



Closing schools is not evidence based and harms children

Keeping schools open should be the UK's top priority

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Some 8.8 million schoolchildren in the UK have experienced severe disruption to their education, with prolonged school closures and national exams cancelled for two consecutive years. School closures have been implemented internationally¹ with insufficient evidence for their role in minimising covid-19 transmission and insufficient consideration of the harms to children.

For some children education is their only way out of poverty; for others school offers a safe haven away from a dangerous or chaotic home life. Learning loss,² reduced social interaction, isolation, reduced physical activity,³ increased mental health problems,^{3 4} and potential for increased abuse, exploitation, and neglect⁵ have all been associated with school closures. Reduced future income⁶ and life expectancy⁷ are associated with less education. Children with special educational needs or who are already disadvantaged are at increased risk of harm.³ The 2019 report of the children's commissioner for England⁸ estimated that 2.3 million children in England were living in unsafe home environments with domestic violence, drug or alcohol abuse, or severe mental problems among parents. These long term harms are likely to be magnified by further school closures.³

The overall risk to children and young people from covid-19 is very small,⁹ and hyperinflammatory syndrome¹⁰ is extremely rare. Studies are under way to gauge the effect of post-covid syndrome among children.¹¹

Although school closures reduce the number of contacts children have, and may decrease transmission, a study of 12 million adults in the UK found no difference in the risk of death from covid-19 in households with or without children.¹² Only 3% of people aged over 65 live with children.

In-person learning increases teachers' exposure and might be expected to increase their risk of becoming infected,¹³ but accumulating evidence shows that teachers and school staff are not at higher risk of hospital admission or death from covid-19 compared with other workers.^{14 15} Teacher absence because of confirmed covid-19 in England was similar in primary and secondary schools in the autumn term,¹⁶ despite secondary schoolchildren having much higher rates of SARS-CoV-2 infection.¹⁷ Moreover teacher absence decreased in tier 3 regions during the November lockdown despite schools remaining open.¹⁶

Transmission

The role of children in community transmission is not clear. Recent infection surveys using PCR tests,^{17 18} show that around 0.5-1% of children have a positive result, and school closures mean it has not

been possible to obtain evidence regarding the spread of the new variant in schools. However, earlier studies, including from Australia, Norway, Switzerland, Italy, and Germany,¹⁹⁻²³ in which all individuals were tested regardless of symptoms found transmission rates to be low, particularly among primary schoolchildren.¹⁹⁻²³ Ecological studies and descriptive studies of viral prevalence within schools show that it reflects community prevalence but is not higher.²⁴

International modelling studies²⁵ which estimate that school closures have a meaningful effect on reducing transmission rates are all confounded by the near simultaneous introduction of multiple interventions (including lockdowns, curfews, closures of bars and restaurants). Moreover, they do not account for indirect effects of school closures which prevent parents from working outside the home. A systematic review²⁶ of observational studies showed that in those studies with lowest risk of bias, school closures had no discernible effect on SARS-CoV-2 transmission.

Children have least to gain and most to lose from school closures. This pandemic has seen an unprecedented intergenerational transfer of harm and costs from elderly socioeconomically privileged people to disadvantaged children. The UN convention on the rights of the child and the duty on the government to respect, protect and fulfil those rights have largely been overlooked.

The UK children's commissioners have all pointed out the harms of closing schools to the wellbeing of children and young people.²⁷⁻³⁰ Many pupils may never be able to catch up on lost time in school, and vulnerable teenagers are falling through gaps in the school and social care systems. There is no substitute for face-to-face learning.³⁰ In the absence of strong evidence for benefits of school closures, the precautionary principle would be to keep schools open to prevent catastrophic harms to children.

UK governments' failure to prioritise children is reflected in the absence of systematic evaluations of school closures and mitigation measures in schools. Schools reopened in Scotland and Wales on the 22 February for children aged 3-7 years. Despite cases falling steeply across England and Northern Ireland, schools will not return until 8 March. The UK must protect the rights of children, ameliorate the harms, and ensure that school closures are only ever enacted as a last resort, for the benefit of children.

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