Wednesday, 22 October 2025

(10.00 am)

LADY HALLETT: Ms Pottle.

MS POTTLE: My Lady.

May I call Professor Russell Viner.

PROFESSOR RUSSELL VINER CBE (sworn)

Questions from COUNSEL TO THE INQUIRY

LADY HALLETT: Thank you for coming to help us, Professor Viner.

MS POTTLE: Professor, you have in front of you a witness statement which you helpfully provided for the Inquiry. It's INQ000588157; is that right?

A. Correct.

Q. Professor Viner, you're an academic paediatrician and A Fellow of the Academy of Medical Sciences, a Fellow of the Royal College of Paediatrics and Child Health, and a Fellow of the Royal Australasian College of Physicians; is that correct?

A. Correct.

Q. Since 2012, you have been employed as a professor by UCL Great Ormond Street Institute of Child Health, as a professor of adolescent health, having first practised there in 1997; is that correct?

A. Yes.

Q. In your witness statement, you tell us that your

expertise as a clinical epidemiologist lies in child and adolescent public health and policy, particularly relating to health services, mental health and obesity. You are not an expert in infectious disease; is that correct?

A. Correct.

Q. Professor Viner, many of us, upon hearing the word "epidemiology" I think have in mind an expert in infectious disease. Can you just explain to us briefly what a clinical epidemiologist is.

A. Of course. Epidemiology is the study of patterns of disease or illness. Infectious epidemiology, of course, is one big part of it, but there's also non-infectious epidemiology, for example, non-communicable diseases, and in particular, also, the study of policy responses to problems.

Q. Okay. So one example of a non-infectious disease which would be -- could be studied by clinical epidemiologists would be obesity, for example?

A. Yes, or mental health, or ... yeah.

Q. I see. I'm going to move on now to your roles and responsibilities during the pandemic.

You were president of the Royal College of Paediatrics and Child Health between 2018 and 2021; is that right?

A. Correct.

Q. But you're not giving evidence today in that capacity?

A. No.

Q. In fact my Lady will recall we heard from Professor Steve Turner from the RCPCH early on in this module.

You continued throughout the specified period in your role as a professor of adolescent health at UCL.

A. Correct.

Q. You were a scientific adviser to SAGE?

A. **(Witness nodded)**

Q. From about 14 March; is that right?

A. **(Witness nodded)**

Q. 2020.

A. Yes.

Q. You tell us in your witness statement that you were first invited to SAGE by the Chief Medical Officer, Professor Sir Chris Whitty, because of your expertise, and you went on to attend a total of 12 SAGE meetings, and you say that you attended SAGE when it related to children or schools, and that you restricted yourself to those subjects; is that right?

A. That's right.

Q. From April 2020, you were a scientific adviser to the Children's Task and Finish Group, and you tell us that

you were invited to become a member of this group following your attendance at SAGE, and that you attended at 14 meetings; is that right?

A. Correct.

Q. Finally, you were a scientific adviser to the Scientific Pandemic Insights Group on Behaviours, SPI-B, in the main attending on occasions where meetings related to children and young people.

A. That's right.

Q. In your witness statement, you state you used your expertise in evidence synthesis and systematic review to carefully gather all emerging evidence on the severity of disease, susceptibility and transmission of infection in children and young people, and for this, you worked with experts in infectious disease in childhood, and you undertook a number of systematic reviews of emerging international data. Some of that work was prompted by your discussions in SAGE subgroups, and some you undertook within your personal capacity, and that you fed your findings back to the Chief Medical Officer?

A. That's correct.

Q. Okay. Just before we go on to look at some of these systematic reviews, your present role is the Chief Scientific Adviser for the Department for Education?

A. That's right.

Q. And that role began in January of 2023, so outside the specified period?
A. Correct.
Q. And your evidence to the Inquiry is provided in your personal capacity, not on behalf of the DfE either.
A. (No audible answer).
Q. Okay. Can I understand that you're not here today represent the views or policies of the Department for Education, or any other organisation, but you're giving evidence from your own recollections and opinions accumulated from your wider work and experience; is that right?
A. That's right.
Q. I'm going to ask you now about the developing evidential picture about the transmissibility of Covid and the susceptibility of children and young people to Covid.

If I can begin with the early period, from mid-February, in your statement you note that from that time -- and this is before you were involved in SAGE -- you noted that schools were being closed in countries such as China, and elsewhere, because of Covid-19, and you noted growing discussion of the potential for school closures elsewhere, and you decided to search the literature for evidence on the impact of school management practices on coronavirus and you provided

a rapid systematic review; is that correct?
A. That's right.
Q. Okay. You shared an early draft of that systematic review in March, roughly between 15 or 17 March, with Professor Sir Chris Whitty. That was right on the cusp of the decision to close schools.

And can I just ask you, that early piece of research what did it show?
A. So it's important to emphasise the uncertainty and lack of information. If I can give you a slightly longer answer?
Q. Please.
A. When I was president of the college we were starting to get concerned about how children fitted into this pandemic with reports coming from China, then Iran, and then Italy. As president of the college -- and I'm not trying to mix up roles but one is one person, even though you have many, many hats -- we would be getting information from paediatricians in those different countries and particularly in Italy, and starting to think about what might happen if the UK was involved. We worked very closely with colleagues in NHS England and with the other Royal medical colleges and were briefed by the Chief Medical Officer. So there was quite a lot of thinking we were doing at the time within

that -- the Royal College.

And I was keen to bring some of my broader academic expertise to that, and this expertise in evidence synthesis.

Because schools were closing in a number of other countries, these discussions were happening, both in the press, but also in more clinical and academic circles about school closures, but I was very keen to understand what the evidence was. So I undertook a systematic review, and a systematic review is essentially -- not -- undertaking new research, but in an incredibly careful and systematic way identifying all the research that is either published or about to be published on a topic, and carefully and objectively synthesising that.

And it is a skill that we had used in my previous academic life.
Q. And can I take from that that you are also gauging the quality of the studies that are out there --
A. Yes.
Q. -- and choosing those -- (overspeaking) --
A. So an important part of it is looking at quality.

So as data started to come in, we had formed networks whereby we collaborate amongst different academics and I would be informed of a paper that was about to be published or had just been published

somewhere in the world about the pandemic, and through informal and formal networks, and I started to, in a sense, collect these, and then my mind turned to actually doing a formal systematic review once there was enough data.

It's very different to just having a collection of papers and "Here's my view" but actually binding yourself to a set of rules that you set up beforehand about how one does the review and then being very careful in the reporting of it, and judging the quality as part of that.

So to answer your very specific question, I looked for evidence from the Far East, from China and Taiwan and other countries, from any other countries. I looked for evidence from SARS-CoV-1, or the SARS pandemic. I looked at evidence from other coronavirus epidemics to see whether there was any data on schools and children in those, and looked for any data that was immediately available on SARS-CoV-2, the-Covid-19-causing virus.

There was very little information on any of those, there was little information that school closures had been useful or important from SARS-CoV-1, though that was less relevant, and in fact in the absence of evidence, we concluded that we needed to learn from the influenza literature but think carefully about it. And

I think one of the issues is about how much the influenza literature affected people's thinking, which we may come back to.

Q. Yes, I will move on to that in due course.

A. So what this system -- your question, what the systematic review showed was that there was little evidence to support school closures and the evidence from the influenza literature was that viruses that had the characteristics of SARS-CoV-2, or Covid, actually school closures were likely to be less effective.

Q. I see. I'm going to ask you now about your view of the advice provided to the government about the likely efficacy of school closures, and for that, I'll take you to the SPI-M-O consensus view of 17 March, it's around about this time. It's INQ000253871. Yes, thank you.

On page 2, paragraph 9, it says:

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

From your -- judging from the state of knowledge at the time, do you think that this advice given to SAGE

was the correct advice?

A. I believe it's very reasonable advice. I would emphasise the extraordinary uncertainty that we were facing. Children -- we knew almost nothing about transmission of the virus from children and between children in schools. And I think the key thing in this statement is that schools would contribute, and there's also other paragraphs in this document, that it's about schools contributing to overall closure rather than schools closures being highly effective in their own right.

Q. Yes.

A. And I think that's something I absolutely support, but I just wanted to emphasise the uncertainty.

Q. Yes, I see.

That can come down now.

We've heard evidence, and I think I've understood you correctly that school closures on their own would not represent a significant measure but that taken as a part of measures, as a collection, could have an impact. Have I understood that correctly?

A. Absolutely.

Q. I'm just going to take you now --

A. And that was the state of knowledge at the time.

Q. Yes, of course. Sticking with what was known at the

time.

I'm going to take you now briefly to the minutes of the SAGE meeting 17. You didn't attend this meeting, I should say. It took place on 18 March 2020, and -- thank you very much, we're just looked at page 3. There's a paragraph here on school closure so this was the advice given. You weren't involved in the directly but I'd just like to ask you about your views on it. So it says:

"SAGE reviewed available evidence and modelling on the potential impact of school closures. The evidence indicates that school closures, combined with other measures, could help bring the R number below 1, although there is uncertainty."

Then there is discussion about the impact of school closures in terms of alternative childcare arrangements which could reduce the effect of the closures, and the consideration of keeping schools open for particular groups having an effect on the impact of that measure.

"SAGE considered that modelling now supports school closures on a national level, and that the effect would be greatest if instituted early."

And some considerations about clear public messaging.

Overall, do you agree with the advice given here

about -- there is some uncertainty, but about the efficacy of school closures combined with other measures?

A. Yes. I believed that at the time the uncertainty was so great, we had no specific knowledge on transmission of the virus to children, from children to adults, between children. We had almost no information on the susceptibility of children to the virus, whether they'd catch it. And I think the concern about, you know, certainly in my world, within the health system, the real concern was about the collapse of the health system, and the overwhelming of adult intensive care units such as had happened in Italy. It wasn't happening to children's intensive care units, interestingly.

Q. Okay.

A. That this seemed reasonable advice and I think scientifically it was supported -- I would support -- I would have supported it.

Q. Thank you. And just -- that can come down now.

And just to confirm, you weren't involved -- your involvement in SAGE and the Children's Task and Finish Group arose later. You weren't involved or present at the discussions to close schools; is right?

A. I was not. The SAGE meeting I went to, which I believe

was slightly earlier, 11 March, I think --
Q. I think it was 10 March-- (overspeaking) --
A. 10 March, yes. School closures were mentioned obliquely and it was largely focused on the Imperial modelling which showed school closures produced a small but they felt important additive effect.
Q. Thank you. I'm going to move on now to mid-2020, around that time period. In your witness statement you state that your views about the role of schools in transmission changed for a number of reasons, including because of a further systematic review that you undertook.

If we could just move to that, please, it is INQ000542939.

And this is a systematic review on the susceptibility to SARS-CoV-2 infection among children and adolescents compared with adults.

And susceptibility means the ability for children to become infected; is that right?
A. Correct.
Q. Okay. And what did -- if we move to page 2, please. Yes.

We can see at the top here:

"In the systematic review ... including 32 studies, children and adolescents younger than 20 years had 44%

lower odds of secondary infection ... compared with adults 20 years and older; this finding was most marked in those younger than 10 to 14 years. Data were insufficient to conclude whether transmission of SARS-CoV-2 by children is lower than by adults."

So, can I take it that the systematic review showed that children were less likely to become infected, about 44% less likely, but you couldn't tell whether, once infected, they were more or less likely to infect other people? Have I understood that correctly?
A. That's correct.
Q. Okay.

That can come down now.

You also mention in your statement the Schools Infection Survey having informed your views. Can you just tell us briefly what the Schools Infection Survey was.
A. Can I give you a slightly broader answer?
Q. Yes, please.
A. So, once the lockdown happened, we continued to get information from other countries, and all countries across Europe, and clearly internationally, were also in a similar situation. And we started to also receive information, particularly from the Netherlands and then looking at some of the Nordic countries, about what

was happening in schools.

We also had a lot more information about the severity of this disease in children, and a picture started to emerge -- well, we were getting new data.

So there were three key issues:

Severity -- sorry, firstly, susceptibility. Do they catch it?

Then severity. If they catch it, how severe is it?

And thirdly, do they pass it on?

And we had very good data on severity, the middle one, which we started to recognise that actually this was generally a very mild illness in children, that the severity was low.

Susceptibility, there was starting to be some emerging evidence that that may be lower, but we still had very little on transmission.

But given that, and given the low severity of disease -- I mean our intensive care units were pretty empty -- there were some deaths, and I'm sure you'll ask me more about this and I can go into that later, but generally the severity was low.

We were clearly in a situation where schools were closed to benefit adults, largely -- as well as benefiting children, but because the severity was generally so low amongst children, it started to change

things. And I started to think differently about this virus and really question whether we needed such long lockdowns, and really searched for the evidence.

The Nordic countries started to reopen, and some of the northern European countries started to reopen schools from either late April or May, having locked down at a similar time as us. And I really started to question: what do we know? How much do we know? And can we then make statements that then change things?

So the susceptibility paper was part of that, and that was undertaken with colleagues from SAGE and elsewhere. We also started to look at potentially some modelling transmission in a different way, including the data on susceptibility and/or severity.
Q. And as part of that, the Schools Infection Survey I think you say also helped you work out how transmission was happening?
A. Yes. So this was once schools were reopened on 1 June. It was primary schools and some of the exam years in secondary. And colleagues from Public Health England undertook the Schools Infection Survey, which found almost no infection at all in those open schools. Extraordinarily low levels.

Which you can either take as incredibly successful, the closures in the lockdown, or you could take as

evidence that there was actually very little transmission happening in those schools at that time.

Q. You mention work that you undertook for SAGE and I think you're talking here about a paper you had authored on the transmission and symptoms in children, and that was prepared for SAGE on 15 October 2020. It was a paper developed within, I think, the subgroup of the Children's Task and Finish Group. Can you just tell us briefly what that paper showed, what your conclusions were about transmission in children?

A. So data on transmission remained very complex until right -- later in the pandemic. You're asking about October now?

Q. Yes, 15 October.

A. So that paper, if I recall, on symptoms, this was quite a lot later in the pandemic when all schools were reopened in the beginning of September 2020. There were real concerns about, at that stage, trying to differentiate symptoms of Covid from ordinary colds and flus. As most parents will know, most young children in particular will have a runny nose or a sore throat even up to every two to four weeks, particularly during winter. And actually, if we operated policies that kept them off school for a runny nose or a sore throat, we may actually have no one in school at all.

So there was an importance in trying to distinguish some of the symptoms of Covid --

Q. I see.

A. -- from ordinary coughs and colds, particularly from the rhinovirus, which is a virus that sweeps through our children in schools in September usually, September, October.

At that stage we were also trying to understand a bit more about transmission but our knowledge on transmission remained very, very poor. We were unable to make significant recommendations about transmission.

Q. Okay, well, if I can move on, then, to 2021 onwards, you conducted two further systematic reviews in 2021 and 2022 on the impact of school closures on community transmission, and on the role of children and young people in schools and transmission, and I think in your statement you say that those views strengthened your conclusions that schools made a limited contribution to transmission; is that a fair summary?

A. That's a very fair summary. I can enlarge, but I will also answer -- yes.

Q. Yes. And if I could ask you, in addition to the rapid reviews, you also began working with the modelling team based at the University of Oxford on the reopening of schools and you produced three papers which were shared

with the Chief Medical Officer in June and September of 2020 and then also in February of 2021.

I'm just going to take these briefly now but the first paper was entitled: Determining the optimal strategy for reopening schools, the impact of test and trace interventions, and the risk of ... a second Covid epidemic.

That paper was in preprint in June 2020. Can you just tell us briefly what that modelling paper showed.

A. So that modelling paper showed that it was feasible to reopen schools, as planned on 1 June, because there was some discussion about whether schools should stay closed for longer, and there were great fears that this would result in a second pandemic wave. So we wanted to model that and found it was feasible to reopen schools and not cause a second pandemic wave if there was a functioning test and trace system in place that involved schools.

So we felt this was important in supporting the opening of schools. We didn't pre-determine what our modelling found. But it was very important to me that we constantly shared emerging findings, before publication, with key people, and the key person for everything I did during this time was Chris Whitty, the Chief Medical Officer, whom I knew through my role at the Royal College and whom I then obviously knew through

SAGE, and emerging versions of this. So before final versions, I would always routinely share with Chris Whitty and also with Patrick Vallance, the government CSA, Chief Scientific Adviser.

Q. Yes, I think in your statement you set out the dates --

A. Yes.

Q. -- for the preprints that were shared with the Chief Medical Officer?

A. Yes.

Q. And sometimes they're quite far in advance of the date of publication of the study?

A. That's right, and often, I believe, shared, informally shared earlier versions with them too --

Q. I see.

A. -- although I don't have the exact dates.

LADY HALLETT: I'm sorry to interrupt. Hold whatever thought you have in your head, Ms Pottle, I just want to go back a little.

I should have asked at the time, forgive me. You said that one of your reviews showed that schools made limited contribution to transmission and I think it was Professor Sir Chris Whitty who talked about the gathering of parents, and other witnesses have, gathering of parents around the school gates and the like; is that an important factor or do you think that

is an overestimated factor in causing increased transmission?

A. I don't think I have the science knowledge to answer that question, I have to be absolutely frank. None of the data that I've seen really looked at the role of parents around the school gate. It was something that came up, as you mentioned, quite frequently. But we didn't really have any clarity, really, about transmission until much later in the pandemic.

I assume you'll ask me about that in a minute.

MS POTTLE: Yes.

Before I do, you mentioned that the modelling paper that we just discussed was produced around the time of schools being reopened --

A. Mm.

Q. -- because there was a debate about whether it was appropriate for them to reopen at that stage. Overall, do you believe that the correct approach was taken to the reopening of schools, from a scientific perspective?

A. Yes. From the reopening schools on 1 June, I would have been very unhappy from a scientific perspective for that to have been delayed, particularly given our modelling paper. I was disappointed that it was only primary schools that were fully reopened. There was -- I mean, our paper on susceptibility and others, I think there

was a belief -- there was an acceptance that primary school children were less likely to be severely affected, et cetera. Probably play a lower role. That was more broadly accepted. But there was a concern about teenagers and particularly the behaviour of teenagers in social mixing that I think drove people to continue to keep secondary school or part of secondary school closed at that time.

Q. Okay.

You mention in your statement the role of pandemic influenza thinking influencing some of the debate about transmission in children. And can I just ask you overall what your view on the evidence as to children and young people as superspreaders, if I can put it that way, is.

A. So, at the -- right early in the pandemic, people -- modellers in infectious disease, people in others, relied on their experience of influenza, which is, you know, a common epidemic and pandemic condition, where children are, in many cases, superspreaders or they're actively involved in spreading the disease.

And I think the assumptions were that Covid would be the same, and that's the evidence -- you know, the evidence emerged quite early on that there was a different picture, particularly for children. But

I think that thinking very much influenced people.

I would also want to say -- I mean, there's also -- so there was a general feeling that children were agents of disease, and much of the thinking about school closures and what we did with children was about controlling transmission from children. There was much less thinking about harms to children.

There was, quite early on, a recognition that children were little affected by the harms of the pandemic, but most of the thinking around children was about control and stopping them being agents of infection, and less thinking about harms to children and the rights of children.

And I'm sure you will come on to ask me about this.

Q. Yes, I have two specific questions on that first, before we come on to discuss the other impacts.

Firstly, in relation to the Children's Task and Finish Group, I've been asked by a Core Participant to clarify an issue. Do you agree with Professor Rogers that the group were confined to carrying out research tasks commissioned by SAGE and therefore confined to answering the questions posed to them? And before you answer, the second part of that question is: do you think that the group could have looked at wider issues concerning children, had they been tasked to do so, for

example, more analysis of the harms done to children by missing school and/or the impacts of the lockdown rules on children generally?

A. I was -- I was unaware at the time exactly how the -- a group worked and who commissioned what. In my current role, I clearly have a much stronger understanding of how government works, but it can be difficult to understand if you're not in it. I was there as a scientific expert.

My understanding was that we were tasked to look at specific issues by government, that the Task and Finish Group was a subgroup of SAGE, so it was both tasked by SAGE but it was also tasked by government departments to look at specific issues. And it was largely confined to that. Early on. Later on, the group did look very strongly at elements around harms.

Q. Yes. And I suppose your point earlier about, perhaps, an absence of consideration of these wider impacts about not just controlling infection for children but the wider impacts on them of the pandemic and the closure of schools --

A. Mm.

Q. -- do I take it from your evidence that, at an early stage, it wouldn't have been open to you, on the Children's Task and Finish Group, to conduct deeper

analysis on that issue? You were confined, or the group was confined, to what it had been asked to look into by SAGE or other government departments?

A. I believe that is correct. And certainly in terms of some of the modelling issues, again, we were interested -- I remember some colleagues and I were interested in -- in asking modellers to look at some of the different options around schools. Because school closures don't need to be full or zero, they could be partial closures, there were potential options we had seen in the literature for having half the years in in the morning and half the years in the afternoon, or alternating weeks, or, you know, splitting up the schools. Because the key issue there was to try to reduce the contacts between students, and there's multiple theoretical ways of doing that.

Q. Yes.

A. And I -- we -- there were -- I -- as I said, exactly who was commissioned and how that was controlled is not something I knew about at the time. But I certainly knew that there were some things that we were suggesting be looked at by the modellers that were not looked at.

Q. You set out in your statement that plans to implement rotated school attendance were not prioritised due to concerns that parents may struggle to get children to

school and that the teaching capacity might be insufficient --

A. Yes.

Q. -- to run rotas, for example. Was there -- and this is a question I've been asked to clarify by a Core Participant -- where there is both an imperative to restrict transmission and also an imperative to try to avoid very lengthy periods in which teachers do not have face-to-face contact with children, might rotated attendance have been a means of achieving both aims, in your view?

A. Yes. Theoretically. So, we were operating from theoretical knowledge. But as I understand it, there were -- and I don't know where this came from, potentially the Department for Education, but it was felt that these were not practical.

Q. I see.

I'm going to move on now to the impact of Covid-19 lockdowns on children and young people's physical and mental health.

LADY HALLETT: Just before you go on, apologies, it was felt it wasn't practical but it was felt it wasn't practical without asking experts like you to consider if it was practical?

A. Well --

LADY HALLETT: Is that right?

A. So I -- I mean, I am probably not an -- my Lady, I'm probably not an expert on whether things are practical or not, to be honest. Those who operate schools and run schools and commission schools are probably the experts on that. So I would say they probably had more expertise than I. But we were keen that lots of different options be looked at, rather than full closure or not. It felt very binary.

MS POTTLE: But as part of your expertise, you could have told -- you could have conducted modelling studies to show whether, let's say, schools operating on a rota, you could have modelled the infection risks from parents bringing their children to school twice in a day, or one imagines --

A. The modellers could. Just to be clear, my expertise is not modelling. I worked with modellers --

Q. Yes.

A. -- a particular modeller Jasmina Panovska-Griffiths, using interesting and different modelling techniques, interestingly, that weren't used by some of the others, to look at this slightly differently, but I'm not a modeller myself.

Q. No, pardon me, that was my error, but what I was trying to get at is you might not be an expert in what's

practicable in schools, so, for example, how much teaching staff, how much they're available --

A. Yes.

Q. -- but you as a scientist could have provided expertise on whether different arrangements could have been sufficient to bring down transmission.

A. Yes, I could have worked with modellers and thought about that and, as I think I mentioned before, from the, actually, influenza literature but there was -- there had been some papers I had discovered in my systematic review that had looked at the potential impacts of these partial attendance, rotating attendance systems. I was -- some of us were keen that they be better looked at.

Q. Yes, and that work was not commissioned.

A. I don't believe so.

Q. Okay. Then if I can move on to deal with the physical and mental health impacts of the lockdowns. You authored a paper on deaths in children and young people after Covid infection and on risk factors for paediatric intensive care admission among children hospitalised with Covid and with PIMS. Can you tell us, in summary, what that research showed?

A. Firstly, there were a small number of deaths of children and young people in this country from Covid-19 that, sadly, those most at risk were those children and young

people who were most at risk from all viral infections, particularly those with significant neurodisability and especially when that's allied with a respiratory problem.

We found that the great majority of children who died and had a positive Covid test actually died -- we said that the positive Covid test was incidental, that most -- because Covid was so common, that -- the death of any child is such an extraordinarily sad event, but when it might occur when there's a common infection around, some of those deaths, the positive -- the infection will be incidental. So we worked very hard to try to work out and found that supposedly of -- of deaths with a positive test, only 40% of them we felt were from Covid rather than children who die with Covid.

It's difficult to talk about some of these things.

We also found that Covid -- the risk from Covid to children and young people was higher than seasonal influenza, undoubtedly, but not a huge amount higher. Again, that the children who were at risk were those with -- who we know were at risk from any winter virus, and also that the adult risk factors, which were obesity and other medical conditions, were also seen in children.

But we also found that deprivation was a major risk

factor.

Q. You might not be able to tell us this, but can you give us any indication of why deprivation would be a major risk factor?

A. Deprivation was an amplifier of every other risk factor, in many senses. So it produces crowding, which increases the likelihood of catching. Deprivation -- parents -- so families from deprived situations have fewer resources. Parents may have less ability or less education, so absolutely as much care for their children, but they maybe have lesser resources to be able to put that care into effect. There's the potential for barriers to then accessing healthcare, whether that's from -- from a range of different reasons. And those children themselves may be less well nourished, their immune system may be less well primed, in a sense.

So there's a -- there's a whole bunch of reasons, right? So it operates through almost everything.

Q. I see. I'm just going to ask you now very briefly about Long Covid and other post-viral conditions. You conducted a meta-analysis of studies on Long Covid in children and young people which was published in the autumn of 2021, so at quite an early stage.

A. Mm.

Q. And as part of that met analysis you called for higher quality studies into the phenomenon with the control group.

A. Mm.

Q. Moving on now to the present day, I think you've seen the expert report commissioned by this Inquiry on children and young people, which is dated August 2025. That report relies on findings of the CLoCk Study, and that is -- well, you tell me if I'm right about this -- a higher quality study with the control group. Do you agree with that?

A. Yes, absolutely.

Q. And do you agree with the conclusions in the expert report about the prevalence of Long Covid in children and young people?

A. Yes.

Q. It's not your report, so I'm not going to take you to it and ask you whether you agree with different aspects of it, but there's one question which I've been asked to pose on behalf of a Core Participant.

Given the impact of Long Covid on educational attainment, have you provided advice to the Department for Education, as the Chief Scientific Adviser, on Long Covid in children and the impact on education?

A. As Chief Scientific Adviser, my advice is responsive.

LADY HALLETT: Is that a no, you've not been asked to?

A. My Lady, I'm just trying to recall the Civil Service Code. I'm not a civil servant, I work in the Civil Service but I'm not a career civil servant, and I believe ... I'm just trying to work out whether it is reasonable for me to talk about the advice I give, does that make sense?

MS POTTLE: Professor Viner --

A. I think --

LADY HALLETT: You're not giving legal advice. I can't think of any reason why --

A. I think it's part of the Civil --

LADY HALLETT: The question at the moment simply is have you given any advice? Forget about the content.

A. I don't believe I've been asked to ... oh, have I been asked to give specific advice about that outside of the Covid Inquiry? No.

MS POTTLE: Thank you.

I'm going to ask you now about the impact on children and young people of Covid more broadly.

You carried out a systematic review of the impacts of school closures on the physical and mental health of children and young people, and that review concludes that school closures are associated with considerable harms for children and young people, their health and

wellbeing, and that more data is needed on the long-term harms.

Can I ask whether that data has been produced on the long-term harms, do you know?

A. I think there is now a plethora of data on long-term harms, much of it of low quality, particularly when conducted during the pandemic, but some of it of higher quality. This, I mean, this is systematic review was something that I started collecting data on from, I think, May or June 2020, so very early on. It was prompted by some work I did with the World Health Organization.

Our concerns about harms had actually started before that, if I could answer at length.

Q. Please.

A. When I was Royal College president it started to become clear to us that harms were accruing to children in many ways, in part because of policy. We published a paper, in fact, having done a survey of thousands of paediatricians, and we felt we had evidence that more children had, at that stage, died from not attending hospital, for other conditions, than had died from Covid-19 at that stage; that parents, that there was significant fear that parents, if they took their children to hospital, they would either catch Covid or

the children might be isolated and taken away from them and real -- a lot of anxiety. So the messaging of stay home, save the NHS, was actually -- had some harms for children.

And we communicated that very much to the Chief Medical Officer and to others, and there was some change in that policy in the way that NHS 111 worked.

We also started to see a range of harms coming in terms of suicide risk for children and young people, and some reports around child abuse. Essentially, we dismantled the safety net around our children and we transferred child health and social care professionals to look after adults. We did that in an emergency, I think in some senses, without really thinking about what we as a nation did. I think we didn't have a recognition of how complex and important the safety net around children is, and how much schools are part of that.

And that started to become clear, clear that there were harms, really from quite early on.

Q. The kind of harms that you've talked about are delayed presentation and suicide risk. Are there any other harms that came to your attention in your systematic review?

A. So extraordinary levels of harm. So delayed

presentation right across all physical health conditions and mental health conditions. So that was a real concern. There was harm in terms of social isolation, that was leading to the -- A, mental health harms, not for all, but for many, and also B, a lack of sight of vulnerable children. Again, that's a dismantling of the safety net.

There were also harms to physical health because of sedentary behaviour, higher screen time, lack of physical activity, rising rates of obesity. It was almost every part of children's lives, and child development, some suggestion of delays in development.

Early on in the pandemic we have very little data on that, but I think some of those data have emerged since, and ...

Q. Yes. And can you tell us, as a professor of adolescent mental health, that impact of isolation for young people during lockdowns and being in the home with their families, not socialising with their peer groups, what impact did that have on their adolescent development?

A. So just a minor correction, I'm a professor of adolescent health rather than -- but I do quite a lot of work in mental health too.

Q. Oh, I'm sorry.

A. For young people, adolescence is a time of -- where our

neuroscience colleagues have shown us that the social brain is rapidly developing and highly sensitive and we know that young people in particular are vulnerable to social isolation. It's true that not all young people suffered during the pandemic in terms of mental health. There were small groups of young people who enjoyed being at home, but for the great majority, this was a clear harm to their mental health, and we saw rises in young people's mental health problems in the survey, the first national survey that was done during the pandemic, published in October. But this has been replicated in many other studies.

There is still a little bit of debate about this, about how much the lockdown was to blame and how much other things are to blame, but academics will debate.

Q. Yes, of course.

I'm going to move on now to your reflections and recommendations for the future. In your witness statement you say that:

"In a future Covid-like pandemic, the impacts on children and young people ... need to be better balanced against the protection of adults from serious disease or death."

Is that right?

A. Absolutely.

Q. Do you have any recommendations for how that balancing ought to be done?

A. I believe, firstly, that there should be clarity about who is responsible and speaking for children and young people, at a national level, during a pandemic or a national crisis. I believe that modelling should be expanded to, if it can, include thinking about the harms. Modellers generally think -- modellers of infectious diseases tend to think very much about infectious diseases and those who model -- and there are some who model mental health and others using newer modelling techniques -- are often from very different tribes.

There are some attempts to pull this together within the modelling world and I think that should be strengthened but my modelling colleagues tell me it is difficult to fund research in this area after the pandemic. So that would be important.

I believe we should have an appreciation of how complex the web of social protections around children is, and how fragile it is, and how easy it is sort of rent by shifting health visitors, social workers, and others out, and how closing schools doesn't just impact on education or disease control but impacts on our ability to see vulnerable children, and impacts upon the

social lives, social development and mental health of all children. So those recognitions, more recognition.

I believe it's important to think about children specifically within government policy. Child health advocacy organisations have a slogan which is Child Health in All Policies, which was a slogan we had at the Royal College, but that's simply a message to say it's easy to think about adults mostly because they're 78% of the population and it's easy to forget about children. But there should be mechanisms to stop us doing that. And/or there already are some, but they need to be strengthened.

Q. Yes.

A. And I also think that communication to children and young people is important. This is something that, when I was college president, we tried to convince ministers to do, as did the Children's Commissioner, to run some press conferences for children and young people, as they did in a number of other countries. But we were not able to be successful in that.

Q. Thank you. I've just one final matter, and it might be a matter which is not within your expertise, and if that is the case, please just say so.

You made comments to the Independent newspaper that schools should be made safer, and identified that more

should have been done to improve ventilation facilities in classrooms.

In your view, did the government do enough to protect against airborne transmission of Covid-19 in schools, particularly for clinically vulnerable children and children in clinically vulnerable families?

LADY HALLETT: Remembering that Professor Noakes is coming next.

MS POTTLE: Yes.

A. I would bow to Professor Noakes's expertise on this, and this is not my area of expertise. I increasingly recognise the importance of ventilation ... and I think I will say that it's not my specific area of expertise. I've not published on that area.

MS POTTLE: Okay, well, thank you very much. We will hear from Professor Noakes later on this morning.

That concludes my questions for this witness, my Lady.

LADY HALLETT: Thank you very much indeed, Ms Pottle.

Mr Wagner, who is there.

Questions from MR WAGNER KC

MR WAGNER: Thank you.

Over here.

A. Ah.

LADY HALLETT: Sorry.

A. That's all right.

MR WAGNER: No, saying "Over here" doesn't actually help very much either.

Thank you and good morning, Professor Viner. I act for Clinically Vulnerable Families, which represents the interests of clinically vulnerable and clinically extremely vulnerable and immunosuppressed families.

I want to ask you first, please, about the impact of school closures on transmission rates, particularly those systematic reviews that you were involved in.

Would it be fair to say that many of those studies that you reviewed that suggested schools were not a major source of transmission focused on data obtained during 2020 to 2021, where schools were partially or mostly closed, and also that there was a -- very significant other factors that needed to be taken into account, particularly that people were living much more restricted lives.

A. The transmission systematic review, which ended up being published, I think, in December '21, included data from across the pandemic. So some of those studies where when -- in some of these countries, I believe, when the schools were maybe partially closed. So that's not unreasonable to say.

However, the striking thing about that systematic

review was that the overall rates of infection in schools, and the data on transmission within schools, was strikingly low, particularly when compared to community. We found that transmission from children in community settings, household settings, was not appreciably that different to that in adults. But it appeared to be significantly lower -- the transmission rates in school settings seemed to be much, much lower. And that was difficult to understand.

And much of that data, for example from New South Wales, who did a series of really important and very well done studies, were actually when schools were entirely fully open, I believe.

Q. I want to ask you about child mortality and severe health outcomes. Is it possible that the lower recorded instances of child mortality and severe health outcomes may have been affected by the way that clinically vulnerable children were shielded by their parents, so were prevented, in many cases, from going to school or from engaging even in the socialising that was permitted at the time?

A. There is certainly a possibility, though I think it's very difficult to prove or disprove.

Q. Yeah.

A. But --

Q. What -- sorry, go on.

A. We also know that the transmission from parents to children is probably highest in -- within families.

Q. Yeah.

A. And the degree to which shielding is very effective is again, I think, unclear. But I think it's a very reasonable point you make.

Q. And I suppose you also have to know whether the parents of clinically vulnerable children were themselves effectively shielding to prevent that household transmission? Is that fair?

A. It was outside the data that we had. So I probably can't comment.

What we found ... yeah. Yeah, I'll leave it there.

Q. Once vaccinations were made available, is it fair to assume that many families who -- of clinically vulnerable children would have had their children vaccinated before returning to school, which, again, may have reduced the mortality and severe disease rates amongst those children?

A. If I recall, our study of mortality took vaccination into account, our study of risk and mortality took vaccination into account. We also had more recently published data on vaccination and the protective -- how protective vaccination was in children with significant

neurodisability, finding it had some protection but relatively limited.

Q. A different topic I want to ask you about schools and particularly children and clinically vulnerable children returning to schools. And also children from clinically vulnerable families, so children who themselves were not clinically vulnerable but that one of the people in their household were.

Would you accept that, it's almost self-evident, that children and adults with underlying health conditions were the most at risk from severe outcomes of Covid-19?

A. Yes, with very specific conditions that I mentioned before. But yes.

Q. And do you also accept that household transmission often occurs between children and adults? I mean, you've already mentioned that as an important factor.

A. Mm.

Q. Do you agree that in many school environments, it would have been realistically would have been difficult to prevent the spread of Covid-19 because of the issues, well-known issues with social distancing amongst children, lack of good ventilation, lack of masking, those sorts of issues?

A. I think we go back to the question of whether school

environments are major drivers of the pandemic or not, and I think the evidence from all of my papers over time pulls together to suggest that schools are not -- were not major drivers of the Covid-19 pandemic, that our assumptions -- everyone assumes they must be. If we put lots and lots of children together, they're a bit snotty, they, you know, touch each other, they play together. They must be, you know, schools must be drivers of infection. That's our underlying assumption, and was. But it's not particularly supported by the evidence. It's not supported by the evidence for this condition in general.

Q. Well, it's slightly two separate questions: whether schools were a major driver of infection, and whether schools are a driver of infection, whether it's possible that --

A. They're a place where infection happens, of course.

Q. They're a place, in the same way that any indoor environment during the pandemic would be; is that fair?

A. Probably not any indoor environment. I think there's some evidence -- and I'm not an expert on indoor environments, you're going to hear from Professor Noakes soon -- but I think there was differential for the different environments that really drove pandemics.

Q. Yeah.

A. But I think -- sorry. I should let you ask your question.
Q. Well, just to clarify what I'm asking you. I'm not asking you about the overall picture of whether schools should be closed, whether they should be partially closed. It's more about, from the perspective of clinically vulnerable families, would it be fair to say that schools are certainly not a risk-free environment during the pandemic, when there is -- particularly when there are high community rates? Is that a fair proposition?
A. I don't believe that schools are ever a risk-free environment, but I don't believe any environment is risk free.
Q. Yes.
A. So I find that difficult to answer.
It's impossible to make schools safe. It's only possible to make them safer. We accrete risk into our lives: a parent leaves their front door with a child, there is risk involved in everything they do. There is risks to children from going to school in normal life. We should do everything we can to make those risks lower, but -- yeah.
Q. And in light of the fact that you can't -- not only can you not eliminate the risks, but some schools are going

to be safer than other schools because of the fabric of the building, ventilation --
A. Mm.
Q. -- those sorts of things.
Would you agree that clinically vulnerable children and children in clinically vulnerable families would have had, during those acute phases of the pandemic, legitimate concerns about the risk of returning to in-person education?
A. If those children were truly clinically vulnerable, absolutely. And I just -- we -- I recall, when college president, that there was a process within NHS England to really try to be clear about which children were truly clinically vulnerable or not, because there were assumptions made at the beginning of the pandemic that -- where our knowledge changed.
Q. Yes.
A. And so it was very important to be specific.
Q. Yes, and --
A. And for those children, where paediatricians had been involved and they were very specifically clinically vulnerable, absolutely, we needed to be much more careful about them, protecting them.
Q. And equally, there will have been a lot more adults who were clinically vulnerable, genuinely clinically

vulnerable and severely clinically vulnerable, living in households with children who weren't? The other way round.
A. I believe, so.
Q. Is that fair?
A. I believe so.
Q. And they would also have legitimate concerns about the child going to school and then coming back with Covid?
A. **(Witness nodded)**
Q. Is that a yes? Sorry, I didn't hear.
A. It's a reasonable concern, absolutely.
Q. You wrote an article on the optimal strategy for reopening schools in August 2020 published in The Lancet.
A. Yes.
Q. And you concluded that reopening of the schools in the UK must be accompanied by large-scale, population-wide testing of symptomatic individuals and effective tracing of their contacts, followed by isolation of diagnosed individuals.
And you also said that full school opening without an effective test, trace, isolate strategy would result in a second wave of infections that would be two to three times the size of the original Covid wave.
Is that a fair summary of some of the conclusions?

A. I would -- absolutely, with the substitution of the word "could" rather than "would" because the modelling studies are purely speculative.
Q. Right. Did you believe that there was an effective test, trace and isolate system in place in UK schools when they reopened in September 2020?
A. I don't know that I can answer that question. (A), I can't recall the state of test and trace at the time, so I don't think I can answer that question. But the intent of that modelling study was to examine what could prevent a second wave and keep schools open.
Q. Yes.
A. And then we found an effective test and trace system was. I don't think I can go beyond the science.
Q. And if there wasn't a functional test, trace and isolate system in place at that time, would that have been a reason to delay the reopening of schools, in your view?
A. I understand your point. I believe that everything else at that time told us that schools were safe to reopen, and in fact, indeed they were until the Alpha variant --
Q. Until they weren't?
A. Until the Alpha variant changed everything.
Q. Yeah, okay.
A. But that was unpredictable. But in the knowledge we had

of the wild type variant, which is when schools reopened, we actually had good pandemic control, I understand. And they were reopened without a major second pandemic wave.

MR WAGNER: Thank you.

LADY HALLETT: Thank you, Mr Wagner.

Mr Jacobs.

Mr Jacobs is that way.

Questions from MR JACOBS

MR JACOBS: Good morning, Professor, a question or two on behalf of the Trades Union Congress.

A. Mm.

Q. In your statement, you reflect on the lessons to be learned in a future pandemic, and you describe that the government should begin with a presumption that school closures will be harmful to children and young people and to the national interest and that they should only be used as a last resort. The first bit of that, the presumption that school closures will be harmful to children and young people is clearly uncontroversial, and I suspect from your evidence you would say it's not so much a presumption as a certainty.

I want to ask you a little bit about the second bit of your recommendation, that as a presumption, school closures should only be used as a last resort.

Professor, perhaps the one certain thing about the next pandemic is that the virus will be different in terms of its characteristics, to the last, and I think in your statement you make an observation to a similar effect.

Are there scenarios, to your mind, in which closing schools, rather than being a measure taken at the last possible moment may be something, actually, to be done at a comparatively early moment?

A. So, my -- my feeling that -- a last resort doesn't mean it's done late. I think a last resort would be -- maybe that's shorthand for saying something that is done only when forced into a corner, and that is done with -- and some of the subtext behind that is that we don't close schools before we close pubs, is a lot of the subtext behind that.

I absolutely think you're right, to answer your question, that there may be scenarios. And a scenario in which a virus or a bacteria -- likely to be a virus -- was specifically infecting children, and children were the superspreaders, you may put school closures in a different place.

I think from a moral and ethical point of view, it would be very difficult to lead with school closures while other parts of society remained open, hospitality,

you know, pubs, et cetera, et cetera. I would find that -- and I suppose we're getting into moral and ethical issues here, rather than science, but --

Q. Professor, it sounds like you would agree with me that, however my Lady chooses to express it, it needs to be clear that "last resort" doesn't necessarily, as you put it, mean late?

A. No.

Q. And just to sort of tease out why that might be so, I think you've mentioned potential differences in terms of transmissibility, and no doubt rates of fatality in children, which may of course be different in the next pandemic.

Might it also be that earlier restrictions may ultimately, depending on the virus, depending on the level of preparedness, may ultimately lead to fewer restrictions in the long run?

A. Absolutely. There is an argument to be made that earlier, shorter restrictions, and a range of different types of restrictions -- there was discussions of the two to three-week half terms, of firebreak lockdowns, a range of different things. Some of that is beyond my expertise. But long, sustained lockdowns are undoubtedly harmful to children.

Q. Yes.

If I could just test my Lady's patience with one final question.

With your insight, Professor, into how government decisions are made, and some of the challenges, is a recommendation of closures only as a last resort potentially a bit misleading, given that in particular circumstances, bold and early may be absolutely the right thing to do?

A. The key issue, I think, is to recognise the extreme harm that comes from school closures, and that they are never a consequence-free decision. Governments tend to pull levers if they can. One thing I would observe is that governments have a strong degree of control over children's lives in a way they don't over adults'. We control children's lives in multiple ways and one of the ways we control children's lives is through school and school attendance and we need to be very careful about how we use those levers, because they're relatively easy to pull.

And so the real caution about school closures as a -- not an easy -- as a potentially easy lever to pull, is, I think, the gist of my recommendation, that they have extreme consequences. There may be scenarios, as we've just discussed, in which we do that for the benefit of the child themselves.

In the Covid-19 situation the school lockdowns were very largely for the benefit of adults.

MR JACOBS: Professor, thank you very much.

LADY HALLETT: Thank you, Mr Jacobs.

That completes the questions we have for you, Professor Viner. Thank you very much indeed, it's been a very interesting and informative session with you, so thank you for the help you've given.

THE WITNESS: Thank you.

LADY HALLETT: Very well. I shall take the morning break now and return at 11.30.

(11.14 am)

(A short break)

(11.30 am)

LADY HALLETT: Ms Pottle.

MS POTTLE: My Lady, may I please call Professor Catherine Noakes.

PROFESSOR CATHERINE NOAKES OBE (sworn)

LADY HALLETT: Seems like a lifetime ago since I thanked you for your help last time, Professor Noakes. Thank you for coming back.

THE WITNESS: Thank you.

Questions from COUNSEL TO THE INQUIRY

MS POTTLE: Professor Noakes, you've provided a helpful witness statement to this module of the Inquiry, and it

should be in front of you there. The reference is INQ000588180; is that right?

A. Yes, that's correct.

Q. Professor Noakes, you are a professor of Environmental Engineering in the School of Civil Engineering and the Pro-Dean for Research and Innovation in the Faculty of Engineering and Physical Sciences at the University of Leeds; is that correct?

A. Yes.

Q. You are a chartered mechanical engineer, with a background in fluid dynamics. You are a fellow of the Royal Academy of Engineering, a fellow of the Institution of Mechanical Engineers, a fellow of the Institute of Healthcare Engineering and Estate Management, and honorary fellow of the Chartered Institution of Building Services Engineers; is that right?

A. That's correct.

Q. Your research has focused on the environmental transmission of diseases in the built environment, with a focus on exposure to pathogens in air and on surfaces, as well as the role of engineering approaches and behavioural and management responses to mitigating transmission; is that correct?

A. Yes, that's correct.

Q. In your statement, you explain briefly what fluid dynamics is to the uninitiated. Can you just help us and give us a brief summary of what the study of fluid dynamics is.

A. Yes. So, fluid dynamics is the understanding of how fluids, so liquids and gases, move. And in the context of disease, that includes things like ventilation of buildings, it includes the droplets and aerosols that people produce. But the study of fluid dynamics also applies to things like the weather, blood flow in the body, how car engines work, et cetera.

Q. And if we think about the transmission of Covid, would fluid dynamics be relevant not just to air flows in buildings but also how aerosols are expelled from the body --

A. Yeah.

Q. -- into the built environment; is that correct?

A. Yes, that's correct. So fluid dynamics describes how -- when we breathe or cough, how those fluids inside our bodies are released and might be released into different sizes of aerosols or droplets.

Q. Can you tell us briefly about your involvement in the Covid-19 response.

A. I was involved in a number of ways. So, in April 2020, I was approached to be a participant in SAGE, and I was

also asked to set up a subgroup, called the Environment and Modelling subgroup, and that was a major part of my activity during the pandemic. And I think you've heard about that quite extensively in Module 2.

I was involved in a number of groups nationally and internationally who were concerned with transmission of the virus, and the ways to mitigate that, and both looking at the research evidence there and the sort of practicalities of mitigation measures.

And I was also involved in a number of research studies that were commissioned or requested during the pandemic to look urgently at a number of aspects relating to transmission and mitigations.

Q. Yes, we'll come on to a couple of those particularly relevant research studies in a moment. But can you help us with your role as regards the Department for Education? You were the chair of the Environmental Modelling Group and a part of SAGE. Did you also provide advice to the Department for Education directly?

A. Yes, so I had a number of interactions with the Department for Education. Many of those were sort of *ad hoc*, small meetings, and by email with, mostly with technical civil servants in the engineering or energy aspects of Department for Education, and their science team. And again, looking at some of the practical

aspects around transmission and mitigation, particularly thinking about school environments.

I did one or two other things as well. I recall doing at least one, sort of, webinar-type session for civil servants, and I think I had one meeting which was with more senior stakeholders.

Q. Your highly specialised expertise was clearly in demand, I suppose, during the response to the pandemic; would that be fair?

A. That would be fair and it was not just for the Department for Education. Most other government departments had the same questions.

Q. I see. Can you tell us briefly what is known about the route of transmission of Covid-19?

A. So we know it's a respiratory transmission. At the early days of the pandemic, the specific mechanisms were unclear, but it was still early days recognised that respiratory transmission means the viruses emitted from people's exhalations, and that will be in the form of very small particles.

That can be transmitted essentially in three different ways: it can be transmitted directly through the air where people inhale that virus. It can be transmitted through deposition onto surfaces, so it might be direct deposition from particles or from

coughing on hands and then touching surfaces, so potential for that route. And then also potential for much larger droplets, like when people cough, to directly hit mucus membranes.

Over the course of the pandemic, our understanding of that transmission changed. I think you'd be well aware that at the outset the focus was on washing hands and cleaning surfaces. Over, I guess, in 2020 the evidence built for the importance of airborne transmission and I suspect now that the majority of transmission is through direct inhalation, whether that be at a longer distance in a room or whether it's at short distance, it's inhalation, most likely is the primary route of transmission.

Q. And at a high level, can you tell us how does that inhalation route impact on infection prevention measures?

A. So the inhalation route would depend on where you are with respect to an infected person. So if you're sharing the same room and you're at some distance, then those particles which are -- tend to be very small at that point, could be inhaled from the air and therefore measures such as ventilation or air cleaning or disinfection technologies are the most effective mitigation measures.

At close proximity, so when you're within about 1 to 2 metres of an infected person, the ventilation has much less of an effect. That's not to say it has no effect, but it's a lot more uncertain. And other measures like keeping a physical distance or wearing masks are effective there. Of course, wearing masks, if you are the infected person and you're wearing a mask, that limits how much is spread into the room in the first place, and if you are a susceptible person and you're wearing a mask, an effective mask, then it can reduce how much you breathe in regardless of your distance.

Q. You've already touched on this, but can you explain to us, for people who are not very close to each other, so more than, sort of, 2 metres away, how it is that ventilation mitigates against transmission?

A. So ventilation, if a room is ventilated effectively, is about the exchange of air in that room. So it's about providing outside air that we've -- we often term it as fresh air -- to that space, and you're using some form of exhaust, whether it's a window or a mechanical system, to remove contaminated air.

So a room that's ventilated, typically will -- that ventilation will act to dilute any particles in the air which will include the virus. So it reduces the concentration and act to remove them from the air over

time.

Q. And, I suppose, reduces your chances as a susceptible person from breathing in contaminated particles --

A. Yes, absolutely.

Q. -- because it's more diluted? Okay.

And can you tell us, just at a high level, how air cleaning works, at least in theory, to mitigate transmission?

A. Okay, so there have been two different technologies for air cleaning which have been recommended. One is using filter-based devices. You have some of those in this room, I see. And these are essentially a box about, typically about a metre tall, and they have a fan within them and then they have a very high-efficiency particulate filter. They draw the air through, and viruses and other particles in the air are physically trapped and removed from the air by that air cleaner.

There is another technology, which is shown to be effective, called ultraviolet air cleaners or air disinfection units, where they, either within an enclosed box, or sometimes in an open environment, pass virus or bacteria through a field of light created by the UV lamps, and that inactivates the virus or the bacteria. So it doesn't physically remove it but it renders it harmless, essentially.

Q. I see. And just pausing there, I suppose it follows from what you said that other particulates in the air, for example caused by mould or air pollution, would be removed by a filter like a HEPA filter?
A. Yes, that's correct, yes.
Q. But if we're talking about UV devices, then they wouldn't have an impact on those other particulates in the air?
A. So UV only impacts on biological particles, so they will have some effect on mould, as mould is a biological particle --
Q. I see.
A. -- but they won't have an effect on an inert particle.
Q. I see. Before I ask you about the strength of the evidence on the effectiveness of ventilation and air cleaning on infection transmission, I'd like to ask you briefly about two studies in which you were involved, the CIVOS study and the Class-ACT Study.

So if we begin -- I hope I'm pronouncing it correctly -- with the CIVOS study. Can you tell us what that study investigated and what your role was?
A. So that study was supported initially by the Department for Education and the Department of Health and Social Care, through their test and trace programme and then was part of the PROTECT National Core Study. It had two

phases. The first phase was to put blind CO2 monitors in schools, so these didn't have visible displays on them, but put them into schools to record data in classrooms in four schools to get an understanding of the concentrations of CO2 in those schools and hence a baseline understanding of the ventilation fluctuation in those schools.

The second phase of that study was about putting the visible monitors into schools and to look at the response of the schools to those monitors. And that actually coincided with the rollout of the monitors into schools by the Department for Education.
Q. And am I right in thinking that the study showed the importance of the behaviours of --
A. Yes.
Q. You tell us.
A. Yes, so the study showed -- well, first of all, it showed considerable variation in the CO2 concentrations, both within -- between schools and within the same school. And it showed the same different variation over the course of the measurement period. And as an example, we measured -- at the beginning of the study we had quite a cold period where we saw reasonably good CO2 levels. Towards the end of the study we saw another cold period, similar outdoor temperatures, but showed

worse CO2 levels and that would suggest to us that, given the outdoor conditions were similar, there was a change in the behaviours in the school, and that may be to do with people being less attentive to things like opening windows in those cases.
Q. And are we talking here about that second phase where there would have been CO2 monitors with a display for individuals to take action?
A. So no, that was the first phase. So we didn't have that, that information at that point.
Q. I see, I see, okay.

Did that study show the barriers, in schools, to achieving good ventilation?
A. It did show some barriers, yeah. It showed some, essentially, challenges with understanding of the CO2 monitors. It showed challenges with people finding the time and the inclination, I guess, to think about ventilation.

If you're a teacher in a classroom, your primary role is there for education and the wellbeing of the children in your class, and you've got a lot of things to do, and you're not really there to be an expert on ventilation. And so, actually, putting this additional requirement into school classrooms and to teachers, and, you know, with something like a CO2 monitor, it does

fall to a teacher, because it's there physically in the classroom for them to do something about.
Q. I think I've gotten ahead of myself slightly. The first stage of the study, there were CO2 monitors that didn't show what the readings were?
A. Yes.
Q. The second stage of the study, there were CO2 monitors that showed the readings?
A. Yes, yeah.
Q. Okay. And in that second phase, did you still observe variations in CO2 levels in classrooms?
A. I can't recall exactly what we saw. There will have been, yes, because you always see variations.
Q. I see.
A. It varies depending on the weather, depending on the day of the week, depending on the behaviours in the classroom.
Q. I see. Did, once you were in the second phase and teachers, for example, in the classrooms were able to see the different CO2 levels in their classrooms, did the study show that having that input, if you like, that sort of technological input, did that help teachers achieve better conditions for ventilation in their classrooms?
A. I think it did. Certainly we got some input from

teachers who felt that it had helped them to understand things better and to see things. Bearing in mind this was a very small study in a small number of schools, I am aware from that and other studies that there are still challenges in some classrooms, if your CO2 monitor shows poor conditions, yet there's not much you can do about it, you know, you can't open a window or for whatever reason, it becomes a bit, I guess, demoralising if you've got something that tells you something is poor but you can't change it.

Q. I see. So the provision of CO2 monitors in that study didn't show that this was a sort of silver bullet for fixing ventilation problems in classrooms?

A. No, no, it showed it was a useful tool but it's not a silver bullet by any means. There are no silver bullets.

Q. Okay. I'm going to move on now to the Class-ACT Study. Can you tell us what that looked at and what your role in that study was?

A. So within that study, that was a study that was funded through -- initially from the Department of Health and Social Care, involved the Department for Education. It was across a number of universities. I was one of the co-investigators in that study, so I was not the study lead. That study aimed to look at air-cleaning devices

in classrooms, and aimed to look at a number of factors, including the practicalities of them, including their effects on the air quality in those environments, and also the effects on absence due to illness.

So the study involved 31 schools in the Bradford area. Eleven of those schools are what we termed a control group, so they didn't have any interventions. Ten of the schools had HEPA filter-based devices in them and ten of the schools had ultraviolet-based devices in them.

Q. I see.

Can you tell us that -- there were two phases to that study as well. Phase 1 of that study, the results have been published. What did they show?

A. So the initial phases of that -- the results that have been published from that -- we have some modelling results that have been published, we have some very early data which showed the devices reduced the concentrations of particles in the air. We are still working to publish the findings around infection transmission, but we -- we identified that the schools with the HEPA devices had a lower rate of illness absence in those -- across the -- all of the -- the average across those schools.

Q. I see.

In your witness statement you explain that the publication of those results, about the reduction in illness absence, has been delayed because of the -- delays in the peer review process.

But in your view, can we still have confidence in the results, that there was -- the study did show a reduction in illness absence?

A. Yes, so I am confident that -- in those results. We've just not managed to publish them yet through the journal peer review process, which can be quite long-winded.

Q. Okay. Now I'm just going to ask you generally, not just looking at those two studies, but in your position as an expert in this field, what is the strength of the evidence for ventilation and air cleaning to reduce the transmission of infection?

A. So I guess, to start with, to say that ventilation has been a measure for decades to reduce the concentrations of not just microorganisms, viruses and bacteria in there, but also other pollutants in the air. So, from a physics perspective, it's very straightforward to show that ventilation reduces the concentration of contaminants in the air. It is a little bit less straightforward to directly show that it reduces infection transmission.

That's not to say that it doesn't. I think there's

just very few studies which have attempted to measure it.

Q. Yes. In your witness statement you set out -- and this is at paragraph 6.8 -- that there are limitations in the evidence specifically for the transmission of illnesses, or the effect on the transmission of Illnesses, and you set out sort of two reasons for that, for the limitations.

And those reasons are, firstly, that there's not a linear relationship between reduction in pathogens in the air and a reduction in infection rates; have I understood that correctly?

A. That's correct, yes.

Q. Okay. And the second reason you give is a bit more complex, at least to a non-scientist, but seems to be that it is very difficult to measure the impact on illness because these are environmental factors and, for instance, if you had children attending school with an air cleaner, they would still be travelling to school on the bus and they might be infected in another environment and it would be difficult to separate out the impact of measures in the school from other environments that they would pass through during the day. Have I understood that correctly?

A. Yes, that -- that's correct. And I think, you know,

it's fair to say that just because those studies don't -- or there is a small number of them, doesn't mean that this -- you know, if the -- the devices or the ventilation doesn't have an effect. I think everything we've seen points to the fact that it is beneficial. But you're right: it is difficult to measure, because you have many confounding factors.

You know, if children are -- you might have a classroom environment which has been improved but then if they're sharing, you know, the bus or they're going to the same social activity after school, and that hasn't been improved, then they may well still get infection there. And certainly there have been studies, historical studies, where that confounder became a challenge.

Q. Now, so far we've been talking about the strength of the evidence for ventilation to reduce transformation. Is the position the same with the strength of the evidence for air cleaning to reduce transmission in infection?

A. I mean, I would say that there is probably more evidence out there for ventilation, simply because it's been studied for longer. But that, from a -- if I go back to basics and the principles of physics, whether you remove those particles from the air by diluting them and ejecting them outside, or whether you remove them by

trapping them in a filter, you are doing the same thing: you are taking that -- you are reducing the concentration of those particles in the air. And, therefore, there is no reason why air cleaning is -- shouldn't be as effective as ventilation, if it is applied correctly.

I think it's worth noting, though, that air cleaning doesn't tackle other issues that ventilation is important for. So we've talked about CO2. As well as being a marker for the amount of ventilation in a room, it is also -- there is data to suggest, if you're exposed to high CO2 levels, it affects your concentration. It makes you a little bit sleepy.

We've all been in a meeting room where we've fallen asleep a bit and it feels very stuffy, and that's usually a poorly ventilated space.

And if you put an air cleaner into that space, whereas it will remove some of the contaminants in the air, it won't tackle that aspect.

So, in my view, we -- air cleaners are a useful tool, a very useful tool, but they are no substitute for good ventilation, which actually is important for many other factors.

Q. And to look at it a different way, would I be right in saying that ventilation, good ventilation, is sort of

the gold standard. That if that can't be achieved for a particular reason, air cleaning could be a good mitigation tool but it doesn't replace good ventilation?

A. Yes, I would agree. It can -- it can supplement ventilation, and it can be -- you know, it is an easier measure to implement, particularly in a short-term -- whereas improving ventilation can be a longer-term and more expensive approach.

Q. Okay. Looking, again, at the state of the evidence and the limitations of obtaining good-quality evidence for these measures, are these limitations ones that could be overcome with further research -- and funding, of course -- or are they limitations that are inherent in the field that we'll never be able to resolve?

A. So, some of those limitations could be overcome with more extensive studies. I do mention in my statement that studies around environmental interventions have historically not attracted much in the way of research funding. You know, it -- and they are not like a clinical trial. You know, I think people perceive them to be like a clinical trial, and, you know, we -- we intervene in one place and we don't intervene in another place, and we switch things over.

You have to recognise the environmental factors that play into it and that your intervention might behave

differently on different days of the week, which is very different to, say, a drug intervention.

But that's not to say we couldn't design studies to do it. To get those studies, we need a scale of studies. It's a highly interdisciplinary team that you would need to do those studies, because you need both the, sort of, engineering and environmental expertise along with the epidemiology, the statistics, the understanding of disease, and all the behavioural science aspects of it as well.

And of course, we are talking about interventions in real environments where people are busy. So this is not, perhaps, like a clinical trial where you might sign up and you might go individually to a hospital to experience treatment or something. You're putting these into classrooms in schools and then you're requiring researchers to go into those schools. And those schools are busy environments, like I say, who have got other things to do. So actually finding ways to enable those -- that research to happen is also part of how you design those studies better.

Q. I see. I'm going to ask you now about the specific features of schools which impact upon transmission risks and mitigation measures. You set out in your witness statement at paragraph 5.6 the specific features of

schools that impact on transmission risks. Can you just talk us through those.

A. Could I --

Q. Yes, of course.

A. Can I just ask for it to come up on the screen so I can remember what was in there?

Q. Yes, of course. It's not a memory test.

A. It's all right. I've found it here in my ...

So, I think it's fair to say that schools are not a uniform thing. There are -- we've got both children and adults in there. And depending on the school, you've got different ages of children in there. So there will be a range of different vulnerabilities in there, so -- whereas -- and we know that whereas the -- Covid is usually milder for children, or for most children. We do know that some children may be much more vulnerable to its effects and we also know that -- know now a lot more about Long Covid and the importance of that.

The adults that work in schools I think, you know, again, they may be much more vulnerable than the children, particularly Covid. A different disease, that might be the other way round.

I think I noted about it may be hard to identify who's infected, particularly young children. It's very

hard to do swab tests on very young children and it's very hard to necessarily distinguish whether a sniffle is just Covid or just a cold.

I think the environments are quite specific and, again, my focus is very much on the built environment, but they do bring people together. So they are one of the -- an environment, they're relatively rare. If you think about a workplace environment like an office, yes, they bring the same people together, but people can be quite dispersed in offices. In schools, they bring the same people together, day after day, for quite a long period of time, in quite congested spaces. And I would say school environments are one of the most densely occupied buildings that exist, you know, with the exception of certain really crowded spaces.

Q. I see.

A. And they facilitate different activities. So you've got some activities like sports going on, you might have music going on, you've got all sorts of different things going on that might make transmission more likely. You've also got children who might interact very closely as well as sitting at distances apart. And they connect up communities.

So there's a lot of reasons why schools are particularly distinctive, I think, when it comes to

thinking about disease transmission.

Q. I suppose it would also be the case that in schools, where you have these different age groups of children and adults attending, unlike, for example, in an office, there might be differences between the ability to apply other infection control measures, for example masks in young children are generally not advised --

A. Yes.

Q. -- because of their ages. That's a feature of schools that you wouldn't have, for example in an office building?

A. Yes, that's true, and you might have different levels of understanding, depending on the ages, whether that's masks, whether it's distancing, whether it's hygiene.

Q. Yes. Can I ask you whether ventilation systems are likely to be different in schools than in office buildings, for example?

A. So ventilation systems in schools vary significantly. The majority of schools in the UK are naturally ventilated or predominantly naturally ventilated, and that means they are ventilated via opening windows. Some schools have mechanical ventilation systems like this room here does. But that's -- that tends to be a smaller number of schools.

The quality of the ventilation varies significantly,

as does the design of the buildings. So our schools range from Victorian era, you know, small schools through to modern-day schools, everything in between. Some of them are built -- were built for smaller class sizes than we have now, so we've got more people in them than they were originally designed for. And I think it's fair to say that the maintenance of ventilation, whether it's mechanical ventilation or particularly windows in schools, is very patchy. There are certainly a number of cases where, you know, whereas teachers might like to be able to open the window, there is a barrier to doing so, either because the maintenance is poor and it is, you know, been painted shut or it's too loose in the frame and if you open it, it'll fall out, or actually opening the window represents a security or safeguarding issue with, you know, children being able to climb out or drop things out of it.

Q. Yes. I'd like to ask you now about the real-world experience of Star Academies, so they're a multi-academy trust, and we heard evidence earlier on in these hearings from Sir Hamid Patel, who is the chief executive officer of Star Academies, and he gave us some insight into improving ventilation in schools in his trust.

Thank you very much.

I'll just read out what he said:

"So where there was mechanical ventilation, that was straightforward. You just put it on a, sort of, clean air setting and that took care of itself. But where you had natural ventilation, that was a challenge because you were saying the only way to address that is to open windows, open doors, keep fire doors closed.

"So that is a practical solution. The ... CO2 monitors, sort of, had red, amber, green. So whenever there was red, a red reading, the schools would know that we need to open the windows or we need to open doors.

"Very practical, but not sustainable, because you've got a situation where you've got kids in -- young people in coats in the classroom, or you're having to turn the heating on and open the windows at the same time.

"There is a point I would make on this: that there are many, many schools across the country that rely on natural ventilation. These are normally very old buildings. I do feel that there is a need to go and retrofit a solution, whether that's a mechanical ventilation upgrade, or HEPA filters or something, because schools in disadvantaged areas are the ones that often have the poorest infrastructure. They are the poorest buildings. So a national ventilation standard

for schools linked to health and learning outcomes would make a difference."

I'm going to ask you later on in your evidence about building standards and your recommendations around those. But for the time being, does Sir Hamid's account of the barriers to maintaining good ventilation in schools with natural ventilation, does his account reflect what you learned in the CIVOS study or your other professional work?

A. Yeah, I would largely agree with what he said there. It can be challenging, particularly in poor weather, to provide good ventilation in many schools, and indeed in many buildings. And essentially, they have not really been designed to provide good ventilation and comfortable conditions at the same time.

Q. And how do you think that these barriers can be overcome in schools?

A. So I think as a short-term measure, it is not that easy. There are things we can do around improving the knowledge and advice that are given to schools around how to ventilate classrooms and improving that understanding of why it matters. We've touched on air cleaners already, and HEPA filters, and I think obviously that is a measure that we can put in to classrooms and can be put in relatively quickly. Again,

they will only be effective if they're used, and they're used correctly. So that needs the right knowledge to go with it.

Longer term, I do think I would agree with the evidence here that we need a better ventilation in many schools. Not all schools. Some schools have perfectly good ventilation. But I think to identify the schools which have worse ventilation, and a retrofit programme.

A retrofit programme is -- is not cheap, and therefore it would need to be designed well and funded for it to be -- to do it. But improving ventilation is not just about reducing Covid transmission; it's also about improving those environments for other respiratory infections, improving them for children who might have asthma, improving them in terms of the cognitive performance of children in schools, and the learning environment. So there are much wider benefits to making it -- to creating better-quality environments in schools than simply just looking at Covid transmission.

Q. Yes. And just before we move on from Sir Hamid's evidence, can we take it from his evidence, and your answers, that measures for ventilation which rely on human behaviour are less reliable than, for instance, mechanical ventilation or air-cleaning technology?

A. Yes, that's largely the case. If you have a mechanical

ventilation system, provided it has appropriate maintenance and has somebody looking after it, that is usually far more reliable than a system where you rely on human behaviour to provide good ventilation.

Q. Thank you. That can come down now.

I'm going to ask you now about whether the government's approach to ventilation and air cleaning in schools was in accordance with the scientific evidence available at the time.

I want to explore how, firstly, the understanding of the role of ventilation and air cleaning in transmission of the virus evolved from March 2020 through to January 2022, when air-cleaning units were first provided to schools.

So I'm going to read you now from the statement of Julia Kinniburgh, she provided a statement on behalf of the Department for Education. We don't need to pull it up now, but the reference is INQ000651498, page 132.

Ms Kinniburgh says that the first mention of ventilation in DfE guidance was in July of 2020. And that guidance stated that ventilation should be considered in poorly-ventilated spaces as part of any risk assessment and make sensible changes to increase ventilation like opening windows and adjusting ventilation rates on mechanical ventilation.

So that was the first advice provided to schools in July 2020.

And then, a little over a year later, the Secretary of State for Education agreed to fund CO2 monitors in schools, and the statement records that this was after SAGE and PHE provided general advice confirming that ventilation remained important to reducing the transmission of the virus, and that CO2 monitors could be a cost-effective way of helping to identify spaces with poor ventilation, and highlighted the use of air filtration systems.

And what I want to ask you, is, could CO2 monitors have been provided sooner? Was it known back in 2020 that CO2 monitors could identify spaces with poor ventilation?

A. Yes, so looking at the first part of that guidance, I mean, I was first asked about -- to join SAGE in April 2020. At that point we highlighted ventilation as -- airborne transmission as a possibility and ventilation as a precautionary measure. I think by July, there was a growing recognition of airborne transmission and so the advice given to schools in July was -- and that was when they'd -- there was some pre-reopening sort of some of the schools went back in late 2020 --

Q. Yes.

A. -- that advice at that point was appropriate.

In the autumn of 2020, so I think September 2020, as part of SAGE-EMG we put together a paper on ventilation, and in that paper, noted that CO2 monitors may be a useful measure, and then in November 2020 a paper on air-cleaning devices from SAGE.

So there was some SAGE evidence, scientific evidence around in the autumn of 2020 around CO2 monitors and air cleaners. I believe that that evidence initiated those discussions with the Department for Education and with the Department of Health and Social Care's test and trace, hence the two research studies you mentioned which came off the back of those, into: are these viable for schools?

And obviously then -- but then they were not really rolled out until the following year. Could they have come sooner? Possibly. I think it's worth recognising that as well as saying, "This is potentially useful", there is a step between "This is potentially useful" and "What does the specification of this thing look like and can we procure enough of them?" And so there is a specification and supply chain piece that has to happen. So although they may have been able to be provided to schools a bit earlier, I'm not convinced it

would have been 12 months earlier, for example.

Q. Okay. And I think you mentioned the study that took place between your advice in November 2020 and the provision of CO2 monitors in particular. Is that the CIVOS study that we talked about?

A. Yes, so the CIVOS study was one bit of, I guess, the evidence that the Department for Education was looking at in terms of providing an insight into CO2 monitors. But they actually rolled out the CO2 monitors into schools before we'd completed the second -- before we'd actually really started the second phase of the CIVOS study, so it was the evidence around the fact that CO2 monitoring gave insight into ventilation from the first phase of that study that was, I suppose, used to support the rollout of visible monitors.

Q. In your evidence to Module 2, your stated that:

[As read] "Transmission via the air was not taken seriously enough, and the demand for more definitive evidence on that hampered mitigations being applied in a timely manner."

Is it your view, in the context of airborne transmission in schools, that this hampered mitigations being applied in a timely manner?

A. So I think it's my view that it hampered mitigations being applied everywhere in a timely manner. I think

that's almost a reluctance to recognise airborne transmission, and, you know, although international scientists, of which I was part of, raised it significantly in July of 2020, you know, the WHO at that point were rather grudgingly recognising that it may be important. They didn't change their advice until significantly later. The UK Health Security Agency changed their advice on their web pages in, I think, September 2020.

So, you know, I think it's not surprising to think that most environments, whether it was schools, whether it was workplaces, whether it was hospitals, were behind. I mean, the NHS didn't update their advice until, I think it was June 2021.

So that recognition of airborne transmission was slow across everything and across the whole world.

Q. Okay. And just taking that point one bit further, what is your view on whether the government did enough to protect against airborne transmission of Covid-19 in schools?

A. I don't know whether you can ever have enough. I think that there was -- I mean, there was certainly intervention in schools. There was the interventions with CO2 monitors, through air cleaners. I'm not aware of other environments where there was that intervention

at a systematic level. I think the challenges were more around the advice that's given and the -- recognise, you know, the importance of ventilation within that advice, rather than the technologies.

And I think -- I mean, hindsight is -- is the best bit of science in the world. If we were to go back, I think we would have perhaps not put so much emphasis on cleaning. We would not have installed sinks, we would not have put hand sanitiser everywhere. We would have perhaps put that money into ventilation measures instead. But that -- you know, the evidence around airborne and the recognition of airborne happened, I suppose, too late for that to happen.

Q. Okay. You mentioned advice that was given. Are you familiar with the guidance and advice provided to schools to use CO2 monitors and air-cleaning devices?

A. Yes, I'm familiar with that, and indeed I saw some of that at the point it was being written.

Q. Okay.

In your view, was that advice and guidance sufficient to enable schools to use the CO2 monitors and the air-cleaning devices effectively?

A. So, the advice I think is technically appropriate. It's -- you know, it says the right things. I think it's not so much the content of the advice; it's the way

it's delivered that's more challenging. So that advice, my understanding is it was provided to schools via a portal that only schools could access. So it was not publicly available.

It meant that schools had to log on to some sort of system, I think, to be able to get that advice. It -- and it was very much a written format advice. And I think your -- it's not just about giving instructions; it's about people really understanding why this matters and why it's important, and I think that requires, perhaps, a different way of delivering advice.

I think Department for Education tried to address that a little bit, and I only know that because they asked me to get involved in doing some little videos for their YouTube channel on ventilation and CO2, to try to put something out there that was a little bit more engaging and user-friendly.

But I think -- yeah, I think, you know, there's a difference between having advice that's technically correct versus how you actually get that to people and get that understanding and the right sort of training and acknowledge that people will need to be able to put that advice into practice.

Q. Yes. In your very helpful recommendations, I think you set out a recommendation about improving the, sort of,

state of knowledge for schools about ventilation and air filtration.

A. Yes.

Q. But before we move on to your recommendations, I have a question which I've been asked to pose by a Core Participant, and that is whether the UK Government has sufficiently incorporated the Class-ACT Study's findings into policies on making education settings safer?

A. So they certainly used the Class-ACT Study's findings to inform the decision to provide a scheme for air cleaners in schools, which included, I think, rolling out -- I'm not sure whether it was 7,000 or 9,000, but quite a substantial number of air-cleaning devices, and providing -- there is a web page that they put together, again to provide advice on that.

Again, whether -- I think whether that's embedded effectively, it -- I'm not sure that that has happened and that, but to embed things requires perhaps more funding and more long-term approaches to thinking about that. And I'm not privy to the -- I'm not fully aware of what discussions are still ongoing in that space.

Q. In your statement you noted that a barrier to engaging schools in research can be the capacity of schools, because many are overburdened in terms of workload.

Are there any areas in respect of NPIs in schools where you consider that more research is required?

A. So, I mean, I do believe we have sufficient evidence to be able to say that, for example, ventilation and air cleaners are effective. What we could still do with is -- is a wider evidence base around how they're used, where they're used, and the variation in their effectiveness, because we don't have that data. We don't really have good quantitative data that allows us to use them to make predictions or things.

So I do think there is still a need to collect evidence there.

Then there are many things around hygiene, masks, et cetera, where the evidence base is really small. Again -- but, as I said, it's not so easy to conduct research in schools. Schools -- some schools are really good at engaging and, you know, in fact most schools want to be supportive of research. It's just that they've got many other things to do other than to do -- help with data collection for researchers.

Q. Yes.

I'm going to move on now more broadly to your recommendations. You've helpfully set out a number in your witness statement at paragraph 8, and I won't take you through all of those, but you set out -- thank you

very much -- at paragraph 8.1 recommendations that you made in your Module 2 statement:

"Putting a greater level of investment into mitigating environments which contribute so much to long-term societal equality and long-term economic growth such as schools could be better prioritised."

And 2:

"A programme to improve environments in buildings, alongside other public health system interventions, would likely improve resilience to future pandemic risks including reducing inequalities, as well as bringing wider health benefits."

Can I ask you, how does ventilation and air cleaning fit into those recommendations, and do you support investment in those now?

A. Yes. So I -- I mean, I think we've -- we've talked about the fact that schools and actually many public buildings have quite patchy ventilation. Some are very good, some are less good.

I think the evidence base is all pointing in the same direction: that better ventilated environments provide a healthier environment for children and adults. They help you mitigate against disease, they help you mitigate against other respiratory conditions.

If those environments are designed well and they're

thermally comfortable, they create better quality learning environments.

And of course, children, this is such a formative point in their lives, providing the best environment for those children should be really important.

I think it's worth noting that even if we comply with the current standards for school ventilation, that is still at the very bottom end of what's recommended by HSE as adequate ventilation. So I don't --

Q. Yes, I was just --

A. I was jumping the gun --

Q. That was to be my final question for you on this topic, and your evidence, which is you set out at paragraph 8.4(2), recommendations about building standards.

Thank you very much.

So you say:

"School ventilation in new buildings or [a] major retrofit is covered by Building Bulletin 101."

That's a document owned by the Department for Education; is that right?

A. Yes.

Q. It was last updated in 2018.

"This guidance includes recommended CO2 levels as a proxy for ventilation, yet the values are considerably

higher than recommended for other buildings. The guidance should be revised to both reflect new evidence (including changes to the building regulations and new research) since the last revision and to ensure that children and staff in schools are able to access ventilation that is designed to be at least compatible (sic) to standards for other environments, such as workplaces. There is a risk that if standards are not updated, any new school building programme will 'lock in' outdated requirements. It is also well recognised in the construction sector that there is a substantial challenge with compliance, with large numbers of buildings across all sectors not performing to design standards. Addressing this requires both data on performance and better enforcement of regulations to ensure that building standards are met."

So your recommendation, if I've understood this correctly, is that higher standards for ventilation should be in place for schools; is that right?

A. Yes.

Q. Standards are too low at the moment?

A. Yes, I mean, if you are in any other building, the Chartered Institute of Building Services Engineers recommend 10 litres per second per person ventilation. The HSE recommend between 5 to 8 litres per second per

person as a minimum. If you have a building at the moment, a school building that complies with BB101, it is probably at the bottom end of that HSE recommendation if not slightly below it.

So our standards actually set out ventilation conditions that are not as good as every other building, and that's even if they're complied with. I mean, the compliance is an issue not just with schools, it's across everything.

So yeah, I would recommend that we had better standards.

Q. Yes, and am I also right that these standards apply to new buildings or major retrofits?

A. Yes.

Q. So schools that were built 100 years ago don't need to comply with even that lower standard?

A. No, and that's very normal, that's true across all buildings, that if the standard updates, you don't have to retrospectively go back and update your building, but I do think, you know, for schools and, indeed, many other public buildings, including things like hospitals, we should have a mechanism for improving those environments, recognising new evidence and recognising the importance of improvements. Because otherwise, let's say you build something once and it's there for

50 years, regardless of the evidence base.

MS POTTLE: I see.

Thank you very much, Professor Noakes.

That completes my questions for you.

LADY HALLETT: Thank you.

Ms Douglas.

She's that way.

Questions from MS DOUGLAS

MS DOUGLAS: Thank you, Professor Noakes. I appear on behalf of Clinically Vulnerable Families, who represent clinically vulnerable children and also children in clinically vulnerable families, who are at risk of -- greater risk of severe outcomes from Covid-19.

I have three topics to ask you about, Professor Noakes. The first is in relation to the ventilation standards, actually, which we've just touched upon.

Your paper from SAGE-EMG and SPI-B in 2021, which you've summarised in your statement, recommended -- made some recommendations about readings for CO2 monitors. It recommended that readings of 800ppm or below indicated good ventilation, and that values consistently 1,500ppm or higher suggested poor ventilation requiring mitigating actions. And this was then mirrored in the Department for Education guidance, which we've also

touched upon, that was provided.

And that said that readings under 800 implied that a space is particularly well ventilated, but that actions should be taken to improve ventilation where the readings are consistently higher than 1,500, although it noted there was no need to stop using the room.

Can I ask you about the readings in between 800 and 1,500, and would it be fair to say that the SAGE paper leaves a grey area there for readings in between those levels and the actions that might be required if readings fall between those levels?

A. So I cannot recall exactly what was written in the SAGE paper about the in-between readings but my understanding is it is a range which, you know, if it's -- if it's going up and you've got a measure that shows it's going up, it would be a good idea to perhaps take some action. If it's coming down, then maybe it's going in the right direction already.

I think it's also fair to say that we should be really careful about using absolutes with CO2 readings. They are an indicator. So if something is at 850, that doesn't necessarily mean it's poor. That means -- you know, if it's 850 and it's going up, that's not a good sign, but there are variations.

In a room like this, depending on how the

ventilation is set up, you could easily have a difference of 200 to 300 parts per million from where you're standing to where I'm sitting. Which measure do you take? So we have to be really careful that we don't fixate on absolutes. They are indicators.

You may get sharp spikes occasionally. You may get high peaks. A high peak does not necessarily mean it's a poorly ventilated space. What you're looking for is consistently -- consistently high readings as an indicator of poor ventilation.

Q. Okay. And appreciating, then, that there could be those sort of variations, even across a room, of 200 to 300, would it be fair to say that, sort of, a gap of 700 -- between 800 and 1,500 -- is quite -- a bit more substantial, and if that isn't, sort of, clearly explained to schools that that might leave some room for doubt?

A. I guess it could be. I mean, it is -- perhaps it's marked as amber on the -- on a device, and that amber reading would -- you know, I think explaining to people, you know, when to keep an eye on things and when to -- you know, when to be mindful that things might be going in the wrong direction, or the right direction, is appropriate to do.

Q. Thank you. Just continuing on that, you've identified

earlier that there are several factors specific to school environments which increase the risk of infection, and you mentioned earlier the groups of children that are spending a long time together, the density of classrooms, and the types of activities in schools, such as singing and indoor sports. And you've also said just now that ventilation standards should be higher for schools than for other buildings. And you've also said that the guidance on CO2 monitors could have been a little bit more user friendly, a bit more engaging.

Drawing those strands together, and appreciating what you say, that 850 might not necessarily mean poor, would it be both, sort of, simpler and safer for the aim, the aim to give schools to achieve consistently good air quality, so 800 or less?

A. I think the challenge there is -- in an ideal world to say: yes, aim for 800 or less. But if you're running a school and your classrooms are all showing higher than that, and you don't have the means to reduce it, you're in a very difficult position.

So I think, you know -- and again, it's not a case of if it's 800, things are safe. Lower CO2 concentrations typically show better ventilation. It might just show you've got lower occupancy, though, in

that room.

So there is a little bit more complexity into just saying, "Here's a number, go between -- lower that number and be done with it", because if people don't have the ability to do something about that, it becomes meaningless. You know? And if you are consistently showing that you're way above that, then you will -- and you can't do anything about it, you will probably give up.

But I think it's still better -- if a classroom has a CO2 monitor and they can take a measure which gets it from 1,800 parts per million down to just over 1,000, that's considerably better than, you know, it already being just over 1,000 and trying to get it below 800. But if they can't get it below that threshold and they give up, they'll be back at 1,800 and they'll stick there.

So I think it's all about being proportionate and using it to improve things as best as possible.

You could also add air cleaners in. If you had an air cleaner in, it won't change your CO2 reading.

Q. Would you perhaps agree, then, Professor Noakes, that you could have that as an overarching aim, coupled with perhaps more detailed guidance as to what could be done within that range above?

A. I think you could. Again, bearing in mind that I work in this area and I'm very familiar with the guidance, you've probably spent a long time looking at this and are probably very familiar with it. You've got to get that knowledge across to thousands of classrooms teachers and staff who are already busy. So thinking about how you keep things as simple as possible and as straightforward as possible for people to make positive changes, accepting that, though, with the current resources they have and the current limitations, they might not get perfect.

Q. I'm going to move on, Professor Noakes, because I feel I've spent a little too long on that one.

LADY HALLETT: You've actually gone further than the questions allowed. Mr Jacobs referred to stretching my patience. Ms Douglas, you must stick to the questions that are allowed all right?

MS DOUGLAS: I will, my Lady, thank you.

The next topic is the Class-ACT Study and Professor Noakes, you mentioned -- earlier, you described the findings particularly on the impact of air filters on illness absences, and you said that you were confident in those findings that illness absence was lower in primary schools with HEPA air filters. You've also said that studies around environmental

interventions are not like a clinical trial and we've heard earlier that clinical trials were referred to as the gold standard.

Can I ask you, is it fair to compare those two methods?

A. Can you just explain that? What do you mean by compare those methods?

Q. Well, the fact that randomised control trials are not possible for environmental measures doesn't prevent you from reaching views of high confidence?

A. No, that's true. So, you know, and it means that when we do intervention trials in schools we maybe would take some of the elements from a randomised control trial but recognising you can't control everything in quite the same way as you would in a clinical setting.

LADY HALLETT: I'm sorry, Ms Douglas, where is that question allowed?

MS DOUGLAS: My Lady, that -- I was picking up on evidence of Professor Noakes about --

LADY HALLETT: You are allowed to ask certain questions that I specify, Ms Douglas, I spend some time --I am very careful -- (overspeaking) --

MS DOUGLAS: I apologise, my Lady, I was coming on to the question in this topic which I just think has been touched upon already, which is that you've mentioned the

delays in the publication of this aspect of the study, and -- but it's right, isn't it, Professor Noakes that other papers within the Class-ACT Study have been peer reviewed and published? Is there any reason why there would be a delay on this one?

A. It is entirely down to the journal publication processes. It's very normal in academic publishing that you might send a paper to a journal, a very high-profile journal. They may take quite a long time with it and then they may not accept the paper. So you sometimes have to try again a second time and a third time. But it is, it's a very normal process, and we have unfortunately been subject to some very, very long peer review processes, one which was almost 18 months with one journal. And that's outside of my control.

Q. Thank you. And then just very, very quickly on my last question, which is just in relation to the provision of air-cleaning devices, and I think you mentioned earlier that you were recalling the number that were provided. It was 9,000, which you described as quite a substantial number, but if we contrast that to the numbers of CO2 monitors, 700,000 over -- that were provided to over 45,000 schools, in your view, was the volume of air-cleaning devices provided sufficient?

A. So I think, in terms of -- it's very hard to put

a number on it, you know, and -- with a CO2 monitor it's straightforward to say every school or even every classroom, perhaps, would benefit from one. With an air-cleaning device, that's not necessarily the case. And there are no silver bullets in this at all.

I think what's most important is that schools use knowledge to do the right risk assessments, identify where there might be poorly-ventilated environments, identify where they might have children who are particularly vulnerable, and use that to inform where to position -- where there might need to be interventions.

And in some cases, that might be an air-cleaning device. In other cases, it might be a retrofit of ventilation. In other cases, it might simply be just using what they've currently got better.

So it's very hard to say is this number correct, because it's not the case that every environment needs an air-cleaning device.

MS DOUGLAS: Thank you, Professor Noakes.

Thank you, my Lady.

LADY HALLETT: Thank you, Ms Douglas.

That completes the questions we have for you, Professor. I understand not only have you been extremely helpful but you've interrupted your holiday to come along today.

THE WITNESS: I have indeed.

LADY HALLETT: Well, we're even more grateful. Thank you very much indeed for going beyond the call of duty, I think, but thank you so much for interrupting a holiday and for all the help you've given and for all you tried to do during the pandemic, as well. So thank you again.

THE WITNESS: Thank you very much.

LADY HALLETT: I shall return at 1.40.

(12.41 pm)

(The Short Adjournment)

(1.40 pm)

LADY HALLETT: Ms Cayoun.

MS CAYOUN: Thank you, my Lady. May I please call Mr Mark Drakeford.

MR MARK DRAKEFORD (affirmed)

LADY HALLETT: Mr Drakeford, I'm so grateful to you for coming back. As you probably know, we did try to avoid imposing on you again. It proved impossible so I'm really grateful for your help.

THE WITNESS: Thank you.

Questions from COUNSEL TO THE INQUIRY

MS CAYOUN: Thank you, Mr Drakeford.

I think that in front of you, you have your witness statement for this module of the Inquiry, which you

signed on 1 October 2025, and the reference that we have for that is INQ000588203.

Can you please confirm that the contents of that statement are true to the best of your knowledge and belief?

A. I confirm that.

Q. Thank you.

Mr Drakeford, you have, of course, previously attended to give evidence at this Inquiry, and I should say that the evidence that you have already given forms part of our evidence base in this module, and so I will aim to avoid asking you any questions that you have previously been asked.

To begin with, I know that you have previously given the Inquiry a great deal of information about your professional background, so I won't go through that again in any detail, but for our purposes, it's probably helpful just to confirm that, between December 2018 and March 2024, you were the First Minister in Wales; is that right?

A. I was.

Q. Thank you. And prior to that, you had held a number of roles across the Welsh Government, including Minister for Health and Social Services, and Cabinet Secretary for Finance and Local Government, and that you are

presently the Cabinet Secretary for Finance and Welsh Language; is that right?

A. I am.

Q. Thank you. And we also understand, Mr Drakeford, that before entering politics, you worked as a probation officer, a youth justice worker, and a Barnardo's project leader, and that you have also been a professor of social policy and applied social sciences; is that right?

A. That's all right.

Q. Thank you.

Would I be right to say then, Mr Drakeford, that although the role of Minister for Education does not appear on that list, you not only had a vast knowledge of various facets of Welsh Government, but you also, from your professional background, have a close understanding of the context and social issues facing children and young people in Wales?

A. Particularly vulnerable children.

Q. Thank you.

I'd like to ask you a little bit, please, about the framework for making decisions about children in Wales during the pandemic. We know, of course, that education, children's social care, and children's health are all devolved matters; that's right, isn't it?

A. That is right.
Q. Thank you.
And in terms of schools, it's right that the statutory obligation to secure primary and secondary education sits with local authorities in Wales?
A. Correct.
Q. And we understand that the majority of schools in Wales are maintained by local authorities?
A. Correct.
Q. By which I mean there isn't anything like the process of academisation that we've seen in England?
A. No.
Q. Thank you. And of course, the primary responsibility for education policy sits with the Minister for Education, and during the pandemic that was Kirsty Williams, until May 2021, and Jeremy Miles thereafter; is that right?
A. That's right.
Q. Thank you. And Mr Drakeford, when you last gave evidence to the Inquiry, you explained that we needed to understand that the nine Welsh cabinet ministers worked in ordinary times in very close proximity to each other, with offices next door to one another, and would frequently have discussions about what they were working on.

Should we understand from that, Mr Drakeford, that at least during times when you were all able to be physically working from the same location, you would often have been involved in informal discussions with your ministerial colleagues about matters related to children?
A. Absolutely.
Q. Thank you. And Ms Williams tells us in her statement that from April 2020, there were daily ministerial calls. Was it your practice to join those calls, and should we understand from that, that even when you had to work remotely, you would still have been involved in frequent discussions about what was going on for children?
A. I chaired the daily morning calls, as I chaired the forums where ministers came together, including all those forums where education would have been discussed.
Q. Thank you. And in terms of the law that governs decision making about children in Wales, it's right, isn't it, that the Rights of Children and Young Persons (Wales) Measure of 2011 requires Welsh ministers to have due regard to the United Nations Convention on the Rights of the Child when taking decisions?
A. It does.
Q. Thank you. And the Inquiry is also aware that the

Children's Rights Scheme, dating from 2014 but updated during the pandemic in 2021, provided guidance which sets an expectation that the Welsh Government should undertake a children's rights impact assessment, or a CRIA, as part of integrated -- potentially as part of integrated impact assessment, and that the purpose of that is to understand the effects of decisions on children and consider whether and how any negative effects of a decision can be mitigated; is that right?
A. That's right.
Q. Thank you. I'd like to come now, then, Mr Drakeford, to ask you about aspects of the decision made for school closures which, as we know, was announced ultimately by Ms Williams on 18 March 2020.
Ms Williams tell us in her statement that the first time that the potential for school closures was noted by her, by way of response to the pandemic, was on 14 February 2020. Do you recall being aware at that time or at about that time that this was a measure that might potentially be taken in response to the pandemic?
A. My recollection would have been that it was a possibility but not the probability. The probability was that schools would remain open. The possibility was that, in certain circumstances, they may have to close.
Q. Thank you. And when you previously gave evidence,

Mr Drakeford, you discussed a cabinet meeting on 25 February when Covid was considered by the Welsh ministers, and you indicated that at that point there had begun to be preparations in Wales for how to respond to that.
Ms Williams, in her statement, tells us that the day after that meeting, so 26 February, at your invitation she met with yourself, the Minister for Health and Social Services, and the Minister for Housing and Local Government, where you all received a briefing from the Chief Medical Officer for Wales. And she says that:
[As read] "This meeting brought home to me the fact that this was going to impact Wales and reinforced my concern that we needed to be taking steps to prepare the education community in Wales for what was coming."
Do you recall, Mr Drakeford, whether, again, at that stage, you also felt it was necessary to begin those preparations?
A. Well, that was the start of what became a core group of ministers, that by 4 March, had been formalised, and continued to be the place where the most acute issues are discussed.
My recollection, at that time, is that the advice continued to be that schools could be kept open and that we should plan for them to be kept open. I was very

keen, as was Kirsty Williams, that schools stayed open right up until the Easter holidays and we were preparing for the conditions under which they might be able to reopen after that. There is, consistently, a note that says, well, maybe schools will have to close and now we need to begin to think about that. But the planning is for them to stay open, not for them to close.

Q. Yes, understood. And so when you say that there is a consistent note that they might have to close, is it fair for us, then, to take 26 February as a clear point at which that was indicated and at which planning may have begun?

A. I think you'll find it mentioned even earlier than that in February, but certainly at that meeting, that's when ministers are now directly engaged in some of those conversations.

Q. Thank you. I'd like to then explore with you what your awareness was of the preparation that was ongoing.

Can we look, please, at INQ000530640. This is some evidence about, or some underlying documentation about what was going on within the Education directorate. This is an email that was sent on 29 February, so very shortly after that meeting we've just discussed.

It is sent from the Public Health Division to a number of divisions, but here particularly to

Ms Tracey Burke who was the Director General in the Education Directorate. And we see that the request is:

"My respectful ask, in a short timescale is to ask Directors ... and their Deputies ... to identify the headlines in terms of likely economic ... impacts to your Ministers' portfolios."

If we scroll up, please, to find Ms Burke's response at page 2 we see her here asking for some clarification:

"What scenario are you envisaging?"

That response was on 2 March.

If we can scroll further up, please, to 1 March, thank you ... I beg your pardon, I meant the first page on 3 March. This is her substantive response, I think having not had a response to "What scenario are you envisaging?"

She repeats that uncertainty and then she says:

"In the meantime, though, the following are points in the front of my thinking across the [Education and Public Services] Group."

And I think this gives us an indication, Mr Drakeford, of where the focus was at this time. We see an emphasis on local resilience fora who will have a primary role in planning for and responding to any major emergencies.

We see that key implications from the spread of the

virus will be the impact on key public services.

We see implications for staff absences in local government, and then we see, in terms of schools:

"... we have been in communication with schools since the beginning of last month. We have provided information on our website ... [about] public health advice."

And so on.

Then we see:

"There may well be implications for certain settings needing to close ..."

And work being done here, it seems that she says we've been closely involved in the work of the UK Government Bill in this respect, so I think that goes to the legal power.

Thank you.

I should say for the transcript, Mr Drakeford, that you're nodding.

A. Yes.

Q. Thank you.

Then we see:

"The impacts of closing settings could lead to disruption to employment as parents might need to look after a children."

"Child", that ought to be.

Then over the page:

"Depending on the scale and stage, there could be major impact on public exams ..."

So I think it appears from this, Mr Drakeford, that there was some thinking within the Education Directorate as at 3 March, it was really focused on risk of staff absence, implications for parents, and the legal power and in respect of exams. Is that in line with your understanding of what was going on at the time?

A. I think that captures quite a lot of what was going on at the time. It probably doesn't capture absolutely everything. There's already discussions going on, for example, about the provision of free school meals, if schools have to, are unable to provide their normal service, particularly for vulnerable children who rely on them, there's already some discussion about children who have particular needs, disability and so on. So I think that captures quite a lot of what was going on but maybe not the totality of it.

Q. Thank you, Mr Drakeford. That's quite a detailed answer. Can we take from that, then, that you were discussing these matters perhaps with Ms Williams at around this time?

A. Well, I would have had very regular conversations with the education minister, but of course, as the

First Minister, I'm also having very detailed conferences with the Health Minister about all the things he's doing, and the minister responsible for housing, about the housing implications, and so on.

So yes, I am, but I'm not the education minister.

Q. Understood. Thank you very much.

That can come down now.

We know that in the same period, so the day after this email, on 4 March, cabinet met for the first time specifically to discuss Covid, and that you then did so weekly thereafter.

In evidence you've previously given to the Inquiry, so from that time onwards, the pandemic was the priority of the cabinet. I don't think we need to go there, but we know that at that cabinet meeting on 4 March the minutes recorded:

[As read] "In terms of education there would be a need for clear, internal and external communications on the policy on school closures."

So at this stage the Welsh Government was thinking at the highest level about communications on school closures; is that right?

A. That's right.

Q. Thank you. And again, Ms Williams said about this in her statement:

[As read] "Within education my officials were already planning for potential school closures if they were needed, and the impact on the education system."

I was going to ask you, Mr Drakeford, if you were having ongoing discussions about that planning but I think you've already indicated that you were.

A. That would have formed part of my discussion with the education minister but the bulk of my discussions with her were focused on keeping schools open rather than preparations for them to close.

Q. Thank you.

Can we fast forward, please, in our minds to 16 March. We know that there was a cabinet meeting that day, and I think it may be helpful, please, to bring these up at INQ000048797.

Thank you. These are the minutes, then, as I've said, for the cabinet meeting on 16 March and if we can look, please, at page 4.

Thank you.

We see there at paragraph 2.11 that it was noted that:

"Clear advice from health professionals was required to help inform the policy on whether schools should close. In taking this decision, there would be a need to consider the impact on exams, vulnerable students and

those of free school meals."

So is that a fairly clear stance, then, on behalf of the Welsh cabinet that you would need those things before making a decision, so clear public health advice and consideration of those impacts?

A. That's right. I think 16 March is the day on which things start to move in a different direction. I leave this meeting halfway through to attend a COBR meeting, and I wrote a handwritten note to myself at the end of the COBR meeting saying I'm really puzzled now, because up until this point all the advice we have had is that schools can and -- safely stay open.

And at the COBR meeting, that advice suddenly becomes a little more equivocal, and for the first time, really, there's a suggestion that the advice might be about to change and the schools would need to close.

So, 16 March is, for me, the sort of pivotal day when we move from reasonable certainty that schools can stay open, that's what we wanted to happen, that's what we were planning to happen, and then the advice now becomes a little less definitive, and maybe begins to move in the opposite direction. And in the next 24-48 hours, things move very rapidly in that new direction.

Q. Yes, let's examine that then, please.

We know that on the morning of 17 March -- thank you, those notes can come down -- we understand from both your evidence and Ms Williams' written evidence that the Welsh Government was hearing of schools, several schools, beginning to close unilaterally.

We also understand from Ms Williams that her officials learned from counterparts in the Department for Education in England that SAGE was in the course of updating its modelling on school closures, the implication being that that might change.

We know, though, that at 1.30 that day, on 17 March, Mr Drakeford, you gave a statement in the Senedd in which you said:

[As read] "The current position is clear: schools are remaining open in Wales."

And then you gave your reasons for that.

So, crystal clear, isn't it, that at that time that was the Welsh Government's policy?

A. Yeah.

Q. We understand, then, that you and Ms Williams had many conversations over the course of that day and that later that evening Ms Williams had calls with both John Swinney and Sir Gavin Williamson?

A. **(No audible answer)**

Q. And I'd like at this stage please to remind you what you

have previously said about this sequence of events.

If we can look at PHT -- thank you very much indeed.

For the transcript, this is PHT000000081, transcript page 25.

And this is the evidence that you gave in the course of Module 2B, and you tell us that you think you met Ms Williams on -- at least six times during that period, and you say:

"... the evidence accumulated through the day that more and more schools were just closing around us and at least one education authority is now saying to us it will close all the schools in its same area."

You say:

"We are also getting powerful pleas from the Welsh Local Government Association, teacher unions, for the Welsh Government to try to put some order around what we see happening in front of us ..."

And so on.

And you say:

"And by the end of the morning that is what the education minister and I have concluded."

Is that right?

A. That is right.

Q. Thank you.

Can we look at some contemporaneous documents around

this time, please.

INQ000349170. And beginning with page 3 of this, please. Thank you.

This is an email -- it may help just to look at the timing of it -- thank you -- sent at 7.37 pm on Tuesday, 17 March, so just in the midst of this sequence of events we've been discussing.

It is from an official to a number of officials across government, I think, but including in the Education and Public Services Group:

"Evening, everyone,

"Sorry for the late email, but we've just come out of a meeting with the First Minister to review the situation in schools.

"We have an agreed way forward for tomorrow ...

"MfE [so Minister for Education] and [First Minister] have agreed that we should start the Easter holidays for schools in Wales a week early -- ie March 30th. This means only 8 more working days for teachers."

And then there's a note here that it's not confirmation that the schools will close until September, but there's clear recognition that they may be closed for a considerable period of time.

Can we move down the email, please.

"Before doing that, she and the FM [so that's Ms Williams and yourself] would like some further details about

"a) how we might manage [free school meal] provision in that week from the 30th ...

"b) holiday childcare for key workers ..."

It goes on to explain that yourself and Ms Williams would meet again at 8.30 the following morning and then again at 11 am the following morning, with an aim to announce before 1 pm.

Lower down, there is the "known unknown" that had been flagged:

"The Minister will speak to John Swinney later this evening. We understand that the Scottish Government have had a tip off from SAGE that the science is/has been updated on school closures and there's every chance that the advice tomorrow will be for closures sooner."

Thank you.

I have number of questions about this, then, please, Mr Drakeford. Is it correct that, as it says here, that on the evening of 17 March, you had at that stage taken a decision to close schools on 30 March?

A. A week earlier than would otherwise have taken place, yes.

Q. Yes. And the emphasis that we saw in this email, "only

8 more working days for teachers", did that particular a particular emphasis in your discussions with Ms Williams about what teachers were asking for?

A. No, it is a reflection of what was happening. By now, the very first school to close in Wales because of Covid reasons was on 15 March. And if there aren't teachers to teach, then the school can't be open. So it's a reflection that -- not simply about teachers themselves; it's about the impact that -- the disease taking a grip on more people and more people are having to self-isolate, what that was -- the impact that was having on schools staying open.

Q. Thank you.

And when we see here that yourself and Ms Williams were asking for information about free school meals and holiday childcare for key workers, can we read from that that these were things that you were discussing and thinking about carefully on 17 March?

A. Well, this will mean that the children who normally get free school meals would not have them for an extra week at least, so we are clearly and obviously concerned about that. And if the school isn't happening, people who are in work themselves, and would normally expect their children to be in school, alternative arrangements need to be thought of for them as well.

Q. What we don't see, Mr Drakeford, is any request for information about how school closures might interact, for instance, with safeguarding issues, and whether there needed to be additional provision, perhaps, for children who are safer at school than they are at home. And we haven't seen anywhere in the evidence that either Ms Williams or yourself had received advice about this prior to 17 March.

Was that not also a part of your considerations at this stage?

A. It would have been part of our considerations, but I think it's important to remember our schools were about to close for two weeks in the normal course of events. So there are periods throughout the year where children for whom there are safeguarding concerns and so on aren't in school, and there are normal arrangements for making sure that the wellbeing of those children continues to be a source of active concern by public authority.

So it's not as though this was a difference between a period when this never happened; this was about to happen in any case, and all we are doing here is extending that by one week.

And we would have expected, I'm sure, that all the normal things that would have happened in a two-week

Easter holiday would have happened now over a three-week break.

Q. Save, Mr Drakeford, for the fact that there is recognition in this email that, although you're only announcing school closures one week early, you're also acknowledging that they may stay closed for a longer period than that. And, of course, this comes after several weeks of Welsh ministers being aware of a possibility of school closures.

Can you help us, please, with why we haven't seen until now, and why we still don't see now, on the evening of 17th March, a request for advice about how school closures would affect safeguarding?

A. I don't think the fact that you don't mention specifically means that it wasn't being thought about. These are shorthand notes, hurriedly put together late in the evening, focusing on some of the things that we would have had been concerned about. The fact that it doesn't refer directly to vulnerable children should not be taken as vulnerable children not being part of what we would have been thinking about.

Q. I see. So was it your understanding that there had elsewhere been thinking about vulnerable children?

A. There certainly had been. In other documents you'll find references to how we will navigate a path for

vulnerable children, including the use of hubs, as we had in Wales in the first instance, for vulnerable children.

Q. Let us come to look, then, at the other documents that we do find around this period.

If we can scroll up, please, from this email to see the response, first the response that comes at 7.48 pm, so some ten minutes later:

"Thanks ...

"We have started some work on both, we will pick these up and get you the details first thing tomorrow."

If we can scroll up further still, please, there is another response -- thank you -- at 8.39 pm, so an hour later:

"Hi ...

"We've a couple of papers on policy actions that teams have pulled together today. I'll send these around later so that people have a chance to see them in time for tomorrow ..."

Then the email at the top of the thread, please, comes at 27 minutes past midnight on the 18th, so just a few hours after the request was made. It attaches several documents, which we will come to look at in a moment. It says:

"These are the first cut of the policy actions we

talked about with the Minister this morning. We need to do more on them tomorrow but at this point just keen to get something circulated."

Mr Drakeford, it appears from this email thread that some very dedicated work took place late at night here from your officials to provide some policy advice to you and Ms Williams for your meeting the following morning. Would you agree that the email thread suggests that there hadn't been a great deal of work on these issues before 17 March?

A. I think in our -- the Welsh Government's opening statement to this module we conceded that preparation for school closures wasn't adequate at the time that it happened.

Now, by half past seven the following morning people are replying to these documents and, you know, refining them and adding to them and so on.

My own view is that the genuinely remarkable story here is how quickly the system managed to respond to that very rapidly changing position. And on the 18th we decide to close schools, and by the 20th there are documents available covering most of these aspects, not complete documents, documents that will be further developed later. But I think the genuinely remarkable thing, if you stand back, is how fast the system was

able to mobilise itself on behalf of the children who were affected.

Q. Thank you, Mr Drakeford.

Can we just stand back, then, before we look at how the system did mobilise, and consider that, from 26 February, it was being noted that there was a need to prepare the education community, and yet by 18 March, as you say, there had been very little preparation, very little practical preparation, some might say. Would you accept that that's a very significant omission?

A. I accept that the preparation wasn't adequate for what we ended up having to do. But I'd just remind, once again, that what we -- that didn't mean we weren't preparing. We were just preparing for something else. We were preparing for schools to stay open and to try to do everything we could to help them stay open and to do so safely and to do so because, until 16 March, that is the advice that we were getting.

So we didn't prepare adequately for the course of action we didn't expect to follow, because we were doing our best to prepare adequately for the course of action we did expect to follow.

Q. Understood. Thank you, Mr Drakeford.

Coming, then, to the decision itself, Ms Williams tells us in her statement, and I think you agree, that

you and she made the decision together at 11 am on 18 March, and I just want to examine the information that you had that helped you to reach that decision.

It's right that at that stage, isn't it, you hadn't seen any advice papers from SAGE or any other scientists recommending closure but you had heard that SAGE was likely to change their advice later that day?

A. Yes. If I can just make one, I know it may seem like a small point, but actually I think it is quite an important one. We were not making decisions.

Q. Yes, I'm going to come on to that.

A. Decisions about school closures are not made by the Welsh Government. We are providing advice from the Welsh Government to try to give those who had the responsibility for making the decisions a framework within which they could feel confident that they could operate.

Q. That's understood and it has been clarified by you previously, and I'll come back to it in a moment, if I may.

But at the moment you were making the decision to give that advice, it's right, isn't it, that you hadn't seen any written formal advice from SAGE to that effect?

A. No.

Q. And did you feel any unease about the fact that there

hadn't been written scientific advice that you could have considered or interrogated that said that there was a need to close schools?

A. Well, it would have been helpful to have had it, but of course I'd already heard on the 16th at SAGE, that this advice was very likely to be moving now in that direction. So it wasn't that I was unaware of the changing nature of the scientific opinion, because that had been rehearsed, to my puzzlement, at the time.

Q. Mr Drakeford, this was at 11 am and we've already read that the night before that you had thought that you would make an announcement at 1 pm, why not just pause and wait for the written SAGE advice to come a few hours later?

A. Because the education minister has to appear before the Senedd at 1 o'clock. That's the reason there is a 1 o'clock deadline.

Q. I see.

A. The minister is about to appear before the Welsh Parliament. She is going to be asked -- now, I had already said the day before, the schools are remaining open because that is our policy, even though I know in the background that the advice on which that decision is made appears to be shifting. I didn't want the minister to appear in front of the Parliament, and have to say

something that she knew pretty well was about to be different. So I wanted to make sure she was able to go to Parliament and give them the most authoritative position rather than one that was equivocal and would be about to change.

Q. Thank you. You also at this stage, at 11 o'clock on 18 March, hadn't consulted with the Children's Commissioner for Wales about the potential for this decision to give advice. Now, you have made very clear the urgency as between 11 am and 1 pm, but as we know, preparations could have been underway from 26 February and you said a moment ago that it was on 16 March that this probability crystallised for you, if I can put it that way.

Why hadn't you at least informally consulted with the Children's Commissioner?

A. It was simply the pace at which events are happening. By the time I meet the education minister at 11 o'clock that morning, that is the sixth time that I've met her in about 12 hours. I've met her individually, I've met her with other Welsh government officials, I've met her with outside bodies such as Qualifications Wales on the examination question and things. These are things that are happening at such a pace. The idea that you would have felt, "Oh, we should pause here now and go and ask

the Children's Commissioner for Wales for her advice", it simply doesn't reflect the realties of the pace at which decisions were being made, the pace at which things were changing around you.

And I think the Children's Commissioner, in her own evidence, does accept that, while it would have been preferable, and absolutely accept that, had I been able to do it, I would have wanted to do it, but I think she accepts that even if we had spoken to her, the outcome would have been the same.

Q. And I think it's right that neither you nor Ms Williams receive any formal ministerial advice and as part of that, neither of you had received any legal advice about the decision. Again, couldn't that have been commissioned at the very latest on 16 March?

A. Well, I don't think it was as definitive as that on 16 March. 16 March is the day when things begin to turn. It's not the day on which there is, as you said, definitive advice from SAGE that they've now got a different view for us.

The fact that there is -- the fact that we are acting in a way that I would never normally expect us to act, without having all that written advice, does not mean that we are not in continuous conversations with all the people who would otherwise give you had advice,

and by the time 11 o'clock came, the pressures that were in the system, the fact that things were happening in a completely uncoordinated way which parents had no sense of what they might be about to expect, seemed to me to give a more significant need to provide that guidance than making sure that I had ticked every bureaucratic box that I'd normally expect to see ticked.

Q. Yes. Mr Drakeford, you've been clear, I think, in your written evidence, as has Ms Williams, that you also hadn't conducted a children's rights impact assessment, or asked for one to be conducted, but I think, consistent with what you've just said, both of you say that that wouldn't have made a difference and so you don't think, essentially, it's a matter of regret, if I can put it -- or perhaps that's too far. But you both say it wouldn't have made a difference.

Can I just explore that with you, please. It must be right that a CRIA wouldn't have changed the reality of the situation that you were facing, but as we agreed at the beginning of your evidence, the purpose of a CRIA is not just to inform a decision, but to identify what impact a decision will have on children's rights on each children's rights -- each of the rights of children set out in the UNCRC and to identify what might be done to mitigate that negative impact.

In this case, of course, the closure of schools was going to impact children's rights to education and, for some children, their right to safety.

And it may be said that a CRIA on these issues would have been able to identify potential mitigations, such as remote education for all children, ensuring vulnerable children could continue to attend, which are not issues that the Education Directorate was preparing for.

So whilst it's right that a CRIA wouldn't have changed the decision, could it be said that it might have put the Welsh Government in a better position to make practical arrangements for school closures?

A. Well, I wish that there had been time and capacity to produce such an impact assessment and it would have been the absolutely normal thing for the Welsh Government to have had such a children's rights impact assessment alongside the decision. We'd completed literally hundreds of them in the decade subsequent to the children's rights measure of 2011. So for us, a children's rights assessment is absolutely part of the normal way we would carry things out. It's just that we're not in normal circumstances.

There would undoubtedly have been direct benefits to us had we been able to do so, but we are being driven

by, not simply the events on the ground and the fact that schools are closing anyway and some local education authorities are already deciding to close all schools, but we're driven by what I think the expert advice to the Inquiry on this module said was the paramount need to protect life and to act in a way that reduced transmission of the virus at this point.

So there would have been, I'm -- I wish there was one. It would have helped, but there were greater imperatives to which we were responding.

Q. You've emphasised there in your answer, Mr Drakeford, that CRIAs are part of what is normally done in usual times, and of course, the legal framework around children's rights in Wales, as -- which we discussed at the outset, is there more often than not in usual times, but it's still intended, isn't it, to operate in an emergency? And if I can ask you particularly to think, please, about the legal duty on Welsh ministers to have due regard to the rights of the child when taking decisions, given the absence of consideration of those rights through a CRIA or through consultation with the Welsh Children's Commissioner, or through any other type of impact assessment, do you consider that that duty was fully met in their decision to close schools on 18 March?

A. I don't think I could argue that it was fully met because I mean, fully met, we would have had a rights impact assessment of that sort.

But I do want to make this point, because we have had, you know, it's 2004 when the then Assembly first commits to making the UNCRC a fundamental part of our decision making, and from 2012 onwards it's a legal obligation on ministers. So it is part of our culture to be thinking about these things. We don't rely simply on there being a document produced. It's part of the way we do our business.

So when we approach that decision, the absence of a written document should not be taken as meaning that those involved in the decisions had no regard for the obligations that we are under. And I mean, Article 6 of the UNCRC says that children have a right to life and at this point in the pandemic, that is what we are worrying about: children's right to a life themselves, but also to a family life.

Because when you talk to children, it's -- maybe I could make this point, my Lady, that I sometimes feel when I've been following the evidence that you have heard, that there is some argument that the rights of children are somehow different and counterpoised to the rights of other people. That is absolutely not the way

that children saw it at the time.

We also do our very best to observe Article 8, which is that children have a direct voice, and maybe I should have made the point earlier that in Wales, by statute, every school has a schools council, every local authority has a youth council, and the Senedd has, the Senedd Ieuenctid, the Welsh Youth Parliament, so at every level, because of the Children's Rights Measure, we have the voice of the child actively contributing to decisions that are made about them and alongside them.

And if you talked to children at the time, they did not have a view that somehow their rights were being subjugated to the rights of other people, they talked to you all the time about their fear for their grandparents, a fear for their father who worked away, their fear for their sister who had an underlying health condition. You know. They did not make that distinction that somehow their rights were being sacrificed for the rights of others because the rights of others really mattered to them.

Q. Thank you.

LADY HALLETT: Interesting point.

MS CAYOUN: Thank you, Mr Drakeford.

My last question on that topic was going to be this: clearly those formal frameworks for considering

children's rights in specific instances of decision making didn't work as one might envisage on 18 March, and I was going to ask what confidence you would have that in a future emergency it could function better. Do I understand from your answer that, actually, you're not overly concerned about that because your view is that these issues are so heavily embedded in the culture of Welsh decision making that the frameworks matter less than they might otherwise?

A. I wouldn't have put it that way. I think I said in an earlier answer I wish we'd had a children's rights impact assessment available to us. It would have been better.

Q. Yes.

A. I think the only point I'm making is the absence of the written document isn't evidence of an absence of consideration for these issues. I still wish there had been one, and in future, you know, if we have a better opportunity to do that in the full way, that would be my preferable course of action.

In the absence of it, more than a decade of having children's rights at the forefront of the way we make these decisions and the Wellbeing of Future Generations Act 2015 which also places an obligation on Welsh ministers always to think of the obligation on future

children, of the decisions you are making today would still be there and they would still be making a difference.

Q. Thank you, Mr Drakeford.

I'd like to come back, then, to the point that you made earlier about this not being a decision of the Welsh Government's to give any sort of directive that schools must close but a decision to give advice, essentially, to local education authorities that they should close schools.

Ms Williams, when she made this point in her statement said:

[As read] "This reflected that the Welsh Government's approach to decision making was to form advisory policy developed collaboratively with local authorities and unions with the aim of ensuring voluntary compliance."

May I ask, Mr Drakeford, and to help us understand whether anything turns on this, if it had been a decision, if at this point the Welsh Government had had the legal powers to give directions for closure, would you and Ms Williams have considered yourselves bound to wait for legal advice or to consult or to do anything different than what you had done?

A. I think, had we been issuing a direction that schools

should close rather than a framework against which those who make those decisions could act, we would have required a stronger underpinning of direct legal advice, but that's not what we were doing, you know, I'm a believer in devolution, not simply in relation to having a Parliament for Wales but I'm a believer in the exercise of powers at that local authority level who are closer to the direct impact.

Remember, that at this point, huge parts of Wales have not seen a single case of Covid. People are, you know, anticipating things and they're reading and hearing things but their direct experience of it is that they haven't seen a single case.

Q. In the announcement that Ms Williams made on 18 March, it may be felt that the language that she used did not make it at all clear that this was advice, that it sounded as though this was a decision. So she said:

[As read] "Today I can announce we are bringing forward the Easter break for schools in Wales. Schools across Wales will close for statutory provision of education. Today's decision will help ensure an orderly closure."

And so on.

Would you agree that perhaps for observers, perhaps for laypeople, this did sound like a decision emanating

from the Welsh Government?

A. Well, part of the reason for acting the way we did was to give certainty to laypeople about what would be happening. So you've got to think of who your audience is when you're making a statement of that sort. We've already agreed with local authorities, they understand that what we are doing is giving them the context in which they can make the formal decision. But the reason why we need to do it is because parents need to know what is happening and need to know what arrangements they need to make. So it may be that the minister has put it in slightly more direct terms than the legalities would suggest, but she's doing it for a reason. She's doing it in order, as local authorities, and the WLGA and the unions have asked us, to give some certainty to those whose lives are so very directly affected by the outcome.

Q. Thank you. I want to stay with Ms Williams' announcement on 18 March but move now to consider the policy in respect of vulnerable children. In Ms Williams' announcement she said:

[As read] "From next week schools will have a new purpose. They will help support those most in need, including people involved in the immediate response to the coronavirus outbreak."

This phrase, Mr Drakeford, of "a new purpose" or "repurposing" schools, we find frequently throughout the documentation for this period. Would it be fair to say that the Welsh Government's policy was not that vulnerable children and children of key workers should continue to go to school to learn there, but that they should be cared for in those locations?

A. I don't think the one precludes the other, but the key purpose is to make sure that there is somewhere where children who need to be looked after can go.

Q. Yes, thank you. And the way this was delivered was through hubs, which sometimes were school buildings, and children who were vulnerable or key worker children would be going to their own schools but sometimes it would be a sort of collective school; is that right?

A. Yes.

Q. And it was quite clear in the guidance for that provision that there wasn't an expectation that those hubs and that the people at those hubs would be teaching; is that fair?

A. That's right.

Q. Thank you. I'd like to ask you, please, about the objectives and the intended scale of the policy at the outset.

Can we look, please, at INQ000349189.

This is ministerial advice on 19 March, and before I ask you about it, it may be fair to observe, Mr Drakeford, that you commented earlier that a detailed advice and policy was stood up very quickly indeed, and here we do see detailed advice coming the day after the decision was made.

It says "For decision by", and we see at number (4), there, "First Minister". Was this policy a decision for you, Mr Drakeford?

A. It's a collective decision. When you see four ministers copied all for decision, it doesn't mean that one person overrides the others; it has to go through all four hands and all four people have to come to a resolution. So it is not exclusive only for me. I'm making it alongside my colleagues.

Q. So this policy wasn't just a policy of Ms Williams', if I can put it that way, it was a collective policy?

A. Yes.

Q. Thank you.

Can we look, please, at page 3 of this document. We see here some details about the objectives of the policy. At paragraph 4 we read:

"The primary objective of this advice is to minimise the risk of harm, both directly from Covid-19 but also indirectly by ensuring provision [for] vulnerable

people."

At paragraph 5, it's very clear that:

"The number of children in settings and single settings needs to be kept as low as practically possible."

At paragraph 6 there's a note that:

"We need to try to get as many people as possible, including children, to remain at home."

And if I can ask you, please, to look also at paragraph 19. Thank you. We see here the proposed definition for vulnerable children, and it is:

"... those with safeguarding needs and supported by social care, which include children with care and support or support plans, children on the child protection register and children looked after, young carers, disabled children and those with statements of special educational needs."

Thank you.

Is it fair to say, Mr Drakeford, that it's quite clear in this policy that the intention is to have the lowest possible number of children attending these hubs? And also, I would suggest that that's quite a narrow definition; is that fair?

A. Well, I think I said earlier that the expert advice to the Inquiry says that at this point, the paramount

obligation was to do everything that we could to stem the circulation of the virus, and that's why you see an emphasis on only those children who need to go to the hubs going to the hubs because we're trying to persuade people, and at the time you don't know how persuadable people are going to be, that they're going to have to make these absolutely dramatic adjustments to their lives in staying at home, not going to work, going out for only one hour a day, and so on. And there was a risk of undermining that headline and overriding message by saying, "But lots of children can turn up at these hubs."

So we do have a relatively narrow definition and we do have a strong emphasis that where children can safely be at home, they should be at home.

If they need to be in a hub, there is a hub available and here are the definitions that we are using. And at this point they are narrower than they will be later in the pandemic, but I think that is understandable in the context of the time.

Q. Thank you, that can come down.

You said, then, that you had an emphasis on that. My next question was going to be whether you agree that in the public messaging at this time there was also an emphasis on children staying home as much as possible.

Ms Williams's statement on 20 March was:

[As read] "This means parents need to keep their children at home wherever possible and schools and childcare and play settings should be open only for those children who absolutely need to attend."

So that's consistent, I think, with what you've said.

A. It is.

Q. There was an annex to that policy advice which I won't take you to because it's a simple point, but that annex provided an estimate for the number of vulnerable children who would meet that narrow definition that we looked at, and that estimate was 29,589.

I want to ask whether you recall that it was your expectation or the expectation that some 30,000 children therefore would be attending these repurposed schools, or, to marry this up with what you've said, was actually the hope and expectation that it would be a lower number than that?

A. Well, we were planning on the basis that even with the advice we were giving, some 20% of children in Wales might use the hubs, and that's driven not so much by vulnerable children but by the number of children of key workers who we think may be presented. There is a clamour from many, many groups to now be regarded as

key workers, and every new occupation you add to the key worker list, you add to the number of children who may require to be looked after at a hub.

We were quite wrong, of course.

Q. Yes.

A. But the 20% is what we originally thought and over the weekend that follows that advice, we have a lot of traffic from our local authorities anxious that 40% of children will turn up, and that the physical capacity to look after them safely in hubs will be overwhelmed. We were, as I say, quite wrong about that, but those are the things that well-informed people who had lots of experience in running education systems, that's where their anxieties were over that first weekend.

Q. Yes, and it quite quickly became apparent, didn't it, that actually much smaller numbers of children were going to attend?

A. Yes.

Q. I don't think I will take you there, but tell me if you'd like to see it, there was an email on 27 March from local education authorities to the Education Directorate about how many children were attending. That data showed that across the country, 3,300 children were attending, but that 90% of those were children of key workers. So a very low number indeed, particularly

in light of the 30,000 estimate that would have met that definition.

Ms Williams tells us in her statement that this issue was discussed as soon as a cabinet meeting of 24 March.

Do you recall at that stage being worried about the safeguarding implications of the fact that so few vulnerable children were attending?

A. I'm trying to recall, I'm afraid, whether that would have been again -- and I'm not sure whether I'm able to recall accurately. It was very apparent very quickly that far fewer children were presenting themselves than we had originally expected. And we were immediately trying to identify reasons why that might be the case. Fear will be the single biggest case. Children are fearful. Families are fearful. And they think that children are safer if they stay at home.

But there are other reasons which I think become apparent certainly within the first three weeks and which we begin to try to address, but it is difficult to recapture today that palpable sense of fear that people had.

There's a very good, if I'm allowed to say that, witness statement that you have from a head teacher in Pwllheli in North Wales, in a rural part of Wales, and

there's only 60 children in the school and she vividly describes going into the classroom, only two classes, she goes into them both on the day when it's been decided that schools will close on the 20th and she describes the fear of the children who she knows very well indeed, but these are children who are listening to all sorts of things, you know, they're hearing things on the radio, people aren't necessarily talking directly to them. I think it's quite hard, today, just to put ourselves back in that position where the only thing that people knew was that there was a virus that we knew very little about and it was killing hundreds of people and it might be coming for you.

And so I think, you know, in those very early days the reason why people don't send children into hubs is because they're fearful of what the consequences of that might be.

Q. We have heard, during these proceedings, Mr Drakeford, also a great deal of evidence about the harms that vulnerable children faced in the home, some of them, and the heightened risk of harm to them because of various aspects of the circumstances of the pandemic.

Did there not also come a stage where there was an element of fear about the implications of children not attending school?

A. Yes. For -- on our part, and on the part of the authorities, of course, there is straight away an anxiety about children who normally would be physically presented to teachers or social workers, where that is now much less possible, and all sorts of, you know, devices are developed to try to make sure that those children do still get contacted. The fact that they're not coming to hubs in the volume that we had expected means you've got to put more emphasis on that, on those alternative ways of staying in contact. And you see very early on particular strategies for doing that.

Q. Yes.

A. And social workers do actually still make home visits, even in this very early period, and, you know, not in big volumes, but where there are high anxieties, social workers are not just relying on a phone call or -- you know, they're actually going to the home. And it's because of the anxieties that you set out.

Q. I'd like to ask you, then, about the measures that the Welsh Government took in respect of increasing the attendance of vulnerable children.

Can we look, please, at paragraph 13 of your witness statement.

Again, INQ000588203. Thank you very much.

You're commenting here on what Ms Williams said in

her witness statement. You say:

"I too wish we could have organised provision in a way that encouraged more vulnerable children to attend, I do not take the view that we could, at any point. Have been in a position to 'ensure' the attendance of those children. Many vulnerable children have vulnerable parents and in some cases those parents made the decision to keep their children at home with them. The decisions of those parents were not in the control of the Welsh Government; it was not within our power to ensure such attendance, and to suggest this was the case overstates the Welsh Government's ability to engineer certain outcomes."

It's not your position, is it, Mr Drakeford, that there was nothing that the Welsh Government could have done to increase the rates of attendance of vulnerable children?

A. No, my Lady, I was asked specifically in my statement to identify those places where I might have had a difference with what Kirsty Williams had said in her statement, and Kirsty very deliberately uses the word "ensure". And when I read it, I thought -- I, myself, do not believe the Welsh Government was in a position to ensure. We were absolutely in a position to do many things: to encourage, to make it easier, to persuade,

sometimes to try a little to insist.
Q. Yes.
A. But that's -- that is short of an ability to ensure. We didn't have that. That's the point I was making.
Q. Understood. Thank you.
Let us then explore the steps that were or could have been taken to encourage.
One thing that the Welsh Government did not do in its policy around vulnerable children was to set out an explicit expectation that all children with a social worker should attend, and to set out detailed operational guidance to tell schools and social workers how to go about doing that.
Is that something that you considered, Mr Drakeford?
A. If I'm understanding the point correctly, I think probably the answer is no. We've always had a different approach on the issue of compulsion in Wales. I do not believe, myself, that struggling families find it easier to cope with the struggle if you threaten them that if they don't do as they're told the state will be along to punish them for not doing so.
And we've never taken that attitude in Wales. We very rarely, for example, use powers to prosecute parents who fail to present their children at school. It could be absolutely a last resort and only those

cases where you're sure that parents are doing so in a way that's clearly culpable.
We prefer to rely as much as we can on, you know, making it as easy as possible, as persuasive as possible. And those things I think we did do. But relying on a stick in the corner as an effective way of helping families in these circumstances was not something that we had ever relied on and I didn't think it was likely to be any more effective relying on it in these -- trying to rely on it in these circumstances.
Q. Thank you.
Can we look, please, at INQ000115689.
This was a letter that went from officials in the Welsh Government, particularly in the Education and Public Services Group and the Health and Social Services Group, to directors of education and of social services, so to local authorities.
You were speaking then, Mr Drakeford, about communication with parents and families, and this is the slightly different topic of communications with local authorities.
I think it's three pages long and quite a detailed letter, and in the interests of time I won't go through it line by line, but if I can ask, please, for us to look, at page 2, at the paragraph that begins "Some of

you have also expressed". This letter -- and I'm sorry, I should have drawn attention to its date, which was 23 April.
It expresses to local authorities the view of the Welsh Government that:
"... attendance at the settings to date has been low, particularly so for vulnerable children."
And the letter goes on to record local authorities essentially to do more and schools to be encouraged to do more to facilitate the attendance of vulnerable children.
Mr Drakeford, may I ask, before I take it down, if you're familiar with the contents of that letter?
A. I am, yes.
Q. Thank you.
This letter appears to be, amongst the documentation, the main means by which the Welsh Government sought to directly, with local authorities, encourage them to encourage attendance, if I can put it that way.
It appears otherwise to have left local education authorities to implement the policy as they felt best.
Going back to the question of whether there was anything more the Welsh Government could have done, would it have been open to you to take a more direct

approach with local authorities, to be in daily contact with them, interrogating attendance figures for example?
A. Well, I think we are doing that. The richness of the conversation between the Welsh Government and local authorities at this point is very strong indeed. We are absolutely in daily contact with our location education authorities. The leader of the WLGA is now a member of the core group of ministers, so we have a weekly opportunity to hear directly from him, and we are collecting attendance figures. I think you've quoted the ones from the end of March from our local authorities.
So we do have -- the letter is an important letter, and it does mark a moment when we bring a whole series of concerns together, including concerns about the use of the term "vulnerable children", which I myself felt strongly was one of the reasons why children weren't being presented at hubs, but we were also beginning to learn that, for some children, walking past the school that you're used to going to, with the staff who would have known you, to go to a school further away, is, itself, something that children are just not going to do.
So, as well as the actions in here that we're asking local authorities to take, the multi-disciplinary

assessments of each child, the active offer of -- not just saying to people "There's a hub if you want it", but, you know, going out to persuade people to take up the offer, but there are other things that we're working on alongside our local authorities colleagues and continue to do that.

Q. Do I understand in that answer that your view is that the hub model itself perhaps was part of the reason that children were less keen to attend? If, as you say, they weren't able to go to their own school but they had to go to a different local school, that may have been a less attractive offer?

A. Well, I certainly think in some communities that was the case. It might not have been everywhere, where you've got parents who are able to take you or have other resources that they can draw on, but in less advantaged communities, where the only way of getting to school is by walking to it, walking past the place where you know and the place where you're most likely to feel safe, to a school which is populated normally by children who you may think of as rivals rather than as friends, that is off-putting to those children. It's one of the reasons why they -- they don't go. And I think we're learning that -- you know, this is four weeks, isn't it?

Q. Mm.

A. This is 23 March -- 23 April.

Q. Yes.

A. Already those things are becoming apparent.

Q. And we know that over the course of the pandemic several aspects of this policy changed. You've already referred to the fact that the definition changed. It came to have a discretionary element. The policy of hubs itself changed so that children could go to their own schools.

Although numbers of vulnerable children attending improved, they were never particularly adequate, I would suggest. Do you accept that?

A. They were never as good as we would have liked them to have been.

Q. And so can I ask you, please, for your overall view of how effective this policy was as a safeguarding measure.

A. Well, as I say, the numbers were never what we would have liked them to have been. If that's your yardstick of effectiveness, then clearly it doesn't meet that. And there are some inherent things that we tried to put right, as we went along.

This policy by itself, though, does not operate in isolation from all the other things that are going on in people's lives. And maybe we didn't have quite a full enough appreciation of the other pressures that people would be experiencing, and the other possibilities that

they were able to develop in their own lives, which meant that the use of the hubs wasn't at the volume that we would have hoped for.

Q. Thank you.

Taking a step away from that policy now, we know that around this time, and particularly in mid-May of 2020, the Office of the Children's Commissioner had discussions with officials in the Welsh Government about her concern about the fact that the Welsh Government was in the process of undertaking a retrospective children's rights impact assessment.

She felt that there needed to be a greater focus on current issues relating to vulnerable children, including attendance at school and special educational needs .

Appreciating, Mr Drakeford, that as First Minister you probably weren't involved in the discussions about these documents, can I ask for your opinion. Would you consider that there would have been any value in the Welsh Government at this stage conducting retrospective CRIAs about decisions that it had already made?

A. I think there was a value to it. I've got huge respect for the Children's Commissioner, Professor Sally Holland, who was a tremendous force for good during the whole of the pandemic.

On this very narrow issue, I think there's a difference of understanding. We were not trying to retrofit a children's rights impact assessment to the decision we had made. That was not the purpose of it. The purpose was to learn lessons from it, to look back at the way those decisions had been made and ask ourselves: had we had the luxury of being able to conduct a full children's rights impact assessment at the time, what would we have learnt from that? So that we can then apply that to the children's rights impact assessment that we do hope to have alongside our next decision making, and by the time you get to 28 May, which is only the third decision-making point on this journey, there is a document there for the cabinet to decide.

Q. Yes. And in fact, Mr Drakeford, it's exactly where I want to go next.

I should say I think there is about ten minutes before the break, and my ambition is to cover this topic with you before we do break, and that is the decision-making point on 27 May, when the cabinet are beginning to look ahead to reopening schools.

And we know that there was a cabinet meeting on 27 May, and, Mr Drakeford, this is a subject on which you gave quite detailed evidence to the Inquiry on

a previous occasion, in respect of, for example, the scientific advice that you were receiving and how that factored into your decision making.

So I don't need to ask you about that today.

But I do want to ask you about the understanding that the Welsh Government had at this stage about the impact of school closures on children and young people.

Can we look, please, at INQ000048833.

This is a paper that was before the cabinet on this occasion. Was this the paper that you were about to refer to?

A. It was.

Q. Thank you, Mr Drakeford.

Can we look at pages 9 to 10 of this document, please. Thank you.

And what this document does -- again, I should say it's 25 pages long and we won't get anywhere near examining all of it, but we can see, I think, from pages 9 and 10 the flavour of it.

Here, the cabinet was asked to consider the wellbeing impacts on children of school closures. We see an emphasis here on the impact on children's physical activity, the possibility of an increase in obesity linked to school closures.

Over the page, at page 10, we see references to

children's experiences of loneliness, social isolation, increasing concerns about mental health issues.

And lower down the page, a summary of a report from the Sutton Trust, from whom we have heard evidence in these proceedings, explaining their findings about educational disadvantage during school closures.

Do you recall, Mr Drakeford, whether this report was produced for cabinet as a result of the Children's Commissioner's interventions, or alongside those?

A. I would say alongside. You know, as soon as we are able to get back to normal business, having these sort of rights impacts assessments presented to the cabinet, that's what we would have expected to happen. And by the decision-making point on 28 May, the cabinet has had this document in front of us when we are making those decisions.

So this is business as usual now, and we were very glad to get back to that point, and the Children's Commissioner's advice would have been very helpful to us in being able to do so, because she offered us assistance from her staff in preparing these documents.

Q. Thank you.

And if we can just look briefly, please, at page 3 of this report, we see what the conclusion was. It was to provide:

"Forward guidance ... to education and childcare institutions to prepare for a potential first phase of reopening by 22 June ..."

So a clear steer here before cabinet.

You -- I said that you had given evidence about this topic before, and I think it would help, please, if we can look at that.

It's PHT000000081.

And useful, I think, to look at your evidence here, because there is something of a potentially complex chronology about the way in which the Welsh Government sought to reopen educational settings in June.

And my Lady has heard evidence on this sequence of events also from Mr Kevin Courtney of the National Education Union.

We see that you say from line 11:

"So we are planning for the resumption of face-to-face education and the education minister has proposed that as the plan which would give children the maximum amount of time in the classroom and in the safest conditions."

And I should have drawn attention to the preceding lines, which explain that the plan was to bring the school term to an end early in order that schools could reopen earlier in August, therefore giving them the

maximum amount of time during summer when the risk of transmission was lowest.

You say, picking up again at line 16:

"We were unable to bring that plan to fruition because it is opposed by the teacher unions, whose argument is that they have a contract that means that they can't be asked to rearrange their holiday [plan].

"The education minister moves to her next plan, which is to ask schools to continue the summer term for one week extra and to bring children back to school for four weeks before the end of term and to give schools that one week back in holiday term time in October."

Just to be clear, that last aspect was so that there was no overall loss of holiday time for teachers; that's right, isn't it?

A. That's right.

Q. Thank you. In your statement for this module, I don't think we need to turn it up, but you say:

"I agree with the comments made by Kirsty Williams that at key moments, relationships with teacher unions could be difficult and that the interests of children, as opposed to adults, were not always given the weight they deserved."

You say:

"I regret that the Welsh Government was prevented by

the teachers' unions' insistence on the primacy of contractual arrangements from opening doors during the summer weeks of 2020, and failing that, from adding an extra week to the July opening of schools."

Does that remain your view?

A. It does.

Q. Mr Drakeford, you will know, I think, that Mr Courtney, as I've said, gave evidence earlier these hearing. One of the things he said by way of response to this point was that in practice, the idea of moving term dates was presented to the unions with very little notice, and he says, without government having worked through key practical issues.

Do you have any sympathy with that view?

A. I do have some sympathy with it. I should preface my remarks by saying that I'm a committed trade unionist myself, and have been a member of a trade union since I was 17 years old and that trade unions have a job to do, which is to speak up for their members and teacher unions did that very effectively, and collaboratively, collegiately during most of the pandemic.

Kirsty Williams's original plan was the most radical plan. It would have brought the term to an end, it would have started a new term in August. I've got some sympathy with the trade unions' view that that was

a very significant change, and that four weeks' notice of it made it difficult in a practical sense and, somewhat unusually, all teacher unions unanimously signed the letter saying that they didn't think that that was a course of action that they could support.

So we moved to our fallback position, which is a position in which we would have added a week to the July term and given a week back in October.

There, I think, the objection of my trade union colleagues is harder to understand. They say, you'll have seen it in the notes, that this one-week suggestion had caused consternation amongst their members. Well, there were lots of things going on at this time which I think did cause a bit of consternation, but asking you to move one week in July and give it back in October I did not think was necessarily a proportionate response to that suggestion.

And of course, three local authorities in Wales did manage to do that. So it clearly was not impossible to do. And so this is not simply trade unions not being willing to do something, but it is also something about some local authorities deciding to pick their battles and to, you know, think that this is not the one that they're going to invest a lot of time and energy in. Unfortunately, I think the three local authorities

absolutely turned out to be right because in October, in our firebreak, in those three local authorities, schools were closed for the whole of the period and that was definitely the right thing to do, and we weren't able to do it elsewhere.

So while on a more radical course of action, I think what Mr Courtney said to you has got some merit. On the more modest proposal for a one-week amendment, I think it is harder to understand why the consternation was caused by that.

Q. Thank you, Mr Drakeford.

Just one more question, then, before the break. We saw that in March 2020, or in respect of March 2020, both yourself and Ms Williams were at pains to emphasise that school closures were not a decision, but were advisory, and each of you explained that this is consistent with the way that Wales is governed, ideally, I think, by cooperation and with consent of social partners, again to paraphrase.

Was this set of problems that you faced in June of 2020 not a facet of that, in that here, the Welsh Government wanted to open schools, but not having the consent and the cooperation of all social partners, you found that that was beyond your power. Were you actually hamstrung here by that advisory nature of

the -- where you had taken the decision?

A. Well, I think you have to look at the counterfactual position. Say we did have the power. Ordering a teacher to go into school does not guarantee a teacher will go into school. If a teacher is fearful about what will happen -- the fact that you can order somebody does not mean that it will happen, and if it doesn't happen, you've got to be prepared to take some action.

Now, I think when you begin to think this through down to those further steps, I think you see that, having the counterpoising, you know, ineffective, rather soft social partnership arrangements, with the more direct "You could have ordered them to do it" course of action, to me, it's not as simple as that, you have to be able to take people with you, these are people's lives, people's anxieties, fears for themselves, and so on. We could have ordered people. I don't think that would have made a difference.

MS CAYOUN: Thank you, Mr Drakeford.

My Lady, I'm about to move to a different topic, I wonder if that's convenient.

LADY HALLETT: Certainly, perfect timing.

As you know, Mr Drakeford, we take regular breaks but I promise you, we will finish at the very latest, your evidence by 4.15.

THE WITNESS: Thank you very much.
LADY HALLETT: Thank you. Quarter of an hour, please.
Quarter past.
(3.00 pm)
(A short break)
(3.15 pm)
LADY HALLETT: Thank you.
Ms Cayoun.
MS CAYOUN: Thank you, Mr Drakeford, we were just at the point in our chronology of June 2020 when the decision had been taken to reopen schools to some extent.
I want to ask you now about a different topic at the same point in the chronology.
Can we look, please, at INQ000349722.
This is a ministerial advice for decision by, again, four ministers, yourself included, dated 16 July 2020. And this was an advice about reopening outdoor playgrounds and play areas for children.
And Mr Drakeford, this is an advice that we have already had an opportunity to consider in these hearings. Have you had an opportunity to consider this document?
A. I have, yes.
Q. Thank you.
Was this, again, a decision that the four ministers

would have made together, who were listed here?
A. Yes.
Q. Thank you.
Can we look, please, at page 3 of this document.
We can see that, as part of this advice, you were being advised at paragraph 13 that play is an essential activity for children.
At paragraph 14 you were being advised that increased opportunities to play would support children's recovery from the isolation and low activity levels of the previous four months.
If we can look, please, at paragraphs 8, 9 and 10 together, we see here that the advice that you were being given was that owners and operators responsible for playgrounds would have discretion over whether or not to open, that the guidance would require them to carry out a Covid-19 risk assessment, and that that risk assessment should cover the matters listed that we see at paragraph 10.
We have also seen in these hearings, Mr Drakeford, the guidance that was produced, and some of the measures that it required playground owner-operators to take, such as a rota system, social distancing, cleaning, and so on.
It has been suggested that, in practice, that

guidance was burdensome and over-onerous for playground owner-operators and that, as a result, many of them did not reopen playgrounds.
Did you carefully consider, Mr Drakeford, whether that guidance was proportionate, given, on the one hand, the risks, such as they were, of transmission outdoors and, on the other hand, the obvious benefit to children of paying able to access playgrounds?
A. Well, we were very keen to have outdoor play reopen. That's what this advice allows us to do. And that's a very clear message from children.
I was lucky enough I met children every month during the pandemic, and whereas older children would talk to you about their anxiety about exams and mental health and employment, younger children talked to you always about how they missed playing, missed playing with their friends and so on. So we were very keen indeed to reopen playgrounds.
But we've learned something else in the meantime, which is that just opening something doesn't guarantee anybody will use it. You have to convince users that it is safe to do so. So we opened some retail premises and found that nobody went shopping, because they weren't confident at that point that everything had been put in place to make sure that they would be safe in those

environments.
And that's what we're responding to here. We want play to be open, but we know we have to give confidence to parents that if their children do go to these areas, then those basic things that we've learnt that helped to keep people safe will have been done.
And so it's a confidence-building measure. Just to open the play area by itself would not have guaranteed that it would have been used, I think.
Q. But if the result of what might, on one view, be confidence-building measures is that the system is so complex that in practice playgrounds aren't opened, does that suggest the measure has gone too far?
A. If I was convinced that that was the case then I think that would be justified, but I haven't seen evidence that says that on a large scale playgrounds weren't reopened. I think almost all local authorities at this point are reopening their playgrounds, that's where the bulk of young people in Wales will go to play. They'll go to playgrounds that the local authority maintains and takes responsibility for.
There may be some examples where they're more privately run, where people feel this is too much to do, but actually, I would be -- I think I myself would be anxious sending my child to a place where the owner

feels that keeping it clean and keeping it safe in a Covid pandemic isn't an action that they feel they can fulfil.

Q. Thank you. On a -- that can come down now, thank you very much.

Also, at around this time, the Welsh Government decided in its cabinet meeting of 28 July 2020 that children under 12 years old should be exempt from social distancing rules, based on -- and I'm quoting here from the minutes that I don't think we need to go to -- but based on evidence about significantly lower vulnerability to, and transmission of, the virus amongst younger children.

Are you able to recall what the primary reasons for reaching that decision were, and may I ask, in light of what you've said, whether that was partly driven by your discussion with children or your discussions with children that you've just described?

A. Well, certainly, as I say, if you talk to primary-age children, the things that they tell you that matter the most to them are the fact that they can't see friends, they can't go out to play, they're anxious for relatives that they haven't seen for a long time and so on. It's less the transactional things that older children talk to you about and much more the personal things. So that

is part of the decision. But the primary drivers are these things that you're always trying to weigh up.

What is the risk to the child themselves? And by now we knew that the younger a child was, the less likely they were to contract the virus, and certainly to suffer very adverse consequences from doing so.

And secondly, are those children vectors? Do they possess -- do they transmit the disease in large volumes to others? And again, the advice by now is that that risk is less with younger children.

So we're looking at this point, things are getting better, the virus is in much less circulation, the weather is better, we want people to take advantage of this opportunity and we're able to offer that bit of extra headroom, as we always call it, to act on behalf of children of this age in that way.

Q. Mr Drakeford, you've referred, at several points in your evidence now, to conversations that you were having with children and young people throughout, indeed you said monthly. You were obviously, throughout the pandemic, a very busy person indeed, and there may be some people who would have thought that a meeting with what was presumably a small group of children and young people may not have been the most valuable use of your time. It sounds as though you considered those discussions to

be valuable in that they influenced your decision making; is that right?

A. I'm absolutely committed to the voice of the child being heard in the ears of people who make decisions, and first time I'm able to do that is in the April immediately after the lockdown, where I meet the Youth Parliament for the first time to hear from them.

And I continued to meet with children, as I say, throughout the pandemic, because I really did want to hear directly from them about the impact that the pandemic is having on them, and the advice that they would want to give to government, the things they wanted us to think about.

My Lady, I'm quite sure that the Inquiry is overwhelmed by the amount of evidence and documents and so on that you are asked to look at, but I was just going to suggest, there's -- one of the meetings I had was with the Merthyr Youth Council. As I said, all local authorities in Wales have a youth council. And the Merthyr Youth Council, the young people who were on it, decided that they wanted to make a film of what it was like being a young person during Covid, and as part of the film they invited me to go up and answer some of their questions. We stood outside, we were at 2-metre distances, and so on.

The film has had its premier recently. It's an amateur film, it's made by children and young people, but if you want to try to remember a bit about what it was like at the time, this is a film made contemporaneously, it's not looking back, it's as it's happening, and it's made by young people themselves telling their story of what it was like to be a young person at this extraordinary moment in their lives and the lives of their families, and if there was ever a moment -- I'm sure there is -- when I say this, a chance to look at a bit of the film -- I think it does actually take you back there in a very vivid, if slightly rough and ready, sort of way.

And I was very pleased to meet the youth council because they were talking on behalf of other young people who they were in contact with, as well, and I absolutely didn't think that was anything other than a highly valuable use of my time.

Q. Thank you.

Mr Drakeford, I want to ask you now about the firebreak in the autumn of 2020 and again, this is a topic on which you have previously given evidence so we are able to be quite focused in our discussions this afternoon.

We know that on 14 October 2020, so at the time that

the Welsh cabinet was considering the firebreak, the Welsh Children's Commissioner whom you've spoken of, Ms Sally Holland, wrote to you. I don't think I need to take you through that letter but in it she very much encouraged the Welsh Government to take a rights-based view of the firebreak decision, so to conduct a rights analysis, and she particularly emphasised the need for mitigations for children in any coming firebreak.

We know that the cabinet met very soon thereafter on 18 October 2020, and can we look, please, at INQ000048882, which is a paper that the cabinet had before it on this occasion, and it's entitled "Children's rights and Firebreak options".

I had in mind to ask you, Mr Drakeford, whether this was as a result of the Children's Commissioner's intervention. Should we take it from your earlier answer that this is also part of business as usual?

A. This sort of document is now produced at every decision-making point.

Q. Thank you. Again, it's eight pages long and it's detailed, but it does, even at page 1, I think, set out that there will be scope to mitigate the most significant impacts in a selection of measures, and it emphasises throughout the ways in which that could be done, in the particular instance of the firebreak.

Ms Williams tells us that the decision, when it ultimately was made, the following day, was that the balance of harms came down in keeping primary and special schools open but secondary schools should be open only to years 7 and 8 after the half term, plus those taking exams during that week.

Was that decision, Mr Drakeford, influenced by this analysis that you received on the -- for cabinet on 18 October?

A. Very definitely.

Q. And also as part of that decision, this was the moment, I think, when the definition of "vulnerable children" who could attend was altered so that it built in that discretion that we discussed earlier. Again, was that decision influenced by this analysis?

A. It will have been.

Q. Thank you. We know that the firebreak ended on 9 November 2020.

That can come down, please.

And having dealt with that quite quickly, we can now move, please, to the Christmas period and the decision in respect of school closures in January 2021.

For reasons that you have set out on a previous occasion when you gave evidence, Mr Drakeford, we know that the Welsh Government made an announcement on

10 December that secondary schools and colleges would move online -- would move to online learning from the 14th.

We know that at the time when that announcement was made, the expectation was that schools would come back to face-to-face learning, after the Christmas break, on 18 January at the latest, but that, in the event, what ultimately transpired was a phased reopening from February 22nd, with full reopening not taking place until the end of March 2021; is that right?

A. That's right.

Q. Thank you.

And I want to ask you, Mr Drakeford, about, at this stage, what the Welsh Government was doing in respect of the mitigations around remote learning and to ensure that remote learning could be as effective as possible, because in January 2021 there were several sources of information before Welsh ministers about problems with the effectiveness of remote learning.

One was, again, a report from the Children's Commissioner reflecting direct work she had undertaken with schools on this issue. And what that report said, essentially, was that provision for remote learning was very patchy and very variable, and she found, for instance, that 12% of schools had less than 20% of

learners -- had at least 20% of learners without access. And that having shared rather than exclusive access to a device was common, with more than half of learners sharing access in 36% of schools.

Do you accept, Mr Drakeford, that access to devices was patchy for children and young people in January 2021?

A. I think the same survey showed that in half of schools in Wales, 90% of children had access. So I think -- I don't think "patchy" is quite accurate enough. The majority of schools by now have very significant access to devices. The struggle is not with availability of devices all the time. It is in getting devices used. So, that one in ten of schools reporting 20% of children without a device, when they were asked why that is, they often -- they do sometimes say it's hard to get the equipment but what they more often say is it's because there are some families who are very hard to reach, and when you do reach them, it's not a matter of giving them a device; you know, they don't have data. They can't afford it. So there's -- and they don't have the confidence or the skills to assist the child to use the device when they've got the device.

So I think the current Children's Commissioner says in her statement to the Inquiry that by January the

Welsh Government is about to issue another 35,000 devices, having already issued 97,000 devices.

So devices were being provided. Not just by the Welsh Government, of course; local authorities have repurposed devices, schools themselves have done that. Physical devices are being provided on an industrial scale. What you're learning is, is that just being able to provide the device is -- for some children it's all of it because they've got families who are then able to help them, but for lots of children it's only part of the picture.

Q. Yes, can we look, please, at INQ000129921.

This is one of the sources of information that the Welsh Government had about this issue in January 2021. This is a paper that was before the cabinet on 25 January, and it is describing the findings of some research that had been funded by the Welsh Government in respect of the issues related to remote learning at the time.

And we see there at the first bullet point:

"Variability in access to suitable digital kit, leading to digital exclusion of many of our most disadvantaged children."

Do you accept that that was the case?

A. Yes.

Q. "Variability in the quality of school's communication and engagement with parents."

I think that goes to the point you were just making, doesn't it?

A. It does.

Q. And we see:

"Although rapid progress has been made in some cases, the efficacy of remote learning and teachers' skills in this area are problematic."

A particular concern, lower down, about the loss of Welsh language competence by pupils in Welsh-medium schools where the language of the home is not Welsh.

A. Probably because it might be the only time the Inquiry will hear that point, but of course that is a very important point in Wales because we have very large numbers of young people who receive their education through the medium of Welsh, where English exclusively is spoken at home.

In the pandemic, particularly for the youngest children, who now are losing contact with the language, that quite definitely had an adverse impact on their ability to go on acquiring learning.

Q. And we see the conclusion in the last paragraph here:

"Overall, variations in" -- I beg your pardon I shouldn't describe that as a conclusion but it is

a separate point:

"... variations in the home learning environment and the support that schools are able to offer, is significantly exacerbating inequalities in education."

And do you accept that was the case in January 2021?

A. I do think that the move to remote learning reinforced existing inequalities.

Q. In coming to understand how it was the case that, for instance, as you've accepted, there was a variability in access to suitable digital kit at this point quite far into the pandemic, you've referred a moment ago, Mr Drakeford, to the Welsh Government being about, was it, I beg your pardon, about to purchase a further 35,000 --

A. Yes.

Q. -- devices? Why was it that there was a need to provide further devices this far into the pandemic? Does that mean that there had been an under-order earlier on in the pandemic?

A. There are problems of global supplies of equipment at this point. It won't be that they hadn't been ordered, it's just that they weren't available because everybody is trying to buy these devices at this point. So the Welsh Government is not a -- this is one of those areas where funding is not the constraint. There is money

available, but you sometimes have to wait until devices arrive and can be ready for distribution.

Q. One of the things that Ms Williams said about this, and I don't think I need to take you there, but it is at paragraph 88 of her statement for this module, was:

"My lasting impression is that the Welsh Government was proactive in sourcing both devices and access to the Internet for the digitally excluded and a lot of good work was done but ultimately provision was patchy and did not cover all those who would have benefited."

She goes on:

"This was, in part, due to the different way that schools and local authorities addressed the issue."

And this was another aspect of mitigation of school closures, Mr Drakeford, that was largely in the hands of local authorities to implement; is that right?

A. It would have been.

Q. Was there a structural difficulty there, and was there anything that could have been done from the centre to assist with that?

A. Well, the purchase of the devices we've just talked about was an initiative from the centre. We are buying them, but we are not in a position to know which child in the class most needs that help. The local authority and its staff on the ground are. So we supplied them,

and we rely on them to do the final matching up.
I'd make a slightly broader point that I think one of the things that was very apparent during the pandemic is the variable capacity of schools to make a success of online learning. Some schools are marvellous at it. They grasp it from the beginning, they do all sorts of imaginative things, and they make sure that online learning provide the maximum that it can, and other schools are not in the same position.
The variability between schools, I think, which is there in many, many aspects, but I really felt it came to the surface in relation to online learning, particularly.
Q. Thank you, Mr Drakeford.
We know that another aspect of the Welsh Government's work on this issue in the January of 2021 was to provide guidance requiring schools to provide live streamed lessons for students and I think I've seen that described, again, as a policy of ensuring consistency, to the point that you just made.
We know that on 12 January, you received a letter about this.
Can we please look at INQ000350774.
This is a letter from the NASUWT setting out opposition to that guidance that I've just described.

Mr Drakeford, we have already seen this letter and looked at the opposition earlier in these proceedings. Have you also had an opportunity to consider this letter?
A. I've seen the letter, of course.
Q. Thank you. And we see bullet pointed there on this page some of the reasons for raising concerns about live streaming: that it was a change in teacher service conditions, that there were child protection implications that needed to be fully assessed and evaluated, that there were workload implications, and GDPR implications.
Did you consider, Mr Drakeford, that this was a meritorious challenge to the guidance you were pursuing?
A. By now, many, many schools are providing online live stream learning. The notion that nobody had thought of child protection implications, that nobody had thought of GDPR implications, I don't think that was a fair reflection of the facts on the ground because many schools are doing this.
And what the Welsh Government is wanting to do is to make sure that this is part of the repertoire that is deployed in schools.
I have read the evidence of I think Mr Courtney, who

provided evidence on behalf of trade unions, and I thought he made some very strong points about the fact that recorded lessons are often just as -- or more valuable, because students can go back if they haven't heard or understood a point, parents can share a lesson with them in the evening.
But as well as that, we wanted to make sure that live lessons online were part of the repertoire that schools provided. Not to the exclusion of other things, but as part of the tools available to them.
I don't think that the Welsh Government's position was an unreasonable one, and as I say, many, many schools were doing it already.
Q. Thank you, Mr Drakeford.
The final issue on this topic is that we know when the time came in February 2021, and the Welsh Government began to plan for reopening schools, you received a number of challenges from education unions about that.
We know that on 9 February the National Association of Head Teachers wrote to you with a pre-action letter essentially suggesting that they would take the Welsh Government to court for its decision, or for its planned decision to reopen, and the NASUWT wrote one week later, on 16 February, not with a pre-action letter but asking you not to open primary schools.

And we know that you responded to both letters in somewhat robust terms, setting out the Welsh Government's stance in respect of the science and why the Welsh Government was taking that position.
What Ms Williams says about these exchanges is that she did not consider raising the possibility of legal action to be a helpful or useful way to move forward. She says:
"... and my recollection is this was a feeling shared by my Cabinet colleagues."
Is that right, Mr Drakeford? Did you share that view?
A. I was disappointed that, given the close working relationships that we had with our trade union colleagues, and the value that we attached to them, and the success of them, that a trade union felt that a legal threatening letter -- which is what it -- it was intended to be a threat to the Welsh Government -- that they had concluded that that was the best way of resolving differences between us.
Q. Thank you, Mr Drakeford. I want to move on now to a different topic, and I'm leaving the chronology there and asking questions overall now.
This is about the needs of disabled children and children with special educational needs. Please do --

these are questions about the implementation of policy, Mr Drakeford, so please do let me know if these are not matters that you were sufficiently involved with to be able to assist.

First of all, in terms of attendance at school, we know that when Ms Williams announced her policy or the policy of some children being able to attend school as early as 20 March 2020, she did include disabled children in the description of those children who would be able to attend.

When the guidance was issued in the April of 2020, however, disabled children were not included in the group of children who were able to attend school. Are you able to help us with that at all? Was that a deliberate omission? Had the policy changed?

A. I can't believe, myself, that it was a deliberate omission. The letter of 23 April is preceded by a meeting of 15 April involving ministers reviewing why so few children have been presented to -- to the hubs. It's at that meeting that concerns about the use of the term "vulnerable children" is raised. My colleague Jane Hutt, who is the Minister for Social Justice, and had responsibility for disability issues, she specifically raises issues, and they're there in the account of the meeting, about disabled people in

relation to -- to these matters.

So I cannot imagine that, given that particular attention was being drawn to the importance of the issue, that it was a deliberate omission, a few days later, to not include it in the letter.

Q. It may be said that it would have been very important for the guidance to have referred to disabled children explicitly in order that local authorities and schools would understand the importance of assessing their circumstances and whether their needs could be met at home or required attendance.

Is that fair to attach importance to guidance in that respect?

A. I would, yes.

Q. Yes. Another aspect of the policy of -- for all vulnerable children's attendance at school was that there was a reliance on teachers and social workers and those with close knowledge of families to identify the relevant children and encourage their attendance.

In terms of disabled children, a potential difficulty with this approach was that during the pandemic, many social care services relied upon by carers were facing difficulties in -- in normal operations.

We know that Care Inspectorate Wales completed

assurance checks on those services between September 2020 and July 2021, and found that many of them had stopped operating during the pandemic, in some cases leading to breakdown of care arrangements.

Do you think there was a potential here for disabled children to be overlooked if actually their attendance depended on being identified by local services but local services weren't working terribly well because of the circumstances of the pandemic?

A. Well, look, I completely accept that services are under a huge strain at this point and that they are not doing some of the things that they would do normally. I think the Care Inspectorate Wales report focuses on carers' assessments, so these are people who are being newly assessed generally. Sometimes it's someone that's got an assessment that's being redone but generally these are people who are newly known to the service, whereas on the whole, disabled children are already known. If they have significant disabilities, they will be known already, so you're not relying on them being newly identified. And if we couldn't ask social workers and teachers and people who were already in contact with them to help us to do that, I'm not sure where else we would have been able to go.

So while I do accept everybody is under huge

pressure, everybody is trying to do an awful lot of things in very different ways, those were the people we could best rely on, and they would have had prior knowledge of the young people for whom they were being asked to take that responsibility.

Q. Would you perhaps accept, then, that that potentially narrower group of children who may have been newly disabled or becoming newly identified as disabled in that time, might potentially have been overlooked in these circumstances?

A. Well, that is certainly what the Care Inspectorate Wales report says: that local authorities were not carrying out those assessments in as timely a way as they would have wished.

Q. Thank you. And in respect of policies which related to remote learning, we know from the statement of Ms Tracey Burke that the Welsh Government had sought out feedback from special needs coordinators, teachers, and additional learning needs students about their experiences of remote learning during the pandemic. And what Ms Burke says in her statement is that those experiences were described mostly negatively with students saying that they found learning more difficult online, and giving the main reason of this being a lack of immediate and effective support.

Would you accept, Mr Drakeford, that the needs of students with additional learning needs were not well met by remote learning mitigations?

A. Well, these are children with very particular needs, and the shift to remote learning certainly wasn't one that was going to be easy for them, and it's a very sad conclusion. I've seen the Tracey Burke evidence, and it is a very sad conclusion that those children report how difficult it was for them. There are mitigations set out in the same document that could have been applied, but I just think it was just inevitably going to be very hard. If you've already got learning disabilities, if you've already got physical disabilities, and now you don't have somebody in the room with you to help you to overcome those difficulties or to mitigate for them, it's inescapably, I think, going to be hard.

Q. Thank you, Mr Drakeford.

The next topic I want to ask you about is an issue that has been raised by representatives of some Core Participants, and it's to do with the Welsh Government's policies with regard to face masks. You gave some evidence previously on this subject, and I think the tenor of your evidence was that the Welsh Government's policies were broadly following the advice of Dr Atherton, the Chief Medical Officer for Wales, and

that he himself was not persuaded that it was beneficial for face coverings to be mandatory throughout the pandemic; is that right?

A. I think Dr Atherton described himself as a face mask sceptic.

Q. And in your statement for this module you have said that you agree with Ms Williams' view that the local approach to face coverings in light of schools reopening was the most effective way forward; is that right?

A. Because the circumstances of the virus were so different in different parts of Wales. There were points when some local authorities were very, very badly affected by it, whereas in another local authority at the other end of Wales was hardly affected at all. So it was better to leave it to that local determination to match the facts on the ground.

Q. Thank you, Mr Drakeford.

The questions that have been asked about this topic in this module really fall in two different camps, and I want to give you an overview of them before I put them to you because, in fairness, it may be easier to be able to respond from all angles, so to speak.

On the one hand, the Children's Commissioner asks how the use of face masks in schools was kept under review, and whether these were decisions that were

informed by children's rights impact assessments, and she also asks whether, in your view, the use of face masks in schools could have ended earlier than June 2021, given that adults were at this time able to sit in groups of six without masks.

On the other hand, those representing Clinically Vulnerable Families ask whether leaving the decision up to local communities without a centralised policy may have resulted in undesirable variations and may have made it more difficult for families to challenge that when they felt there should have been a more strict policy.

So with that variety of views and angles, can I ask you what might be a difficult overall question: to what extent are you satisfied that you managed to balance those interests and keep the policy on masks under review throughout?

A. I should perhaps have made the point earlier that, of course, once we were at level 4 restrictions in Wales, and we are, over the Christmas and New Year, then face masks are mandatory. They were left to local discretion at the point that you quoted Kirsty Williams earlier in the better time of the year, but by the time we come to the bad time of the year, and they are mandatory, I have huge sympathy for those young people

whose own health is compromised, or who have high anxieties about the possibility that they will take the virus back home where there are other people who have difficult health issues to face. I think that must be a terrible dilemma for a child, and a child absolutely should be supported to make sure that if they need special attention, that they get it in the most positive way.

In that debate, I myself probably have more sympathy with the Children's Commissioner's view, that I think we probably did require masks to be used more extensively and for longer, and the clinical benefit justified.

In practice, however, I think the pendulum moved in the opposite direction: that in schools, because of people's anxiety, because there is a new variant, the Welsh Government provides £5 million for a -- new mitigating measures when schools reopen at the end of February, and that includes the purchase of additionally effective face masks to be used by teachers and other staff; as a confidence-building measure, I think it has more grip on the ground than a children's rights perspective, which is that they were used more extensively and for longer than was clinically necessary.

I don't want to have to choose between the two

perspectives because I don't think they were quite as in conflict with each other in practice, but I probably had a little more sympathy with the commissioner's view that we might have been able to do a bit more a bit earlier to lessen the burden of face mask wearing by children.

Q. Thank you, Mr Drakeford.

I'd now like to ask you about some overall reflections and conclusions. Firstly, perhaps a strategic point. We have, during the course of your evidence, discussed occasions on which the Welsh Government, to a greater or lesser extent, took into account children's rights or applied the formal frameworks for that in its decision making.

Some Core Participants in this module say that the due regard duties of Welsh ministers were not fully and properly followed by the Welsh Government throughout the pandemic, and that had children's rights protection in Wales been stronger, such as by full incorporation by the UNCRC, the impact of the pandemic may have been better mitigated.

What would you say to that?

A. Well, I will say that I think I can point to very direct practical examples from very early on, and through the pandemic, where the perspective of the UNCRC Children's Rights Measure made a genuine difference to the

decisions we made, whether that is in the April, the first three-week review, we decide that children who have very particular needs can go out to exercise more regularly than just the one hour a day. That is a children's rights issue. That's how it was conceived and debated in the cabinet. Right through, as you said, for example, in the firebreak where we decided, very unusually, I think, you know, probably not completely consistent with the medical advice, that we were going to allow years 7 and 8 to return to secondary schools. That was a children's rights issue for us there.

So I think I can point to practical examples all the way through that show how the measure bites.

Of course I understand that there are people who believe that, differently framed, we might have done more, but I would definitely say that from the very earliest days to the end, the due regard duty was making a difference.

Q. Thank you, Mr Drakeford.

Ms Williams, in her witness statement, set out a series of recommendations that she would make in respect of any future pandemic or civil emergency.

As you pointed out earlier, your statement was rather more closely dealing with matters of agreement or disagreement with Ms Williams. Are there any of your

own recommendations that you would invite the chair to take into account?

A. Well, thank you. Here are three ideas that have occurred to me as I've been preparing to be here today. We've debated quite a lot today, the impact of contractual arrangements, and our ability to mobilise change in the circumstances of a pandemic.

One of my conclusions is that we ought to take advantage of calmer times to deal with some of those things now. So I believe, for example, that extending the school day and reforming the school year are things that we ought to do while we have a different sort of opportunity to do so.

Extending the school day, particularly for children who don't have access to opportunities that other children do, is one of the ways in which we could make a direct impact on that inequality issue that the Inquiry has debated so thoroughly.

And we have a pattern of the school year that bears no relation to the way people live their lives in the 21st century. You know, we have a pattern of the school year that was formed at the end of the 19th century for an essentially rural economy, where children needed long periods of time off in the summer to help with the harvest.

Had we had a different approach before the pandemic I think some of the difficulties we faced in those contractual issues would have been easier to resolve or we should do them now while we have the chance.

Secondly, the point we've discussed this afternoon about remote learning. I think we need to make efforts now to make sure that the workforce is better equipped to help young people, should remote learning become necessary in the future. Because it wasn't, in the end, an issue of devices; it was an issue, very often, of how confident and prepared staff were to move to that form of education, and how well they were able to help young children, particularly in families where the degree of help available inside the home wasn't as strong as it might otherwise have been.

It would be a great shame, it seemed to me, if we were ever to be in these circumstances again and found that we were no better prepared then than we were this time. We should learn all the lessons we have learnt about how better to use those forms of engagement with young people, make sure the staff are properly prepared for it.

And thirdly, my Lady, and, you know, I'm not certain that this is a particularly useful idea, but I think it is at least worth exploring. We have very settled

machinery of government arrangements for dealing, for example, with physical, you know, flooding, high winds, all of those sorts of things. We have very settled arrangements. We know who's responsible. We know the pattern on the ground, we know how people will be called together.

Do we need some machinery of government that's ready with people who are equipped to do things when it's children's rights that are the problem, or where children are particularly affected? Because we didn't. We had everything we knew about the children's rights measure, we had all the experience we had of that, but we didn't have machinery ready to take across government, you know, in health, in education, in social services, in community development, and so on, machinery of government ready to use to make sure that children's needs and children's experience was going to get the attention that it needed.

And instead of waiting until it happens next, maybe we need to think about some institutional machinery where people know that they would have to take some responsibility, they equip themselves to do it, they form the relationships that are the bedrock of that sort of thing, in a way that will be not a parallel but would draw on the machinery of government we have all the time

for dealing with different sorts of emergencies.

MS CAYOUN: Thank you very much indeed, Mr Drakeford.

LADY HALLETT: Thank you, Mr Drakeford.

Mr Wagner.

Questions from MR WAGNER KC

MR WAGNER: Thank you.

Good afternoon, Mr Drakeford. I represent Clinically Vulnerable Families.

You say at paragraph 8 of your statement that you attempted to balance the rights of children and young people to an education with the need to ensure that the physical wellbeing of students, their families and staff, was protected to the best of your ability.

Do you accept that there is a group of children who were at higher clinical risk if they attended school or someone in their household was at that higher clinical risk?

A. Yes.

Q. And should their needs have been explicitly recognised and planed for in Welsh education policy?

A. Well, I think their needs would have been known about, and I think there were efforts always made to make sure that children who either were themselves vulnerable, or lived in families where others had vulnerabilities, that that was recognised, and as much as possible, a response

was made to that. So I don't think it was an issue of which the system was unaware, or unresponsive. That is not to say at all that more could have been done, and more systematically done.

Q. And should it have been planned for, was the question?

A. Well, I believe that as we became more aware of things, more planning was done. I'm not certain I could say to you that we were in a position to plan for all the very many different eventualities we were trying to plan for, not simply in this area, but in every other aspect of people's lives, right from the outset. I think I could fairly say that as we learnt more and we became more familiar with the challenges and the nature of the virus and so on, that more was done.

Q. The second area is this: CVF, the charity that I act for, has provided extensive evidence to this Inquiry on particular harms suffered by clinically vulnerable children and children in clinically vulnerable families such as lost learning, deregistration from schools, serious exam impacts, psychological harm, and many needed to spend more time away from school than other children to protect themselves or their families.

In light of all of that, do you agree that the Welsh Government should develop a dedicated programme of educational catch-up and offer mental health support for

those children, recognising them as a distinct group whose needs remain unmet?

A. Well, the Welsh Government has provided an extensive and, you know, powerfully-resourced programme of education catch-up, and we have a very dedicated set of services designed to meet the mental health needs of young people, from counselling services in schools themselves right through to the specialist end of child and adolescent mental health services.

I think, if I'm understanding, the question is: is -- should there be a specific strand, in all of that --

Q. Yes, exactly.

A. -- to deal -- to respond to the needs of the children that you represent? I don't think I'm in a position to give you a well-informed answer on that, but I'm absolutely happy to make sure that it is discussed with my colleagues and those who would have that responsibility.

If they were sitting here, with the more specialist knowledge, they may be able to point to things that are already happening, in a way that I'm not.

Q. Thank you. And then finally, thinking about lessons learned and recommendations, looking ahead, do you agree that Welsh and UK governments should make sure that data

is collected relating to children and young people with their own clinical risk, or a particular clinical risk, or someone in their household does? And by that I'm referring particularly to data relating to attendance, exams, and exclusions, just so it's possible to really understand what the issues are around that particular group that may otherwise have fallen through the cracks?

A. Well, I'm very much in favour of the use of data to shine a light on policy issues. We're fortunate in Wales in having the SAIL database, which we've discussed in our previous modules, which is the most developed source of information of health needs that's available in the United Kingdom, and we extensively collect data on matters like attendance and some of the other things.

I do think there will be different opportunities in the future using some of the most recent developments in the way that data can be manipulated and brought together, to do some of the things that -- that you suggest, and the Welsh Government would, I think, be very sympathetic to doing so.

MR WAGNER: Thank you.

LADY HALLETT: Thank you, Mr Wagner.

Mr Jacobs, he represents the Trades Union Congress, Mr Drakeford.

Questions from MR JACOBS

MR JACOBS: But, Mr Drakeford, given the matters already covered, I think just one question on behalf of the Trades Union Congress. I don't think it's been put this way today, but in places in this module there's been references to a suggested conflict between interests of education staff on one hand and interests of children on the other.

Considered as a matter of broad principle, would you agree that decision making in a pandemic is not about the rights of staff versus the rights of children, and it's about the necessary and optimum response for society as a whole, and the challenges need to be seen through that lens?

A. I entirely agree with that, and I want to be clear that I never believed that our trade union colleagues, whether it's the teacher unions or the non-teacher unions, ever came through the door not alerted to the needs of the children that they were working so hard to serve.

We had some very specific instances where we took a different view to some of our trade union colleagues, but nobody should think that that is some general reflection that suggests that those individuals and the members that they represented were anything other than dedicated to the interests of the children that they

served.

MR JACOBS: I'll leave it there, my Lady. Thank you.

LADY HALLETT: Thank you, Mr Jacobs.

And now Ms Iengar, who is just there.

Questions from MS IENGAR

MS IENGAR: Mr Drakeford, I ask questions on behalf of Long Covid Kids and Long Covid Kids Scotland. My first question is on the government's knowledge of Long Covid in children. Andrew Goodall, the former Director General of the Welsh Government's Health and Social Services Group says in his statement that Long Covid was first understood by the Welsh Government in autumn 2020 and goes on, and I quote to say:

[As read] "Awareness of the impact on children followed shortly after and certainly by the end of 2020."

He also then refers to a paper published on 1 February 2021 specifically noting the impact of Long Covid on children and the lack of paediatric services to correlate.

Would you agree, and I think it follows that from the end of 2020 onwards, the impact of Long Covid in children should have been factored in to the Welsh Government's pandemic response?

A. Well, I agree -- as I recall it, I agree with the

chronology you've set out. There is a TAG report, Technical Advisory Group report early in February that does specifically identify children as a group to be concerned of in Long Covid, and the first time that I could find a reference to it in the children's rights impact assessment is the impact assessment of the following week. So certainly by the beginning of February, we are more aware of the potential impact of Long Covid on children.

Q. And so then moving from awareness to action, knowledge to action, Ms Williams, who was provided with a written statement on Long Covid on 23 October 2020 nonetheless says that Long Covid didn't play a role in decision making around schools prior to her departure from government, which was in May 2020. Would you agree that the knowledge and understanding of Long Covid which the Welsh Government had from autumn 2020 should have been a consideration in the advice on decision making around schools from the point that it was known, and certainly before Ms Williams left government in May 2021?

A. Well, I believe it is in this way: that the best way to prevent Long Covid is to prevent Covid. And all the measures that the Welsh Government were taking around the return of schools on 22 February, and there are a series of enhanced measures which the Welsh Government

funds, including the face masks that we were referring to earlier, anything you can do to prevent a child from getting Covid is the single-most effective thing you can do to avoid the risk of Long Covid. So I don't think that it, you know, I think there were measures being taken, now, with the new information that ministers have that Long Covid has to be considered in a children's context. I would, though, agree that the place where that understanding has its greater impact is in the services which the Welsh NHS now begins to develop to respond to children who very sadly find themselves in that very, very difficult position.

Q. If I could pick on a few points in that very, very long and dense answer, so we have confirmation from Ms Williams that it wasn't taken into account for decision making around schools and you said: stop Covid, stop Long Covid. But there are specific considerations, aren't there, that would have assisted when considering Long Covid, for example a core NPI is public messaging, so public messaging to parents and to schools on the risk of Long Covid so that parents could take informed risk assessments for their children so that schools could assist pupils in accessing education.

There were specific considerations for Long Covid that could have been taken, couldn't they? And they

hadn't, by the time, as Ms Williams confirms, left government in May 2021?

A. I think, my Lady, I'm genuinely at the edge of what I would have known about myself.

LADY HALLETT: And also, I'm afraid Ms Iengar has strayed off piste so could we please move on to the last question you've been given permission for, please, Ms Iengar.

MS IENGAR: Mr Drakeford, my final question, which picks up actually on a point that you made, and if we could go to a document -- it is INQ000350218.

This is one of the TAG briefing notes from January 2021, it's a briefing note on the considerations for changing the operation of schools to allow more face-to-face learning, and at page 3, still waiting for it to come up on screen, page 3 and then the penultimate bullet point, we see here as you've indicated that you're aware that TAG expressly advised that the potential impacts of Long Covid should be taken into account when relaxing measures, and this is a briefing note about reopening schools. And of course, we know that Ms Williams clearly says that Long Covid didn't play a role in decision making by May 2021, and you appear to have said that Long Covid sits more firmly in the health services department.

Would you agree with the NPIs that I suggested earlier that decision makers should have followed TAG advice and should have considered the impact of Long Covid when considering reopening schools?

A. Well, I do think we take exactly the advice that you see in this document. Ministers wanted to reopen schools. Our position has changed over the pandemic. Back in May, reopening schools is one of our priorities against a jostling of other things that we're being asked to reopen.

By the time you get to January of 2021, the cabinet is clear: reopening schools is our top priority. The last to close and the first to reopen. And that's what we want to do.

But this advice tells us that we shouldn't do that. It tell us we shouldn't do it because we're not at a point you see in the first bullet point in that paragraph. It says that were we to do it, it would be likely to increase R by between 10% and 50%. So, insofar as the advice of TAC is "Don't reopen schools, because you will see all these adverse impacts, including Long Covid", to our disappointment and our regret, we don't.

So I think -- I think if your question to me is shouldn't we have followed TAC advice, then my answer

is: that that's exactly what we did.

LADY HALLETT: Thank you.

MS IENGAR: My Lady, I think I've pressed it. Thank you very much.

LADY HALLETT: Thank you very much.

That completes the questions we have for you, Mr Drakeford.

Pride lit up your face when you described that film, and I can tell you the Welsh Government team and my team have been working hard to find me the link, so I promise I will have a look at it.

THE WITNESS: Thank you very much. They will be very pleased.

LADY HALLETT: Well, thank you very much for the help you've given to the Inquiry. And, as ever, you've been a very thoughtful and insightful witness. Thank you.

THE WITNESS: Thank you.

LADY HALLETT: Very well. I shall return for a 10.00 start tomorrow. I shall be attending remotely.

(4.13 pm)

(The hearing adjourned until 10.00 am the following day)

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