



Northern Ireland
Assembly

Committee for Education

OFFICIAL REPORT (Hansard)

Briefing by Miss Michelle McIlveen MLA,
Minister of Education; Professor Sir Michael
McBride, Chief Medical Officer

22 September 2021

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Chris Lyttle (Chairperson)
Mr Pat Sheehan (Deputy Chairperson)
Ms Nicola Brogan
Mr Robbie Butler
Mrs Diane Dodds
Mr Harry Harvey
Mr Daniel McCrossan
Mr Justin McNulty

Witnesses:

Miss McIlveen	Minister of Education
Dr Mark Browne	Department of Education
Ms Joan Cassells	Department of Education
Mr James Hutchinson	Department of Education
Mr Ricky Irwin	Department of Education
Professor Sir Michael McBride	Department of Health
Dr Joanne McClean	Department of Health
Mr Paul Crooks	Education Authority
Ms Sara Long	Education Authority
Ms Kim Scott	Education Authority

The Chairperson (Mr Lyttle): I give a very warm welcome to Michelle McIlveen, the Minister of Education; Dr Mark Browne, permanent secretary, Department of Education; Ricky Irwin, director of inclusion and well-being, Department of Education; James Hutchinson, director of Restart, Department of Education; Joan Cassells, head of qualifications and assessment, Department of Education; Sara Long, chief executive, Education Authority (EA); Kim Scott, assistant director, Education Authority; Paul Crooks, acting assistant director of operations and estates, Education Authority; Professor Sir Michael McBride, Chief Medical Officer (CMO), Department of Health; and Dr Joanne McClean, associate deputy chief medical officer, Department of Health.

Can you all hear us OK? I can see our Education Authority witnesses, and I can now see Michael and Joanne. Can everybody see and hear us OK? Yes. I advise our witnesses that I hope to give them up to 10 minutes to make an opening statement, which will be followed by questions from members.

Michael, I am aware that your timing is 10.00 am to 11.00 am. I do not think that the Department is able to join us just yet. Would it be best for us to give you an opportunity to make some opening

remarks, given the tight timing? *[Long Pause.]* I think that you might be muted. Can I check that Assembly Broadcasting has not muted our witnesses?

Professor Sir Michael McBride (Department of Health): You are correct. My apologies; I should be an experienced hand at this *[Inaudible owing to poor sound quality.]* Apologies *[Inaudible owing to poor sound quality]* on behalf of *[Inaudible owing to poor sound quality]* my prior commitments, Chair, Deputy Chair and members. Thank you for accommodating me by allowing me to start. I will keep my comments brief.

The Chairperson (Mr Lyttle): Michael, sorry to cut across you. May I check that everyone can hear your audio OK? The sound coming through is slightly poor for me. Do you want to try again so that I can check?

Professor Sir Michael McBride: OK. Can you hear me now, Chair?

The Chairperson (Mr Lyttle): That is a bit better, Professor. Thanks very much indeed.

Professor Sir Michael McBride: *[Inaudible owing to poor sound quality.]* Hopefully, you will be able to hear me clearly.

As Chief Medical Officer, I have been clear throughout the pandemic that keeping children in school must be a key priority for us. Regrettably, as we sought to control earlier waves and surges in the pandemic, that was just not possible. We know that the pandemic has been very damaging to the well-being and mental health of children, as well as to their education. We also know that children, particularly from disadvantaged backgrounds, have been particularly negatively impacted. While children and young people have a relatively low risk of severe disease or hospitalisation, they are at particularly high risk of wider, long-term social, economic and well-being harms.

As I stated in my recent letters to parents, pupils and the school community, as we progress through the pandemic response, we must continue to strike a balance between safeguarding children's education and well-being and measures to contain COVID in the community. Having examined all the evidence, I, as Chief Medical Officer, am confident that now is the right time to introduce a more targeted approach to the identification of close contacts located in schools and to strike that balance. I understand that children, parents and staff may be worried about the change in approach. Indeed, last week and this week, in webinars with principals, teachers and trade unions, I listened to those views being expressed. I take this opportunity to explain, in three points, why this is in the best interests of our children and young people.

First, schools are the best place for children and young people. We are all agreed on that. Attendance at school is vital. An abundant pool of evidence shows that lack of schooling increases inequalities, reduces children's life chances and can exacerbate physical and mental health issues. The combination of school closures and COVID-related absences has resulted in children missing out on a significant amount of school during the last two academic terms. While none of us wanted that, at the earlier stage of the pandemic, it was absolutely necessary to reduce the growth of the pandemic. This is no longer the case, and I hope that, as we move through the epidemic, it will increasingly not be necessary.

Secondly, schools are safe for children and staff. From a public health perspective, the case for keeping and supporting children at school is extremely strong. We have evidence from recently published reports in England and Scotland that the vast majority of children and young people identified as school close contacts during the last academic year, and sent home to isolate, did not go on to develop COVID. In England, over 98% of school close contacts did not develop COVID during the isolation period. Similarly, in Scotland, 95% did not go on to develop COVID. Both studies included the period when the delta variant was emerging in those jurisdictions. In Northern Ireland, the Public Health Agency (PHA) has analysed over 18,000 students from our schools, and the findings are very similar to those in Scotland. A body of consistent evidence now supports the move to a more targeted approach to the identification of close contacts as the correct and proportionate approach at this stage in the pandemic.

I put on record my thanks to schools, boards of governors, principals and teachers for their hard work in maintaining a range of other measures that further reduces the risk of transmission. Studies from the Office for National Statistics (ONS) have consistently found that, compared with the general working-age population, teachers are not at increased risk of severe disease or dying from COVID.

More recently, a study published in early September found that, compared with adults of working age, teachers and their household members are also not at increased risk of COVID or hospital admission with COVID. In addition, a highly effective vaccine is available to all school staff.

Thirdly, and most importantly, in respect of children, young people and parents, there is clear evidence that COVID rarely, but occasionally, results in serious illness, hospitalisation or, even less commonly, death. In respect of concerns about long COVID, work is ongoing to explore this in children, and emerging studies suggest that, compared with adults, children are at very low risk of developing long COVID, and it is similar to that which is seen in other respiratory viruses in children. It is my professional opinion, and this is shared by Chief Medical Officers across the UK, that very few, if any, children or teenagers will come to long-term harm from COVID solely due to attending school. We have to set that against the almost certainty of long-term harm to children and young people from not attending school.

It is true that, sadly, we have seen significant disruption since the start of the school term. That has been against a backdrop of high community transmission of COVID in Northern Ireland and the delta variant. With such high community transmission of the delta variant, we had not entered into such a period of reopening schools. We led the way, along with Scotland, in experiencing that, and it has caused significant disruption. We must ensure that children miss out on education only when that is absolutely necessary. I am satisfied that the more targeted approach to the identification of close contacts — identifying children with the closest contact — will prove to be the correct one. It will free up teachers and principals to spend more time on the things that they do best.

In conclusion, I firmly believe that now is the right time, given all the evidence, and in line with the easing of restrictions in society more widely and high vaccination rates, to adopt this approach. Again, I say that we all, collectively — parents, the school community and health professionals — have a common goal, which is to do the very best for our children and young people. We will work closely with the Department of Education, the EA, the Public Health Agency, school principals, schoolteachers and the unions to ensure that we all work collectively to achieve and maintain the confidence of pupils, parents and the school community. I ask for the Education Committee's support in communicating those messages. I thank the education chief executives for their letter to schools yesterday endorsing and supporting the approach. Thank you very much.

The Chairperson (Mr Lyttle): Thanks for those opening remarks, Professor McBride. I should have said at the outset that I have been constructively critical of the communication and implementation of the new approach to COVID safety in schools, as have others, but we welcome your attendance today. It is a really important opportunity for you to communicate clearly in person on those matters and to take questions.

On that note, I invite the Education Minister to make her opening remarks. I would be grateful, Minister, if you could keep your opening remarks to about five minutes so that I can bring in plenty of constructive questions for our CMO and our Minister of Education.

Miss McIlveen (The Minister of Education): OK. Thank you. I will endeavour to do that. Thank you for inviting me to update you on the latest position on the management of COVID-19 in schools. I will, of course, let Department of Health colleagues respond to any specific health queries that you may wish to raise.

My officials attended your Committee meeting on 8 September and provided a briefing on departmental Restart guidance and the position in schools at that time. My aim, as we progress through the pandemic, is to keep our schools safe for children and staff and to maintain our children's education.

It is acknowledged that school closures and COVID-related absences have had a severe impact on the well-being of children, including their mental health, their education and, potentially, their long-term opportunities for future employment and development. Children from more disadvantaged backgrounds have been particularly affected, and we have worked hard to try to minimise the impact on pupils.

Since schools returned for the 2021-22 school year, the high community prevalence of COVID-19 has led to an increase in cases reported to schools, with large numbers of children being identified as school close contacts. That has caused disruption in schools, pressure on school leaders and large numbers of children having to miss school. I recognise the challenges that that places on families who

have to manage children being out of school because they are ill or self-isolating. It has to be a priority for all of us to have children in school, which is where, we all agree, they should be.

I particularly want to recognise the work undertaken by school leaders, boards of governors and staff in supporting contact tracing since the start of the new academic year. For many, that has been very challenging. A lot of time has been spent over evenings and weekends to ensure that close contacts were identified. It was against that backdrop that my Department engaged with the Department of Health to ensure that schools would no longer be required to carry out the PHA's contact-tracing work. Only in certain circumstances will a school be asked to assist. Schools were provided with guidance from the Department and detailed advice from the PHA on the new close contact, self-isolation and testing processes. To provide further support, a series of webinars is being held this week for all principals and representatives from the Department of Education and the Department of Health. In addition, the Education Authority and the Public Health Agency have offered further detailed engagement to supplement the information that has already been made available on the issue.

Principals have learned what has worked well and what has worked less well in their schools. Where there is an opportunity to allow principals to tailor their actions and mitigations to suit their school's individual circumstances, it is therefore appropriate to allow them the flexibility to do so. Schools should continue to focus on the range of mitigations that they have in place to reduce the risk of COVID transmission. Those include cleaning, ventilation, face coverings, consistent groups and regular asymptomatic testing using lateral flow devices. I understand and accept that difficult decisions have been and will continue to be taken on how best to support pupils and schools during the pandemic. There is a wide spectrum of opinion across stakeholders and society on how that should be taken forward. There are still some disruptions to normal school life, such as post-primary pupils being required to wear face coverings in classrooms. However, in the same way as my Department relies on advice from the PHA and the Department of Health, the Executive continue to be informed by the expert medical and scientific advice as they take decisions.

Although no guidance or set of rules will please everyone, I believe that my Department's revised COVID-19 guidance balances the need to keep all those in our schools safe with ensuring that they can access the full range of educational experiences. The revised guidance seeks to allow school leaders to lead. It moves away from being prescriptive to being as permissive as the public health advice permits. As always, we will listen to teachers, unions, parents, pupils and school governors, and we will take their views on board. We will continue to respond quickly and to adapt guidance to reflect any changes to the public health advice. I trust school leaders to consider carefully the policy guidance provided by my Department, the self-isolation guidance provided by the PHA and the operational guidance provided by the EA. Helplines are also available for them to raise any queries. The availability of that information means that school leaders will rightly be able to take a cautious, risk-based approach to making the decisions involved in the everyday operation of the school.

I believe that our guidance has a balanced approach in relation to other mitigations in schools. My officials continue to engage with colleagues in other Administrations on the approach to ventilation, including the use of carbon dioxide monitors in certain circumstances. My Department will submit a bid for capital funding to support wider provision of CO2 monitors in schools. It will also engage with the EA, as it has been doing, on issues such as cleaning services and the provision of additional support to school leaders who need it.

I am also mindful that, while we believe that our measures are sustainable and that schools will remain open, we must accept that there may be localised issues that need to be addressed. Should there ever be a need to take measures at the regional level, we have well-understood escalation measures that were in place last year and that we can reinstate.

As I said at the start of my comments, I remain concerned about the impact of the pandemic on our children and young people. I am confident, however, that the more targeted approach to contact tracing that has been agreed will result in fewer pupils having to self-isolate unnecessarily. This, along with the range of mitigating measures that is in place, will continue to ensure that pupils are safe in their school environment, learning and socialising with their friends as they should be doing. Thank you.

The Chairperson (Mr Lyttle): Thank you very much indeed, Minister, and thanks for keeping to the time. As I said, members, we have a maximum of five minutes per member for questions. Members should try to keep questions as concise as they can. If our guests also provide us with as concise answers as possible, we will make the best use of this session today.

I will kick us off. Chief Medical Officer, why is COVID transmission in Northern Ireland proportionately the highest in these islands? In what way is that high rate of community transmission contributing to school-age children having the highest rate of COVID positivity of any age in our community and therefore missing 10 days of school at a time? What action have you taken to reduce that high rate of community transmission to reduce the time that school-age children are absent from school?

Professor Sir Michael McBride: Thank you, Chair. We all recognise [*Inaudible owing to poor sound quality*] across these islands in a highly variable way as the pandemic progressed. In the first wave of the pandemic, Northern Ireland and the Republic of Ireland had a very much lower prevalence of disease and impact. Just last winter, we had a very significant increase in cases and impact. That variability has continued throughout recent months. A number of weeks ago, we had the highest rates of infection in the United Kingdom, which was shown by case reports and by the Office for National Statistics (ONS) in its assessment of estimated cases.

At one time, it was estimated that one in 40 people in Northern Ireland was infected with COVID. That compared with one in 75 in other parts of the United Kingdom. That has changed in recent weeks. As you will have seen from last week's R report, Scotland has overtaken us in disease prevalence. That will again be reflected in the R report when it is published this week. That degree of fluctuation is an outworking of patterns of transmission. It is also affected by differential rates of vaccination in communities. Those rates vary. We know that socio-economic deprivation has a significant impact on vaccination uptake, and we have been working very hard to address that issue, but we will continue to see higher levels of circulation in communities where vaccine uptake has been more limited. It is just the nature of epidemics, and that variability will continue.

Your second question was about what we are doing. Over the past 18 months, we have been rolling out a highly successful vaccine campaign. I encourage people to avail themselves of the first dose of the vaccine, if they have not done so already, I encourage people to come forward for their second dose, and I encourage people to come forward for their booster dose when the booster programme gets under way in the coming weeks. We all need to continue to follow the public health advice. The virus does not spread itself — we spread it — and the picture in schools, as the Minister said, is a reflection of the high level of community transmission, so it is about all of us following the advice on ventilation, wearing face coverings in enclosed spaces where there is not good ventilation, following good hand and respiratory hygiene practices and following all the social-distancing guidelines. That will make the difference.

The final point to make is that it is inevitable that, when you have a virus that is as transmissible as the delta variant, as we open up society and as the Executive make changes to relax some of the restrictions, we will see significant transmission. Anyone who is not vaccinated will, at some stage in the future, become infected with this virus, so my advice to everyone — my plea to everyone today — is to please get the vaccine and do your bit to ensure that we reduce community transmission so that we can continue to have our children attending school without the disruption that we have seen at the start of term.

The Chairperson (Mr Lyttle): I have a very brief follow-up question, Chief Medical Officer. When will 12- to 15-year-olds be able to get the vaccine?

Professor Sir Michael McBride: Very important in that is the issue of informed consent. We are in the final stages of completing the information leaflets for parents and children to enable them to make that informed decision about vaccination, because the risk and benefits are more finely balanced than in adults. We will work very closely with the Royal College of General Practitioners, the Royal College of Paediatrics and Child Health and the Children's Commissioner to ensure that we get that balance of information and consent correct. We hope to start the vaccination of that age cohort in the very near future — if not before the end of September, in early October. The Minister will confirm the dates in due course.

The Chairperson (Mr Lyttle): OK. I am really tight for time, but I am very eager to ask you to speak about the new definition of close contact for school-age children, the scientific and medical rationale for the change in that definition and why it is different from the rest of the population. Will you speak about that, please?

Professor Sir Michael McBride: I will ask Joanne McClean to pick that up, Chair.

Dr Joanne McClean (Department of Health): The definition of close contact for school-age children has been changed for the reasons that Michael outlined. First, applying the definition that we used before resulted in tens of thousands of children being sent home from school and having to isolate, yet they did not get COVID. That is the first reason.

The second reason is that we know that COVID spreads most effectively in households. Transmission in schools is much less of a concern for us. The highest risk is with household-type contacts. Bearing in mind that the adult population has had an opportunity to be vaccinated — indeed, approaching 90% of the population has taken up that opportunity — the risk to benefit ratio has changed. It is no longer justifiable to send tens of thousands of children home when we know that that will harm them in the short and long term and that the adult population is protected. This time last year, that was proportionate. It is no longer proportionate, so we have moved to use a definition of close contact in schools that is much more akin to the definition relating to a household. It is about looking at young people who have stayed in another person's house overnight and at people who have had intimate contact. That can be kissing and things like that, but, for staff, it can be providing personal care and that sort of thing. We have gone for a much more targeted approach. The reason for that is that, as I said, transmission is highest in a household-type setting, and we know from experience, across the UK and locally, that applying the definition that we were using in the past was resulting in far too many children having to go home and missing school, and that had a huge effect on them.

The Chairperson (Mr Lyttle): Why have we not differentiated between household close contacts?

Dr McClean: We have. If a child is in a house with COVID, they are treated in the same way as always: they are asked to isolate and get a PCR test. Say I have tested positive; my school-age children are expected to isolate and get a PCR test. Children are still being *[Inaudible owing to poor sound quality]* the household contact.

The Chairperson (Mr Lyttle): OK. I am almost out of time. How many school-age children who have tested negative at day two PCR have tested positive at day eight PCR?

Dr McClean: The guidance around *[Inaudible owing to poor sound quality.]* It applies right across society. It is really important that we remember that. For children, we ask them to isolate until they have had an early PCR test — not necessarily a day two PCR test, but a PCR test as soon as they know that they are a close contact. If that PCR test is negative, they can stop isolating and go to school. We know that a small number of people — I do not have the figures broken down for school age, but it is a small number and by no means the majority — will go on to test positive at day eight. There is an important safety net in all that. The most important message that we need to give to everyone is that, if you have tested negative after your day two or early PCR and you go on to develop symptoms, you should immediately isolate and book a PCR test. Yes, a small number of people go on to test positive at day eight. That could be because, perhaps, they were incubating the virus and did not have enough virus in their system initially to test positive, or, importantly, it could be because they picked it up somewhere else in between. It is important that we remember that the virus is everywhere, not just in schools. We all have to be careful all the time, and you can pick it up elsewhere. It is a minority, and I have seen reports and concern about this, but I want to stress that it is Executive policy, and it is the same as the policy that is being operated in the rest of the UK. The balance of risk is in favour of taking that approach.

The Chairperson (Mr Lyttle): OK. Before I bring in Pat Sheehan, how will you know whether you have got the balance right between safety and school attendance?

Professor Sir Michael McBride: To be clear, we will continue to monitor *[Inaudible owing to poor sound quality.]* As we move through the pandemic, we have had to be, and will continue to be, responsive to any new evidence and flexible in our approach, policy and guidance. I am absolutely confident that, over the next number of months, our approach and policy and guidance in schools will have to be updated and revised. That is just the nature of responding in a proportionate way to the pandemic. We will continue to do that.

We are streamlining the reporting of positive cases in schools. We will report that on a weekly basis. The PHA will monitor the situation in schools with regard to cases, clusters and outbreaks in order to monitor the effectiveness of the policy. At the moment, what we can say is that contact tracing in schools has been prioritised. The vast majority of parents are responding to the contacts. I want to thank parents for that. They are engaging actively with the contact-tracing service. Indeed, the figures suggest that it is performing well at present.

The Chairperson (Mr Lyttle): OK. Thanks for that.

Mr Sheehan: Thank you, Chair. I just want to continue on that particular issue. Michael, you quoted data from England and Scotland. I think that you said that 98% and 95% of children who were close contacts did not go on to develop the disease. However, you said that the data was collected when the delta variant was emerging. Now that the delta variant is dominant, and we know that it is much more transmissible, is that not a completely different picture?

Professor Sir Michael McBride: Thank you, Pat. That is a very good question. It is certainly one that came up [*Inaudible owing to poor sound quality*] trade unions. The period in which the research was carried out spanned the time when alpha was dominant, and then when alpha was replaced and delta became a variant. Therefore, we have evidence from both time periods. The evidence with regard to that risk-benefit analysis is still valid.

The context in which we are now all living — nearly 90% of the population has been vaccinated, with the approach that we were taking in schools largely about controlling the pandemic and reducing the risk for the rest of us — has tilted very much in favour of maintaining our children in school. We all recognise the huge detrimental impact that school closures and self-isolation of children have had on pupils in particular, in terms of their educational attainment, mental health and well-being, but also on parents. Just to reassure you, the evidence spans the emergence and dominance of the delta variant. We have similar data from the Public Health Agency, and we are happy to share those reports and that data with you in due course.

Mr Sheehan: OK, thanks for that. I hosted a Zoom meeting with 40 principals from schools in Belfast last Thursday — principals from all sectors, including special schools. The mood was one of anger, frustration and concern. Even within the context of this redefinition of a close contact, in at least six of those schools, in which there were positive cases of COVID-19, there had been no contact tracing at all carried out by the PHA. Can you explain to us why that would have happened?

Professor Sir Michael McBride: That is not something that I recognise, Pat. I also met school principals the week before last in the run-up to the change in the definition and the approach, with the PHA assuming responsibility for contact tracing. On 10 September, I had a very positive meeting with school principals. I also met trade union colleagues, along with DE and EA officials. Yes, there were concerns about the rapidity of the change, but there is a need to respond flexibly and to be nimble in this pandemic. If a policy or particular approach is having a disproportionate impact on children's well-being and on their education, we have to move quickly to put in place an alternative approach, and base that on the evidence.

In terms of the PHA engagement with schools, I heard those reports as well. That is not what I understand to be the case. Joanne worked in the contact-tracing service over the weekend of that change, so is probably best placed to comment on that.

Dr McClean: [*Inaudible owing to poor sound quality.*] I have heard those reports as well, but we have figures from the contact-tracing service that show that the vast majority of parents or children of school age have been contacted and spoken to by the contact-tracing service. When the contact-tracing service speaks to a child or a parent, they ask them to inform their school. Schools will not be contacted by the PHA about every single case. We have explained that to schools, and we have explained the reasons why. We do ask parents or children to tell their schools. Some schools have reflected concern about that and said, "But they won't tell us". I worked in the PHA in the [*Inaudible owing to poor sound quality*] for the entirety of last year, and I would say that, in about 98% of cases, when we rang the schools, they already knew. Most parents are responsible. You have to explain why your child is not at school anyway, and they do inform the schools.

If schools have a concern and are worried about something, they can use the telephone line that is run by the EA. It is open from 8.00 am to 8.00 pm. If they contact that line, and the EA cannot deal with their issue or feels that more public health advice is required, it will pass the details on to the PHA schools team, and it will respond to the school. The PHA is still providing support to schools, but it will not be in contact with schools about every single case.

Mr Sheehan: One of the principals was the principal of a special school, where children are extremely vulnerable. She had two positive cases in her school Friday week ago. She contacted the PHA, which told her that it would come back to her within an hour. By last Thursday, no one from the PHA had

come back to her, and that is not an isolated case. I do not want to continue on. I do not have much time, and I want to ask the Minister a question, so thanks for your responses to that.

Minister, in the Assembly yesterday, I asked you about contingency plans in the event of further disruption as a result of COVID. You said that I inferred that there was no contingency plan. Actually, I did not infer anything. I reflected the reality of what has been said. At the start of September, union representatives were at the Committee. They told us that they were unaware of any contingency planning. A week later, officials from your Department confirmed that there were no contingency plans. Yesterday morning, we spoke to the union representatives who were still unaware of any contingency plans. What has changed? Are there contingency plans in the event of further COVID disruption? If there are, when can we see them? Why is there a need to be so secretive about the plans? Thank you.

Miss McIlveen: OK. Thank you. To reiterate, what I said yesterday was that we obviously are in a much better place than we were last year with our response to the pandemic. There are mitigations in place. Practice is now established, particularly on remote learning and digital devices, which has been rolled out. As you are aware, we have had many discussions about examinations and the awarding of those examinations. My predecessor announced in May — before any of the other regions, actually — what would be expected with regard to examinations in this academic year. Alongside that, CCEA has been working on contingencies that are based on, I suppose, the lessons that will have been learned from the summer past about the awards, in the event that we move to a place where examinations are not held.

Discussions continue with regard to how we can respond, and we are flexible about that. There are good practices in place that, in some ways, do not need to be rehearsed in the manner that you perhaps feel that they should. If your issue is about exams, in particular, I can give you a little bit more detail on some of the work that we have been doing on those. You will also be aware that those who are leading on post-primary transfer tests are looking at contingencies.

The Chairperson (Mr Lyttle): OK. We will maybe come back to you on some of those issues later in the session. Thanks, Pat. Thanks, Minister.

Mrs Dodds: Thank you, everyone, for coming to the Committee session today. I have a bit of a mix of questions.

First, Michael, one of the things that we all agree on is that the best place for children is in school. The long-term harm is dreadful, and you and I have had many conversations about that. As we progress through the vaccination programme, what details are you going to send out to 12- to 15-year-olds so that they, alongside their parents or family members, can make informed judgements about whether they should take the vaccine? That is the first one.

My next one is to the Minister. It is about CO2 monitors. It is good that a bid has gone to the Finance Minister for those. I know that that will come through the system at some stage in the autumn, but how quickly can we get those monitors into schools?

My third question is to the Education Authority, which has maybe been getting off a bit lightly there in the background. The last time that we spoke, you indicated that you were doing an assessment of all schools and the ventilation in them. The Chief Medical Officer and the PHA tell us that ventilation is one of the key issues in helping us to stop the spread of the virus. I think that you were going to look at the school estate and at which schools would require additional funding for that. Has that exercise been completed? Have you assessed the amount of money that you require from the Finance Minister to bring those schools and their ventilation up to standard? When are we going to stop doing it on an ad hoc basis and get a grip of the situation?

I have one last question for the EA. I am very concerned: cases that I have raised with you since August are still not completed, and I have had no response to them. In fact, earlier this week, I received a response that indicated that the EA did not know which Department to send it to. The children I am talking about are very vulnerable. They need to have their cases sorted out. I would like somebody to come back to me with an answer in relation to those children. I am not naming them, but you know who I am talking about.

The Chairperson (Mr Lyttle): Thanks, Diane. There are four questions: one for the CMO, one for the Minister and two for EA.

Professor Sir Michael McBride: *[Inaudible owing to poor sound quality]* individual level, the view of the Medicines and Healthcare products Regulatory Agency (MHRA) — the regulator — the Joint Committee on Vaccination and Immunisation (JCVI) and other international regulators is that there is advantage in someone aged 12 to 15 being vaccinated over not being vaccinated. The JCVI, using its normal health benefits criteria, did not think that those benefits were sufficiently large to recommend universal vaccination. We were asked by Ministers, at the suggestion of JCVI, to look at the wider societal and educational impacts on children. Looking at those benefits — reducing outbreaks in schools and reducing the risk of COVID infection in 12- to 15-year-olds, with the additional benefits for education, children's mental health and the continuity in school that is so important for children and their well-being, alongside the benefits that JCVI said were there clinically, unequivocally led us to advise Ministers, to recommend to parents the vaccination of 12- to 15-year-olds who had not otherwise been covered by JCVI advice.

It is much more finely balanced when it comes to how we communicate that. Obviously, if you are an adult, the advice is very clear: you will be infected with this virus eventually, and it is better to be vaccinated than unvaccinated when exposed to it. For children, the evidence of risk and benefit is more finely balanced. We are working with all the public health bodies across the UK, with input from the Royal College of Paediatrics and Child Health, the Royal College of Psychiatrists, the Royal College of General Practitioners and the Children's Commissioner, to make sure that we present that evidence and information and ensure that informed consent is presented in a child-friendly way and in a way that parents understand. It is really important that we communicate this clearly and in a way that parents and pupils are comfortable with so that they feel that they have all the relevant information to make the decision. That work is ongoing.

Miss McIlveen: In relation to the broader issue around ventilation, we have been encouraging staff to make sure that windows and doors are open wherever possible. The Chief Medical Officer may have a particular view on the use and the benefits of CO2 monitors. Certainly, I have been having a conversation with my officials over the past number of weeks about how those should be rolled out. However, there is perhaps the drawback of an over-reliance on them. The EA is the first point of contact for ventilation issues in schools. I quoted a statistic yesterday with regards to the number of calls that had gone through to the EA helpline: only 33 of 1,600 calls since last March were about ventilation. I understand that all those have been addressed. I have agreed with the EA to increase an order of CO2 monitors to 1,000 units and for those to be used by maintenance officers and deployed as necessary. I hope that that will be done as quickly as possible.

With regard to the larger bid that we are putting through as a capital bid for October monitoring, I want to make sure that there is no financial impediment if we look to have a broader roll-out of those throughout our schools. I understand that the EA is looking at the procurement timescales of those and the availability of them in order to have a wider deployment. EA may be able to give some more information in that regard.

The Chairperson (Mr Lyttle): OK, I will pass to the EA witnesses. Briefly, Minister, why in the world have we waited until the October monitoring bid to acquire air quality ventilation mitigations?

Miss McIlveen: I cannot answer that, because I only took up the post in June, but I have certainly been having those conversations over the summer.

The Chairperson (Mr Lyttle): OK. I will go to the EA on the specifics of ventilation assessments for Diane, then we will go to Daniel McCrossan.

Mr Paul Crooks (Education Authority): Thank you, Chris. To answer Diane's question, and further to the Minister's answer, we have received CO2 monitors, and some of them are already in schools. We expect to get a greater supply of monitors in a couple of days. That has been expedited. We have a good supply chain for monitors, and we can supply them to our maintenance officer *[Inaudible owing to poor sound quality.]* In answer to Diane's question about ventilation, we know that the most significant mitigating factor for combating the virus is natural ventilation. Mechanical and other forms of ventilation are not as effective as fresh air ventilation. We have responded to schools since the beginning of COVID through the system of maintenance officers. As the Minister outlined, there have been 1,600 calls, 33 of which have related to ventilation. We have responded in a proactive manner to do remedial works to address those issues.

On a more strategic approach, there is a three-year *[Inaudible owing to poor sound quality]* programme of condition surveys within the schools estate. That is already in progress. Last year, 20%

of that was completed. That percentage is reduced due to lockdown restrictions and the inability of contractors and surveyors to visit the schools. A further 20% will be completed in this financial year, and the remaining 60% will be completed in the following financial year. We have moved *[Inaudible owing to poor sound quality]* to prioritise windows *[Inaudible owing to poor sound quality]*, so, without doing an overall survey of the schools estate, we will *[Inaudible owing to poor sound quality.]* We anticipate that that will be completed as soon as possible.

The Chairperson (Mr Lyttle): OK. Thanks for that. I am not hearing too much mention of air filtration devices, which are obviously key as well. Thanks for the responses so far.

Mr McCrossan: Thank you to our witnesses for attending to speak on what are very important matters. I have a question for the Minister first, and then for the CMO, Chair.

Minister, you will be aware that, on Monday, the SDLP published the results of an education survey that it conducted amongst parents to gather their views about the impact of COVID on their children's education. The results are frightening and stark. For information, 87% of parents feel that their child has significantly missed out on learning; 77% of parents believe that that has had an impact on their life chances; 86% of parents believe that their children should be given the opportunity to catch up on missed learning; 72% of parents believe that their child's mental health has deteriorated during the pandemic; and 95% of parents said that the Department of Education has handled the pandemic badly or could have handled it better.

Minister, those statistics are stark. That was taken from a sample of just under 800 parents. All of that occurred despite your Engage programme, so it is clear that Engage has not delivered adequately for our children to date. With that having been said, what additional support do you intend to feed directly into schools this year on top of Engage II, and why do you believe that that is adequate? Secondly, in relation to Engage II funding, why were schools not informed about the resources that they would receive until after the start of the new term?

Miss McIlveen: OK. Thank you for the question. I do not want to devalue the survey in any way. It concerns me that so many parents feel that they have been let down in some way by the Department's actions. In my engagement in the past months, I have met a committed bunch of officials who are very concerned about the pandemic and the impact that it has had on our young people. They have worked tirelessly, along with school leaders, practitioner groups, trades unions and others to respond positively and swiftly to mitigate what could be the longer-lasting impacts of the pandemic. You will be aware that they have worked closely with Health, particularly on the emotional health and well-being framework that is being rolled out, and on the Engage programme. I know that you have been critical of that programme, but we have launched a further £16.6 million for Engage. That has been very positively received by schools. As part of Engage II, additional funding has been announced for GCSE maths for year 12. We will continue to engage with schools to see what further intervention is required.

I will pass over to Ricky, who may be able to give us a little bit more information about primary-school counselling services and other interventions that we are looking at to assist young people who are struggling.

The Chairperson (Mr Lyttle): Just before you do that, Minister, and I am sorry to be the straw that breaks the camel's back of the five-minute target here, but Daniel's question took about a minute and a half, and that answer took about two minutes. Daniel, you might want to consider whether you want to ask another question before hearing from Ricky. I will hand over to you, Daniel.

Mr McCrossan: Yes. I have a question for the CMO, so I would appreciate it if Ricky could keep it very brief.

Mr Ricky Irwin (Department of Education): OK. Thanks. As the Committee knows, the well-being framework was launched in February 2021. A number of projects have been rolled out under that framework, and they will continue to be rolled out over the coming months. They are specifically designed to address the well-being needs of our children and young people, and we have taken the impact of the pandemic into account. A number of projects are up and running, such as the CCEA Wellbeing Hub, the Text-a-Nurse service, and the REACH programme with the EA. We have others that will hopefully come on stream in the coming weeks, such as the expansion of the regional integrated support for education (RISE) project into Key Stage 2, and the expansion of the child and adolescent mental health services (CAMHS). We are working very closely with the Department of Health on those projects, because well-being obviously requires that Department's input.

We are at an advanced stage with the primary-school counselling pilots. I would like to see those commence very soon. We are finalising the pilots and working with EA to launch that as quickly as possible, so that should come on stream in the next few weeks.

The Chairperson (Mr Lyttle): Thanks, Ricky. That is five minutes, Daniel, so you can ask a brief question of the CMO. Can you be as concise as possible in your answer, Professor? Thank you.

Mr McCrossan: It is very brief: one line. Ulster University published a report a week ago that indicated similar results to that of the SDLP, so it is important that your Department consider both of those, Minister. That is a strong reflections of how parents and children have been affected during the pandemic and how the Department has reacted to that.

Thank you very much for attending, CMO. I appreciate that the reduction in sending so many children home to isolate for 10 days when there was a positive case of COVID in their bubble is based on the fact that many children who were sent home in the past did not subsequently test positive, but their education was disrupted significantly. However, by changing the rules so radically and so quickly, have we not altered the equation upon which children's safety is based and are we not also increasing the risk for school staff and vulnerable members of our community? How can you reassure us that the science points to those changes being reasonable and proportionate to the risk and that, in fact, the current guidance is not actually putting more and more children at risk, as teachers suggest?

The Chairperson (Mr Lyttle): I think that question has already been asked, but go ahead, CMO. Thank you.

Professor Sir McBride: I am going to be very clear: for every child sent home who went on to get COVID, 20 others were sent home unnecessarily. That is simply not a tenable or proportionate position, and it is damaging the education and future life opportunities of children. All the evidence suggests that our schools are safe environments. That is down to the hard work of teachers and principals and to the fact that, for the vast majority of children, COVID is a self-limiting illness. Moreover, all the evidence that I quoted earlier from ONS and Scotland shows that teachers and their families are not at increased risk of severe disease or hospitalisation from COVID.

The Chairperson (Mr Lyttle): Thank you. Thanks, Daniel. I will bring in Robbie Butler MLA.

Mr Butler: Thanks —.

Mr McCrossan: Can I come in on that one point, because it is important and this is a one-liner.

Mr Butler: Thank you, Chair.

The Chairperson (Mr Lyttle): Robbie, one second. Daniel, if this is 10 or 15 seconds, you might get in later. If it is not, I will have to start being extremely strict. Go ahead.

Mr McCrossan: I appreciate the CMO's answer, but, previously, 90% to 95% of students did not get infected because they were at home, or they did not spread the infection further. Does that not suggest that the current guidance — keeping more and more children at school, with them not producing a positive test because of the day two and day eight situation — is putting further children at risk because we are not catching it quickly enough and the infection is spreading as a result? Is that not the situation that we are in? It is the situation that teachers in schools have reported to us.

Professor Sir Michael McBride: No, I would not support that. Let us not forget that there is regular asymptomatic testing in schools that compensates for that. The best place for our children is school; schools are safe for staff and children. Children need to be in school.

Mr Butler: Very quickly, I want to congratulate you, Sir Michael, on your award. It is well deserved for helping to guide us through the pandemic.

I will ask a series of questions, and you guys can pick them up as you like. The first one is directed to Joanne and Michael. Statistics for pupils in schools who did not go on to get COVID are given as 98% for England and 95% for Scotland. You said that we were in a similar position. For risk assessment, we take into account what is happening in other areas, but we base our response on our own statistics. How close are we to getting those figures?

My second question is to the Minister and the EA, and maybe Michael can pick it up. Can someone tell me whether the advice for staff who work in special schools, particularly on working in close contact with clinically vulnerable (CV) children, is the same as for health staff? It is my understanding that health staff who work with those kids are advised to work from home if, for example, they have siblings at home who have tested positive but that teachers are asked to go in. That might be for the Department of Education or for Michael.

The Chairperson (Mr Lyttle): OK. The first question is on close contact COVID positivity data from the CMO, and the second is on guidance for special school staff, particularly for those in clinically extremely vulnerable (CEV) situations.

Professor Sir Michael McBride: *[Inaudible owing to poor sound quality]* asked earlier.

Dr McClean: PHA has collected data on about 18,500 children who were sent home from school to isolate. As we explained earlier, we have very similar findings to those in Scotland, with about 95% not going on to become contagious. That data was from the third term of last year. A very important finding from that data that we must highlight here is that children from the most disadvantaged areas were isolating twice as much as those from more advantaged areas. We know that we have a huge issue with health inequalities in Northern Ireland. When two children are born in any hospital in Northern Ireland today, a child from an area at most disadvantage is expected to live for fewer years than a child from a more affluent background.

The single biggest factor in giving the child from the disadvantaged background a chance is education. Education is important not just because of your exam results but because of your life chances. It actually affects —.

Mr Butler: Sorry, Joanne. I am not being rude by coming in — I totally get that; thank you — but I am trying to make the point that there is fear and lack of confidence. When will we have real-time information based on the return to school in September? What has happened between school doors opening in September and now? We used the previous data to plan, but at what point will we do a sitrep and give people the confidence to say, "The decisions and changes that we made were absolutely the right decisions"?

Dr McClean: *[Inaudible owing to poor sound quality.]*

Mr Butler: I am not getting anything, Chair.

The Chairperson (Mr Lyttle): Sorry, Joanne. We have lost the audio quality a bit. Do you want to try again?

Dr McClean: *[Inaudible owing to poor sound quality]* and the Public Health Agency will recommence the publication of data about COVID in schools. That will come in the next few weeks.

I want to pick up on your question about special schools. We recognise that special schools are a particular type of environment. They are very like health and care environments, and that is why they were treated differently last year. You will remember that we introduced asymptomatic testing there before we did so in any other areas. The arrangements for special schools are bespoke. If, after getting in touch with a child or an adult, contact tracing realises that they either attend or work in a special school, their case will be escalated to the PHA schools team, and we will work with the school to do a more detailed risk assessment. The issues are different in special schools, and you mentioned personal care. We recognise that, so there is a bespoke arrangement in place for them.

On the issue of staff in special schools being treated differently from health and social care staff, that relates to guidance that went out to Health and Social Care at the end of August. The advice is that staff who work with vulnerable patients should not routinely go to work if someone in their household has COVID, and a risk assessment will take place. At the minute, the PHA schools team is taking all that into account and is providing bespoke advice to special schools on the issue.

The key message is that special schools, because of their nature, because they are very like care environments, because of the close-contact nature and because of the particular needs of the children, are being treated differently, and PHA is working closely with those school principals. We met all the special school principals one day last week and talked them through the process. Unfortunately

for them, that does mean that we will be in contact with them more and sometimes at weekends, but they accepted that we needed to take a slightly different approach in those environments. Hopefully, that answers your question.

Mr Butler: It certainly does. To finish — hopefully, I have enough time for this — I know that everybody tried their best in putting in place the new system, which is what everybody asked for, but, obviously, there was not time to communicate that effectively. Do you believe that the resource exists in the PHA to keep pace with the school principals, given that we have a huge school estate? Some of the criticism has been about the speed of the response and, at times, the lack of response. Are we in a different place today, Joanne and Michael?

Professor Sir McBride: *[Inaudible owing to poor sound quality]* Joanne, you are very familiar with this, because you have worked in the service.

Dr McClean: You are right: there are over 1,000 schools, so it is a massive sector. The reason why we put in the system whereby the EA initially fielded the calls and then passed those on to the PHA was to stop a deluge, because the lines were getting totally clogged up. With the best will in the world, it becomes very difficult when thousands of calls are coming in. The EA can talk to that point specifically, but we know that the number of calls and queries coming into the Education Authority line has dropped considerably in the last couple of weeks. I also know that the PHA is getting some calls, but, as yet, the volume has not reached anywhere near capacity. It can now reorientate resources to better support schools that need more dedicated public health resource, rather than having to spread out and answer lots of things that are in guidance and that can be answered by the EA and others.

Professor Sir Michael McBride: The new approach allows teachers and principals to get on with doing what they do best, allows the EA to support the schools and to do what it does best, and allows the PHA to continue to do what it knows best. The result, hopefully, will be a better service for pupils, better support for schools, and better reassurance for parents.

The Chairperson (Mr Lyttle): Thanks for that. I have a couple of brief comments on points that were mentioned earlier. On the close-contact COVID positivity data from the third term last year, my advice is that the delta impact was at its highest in June, which was at the very tail end of the third term. Some concern has been conveyed to me about that. I really hope that close-contact COVID positivity data from the PHA will be provided sooner rather than later. Again, school leaders are at a bit of a loss as to why all of this was not in place for the start of term.

Ms Brogan: Thanks, everyone, for attending this morning. First, we are, I think, all in agreement that children are best placed at school. That is the best place for them. We all know the damage that being out of school throughout the pandemic has done to some children, and none of us wants to go back there. However, it is also really important that we make sure that schools are safe and that teachers, principals, parents and pupils feel safe at school and have confidence that they are so. Therefore, it is about communication with schools, and maybe we should improve communication to make sure that the whole community knows that schools are safe and should reopen.

I have engaged widely with principals in my area, West Tyrone, and I agree with much of what Committee members have said previously — that principals and school leaders are under immense pressure. It is about reaching out and trying to do what we can to help them.

I will pinpoint a few issues that were raised with me during those meetings. The first was from the early years and nursery sector. They feel disregarded, because the guidance issued to them is different. I seek clarity from the Minister on why the guidance to the nursery sector is different. What are the plans for the early years sector and childcare settings?

Miss McIlveen: Thank you for the question. I understand that the revised arrangements for contact tracing in education settings apply to both statutory and non-statutory settings, and that includes preschool. The PHA is taking forward a contact-tracing process in those settings. Perhaps the Chief Medical Officer can give us some more information about that. However, it is my understanding that there should not be any difference in that.

Professor Sir Michael McBride: Just to provide absolute clarity, Minister: a different approach is being taken in nursery schools and, obviously, that is the level of operational detail that we advised the Department of Education, EA and requisite bodies to take. We are taking a very different approach in

nursery schools because the virus behaves very differently there. Younger children do not transmit the virus as readily. There is some evidence that they do not acquire infection as readily, and there is certainly evidence that they do not transmit it to adults as readily. Hence, we have taken a different approach in nursery schools. Joanne, will you explain that?

Dr McClean: Part of it relates to the guidance on close contacts that the Executive agreed and issued in August. Children under five, as the CMO explained, are less likely to get the virus and less likely to transmit it. Having a PCR test can be very distressing and uncomfortable for them. Therefore, the guidance on isolation for those children is different for those three reasons. We recognise that the early years sector is quite large and diverse and includes day-care providers, voluntary playgroups and statutory nursery schools. However, the age of the children is the important factor because they all are younger than school age. So again, they are being treated slightly differently. Contact tracing will flag those to another part of the Public Health Agency, which will be in contact with those settings. I know that that happens regularly.

The advice is different because of how COVID behaves in that age group, and also because the guidance around self-isolation is slightly different. However, there is support coming from the PHA for those groups, too.

Ms Brogan: OK, Joanne. Thank you for that. That question exposes that one of the major problems throughout the restart of schools and the issue of the guidance is the confusion between Departments and perhaps the lack of communication. That is reflected back to schools. As I say, nursery schools feel completely disregarded and communication has maybe not been open between all Departments. In the future, I encourage better engagement and communication between the sectors. However, I appreciate your position. Thank you.

I want to move on to special schools. An issue raised with me specifically was staff shortages. These occur largely because staff had to go off work, either because they had COVID or they had been in close contact with it, and then they were not able to look after the children in the way that they usually do. Are there any plans in place for how to address staff shortages? My question is for the Minister.

Miss McIlveen: OK. If you are happy enough, I will pass that over to Ricky and the EA.

Mr Irwin: I think that that is one for the EA to answer.

Professor Sir Michael McBride: This is like musical chairs. We are happy to contribute to that, EA colleagues, if you want to start off.

Ms Kim Scott (Education Authority): Thank you. As has been said, the special-school sector is very different in its training and its pupil:staff ratios. We have set up a lot of supports throughout the pandemic specifically for special schools. You will recall that, when all schools were closed after last Christmas and special schools remained open, staffing became a huge issue for us. We have dedicated a resource from the EA so that every special school has an individual special-school support officer in addition to their COVID-19 link officer (CoLO). That support officer resource was put into special schools specifically to assist with staffing issues. We also have the EA emergency resourcing programme to support schools. However, you are right: often, if staff cannot be in school and they have very specialist training in special schools, there may be times that, unfortunately, we need to resort to having to close classes in special schools in the short term. It is not a position that any of us wants to be in, but we need to ensure the safety of children in special schools as well.

We continue to work with the schools and, as Joanne said, we have bespoke contact-tracing arrangements in place in special schools so that they can feel supported. We continue to support them as best we can. We will continue to work with individual schools so that they know who to reach out to if there is a staffing shortage, and we will do our best to find solutions.

Ms Brogan: That is very disappointing. I appreciate the work that you are putting in, but when we think of the impact that closing special schools has on children with special educational needs when they are taken out of their educational setting, I really hope that it would not come to that.

I will move on to my final point, which touches on the testing facilities that were mentioned. I spoke to a principal of a special school who talked about loop-mediated isothermal amplification (LAMP) testing. I had previously raised the issue of putting LAMP testing into operation for children with special educational needs who are in mainstream schools because, at the moment, they are expected

to take a PCR test. At that time, I was under the impression that LAMP testing was an easy way to get accurate tests. Now, however, I have been told that it is still quite intrusive and can be uncomfortable for children taking a test. I would like to get your views on that and ask whether that issue has been raised with you.

The Chairperson (Mr Lyttle): Thanks, Nicola, and then I will move to Justin.

Professor Sir Michael McBride: We need to be clear that LAMP testing is not sensitive enough for symptomatic testing. It is very useful for asymptomatic testing, and we introduced it in special schools because it is less intrusive. There are significant logistical and practical issues with the wider roll-out of LAMP testing; for instance, to children in mainstream education who have special needs or learning disabilities, of which there are a significant number. That is being actively looked at by our expert advisory group on testing in conjunction with Queen's University. I do not underestimate the challenge that that presents but we are actively looking at it.

Joanne, do you want to add anything further?

Dr McClean: *[Inaudible owing to poor sound quality.]* I realise that some children do find it difficult to *[Inaudible owing to poor sound quality]*, Nicola, and we accept that. There are limitations to everything, but we are doing our best with the LAMP testing.

Professor Sir Michael McBride: I am happy to stay for another few minutes *[Inaudible owing to poor sound quality.]*

The Chairperson (Mr Lyttle): There are just two more members with questions, Professor McBride, if that is OK.

Mr McNulty: Michael and Joanne, why would teachers' trade unions, teachers and principals describe the new contact-tracing approach as laissez-faire and light touch? Why would that be the case?

Professor Sir Michael McBride: Well, I do not recognise that description, nor do I accept it, and the evidence does not support that contention. I have engaged with school principals and the practitioners' group and with the trade unions. I was engaged in two webinars yesterday where teachers, principals and the trade unions were represented. Were I not here this morning, I would have been in a webinar.

That description is unfortunate. We have extensively engaged with trade unions, teachers and principals to explain matters. I have to say that the vast majority of principals that I spoke to were supportive of the approach. I am very grateful to the education chief executives for their support of this process, based on the evidence. We have taken a considerable amount of time to explain the evidence and that this is now a proportionate approach. It will take time to bed down. I understand that the change is significant. Obviously, we are moving from a situation where contact tracing was firmly in the control of principals and teachers, and we will continue to provide assurances and build confidence with the sector so that we can all continue to act in the collective best interests of children. Joanne, do you want to add to that?

Dr McClean: *[Inaudible owing to poor sound quality.]* The approach is also being taken in the other three Administrations. Scotland, Wales and England are taking a very similar approach. Some of the teaching unions will be aware of that and will be supporting their members in those jurisdictions.

Professor Sir Michael McBride: *[Inaudible owing to poor sound quality.]* The Republic of Ireland is also looking at changing its approach, and we have had comments from the Irish National Teachers' Organisation (INTO) about the change to the process. A number of unions recognise that it is time for a change in approach given the impact on the education of children, their mental health and future life opportunities.

Mr McNulty: OK. In one word, will you tell me whether schools are safe for children, pupils, parents and staff? Is it a safe environment?

Professor Sir Michael McBride: Unequivocally, yes.

Mr McNulty: Good. That is what we want to hear. That is what parents, staff and teachers want to hear.

My next question is for the Minister. I believe that, over recent weeks, Pure Mental has been in touch about counselling for children in primary schools. Minister, given the stress on children throughout the pandemic, has that been introduced in primary schools?

Miss McIlveen: No, it has not as yet. Obviously, work is continuing on it. I hope it will be launched in the next number of weeks. Again, I will pass over to Ricky for the details. I am keen for it to be rolled out as quickly as possible. Unfortunately, and this is a very sad indictment of our society, we need counselling in our schools. Schools are struggling and are spending quite an amount of their money, supported by parent-teacher associations (PTA), to deliver those sorts of services. I recognise the importance of counselling, and I hope that a service will be launched in the next few weeks. I will ask Ricky to give you a further update.

The Chairperson (Mr Lyttle): Ricky, before I give you an opportunity to do that — I will bring you straight back in, Justin — but is it OK for me to ask Harry whether he has a question for the CMO in case the CMO needs to move on? Harry, do you have any questions for Professor McBride? I will bring Justin straight back in on his question on counselling in primary schools.

Mr Harvey: Thank you, Dr McBride and Minister McIlveen. I will come to you later, Minister. Today we were looking for assurances, which we certainly got, that our schools are safe and are the best place for children. Dr McBride, do you feel that kids are safe at school and are not at a high risk of contracting COVID, which is a serious illness?

Professor Sir Michael McBride: *[Inaudible owing to poor sound quality]* the education, well-being and future life opportunities of our children. Let us all remember this: we are all where we are today and in our respective roles and places of responsibility because of the education we achieved. None of us should underestimate the potentially enduring very negative impact that a loss of education and time in school and a lack of continuity has on the life opportunities and education of children. I am confident that the approach that has now been agreed on by Ministers is the correct approach to contact tracing in schools. I am confident that the risk-benefit analysis has changed and that our children need to be supported and maintained in school.

We all need to come together — I mean principals, teachers, trade unions, Departments, EA and PHA — to ensure that we keep our children in school, reduce the numbers who have to leave school and unnecessarily stay at home. It is a sad indictment, but a very necessary intervention during the pandemic, that for every child who was sent home and who should have been sent home, 20 other children were excluded from school. That has to change, and we need to redress the balance in favour of our children, who have paid a very high price throughout the pandemic. I am concerned about the potential, as many members have said, for some of those impacts to endure in the medium and, potentially, the long term.

The Chairperson (Mr Lyttle): Thanks, Harry. Professor McBride, I will step in there briefly because I realise that you are really losing time. One has to acknowledge that there have been some shortcomings with communicating, implementing and building confidence in the new system. I am receiving legitimate requests about whether you would be able to visit some schools or have an engagement session with some school leaders of our choice, because it is clear that there is a degree of inconsistency between the contact that we are all receiving and that you are receiving. Perhaps that is something you will think about and reflect on, because I think communications and engagement are vital to us continuing to overcome the negative impacts of the pandemic.

Professor Sir Michael McBride: *[Inaudible owing to poor sound quality]* unions and teachers. I was engaged in two one-hour seminars yesterday. Again, I would have been at a webinar with EA colleagues and DE colleagues this morning *[Inaudible owing to poor sound quality.]* Every single principal and, indeed, teacher across Northern Ireland has been invited to those events. I understand that over 350 attended each of the events yesterday. DE colleagues and EA colleagues who organised them can confirm that.

The Chairperson (Mr Lyttle): Maybe we will get some feedback on that. I have another very brief question. Why have the public press conferences that you used to do effectively ceased?

Professor Sir Michael McBride: There were several types of press conference. There were those with the First Minister and deputy First Minister, those on behalf of the entire Executive and briefings that the Department of Health led. Again, I think it is about having a proportionate response at

particular points in time. There was a need at a stage to relay information to the public on a regular and weekly basis. I think that was important for the messaging. I think that we are in a different stage of the epidemic, and it is important that we tailor our communication and the method of communication differently. Obviously, if the Executive feel at any stage that there would be merit in changing that, we, as officials, will happily support Ministers in any such media briefings or press conferences.

The Chairperson (Mr Lyttle): Finally, do you not think that that would have been useful for all these messages, which needed to be conveyed to school leaders, parents and pupils?

Professor Sir Michael McBride: *[Inaudible owing to poor sound quality]* PHA colleagues when revised guidance was issued. So, those meetings and that engagement happened. This is regrettable, and I understand the concern that a very recent change, even though it had been communicated out on, I think, 12 August, had to be changed again. As I said at the very outset, guidance, approach and policy will continue to change throughout the epidemic as new evidence emerges about the risk and benefit to children, the harm we were causing and the fact that we are now in a situation where nearly 90% of the population are vaccinated.

My final comment is this: we can all play our part in reducing community transmission by getting the vaccine, ensuring that we follow the public health advice and driving down rates of community transmission. The pattern of cases in schools reflects wider community transmission, so it is up to all of us to ensure that our children can be safely at school, and it is up to us to reduce the pressures on our health service. Again I will return to this: the virus does not spread itself; we spread it, and it is us who can take the steps that will actually keep the virus under control as we move into autumn and winter. That will be very challenging for the health service and, no doubt, for schools because we will continue to see clusters and outbreaks, and it will be challenging for wider society more generally.

The Chairperson (Mr Lyttle): Professor, finally, before you go, Daniel McCrossan wants to ask a very brief supplementary question. I will then move to our questions to the Education Minister. Daniel, please be brief.

Mr McCrossan: Thank you very much, Chair. I appreciate that. I have listened very carefully to everything that has been said in response to members. You cited evidence and evidence and evidence, but I really need to know why that evidence has not been published here when it has been in other regions. Will you commit to us today that you will publish that evidence so that we know what you are basing the guidance on?

Professor Sir Michael McBride: It is important that we learn from experience in other jurisdictions, and all the evidence can be equally applied. It does not necessarily have to be evidence that has been generated in Northern Ireland. Evidence, specifically that about schools, is as valid in Scotland, Wales and England as it is here. Information that the PHA has been collating will be published as soon as it is ready to be published. In advance of that *[Inaudible owing to poor sound quality.]* I am sorry; was that not clear? We will publish it as soon as is practically possible.

The Chairperson (Mr Lyttle): OK.

Professor Sir Michael McBride: As I said, *[Inaudible owing to poor sound quality]* international evidence and evidence that has been generated across the UK. We have not relied solely on evidence generated in Northern Ireland but have looked at the international experience and evidence of the virus *[Inaudible owing to poor sound quality.]*

The Chairperson (Mr Lyttle): OK. That was your question answered, Daniel.

Professor, in closing, I neglected to ask one very important question that I think you would like to answer. It is about shielding pupils. The group ShieldUs has called on the Executive to consider an opt-in shielding programme and the option of remote learning for clinically extremely vulnerable learners. Is that being reviewed?

Professor Sir Michael McBride: No, and I *[Inaudible owing to poor sound quality]* move away —.

The Chairperson (Mr Lyttle): Sorry?

Professor Sir Michael McBride: Can you hear me, Chair?

The Chairperson (Mr Lyttle): Yes, I can now. Go ahead.

Professor Sir Michael McBride: I would not be supportive of that approach. None of the evidence, including all the advice from the Royal College of Paediatrics and Child Health, [*Inaudible owing to poor sound quality*] would not support such a move. What we now know about children who are extremely clinically vulnerable because of underlying conditions is that, thankfully — this is good news — they are not at significant risk from COVID. They have some increased risk, but it is not a significant risk.

I would not be supportive of such an approach. It would be disproportionate and would be of significant harm to children's education and socialisation. Therefore, the short answer is no; I would not support it.

The Chairperson (Mr Lyttle): OK. Thank you very much, indeed, Professor. We would be glad to host you on any other occasion. Communication is vital on these issues. Thank you for your time today.

I want to bring Justin and Harry back in for questions to the Minister. Justin, Ricky will respond to your question on primary-school counselling. Thank you.

Mr Irwin: OK. Thanks, Chair. As I said, we are aiming to start the primary-school counselling pilot as soon as possible. We recognise that primary schools have been purchasing counselling provision for quite some time. The pilot will aim to bring some supporting guidance to schools on the various types of counselling that may be available to them. It is not just counselling in the strictest sense of the form but would include therapeutic approaches, such as music, art therapy and drama. We intend to evaluate the pilot at the end in order to determine how best to move forward and to provide advice to the Minister on that. I hope that the pilot will start quite soon.

Mr McNulty: OK. It is positive that plans are under way on that. As the Minister said, principals are concerned that they have to spend money from their budgets on that, but it is positive that the plans are moving forward.

I want to go back to what Joanne, a colleague of the CMO, said about the impact being most felt by children who are from disadvantaged backgrounds. She said that those children have been twice as likely to have to isolate. I am really concerned about that. Is the educational gap widening? I know that we have the money for the Engage programme. What will be the impact of the pandemic on children from disadvantaged areas and on children with special education needs and dyslexia?

Miss McIlveen: Justin, we really need to make sure that our schools remain open and are a safe place for those children to be in. As you and I know, teachers are not just educators; they do so much more in our schools. We need to support them in the work they are carrying out on identifying need. Certainly, the programme that is being rolled out around the framework will help to identify some of that. Where we need to make further interventions, we will.

The Engage programme was very positively received, as were the summer schemes. I had the opportunity to visit quite a number of those schemes over the summer, and they really gave those young people an opportunity to get back to socialising, to have contact with classroom assistants and teachers in a forum different to one that they had before and to have new experiences. Some of them will not have had visits to various forest parks or interventions from football or GAA coaches and so on. All those things have been really helpful over the last few months, but it is just about us keeping a very close eye on those young people, identifying their needs and having early intervention where required.

Mr McNulty: Huge resource must be committed to ensure that those kids are not left further behind and that the help is there for the kids with dyslexia. I know that one child with dyslexia in a school in Newry and Armagh is getting 15 minutes of support a week, and that is just not cutting it. The little girl cannot read and cannot write her name, and she is not getting support. She is in primary 4. That is just not acceptable.

This is my final question, Minister. I know that you are newly in post. We have talked about the stress on teachers, principals and school staff. We are now 20 months on, and before the pandemic landed, we could not have thought about what would be expected of teachers not only in trying to educate children and young people but in trying to keep them safe. Demands have been made of them, and

they have been pulled in so many different directions. It must be mind-melting for them. Minister, have you reached out to principals, teachers and school staff to say, "How are you doing?"

Miss McIlveen: I have carried out quite a number of visits and have been speaking to staff and principals, and I have met trade unions on that. That is work that I am keen to do over the next number of weeks, and I have quite a number of visits set up for next week. I am very receptive to that. I will be meeting principals and staff in various forums over the next number of months. I very much value the work that they have done and the challenges that they have been through. They have been there to support our young people. I very much value that, and I understand that the last few weeks have been incredibly stressful, as they are at the start of any new term, never mind adding on the layers of COVID, contact tracing and so on. I want to support them by being responsive to them and their needs.

Nicola mentioned communication, and I have had conversations with my officials and with the unions about how we better communicate with our principals in a much more timely manner and ensure that they get the information that they need quickly and, obviously, in advance of Twitter messages or press briefings. As they are on the front line, they need to know and have the information at hand, and that information needs to be clear and presented in a way that they can then communicate to parents. I am mindful of all those things, and I want to be there to support our staff.

Mr McNulty: I have one final question; just bear with me. I re-emphasise the point Nicola made previously about the staffing issue. With the contact-tracing element of the pandemic, some staff are having to isolate, and there are registration issues with the General Teaching Council for Northern Ireland (GTCNI) etc and pure staff shortages, including of teachers, teaching assistants and newly qualified teachers. How will that impact on children's education?

The Chairperson (Mr Lyttle): Thanks for that, Justin. Minister, I will bring Harry in next for the very last question. I realise we need to get you away. Thank you.

Miss McIlveen: There were issues with GTCNI in advance of the summer. It has been a very challenging summer for that body, and it has probably been a bit of a perfect storm for it. There has been a review of the situation. Again, we are very mindful of and alert to it, and we are supporting GTCNI in the best way that we can in order to ensure that there is no backlog. We have been receiving assurances that it should be addressed within the next couple of weeks.

Mr McNulty: The concern is that those staff shortages will have an impact on children. It is not necessarily just down to the GTCNI issue; it is purely a staff shortage issue. What is the impact of that on children's education?

Miss McIlveen: I am not aware that there is an immediate problem with that, because, obviously, there is access to substitute teachers. I am not aware that there is an immediate issue with staff shortages.

The Chairperson (Mr Lyttle): Thanks, Justin. I need to bring Harry in for a final question, and then I will wish the Minister well.

Mr Harvey: Minister, have you had discussions with Executive colleagues on your Department's likely allocation in the 2022-23 Budget?

Miss McIlveen: I am very concerned about the financial outlook for the Department. We have been making representations over the last number of months about where Education sits in the Executive's priorities. Discussions are likely to be held over the next couple of weeks.

We have been working on scenarios and on moving forward on the final position. It is looking as though we are going to be in a tight position, and that concerns me greatly. Given the conversations that the Education Committee has had over the last number of weeks on various pressures, it will be alert to those in schools as well in that, while a considerable amount of COVID money was distributed, in some ways, that masked some of the issues that schools are facing. That will become much more clear as we look forward to the next Budget round.

I appreciate that we may have to come back to all this again, because we are running out of time in the session. There are a lot of things that I would like to talk to the Committee about, but I will bring Mark in for the final question.

The Chairperson (Mr Lyttle): Just briefly, Minister, I will say that we would really welcome that, and we welcome Mark to his post. I thank Harry for that question, and I am glad we are getting to hear from you, Mark.

Dr Mark Browne (Department of Education): Thanks very much, Chris.

The expenditure outlook is very difficult. The Executive will be faced with very difficult decisions. Departments have been asked to put forward a number of scenarios to the Department of Finance in order to deal with the various pressures and to look, if necessary, at where funding might be moved from lower- to higher-priority areas. None of those scenarios are easy; they are all extremely difficult.

In the Department's perspective, we are coming from a situation of a number of years of declining funding in real terms, with a reduction of some 12% over the past 10 years in real-terms funding. Over that same period, the school population has increased by some 7%, and the special educational needs population has increased by some 45%. Some very significant pressures have been building over the past 10 years at a time when resources have been tight.

As the Minister said, the extra funding made available for COVID has helped to mask that to some extent, but we are concerned that, as we come out of COVID and move to a more normal position, those structural issues are going to impact very severely on the education system. If there are reductions in the budget, some very difficult decisions will have to be made. Those are the sorts of things that the Executive will have to consider and weigh up in terms of pressures on Health, pressures on Education and pressures on other Departments. The Minister and the Department will make the Education case strongly.

The CMO made the point very clearly that education is not just about exams; it is about life chances. It is about the opportunities that children have over their lifetime, and it has a huge impact on their health. That is something that we will pursue with the Executive through the expenditure process.

Mr Harvey: The danger is the risk of front-line services being affected if the Department is required to absorb these budget cuts.

The Chairperson (Mr Lyttle): Minister, thank you. As I emphasised to the CMO, communications are really important, in particular those on COVID safety in schools. You referenced on a number of occasions a range of mitigations, in particular regular asymptomatic testing. My understanding is that that is optional. If we want it to be self-administered regularly, we need clearer communication to parents and children and young people to say that it forms part of a range of mitigations.

There was a proposal to change face coverings. I urge consultation on that. You referenced vaccinations for the over-12s and ventilation, but neither of those mitigations is in place at this time. We would really appreciate urgent action and updates on those.

I acknowledge and agree with you that there is a wider range of education issues that we would be delighted for you to come back to talk to us about. I thank you for your attendance today. As you know, we invited you, the Health Minister and the CMO to engage with us. We are grateful that you accepted that invitation at this time. We hope that we will be able to engage with you on a regular basis.

Miss McIlveen: Thank you very much. That was a really useful session, so thank you for facilitating it.

The Chairperson (Mr Lyttle): Thank you. Thanks to our Education Authority witnesses as well.