy and planning; and COVID-19 intelligence and evidence. Following this transition to CRU, I ceased to be a co-lead. The second Corporate Statement of Susan Acland-Hood dated 12 June 2025 (Exhibit OR1/001 - INQ000587823) provides further detail on DfE's central COVID-19 response function.

- 5.14. By the end of March 2020, I am aware that in addition to the ERG, Regional Education and Children's Teams ("REACT") were formed to enhance engagement between DfE, local authorities and academy trusts. Sitreps issued by the ERG incorporated intelligence from REACT on emerging issues gathered through meetings with local authorities and academy trusts (Exhibit OR1/055 - INQ000542891).
- 5.15. During this period, I am aware that DfE officials were engaged in numerous areas of work as outlined in the ERG activity above. Although I do not have knowledge of specific instances, I have no reason to believe that this work did not include practical considerations or incorporate the perspectives of the teaching profession or those representing teachers.
- 5.16. I have been made aware that chapter 3 of the first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides a description of the work undertaken by DfE to agree the definition for vulnerable children. All DfE officials I worked with at this time shared a collective recognition of the importance of keeping settings open for vulnerable children to provide a place of safety and ensure they could be monitored by staff. Although I was not directly involved in defining vulnerable children, I shared this collective recognition.
- 5.17. I have been made aware that on 19 March 2020, DfE officials provided a note to the DfE Leadership Team titled *Keeping education settings open for vulnerable children* (Exhibit OR1/056 - INQ000542867). The note stated that c.666,000 school children were estimated to be vulnerable. DfE did not calculate a percentage for the proportion of school age children who were estimated to be vulnerable. The c.666,000 figure included those with an education, health and care ("EHC") plan and those with a social worker. The note estimated that 354,000 children with an EHC plan would likely attend. The note stated:

“We therefore do not expect all 354,000 children with EHC plans to continue attending education settings. We expect a lower proportion of those attending mainstream schools and colleges to continue attending, approximately half of those attending maintained special schools and post-16 institutions, and a higher proportion of those at non-maintained special schools and non-maintained early years settings. Rough calculations indicate that ~80,000-120,000 children and young people with EHC plans are likely to continue attending education settings - see Annex for breakdown.”

- 5.18. In March 2020, I was involved in developing work related to critical workers. This work focused on the types of workers that could be considered critical, the number of critical workers nationally and the number of dependents that could require face to face education if settings closed to most children, but CCW could attend.
- 5.19. On 15 March 2020, I received an email summarising SSE’s conversation with the Prime Minister and the Secretary of State for Health and Social Care (“SSHSC”) earlier that day (Exhibit OR1/016 - INQ000540796). It was made clear that the position of SSE, was that education settings should remain fully open for as long as possible, at least until Easter. The email stated that the Prime Minister wanted education and childcare setting closures to be kept under review and asked DfE to work up a proposal to provide face to face education for CCW.
- 5.20. That same day, I, along with DfE officials, worked on estimating the number of critical workers (referred to as ‘key workers’ within the exhibit and by officials until 19 March 2020 when the term critical workers was defined) nationally and the number of dependents likely to attend education and childcare settings if they closed to the majority of pupils but remained open to CCW (Exhibits OR1/057 - INQ000623129, OR1/058 - INQ000623130, OR1/059 - INQ000623131 and OR1/060 - INQ000623132). Our initial work estimated that about 20% of jobs in the economy could be considered critical. However, this figure was produced at pace without the time for quality assurance.
- 5.21. Over the next few days, I, along with DfE officials, worked on determining which jobs could be considered critical (Exhibits OR1/057 - INQ000623129, OR1/058 - INQ000623130, OR1/059 - INQ000623131 and OR1/060 - INQ000623132). Although I and DfE officials within the Central Analysis

Directorate did not make the final decision on the definition of a critical worker, it was surprising to me at the time that I, and colleagues within the Central Analysis Directorate, were tasked with working on an initial definition of what constituted a critical worker. The fact that we did this work continues to amaze me as I thought at the time that this should have sat with CO or another government department that was better placed to provide a view on which workers were critical to the economy. Paragraph 5.33 of this statement provides information on how the definition of a critical worker was determined.

- 5.22. As explained in paragraph 4.17 of this statement, by 16 March 2020, SAGE's view on the use of school closures to manage the pandemic had evolved and it became clearer to me that the situation had changed, and education and childcare settings were now likely to close to most children. I cannot comment on whether the government was sufficiently warned about the possibility of closures to facilitate planning. This is due to the fact that I was not involved in the dissemination of scientific information to ministers in other government departments or to the Prime Minister and Cabinet.
- 5.23. I am also aware that DfE officials provided a paper, requested by COBR on 16 March 2020, titled *Supporting schools to keep open* which set out measures to keep settings open. However, I was not involved in this work (Exhibits OR1/061 - INQ000075396, OR1/062 - INQ000075397 and OR1/063 - INQ000075398).
- 5.24. During the SAGE 16 meeting, on 16 March 2020, SAGE reviewed the *Impact of NPIs to reduce COVID-19 mortality and healthcare demand* paper (Exhibits OR1/037 - INQ000075664 and OR1/038 - INQ000087315). SAGE concluded that:

"While SAGE's view remains that school closures constitutes one of the less effective single measure to reduce the epidemic peak, it may nevertheless become necessary to introduce school closures in order to push demand for critical care below NHS capacity. However school closures could increase the risks of transmission at smaller gatherings and for more vulnerable groups as well as impacting on key workers including NHS staff. As such it was agreed that further analysis and modelling of potential school closures was required (demand or supply, and effects on spread)."

5.25. Immediately after the SAGE 16 meeting, I received a draft set of questions from the SAGE mailbox on the effectiveness of education setting closures on a UK epidemic (Exhibit OR1/064 - INQ000542444). Question C asked:

“c. *SPI-M: What would be the impact be of partial school closures (such as allowing attendance for children of key workers only) or keeping schools opened by with internal social distancing measures, such as in Singapore)*”.

5.26. On 17 March 2020, the questions raised regarding education setting closures referred to in paragraph 5.25 above were discussed during the SAGE 17 meeting. A paper titled *The impact of adding school closure to other social distance measures* was also discussed (Exhibit OR1/065 - INQ000229339). This paper estimated that education setting closures could reduce deaths by 9% and offered comparisons between closing them immediately or after the Easter holidays. The paper suggested that closing education settings immediately, or after Easter, made little difference to the total size of the epidemic. The paper concentrated on the benefits and risks of children acting as vectors for the virus. There did not appear to be an analysis of other potential impacts on children from being restricted from attending their education settings. It is important to remember at this time the focus remained on protecting the NHS.

5.27. SAGE also circulated a note on 17 March 2020 titled *School Closures: Note from SPI-B* (Scientific Pandemic Insights Group on Behaviours (“SPI-B”). SPI-B provided independent, expert, social and behavioural science advice to SAGE (Exhibit OR1/066 - INQ000075405). The note outlined the potential option of keeping education settings open only to vulnerable groups and children of certain workers (such as NHS workers). It became clear that if education settings were closed to most children, a decision would need to be made within a very short timeframe.

5.28. Later that same day, during the cross-government Permanent Secretary meeting chaired by the Cabinet Secretary, No.10 officials commissioned DfE to produce a paper on closing education and childcare settings and other options for the daily Prime Minister chaired COVID-19 Strategy Meeting on 18 March 2020, with an email clearly outlining the request being sent the following morning (Exhibits OR1/067 - INQ000075399 and OR1/068 -

INQ000075400). I believe this change in approach with regard to settings closures came from No.10 and not DfE.

- 5.29. The paper, titled *Reducing School Provision* (Exhibit OR1/069 - INQ000107248) was drafted overnight by DfE officials. As I explained earlier in this statement, DfE did not have its own epidemiological expertise on setting closures and therefore relied on SAGE advice to draft the paper. The paper discussed the proposals to keep settings open for vulnerable children and CCW. Whilst the exact definition of critical workers was not yet finalised on 18 March 2020, the paper did confirm some groups of workers who would likely fall under the definition. The paper explained that the definition would be updated by CO following consultation with OGDs. It stated that by ensuring critical workers could continue to keep their children in face-to-face education, it would marginally reduce the negative economic impact of any closures, although further modelling was required. The paper stated that the latest modelling by SAGE suggested that setting closures would be necessary as the earlier measures (self/household isolation and social distancing of the vulnerable) alone would not be sufficient.
- 5.30. On 18 March 2020, I understand that the *Reducing School Provision* paper was presented at the daily COVID-19 Strategy meeting chaired by the Prime Minister and that the Prime Minister decided during this meeting that schools and EY settings should close to all children except CCW and vulnerable children. The Prime Minister decided that COBR would formally confirm that decision when it met later that afternoon (Exhibit OR1/068 - INQ000075400). The decision to close settings to most pupils was only made after modelling concluded that the benefits outweighed the harms in terms of spread. This modelling indicated a significant reduction in deaths by 9 percentage points. Paragraph 5.26 of this statement provides further detail on this modelling.
- 5.31. Later that afternoon, I attended the SAGE 17 meeting, as a participant (see paragraph 2.20 of this statement for differences in those attending SAGE meetings). The SAGE 17 meeting readout stated that SAGE had considered the modelling, which supported education setting closures on a national level, and that the effect in terms of slowing down the rate of transmission would be greatest if instituted early (Exhibit OR1/070 - INQ000075778). SAGE said that the evidence indicated that school closures, combined with other measures,

could help to bring the transmission rate below one, although there was uncertainty. SAGE said that consideration had been given to the

“impact of keeping schools open for particular groups, including for children of NHS workers and vulnerable groups. SAGE considered that a small (10-20%) reduction in compliance rates would have some impact in the overall effect of school closures, but this would not be significant enough to offset the measure.”

- 5.32. A summary of that SAGE 17 meeting was shared with SSE and DfE officials, including the Permanent Secretary (Exhibits OR1/071 - INQ000623133 and OR1/072 - INQ000623134). The summary confirmed that the consensus view was that setting closures would be necessary. The summary explained that there was limited insight on critical worker modelling and that modelling partial closures had a high degree of uncertainty. The provision of *“school settings to allow cover for children at risk and children of key personnel was agreed [sic] to have a marginal overall effect and also not off set the benefits sufficiently to change advice to close schools”* (Exhibit OR1/071 - INQ000623133).
- 5.33. I, along with DfE officials, worked throughout 18 and 19 March 2020 to update the work to define critical workers in collaboration with OGDs (Exhibits OR1/073 - INQ000623135, OR1/074 - INQ000623136, OR1/075 - INQ000623137 and OR1/076 - INQ000623138). We continued to investigate the number of critical workers nationally and the number of dependents likely to continue to attend education settings when settings closed to the majority of pupils. DfE officials and I estimated that 33% of children might attend face to face education. This 33% figure included vulnerable children as well as CCW and was the upper bound of children that could be in scope (Exhibits OR1/073 - INQ000623135 and OR1/074 - INQ000623136). However, over these two days, CO continued to add different jobs to the list they deemed critical. This resulted in the figures changing and the calculations being very rough.
- 5.34. On 19 March 2020, the definition of critical worker was agreed by senior officials and then cleared by No.10 and the Chancellor of the Duchy of Lancaster (“CDL”) (Exhibits OR1/077 - INQ000542447 and OR1/078 - INQ000542448). It was agreed that CCW were those whose parents’ work was critical to the COVID-19 response, such as those who worked in health and social care and in other key sectors.

- 5.35. I have been made aware that chapter 4 of the second Corporate Statement provided by Julia Kinniburgh dated 17 July 2025 (Exhibit OR1/079 - INQ000587978) provides a description of the work undertaken by DfE to understand the needs of children for both devices and access to the internet; as well as the work done by DfE to address the provision of devices and internet access for those who did not have these.
- 5.36. I am aware that in the days leading up to closing education and childcare settings to most children, remote education guidance, resources and support were being developed by DfE officials. However, I was not involved in this work, nor was I involved in work prior to 18 March 2020 which assessed what remote forms of education could be provided to children in the event that settings closed to the majority of pupils. As advised in chapter 2 of this statement, analytical colleagues and analytical teams were embedded within policy teams across DfE and were tasked with work by senior officials leading on those policy areas. The findings from the completed work on remote education would have been submitted to the relevant senior official for that area of work. I did not commission or receive assessments on remote forms of education.
- 5.37. I am aware, following my review of the second Corporate Statement provided by Julia Kinniburgh dated 17 July 2025 (Exhibit OR1/079 - INQ000587978), that in March 2020 DfE commissioned in-house research on user needs to help shape its approach to remote learning support. This was a qualitative rapid piece of user research. It involved interviews with relatively small cohorts of parents and teachers. The aim was to quickly understand the remote education issues facing parents and schools and to explore what measures could help. However, I was not directly involved in this work.
- 5.38. I have been made aware that chapters 3 and 4 of the first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides an overview of the monitoring activity that took place before and during the first lockdown and the actions taken by DfE which were informed by the overall monitoring activity. The monitoring activity included work to understand the epidemiological impact of children and young people attending educational settings during the first lockdown. Additionally, it included the monitoring of children's attainment, safety, mental health and wellbeing, as well as the attendance of all children, including vulnerable

children. As I have advised in chapter 2 of this statement, by mid-March I had prioritised work related to SAGE as well as COVID-19 reasonable worst case scenario planning and critical workers. Senior analytical leadership colleagues within DfE took leading roles in monitoring different analytical areas of work related to children, including vulnerable children.

- 5.39. I am aware that face coverings were used differently in schools than in some other parts of society, such as in shops and on public transport. Face coverings were not mandatory for children and staff in education and childcare settings. Instead, education settings were advised to strongly encourage their staff and children (in year 7 and above) to wear them in indoor communal spaces and classrooms at different points in the pandemic, in line with public health advice (Exhibit OR1/080 - INQ000075764).
- 5.40. I, and DfE officials in my office, provided information on face coverings from SAGE to ministers and DfE officials between July 2020 and September 2020. By way of an example, on 23 July 2020 (Exhibit OR1/081 - INQ000623176) and on 21 September 2020, the scientific summary provided to ministers and DfE officials included information regarding the use of face coverings for children (Exhibit OR1/082 - INQ000542894). Please note that the scientific summaries exhibited incorporated track changes to reflect regular updates.
- 5.41. I do not recall providing separate advice, in addition to the advice provided by SAGE, on the effectiveness of the use of face coverings as a means of reducing community transmission between July 2020 and September 2020. However, I am aware that DfE officials provided advice on face coverings to SSE during this timeframe. I have been made aware that chapter 2 of the second Corporate Statement provided by Julia Kinniburgh dated 17 July 2025 (Exhibit OR1/079 - INQ000587978) sets out the decisions about the use of face coverings in education settings and school transport, including how these decisions were communicated. It also sets out DfE's awareness of the issues that children experienced when face coverings were used in education settings. I have no additional information to provide on the use of face coverings.
- 5.42. I also recall that COVID-19 guidance for education and childcare settings was published by DfE, covering different topics, including hygiene protocols, cancelling trips, and reporting cases to PHE. Please see the M08-DFE-001 guidance spreadsheet submitted to the Inquiry on 22 November 2024 for

access to guidance published by DfE during this period (Exhibit OR1/83 - INQ000514482).

- 5.43. During the pandemic period, as explained in paragraph 5.7 of this statement, I received daily sitreps from the ERG. When education and childcare settings closed to the majority of pupils in March 2020, the sitreps began to incorporate attendance figures for CCW and vulnerable children. These attendance figures were generated using data from the Education Settings Data Collection Form which DfE launched the week commencing 23 March 2020. The first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides detail on attendance data and the ERG sitreps.
- 5.44. I recall being aware before the Easter 2020 break that fewer CCW and vulnerable children were attending settings than anticipated after the decision to close settings to the majority of pupils. However, the attendance of CCW and vulnerable children was not an area of work I was directly involved in as this would have been led by Directors for Children's Social Care as well as other directors within the COVID-19 DOC. From October 2020, directors within the Schools Covid Response Directorate were responsible for schools COVID-19 response policy and overall oversight of maximising attendance during the pandemic period. Officials within DfE's Attendance and Behaviour Unit would have also been responsible for attendance policy.
- 5.45. The first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides detail on actions taken by DfE to increase the attendance of all children. The Corporate Statement provided by Fran Oram dated 29 July 2025 (Exhibit OR1/084 – INQ000587996) provides detail on the attendance of vulnerable children.

6. Chapter 6 - Part E: Summer 2020 (May 2020 to November 2020)

- 6.1. This chapter provides an overview of the scientific information given to DfE ministers and officials regarding the reopening of settings for transition year groups from 1 June 2020 and full reopening from autumn 2020. Please note that the sharing of scientific information was carried out by several colleagues within the Central Analysis Directorate. This included me as CSA, the DCSA and the science team.
- 6.2. In this chapter and chapter 7 of this statement, when “we” is used in relation to scientific information provided to ministers and DfE officials, I am referring to information provided by DfE officials within the Central Analysis Directorate, including the DCSA, science team colleagues and myself. I would like to reiterate, that as CSA, Chief Analyst, and Director of the Central Analysis Directorate, I take full responsibility for all work produced and shared by DfE officials within the Central Analysis Directorate.
- 6.3. As outlined in chapter 4 of this statement, I relied on expert scientific advice provided by SAGE throughout the specified period and shared this advice with DfE ministers and officials. I also relied on scientific advice from PHE and DHSC, including advice concerning protective measures such as hand washing and surface cleaning. The term ‘protective measures’ is identified in the May 2020 DfE guidance *Coronavirus (COVID-19): implementing protective measures in education and childcare settings* (Exhibit OR1/085 - INQ000519981).
- 6.4. Within this chapter I also provide an overview of the scientific advice included in submissions from DfE officials to SSE on reopening settings for transition year groups from 1 June 2020, and full reopening from autumn 2020. These submissions incorporated scientific information that I had previously shared with DfE officials. Occasionally, DfE officials requested that I review the scientific advice sections before submitting them to SSE. Although this was not always necessary, as DfE officials had access to the scientific information I provided, there were instances where I would provide clearance for the scientific advice within the submissions to SSE.
- 6.5. I am aware that on 10 May 2020, the Prime Minister announced that the government would be advising EY settings, schools and colleges to prepare to welcome back more children from 1 June 2020, provided the scientific advice at the time indicated that it was appropriate to do so (Exhibit OR1/086

- INQ000065338). The Prime Minister explained that there would be a phased reopening of settings starting with reception, year 1 and year 6 and that there was an ambition for all primary children to return before the end of the summer term 2020.

- 6.6. I understand that chapter 4 of the first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides an overview of this period in May 2020, before the announcement was made. This overview covers submissions to SSE about reopening settings to transition year groups and an education strategy meeting between SSE and the Prime Minister on 5 May 2020. The overview also explains that on 9 May 2020, No.10 officials informed SSE that the Prime Minister had "*made the unilateral decision*" to announce the ambition to get all primary school children back before the start of the summer holidays the next day. I am unable to confirm from where the Prime Minister's outline policy originated, nor did I have any role in developing the Prime Minister's outline policy. I can provide an account of the contribution I made to DfE submissions to SSE that set out options for reopening settings to transition year groups in June 2020 and fully reopening settings from autumn term 2020.
- 6.7. Before the Prime Minister's announcement on 10 May 2020, my contribution to SSE submissions on reopening options involved two strands of work. The first was working with TFC members to gather information on potential options for reopening that focused on the epidemiological aspects. The second was sharing scientific information from SAGE, including the information I requested from the TFC, with DfE officials and ministers. This allowed DfE officials to incorporate scientific advice within their submissions to SSE.
- 6.8. On 4 May 2020, DfE officials drafted a cover note and table for No.10 that outlined various options for reopening settings in June 2020 and shared this with DfE ministers' offices and senior officials (Exhibits OR1/087 - INQ000075409, OR1/088 - INQ000226715 and OR1/089 - INQ000075411). The note considered a range of options split between those that assumed social distancing rules would remain in place and those that assumed social distancing rules would be removed. Paragraphs 4.45 to 4.47 of the first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provide further detail on these options.

- 6.9. In the cover note of 4 May 2020, DfE officials summarised the scientific information from SAGE that I had shared with them. The main points were:
- 6.9.1. The impact of fully reopening on COVID-19 transmission was dependent of many factors, *“most particularly on the susceptibility of children to infection, disease, and transmission, on which there is not yet robust evidence”*.
 - 6.9.2. Evidence on children’s role in transmission was relatively weak but evidence that younger children (up to age 11 to 13) were less susceptible to clinical disease was relatively strong.
 - 6.9.3. SAGE had assessed that the indirect effects of fully reopening, regardless of which option was taken, were likely to have a greater impact on transmission than settings themselves. These indirect effects could have been behaviour changes or falling adherence to other social distancing measures in place.
 - 6.9.4. Key drivers affecting the transmission of COVID-19 in schools included the age of the children involved, the numbers of children returning to settings and whether there was a system in place to break down the size of contact networks.
 - 6.9.5. Behavioural factors were critical to the implementation of any reopening policy. By behavioural factors, we refer to the degree to which individuals adhered to NPIs such as stay-at-home guidance and the closure of education settings to all children except those who were CCW and vulnerable children.
 - 6.9.6. SAGE had not factored the impact of social distancing measures into its models due to a lack of a sufficient evidence base.
- 6.10. I understand that the cover note and table was then sent to No.10 officials later that same day (Exhibits OR1/090 - INQ000226713, OR1/089 - INQ000075411 and OR1/088 - INQ000226715).
- 6.11. On 9 May 2020, the National Education Union (“NEU”) published a document containing a series of questions relating to the scientific evidence that was informing the government’s decisions around reopening schools. The department decided that in the interests of transparency, its response to these questions should be made available for all of those working in schools and

other education settings. I and my colleagues in Central Analysis Directorate were heavily involved in drafting, compiling and clearing DfE's response (Exhibits OR1/091 - INQ000623143, OR1/092 - INQ000623144 and OR1/093 - INQ000623145). The resulting document *Overview of scientific advice and information on COVID-19* was published on GOV.UK on 15 May 2020 (Exhibit OR1/094 - INQ000542500).

- 6.12. On 13 May 2020, I gave oral evidence as a witness at the Science and Technology Committee (Exhibit OR1/095 - INQ000623189). I provided evidence on how SAGE information was received and shared within DfE. I also provided an update on the most recent SAGE consensus regarding the role of children in transmission. I then set out the importance of allowing vulnerable children and CCW to continue to attend onsite provision, stating that SAGE had looked at the impact of allowing a low proportion of children to continue to attend. SAGE's view was *"that a low percentage of attendance would still provide enough impact as part of a suite of other measures—this is the important thing—for the school closure system still to have a benefit"*.
- 6.13. On 28 May 2020, DfE officials sent detailed advice and supporting evidence on the wider reopening of education settings before the 2020 summer holidays to SSE (Exhibit OR1/096 - INQ000075416). The *School opening ministerial submission* sent as part of this advice set out a summary of the scientific advice I had previously shared across DfE (Exhibit OR1/097 - INQ000075445). The scientific summary provided within the submission by DfE officials explained that:

"The decision to open schools and other settings more widely is informed by both the benefits/risks to children, young people and staff themselves and the wider impact on the transmission rate, in which we are one element of a cross-Govt strategy. In relation to the latter, SAGE has indicated that we need to take a phased approach to limit the risk of increasing the rate of transmission (often referred to as R) above 1."

- 6.14. The submission went on to set out details about the following four areas:

6.14.1. Scientific advice relating to children

6.14.2. Scientific advice relating to adults and the education workforce

6.14.3. SAGE modelling and TFC advice

6.14.4. PHE Advice

Scientific advice relating to children

- 6.15. The advice relating to children indicated that rates of infectivity and transmission of children were not fully known. However, there was a high degree of confidence that the severity of disease in children was lower than in adults and a moderate to high degree of confidence that the susceptibility to clinical disease of younger children (up to age 11 to 13) was lower than for adults. For older children there was not enough evidence at the time to determine whether susceptibility to disease was different to adults.
- 6.16. The advice indicated that the susceptibility to infection of younger children (up to age 11 to 13) *might* be lower than for adults, but the degree of confidence in this was low. For older children there was not enough evidence yet to determine whether susceptibility to infection was different to adults. The advice also explained that there was no evidence to suggest that children transmitted the virus any more than adults. Some studies suggested “*younger children may transmit less, but this evidence is mixed and provides a low degree of confidence at best.*”

Scientific advice relating to adults and the education workforce

- 6.17. The advice relating to adults and the education workforce indicated that there was some potential risk to adults and the workforce as education and childcare settings welcomed back more children. I do not recall any work done to confirm the number of children who resided with grandparents. The extent of risks to adults working in education and childcare settings depended on personal characteristics, underlying health conditions, the working environment and exposure to disease. The advice set out risks by demographic characteristics as well as mortality and exposure risks by occupation. Information on risks included:
- 6.17.1. The mortality risk was heavily skewed towards the retired/non-working age population. The education workforce is generally skewed towards the younger end of the age scale for working age adults and as a

result, most individuals do not fall within the vulnerable age categories.

6.17.2. For deaths up to 20 April 2020, ONS analysis shows that teaching and education professionals had lower COVID-19 related death rates than the average across England and Wales (6.7 per 100,000 for men and 3.3 for women compared to 9.9 per 100,000 for men and 5.2 for women). For women working in childcare and related personal services, which included nursery assistants, teaching assistants and education support assistants, the COVID-19 related death rate was 3.4 per 100,000 (the numbers were too small to provide equivalent figures for men).

6.17.3. The ONS estimated potential exposure to coronavirus by occupation using US data on self-reported frequency of exposure to disease and level of physical proximity to others during work (Exhibit OR1/098 - INQ000623177). This analysis found that the education workforce had lower exposure than healthcare workers, but primary and nursery education teaching professionals, and special needs education professionals work in close proximity with children and were more likely to be exposed to disease than secondary or higher education teaching professionals. DfE officials also provided further information on ONS data within the advice to SSE on 28 May 2020 via the *Evidence narrative* submission (Exhibit OR1/099 - INQ000075422). Paragraphs 7.45 to 7.47 of this statement below provide further information about ONS analysis on potential exposure to coronavirus by occupation.

SAGE modelling and TFC advice

6.18. In April 2020, I had requested that SAGE model a range of reopening options, including the full primary reopening option and transition year group options (Exhibit OR1/100 - INQ000623142). SAGE produced a detailed options appraisal (Exhibit OR1/101 - INQ000075426). The first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides detail on all options considered.

- 6.19. Within the 28 May 2020 *School opening ministerial submission*, DfE officials referenced the range of reopening options and explained that SAGE had not modelled the potential impact on transmission of the precise proposals being put forward in the submission, although they had modelled a full range of similar proposals upon which the recommended option was based. The option, to bring back transition year groups in primary schools was recommended by DfE officials in light of SAGE's general advice that younger children posed a lower transmission risk than older children and that numbers of children were also a driver of risk.
- 6.20. The most recent advice provided by SAGE on 20 May 2020, acknowledged that previous modelling could not be applied directly to the current proposals as these considered school reopening in isolation, or alongside more modest changes in contact. Government had modified wider social distancing measures outside schools as of 11 May 2020 and was considering further relaxation of measures from 1 June 2020. As a result, earlier modelling may have underestimated the potential impact on the rate of transmission.
- 6.21. The advice went on to explain:

"It is worth nothing that SAGE modelling makes no assessment of the absolute impact on R, and so does not predict whether R will increase above 1 or not, for any of the education scenarios. This is because any modelling of the estimated absolute impact on transmission depends on the proposed timing of school re-openings (and the background incidence of COVID-19); which other behavioural and social interventions are in place and level of adherence to these; how schools actually implement each scenario (e.g. physical distancing, hygiene etc) and the number of children who actually choose to attend schools under each scenario – among other issues. These questions are beyond the scope of the work the task and finish group did. Given the inherent difficulties in meaningfully quantifying the precise impact on the reproduction rate (R) of any given proposal, the focus of the analysis has been on relative impacts of the proposals on R and the steps that can be taken to ameliorate them."

- 6.22. The advice also explained that the SAGE analysis of the impact of a particular reopening option on the rate of transmission did not take into account any

social distancing or protective measures taken by schools to minimise contact between individuals. However, government's proposals did anticipate that a number of measures, including social distancing and protective measures, would be taken by schools to minimise contact between individuals.

- 6.23. The submission provided a summary of advice on reopening from the TFC paper titled *Children's Task and Finish Group: Comments on sequencing of social distancing measures (schools)* (Exhibit OR1/102 - INQ000194026). This paper was considered at the SAGE meeting held on 21 May 2020, SAGE 38. The submission stated that the TFC had stressed the importance of several areas of their advice, including:

"The impact of partial school openings on transmission is partly influenced by the proportion of children in school. However, it is essential to note that this is not a linear relationship, and will be affected by other measures in place, the detail of how the partial opening is implemented, the age of children etc."

"School openings cannot be understood solely in terms of the risk of infection and transmission. The cumulative impact of school closures needs also to be considered: the longer that schools are closed, the more profound the difficulties will be and the greater the cost and challenge to overcome them – it is a fine balance and secondary impacts need to be carefully considered."

"Schools do not only affect children. Staff and parents will also be directly impacted; it is probable that opening of schools will increase transmission in these groups. Any relaxation of closures will also need to consider how to reduce risk from the potential mixing of adults at school gates, in the staff room etc, and have protocols in place for vulnerable groups."

"School openings cannot be viewed in isolation, and their interaction with other measures must be considered. The impact of multiple relaxation measures on transmission is likely to be greater than the sum of their individual effects [to note - this point is more relevant for the PM's decision on the 5 tests overall]."

PHE advice

- 6.24. The 28 May 2020 *School opening ministerial submission* provided a summary of PHE's full advice containing the 'hierarchy of controls' and their suggested statement (Exhibit OR1/103 - INQ000075427). The submission explained that DfE officials had agreed this PHE advice with Professor Viv Bennett (PHE's Chief Nurse and Director for Maternity and Early Years at the time, who acted as DfE's link with PHE) and that the suggested statement would be PHE's "overarching advice". Within that framework PHE would support DfE in turning those principles into clear guidance for EY, schools and FE leaders.
- 6.25. The PHE endorsed hierarchy of controls included:
- 6.25.1. Minimising contact with individuals who are unwell by ensuring that those who had COVID-19 symptoms, or who had someone in their household who did, did not attend education or childcare settings;
 - 6.25.2. Cleaning hands more often than usual;
 - 6.25.3. Ensuring good respiratory hygiene;
 - 6.25.4. Cleaning surfaces frequently; and
 - 6.25.5. Minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times).
- 6.26. I understood that PHE provided the advice on the hierarchy of controls to DfE on 7 May 2020, and DfE officials had reflected this advice in the *Coronavirus (COVID-19): implementing protective measures in education and childcare settings* guidance published by DfE on 11 May 2020 (Exhibit OR1/085 - INQ000519981). This guidance advised that, due to efforts made to adhere to social distancing, the transmission rate had decreased at such a rate that DfE anticipated transition groups would be able to return to settings from 1 June 2020.
- 6.27. The guidance made clear that this could only be achieved if the government's five tests for easing measures (protecting the NHS's ability to cope, a sustained and consistent fall in deaths, a decreasing rate of infection, operational challenges being in hand, and no risk of a second peak), which

formed part of the government's roadmap, were met. As a result, DfE asked settings to plan on that basis, ahead of confirmation that the tests had been met. The guidance stated that, in returning children gradually, settings could initially reduce the number of children and young people in classrooms compared to the usual numbers and put protective measures in place to reduce risks. These protective measures were based on PHE's hierarchy of controls. The guidance also provided advice about class or group sizes and set out steps for settings to consider how to implement protective measures ahead of 1 June 2020.

- 6.28. This guidance had been cleared via the government's triple lock (a clearance process that required documents to be signed off at official level by No.10, DHSC/UK Health Security Agency ("UKHSA") and Government Digital Service ("GDS")). Please see the M08-DFE-001 guidance spreadsheet submitted to the Inquiry on 22 November 2024 for access to guidance published by DfE during this period (Exhibit OR1/083 - INQ000514482).
- 6.29. I participated in discussions with DfE officials regarding PHE's hierarchy of controls and how these could be implemented as protective measures within education and childcare settings. However, I did not provide advice on protective measures during the specified period, except for sharing scientific advice from SAGE with DfE officials and ministers.
- 6.30. On 28 May 2020, I understand that SSE agreed with the preferred option of a phased reopening of settings from 1 June 2020 and noted the risks (Exhibit OR1/104 - INQ000075446). That same day, the Prime Minister announced at a COVID-19 press conference that all five of the tests which needed to be met before adjusting lockdown had been met and so a phased reopening of settings would begin from 1 June 2020 (Exhibit OR1/105 - INQ000551632).
- 6.31. On 1 June 2020, the phased reopening of settings began for children in EY settings (where applicable), reception year, year 1 and year 6, alongside the provision already offered for CCW and vulnerable children and young people, on a full-time basis. From 15 June 2020, secondary schools and colleges were able to provide some face-to-face support for year 10, year 12 and 16 to 19 FE students due to take key exams and assessments (with later flexibility to offer the equivalent to older learners taking the same exams).

- 6.32. In June 2020 and July 2020, I shared scientific information from SAGE to DfE officials and ministers. I gathered questions from DfE officials about reopening fully from autumn 2020 that needed SAGE's input. By way of example, on 26 June 2020, I reached out to DfE officials across the department to request a list of questions to give to SAGE to obtain scientific advice on issues related to reopening fully from autumn 2020 (Exhibits OR1/029 - INQ000623151 and OR1/106 - INQ000623179). On 7 July 2020, the TFC considered the list of DfE questions (Exhibits OR1/107 - INQ000623152, OR1/108 - INQ000623153 and OR1/109 - INQ000623154). On 9 July 2020, SAGE 46 was held and the TFC paper *Risks associated with the reopening of education settings in September* was endorsed (Exhibits OR1/110 - INQ000623180 and OR1/111 - INQ000075460). The TFC paper summarised the combined advice of the TFC on the role of children in transmission, with input from participants of the New and Emerging Respiratory Virus Threats Advisory Group ("NERVTAG"), the Environmental Modelling Group ("EMG"), SPI-M and SPI-B.
- 6.33. We continued to share SAGE's responses with DfE officials and ministers (Exhibits OR1/112 - INQ000623181, OR1/113 - INQ000250975 and OR1/081 - INQ000623176). Please note that the scientific summaries exhibited incorporated track changes to reflect regular updates. DfE officials could access these summaries as needed.
- 6.34. In June 2020, DfE became involved in the PHE study in preschools and primary schools, later known as the *Prospective active national surveillance of preschools and primary schools for SARS-CoV-2 infection and transmission in England, June 2020 - COVID-19 Surveillance in School KIDs* ("sKIDs") (Exhibit OR1/114 - INQ000542509). I was not directly involved in this work as it was being led by DfE's Covid-19 DOC ("C.DOC") colleagues. I was aware that the PHE sKIDs study aimed to develop evidence on the extent to which extended opening of education settings from June 2020 would increase prevalence of the virus in children and adults who worked with children, as well as risks associated with transmission through children (Exhibit OR1/115 - INQ000542507). I provided an update on this study to SSE in August 2020 (see paragraphs 6.39 and 6.41 for further detail on the PHE sKIDs study update to SSE).

- 6.35. On 12 August 2020, I sent a submission to SSE to provide an update on the developing evidence base on the role of children in transmission (Exhibit OR1/116 - INQ000075600). This included evidence from internal work I had commissioned DfE officials to carry out and work carried out by SAGE and PHE.
- 6.36. The internal work I commissioned looked at the relationship between COVID-19 rates and school participation rates within different local authorities. The models used demographic and wider COVID-19 related information to give fairer comparisons between local authorities. Due to the complexity of isolating the effect of increased school attendance, DfE officials analysed the data using three separate approaches, thereby allowing us to cross check the results. The modelling results suggested that the phased reopening of schools to transition year groups from 1 June 2020 had a minimal impact on COVID-19 rates during this period. Within the submission I explained:
- “the research finds reopening schools did not appear to have a significant increase in COVID levels. Over the period of school closures, COVID levels declined, two out of the three detailed models run by the department suggests that increased attendance in the summer term led to no increase in COVID rates and the third modelling approach only showed a small positive relationship between pupil attendance and COVID.”*
- 6.37. High level analysis of data from DfE’s internal analysis showed that COVID-19 rates fell during the period schools were open and local authorities with the highest levels of attendance typically had lower COVID-19 rates than local authorities with lower attendance. It was observed that a link existed between schools and transmission rates, but it was not possible to identify which specific measures or actions within the school setting environment, the wider school community, or society at large influenced these rates. Therefore, when schools fully reopened in autumn 2020, protective measures continued to be recommended to limit the risk of transmission, and SAGE continued to provide updates on the scientific evidence related to children’s role in transmission. Paragraphs 6.60 to 6.62 of this statement provide further insight on measures and actions impacting transmission rates.
- 6.38. Within the submission I provided an update on work by SAGE to develop a scenarios tool showing the estimated impact on transmission rates for

different reopening scenarios. These scenarios were based on different levels of the number of active work and leisure contacts in wider society, the effectiveness of contact tracing and

“the level of COVID-security (the effectiveness of risk mitigation measures in reducing the likelihood of transmission for a given contact)”. I explained that the results of this work showed that

“unless COVID-security is very high or contact tracing is highly effective, reopening schools to all pupils could push R above 1 and lead to a resurgence in transmission, if wider social distancing in the community is much reduced”.

6.39. In addition to evidence from SAGE, I included an update on the PHE sKIDs study, advising that the sKIDs analysis was expected to show that there had been very little evidence that COVID-19 had been transmitted in preschools and primary schools over summer term 2020 when settings had reopened to transition year groups.

6.40. I explained that overall, the internal and external evidence suggested that children, especially young children, responded differently to COVID-19 when compared to adults, but in many cases the evidence was inconclusive, mixed or of limited quality. Although the evidence was not fully clear, younger children (aged 12 and below) appeared to be less susceptible whilst teenagers appeared as susceptible as adults to catching COVID-19. I explained that evidence suggested that the severity of COVID-19 in children was much lower than adults and that there was a very high degree of confidence that children and teenagers had very few symptoms from COVID-19. I explained that there was

“moderate to high degree of confidence that the susceptibility to clinical disease (i.e. suffering illness with recognised symptoms) of younger children (up to age 11 to 13) is lower than for adults. For older children there is not enough evidence yet to determine whether susceptibility to clinical disease is different to adults”.

6.41. I advised SSE that new internal and external evidence on the role of children in transmission, while helpful and highly informative, could not provide a

strong indication of the impact of full reopening in autumn 2020 for several reasons:

6.41.1. The analysis took place over the summer term 2020 when attendance was much lower than normal, allowing more social distancing which would not be possible in September 2020 when attendance would be much higher.

6.41.2. Most children attending in June 2020 and July 2020 were primary school children and there was growing evidence that younger children were less likely to contract the virus and could be less likely to pass it on.

6.41.3. The easing of lockdown policies across wider society over summer 2020 would mean that behaviour in the community would be different in September 2020, which is an important determinant of the impact of school reopening on transmission.

6.41.4. The sample in the PHE sKIDs study was set up at pace. Consequently, the pool of schools involved in the study were not nationally representative.

6.42. Given these important caveats, I did not recommend citing internal work or unpublished external work as evidence on the role of children in transmission publicly.

6.43. Within the submission I made several recommendations, these included that:

6.43.1. DfE continues to state that the risk of COVID-19 to children was very low compared to adults.

6.43.2. There was limited evidence that, so far, schools have not been a primary driver of community transmission.

6.43.3. DfE refers externally to information and evidence in the public domain.

6.44. DfE officials continued to incorporate the scientific information I provided in their submissions to SSE. On 19 August 2020, SSE received advice from DfE officials on the approach to fully reopening from autumn 2020. Within the advice, DfE officials resent my 12 August 2020 submission on the role of children in transmission (Exhibit OR1/116 - INQ000075600) and also provided

Advice on final decision on full return (Exhibit OR1/117 - INQ000075601). DfE officials asked SSE to decide whether to go ahead with the plan, publicly announced on 2 July 2020, to fully reopen settings from autumn 2020 (Exhibit OR1/118 - INQ000541143). Chapter 4 of the first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides further detail on this submission.

6.45. The *Advice on final decision on full return* document provided SSE with updated information on fully reopening of settings from autumn 2020. DfE officials set out advice covering several areas including:

6.45.1. Scientific advice relating to children.

6.45.2. Scientific advice relating to adults and the education workforce.

6.45.3. Advice relating to protective measures, including face coverings and testing.

6.45.4. Advice relating to the *Contain Framework*.

Scientific advice relating to children

6.46. DfE officials reiterated the points made in my 12 August 2020 SSE submission explaining that evidence was still weak and unsettled, but children seemed to respond less severely to COVID-19 than adults and faced little risk overall. DfE officials also explained that there was no evidence to suggest that children transmitted COVID-19 more than adults with some limited evidence to suggest that younger children might be less likely to transmit COVID-19. However, as the modelling undertaken by SAGE included the conservative assumption that children transmitted COVID-19 in the same way as adults, DfE had taken the same approach in developing guidance for settings.

6.47. DfE officials explained that data from across education settings internationally suggested that there was little difference between primary and secondary school transmission, although data was sparse as there had been a total of three studies of school outbreaks in the literature. DfE officials explained that Professor Russell Viner, the President of the Royal College of Paediatrics and Child Health at the time, had indicated that, despite a lack of data, younger

children might be less likely to transmit COVID-19, but that teenagers might behave more like adults.

- 6.48. DfE officials explained that behavioural factors also influenced the role of children in transmission. Advising that SPI-B had cautioned that physical distancing and hygiene measures inside schools may be more challenging for younger children and contact studies suggested that social mixing was higher among secondary children. Although, it was not possible to quantify precisely how these different factors interacted.

Scientific advice relating to adults and the education workforce

- 6.49. For adults, DfE officials advised that ONS data suggested that teachers were not at increased risk of dying from COVID-19 compared to other professional groups. There was some potential risk to adults and the workforce as settings fully reopened as it was *“likely that reopening of secondary schools and colleges will have a greater impact on R than primary schools (as modelled by SAGE in April/May of this year).”* However, DfE officials explained:

“data up to the end of the summer term has not indicated a specific rise in cases associated with schools, but PHE have reported a small number of outbreaks - it cannot yet be determined whether this is a true increase driven by schools opening, or a consequence of increased Test and Trace arrangements. We will continue to monitor the emerging data and are following up further with PHE.”

- 6.50. DfE officials then explained that if adults in schools, including teachers, other school staff, adult learners or parents were to catch COVID-19 their risks would be similar to those of other adults in the general population that were the same age and had the same health status. They also explained that younger adults had a much lower risks of severe COVID-19 than older adults.

Advice on protective measures, including face coverings and testing

- 6.51. DfE officials explained that, on 2 July 2020, DfE published guidance to support settings in preparing for a full reopening (Exhibit OR1/119 - INQ000542954). The guidance included recommendations on hygiene, social distancing, contact tracing, and maintaining distinct groups or ‘bubbles’. The protective measures were recommended to limit the risk of transmission and create an inherently safer system for children and young people attending

settings. This guidance was developed in collaboration with DHSC and PHE and was informed by the general principles agreed by SAGE. DfE officials explained that:

“Advice from the Task and Finish group on Children suggests that protective measures that can be applied in education settings, such as those set out in the guidance we published for schools and colleges in July, would have a cumulative impact to mitigate risk. The Secretary of State should be aware, however, that SAGE did not review the detailed proposals in that guidance and have also advised that it is not possible for the impact of the measures in the guidance to be quantified, modelled or estimated with any certainty.”

- 6.52. In relation to face coverings, DfE officials explained that PHE had reviewed their advice on face coverings in schools and continued to recommend against their use. DfE had also made clear in guidance that face coverings were not recommended in schools. I understand that on 25 August 2020, SSE publicly announced that the government had revised its guidance on face coverings and on 26 August 2020, DfE published the new *Face coverings in education* guidance and face coverings remained in use during the pandemic period in line with public health advice (Exhibits OR1/120 - INQ000542935 and OR1/121 - INQ000519958). I was aware of discussions about face coverings within DfE at the time, but I was not directly involved with this work. The second Corporate Statement provided by Julia Kinniburgh dated 17 July 2025 (Exhibit OR1/079 - INQ000587978) provides further detail on face coverings.
- 6.53. In relation to Polymerase Chain Reaction (“PCR”) testing, DfE officials explained that they had continued to push for schools to be prioritised in any advances to testing. They stated that, following discussions with PHE and DHSC, national asymptomatic testing was not considered to be a proportionate response at the time. However, DfE guidance made clear that *“a possible response to an outbreak in a school from the PHE local health protection team may be to bring in a mobile testing unit to test asymptomatic staff and pupils, starting with those who have been in contact with the positive individuals.”* DfE officials explained that this approach was consistent with the latest clinical advice and government’s testing strategy overall, which was

based on testing individuals with symptoms (Exhibits OR1/122 - INQ000623178 and OR1/123 - INQ000106325).

- 6.54. I am aware from my review of the second Corporate Statement provided by Julia Kinniburgh (Exhibit OR1/079 - INQ000587978) that symptomatic PCR testing was available to the whole of society from 18 May 2020. Whilst I was not involved in work related to testing at the time, I am aware that symptomatic PCR testing was viewed by DfE officials as an important tool in enabling EY settings, schools and FE colleges to ease restrictions over summer and autumn 2020. The second Corporate Statement provided by Julia Kinniburgh (Exhibit OR1/079 - INQ000587978) provides detail on mass COVID-19 testing plans for schools and FE colleges.

Advice relating to the *Contain Framework*

- 6.55. DfE officials explained that, following a recent collaboration between DfE and PHE, DHSC planned to publish an education focused annex of their *Contain Framework* (annex 3); a document which provided local decision-makers with guidance on how national, regional, and local partners should collaborate with stakeholders to prevent, manage, and contain COVID-19 outbreaks (Exhibit OR1/124 - INQ000542965). This annex was withdrawn in November 2020 and replaced with new education guidance. This guidance was renamed the *Contingency Framework* and published by DfE on 27 November 2020 (Exhibit OR1/137 - INQ000546791). I was aware of internal discussions about the *Contingency Framework* within DfE but I was not involved with this work. The first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides further detail on the *Contingency Framework*.
- 6.56. On 20 August 2020, in response to the submission from DfE officials on the approach to a full reopening in autumn term 2020 received on 19 August 2020, SSE confirmed that DfE should go ahead with the plan, first announced on 2 July 2020, to ask settings to reopen fully from the start of the autumn term 2020 (Exhibit OR1/125 - INQ000075598).
- 6.57. On 23 August 2020, the UK Chief Medical Officers (“CMOs”) issued advice in the form of a consensus statement on the current evidence of risks and benefits to health from education and childcare settings reopening (Exhibit OR1/126 - INQ000070464). The evidence of risks related to children and teachers included:

- 6.57.1. That the overall consensus was that, compared to adults, children may have a lower risk of catching COVID-19 (lowest in younger children), definitely have a much lower rate of hospitalisation and severe disease, and an exceptionally low risk of dying from COVID-19;
- 6.57.2. Evidence that older children and teenagers were at lower risk of infection was mixed;
- 6.57.3. Findings from the ONS suggested that teachers were not at increased risk of dying from COVID-19 compared to the general working-age population;
- 6.57.4. If teachers were to catch COVID-19 their risks of severe illness were similar to those of other adults of the same age, ethnicity and health status; and
- 6.57.5. Protective measures such as hand washing and surface hygiene, were key elements of maintaining COVID-19 secure setting environments and minimising risk.
- 6.58. I cannot explain the extent to which the propositions set out in the CMO letter reflected what DfE accepted about the risk to children and teachers in fully reopening settings at this time. I am only able to reiterate, as set out earlier in this chapter, that SSE received a submission on 19 August 2020 (see paragraph 6.44 above), which included scientific advice relating to children and the education workforce. The advice set out the ONS data related to teachers and explained that evidence was still weak and unsettled but that children seemed to respond less severely to COVID-19 than adults and faced little risk overall. The advice also explained that protective measures such as hand washing and surface hygiene, were to limit the risk of transmission and create an inherently safer system for those attending education and childcare settings.
- 6.59. Paragraphs 6.44 to 6.57 of this statement, and the documents referenced, highlight two points related to adults in schools. First, adults in schools were likely to have an increased risk of COVID-19 infection compared to other professional groups following the full reopening of settings in autumn 2020. Second, teachers were less likely to experience severe illness or dying from

COVID-19 compared to other professional groups, which may be attributed to the generally younger age profile of teachers relative to those in other occupations.

- 6.60. I believe it is difficult to determine, with high confidence, the types of individual measures within society that impact the rate of transmission, measures such as fully reopening settings or retail. My view at the time was that if you took the measure to reopen education and childcare settings fully, and lifted restrictions in wider society, it was likely that the rate of transmission would increase. I do not believe, you can determine, with any confidence, which individual measure within society would have the biggest impact on transmission. The 22 June 2020 SPI-M-O paper, *Comments on Social Distancing Measures*, prepared for SAGE 44 provided a view on which measures would have the biggest impact on reducing the rate of infection and should therefore be considered for reintroducing first at a national level (Exhibit OR1/127 - INQ000623155). The paper stated:

“Rather than focusing on re-introduction or relaxation of individual measures in isolation, it is necessary to consider a package of interventions as a whole and what implications one measure may have for the choices in other areas. This could include the use of “ready reckoners” that explore the impact on transmission from one intervention to be weighed against other impacts – for example, closing schools may have a similar impact to closing retail at that point, and a choice between two very unappealing options may be necessary.”

- 6.61. When education and childcare settings fully reopened in autumn 2020, I do not believe evidence could confidently attribute an increase in transmission rates to this because it is challenging to isolate the effects of relaxing school restrictions to relaxing wider restrictions at the same time. Additionally, the impact of related actions, such as more children attending, staff returning, or parents gathering at school gates, on transmission remained unclear.
- 6.62. External scientific evidence indicated that we could not determine which specific related actions led to an increase in the rate of transmission or to quantify the extent of transmission attributable to each action at that time. I believe that you cannot disentangle these things that easily. By way of example, on 1 September 2020, the PHE sKIDs report was published and

concluded that infection and transmission rates were low in preschool and primary schools under surveillance. Seropositivity rates (where a person has been exposed to or infected with a virus or other infectious agent and has made antibodies against it) in students and staff were similar and not associated with school attendance during the lockdown (Exhibit OR1/128 - INQ000223828). On 25 September 2020, Professor Russell Viner and Dr Rosalind Eggo's paper titled *Susceptibility to SARS-CoV-2 Infection Among Children and Adolescents Compared With Adults* was published (Exhibit OR1/129 - INQ000542939). The paper stated that preliminary evidence suggested that children had lower susceptibility to COVID-19 infection compared to adults, and the role that children played in transmission of COVID-19 remained unclear. The first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides further information on these reports.

- 6.63. During autumn 2020, SAGE continued to provide updates on the scientific evidence related to children's role in transmission. From mid-September 2020 onwards, SAGE papers began to consistently include the level of confidence that the evidence presented supported; whether high confidence, medium confidence or low confidence. For example, the minutes of the SAGE 62 meeting, on 15 October 2020 recorded that "*There is evidence of transmission from children to older groups within households but the magnitude of effect is not clear (low confidence)*" (Exhibit OR1/130 - INQ000221987).
- 6.64. On 4 November 2020, the TFC published a paper titled *Children's Task and Finish Group: Update on Children, Schools and Transmission* (Exhibit OR1/131 - INQ000074948). This paper explained that prevalence had risen significantly in school age children and that the rising prevalence was first visible around the time that schools reopened. However, the paper went on to explain that while this may be indicative of a potential role for school opening, causation, including the extent to which transmission was occurring in schools, it was unproven and difficult to establish. The paper went on to state:

"transmission to children and young people can occur in household, community and educational settings (high confidence). We cannot separate out the infection risk from behaviours and contacts within schools from the wider 'end to end' behaviours and contacts

associated with school attendance but taking place outside the school.”

- 6.65. The TFC provided an update to the November 2020 paper on 17 December 2020 (Exhibit OR1/132 - INQ000074951). This paper provided an updated view on evidence related to children and schools. The paper explained that overall, accumulating evidence was consistent with increased transmission occurring amongst school children when schools were open. Multiple data sources showed a reduction in transmission in children following schools closing for the October half term, and transmission rates increasing again following the post-half term return to school. However, the paper went on to state:

“It is difficult to quantify the size of this effect, and it remains difficult to quantify the level of transmission taking place specifically within schools compared to other settings.”

- 6.66. Chapter 7 of this statement provides further detail on the level of transmission when education and childcare settings closed to all children except for CCW and vulnerable children and then fully reopened in March 2021.

- 6.67. The TFC paper provided information on the impacts on teachers and school staff. Information from the paper explained that:

6.67.1. ONS data from 2 September 2020 to 16 October 2020, showed no evidence of difference in the rates of teachers/education workers testing positive for COVID-19 compared to key workers and other professions (medium confidence).

6.67.2. The Schools Infection Survey (“SIS”) confirmed that, even with testing, there were low levels of infection in schools. The SIS was led by DHSC but conducted by the ONS and intended to build on the learning from the PHE sKIDs study which had started in May 2020 in preparation for the phased reopening of settings in June 2020. The SIS aimed to investigate the prevalence of COVID-19 infection and COVID-19 antibodies among children and staff in sampled primary and secondary schools in England (Exhibit OR1/133 - INQ000542938).

- 6.67.3. Whilst the SIS data may have suggested a higher rate of infection among secondary school staff included in the survey than in primary schools, the estimates had wide and overlapping confidence intervals, and the difference was not statistically significant.
- 6.68. Similar to my earlier point on transmission in this chapter, I believe the introduction of protective measures in summer 2020 and over autumn 2020 helped to reduce transmission rates overall. However, I do not believe it is possible to determine, with high confidence, which specific protective measures in settings were most effective or their individual impacts on reducing transmission.
- 6.69. I was part of general discussions about protective measures during the pandemic period, but I was not directly involved in this work. I understand that DfE relied on advice from SAGE, DHSC and PHE on protective measures that settings could implement to create an inherently safer environment for children and staff.
- 6.70. In relation to testing, I am aware that the second Corporate Statement provided by Julia Kinniburgh (Exhibit OR1/079 - INQ000587978) provides information about testing. However, over summer 2020 and early autumn 2020 I was not involved in testing. My only involvement in testing was from January 2021 when raising concerns I had about false negatives on lateral flow device (“LFD”) testing (see chapter 7).
- 6.71. As CSA and DfE Chief Analyst, I was routinely copied in and often asked for comment and advice on papers such as *Principles for Managing SARS-CoV-2 Transmission Associated with Higher Education* and *Paper on Higher Education Settings* (Exhibit OR1/134 - INQ000197233) as they were compiled. In instances such as this, where the papers were focused on a particular area of the department’s remit, DfE officials within the relevant policy directorate, including their embedded analytical teams, led the department’s overall response. In this case, officials from DfE’s Higher Education Directorate provided data, material and drafting comments to the Government Office for Science (“GO-Science”), who led the drafting of both papers.
- 6.72. Paragraphs 5.17, 5.22, 5.48 and 5.49 of the Corporate Statement dated 31 July 2025 provided to the Inquiry by Hannah Sheehan, DfE Director of Higher

Education (Exhibit OR1/135 – **INQ000588004**), provides more comprehensive answers on this area than I am able to provide.

7. Chapter 7 - Part F: December 2020 and early January 2021

- 7.1. This chapter provides an overview of the scientific information given to DfE ministers and officials regarding transmission rates, the new Alpha variant and the impact of education and childcare settings closures and openings from December 2020 and early January 2021.
- 7.2. As I explained earlier in this statement, the sharing of scientific information was carried out by several colleagues within the Central Analysis Directorate. This included me as CSA, the DCSA and the science team. I also addressed inquiries from SAGE and collected questions from DfE officials to present to SAGE.
- 7.3. At this point, I would like to reiterate that all the scientific/epidemiological evidence and advice on transmission rates, facemasks among other things, were thoroughly discussed at and provided by SAGE. This group, along with its subgroups, were the scientific experts in their respective fields. My role as a participant in SAGE was to contribute to discussions and decisions and to ensure that the papers and advice provided by these experts were accurately conveyed to DfE ministers, the Permanent Secretary, and other DfE officials. This was crucial in keeping them updated and prepared to make informed decisions. The expertise and insights from SAGE were invaluable, and it was essential to rely on their guidance to navigate the complexities of the situation. By leveraging SAGE members' knowledge, we could ensure that our actions were based on the best available scientific evidence.
- 7.4. As noted in chapter 6, "we" refers to DfE officials in the Central Analysis Directorate, including the DCSA, science team colleagues, and myself when providing scientific information to ministers and officials.
- 7.5. In late November into early December 2020, we continued to provide a detailed summary of the science position on COVID-19 to ministers and DfE officials. This was a live document that was updated regularly that provided summaries and updates of SAGE meetings as well as scientific papers on COVID-19 (Exhibit OR1/136 - INQ000623182). On transmission at this time the summary stated:

“On the role of children in transmission it is highly likely that they drive transmission less than influenza, and probably are, on average, less infectious than adults.”

And

“When comparing children to adults, there is no evidence to suggest that children transmit the virus any more than adults. Some studies suggest younger children may transmit less, but this evidence is mixed and provides a low degree of confidence at best.”

7.6. I was aware that at the end of November 2020, annex 3 of the *Contain Framework* was renamed the *Contingency Framework* (Exhibit OR1/137 – INQ000546791). This framework made clear that given the considerable benefits to children and young people of continued face-to-face teaching, the government’s intention was to do everything possible to avoid settings closing to the majority of pupils. It would do this by implementing local, area-based approaches and closures would only be considered as a short-term measure and a last resort, to be used after other mitigations had been deployed and failed.

7.7. At the SAGE 73 meeting on 17 December 2020 that I attended, the new variant (later known as Alpha) was discussed (Exhibit OR1/138 - INQ000075736). The SAGE meeting minutes stated:

“A new variant of SARS-CoV-2 has been identified in the South-East of England, with an N501Y and other mutations. There are indications that this variant may be spreading more quickly than others but the extent of any increase in transmissibility is not yet known.”

7.8. At this meeting, SAGE also discussed a TFC paper on the impact of children and schools on transmission (Exhibit OR1/132 - INQ000074951). SAGE concluded that the evidence (which was attributed with high confidence) was consistent with transmission occurring amongst school children when schools were open, particularly in those of secondary school age. The group was also satisfied that multiple data sources indicated (with medium confidence) that the previous October half term (2020) had led to a reduction in transmission in children and that transmission rates picked up again in many places when schools reopened following half term, albeit there was uncertainty about the size of this effect. SAGE determined that an analysis of DfE attendance data

indicated (with medium confidence) that reported cases in students increased across all tiers during the first two weeks of national restrictions, particularly in secondary schools. The group noted that it remained difficult to quantify the level of transmission taking place specifically within schools, as compared to other settings.

7.9. During the SAGE 73 meeting on 17 December 2020, SAGE also noted that:

“ONS COVID-19 Infection Survey (CIS) data to 12 Dec 2020 show the rates of those testing positive for SARS-CoV-2 continue to be highest in secondary school age (11/12 to 15/16 years) children in England; REACT-1 data between 13 November and 3 December also show the highest prevalence in children aged 13 to 17 years [REACT-1 was a large-scale population surveillance study that was undertaken in England, led by DHSC, between May 2020 and March 2022 that examined the prevalence of the virus causing COVID-19 in the general population]. Recent ONS CIS data show a marked increase in the positivity rate in secondary school aged children in London, rising to over 4% over the fortnight to 12 December 2020 (high confidence).”

“Analysis of ONS data to 2 December still indicates a higher role of those aged 12 to 16 in introducing infection into households than those 17 and over (medium confidence).”

7.10. I want to emphasise that the Alpha variant, which emerged in December 2020 and January 2021, was largely unknown at the time. There were genuine concerns that the next variant *could* have both a high transmission rate and a high fatality rate. This uncertainty weighed heavily on all of us, as we were effectively navigating uncharted territory notwithstanding our experience thus far, it was necessary to implement restrictions to protect the public. This situation was similar to the one we found ourselves in in March 2020. We were again faced with an unknown virus, and until we had more information, we risked facing a potential situation where transmission rates were high leading to significant issues with NHS critical care capacity.

7.11. Given the circumstances I could not see any other steps except to restrict attendance again as there was no way to have known more about the virus any sooner. The decisions made were based on the best available scientific evidence at the time, and they were made with the utmost concern for public health and safety. It was a time of great uncertainty and the measures taken

were a reflection of the seriousness of the situation. We were all doing our best to navigate a rapidly evolving crisis, and the priority was always to protect lives and prevent the spread of the virus.

7.12. At this time, it was not possible to clearly disaggregate the effect education settings were having from other factors which might have been driving transmission at this point, with the only available information on Leicester around half term trends. At the SAGE 73 meeting on 17 December 2020 that I attended, a paper prepared by the DfE Data Science Lab (“DasLab”) who were part of my directorate was discussed (Exhibit OR1/139 - INQ000623161). DasLab were commissioned by the ONS-led working group on COVID-19 in schools to investigate whether we could learn anything from the half term natural experiment about the impact of the schools system on the spread of the virus. The paper stated that

“After analysing the problem from a variety of angles, using a range of different data sources, and consulting with epidemiologists from SPI-M, we concluded that:

- The data are consistent with their being an effect of schools on increasing the spread of the virus amongst children.*
- But we cannot tell how large this effect is.*
- Nor can we tell what the impact of it is (if any) on the wider community.*

This is due to the combination of:

- The short period of time covered by half term.*
- The high degree of uncertainty inherent in most available data sources.*
- Confounding factors occurring at the same time (e.g. wider interventions, behavioural impacts, etc).”*

7.13. The paper concluded that:

“While this could be evidence for a “half term” effect on infection amongst school aged pupils, we do not have enough evidence here to prove this conclusively, or to quantify the size of the effect and how it interacts with other factors.”

- 7.14. On 19 December 2020, I was aware that the Prime Minister announced a new Tier 4 to control the new variant (Alpha) in London and the South East (Exhibit OR1/140 - INQ000075737). Education and childcare settings were exempt from the wider economic and social restrictions in these areas. Chapter 4 of the first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides a comprehensive account of this.
- 7.15. At the SAGE 74 meeting on 22 December 2020 that I attended, the *NERVTAG/SPI-M: Extraordinary meeting on SARS-CoV-2 variant of concern 202012/01 (variant B.1.1.7), 21 December 2020* paper further discussed the new variant and the transmission in children (Exhibit OR1/141 - INQ000212114). At this time, it was beginning to become clear that there was a high confidence that the Alpha variant would spread faster than other SARS-CoV-2 virus variants and that this would also include children. The paper went on to state that:
- “Preliminary analysis by Imperial College suggests that in children aged <15 years there may be an increase in transmission of variant B.1.1.7 compared to other variants.”*
- 7.16. On 28 December 2020, I was copied into a submission sent to SSE on further advice from DfE officials on school attendance (Exhibit OR1/142 - INQ000075682). The advice made clear that protecting and maximising face-to-face education for as many children as possible, particularly for those sitting exams, EY and primary settings, vulnerable children and CCW, remained a top priority for the government.
- 7.17. The advice included options that could be taken to reduce transmission amongst children and young people, including in education settings. The options considered in the advice covered EY, schools, FE and HE. This included delaying the full return to universities by restricting attendance to students studying subjects allied to medicine, veterinary science, education and social work, as well as extending the staggered return of secondary schools and colleges and using the *Contingency Framework* to implement possible education restrictions in Tier 4 areas.
- 7.18. I had become aware in late December 2020, that there had been discussions between DfE and DHSC proposing weekly testing of staff and daily LFD testing of close contacts for children and staff in secondary schools and

colleges, starting in January 2021 as a means of enabling schools to remain open. However, I along with DfE officials from my office were not included in these discussions. The first Corporate Statement provided by Tessa Griffiths dated 6 May 2025 provides a detailed account of this interaction (Exhibit OR1/143 - INQ000587559).

- 7.19. I understood that the driving factor for these discussions was to put LFD testing in place to allow secondary schools to return to full attendance after the Christmas break. Upon learning that I had not been included in the discussions of the proposals, I alerted DfE officials to the issue of false negatives or false positives as it was clear to me that the issues around LFD testing had not been fully understood. I emphasised that LFD testing could produce false results which was a critical concern, as at this time, we did not know the exact percentage of them. For example, it was not clear whether they had sampled any of the negatives with PCR to work out whether any of them were actually positive.
- 7.20. On 22 December 2020, in response to the concerns I had raised, DfE officials within the Central Analysis Directorate and I sought further clarification on LFD testing and whether this type of test had been approved by the Medicines and Healthcare Products Regulatory Agency (“MHRA”) (Exhibit OR1/144 - INQ000623158).
- 7.21. On 23 December 2020, I became aware that the MHRA had issued an exceptional use authorisation to DHSC to allow the use of LFDs to identify new cases of COVID-19 in people who did not have symptoms (Exhibit OR1/145 - INQ000623190). The MHRA advised that the LFD could be used by a member of the public with no previous experience of testing, in their own home or another community setting such as a place of work. They also advised that anyone experiencing false positives or negatives, or difficulties in using the LFD should report this to MHRA.
- 7.22. The use of LFD testing in the schools pilot seemed to result in much lower test sensitivity that was needed in practice. This issue could have led to children and staff attending settings under the false impression that they were not infected when, in fact, they were. The lack of accurate information regarding the percentage of false results prevented us from assessing the magnitude of the issue at the time, potentially resulting in LFD testing causing

more harm than benefit. I was keen at this time to develop an evaluation of the number of false results.

- 7.23. I also sought clarification on issues around test sensitivities and reached out to PHE and DHSC for further information. (Exhibit OR1/146 - INQ000623160). In the email I highlighted that when looking at some of the findings from the pilot, it was not clear whether they had sampled any of the negatives with PCR to work out if any of them were actually positive as this was crucial. I also provided a table to estimate how many false negatives there might be by looking at the likely prevalence in that age group and comparing to the actual number of cases that were picked up. I went on to say that, although the data used a small sample size, there was a potential sensitivity of 11% which was potentially significant but we couldn't be sure, hence raising concerns. The only thing we thought would explain the low sensitivity was if there were a lot of children that had COVID-19 (confirmed or otherwise) and were staying at home so were not actually tested in the pilots. However, given asymptomatic rates in children that would not have accounted for all of it. I went on to state that:

"This matters because if we're only finding out a small % of positive cases with LFD means that mass testing will not have the effect we hope it would have simply by not picking up enough actual positive cases to have much of an impact on reducing viral transmission, but on top of that, the risks associated with up to 90% missed true positive cases wandering around thinking they are negative don't need repeating."

- 7.24. On the 24 December I contacted experts at Oxford/PHE who provided clarifications on the issues around test sensitivities I had raised via a summary. The summary confirmed that the Innova tests could achieve good sensitivity when used in practice, particularly when used by trained individuals. The summary also advised that initial test sensitivity achieved on the rollout in schools could be low but could be picked up with experience and good training. After receiving these clarifications, although I still had reservations around the lack of actual testing around false negatives, I agreed that LFD testing might be an effective tool to reduce transmission rates and a means of enabling education and childcare settings to remain open. However, I thought it crucial to emphasise to DfE officials, including the Leadership

Team, that *“relevant experts at Oxford / PHE have confirmed that the Innova tests can achieve good sensitivity when used in practice, particularly when used by trained individuals and for sequential testing. Initial test sensitivity achieved on rollout in schools can be low, but that can pick up with experience and good training”* (Exhibit OR1/147 - INQ000623159). I also thought it necessary for DfE officials directly involved in testing to monitor and evaluate sensitivity being achieved in practice over time.

- 7.25. On 15 January 2021 Schools Week published an article called Rapid Covid tests not authorised to keep close contacts in school, regulator confirms (Exhibit OR1/148 - INQ000623193). The article stated

“The use of rapid tests to keep pupils who have been in close contact with Covid cases in the classroom has not been authorised to be used in this way, the regulator has publicly confirmed.”

The article goes on to show that there was confusion with rapid testing. As noted above, I was not involved in these discussions and therefore cannot provide further insight on factors contributing to this confusion. *“The MHRA has now confirmed to Schools Week it has “not issued an Exceptional Use Authorisation for that self-test device for ‘serial testing’ for school pupils who have been exposed to a confirmed positive COVID case that would enable them to attend school as normal. However the government said regulatory approval is not needed as testing in schools is ‘assisted testing’ – where someone swabs themselves under the supervision of a trained operator.”*

- 7.26. I was aware that with the issues around the confusion over the approval for MHRA and because I had flagged the lack of testing around the impact around not testing for false results that between April 2021 up to June 2021, Oxford University conducted an independent study (Exhibit OR1/149 - INQ000497885), sponsored by DHSC and supported by DfE and the ONS. It found that *“daily testing of secondary school students who were in contact with someone with COVID-19 was just as effective in controlling school transmission as the current 10-day contact isolation policy”*.
- 7.27. Ultimately, the issue regarding false negatives in LFD testing did not become a major concern. However, I believe that if I had been involved earlier in

discussions on testing between DfE and DHSC, I could have provided valuable insights and identified issues early on. I have no insight on why I was not involved in earlier discussions on testing and think it is up to others who were involved to explain why. In my opinion, if my concerns around false results could have been raised earlier and addressed sooner, then the testing of this could have been done at an earlier stage therefore providing everyone with knowledge that testing in schools was a viable option and preventing them from becoming an issue in December 2020. I believe this instance highlights a wider point about the need for better internal processes and the importance of having clear lines of communication and effective ways to share information across DfE. I also believe that analytical colleagues and/or science colleagues should be present in groups advising on critical issues. I provide additional insight on this as part of my considerations regarding internal structures that could be implemented to further support the CSA within the 'lessons learned' chapter of this statement.

- 7.28. I was aware that keeping schools open to all children was DfE's priority and the government was committed to education settings being the last to close. The Contingency Framework, as discussed above, was designed to allow as many settings as possible to stay open to all children, based on regional information. While I was not directly involved in the detailed assessment of the impact of prolonged school closures, I was part of the broader discussions within DfE and SAGE. These discussions highlighted the significant concerns about the negative effects of school closures on children. It was widely recognised that extended periods of remote learning could hinder academic progress and exacerbate mental health issues among children. DfE and SAGE were acutely aware of these potential consequences and worked diligently to find solutions that would allow schools to remain open as much as possible.
- 7.29. On 4 January 2021 when the Prime Minister announced that schools would be closed from 5 January 2021 to all children except for vulnerable children and CCW, I was aware that all decisions were being undertaken by No.10 at this time. As CSA I was not involved in any of the decisions to close education settings to the majority of pupils and that the advice provided by SAGE was that a significant proportion of transmission was occurring among children and transmission amongst children was translating into higher levels of community transmission.

- 7.30. During the school closures in January 2021, officials across the DfE were actively involved in monitoring and assessing the impact of these closures. This included evaluating what was happening to children's lives during the pandemic, the safety of children, the increased use of the internet by children, the reasons why vulnerable children were not attending schools in greater numbers and the longer-term effects on children from various backgrounds. I was not involved across all the work in DfE. Instead, I focused on highlighting the work undertaken by SAGE as well as commissioning research reports. I understand that chapter 5 of the first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides further information on DfE's role in assessing the impact of closures.
- 7.31. In January 2021, DfE published Education Policy Institute and Renaissance Learning's first interim report as a result of their research, *Understanding progress in the 2020/21 academic year Interim findings January 2021*. The Education Policy Institute is a research institute, and Renaissance Learning is an organisation that creates educational software and assessments. This first report stemmed from research I recommended commissioning in summer 2020, after DfE officials in the Central Analysis Directorate conducted work on learning loss. Chapter 8 of this statement provides detail on this internal work. The report provided information on the progress achieved by children during the 2020/21 academic year and assessed the impact of the educational disruption caused by COVID-19 (Exhibit OR1/150 - INQ000542835).
- 7.32. I recommended this research as I believed it was crucial to comprehend the impact of COVID-19 on children's development, and that the speed of recovery would be essential to guide ministerial decisions on whether additional measures to support education recovery were necessary. The report analysis was based on the results achieved by children in the first half of the 2020/21 autumn term (up to and including 25 October 2020) in comparison to children in the previous years.
- 7.33. The report estimated the mean learning loss in reading (for primary and secondary children) and mathematics (for primary children only due to small sample sizes in secondary). The report showed that all year groups had experienced a learning loss in reading. In primary schools these were typically between 1.7 and 2 months, and in year 8 and year 9, 1.6 and 2 months respectively. Learning losses in mathematics were greater with

estimates showing a learning loss of just over 3 months for primary children. A total of 6 reports on learning loss experienced by children were published (Exhibits OR1/151 - INQ000542832, OR1/152 - INQ000542836, OR1/153 - INQ000542833, OR1/154 - INQ000542834 and OR1/155 - INQ000542837).

- 7.34. On 19 January 2021, I provided oral evidence to the Education Select Committee on the impact of COVID-19 on education and children's services (Exhibit OR1/156 - INQ000203962). I discussed the risks and mitigations explaining that government would continue to monitor the situation and look to make a judgment on where the balance of risks was at, at any point. I explained that at this time there was a range of survey evidence that pointed to a worsening mental health situation for children and young people. That range of evidence was provided to DfE officials and also to DfE ministers. The information that was there was provided and DfE published jointly with SPI-B, a paper on the benefits of school and the losses from school on mental health and wellbeing. What we did not have at the time was a single quantitative assessment of the total mental health impact. I reiterated that we had a range of survey evidence, which we provided to ministers and DfE officials and that this survey evidence would have been taken into account when judging the balance of risks in making decisions.
- 7.35. I also discussed a joint SPI-B/DfE: *COVID-19: Benefits of remaining in education - evidence and considerations November 2020* paper where key evidence and considerations on the closure of schools was outlined. The themes considered in the joint paper were educational outcomes, health and wellbeing, vulnerable children and inequalities as well as classroom learning and remote learning (Exhibit OR1/157 - INQ000073884).
- 7.36. On 22 January 2021, we sent an updated scientific summary to the SSE which included a summary of SAGE 77 meeting papers (Exhibits OR1/158 - INQ000542622, OR1/159 - INQ000072528, OR1/160 - INQ000542624 and OR1/161 - INQ000542625). The summary indicated that new modelling had demonstrated that the vaccine roll out alone would not significantly alter the virus's trajectory in the short term. Even if the transmission rate remained below one, the NHS would likely face considerable pressure over the next six weeks. In this context, fully reopening education settings could lead to a rapid increase in hospital admissions. I recommended that DfE continue to monitor new evidence regarding the severity of the new variant and its prevalence in

communities, as this would impact hospital capacity and decisions about reopening settings to the majority of pupils.

- 7.37. Again, on 29 January 2021, we sent SSE a scientific summary, which included a summary of SAGE 78 meeting papers (Exhibit OR1/162 - INQ000542632). The summary provided information on the modelling of scenarios for a full reopening and an update from the TFC. The summary of the current scientific position explained that SAGE had previously advised that the opening and closing of schools was likely to have an impact on transmission and R, and that policymakers needed to consider the balance of risks and harms. SAGE had also advised that the opening of primary and secondary schools was:

“likely to increase effective R by a factor of 1.1 to 1.5 (10% to 50%) (medium confidence).”

- 7.38. On 12 February 2021, we sent SSE the scientific summary, which included a summary of SAGE 80 meeting papers (Exhibit OR1/163 - INQ000542658). The summary provided information on the impact of reopening settings to the majority of pupils and an update to the evidence on the role of children and schools in transmission.
- 7.39. In relation to the impact of fully reopening settings, we explained that SPI-M had modelled the relative impacts of different reopening scenarios for schools. Modelling suggested that fully opening reception and Key Stage 1 was expected to have a low impact on the transmission rate (circa 5% increase) and that adding the rest of primary year groups would take the impact to around 10%, while adding secondary exam year groups would increase this impact to around 20%.
- 7.40. The update to the evidence on the role of children and schools in transmission explained that those aged 12 to 16 still played a higher role in introducing infection into households than those aged 17. The difference was less marked for those aged under 12. There remained insufficient information to make any statement on the Alpha variant's severity in children due to the very small numbers of children affected by severe disease.
- 7.41. The scientific summary provided an update to the evidence on the role of children and schools in transmission from the TFC. Updated evidence from the TFC included *Paper 5b TFC: update to 17 December 2020 paper on*

children, schools and transmission. This paper provided information on the broader impacts of setting closures on children and young people (Exhibit OR1/164 - INQ000542656). The paper stated that:

“There is still clear evidence of the negative educational impact of missing school, particularly for younger children¹⁹, as investments in children’s learning tend to accumulate and consolidate over time (high confidence). There remains evidence that the pandemic has negatively impacted the mental health of children and young people, and that school closures cause impairment to the physical and mental health of children. Evidence suggests that the mental health of adolescents is particularly affected (high confidence). A systematic review concluded that school closures as part of broader social distancing measures are associated with considerable harms to CYP health and wellbeing.”

- 7.42. Throughout January, February and March 2021, weekly sitreps were shared with SSE, ministers and SCS. The sitreps included information on vulnerable children. Although I was not involved, I was copied into information where vulnerable children and young people, including those with EHC plans continued to be prioritised for on-site attendance. In spring and summer 2021, DfE used the focused vulnerable children and young people attendance data dashboard, launched on 1 October 2020, to make targeted calls to local authorities where the data showed concern about low education attendance from vulnerable children. The calls enabled local authorities to be alerted to attendance concerns and to also inform DfE about the context around the data. DfE was then able to better understand challenges faced by the sector and could use it to inform policy work. The first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides more information in chapter 5.
- 7.43. In February 2021 the Task and Finish Group on Higher Education/Further Education produced a paper entitled, *Paper on Higher Education Settings* (Exhibit OR1/134 - INQ000197233) which was at the request of DfE, but was led and compiled by Go-Science along with DfE officials within the relevant policy directorate. I was asked for comment but was not involved in the drafting of the paper. (Exhibit OR1/165 - INQ000623163, OR1/166 - INQ000623164 and OR1/167 - INQ000585369). Hannah Sheehan, DfE

Director of Higher Education submitted a corporate statement dated 31 July 2025 (Exhibit OR1/135 – **INQ000588004**) and provides more information in Chapter 5 specifically from paragraph 5.49.

- 7.44. On 18 February 2021, we raised questions with the ONS about a draft Coronavirus (COVID-19) Infection Survey (“CIS”) article ONS had shared with us for quality assurance purposes ahead of publication (Exhibits OR1/168 - INQ000623166 and OR1/169 - INQ000623167). The CIS article looked at the characteristics of people testing positive for COVID-19 in England and provided analysis on occupations, including teaching and other educational professionals. We questioned whether the ONS had performed any sensitivity checking on the models over the specified time period (1 September 2020 to 7 January 2021). The ONS advised that they would revise a section of the article highlighted by DfE analytical colleagues and explicitly emphasise the caveat regarding the time period and the importance of the new variant within the article.
- 7.45. I recall discussing this further with Iain Bell, Deputy National Statistician for Population and Public Policy at ONS, that same week ahead of the CIS article publication on 22 February 2021 (Exhibit OR1/170 - INQ000623168). I raised several points including that I thought the best approach would be to split the analysis and look at those who were not working from home separately to those who were working from home but not controlling for any NPIs, such as face coverings and social distancing, which might have played a role in explaining why some onsite jobs could potentially be more risky than others.
- 7.46. On 22 February 2021, the ONS published the *Coronavirus (COVID-19) Infection Survey: characteristics of people testing positive for COVID-19 in England, 22 February 2021* article (Exhibit OR1/171 - INQ000503388). The published article explained that the analysis looked at variation in the likelihood of testing positive between occupation groups after adjusting for differences in age, sex, region, the interaction between region and ethnicity, household size, multigenerational households, index of multiple deprivation, ease of social distancing in the workplace and ability to work from home.
- 7.47. After controlling for demographic factors and general contact, the estimated probabilities of testing positive for COVID-19 during the time period under study were calculated for each of the 25 occupations including teaching and

educational professionals. Across the 25 occupations, the likelihood of testing positive for COVID-19 between 1 September 2020 and 7 January 2021 ranged from 2.1% to 4.8%. The average likelihood across the 25 occupations was 3.9%. Teaching and education professionals were placed towards the higher end of the range along with caring personal services occupations.

- 7.48. The article showed that previous ONS analysis, conducted from 2 September 2020 to 16 October 2020, found teaching and educational professionals:

“did not find statistical evidence of a difference in the positivity rate between primary and secondary school teachers, other key workers and other professions.”

However, this later analysis showed that the likelihood of testing positive for teaching and education professions was at the upper end relative to other professions.

- 7.49. On 25 February 2021, the Permanent Secretary’s Stakeholder Group (“PSSG”) meeting focused on the three announcements made that week on full reopening, education recovery and qualifications (Exhibit OR1/172 - INQ000542682). We provided a science update in relation to the recently announced roadmap. The group agreed that the downward trend in COVID-19 prevalence was promising but raised concerns that full reopening might be affected by factors such as new variants. The Permanent Secretary noted that the roadmap was designed to allow for a significant period of stability, providing an opportunity for assessment before any changes were made. The situation would continue to be monitored and if evidence suggested that the approach needed to be reassessed, it would be.
- 7.50. On 4 March 2021, the PSSG meeting focused on full reopening and qualifications (Exhibit OR1/173 - INQ000542681). We provided a science update which included information on vaccinations, COVID-19 case rates and new variants. When considering full reopening, discussions included points on testing, face coverings, guidance and transport.

8. Chapter 8 - Part G: Differential impacts on children

- 8.1. Within this chapter I provide an overview of the monitoring activity conducted by DfE officials within the Central Analysis Directorate. As explained earlier on in this statement, analytical teams were embedded within policy teams across DfE and were tasked with work by senior officials leading on those policy areas. I was not directly involved in their work and therefore unable to provide an overview on this. The first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) does provide an overview of the monitoring activity that took place across DfE during the pandemic period and the actions taken by DfE which were informed by the overall monitoring activity.
- 8.2. DfE officials within the Central Analysis Directorate and I considered the effects of the pandemic early on and sought to implement mechanisms to understand its impact on children. Monitoring activity was undertaken from March 2020, and actions were taken by DfE which were informed by the overall monitoring activity. This activity included the monitoring of children's attainment, safety, mental health and wellbeing, as well as the attendance of all children, including vulnerable children. Methods of monitoring involved two main strands: commissioning new external and internal work as well as increasing the scope of current activity to capture COVID-19 related information.
- 8.3. Before and during the whole pandemic period DfE's Research Board scrutinised the allocation of departmental spend on economic and social research (Exhibit OR1/174 - INQ000623183). Economic and social research as identified by the Economic and Social Research Council which is part of UK Research and Innovation (Exhibit OR1/175 - INQ000623187). DfE's Research Board approved all commissioned research as well as reviewing and providing advice on internal research. The Research Board was chaired by the deputy director of the CRED who reported to me during the whole pandemic period.
- 8.4. From November 2019, I led on work to change the governance process of the Research Board. This work included creating one budget pot for financing all economic and social research as well as strengthening the research approval process (Exhibit OR1/176 - INQ000623184). The research budget was centralised from April 2020, and I was part of the leadership group

established to oversee the Research Board, ensuring that allocation of budget aligned with DfE's overall priorities.

- 8.5. Due to this role, I was aware of and, on occasion, directly led on economic and social research proposals that would then go through the Research Board approvals process. By way of example, in September 2020 Renaissance Learning were commissioned by DfE to conduct research to understand the progress made by children in the 2020/21 academic year and to estimate the impact of the disruption to education as a result of COVID-19 (Exhibit OR1/177 - INQ000542881). Paragraphs 7.32 and 7.34 above provide more detail on research findings.
- 8.6. DfE officials within the Central Analysis Directorate and I led on this initial research proposal and on all quality assurance steps in this commission following our internal analysis of learning loss from May 2020 (Exhibit OR1/178 - INQ000623188). This internal analysis focused on defining learning loss and determining how the issue could be approached. This laid the foundation for the Renaissance Learning research.
- 8.7. In June 2020, DfE officials made the following recommendations:
 - 8.7.1. Learning loss should go beyond academic achievement and cognitive skills. DfE should consider what schools give children in the round. That action taken should factor in non-cognitive skills, social behaviour and emotional health, which are key determinants of adult life satisfaction.
 - 8.7.2. Learning loss for all cohorts should be addressed urgently. Although younger children have more time to recover lost learning, the balance of evidence suggested that DfE should act now rather than later. Even for the youngest children, waiting could let learning loss compound, and crucial periods of development could be missed.
 - 8.7.3. Action needed to be taken to measure the learning loss issue before it could be solved effectively. DfE should explore ways to measure learning loss through testing.
 - 8.7.4. Solutions should be evidence based and evaluable. Research should be used to identify interventions with strong causal evidence that they are effective over and above ordinary time in school.

- 8.8. In July 2020, analytical colleagues within CAU provided a submission to SSE and ministers on understanding progress during 2020/2021 academic year (Exhibit OR1/179 - INQ000542566). The submission sought approval to conduct research on progress during the academic year 2020/21 to understand the impact of COVID-19 on progress and track the sector's recovery. Analytical colleagues from the CAU advised that there was a strong rationale for monitoring progress and assessing the effects of COVID-19 on progress. They recommended conducting a more extensive research project through a tender process to increase the robustness of the work strand and the quality of insights that could be provided. In September 2020, Renaissance Learning was awarded the contract to conduct this research and DfE published six reports on learning loss experienced by pupils in England as a result of the COVID-19 pandemic (Exhibit OR1/177 - INQ000542881).
- 8.9. In addition to the Renaissance Learning research, I was aware that in 2020 DfE had commissioned the delivery of the Education for Wellbeing Programme. This was part of the extension to the Children and Young People's Mental Health Evaluation and Research Programme; aimed at understanding the long-term impact of the pandemic on children's mental health and wellbeing (Exhibits OR1/180 - INQ000623191 and OR1/181 - INQ000588426). The third Corporate Statement provided by Susan Acland-Hood dated 16 July 2025 (Exhibit OR1/182 - INQ000587992) provides further information on the Renaissance Learning research and the Education for Wellbeing Programme.
- 8.10. I was also aware of updates made to internal research to understand the impact of the pandemic on children. This included incorporating additional questions from May 2020 to June 2022 in the Vulnerable Children and Young People Survey. This survey was aimed at understanding the impact of the pandemic on CSC (Exhibit OR1/183 - INQ000541150). The first Corporate Statement provided by Fran Oram dated 29 July 2025 (Exhibit OR1/084 - INQ000587996) provides further information on the Vulnerable Children and Young People Survey.
- 8.11. In addition, there were pandemic related questions added to the DfE omnibus survey (Exhibit OR1/044 - INQ000588433). The DfE omnibus surveys were a series of surveys commissioned by DfE officials to gather data and insights from teachers and leaders (School and College Voice) and parents, carers

and older children (Parent, Pupil and Learner Voice). These surveys often included bespoke questions designed to elicit information about children with SEND and specific issues, including issues related to the pandemic. The third Corporate Statement provided by Susan Acland-Hood dated 16 July 2025 (Exhibit OR1/182 - INQ000587992) provides insights from the DfE omnibus surveys.

- 8.12. I was aware of external and internal research undertaken during the pandemic period through my role as CSA, Chief Analyst and Director of the Central Analysis Directorate as well as my role on the Research Board leadership group. However, I was not directly involved in the measures taken in response to research findings. I understand that the first Corporate Statement provided by Julia Kinniburgh dated 28 July 2025 (Exhibit OR1/042 - INQ000651498) provides an overview of the activity that took place during the pandemic period to understand the impact of the pandemic on children. This statement also provides an overview of the actions taken by DfE which were informed by this activity.

9. Chapter 9 - Part H: Lessons learned

- 9.1. I left the department in August 2022, at the juncture between the pandemic period and the post-pandemic period. Although I have read the third Corporate Statement provided by Susan-Acland Hood dated 16 July 2025 relating to the long-term impact of the pandemic (Exhibit OR1/182 - INQ000587992), I do not feel that I am sufficiently qualified to offer an opinion on this topic.
- 9.2. I have considered the key lessons learned from the pandemic and believe these fall into three main points: the structure established to support the CSA, the significance of data, and the need for government officials to appreciate uncertainty in statistical and scientific analysis.

The structure established to support the CSA

- 9.3. No CSA can be an expert across the range of everything that a department covers but CSAs should have the scientific knowledge and experience in a relevant area, to be able to offer high quality and impartial scientific advice to ministers and senior civil servants in their department. Even where this advice might be unpalatable to what ministers or civil servants want to hear, the CSA should have the necessary standing to feel comfortable offering it. I believe appointing in line with other externally appointed CSA across government on a fixed term basis and not being a career civil servant would help achieve this.
- 9.4. I also think it essential that the CSA be supported by a strong team, made up of scientists, academics and civil servants, to help them to focus on the key things they need to be looking at, and to enable them to fulfil their role effectively. A lot of government departments including, I know DfE, have set up a Science Advisory Council. The role of the Science Advisory Council is to support the CSA and provide external expert independent advice on science policy and strategy to their department. Membership is mainly made up of academics working in fields that are relevant to the work of the department. They can broaden the range of science advice to which the department has access. I would certainly recommend that these Science Advisory Councils continue, and that they be supported. They could play a vital role in a future pandemic situation.

- 9.5. I think the CSA should be allocated a portion of the departmental research budget and given authority to direct the research spend for this budget. In addition to budget responsibilities, the Leadership Team (including all directors-general and the Permanent Secretary) should proactively engage with the CSA on strategic, operational and policy issues across their department. Ensuring the CSA is informed on relevant processes at an early stage to provide input and scrutiny. The CSA should also have an easy line of communication and access to the Leadership Team. This could be facilitated by allowing the CSA to attend Leadership Team meetings and possibly having regular meetings with ministers.

The significance of data

- 9.6. On the point related to the significance of data, I am very aware that having access to the best quality data, and a data flow that enables that data to come through quickly and efficiently is incredibly important. I recollect that during the pandemic, DfE had a number of issues with being able to receive data quickly about things like whether schools were open, how many children were attending and certain aspects of the testing regime.
- 9.7. Pre-pandemic policy decisions allowing local authorities and trusts greater autonomy, in terms of data infrastructure, made collecting this type of attendance data difficult as individual settings were not consistent in the collection and processing of data.
- 9.8. I know that one of the dilemmas for us as a department during the pandemic, was having to ask schools to spend time feeding in data on things like attendance rates back to us. It was incredibly important that we had real-time data on this, to be able to see what effect the pandemic was having on schools' ability to stay open. Having access to this data improves our understanding and feeds into the policy, guidance and actions that departments develop, meaning that we're able to do our job more effectively.
- 9.9. However, at a time when staff were incredibly busy and preoccupied with other things, we did not have proper systems in place to report this, and it felt difficult having to ask schools to spend time reporting attendance rates every day. We did eventually set up systems to make it easier for schools to report back, but the department needs to look at what data would be vital for it to receive in a pandemic situation and plan now how this can be easily and quickly collected.

- 9.10. It is important to note that since the pandemic period and beyond, DfE has managed to work with education settings to significantly improve data flow into the department. This has not been easy and the department deserves a lot of credit for this.

Appreciating uncertainty in statistical and scientific analysis

- 9.11. On the point relating to understanding data, I think it is important that government officials possess a comprehensive understanding of data and analysis including scientific analysis, including its limitations when using science and analysis to make informed decisions. This need extends beyond the pandemic and applies in general to the use of science and analysis to inform decision making across all areas of government.
- 9.12. I think it is important to recognise that data, analysis, and science inherently involve a degree of uncertainty, and decisions need to be made with this uncertainty in mind. As such, we cannot simply assert that we are making the 'right decision' because the evidence says so. This view is too simplistic and indicates a misunderstanding of the nature of uncertainty. I believe that we must accept we will never have complete knowledge on anything, but decisions need to be made and there will be an element of risk involved in decision making. It is important that ministers and government officials accept that they will be required to make risk-based decisions under uncertainty.
- 9.13. To address this issue, I think it is imperative to create regular opportunities for government officials to access comprehensive training on all aspects of data, analysis, science, and interpretation. In relation to the pandemic and beyond, I think having this understanding, through better training, would help decision makers, and those around them, deal with uncertainty.
- 9.14. I have considered whether childcare and educational settings should have closed to the majority of children in March 2020 and January 2021. The decision to close settings is not one that can be taken by only looking at children and settings. It is a decision where you have to weigh the possible impact on children against the possible impacts on other sectors of society. It is not a decision for DfE officials, including the CSA, to make. It is a political decision that requires weighing up various costs and benefits across different sectors of society.

- 9.15. I have considered what ought to be done to mitigate the impact of the pandemic on children and what ought to be done differently in the event of a future pandemic to better protect the learning and education of children. Again, I left the department in 2022 and have not considered recent data and analysis on this area. I do not therefore feel that I am in the best position to answer a question about what ought to be done about mitigating the impact of the pandemic on children and young people. Having said that, my personal opinion is that I feel it is essential that all departments in government should ideally have the resources to enable the regular monitoring of the kind of high impact, low probability risks that we could face. Whether this be a future pandemic, or a host of other possibilities, including things like complete power loss to part or all of the country, or loss of internet connectivity due to a range of factors. I think departments across government should use the national risk register for high-level scenario planning to support their response processes.
- 9.16. I think it is entirely possible that there will be another pandemic in the relatively near future. I know that education and childcare settings have a unique place in society and agree with the view that settings should be the last to close and the first to open. However, I also think that there is a reasonable chance that the next pandemic could be a virus that particularly affects children and young people. If, in the worst-case scenario, the mortality rate is significant for this age group, in contrast to COVID-19, we may have no choice but to close education and childcare settings, potentially to all children and young people.
- 9.17. I think in this case, DfE needs to prepare for this worst-case scenario, where all education and childcare settings are rapidly closed. I've already mentioned the high-level scenario planning informed by the national risk register earlier in this chapter. This could be developed even further, where the department potentially works with settings at regular intervals, looking at their plans for shutting down at short notice. Do settings have the systems in place to communicate with staff, parents and children? Will they be able to stand up remote teaching at short notice? Will they be able to get out meals to those who need them? At the same time, DfE should be looking at whether it has systems in place to be able to send out laptops and other IT to those who need it. The provision of laptops and the equipment needed to access the internet was a key part of DfE's response during the pandemic period. However, it took months to get large numbers of laptops out. It also took until

the second period, when settings were closed to the majority of pupils from January 2021, for DfE to have the systems in place to ensure that effective remote education was taking place. For the next pandemic, I think that schools should keep up to date data on pupils' access to the internet (e.g. an annual survey) and the DfE should have a playbook for expedited procurement.

Statement of truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a verified by a statement of truth without an honest belief of its truth.

Signature:

Personal Data

Dated: 07 August 2025