

School attendance remains the top priority in our schools COVID response plan. Attendance has declined in recent weeks as the impact of the rise in the virus hits – we are taking action in a number of areas and propose to go further, with support from X-HMG

The challenges:

- The rise in COVID cases is leading to **more pupils isolating, especially in the hardest hit pandemic areas.**
- It is prompting **daily pressures from DPHs, LAs and schools** to move to rota systems/blended learning, or to close early for Christmas.
- We are especially concerned about **weak schools** - those with worse Ofsted grades tend to show bigger attendance decreases since 2019.
- Maintaining **parental confidence is key**: non-COVID absence is higher in schools with pupils isolating - especially vital for certain communities and categories of pupils.
- Nationally the attendance gap for **vulnerable children** is similar to pre-pandemic, there is significant variation by area – some places it is a significant cause for concern.

We are already taking action:

- In constant contact with schools all over the country to monitor attendance, bear down on isolating bubble sizes and make clear that schools should not close early. We are particularly clear about the priority for years 11 and 13.
- We are engaged in intensive negotiations in Blackburn, Hull and Salford to prevent a widespread move to rotas.
- And we are tailoring and targeting communications, especially to reach those groups who may be most anxious.

We suggest the following further actions:

To manage the impact on attendance from the pandemic and respond to local pressures:

- Sustain the national policy on school opening (DfE, No10, CO)
- Remove the 'education tiers' under the Contain Framework and replace with a single fallback position for contingency plans
- Continue schools mass testing pilots ('test to find'), prioritising schools mass testing from January to keep schools in affected areas open (DfE/DHSC/T&T/CO)
- Explore other levers for highly affected LAs so they stop turning to schools as the only thing they can 'close'. (DfE idea – to discuss w/MHCLG/DHSC)
- Secure resources to support schools with the cost pressures associated with sustaining attendance (DfE, CO, HMT).
- Vaccine prioritisation for teachers (possibly by area/group), to protect workforce and increase confidence (DfE, CO, DHSC).

To maintain parental confidence especially among the most anxious:

- Continue to understand parental concerns, and tailor communications. Particular priority as we draw close to Christmas and prepare for the return to schools in January.
- Ensure the right messages are going to GPs about the clinically vulnerable (DfE, DHSC)
- Continue to work with PHE on advice for schools to ensure consistency including in new areas (DfE, PHE)

To boost attendance among vulnerable children:

- Work with local areas where VC absence rates show the biggest gap, including mobilising public sector efforts functions to improve attendance (e.g. troubled families)
- Support efforts to reengage vulnerable, anxious, hard to reach pupils in school, including by securing additional resources for school attendance officers (DfE, CO, HMT)

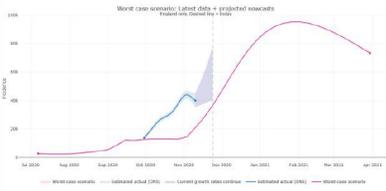
See next slide for thoughts on the role of Ofsted

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Infection rates remain high for children and young people compared to other age groups. Further investigation of transmission will be taking place over the coming weeks, as well as changes to Contain Framework on education to amend fallback.

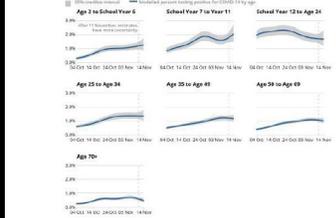
Current Infections vs SAGE Worst Case Scenario

Current infections are above the worst case scenario levels for November, but early indications from the ONS study are that infections may have levelled off or started to fall in mid-November. Note that the latest SPI-M-O view (18th November) is that R is between 1 and 1.1 (although they are not confident $R > 1$).



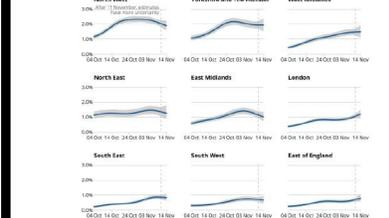
ONS Prevalence Monitoring by age groups

Prevalence appears to have levelled off in most age groups over the past two weeks, especially in older teenagers and young adults (school year 12 – age 24). It is too early to say that prevalence amongst primary and secondary age pupils is levelling off.



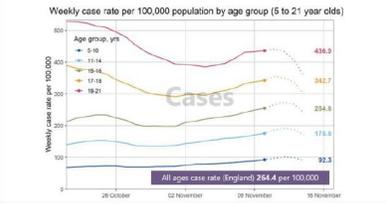
ONS Prevalence Monitoring by region

Prevalence rates remain highest in the North West and Yorkshire & Humber, but seems to be starting to level off in these regions. Prevalence appears to be rising in London, East of England, West Midlands.



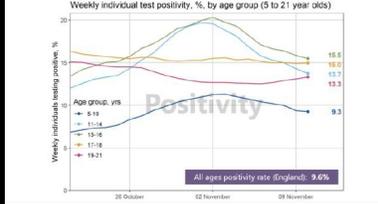
Case Rate PHE data from JSAT by age group

Confirmed case data from PHE shows that rates among all ages 5-21 years have risen, with the smallest increase seen in the 19-21 group. Testing rates have risen for all groups other than the 19-21 group which saw testing rates level off.



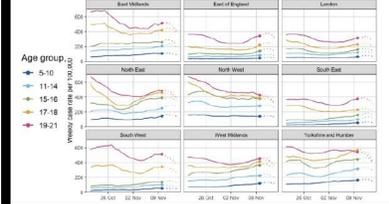
Test Positivity PHE data from JSAT by age groups

Test positivity rates have continued to fall for school age children (5-16 years) while positivity rates in 17-18 years have levelled off. Test positivity rates in 19-21 year olds have risen slightly. Rates remain high compared to the average for all ages across England.



PHE data from JSAT – age groups by region

Regional data shows that case rates in older secondary-age children (15-18 years) remain high in the North West and Yorkshire and Humber. Rates among 15-18 year olds have continued to rise quickly in the North East, and are also increasing in the West Midlands.



Key next steps:

- Critical period over next 3 weeks or so to develop and consider new evidence – ask for No.10/CO Taskforce support in convening weekly x-Govt meeting (DfE, PHE, JBC, ONS), and to continue to work together on evidence on behaviours and compliance
- Remove the 'education tiers' under the Contain Framework and replace with a single fallback position for contingency plans