SMC response to the government's plan for 2021 exams and catch-up

News story

The government needs to ensure teacher graded exams are fair and to think beyond summer schools in coronavirus education recovery plan, says SMC

Sammy Wright, Social Mobility Commissioner Lead for Schools and Higher Education, said:

"This week the government is taking the first tentative steps towards addressing the educational impact of coronavirus on schools and colleges, but there is a lot more that needs to be done. COVID-19 has exacerbated the existing inequalities, and disadvantaged students will continue to fall behind without more sustained support."

Addressing unconscious bias when teachers grade exams

"We welcome the fact that students will receive grades that have been awarded and determined by their teachers, with pupils only assessed on what they have been taught in 2021. Nonetheless the detail is important: we must address potential unconscious bias to fairly mediate the impact on disadvantaged students.

"We hope that the range of evidence the Department for Education called upon, and the freedom given to teachers, indicates a willingness to think of grades as an indicator rather than a decider of ability and potential. This is vital in allowing fair progression to the next stage of education.

"The absence of an algorithm to standardise grades is understandable after last year's debacle. It was badly designed. But algorithm is an important way to ensure fairness. In having nothing this year, we have no check on the overall distribution of grades, which could hurt disadvantaged students the most. This makes it even more important to mitigate potential negative impacts on progression by providing extra support for pupils aged 16-19."

Summer schools are not the only solution to help catch-up

“The catch-up programme is a good start for supporting students and bridging inequalities. Summer schools could be valuable too. We call on the government to ensure that the summer schools create active, enriching, social experiences to re-engage young people with education and help them aspire to a brighter future.

“But we counsel against thinking that summer schools are the only solution and will continue to ask the government to:

- Initially prioritise those in 16-19 education, who are at critical transition moments in life
- Introduce a 16-19 Student Premium, which allows schools to invest in both whole-school and targeted interventions for disadvantaged learners
- Provide interventions for disadvantaged learners
- Increase funding for teaching time that can be delivered during the regular schedule
- Provide additional maintenance grants to those entering HR or higher technical qualifications, who need more time to complete their degree.”

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Coronavirus (COVID-19): Additional testing to be deployed in Ealing

Press release

Additional testing and sequencing will be made available in Ealing to control and suppress the potential spread of a COVID-19 variant.

Working in partnership with the London Borough of Ealing, additional testing and genomic sequencing is being deployed within the borough, where a small

number of additional cases of the COVID-19 variant first identified in South Africa have been found.

The increased testing, in combination with the current lockdown rules and following Hands Face Space advice, will help to monitor and suppress the spread of the virus. Positive cases will be sequenced for genomic data to help increase our understanding of COVID-19 variants and their spread.

People living in Ealing are strongly encouraged to take a COVID-19 test when offered.

People with symptoms should book a free test online or by phone to get tested at a testing site or have a testing kit sent home.

Those without symptoms should visit their local authority website for more information.

Background information

- Surge testing in response to the case in W7 has now been completed.
- Further additional testing and sequencing is being extended in response to a small number of additional confirmed cases of the variant first identified in South Africa, which are not believed to be linked to international travel. Cases have been identified in Acton, Greenford, Southall and West Ealing.
- Symptomatic testing will still be PCR testing.
- Asymptomatic testing will use lateral flow devices (LFD). Any positive LFD tests will require secondary testing via PCR so these cases can have genomic sequencing.

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Education Secretary speaks at launch of digital learning review

It is a great pleasure to be joining you today (25 February).

As many of you may know, last summer I asked Sir Michael (Barber) to lead a review of digital teaching and learning in higher education. This was as a direct result of how the pandemic had forced all our schools, colleges and universities to swiftly shift to remote teaching.

Thanks to the incredible efforts that have been made and you all have made. All our learners, whether at school, college or university, have been able to continue with their studies even when they were not able to have in person teaching. I want to take the opportunity to thank you all for this incredible

response. I know adapting to it has been really challenging.

But something positive has come out of it. Technology has come into its own and is one of the few causes of celebration in an otherwise grim pandemic. Over the past year we've seen nothing short of a revolution in the way people learn.

I thought it was vital that we did not squander the lessons we can take from that and that we make the most of it in the future.

Before I go any further, I would like to thank you, Sir Michael, for the wisdom you have brought to bear on such an important subject. It is going to serve us well as we rebuild after Covid and support the HE sector to realise the opportunities presented by digital teaching and learning in the future.

It also gives me an opportunity to thank you for your leadership and guidance of the Office for Students (OfS) over the past 3 years. I have enormously valued this, and I'm sure I'm not alone in being better informed because of your insight and advice. I am pleased that our paths will continue to cross in your next role, as you bring your focus on deliverology back to the heart of Government.

As I said, the pandemic has led to a revolution in teaching and learning and the review shows us there have been numerous examples of innovation and creativity with students.

For example, simulations like the ones at Teesside University where radiography students conducted remote experiments using a simulation tool that was built in their School of Health and Life science.

Or the digital labs used by The Open University which connect students to the instruments, data and equipment they need for practical experiments and analysis over the internet. All this creative enterprise is not going to suddenly fizzle out once we move on from Covid. It will be crucial as we build back better.

Government expects higher education providers to ensure all students, regardless of background, can access their studies remotely. We know that investment in digital technology, services and skills can raise standards right across the country.

But not everyone has the tools to take advantage of this which is why we have worked closely with the OfS to make sure that there are hardship funds for universities to support disadvantaged students, including with the purchase of IT equipment.

This includes an additional £70m of hardship funding being made available this financial year – £50m announced this month and £20m in December. This is on top of the £256m of funding higher education providers are able draw on this academic year towards student hardship funds.

This pivot to remote learning and the technology that makes it possible has an even bigger role to play as we build back better.

Last autumn the Prime Minister announced the Lifelong Loan Entitlement as part of the Lifetime Skills Guarantee.

This is going to turbocharge a truly flexible skills system, so people can build up learning over time. Online and blended learning will play an important role.

The Lifetime Skills Guarantee will revolutionise our education system. It will be as easy to enrol for a certificate in cybersecurity as it is to get a degree in biology; as easy for a forty-five-year-old retail worker to retrain as it is for the 18-year-old to head off to university.

We will establish a flexible lifelong loan entitlement that brings colleges and universities closer together, ending the decades-old bias against technical education.

We know that many learners need to access courses in a more flexible way, to fit study around work, family and personal commitments, and to retrain as both their circumstances and the economy changes. By investing properly in high-quality courses that lead directly to good jobs, the Lifetime Skills Guarantee will transform the opportunities available for young and old alike.

I want to end the dominance of the three-year bachelor's degree in higher education. Whether it's a degree apprenticeship, a Higher National Diploma or a set of modules in engineering and business, for many people there are simply better ways of studying.

Many of our degrees are absolutely fantastic but they should never be the default.

Instead of pushing young people on to dead-end courses that give them nothing but a mountain of debt, we need universities and colleges to work together to address the gaps in our labour market, and create the valuable and technical courses our society needs. I know that they are up for this challenge – indeed, many are already embracing it and already delivering on it.

The Lifetime Skills Guarantee is how we will make this dream a reality, get people into the jobs they aspire to and Build Back Better from this pandemic.

The final point I'd like to make today is about technology's ability to expand our horizons. It is not just about enabling a student studying at home in Runcorn to go on a virtual field trip to the Atlas mountains, it can just as easily bring the student in North Africa here to enjoy the benefits of a British education from their own home.

Education exports such as transnational education make an important contribution to the UK economy as well as helping to build global relationships and education partnerships. Transnational education strengthens the UK's soft power, and will open up opportunities for greater collaboration and the exchange of knowledge.

Online learning has the potential to transform our international offer. Rather than simply delivering degrees on site, in future universities will be

able to provide a much wider and more innovative portfolio. We may, perhaps, see degrees in which an international student studies remotely for two years, before completing their degree with an in-person experience year on a UK campus. This sort of change would revolutionise demand, at a stroke bringing a UK degree in reach of the emerging middle classes of India and South East Asia.

Earlier this month we published our updated International Education Strategy, at the heart of which is our new, flagship, Turing Scheme.

The Turing Scheme exemplifies the best of post-Brexit Britain: modern, outward-looking and global in reach. Freed from the bloated, bureaucratic constraints of Erasmus+ – a scheme that would have cost us around £600m per year to run or £2bn net over the programme. We have been able to broaden our imaginations from the small confines of Europe. Seeing Turing as a truly global scheme.

Our universities will now be able to create opportunities not just among our friends and neighbours on the continent, but across the globe; to America's world-renowned institutions and the vibrant, dynamic universities of India and South-East Asia.

And unlike Erasmus, whose benefits went mainly to the middle-classes, the Turing scheme will actively seek out those from less well-off backgrounds to take up opportunities that can transform their lives.

Thanks to the wizardry of technology this is an enormously exciting time for those who learn and those who teach. We mustn't hesitate to seize the opportunities it presents with both hands and I know you have no intention of slowing up a revolution that has been unfolding over the past year. And I want to thank you for what you have been doing and for the endeavours that you're about to embark upon.

UN Human Rights Council 46: Enhanced Interactive Dialogue with the High Commissioner on Belarus

Latest findings from antibody surveillance study published

- Over 154,000 participants took part in a home surveillance study for COVID-19 antibodies between 26 January and 8 February
- Findings published by Imperial College London and Ipsos MORI show 13.9% of the population in England had antibodies against COVID-19
- 17,000 participants had received at least one dose of a COVID-19 vaccine, with 91% of people across all ages testing positive for antibodies after 2 doses of the Pfizer vaccine
- Overall vaccine confidence is high with 92% having accepted or planning to accept a vaccine offer

For the first time, the study captures participants who have received a COVID-19 vaccine, and also gathers insight into how different groups feel about vaccines.

Over 154,000 participants tested themselves at home using a finger prick test between 26 January and 8 February, showing 13.9% of the population had antibodies either from infection or vaccination.

Of these participants, over 17,000 said they had received at least one COVID-19 vaccine dose. The data shows 87.9% of people over the age of 80 tested positive for antibodies after 2 doses of the Pfizer/BioNTech vaccine, rising to 95.5% for those under the age of 60 and 100% in those aged under 30.

The findings show high confidence levels in the vaccine. Over 90% of those surveyed reported that they would be willing to accept, or had already had, a vaccination for COVID-19.

Today's report provides insight on antibody responses following infection, or for some participants, vaccination. It does not provide insight on other elements of immune responses following vaccination – such as the presence of T-cells – nor does it assess vaccine effectiveness, including whether a vaccine prevents severe disease, hospitalisation or death.

Health and Social Care Secretary Matt Hancock said:

> These findings shed more light on rates of antibodies across the UK and among different groups, as we continue to strengthen our understanding of COVID-19.
>
> It is fantastic to see over 90% of people surveyed would accept or had already accepted a vaccine, as we continue to expand the roll-out.

> I urge anyone who has been invited for a vaccine to book an appointment. And while we are seeing rates of the virus gradually decline it is important we all hold our resolve and follow the rules as we deliver on our cautious but irreversible approach to easing lockdown.

The key findings from the report are:

- over 154,000 participants took the antibody test, with 13.9% testing positive for antibodies among vaccinated and unvaccinated people
- antibody prevalence in unvaccinated people remains highest in London (16.9%), and in people of black (22.1%) and Asian (20%) ethnicities, and those aged 18 to 24 years (14.5%)
- over 17,000 participants said they had received one or more vaccine doses, with the majority receiving the Pfizer/BioNTech vaccine
- after 2 doses of the Pfizer/BioNTech vaccine, the proportion of participants who tested positive for antibodies was high across all age groups (100% in those under 30, and 87.9% in those 80 and over)
- for individuals who received a single dose of the Pfizer/BioNTech vaccine after 21 days, the proportion testing positive for antibodies was 94.7% in those under 30 – the proportion testing positive was lower at older ages, ranging from 73.7% at 60 to 64 years to 34.7% in those aged 80 and over
- overall vaccine confidence is high, with 92% having accepted or planning to accept a vaccine offer
- vaccine confidence varied by age, sex and also by ethnicity, highest in those of white (92.6%) and lowest of black (72.5%) ethnicity

The findings on antibody response following a single dose align with existing research that suggests those aged over 80 take longer to develop an antibody response to infection and the immune response is not as strong.

Antibodies are just one component of the body’s immune response produced by COVID-19 infection or vaccination. Vaccines also induce T-cell related protection, independent of antibody production. T-cell responses may vary significantly between vaccines and may be particularly important in influencing duration of protection.

The Joint Committee on Vaccination and Immunisation (JCVI) noted that in Pfizer’s clinical trial, protection against coronavirus was very high (89%) between 14 and 21 days after vaccination, despite very low levels of antibodies measured at the same time. This suggests that early antibody response does not correlate with clinical protection.

There is still insufficient information to say how protected a person may be from COVID-19 based on a positive antibody test result, and it does not mean they are immune. It is vital everyone continues to follow the rules in order to keep themselves and those around them safe.

Data from a Public Health Scotland study published this week has found that hospital admissions 4 weeks after the first dose were reduced by 85% and 94%

for the Pfizer and AstraZeneca jabs respectively. Public Health England's SIREN study also shows good evidence that the Pfizer/BioNTech vaccine helps to interrupt virus transmission, and that one dose is effective against the virus from 3 to 4 weeks after the first dose.

PHE's analysis of routine testing data also shows that one dose is 57% effective against symptomatic COVID-19 disease in those aged over 80. This effect occurs from about 3 to 4 weeks after the first dose. Early data suggests the second dose in over 80s improves protection against symptomatic disease by a further 30%, to more than 85%.

Professor Helen Ward, lead author for the REACT study of population prevalence, said:

> It is very encouraging to see that uptake and confidence in the vaccination programme is so high, and that most people develop a detectable antibody response after one dose. Our findings suggest that it is very important for people to take up the second dose when it is offered. We know that some groups have concerns about the vaccine, including some people at increased risk from COVID-19, so it is really important that they have opportunities to discuss these and find out more.

Kelly Beaver, Managing Director – Public Affairs, Ipsos MORI said:

> It's deeply encouraging to see such high levels of positivity towards receiving a COVID-19 vaccine among the population in our latest REACT study. That combined with our findings on the antibody response in those vaccinated show a cause for cautious optimism.

The study uses a finger prick device to use at home and can tell someone if they tested positive for antibodies in under 15 minutes. Some studies, including the PHE antibody surveillance studies, take a larger sample of blood to analyse in the lab.

The REACT antibody data follows preliminary data from PHE on vaccine effectiveness showing clear protection from the first vaccine dose, particularly against severe disease. It supports the decision to maximise the number of people vaccinated with a single dose and delay a second dose.

The government and the NHS are working hard to encourage people in all communities to come forward and accept the offer of a jab. This includes working closely with the NHS and faith and community groups to support and reach people who are eligible for a vaccine by providing advice and information in over 13 languages. Over £23 million funding has already been allocated through the Community Champions scheme to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take-up.

Download the REACT-2 round 5 pre-print report on Imperial College London's website

Key findings between 26 January and 8 February

Overall prevalence of antibodies

- Over 154,000 participants took the antibody test, with an overall prevalence of antibodies of 13.9% among vaccinated and unvaccinated people
- Antibody prevalence in unvaccinated people remains highest in London (16.9%), and in people of black (22.1%) and Asian (20%) ethnicities, and those aged 18 to 24 years (14.5%)
- Antibody prevalence by employment type for participants who are unvaccinated was highest in healthcare and care home workers at 21.9% and 24.2% respectively. The prevalence among those working in public transport (12.2%), police and prison (11.9%), education (11.4%), childcare (11.4%) and personal care (11.1%) were also higher than in non key-workers (7.8%)

Vaccination

- Over 17,000 participants said they had received one or more vaccine doses. The majority received the Pfizer/BioNTech vaccine
- By age, the proportion vaccinated was highest in those aged 80 years or older (93.9%) followed by those aged 75 to 79 years (64.0%)
- By occupation, the proportion vaccinated was 68.9% in healthcare workers and 60.5% in care home workers
- After 2 doses of the Pfizer/BioNTech vaccine, the proportion of participants who tested positive was high across all age groups (100% in those under 30, and 87.9% in those 80 and over)
- For individuals who received a single dose of Pfizer/BioNTech vaccine after 21 days or more, the proportion testing positive was 94.7% in those under 30, and in those who had previously had COVID-19 (confirmed or suspected) at 88.8%. The proportion testing positive was lower at older ages ranging from 73.7% at 60 to 64 years to 34.7% in those aged 80 and over
- There were too few individuals reporting AstraZeneca/Oxford vaccine doses more than 21 days earlier to analyse the antibody responses

Vaccine confidence

- Overall vaccine confidence is high, with 92.0% having accepted or planning to accept a vaccine offer. This varied by age, being higher in older groups at 99.0% of those 80 years or older compared with 83.4% of 18 to 29 year olds. This varied by age at 93.6% in males and 90.7% in females
- Vaccine confidence also varied by ethnicity, being highest in those of white ethnicity (92.6%) and lowest among those of black ethnicity (72.5%)
- Vaccine confidence was slightly lower in care home (88.5%) than healthcare (92.1%) workers

- The 3 most commonly selected reasons for vaccine hesitancy were wanting to wait and see how the vaccine works, worried about long-term health effects, and worried about side effects
- Other common concerns shown in free-text comments were around current and planned pregnancy, future fertility and specific allergies or comorbidities