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**Dear Directors of Public Health,**

Much has changed since the start of this academic year. While the autumn term was not without its challenges, for the most part our children and young people spent it in schools and colleges. In the face of unprecedented challenges, the efforts you and your teams devoted to helping keep education settings open through to Christmas enabled those pupils to experience as close to a normal start to the academic year as could be expected. Again and again across the public sector during this pandemic, we have seen people going to extraordinary lengths to deliver for the nation's children and young people; your organisations are no exception and for that we wish to express our gratitude.

Of course, the spring term has been a different story. In light of the growth in transmission rates we saw at the end of 2020, including as a result of the newly-identified UK strain of the virus, most pupils and students have learnt remotely since the start of January. We are delighted they will soon be returning to schools and colleges. You will be well aware of the significant and proven impact that time out of face-to-face education has on the health and wellbeing of children and young people – it is for this reason the government prioritised education in its roadmap to take the country out of lockdown.

For younger children in particular, there is clear evidence that extended time without face-to-face teaching is detrimental for cognitive, social, emotional and academic development, learning and long-term prospects. The pandemic has exacerbated existing attendance and engagement problem: disrupting their education, intensifying learning loss, and breaking normal routines. As the Chief Medical Officer, Professor Chris Whitty, recently put it - everything is strongly in favour of children going to school.

Ensuring that children and young people remain in regular and consistent face-to-face education is critical to reversing the long-term impact of the pandemic on their education. This will of course present its own challenges, but for the sake of children and young people's futures we must together make it a success.

You and your teams will be crucial to this effort, supporting and guiding education leaders as they navigate the rest of the academic year and beyond. The successful return of more learners to schools and colleges is being supported by a range of actions designed to minimise the spread of coronavirus. In many ways we are in a better position now than we were in September, with rapid asymptomatic testing now well established and making a significant contribution to identifying and preventing the transmission of the virus. Testing, along with other infection prevention and control measures, will help to ensure pupils and students are given the best chance of face-to-face education.

Asymptomatic testing is already in place in many schools and colleges, and those regimes are being extended and strengthened as more learners return - meaning that people with the virus who are asymptomatic and who might otherwise continue to attend educational settings are identified and self-isolate. While it will still be necessary to ask groups of pupils to isolate at home where they have been in close contact with a positive COVID-19 case, this will be made far less likely by these rigorous testing regimes, which are described in the annex to this letter.

The Department for Education has also worked closely with Public Health England (PHE) to develop and strengthen the system of controls to reduce the risk of transmission within education settings.

For secondary schools, further education institutions and higher education settings, PHE has recommended that the use of face coverings be temporarily extended to all indoor environments, including classrooms, unless social distancing can be maintained. This is in line with face covering usage in other areas of society, as well as other European countries.

In primary schools and early years settings, based on PHE advice, we are advising face coverings are worn by adults in indoor communal areas - outside of classrooms - where social distancing cannot be maintained between adults. This is a strengthening of our current position where the use of face coverings is at the discretion of the school and individuals. Children in these settings do not need to wear face coverings.

These additional measures will be reviewed in partnership with health experts to decide whether evidence suggests that these measures can be eased ahead of the summer term. PHE continues to advise that the existing range of other safety measures in place in education settings remains appropriate – including bubble groups, staggering start and finish times, increasing ventilation and hygiene, and maintaining distance between adults where possible.

Testing regimes and the system of controls, when implemented in line with settings' own workplace risk assessment, create an inherently safer environment for children, young people and staff where the risk of transmission of infection is substantially reduced. We ask that you continue to support schools, colleges and nurseries to

adhere to these measures, because it is vital that they are implemented well and consistently.

Local issues may, of course, still arise. We ask that you continue to help education and childcare settings to take a proportionate approach to responding to positive cases in their settings.

If there is a need to re-escalate restrictions regionally or locally, our revised [contingency framework](#) sets out the guiding principles and process by which government decisions will be taken, through the government's [Local Action Committee command structure](#). Such decisions will be taken on the basis of public health advice, and may be in response to increased transmission of new variants.

Your close engagement with Regional Partnership Teams, which provide insight and advice to inform government decision-making, is an important part of that process, and we ask that you continue this close work. Open lines of communication with the Department for Education's local teams including Regional Schools Commissioners and the Education and Skills Funding Agency's further education territorial teams will also continue to be important.

This most recent lockdown has been especially difficult. But we have arrived at a moment that students and parents across the country have been waiting for. The testing of staff and students alongside the strengthened system of controls should reassure families and education staff that the right measures are in place to keep children in schools where they belong.

We wish to again extend our thanks to you and your teams, who have worked so hard throughout this pandemic. We remain hopeful that the overall picture, helped by the extraordinary pace of the vaccination programme, will continue on its positive trajectory. Thank you for all you have done to bring us to this point, and for all that you will continue to do as we cautiously embark on what we all hope is a one-way road back to normality.



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## **Annex | Overview of testing regimes in education and childcare**

- Since January, rapid asymptomatic testing has been in place for the secondary school and FE college workforce, and for vulnerable children and children of critical workers in secondary schools, FE colleges, special schools and special post-16 institutions, and alternative provision on return.
- By 8 March, regular home testing will be introduced for staff in secondary schools, general FE colleges and sixth form colleges, and specialist settings. By the end of March this will also be introduced for Independent Training Providers and Adult Community Learning Providers.
- Regular testing of secondary school/college students will become the norm from 8 March. While available evidence suggests that students of this age group are significantly less likely to become unwell from COVID-19, the evidence is that they (particularly older secondary pupils) are likely to transmit the virus to the same level as adults. We have therefore asked secondary schools and colleges to introduce regular testing of pupils and students in the following way:
  - all students to be tested 4 times on their return, 3 times in the on-site ATS and the fourth via home testing. Tests should be taken 3-5 days apart. Testing on site first will allow them to get used to swabbing in a supervised environment.
  - thereafter, all students to receive home tests kits to test themselves twice a week from home and report results independently into NHS Test and Trace.
  - schools/colleges to retain a small ATS on site so they can offer testing to students unable/unwilling to test themselves at home, with full consent provided.
- Twice-weekly asymptomatic testing is also available for the primary school and maintained nursery school workforce, including support staff such as teaching assistants and those supporting with wraparound childcare.
- The asymptomatic testing programme in education will expand to staff in all private, voluntary and independent nurseries, who will start to receive deliveries of Lateral Flow Device (LFD) home testing kits to offer to all their staff for twice weekly testing from next month. Critical workers, such as early years staff, have been accessing testing through local community testing programmes, which became available to all local authorities from 11 January. Expanding home testing kits to these settings is a significant development that will help to identify positive cases more quickly and break the chains of transmission.
- We will publish extra guidance to support specialist settings when delivering rapid asymptomatic testing. We are also continuing to explore other approaches to testing for children and young people who are unable to have a throat and/or nasal swab.
- We have worked with Higher Education (HE) providers to put in place asymptomatic testing arrangements for all students on arrival at university, and for those students who stayed on campus over the winter break. Over 95% of providers (excluding those exclusively online) engaged with this programme. Students eligible to attend their university or HE provider should also now be offered twice weekly testing and we are working with the sector to identify strategies that engage as many students as possible in a regular testing programme. HE providers are strongly encouraged to make testing available for staff and to advise those staff that are required to be physically present at work in the university, to take part in the testing programme.