

Friday, 6 September 2024

(10.00 am)

Opening Introductory remarks by THE CHAIR

LADY HALLETT: Good morning.

This is the first preliminary hearing for Module 8, investigating the impact of the Covid-19 pandemic on children and young people.

Many of them lost loved ones and suffered other devastating consequences. I wish to know whether more could have been done in advance of the pandemic or during the pandemic to reduce the impact upon them, and also whether lessons can be learned, for example in the provision of education during a pandemic.

In that task, I have the very considerable assistance of Counsel to the Inquiry, the core participants and experts, many of whom work closely with children and young people. I am extremely grateful to them all for their very helpful written submissions, and the assistance they have already provided to the Inquiry team.

In the light of one submission, I should emphasise that this module will examine only the impact on children and young people. The impact on adults has been examined to an extent and will be examined, I can assure everyone, in other modules.

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They are as follows: Save the Children UK, Just for Kids Law, the Children's Rights Alliance for England, the Centre for Young Lives, and the Child Poverty Action Group, which we at the Inquiry collectively refer to as the children's rights organisations, are represented by Mr Broach King's Counsel and Ms Twite.

The Coram Group of Charities are represented by Ms King King's Counsel and Ms Davies.

Article 39 is represented by Ms Cover and Mr Callender.

The Northern Ireland Commissioner for Children and Young People is represented by Ms McGurk.

The Children's Commissioner for Wales is represented by Mr Gardner.

The Department for Education in Northern Ireland is represented by Ms O'Gorman.

The Office of Qualifications and Exam Regulation also appear before you, as does the Office of the Children's Commissioner for England.

The Royal College of Paediatrics and Child Health is represented by Mr Hocking. The Sutton Trust is represented by Dr Rebecca Montacute.

I should also mention that the disabled people's organisations are represented by Ms Beattie this morning.

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In a moment, Ms Clair Dobbin King's Counsel, Counsel to the Inquiry for this module, will explain the background, how the Inquiry has tried to capture the memories of children and young people before they fade, and what issues this module will be examining.

We have limited time today and a lot to get through, so I shall stop now, with a warning to advocates who are new to the Inquiry that I shall be strict on timings.

Ms Dobbin.

Statement by LEAD COUNSEL TO THE INQUIRY

MS DOBBIN: Thank you.

My Lady, may I, on behalf of the counsel team, welcome those core participants who appear before you. There are 25 core participants in Module 8. They are organisations with responsibilities for aspects of children's lives, organisations dedicated to representing the interests of children, and professional organisations too.

A list of the core participants who have been designated for Module 8 will be published on the website after the conclusion of this preliminary hearing.

My Lady, a number of these have not been core participants in other modules to this Inquiry, so may I introduce those who are new to the Inquiry and who appear before you for the first time today.

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There are other familiar representatives who appear before you and who you know. I hope that they won't regard it as any discourtesy on my part if I don't mention by name and introduce them again. It's simply that we have such a large number of core participants in Module 8 today.

But, my Lady, doubtless what they and us all share is our common purpose in Module 8 in putting children and young people at its centre. We wish to acknowledge the positive and constructive written submissions which have been filed. A number of the core participants who appear before you have a deep expertise in the lives of children and young people in the UK and which will undoubtedly inform our direction of work.

We want to encourage co-operation and dialogue with all core participants, and I speak for the entire legal team when I say we look forward to working with them all and are so grateful for their support of this module.

May I also make clear at once that although this module might be referred to in shorthand as the "children's module", it is a module for young people too. In the provisional outline of scope we've explained that a child means a person up to the age of 18. A young person is an individual who during the pandemic was aged between 18 and 25 years old and was

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1 a care leaver, or had special educational needs or
2 disabilities, or attended further and/or higher
3 education and/or training, or was in the custody of the
4 state. So these young people too are included in our
5 work.

6 My Lady, I should say as well before I go on that
7 this is a hybrid hearing. It's being broadcast so that
8 anyone who wishes to can follow it, and by this,
9 my Lady, you meet the obligation imposed by section 18
10 of the Inquiries Act 2005 to take reasonable steps to
11 ensure that members of the public are able to attend or
12 see and hear a simultaneous transmission of the
13 proceedings.

14 The broadcast has a three-minute delay. This means
15 that if anything is said which ought not to be, the live
16 feed can be paused and it can be corrected before it's
17 broadcast. As ever, but particularly today, there's no
18 expectation that this will happen, but it serves just to
19 remind that sometimes these short interruptions in
20 broadcasting can arise.

21 My Lady, before I set out some of the practical and
22 legal matters that you will deal with today, can
23 I introduce and say something about the work of
24 Module 8.

25 As the Inquiry's work to date has shown, there were
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1 was not suddenly and completely transformed beyond all
2 recognition by the pandemic. And childhood is short and
3 precious. It's a time of milestones, and the
4 experiences which shape us into the adults we become.
5 Whether it's going to school for the first time or
6 leaving home for college or university, these are the
7 everyday aspects of childhood, unremarkable but
8 formative. And at heart there can't have been many
9 people with a child in their lives during the pandemic
10 who was not saddened by what they knew they were missing
11 out on.

12 For some children, the pandemic brought them time
13 with their parents and siblings that they may not have
14 had before, it may have been a time of closeness, and
15 there may be something of value to learn here about what
16 some children saw as good or valuable about the
17 pandemic.

18 But for almost every child, the pandemic constituted
19 the abrupt end of education as they knew it, and for
20 months. The consequences of that on their development
21 and attainment are still being felt by many children and
22 young people today.

23 For other children, we know that the pandemic must
24 have been extraordinarily difficult. These are the
25 children for whom school is a respite from neglect or

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1 constituents of society whose lives were more profoundly
2 affected by the pandemic than others. There were older
3 people who faced a far greater risk of serious illness
4 and death, those living in poverty or who already faced
5 disadvantage, disabled people for whom the pandemic
6 brought yet further limitations on the ability to live
7 with autonomy. These are some of the groups of people
8 that you have focused on in your consideration of
9 decision-making in response to the pandemic, and
10 specifically the extent to which these groups figured or
11 were taken into consideration in the most significant
12 decisions that were made.

13 In Module 8, the Inquiry's lens turns to children
14 and young people. They fall into a different category.
15 For most, but not all, Covid-19 did not represent the
16 existential threat it posed to many adults. Rather,
17 what the pandemic proved to be was a profound disrupter
18 of almost every child's life across the United Kingdom.
19 It took away fundamental aspects of what it means to be
20 a child: to go to school, to play with friends, to play
21 sport or sing or dance together, to spend time with
22 grandparents; for older children, to develop their
23 identity away from family.

24 Module 8 is distinct in this regard, because there
25 is scarcely a child in the United Kingdom for whom life
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1 abuse. These are the children who were exposed to
2 domestic violence, physical, sexual and emotional abuse.
3 These are the children who had to cope with ill parents,
4 the children who had to deal with parental addiction.
5 These are the children for whom the pandemic brought out
6 or worsened mental ill health. Children who lived in
7 overcrowded houses or who didn't have a laptop or
8 broadband or a parent who was willing or able to help
9 them access education. They are the children in local
10 authority care, the children in detention, who we
11 understand to have suffered intense isolation.

12 There are many such groups of children. They are
13 the children who had no agency to change the situations
14 they were in. They are the children with no one to talk
15 to.

16 These are the children for whom the lockdown would
17 obviously increase the risk their families or carers
18 posed to them. We already know that for some children
19 the ability of their families to evade the scrutiny of
20 school and social workers during the pandemic was
21 a factor in their coming to serious and, in some cases,
22 fatal harm.

23 So the focus of Module 8 is on all children in the
24 United Kingdom. It's on their universal experience, and
25 the impact of the pandemic, and it will look

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1 unflinchingly at what life was like for those children
 2 and young people for whom the pandemic brought
 3 particular disadvantage or hardship.
 4 Before I move on, I wish to say on behalf of the
 5 legal team that although most children escaped the worst
 6 of the physical aspects of Covid-19, some children and
 7 young people became seriously ill or died from it. We
 8 offer our condolences to their families and sympathy to
 9 those children who live with the consequences of having
 10 gotten Covid-19 too.
 11 We also offer our sympathy to the family and friends
 12 of those children who lost their lives at the hands of
 13 parents and carers during the pandemic, and we also
 14 offer our sympathies to children who lost parents and
 15 loved ones to Covid-19. It's not lost on us that you
 16 too were bereaved.
 17 My Lady, with that, may I turn to the agenda which
 18 has been circulated to the core participants and deal
 19 with some of the matters that have been set out.
 20 Very briefly, if I may, I'll deal with the
 21 provisional scope of Module 8, evidence gathering,
 22 disclosure, listening to children and young people, and
 23 some of the future hearing dates.
 24 In terms of the background to the Inquiry in
 25 Module 8, my Lady, you come to this with the accumulated

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1 considered prior to 18 March 2020, when the
 2 Prime Minister announced, and I use his words, that:
 3 "Schools will be closed for most pupils, for the
 4 vast majority of pupils, until further notice."
 5 We wish to understand the extent to which there was
 6 pre-planning for the possibility that education would
 7 have to be delivered remotely to most children. We are
 8 seeking evidence about and will examine what was
 9 understood at the time about the impacts that the
 10 closures of schools and lockdowns were having on
 11 children and, of course, what is understood now about
 12 those impacts.
 13 We're aware that important figures, like the then
 14 Secretary of State for Education, Sir Gavin Williamson,
 15 did not give evidence in Module 2 and it is the
 16 intention of Module 8 to call him, for example, to give
 17 oral evidence.
 18 So whilst Module 8 is concerned with the impacts of
 19 the decisions made on children and young people, it will
 20 involve the same forensic consideration of how the most
 21 significant decisions which affected children were made,
 22 as has been the general approach in earlier modules.
 23 There are obviously serious questions to be asked
 24 about the scientific basis upon which decisions to close
 25 schools to most children were made; what assessments

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1 experience of having chaired this Inquiry to date and
 2 having heard a very considerable body of evidence
 3 already. That included in Module 2, for example, some
 4 evidence about the decisions which most profoundly
 5 affected children and which it's anticipated will be
 6 examined in greater detail in Module 8. A number of
 7 other modules have opened and we'll have public hearings
 8 prior to Module 8.
 9 It opened on 21 May 2024. On that day,
 10 a provisional outline of scope was published and the
 11 window for applications for core participant status
 12 opened as well, and that window closed on 17 June 2024.
 13 In terms of its scope, Module 8 will examine the
 14 impact of the pandemic on children and young people in
 15 England, Wales, Scotland and Northern Ireland. But to
 16 be clear, its work will necessarily entail understanding
 17 more about the decisions which were made which affected
 18 children's lives during the pandemic and the
 19 circumstances in which they were made. A few
 20 core participants in their written submissions have
 21 sought clarification about whether Module 8 will examine
 22 how decisions which affected children were made and so,
 23 to be clear, we do wish to examine, for example, the
 24 extent to which the consequences of closing schools to
 25 most children were considered and the mitigations

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1 were made at the time about the impacts that school
 2 closures would have on different groups of children,
 3 what mitigations were planned, not just in terms of
 4 education but also in terms of the safety and protection
 5 of children; regardless of whether or not it was
 6 inevitable that schools would close, the extent to which
 7 this eventuality properly was planned for.
 8 I reiterate that this module is a United Kingdom
 9 wide one. It will not just focus on decision-making at
 10 Westminster but also consider the role of the respective
 11 governments of the devolved nations, for these devolved
 12 administrations have considerable powers and
 13 responsibility in relation to the lives of the children
 14 who live there, so their role will be scrutinised too.
 15 In terms of impact, Module 8 will consider how the
 16 pandemic affected the lives of children and young people
 17 across the UK. This will include its impact on children
 18 and young people's education, their physical and mental
 19 health and wellbeing, and their development more
 20 generally. So this will include, for example:
 21 The impact that the closure of schools to most
 22 children and lockdowns had on the wellbeing and safety
 23 of children and young people, regardless of their
 24 background.
 25 What effect the pandemic had on children who were of

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1 pre-school age when the pandemic started, both at the
2 time and in the longer term. For example, many babies
3 born during the pandemic started primary school this
4 week and it has been publicly reported that, because of
5 reduced interactions with family members and lack of
6 access to services such as health visiting, that this
7 has had a serious impact on the speech and language of
8 some of these children.

9 The extent to which the provision of remote
10 education was effective, both in terms of its
11 accessibility and whether or to what extent children
12 were actually learning from it.

13 Was children's access to education equal?

14 What, if any, are the long-term consequences of the
15 interruption to children's education?

16 How are children being supported, where necessary,
17 to catch up?

18 What the impact was on children's lives of moving
19 online and in such an accelerated way. How did this
20 impact upon their mental wellbeing, their ability to
21 learn and their development? Are there ongoing
22 consequences of this?

23 How was the experience of attending university or
24 college affected by the pandemic? Do young people
25 consider that they missed out in terms of the quality of

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1 or training coincided with almost the whole duration of
2 the pandemic, and who will feel that they didn't
3 properly get to enjoy these formative experiences or
4 they that didn't get the education or training they
5 hoped for. Equally, there will be young care leavers
6 for whom this was a far more uncertain and daunting
7 period because of the pandemic. It's really important
8 to Module 8 that experiences like these of young people
9 during the pandemic, now likely to be young adults, are
10 properly understood.

11 My Lady, as I've mentioned, some children and young
12 people, regardless of background, including having
13 loving and supportive families, faced challenges and
14 difficult times during the pandemic, and then there are
15 the children already facing difficult circumstances for
16 whom the pandemic would make life even harder. In
17 respect of these children, there are a number of issues
18 that Module 8 wishes to examine, for example why so few
19 vulnerable children attended schools, what barriers did
20 they face?

21 Unsurprisingly, given that children were not at
22 school and many were just not seen, child protection
23 referrals decreased, yet it's obvious that many children
24 would have been at increased risk by virtue of not being
25 at school, by being at home and having limited contact

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1 education or training they received or because the
2 social aspects of higher and further education were so
3 curtailed?

4 To what extent were children put at risk by the time
5 they were spending online and what measures were put in
6 place to identify and mitigate against these risks?

7 How did the pandemic, including the use of
8 non-pharmaceutical interventions, impact upon the mental
9 health, development and wellbeing of children and young
10 people? Were any risks these might present to children
11 understood at the time, or should they have been? What
12 was done to mitigate the potential impacts of
13 non-pharmaceutical interventions?

14 What support was put in place to assist children and
15 young people experiencing mental ill health and
16 distress, both at the time and in the longer term?

17 Module 8 will endeavour to understand the overall
18 cost that the closure of schools to most children and
19 lockdowns had on children and young people.

20 Returning, if I may, to young people, the
21 provisional scope includes the impact of the pandemic on
22 further or higher education or apprenticeships.

23 Module 8 has well in mind that, whilst childhood is
24 short, this period of young adulthood is even shorter.
25 There are young people whose college or university life

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1 with the outside world. What steps were taken to
2 address this during the pandemic? What were social work
3 practices for the most vulnerable children? Were
4 children put at risk by modifications to social work?
5 What do we know now about what children at risk of abuse
6 and neglect experienced within their homes when there
7 was not the usual scrutiny of teachers, family and
8 community?

9 And what of those children in care, what were their
10 experiences of education during the pandemic? To what
11 extent were they able to have access to support or to
12 their family and friends? What happened to placements
13 during the pandemic? Did they break down at a higher
14 rate? One group of children who gave rise to particular
15 concern during the pandemic were detained children. To
16 what extent were they subject to lengthy periods of
17 confinement in cells? To what extent did they have
18 access to their families, to education, to healthcare
19 and to meaningful activities? We also note the point
20 made on behalf of organisations like the disabled
21 people's organisations, and Article 39 in their written
22 submissions to you, to have in mind that some children,
23 like those with disabilities and learning needs, are
24 particularly vulnerable at the best of times in
25 residential settings.

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1 What was life like for groups of children about whom
2 less might be known? For example those children within
3 the asylum system, were they at additional risk because
4 of the pandemic? What support was afforded to children
5 with special educational needs and those children with
6 disabilities? Equally, to what extent were disabled
7 children supported to attend education or their families
8 otherwise supported in their care of them?

9 My Lady, I identify these questions because,
10 ultimately, this Inquiry does not exist just to point
11 out what went wrong in the response to the pandemic; it
12 exists to identify that which could be done better in
13 the future in the event of another pandemic. As has
14 been observed before in the course of this Inquiry,
15 future pandemics are now a reality with which we all
16 must live. There are serious questions to be asked
17 about whether and how children and young people could be
18 better supported, better educated and better protected
19 in a future pandemic.

20 These are just some of the issues that informed the
21 provisional outline of scope for Module 8. I'm not
22 going to read all of that scope out. I hope, on behalf
23 of the Inquiry, that those who have an interest in
24 children and young people will read it. It is important
25 to reiterate again that, although Module 8 is charged

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1 of scope provides a flexible and reasonable framework
2 for the key issues which the Inquiry is likely to
3 enquire into. It also provides a sufficient indication
4 for persons and organisations with relevant information
5 and evidence, as well as core participants, to be able
6 to commence their preparations.

7 Once this module is more advanced, and this includes
8 the important contributions that undoubtedly core
9 participants will want to make, for example through the
10 provision of witness statements, then the key issues are
11 likely to crystallise and we anticipate that we will
12 then circulation a list of issues to help identify those
13 matters which will be of particular focus in the oral
14 hearings.

15 My Lady, may I turn then to the submissions that
16 have been made on behalf of core participants.

17 Some core participants have made suggestions for
18 other matters that could be included in the provisional
19 outline of scope. In general terms, it appears to us
20 that the provisional terms are already sufficiently
21 flexible to include matters which some core participants
22 would seek to add or to specify but, of course, you'll
23 want to consider any submissions about scope carefully
24 after you've heard further submissions about that today.

25 But, for example, areas within the provisional scope

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1 with looking at the impacts of the pandemic generally on
2 children, the provisional scope makes clear the
3 importance to it of children with special educational
4 needs or disabilities and those from a diverse range of
5 ethnic and socioeconomic backgrounds.

6 May I make a couple of general points about the
7 provisional scope. It is not intended to be exhaustive
8 but rather to indicate the sorts of areas likely to be
9 considered as part of Module 8's work. The fact that
10 each suggested area of scope does not mention different
11 groups of children within it is deliberate. The
12 language is intended to be flexible and not to exclude
13 any given group of children.

14 The scope is thus broad and it's necessarily
15 provisional. Although it provides for a wide range of
16 topics, Module 8 can't identify at this stage all of the
17 issues which may be relevant to it and which might need
18 to be considered at a public hearing, nor is it possible
19 to state at this point what emphasis will be given to
20 each topic. We anticipate that some issues will become
21 more significant and require greater focus in the
22 hearings. This may also depend, of course, on the
23 evidence and documentation that's obtained under the
24 Rule 9 process.

25 The Inquiry considers that the provisional outline

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1 include the extent to which children and young people
2 were considered by the UK Government and the devolved
3 administrations in respect of the application of
4 non-pharmaceutical interventions and the impact of those
5 decisions. So, for example, here the reference to
6 children and young people includes different groups of
7 children and young people. They are not specified,
8 deliberately, as I've said.

9 The scope also includes the impact of the pandemic
10 on the education of and the early years provision for
11 children and young people but, again, this has been
12 widely drawn so to encompass within it children, for
13 example, with disabilities or learning difficulties.
14 Again, that is a deliberate election in the drafting.

15 There is one aspect of the submissions received
16 about the scope which it may assist if I address on
17 behalf of the legal team. The representatives of the
18 Trades Union Congress invite the Inquiry to specify
19 whether, in addition to the impact of central government
20 decision-making on children and young people, the
21 Inquiry will include within the scope of Module 8 the
22 impact of decision-making upon education staff.

23 I reiterate the point on behalf of the Inquiry that
24 the focus of Module 8 is on children, not adults. It is
25 of course understood that many teachers and others who

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1 worked in schools played a very important part in
 2 seeking to maintain the education of children and in
 3 trying to keep children safe. It's anticipated that
 4 Module 8 will hear evidence as to the reality of
 5 government decision-making on the running of schools and
 6 upon child protection systems. It's not, however, the
 7 purpose of this module to specifically consider the
 8 impact of decision-making on those adults who provided
 9 services to children, like education and social work,
 10 but how those decisions impacted children. This is not
 11 intended to and does not minimise the role that any of
 12 the professionals who continued to educate, care for and
 13 protect children had during the pandemic. It is simply
 14 to say that the focus of this module is squarely on the
 15 impact of the pandemic on children, as outlined in the
 16 provisional outline of scope.

17 My Lady, with that, may I turn then to evidence and
 18 to Rule 9 requests.

19 The Inquiry team has already begun the process of
 20 making requests for evidence under Rule 9 of the Inquiry
 21 rules. The legal team met with representatives from
 22 a range of government departments, children's rights
 23 organisations, and the Offices of the
 24 Children's Commissioners across the UK as part of the
 25 process of informing the nature, scope and targets of

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1 core participants. My Lady, I won't go through all of
 2 those areas for today's purposes. But other areas may
 3 be identified as the Inquiry's work continues, and we'll
 4 endeavour where it's possible to combine reports so that
 5 issues that are capable of being considered together
 6 are.

7 May I also make the point that we're not seeking
 8 expert evidence on every issue or every area that might
 9 be important to a core participant. This is because our
 10 first port of call will always be to seek factual
 11 evidence on given issues, including on the impact that
 12 the pandemic has had on children. There will be many
 13 issues within scope capable of factual assessment.
 14 There will inevitably be some witnesses, and I think
 15 a ready example of this is the UK Chief Medical Officer,
 16 who may combine both factual evidence but who, by virtue
 17 of their position, may also provide evidence of their
 18 opinions as to the impact of decision-making on
 19 children.

20 We will be seeking expert evidence on those issues
 21 where it is necessary because, for example, the evidence
 22 rests upon underlying research or because, for example,
 23 no single witness of fact can speak to it.

24 The appointment of experts is, of course, a matter
 25 for you, my Lady. A number of core participants have

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1 Rule 9 requests.

2 Those requests seek information and evidence
 3 including contemporaneous evidence about the
 4 decision-making at the time relevant to children.
 5 Across the Inquiry, Rule 9 requests for documentation
 6 and witness statements are being issued on an iterative
 7 basis. In terms of what this means, additional requests
 8 will be made of some recipients, focusing on particular
 9 issues or topics in due course. So further Rule 9
 10 requests will be issued on a rolling basis to other
 11 organisations and witnesses as issues come into greater
 12 focus during the course of this investigation.

13 To ensure that the core participants are kept
 14 properly informed, the Inquiry will ensure that the
 15 Module 8 lead solicitor provides monthly updates to
 16 core participants on the progress of Rule 9 work. Such
 17 updates will include a summary of who has received
 18 a Rule 9 request, the topics those requests cover, what
 19 categories of documents have been requested, when the
 20 request was made, and when a response is expected.

21 In terms of expert evidence, the Inquiry has
 22 provisionally identified a number of areas where expert
 23 evidence is likely to assist in examining some of the
 24 matters set out in Module 8's provisional outline of
 25 scope, and those areas have already been indicated to

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1 made suggestions in their submissions as to further
 2 potential areas of expert evidence, and others have
 3 offered to provide further assistance, and for this
 4 the Inquiry is grateful. Those suggestions will be
 5 given careful consideration.

6 The identity of instructed experts will be contained
 7 in the Module 8 monthly update note to
 8 core participants, and once they are instructed these
 9 notes will also provide further details of the topics
 10 which the experts will address in their reports. So
 11 that will enable core participants to comment on those
 12 matters, should they wish to do so.

13 My Lady, may I then say something about disclosure
 14 from material providers.

15 This Inquiry expects that those material providers
 16 who are asked to provide material to it do so in
 17 a spirit of co-operation and not to take narrow or
 18 technical approaches to disclosure. Equally, any
 19 sort of legal process can be diverted and damaged by
 20 excessive and unfocused disclosure which can obscure
 21 rather than throw light on important issues. Module 8
 22 will be vigilant about both these possibilities.

23 My Lady, you have the power to compel the production
 24 of documents under section 21 of the Inquiries Act.

25 There are also provisions in section 35 of that Act

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1 which make it an offence if, during the course of
2 an Inquiry, a person does anything to alter or distort
3 a relevant document or prevent a relevant document being
4 produced to the Inquiry, or intentionally destroys,
5 suppresses or conceals a relevant document. We hope
6 of course that neither set of powers will ever be
7 required in Module 8.

8 In terms of disclosure to core participants, in
9 common with the approach taken in the preceding modules,
10 Module 8 will adopt the following approach to disclosure
11 to core participants.

12 First, all core participants will receive all
13 documents disclosed by the Inquiry in Module 8, so not
14 just those documents which are relevant to them.
15 Disclosure will be subject to three things: first,
16 a relevance review so that only relevant documents are
17 disposed; second, a de-duplication exercise; third,
18 a redactions exercise in accordance with the Inquiry's
19 redactions protocol. A team of solicitors, barristers
20 and paralegals is already in place to review for
21 relevance the material that's received.

22 Disclosure will be in tranches made on a rolling
23 basis. Disclosure updates will be provided by the
24 Module 8 solicitors team, informing core participants of
25 the progress which has been made in obtaining relevant

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1 In their written submissions, Coram highlight the
2 impact of the pandemic on the civil justice system and
3 allude to research undertaken by the Nuffield Family
4 Justice Observatory, which was produced at the request
5 of the president of the family division, in respect of
6 the efficacy and fairness of remote hearings. So on
7 behalf of the Module 8 team, I thought it worth
8 mentioning that this is an area that we will consider
9 further and that we're grateful to Coram for drawing
10 attention to it.

11 My Lady, may I move on to what may be the most
12 significant topic to address before you this morning,
13 and that's listening to children and young people.

14 The Inquiry's overall terms of reference make clear
15 that although the Inquiry will not investigate
16 individual cases of harm or death in detail, listening
17 to the accounts and experiences of those who suffered
18 hardship or loss will inform the Inquiry's understanding
19 of the impact of the pandemic, the response and the
20 lessons to be learnt. It's really important to say that
21 there are obvious difficulties in having children come
22 forward to give accounts of their experiences to
23 the Inquiry. There are issues related to ethics,
24 consent, safeguarding and the protection of children
25 which have meant that the Inquiry could not have the

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1 documents.

2 The Inquiry has begun the process of identifying
3 material which is potentially relevant to Module 8 that
4 has been provided in other modules of the Inquiry. This
5 material will be reviewed for disclosure and, where
6 relevant, disclosed to the core participants of
7 Module 8.

8 I note on behalf of the legal team that those
9 representing Long Covid Kids question whether, upon the
10 timetable outlined, which will see disclosure commence
11 in spring 2025, affords sufficient time for
12 core participants to properly review disclosed materials
13 in order to be of effective assistance to the Inquiry.

14 My Lady, addressing that, Module 8's approximate
15 timetable provides core participants with disclosure
16 commencing approximately six months prior to the
17 hearing. By the point at which disclosure has taken
18 place, it has already been reviewed for relevance by the
19 legal team, and gone through that process of redaction
20 that I've described. All of this takes time, but it
21 also occurs within the context of an Inquiry in which
22 hearings and preparations for other modules are
23 occurring simultaneously. But we are satisfied that
24 there is sufficient time for core participants to be
25 able to consider disclosure in advance of the hearings.

26

1 equivalent of a listening project for children.

2 As many of our expert core participants will also
3 understand, decisions as to whether children should give
4 evidence as witnesses in legal proceedings, like
5 criminal or civil proceedings, requires extremely
6 careful individual assessment, for example as to what is
7 in the best interests of a given child, whether that
8 child understands the potential ramifications of their
9 giving evidence. All of those considerations apply with
10 equal force to a public inquiry. Indeed, there may be
11 even greater public attention in the context of
12 an Inquiry setting.

13 For these and for other reasons, Module 8 will not
14 hear witness evidence from children. But the Inquiry
15 does recognise the fundamental importance of
16 understanding the experiences of children without
17 potentially exposing them to risk, and it will seek to
18 do this in a number of ways.

19 My Lady, may I set these out.

20 The first is by way of its targeted research
21 project, Children and Young People's Voices. The
22 Children and Young People's Voices is a major research
23 project which has been commissioned by the Inquiry that
24 will hear directly from approximately 600 children and
25 young people.

28

1 May I make the point immediately about the
2 significance of its scale. As must be obvious no
3 Inquiry could hope to hear witness evidence about
4 personal experience on this sort of scale. The project,
5 which was announced in January 2024, is being carried
6 out by independent research specialists, Verian. It
7 will collect first-hand experiences from
8 a representative sample of children and young people
9 drawn from a variety of ages, ethnicities, genders,
10 sexualities and socioeconomic backgrounds and
11 geographical locations, about their experiences during
12 the pandemic.

13 Specifically, Verian will hear from children and
14 young people who are now between the ages of 9 and 22,
15 so who were between 5 and 18 years during the pandemic.
16 Around half of the children and young people interviewed
17 will represent a sample of the general population. This
18 will enable the Inquiry to capture the experiences of
19 a cross-section of age groups, ethnicities, geographies
20 and different levels of deprivation.

21 The other half of the interviews will focus on
22 hearing from children and young people from groups
23 potentially disproportionately impacted by the pandemic.
24 This includes, but it is not limited to, those children
25 with disabilities or health conditions -- and this will

29

1 As the project progresses, the Module 8 team are
2 being provided with updates from Verian in order to
3 support the module in understanding better the
4 experiences of children, both positive and negative, and
5 to inform any further investigative steps which may be
6 necessary to ensure that, where appropriate, evidence is
7 sought from relevant organisations or individuals.

8 Findings from the research will be adduced in
9 evidence and, in combination with other evidence
10 obtained, will help inform your conclusions and your
11 recommendations.

12 My Lady, may I then turn to Every Story Matters.

13 The second way in which Module 8 will seek to ensure
14 that it encompasses the experiences of those who were
15 children and young people during the pandemic is through
16 Every Story Matters. Every Story Matters is completely
17 separate to the Children and Young People's Voices
18 research project. The latter is a specific targeted
19 research project which will hear directly from children.

20 Every Story Matters is the process by which adult
21 members of the public can contribute to the Inquiry. It
22 enables the Inquiry to hear the voices of people of the
23 United Kingdom, to reflect on their experiences and to
24 incorporate themes emerging from those experiences into
25 its work.

31

1 include, for example, children with special educational
2 needs, physical disabilities and children with
3 post-viral conditions, for example Long Covid -- those
4 children with particular pandemic experiences including
5 those who lost loved ones, children with caring
6 responsibilities and from clinically extremely
7 vulnerable families, children who interacted with
8 particular services and systems during the pandemic,
9 including social services, mental health services, the
10 criminal justice system and those seeking asylum, and
11 children who were in particular settings during the
12 pandemic including care settings and in detention or
13 secure accommodation.

14 My Lady, critically this research is trauma-informed
15 and participant-led, which enables children and young
16 people to share their experiences in a safe and
17 meaningful way. Interviews last up to an hour and
18 children and young people are invited to share their
19 experiences across a range of topics including
20 education, family, friendships, physical health,
21 wellbeing, hobbies and interests.

22 It's so important that I say that we are grateful to
23 all of the children and young people who have shared
24 their experiences so far as part of the Children and
25 Young People's Voices research.

30

1 Every Story Matters aims to obtain insight and
2 information from anyone who has been impacted by the
3 pandemic and wishes to share their experience. It gives
4 individuals the opportunity to contribute to the Inquiry
5 in an accessible way. It doesn't require people to
6 attend a hearing in order to contribute. No one
7 person's experience or loss will be the same as
8 another's. The listening exercise enables the Inquiry
9 to capture a range of people's stories from across the
10 UK, including from those people who might not otherwise
11 come forward or otherwise have a forum within which to
12 say what happened to them.

13 It's been designed so that anyone and everyone in
14 the UK aged 18 or older can contribute if they wish to
15 do so, and there are different ways for people to share
16 their experiences, including through the Inquiry's web
17 form and a variety of alternative formats, including
18 Easy Read and paper forms or community listening events
19 around the country.

20 So, my Lady, to be clear, anyone who was a child
21 during the pandemic but who is now 18 or over can
22 contribute to Every Story Matters, and the Inquiry is
23 particularly interested in hearing from those young
24 adults who can participate in it and would encourage
25 them to do so. As I have said, their voices are

32

1 important to Module 8. But additionally, parents,
2 carers and adults working with children and young people
3 during the pandemic can also contribute to that.

4 In addition to that, Every Story Matters is in the
5 process of commissioning a targeted listening project
6 with adults about the impact of the pandemic on children
7 and young people. So again, I stress that this is
8 a different exercise to the Young Voices research as
9 well.

10 This is a listening exercise which is based upon the
11 work being carried out by Every Story Matters, again
12 based upon the participation of adults in Every Story
13 Matters, so its focus is upon parents, carers or other
14 adults who may be able to speak to the experiences of
15 children, and that's why included within it, for
16 example, is those who worked with children.

17 My Lady, it's this specific piece of work which will
18 be informed by the key lines of enquiries, those are
19 often referred to in the Inquiry as KLOEs, which have
20 been written by the Inquiry and its team, and these
21 KLOEs are an important tool for framing the way in which
22 the Inquiry will gather and analyse experiences shared
23 with Every Story Matters.

24 The Inquiry has already shared with core
25 participants the proposed KLOEs and also set out to them

33

1 lines of enquiry and topics that witnesses will be asked
2 about but these are separate processes.

3 My Lady, directions and future hearing dates.

4 I know that once you have had the opportunity to
5 consider the written and oral submissions together, that
6 you'll publish any appropriate directions in due course.

7 A further preliminary hearing for Module 8 will take
8 place in the summer of 2025. It's anticipated that the
9 Module 8 public hearings will start in the week of
10 25 September 2025 --

11 **LADY HALLETT:** The 25th?

12 **MS DOBBIN:** I apologise, I've got the 29th for some reason.
13 25 September 2025.

14 **LADY HALLETT:** I think it is the 29th.

15 **MS DOBBIN:** Oh, it is the 29th. I'll say that again to make
16 sure it's quite clear.

17 So the hearings will start in the week of
18 29 September 2025 and they'll last for four weeks.

19 Further timetabling details will be provided by way
20 of an update to core participants and, of course, that
21 will also be announced on the Inquiry's website, and
22 hearings are going to take place here at Dorland House
23 in London.

24 My Lady, I think the point has been reached when the
25 core participants will make their submissions to you.

35

1 the target audiences as well as part of this part of
2 Every Story Matters. Again, the Inquiry's grateful to
3 core participants for the submissions that have been
4 received in relation to these and which will be
5 carefully considered.

6 The experiences shared with Every Story Matters will
7 be analysed and turned into themed records. The
8 resulting records will synthesise and amalgamate the
9 individual accounts that have been given and will
10 contribute to Module 8 hearings and potentially the
11 Inquiry's other modules. The records will be
12 anonymised, disclosed to core participants and formally
13 adduced in evidence, so that they can form part of the
14 Inquiry's written record. It's anticipated that the
15 records will identify trends and themes and will include
16 illustrative case studies, which may demonstrate
17 systemic failures.

18 Again, I think it's important, my Lady, to say that
19 the key lines of enquiry that have been set out to core
20 participants are part of Every Story Matters. So they
21 don't limit the lines of investigation which may be
22 pursued in Module 8, they're not related to the Rule 9
23 requests which we will make and nor do they condition in
24 any way the evidence which Module 8 will seek.

25 Now, of course, there may be overlap between the key

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1 You've received written submissions from 12 core
2 participants. I think one matter that we have to ask
3 your permission about is whether those written
4 submissions can be published on the Inquiry's website,
5 and that's entirely a matter for your discretion.

6 **LADY HALLETT:** They may.

7 **MS DOBBIN:** My Lady, 12 core participants wish to address
8 you orally, so I think I had best stop and let them get
9 on with that but -- unless there is anything, of course,
10 that I can assist you with further at this point.

11 **LADY HALLETT:** I'm very grateful, Ms Dobbin, thank you very
12 much.

13 **MS DOBBIN:** I think you're going to hear first from the
14 children's rights organisations.

15 **LADY HALLETT:** Mr Broach.

16 **Submissions on behalf of Children's Rights Organisations by**
17 **MR BROACH**

18 **MR BROACH:** My Lady, I appear for the children's rights
19 organisations, or CROs, with Ms Twite and Ms Leydon of
20 counsel. The CROs are five leading organisations in the
21 field of children's rights and we're grateful for the
22 grant of core participant status in this key module for
23 children.

24 At the outset, we would wish to recognise and
25 acknowledge the devastating impact the pandemic has had

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1 on children and young people and their families,
 2 including those who lost their lives, who lost people
 3 they loved, those now suffering from Long Covid and
 4 those whose childhoods and adolescence were harmed in
 5 a way which has not yet been remedied. The CROs welcome
 6 the grant of core participant status by you, my Lady, to
 7 a range of other organisations who have interest and
 8 expertise in children's rights.

9 To very briefly introduce the five CROs, and my Lady
 10 will be familiar with the first three who were part of
 11 Module 2 on your grant:

12 Save the Children Fund, the UK member of the Save
 13 the Children movement, which alongside advocacy work
 14 during the pandemic has published several reports
 15 addressing concerns about the impact of the pandemic on
 16 children and, in particular babies, my Lady.

17 Just for Kids Law, an organisation working both with
 18 and for children and young adults, which also provides
 19 legal representation and has, therefore, first-hand
 20 knowledge of some of the difficulties children and young
 21 people experienced during the pandemic, especially those
 22 in contact with the youth justice or social care
 23 systems.

24 And the Children's Rights Alliance for England,
 25 a membership organisation with over 100 members, many

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1 My Lady, the CROs' preliminary submissions build on
 2 the concerns expressed in Module 2 that the UK
 3 Government's response to the pandemic did not
 4 sufficiently consider the rights, best interests,
 5 welfare, health or wellbeing of children.

6 We say that the harm to children caused by the
 7 Covid-19 virus itself was exacerbated exponentially by
 8 the governmental response to the virus, which too often
 9 ignored or marginalised children's rights and interests.

10 We say that, in large part, it was the governmental
 11 response, which as Counsel to the Inquiry rightly said,
 12 took away fundamental aspects of what it means to be
 13 a child. The Inquiry now has the opportunity to
 14 consider in more granular detail whether that response
 15 could have better respected children's rights. Our
 16 position for this module can be distilled into the
 17 central proposition that, whilst some of the impact on
 18 children eloquently set out by Counsel to the Inquiry
 19 this morning was inevitable, much of it was sadly
 20 unnecessary and stemmed from a failure of the state
 21 fully to consider the different and unique rights of
 22 children in pandemic planning and response.

23 Beneath that core proposition we make three
 24 underpinning points.

25 Firstly, the rights and interests of children and

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1 being key children's organisations themselves, which has
 2 worked both during and since the various NPIs were
 3 brought in, the non-pharmaceutical interventions, to
 4 highlight the lack of consideration given to children's
 5 rights.

6 As my Lady knows, these three organisations were
 7 joint core participants in Module 2. They have been
 8 joined and strengthened by the inclusion of two further
 9 organisations for Module 8, the Centre for Young Lives,
 10 led by Anne Longfield CBE, who my Lady will, I'm sure,
 11 recall gave evidence in Module 2, as she was Children's
 12 Commissioner for England during most of the time periods
 13 with which this Inquiry is concerned.

14 The Centre for Young Lives has a research focus on
 15 the experience of children who face secondary risks
 16 which Covid-19 exacerbated, including migrant children.

17 Finally, our fifth member is the Child Poverty
 18 Action Group, who work on behalf of the children growing
 19 up in poverty in the UK and have conducted extensive
 20 research about the impact of lockdown on children and
 21 also successfully persuaded decision-makers during the
 22 pandemic to take some measures to mitigate the increased
 23 harm to children living in poverty, for example working
 24 with other organisations to secure the expansion of free
 25 school meals to those with no recourse to public funds.

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1 young people were routinely overlooked or deprioritised
 2 throughout the pandemic. This frequently led to
 3 a disproportionate impact from various measures as
 4 compared to adults and, indeed, at times, those rights
 5 and interests were actively undermined. To give three
 6 examples, first of all, a judicial review brought by
 7 Article 39 showed that changes were made to entitlements
 8 for looked after children in England unlawfully when the
 9 then Children's Commissioner and others concerned with
 10 children's rights were not consulted prior to their
 11 introduction.

12 Second, extended custody time limits were applied to
 13 children in England and Wales until a claim brought by
 14 Just for Kids Law was settled, reinforcing the point
 15 made by Counsel to the Inquiry about the particular
 16 vulnerability of detained children.

17 Third, children and young people with Special
 18 Educational Needs and Disabilities in England also saw
 19 their entitlements diminished by a series of statutory
 20 instruments that were issued on a month-by-month basis,
 21 reducing the ability for these to be scrutinised and
 22 challenged.

23 Our second underpinning point is that the lack of
 24 focus on the rights and interests of children and young
 25 people during the pandemic was systemic. This was not,

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1 we say, an unfortunate oversight for which particular
 2 individuals bore responsibility. It resulted from
 3 a failure to embed the rights and interests of children
 4 in the centre of the machinery of government.
 5 Third, to echo an important theme of the submissions
 6 made by Counsel to the Inquiry, the impact of the
 7 pandemic and the response to it was not uniform.
 8 Certain groups suffered worst. To highlight just three:
 9 babies who lost the support of health visitors, wider
 10 family and community support and face-to-face contact
 11 with social workers and other professionals. The data
 12 on serious incident notifications shows that from April
 13 to September 2020 there was a 31% rise in incidents of
 14 death or serious harm to children under the age of one,
 15 when compared with the same period in 2019. There is
 16 an increasing evidence base, including the BICYCLE, Born
 17 in Covid Year - Core Lockdown Effects study and the
 18 Social Distancing and Development Study on the lasting
 19 harm of the pandemic response to children's cognitive,
 20 social, emotional, speech and language skills.
 21 Our second core group to highlight: children and
 22 young people from black and racialised communities who
 23 already experienced greater levels of poverty and
 24 disadvantage before the pandemic. Nearly half of
 25 children from black or minority ethnic communities were

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1 children's rights throughout the module, rather than
 2 focusing on the interests of the institutions which
 3 exist to serve children, particularly local authorities
 4 and schools, and further we urge the Inquiry to maintain
 5 a focus on rights that are particularly important to
 6 children and young people themselves, such as the right
 7 to play, which, as the Inquiry heard in Module 2, is
 8 a vital aspect of childhood development and which was
 9 subject to severe and at times disproportionate
 10 restrictions in the name of public health.
 11 Our position, my Lady, is not just that the right to
 12 play was given insufficient weight in decision-making.
 13 The problem was more fundamental. Children's right,
 14 such as the right to play, were often simply ignored or
 15 given no consideration at all by those making decisions
 16 on public health grounds.
 17 Notwithstanding the need to focus on individuals
 18 rather than institutions, we share the position
 19 expressed by the TUC at paragraph 8 of its written
 20 submission as to the chaos in government decision-making
 21 and communication in relation to schools during the
 22 pandemic. We urge the Inquiry carefully to consider the
 23 steps required to ensure that children's schooling
 24 experiences far less disruption in any future pandemic
 25 or crisis, with continuity of educational experience

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1 living in poverty on the eve of the pandemic, 46%, even
 2 higher than the general rate of children living in
 3 poverty, slightly below a third.

4 Thirdly, we highlight looked-after children, and
 5 children and young people with special educational needs
 6 and disabilities, whose statutory entitlements were
 7 taken away or reduced on an assumption, which we say was
 8 misconceived, that they simply could not be delivered
 9 during this time of crisis.

10 Of course, these groups intersect, my Lady, and many
 11 children will have experienced multiple disadvantage
 12 from the pandemic as a result of a number of their
 13 particular characteristics.

14 The particular forms of intersectionality which led
 15 to prejudice to children from the pandemic and its
 16 response will require careful consideration during this
 17 module.

18 In this context, the CROs welcome the breadth and
 19 focus of the Inquiry's proposed scope for Module 8 and,
 20 in particular, the underpinning theme of inequalities
 21 which we see runs through it. We agree with the
 22 Clinically Vulnerable Families submission that this
 23 scope could be expressly extended to explicitly focus on
 24 children in clinically vulnerable households.

25 We urge the Inquiry to maintain its focus on

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1 being given greater priority. We welcome what was said
 2 by Counsel to the Inquiry in this regard this morning.

3 We say that schools and early years settings must be
 4 treated as essential infrastructure in any future
 5 pandemic and that there needs to be sustained investment
 6 to bridge the digital divide that the most disadvantaged
 7 children experienced during Covid-19.

8 We do not support the Department for Education's
 9 proposal in its written submissions for the term
 10 "attendance restriction" to be used in relation to
 11 schools. Although schools were not closed for all
 12 children, the reality for very many children was that
 13 their schools, and many other places that mattered to
 14 them, were closed to them for significant periods and,
 15 furthermore, many children did not receive or could not
 16 access adequate remote education in place of school.

17 In the view of the CROs, the term "attendance
 18 restriction" tends seriously to underplay the severity
 19 of the experience of lockdown for children and young
 20 people generally.

21 My Lady, questions in relation to the management and
 22 approach of the module that were posed by the Inquiry
 23 are addressed in our written submissions. We briefly
 24 supplement those, if I may, as follows.

25 On the question of the evidence which the Inquiry

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1 will hear in this module, the CROs support the
 2 suggestion by the disabled people's organisations that
 3 Dr Cath Lunt would be an appropriate expert for the
 4 Inquiry to hear from on issues in relation to children
 5 and young people with SEN, and we further support the
 6 Long Covid's group proposal for the Inquiry to hear from
 7 a paediatric expert in Long Covid, reflecting the
 8 underlying principle that children are not simply little
 9 adults in their experience of Covid-19 or generally.

10 We also consider that it's vital and urgent that the
 11 Inquiry hears directly from children, both in its
 12 research and by way of direct evidence taken in
 13 an appropriately child-friendly manner, and the Inquiry
 14 can be assisted by evidence from young people who have
 15 now turned 18 but were young teenagers when the pandemic
 16 began.

17 The CROs thank the Inquiry for the efforts being
 18 made to progress this module as quickly as possible.
 19 For children and young people every day matters.
 20 A child who was starting school at the beginning of the
 21 pandemic would now be at or close to 10 years old and
 22 would be of secondary school age by the time this module
 23 reports. Despite the clear recommendations made by the
 24 Education Recovery Commissioner, Sir Kevan Collins, and
 25 a plethora of other bodies, for a substantial investment

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1 resources in the services that matter most to children.
 2 Those include education, care and both physical and
 3 mental health services, the latter being particularly
 4 vital, given the step change in child mental ill health
 5 occasioned by both the pandemic and the response to it
 6 by the adults in charge.

7 My Lady, the CROs look forward with working with you
 8 and the Inquiry team and the other core participants on
 9 these vitally important issues for the UK's children and
 10 young people as this module progresses and, unless I can
 11 assist you further, my Lady, those are the submissions
 12 the CROs wish to make this morning.

13 **LADY HALLETT:** Thank you, Mr Broach, both for the content
 14 and for your excellent time keeping. Thank you very
 15 much indeed.

16 I think possibly we will take the break now.
 17 I shall return at 11.20.

18 **(11.08 am)**

19 **(A short break)**

20 **(11.20 am)**

21 **LADY HALLETT:** Right, is it Ms Beattie next? Ms Beattie.
 22 **Submissions on behalf of Disabled People's Organisations by**
 23 **MS BEATTIE**

24 **MS BEATTIE:** My Lady, we act for three disabled people's
 25 organisations, or DPO, from across the UK. They are

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1 in children's recovery, no such funding has yet been
 2 made available by the current or former governments. We
 3 therefore agree with the TUC that, if possible, the next
 4 preliminary hearing should be brought forward and, more
 5 fundamentally, we urge the Inquiry to publish its final
 6 report on this module at the earliest possible date
 7 which is consistent with proper scrutiny of the evidence
 8 and issues.

9 My Lady, the CROs have set out in written
 10 submissions our preliminary position on the key
 11 recommendations needed to address the structural
 12 invisibility of children within government. These
 13 recommendations will include legislative change, we
 14 hope, to incorporate children's rights in the UN
 15 Convention on the Rights of the Child in domestic law,
 16 to fill the gap in the Equality Act that allows public
 17 bodies and service providers to discriminate against
 18 children on the grounds of age with impunity, and to set
 19 clear child poverty reduction targets as part of
 20 a cross-government child poverty strategy.

21 However, we reiterate that to start to clear the
 22 long shadow which the Covid-19 pandemic has cast over
 23 the lives and life chances of a generation of children,
 24 meaningful implementation of such legislative changes
 25 needs to be accompanied by significant investment of

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1 Disability Rights UK, Disability Wales and Disability
 2 Action Northern Ireland.

3 The DPO thank you for recognising them as core
 4 participants. They join with other CPs in acknowledging
 5 the Inquiry's commitment to hearing the voices and
 6 stories of children and young people and investigating
 7 the impact of the pandemic upon them.

8 I start with a few words about vulnerability and its
 9 relevance here. My Lady has heard in other modules the
 10 DPO encouraged the Inquiry and others to be
 11 constructively critical of the term "vulnerable". The
 12 DPO do that because it reinforces an approach based on
 13 individual impairments, it ignores that we are all
 14 vulnerable at different times in different ways and it
 15 detracts from the need for systems to be responsive to
 16 the human condition in all its manifestations. If they
 17 are not responsive in this way, it is the systems
 18 themselves that are vulnerable.

19 Following the work of Martha Fineman, there are
 20 certain forms of universal vulnerability, based on the
 21 life cycle and diversity of the human condition, of
 22 which childhood is one category. There is also socially
 23 determined vulnerability that can render children
 24 unequally vulnerable because of their dependence on the
 25 distribution of assets in adult society that is beyond

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1 their control.

2 These forms of vulnerability combined to make
3 disabled children and young people amongst those in our
4 society most exposed during the pandemic. Moreover, it
5 is disabled children and young people who will
6 experience enduring and potentially irreparable harm
7 from the Covid-19 era.

8 In earlier modules, the DPO adopted Professor Tom
9 Shakespeare's conditions of Covid's triple jeopardy for
10 disabled people. The danger was from: (1) the virus
11 itself; (2) the reduced care for pre-existing needs; and
12 (3) the disproportionate impact on disabled people
13 because of non-pharmaceutical interventions or NPIs.

14 This module must consider how those jeopardies
15 affected disabled children and young people.

16 First, pre-existing conditions of disabled children
17 and young people made them particularly exposed to the
18 effects of the virus, unlike the rest of the population
19 of their age. This includes all of the conditions on
20 the shielding list. We know that more than 500 children
21 and young people aged 25 and under died due to or
22 involving Covid in England and Wales alone. It remains
23 to be understood how many of those who died were
24 disabled. More than 50,000 children and young people
25 aged up to 17 shielded for much of the pandemic, with

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1 disabled people and their families lived with prior to
2 the start of the pandemic.

3 On the way forward, the DPO make five points.

4 Our first point is that the Inquiry should not be
5 constrained in its scope by defining disabled children
6 and young people by reference to the current systems of
7 special educational needs and/or disabilities or SEN as
8 they operate in the four nations. The reference in the
9 provisional outline of scope to children with SEN is
10 welcomed and it is crucial, as schoolchildren who need
11 that support number over 1.6 million in England, over
12 52,000 in Wales, over 241,000 in Scotland and over
13 62,000 in Northern Ireland.

14 These are significant numbers but it would be wrong
15 for the Inquiry to take the formal recording of special
16 educational needs and/or disabilities as conclusive and
17 comprehensive for at least two reasons.

18 First, disabled children and young people were
19 already, before the pandemic, underassessed, unsupported
20 and unplanned for in education systems that had faced
21 long-term resourcing competency deficits. The formal
22 figures are wholly under-inclusive, even on their own
23 terms.

24 Second, those systems are overly medicalised in
25 their orientation, requiring proof of problematic and

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1 all of the developmental and social consequences that
2 entailed.

3 Second, post-viral conditions rendered children and
4 young people disabled because of Covid. Those acting on
5 behalf of Long Covid Kids will develop the point but in
6 the younger part of the population these consequences
7 have sometimes been devastating. This contrasts starkly
8 with the evidence that most children experienced benign
9 symptoms and speedy recovery.

10 Third, reduced access to treatment, medication and
11 support aggravated pre-existing conditions in disabled
12 children and young people. This included those on the
13 spectrum of neurodiversity, those with depression and
14 other mental health conditions and those in need of
15 ongoing treatment and rehabilitation.

16 Fourth, enforced isolation under the state's
17 response to Covid generated new impairments, conditions
18 and risks for children and young people for the first
19 time, for example eating and anxiety disorders,
20 self-harm and suicidal ideation. Lockdown also
21 accentuated the risk of abuse at home and residential
22 settings.

23 Those composite and often compounding harms must be
24 understood against the general evidence that my Lady
25 heard in Module 2 about structural inequalities that

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1 stigmatising vulnerability and thereby entrenching the
2 medical model of disability which the DPO contest.

3 Many disabled children and young people have no
4 conditions of learning disabilities or learning
5 difficulty and, therefore, do not have special
6 educational needs as such, and yet they also repeatedly
7 encounter barriers in their education caused by their
8 social disablement.

9 Our second point therefore involves looking beyond
10 how the education system defines need and disability to
11 broader aspects of the lives of disabled children and
12 young people.

13 Given the life stage of children and young people,
14 there is an understandable and necessary focus in this
15 module on education, early years provision and further
16 and higher education and apprenticeships for young
17 people. But, as my Lady's provisional outline of scope
18 importantly anticipates, this module is much broader.

19 The DPO welcome the recognition in area 4 of the
20 provisional outline of scope of the impact on physical
21 and mental health, wellbeing, development, family lives
22 and access to healthcare services. The provisional
23 outline also recognises, under area 5, social care and
24 other services which are relevant to many disabled
25 children and young people, including disabled children

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1 and young people who are themselves carers. For
2 example, in England, young carers under the age of 17
3 are almost three times as likely to be disabled,
4 compared with their peers who do not provide care.

5 By considering the experiences of disabled children
6 and young people within each of the areas of the outline
7 scope, the Inquiry will be able to examine the impact of
8 the pandemic on this part of the population holistically
9 and to recognise the multifaceted aspects of their
10 reality.

11 Our third point is that, in order to do that
12 effectively, the DPO again urge upon you a human rights
13 approach and the social model of disability, which
14 identifies the interaction of impairments or conditions
15 with barriers or attitudes in society as hindering the
16 full and effective participation of disabled children
17 and young people on an equal basis with others.

18 Across a range of NPIs, disabled children and young
19 people were an afterthought. Excuse me, disabled people
20 were an afterthought, and that extended to disabled
21 children and young people.

22 It started with the failure to plan for mass
23 exclusion from school attendance prior to the pandemic,
24 with two fundamental problems with the rapidly
25 improvised government policy of March 2020.

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1 by a reduction in care services at the same time,
2 including the easement of statutory duties to
3 a requirement of reasonable endeavours.

4 Digital poverty is a phenomenon suffered by many but
5 one particularly pronounced in the households of
6 disabled people and, even when digital access and
7 literacy were there, the adjustment of services for
8 disabled children and young people lagged behind the
9 innovations that were made available to non-disabled
10 children.

11 That lagging behind continues due to the lack of
12 targeted catch-up education activity for disabled
13 children and young people, with ramifications not only
14 for education but for equality in later life.

15 Our fourth point is that the risk to disabled
16 children and young people was one to their broader
17 wellbeing and security, including the risk of abuse in
18 education and care settings as well as at home,
19 a reduction in external services and in contact with
20 families and visits, rendering disabled children and
21 young people more isolated, with a reduction in
22 safeguarding and increased use of inappropriate physical
23 restraint.

24 Aside from wanting the module to deal with these
25 harms, the issue echoes the point urged upon you by the

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1 First, the exception for non-attendance of so-called
2 "vulnerable" children may have had good intentions but
3 it was highly problematic. Its definition meant
4 different things in different parts of the devolved
5 education systems in the UK. In England, for disabled
6 people it only extended to people with education health
7 and care plans. That omitted the almost 1.1 million
8 children receiving SEN support but without those plans.

9 Whatever the breadth of the notion of vulnerable
10 children, the outcome was considerable underuse of the
11 exemption, which required children to self-identify as
12 vulnerable to use it, thereby carrying stigma, and
13 required disabled people, both children and their
14 parents and carers, to take on the additional risk of
15 travelling to and from school with insufficient
16 recognition of how that risk would be handled.

17 Second, given in the first wave only three in ten
18 disabled children attended school and in the second wave
19 it rose only to four in ten, it is critical to consider
20 how much the provision of remote learning was predicated
21 upon non-disabled norms and dependent upon the assets of
22 socioeconomic advantage.

23 Teaching packages were not tailored to various forms
24 of neurodiversity. The capacity for families and other
25 unpaid carers to support home learning was compromised

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1 DPO in module 6 to include within "care provided in the
2 home" coverage of the various supported and
3 interdependent ways that disabled people live.

4 A similar approach must be taken to the situation of
5 disabled children and young people, some of whom live at
6 residential special schools, some of whom live in other
7 residential settings. This would seem naturally to sit
8 within the fifth area listed in the provisional outline
9 of scope. But, as we say in our written submissions at
10 paragraph 5.1, this includes not only disabled children
11 and young people receiving support from services because
12 of safety, but also those receiving support from
13 services because of disability.

14 Our fifth point concerns how the Inquiry will hear
15 from disabled children and young people. The DPO are
16 pleased that other CPs also identified the need for
17 reasonable adjustments to be made so that disabled
18 children and young people can participate in Every Story
19 Matters and the research project Children and Young
20 People's Voices, and we are pleased to hear from Counsel
21 to the Inquiry, Ms Dobbin KC, this morning that
22 interviews will be held with disabled children and young
23 people as part of Children and Young People's Voices.

24 Those voices must be heard, and the DPO would be
25 happy to assist the Inquiry to achieve this end. The

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1 DPO are confident that Module 8 would benefit
 2 immeasurably from hearing these voices and encourages
 3 the Inquiry to embrace wholeheartedly the opportunity to
 4 do so.
 5 Finally, we again acknowledge the evident commitment
 6 that my Lady and your team, including Ms Dobbin KC
 7 today, have shown to this module. It may seem trite,
 8 but the greatest legacy of this Inquiry may come from
 9 this part of your work, because it will learn from and
 10 seek to set up different possibilities for children and
 11 young people. They are the generation in many ways most
 12 damaged by Covid, who gave up so much and who will have
 13 to take change forward.

14 Thank you, my Lady, unless I can assist further.

15 **LADY HALLETT:** No, thank you very much for your help,
 16 Ms Beattie, I'm very grateful.

17 Ms Hannett, I think you're next.

18 **Submissions on behalf of Long Covid Kids and Long Covid Kids**
 19 **Scotland by MS HANNETT KC**

20 **MS HANNETT:** My Lady, I appear on behalf of Long Covid Kids
 21 and Long Covid Kids Scotland. I'm assisted by Ms Iengar
 22 and Ms Sivakumaran, and I'm instructed by Jane Ryan of
 23 Bhatt Murphy Solicitors.

24 My Lady, Long Covid Kids was established in
 25 September 2020 by the families of children who did not

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1 statistics from the Office of National Statistics show
 2 that as of March 2024 there were over 55,000 children
 3 and young people in England and Scotland alone suffering
 4 from symptoms that persisted for at least 12 weeks after
 5 infection with Covid-19.

6 Beyond the prevalence, the effect of Long Covid on
 7 children and young people is profound. My clients
 8 support children and young people who continue to suffer
 9 from complex illnesses over four years after infection.

10 As noted by the disabled people's organisations, the
 11 long-term effects of Covid, Long Covid, have rendered
 12 some children newly disabled. All of the children
 13 supported by my clients had their education disrupted.
 14 Some are still unable to attend school at all, and many
 15 are unable to access alternative provision. Children
 16 and young people with Long Covid are unable to have
 17 a full social life or participate in hobbies that they
 18 once enjoyed. Further, alongside the physical
 19 challenges, the uncertainty of a child's future recovery
 20 can have an additional impact on their mental health and
 21 on that of their family.

22 Children and young people with Long Covid therefore
 23 suffer the double burden of the direct effect of their
 24 illness and disability as well as the indirect effects
 25 of the pandemic and its associated measures that have

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1 recover from Covid-19. They now support over 11,000
 2 children, young people, their families and carers.
 3 Long Covid Kids Scotland acts under the umbrella of
 4 Long Covid Kids, and supports approximately 300 family
 5 and carers in Scotland.

6 My clients are grateful for the grant of
 7 core participant status, and we look forward to
 8 assisting the Inquiry in its important work in Module 8.

9 The Inquiry has our written submissions. I propose
 10 to focus on a small number of those issues that we
 11 raised. That focus is not intended to diminish the
 12 importance of the remaining points, but the Inquiry has
 13 our submissions and will no doubt consider those with
 14 care.

15 With that in mind, I propose to make brief
 16 submissions on four topics. First, the impact of
 17 Long Covid on children and young people. Second, the
 18 provisional scope of Module 8. Third, the need for
 19 expert evidence on Long Covid in children and young
 20 people. Fourth, the hearing of children and young
 21 people's voices.

22 Turning first, then, to the impact of Long Covid in
 23 children and young people. The number of children and
 24 young people supported by my clients, whilst large, does
 25 not reflect the true picture. The latest available

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1 been felt by all children and young people.
 2 For example, a member of the Long Covid groups, T, who
 3 is 19 years of age, said:

4 "I missed one year of school after completing
 5 year 12. I was unable to socialise in and outside of
 6 school, leaving me feeling isolated. Long Covid has
 7 limited family activities as I am unable to walk far.
 8 Holiday plans and trips are affected by my lack of
 9 energy because it limits the options available to my
 10 family."

11 Despite the scale and the impact of Long Covid, the
 12 prevailing public messaging has been that children or
 13 young people are at little or at no risk from the
 14 disease. The inaccuracy of that messaging has been
 15 fatal. Some children and young people have lost their
 16 lives to Covid-19 and, as I have already indicated, many
 17 continue to suffer from the life-changing disabling
 18 symptoms of Long Covid.

19 Long Covid is poorly understood, particularly in
 20 children and young people, which has meant that patients
 21 and their families suffer the additional burden and
 22 stigma of being disbelieved and disparaged or having
 23 their symptoms minimised or dismissed as anxiety.

24 For example, a member of the Long Covid group, C,
 25 who is 17 years old, said:

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1 "We were told by the GP that children were not
2 affected by Covid. I was unable to attend school or
3 college, I had to give up football, and I was isolated
4 from my friends."

5 There is no effective treatment. Access to care and
6 support from health services can be inconsistent. The
7 health services that are available for children and
8 young people are funded only on a one-year basis, which
9 doesn't ensure sustainable Long Covid healthcare.

10 It is therefore no exaggeration to describe
11 Long Covid Kids and Long Covid Kids Scotland as a life
12 raft to children and young people with Long Covid in
13 their families. It remains the position that few other
14 children's rights organisations have engaged fully with
15 the ongoing issues of Long Covid for children and young
16 people. That lack of recognition can unfortunately be
17 seen in many, albeit not all, of the submissions made to
18 you in writing before today.

19 The stories of the children and young people
20 suffering from Long Covid reflect the wider failures of
21 state organisations in the pandemic to prioritise the
22 distinct needs of children and young people. We agree
23 with the observations made by the children's rights
24 organisations that the Covid-19 pandemic -- and we would
25 add Long Covid -- exacerbated and continues to worsen

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1 need to consider. We say all of those groups will
2 contain children who have Long Covid.

3 Finally, the Long Covid groups welcome the
4 confirmation that Module 8 will be child-centred. In
5 particular there is a need in the context of Long Covid
6 to focus on the specific healthcare impact needs of
7 children as opposed to adults. As we note in
8 paragraph 13 of our written submissions, one important
9 example is that the prevalence of paediatric Long Covid
10 should be compared against the prevalence of other
11 childhood diseases amongst children and young people and
12 not against the prevalence of Long Covid in adults.
13 That is a distinct disease. As Mr Broach noted this
14 morning already, children are not little adults.

15 I turn third, briefly, to expert evidence. The
16 Long Covid groups welcome the proposal to instruct
17 expert evidence, expert witnesses, on, amongst other
18 things, the impact of the pandemic on the mental and
19 physical health of children. We note, however, that
20 none of the areas outlined by Counsel to the Inquiry to
21 date expressly include Long Covid in children and young
22 people. The Inquiry does not presently have the benefit
23 of any direct paediatric expert evidence of the effect
24 of Long Covid in children and young people. The expert
25 reports for Modules 2 and 3 are authored by two experts

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1 existing inequalities amongst children and young people
2 in terms of, for example, socioeconomic status,
3 ethnicity and disability.

4 I turn second to the provisional scope of Module 8.
5 As we note in paragraph 10 of our written submissions,
6 the Long Covid groups are grateful for the clarification
7 that Module 8 will investigate the past, current and
8 ongoing impact of Covid-19 on children and young people.
9 It's critical, in our view, to appreciate that children
10 and young people continue to develop Long Covid
11 following infection from Covid-19, and so those ongoing
12 effects of Long Covid are ongoing and profound.

13 Further, my clients emphasise the importance of not
14 siloing Long Covid as a discrete issue. We say it has
15 a pervasive impact on children and young people on all
16 aspects of their lives. In paragraph 11 of our written
17 submissions, we've set out the areas of investigation
18 that a thorough focus of the impact of Long Covid on
19 children and young people would require. This includes,
20 for example, the impact of Long Covid on children's
21 education and on their physical, mental health and
22 wellbeing.

23 Counsel to the Inquiry, Ms Dobbin King's Counsel,
24 identified a number of different groups of children this
25 morning in her opening comments that the Inquiry will

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1 in adult respiratory medicine who do not have any direct
2 clinical experience of paediatric Long Covid. Whilst
3 the report for Module 2 contains a brief section on
4 children and young people, it's caveated by the comment
5 that its findings derive from a literature review and
6 discussions with paediatricians only.

7 Similarly, the material in the Module 3 report
8 concerning children and young people is thin and was
9 written only by way of consultation with paediatricians.
10 It cannot be said, therefore, to provide direct
11 paediatric expertise on the subject of Long Covid in
12 children and young people.

13 Standing back, then, the Inquiry presently lacks
14 an analysis of the impact of Long Covid on children and
15 young people directly from an expert in paediatric
16 medicine. Counsel to the Inquiry this morning in her
17 helpful opening observations noted that the Inquiry
18 would seek expert evidence where there is underlying
19 research and/or no single witness of fact can speak to
20 the evidence.

21 We say both of those criteria are met here. Expert
22 evidence can explain important underlying research
23 evidence on children and young people which witnesses of
24 fact simply cannot speak to. For example, just
25 yesterday a clinical study was published which explores

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1 the characteristics of Long Covid in children and young
2 people which are still presenting 36 months after
3 initial diagnosis, two years longer than the ONS figures
4 account for.

5 We have set out in full at paragraph 18 of our
6 written submissions the matters that we say a paediatric
7 expert on Long Covid could assist with, and for these
8 reasons my clients invite the Inquiry to instruct
9 a paediatric expert with clinical expertise of
10 Long Covid in children and young people to ensure that
11 it has the necessary material to address this issue
12 fully in Module 8.

13 I turn finally, my Lady, fourth, to the voices of
14 children and young people. My clients welcome
15 the Inquiry's extensive efforts to engage with those
16 young people who were under 18 at the time at the start
17 of the Covid-19 pandemic through the Every Story Matters
18 project and the Verian research project. We welcome
19 CTI's confirmation that the engagement will factor in
20 the experiences of a wide cross-section of children and
21 young people with Long Covid. Several children and
22 young people represented by the Long Covid groups now
23 suffer from disabilities that have resulted from their
24 diagnosis of Long Covid, and we anticipate that those
25 research projects will have in mind that reasonable

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1 to be the voice of the clinically vulnerable in this
2 Inquiry.

3 My submissions will address, first of all,
4 clinically vulnerable children must not be sidelined
5 again; second of all, provisional outline of scope;
6 third, expert evidence; and fourth, key lines of
7 enquiry.

8 Chair, you are already familiar with CVF through
9 their participation in Modules 3 and 4 as core
10 participants. In short, CVF is a grassroots
11 organisation, which was founded in August 2020 in the
12 first months of the pandemic. Since then, it's helped
13 thousands of people through its advocacy and advice. It
14 represents those who are clinically vulnerable,
15 clinically extremely vulnerable and the severely
16 immunosuppressed, as well as their households across all
17 four nations. When I refer to clinically vulnerable,
18 I include all of those groups going forward.

19 CVF, when it was founded, initially concentrated on
20 issues relating to unsafe schools and then it broadened
21 its focus to other areas. We've listed in our written
22 submissions at paragraph 9 the extensive activities CVF
23 have been involved in and still are involved in relating
24 to schools, for example: fighting for cleaner air in
25 schools; advocating for children in CV families who had

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1 adjustments will need to be made to ensure their
2 effective participation in those direct evidence
3 gathering exercises.

4 Further, our written submissions at paragraph 28 set
5 out a number of suggested additions to the key lines of
6 enquiry, the KLOEs, to ensure that the impact of
7 Long Covid across all areas of a child's life can be
8 fully captured.

9 In conclusion, then, my Lady, the Long Covid groups
10 look forward to assisting you and the Inquiry over the
11 course of your work in Module 8. Unless I can be of any
12 further assistance, those are our submissions.

13 **LADY HALLETT:** No, I'm very grateful, thank you very much
14 for your help, Ms Hannett.

15 Mr Wagner.

16 **Submissions on behalf of Clinically Vulnerable Families by**
17 **MR WAGNER**

18 **MR WAGNER:** Thank you and good morning, Chair.

19 My name is Adam Wagner and I act for the Clinically
20 Vulnerable Families. I'm assisted by Lameesa Iqbal and
21 we are instructed by Kim Harrison and Shane Smith of
22 Slater & Gordon.

23 CVF is very grateful to you, Chair, for granting
24 them core participant status in this module and they're
25 looking forward to assisting the Inquiry and continuing

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1 not been vaccinated; campaigning for masking in schools;
2 highlighting inequalities for children forced out of
3 schools due to Covid; helping families locate
4 appropriate educational resources when their children
5 were not supported through the formal education system;
6 advising families how to mitigate risks so their
7 children could attend schools more safely; campaigning
8 for safer exam conditions; addressing inequalities faced
9 by children and young people in clinically vulnerable
10 households and highlighting problems faced by children
11 who were locked out of education due to high clinical
12 risks.

13 My first topic and overarching topic is that
14 clinically vulnerable children and young people must not
15 be sidelined again.

16 CVF is involved in a number of Inquiry modules but
17 it has a simple overarching aim, which is this: to
18 ensure the Inquiry investigates the full impact of the
19 pandemic on the clinically vulnerable and their families
20 and households. Those individuals not only faced but
21 continue to face greater risks to their lives than any
22 other category of person. We do not argue with the
23 disability rights groups about terminology and we
24 understand there are controversies, but we, as the
25 clinically vulnerable, representing the clinically

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1 vulnerable, did not choose to be designated as
2 "clinically vulnerable", and that is the term that I use
3 for that reason.

4 But those groups included millions of people,
5 millions who were at higher risk from Covid-19 and who
6 made up the vast majority of those who died as a result
7 of Covid-19.

8 There's an important point here. The clinically
9 vulnerable are not other people: they are us, they are
10 our families, our loved ones, and that means advocating
11 for clinically vulnerable people to be protected, and
12 that's not at the expense of anyone else. It's about
13 upholding the essential values of our society. The
14 measures that CVF and its members advocate for and have
15 advocated for throughout the pandemic -- high quality
16 masks, clean air, ventilation, just to name three --
17 these are measures which do not just help clinically
18 vulnerable people: they make things better for everyone,
19 and that includes improving the attendance of children
20 at schools and their families.

21 On this we make a point which should be an important
22 one in this module. The public debate over children in
23 the pandemic often made it seem as if there was only one
24 important question, schools open or schools shut, as if
25 there was a switch. But this masked two other important

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1 So that's my first point: don't forget clinically
2 vulnerable children.

3 My second topic is clinically vulnerable children
4 and young people must not be sidelined. Many of the
5 children and young people who are the focus of this
6 module are clinically vulnerable. Many more live in
7 households with clinically vulnerable family members.

8 At this stage, I want to read the opening lines from
9 an article in the Irish Independent, which appeared just
10 yesterday by Tess Finch-Lees:

11 "It's not your fault", I told 16-year-old Cara,
12 whose mother died of a SARS-CoV-2 infection she gave
13 her. To be clear, the doctor confirmed Cara (not her
14 real name) had passed on the virus and Covid was entered
15 on the death certificate as the cause of death.

16 "Cara's mother had not been outside of their home in
17 the weeks preceding her death. When masks were dropped
18 in the 'Omicron is mild' phase of the pandemic, Cara
19 continued as the lone masker at school to protect her
20 immunocompromised mother who was undergoing
21 chemotherapy. It was tolerable until a child
22 psychotherapist said on nation airwaves that some girls
23 were continuing to mask anyway to hide their acne. His
24 words were used to bully her.

25 "Cara left but without support from the teachers she

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1 questions: are schools safe and can they be made safe?

2 Counsel to the Inquiry has said this module will
3 consider infection prevention and control. We say that
4 should be a central focus. CVF were asking the
5 questions from early on in the pandemic: is the air in
6 schools safe? Can it be made cleaner? Why not bring in
7 inexpensive air filters? Why not ventilate more? Why
8 not use high-quality masks?

9 When it is safe enough for the most vulnerable to
10 attend, it's safe enough for everyone. These questions
11 were urgent and remain urgent.

12 Chair, you have obtained extremely useful evidence
13 on IPCs in Module 3, the healthcare module, which gets
14 to the heart of those questions. We hope that this
15 evidence is brought across, and also the learning from
16 this evidence, to this module, and taken seriously in
17 answering the questions about what should have happened
18 and how we can make the schools safe in the future.

19 We do support the TUC's position that the safety of
20 school staff could be considered by this module, not as
21 a central focus but as a focus, because it is impossible
22 to assess the proportionality of IPC measures without
23 understanding the impact on staff. To ignore the impact
24 on staff would be to ignore a central part of the
25 balancing exercise.

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1 struggled. Her parents pleaded with the school to use
2 the HEPA filter they brought. The school refused. Cara
3 eventually returned to school unmasked, caught Covid and
4 infected her mum. It killed her. Cara self-harms
5 because she blames herself. She hasn't been to school
6 since."

7 This is a powerful and upsetting story which no
8 doubt was reflected by similar stories in the UK too and
9 it highlights a number of interlinked issues which we
10 say should be investigated in this module: the
11 experience of children with clinically vulnerable family
12 members, the attitude of schools and society generally
13 towards important IPC measures.

14 One of CVF's primary focuses in this module is to
15 ensure that CV children and young people and those who
16 lived in clinically vulnerable households are not
17 forgotten as they were during the height of the pandemic
18 and in pandemic planning.

19 At present, Chair, we are concerned that there is no
20 mention of the clinically vulnerable in the provisional
21 list of issues. There is no mention of the clinically
22 vulnerable in the key lines of enquiry. We appreciate
23 those are provisional early documents but we say,
24 respectfully, it has to change. We hope this will
25 shortly be rectified.

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1 My third topic is provisional outline of scope.
 2 There is no mention of clinically vulnerable children or
 3 children in clinically vulnerable families in the scope.
 4 We do appreciate, Chair, CTI's point this morning the
 5 scope is not meant to be exhaustive and there are some
 6 broad categories which will include other subcategories,
 7 but the scope does refer explicitly to eight subgroups
 8 of children: children with disabilities; those with
 9 special educational needs; children at risk; children
 10 whose families receive support from social services;
 11 young carers; those in the care of local authorities;
 12 care and care-leavers; children and young people in
 13 contact with the immigration system.

14 Of course we understand CTI's point, but we also
 15 highlight the practical reality that, once a group is
 16 explicitly mentioned in the scope, that explicit mention
 17 cascades down to many other Inquiry actions and
 18 activities.

19 So we have proposed an addition to the scope in the
 20 opening paragraph, which is in red text in paragraph 16
 21 of our submissions, which simply would add a line which
 22 says:

23 "... those who were Clinically Vulnerable and/or
 24 Clinically Extremely Vulnerable and/or who were part of
 25 families of [Clinically Vulnerable and Clinically

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1 during the pandemic and the impact of the pandemic on
 2 them. CVF are keen that the experience of clinically
 3 vulnerable children and also children who lived in
 4 clinically vulnerable households are considered by
 5 experts in this module explicitly. I've already
 6 explained why they're different to other groups and they
 7 need specific consideration.

8 In our written submissions, at paragraph 20, we've
 9 proposed the names of three experts who we propose would
 10 be well suited to this task and we've also proposed
 11 another expert, another potential expert, who can deal
 12 with the question of how Covid-19 compares to other
 13 vaccine preventable diseases in terms of severe acute
 14 and long-term disease in children and young people, and
 15 again we've made a proposal.

16 My final topic, Chair, is key lines of enquiry.
 17 From paragraph 23 of our submissions, we have
 18 respectfully made some proposals, again in red, for
 19 additions to the key lines of enquiry. I will not refer
 20 to them in detail now, but I make the point again that
 21 the KLOEs, as the acronym has come to be referred to,
 22 made no mention at all of clinically vulnerable children
 23 or people in clinically vulnerable families. That, in
 24 my submission, is no surprise because they don't appear
 25 in the scope either and, if they don't appear in the

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1 Extremely Vulnerable] people."

2 It's important to note that -- and I've said this
 3 before in other modules -- although of course it's
 4 important to focus on disabled children, not all
 5 disabled children are clinically vulnerable and not all
 6 clinically vulnerable children are disabled.

7 Moreover, children in clinically vulnerable
 8 households, like Cara in the article, don't fit in
 9 anywhere in these categories.

10 This makes sense in the context of other aspects of
 11 the Inquiry's work too. For example, it's already been
 12 said that clinically vulnerable children are being
 13 included in the research topics for Module 8, so we say
 14 they should be in the scope too.

15 CVF also requests the Inquiry makes sure it
 16 considers children who were removed from the school
 17 roll, whilst also recognising the significant impact of
 18 nearly half of CVF families who were told to withdraw
 19 their children from the school rolls under the threat of
 20 fines and prosecutions. Only a small number went to
 21 court but many withdrew, mostly temporarily, or felt
 22 compelled to take unnecessary risks.

23 My next topic is expert evidence. We note that
 24 paragraph 44 of CTI's note refers to the experience of
 25 children with special educational needs and disabilities

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1 scope, it doesn't cascade down to other parts of the
 2 Inquiry's work. We say that our proposed changes will
 3 ensure that the clinically vulnerable people are
 4 included, paid attention to and their experiences are
 5 appropriately investigated in Module 3. We, of course,
 6 only propose those as ideas, the point is just to get
 7 them in somehow.

8 In conclusion, Chair, many children and young people
 9 are clinically vulnerable, many more live in households
 10 with clinically vulnerable people. They have largely
 11 been forgotten during the pandemic and certainly have
 12 been forgotten since the pandemic -- sorry, since the
 13 acute phase of the pandemic. In this important module,
 14 there is a chance to begin rectifying that but it will
 15 only happen if clinically vulnerable children and
 16 families are placed at the centre of this module, in the
 17 issues list, in the key lines of enquiry, in the expert
 18 evidence. We hope that having granted CVF core
 19 participant status, you will now take these important
 20 steps to ensure the voice of the clinically vulnerable
 21 people can be heard. Thank you.

22 **LADY HALLETT:** Thank you very much, Mr Wagner, very
 23 grateful.

24 I think we're turning to Coram now, Ms King.
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1 **Submissions on behalf of the Coram Group by MS KING KC**

2 **MS KING:** Good afternoon, my Lady. I appear on behalf of
3 Coram. I'm joined today by Ms Compton, who is part of
4 the Coram Children's Legal Centre and by Steph Davies,
5 who is from those instructing me at Leverets. I'm also
6 joined online by Ms Logan Green, who is also appearing
7 on behalf of Coram.

8 Though Coram has produced a Rule 9 statement at the
9 request of the Inquiry at a different phrase of the
10 Inquiry, this is the first module in which Coram has
11 appeared as a core participant, and it is its first
12 direct involvement in the Inquiry. So I will take the
13 opportunity to address the Inquiry in oral submissions,
14 having submitted written submissions in advance.

15 Coram is grateful to the Inquiry to have the
16 opportunity to contribute to the work of this phase of
17 the Inquiry. It sees its role very much to assist and
18 advise the Inquiry and to work with it on the central
19 issues that are going to be interrogated. Originating
20 as the Foundling Hospital in 1939, Coram is the UK's
21 oldest children's charity, working as the Coram Group of
22 specialist organisations helping hundreds of thousands
23 of children, young people, families and professionals
24 nationwide.

25 Coram uses its experience of working daily with

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1 direct experience of the impact of the Government's
2 policies with some of the specialist organisations being
3 more engaged than others.

4 Through its experience of the restrictions imposed
5 in the pandemic during lockdowns and at times of social
6 distancing, Coram came to appreciate that there were
7 a number of consequences of the pandemic, some
8 ostensibly foreseeable and inevitable, some foreseeable
9 and preventable, some unforeseeable but inevitable, and
10 some unforeseen but preventable, many of which continue
11 to negatively affect the lives of children and their
12 carers today.

13 During and since the pandemic, Coram has had the
14 opportunity to witness and record the impact on children
15 of the pandemic and is conscious that some cohorts were
16 disproportionately negatively affected, the compounding
17 effect of disadvantage, but that, in fact, the
18 repercussions for all children were significant.

19 Coram has already sought to understand the effects
20 of the pandemic and has conducted its own research in
21 a number of areas and a number of ways relevant to the
22 experience of children, their carers and the
23 professionals working with them while restrictions were
24 in place.

25 The Inquiry will know that Coram has offered up the

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1 children and young people to engage with government,
2 local authorities, social workers, teachers and families
3 to help deliver better practice, systems and laws.

4 Coram supports young people and children from
5 infancy to independence with a number of initiatives
6 through a range of different parts of its organisation.
7 The ambit of its work is set out in the course of the
8 written submissions already provided but the Inquiry
9 will be aware that there is a large range of services
10 provided to children, their families and professionals,
11 organisations and institutions by Coram.

12 The Coram Group consists of Coram Children's Legal
13 Centre, the Migrant Children's Project, Coram Adoption,
14 Coram Intercountry Adoption Centre, Coram's Creative
15 Therapies Team, Coram Life Education, Coram Beanstalk,
16 Coram Shakespeare Schools Foundation, Coram-i,
17 CoramBAAF, Coram Family and Childcare, Coram
18 International, Coram Voice and Coram Hempsall's.

19 There was significant activity in response to the
20 pandemic by those who make up the Coram Group. Coram
21 was well placed to support and assist those to whom it
22 provided services at that time and assist those to whom
23 it provided services at that time, and it was called
24 upon to do so both frequently and consistently. During
25 the acute phase of the pandemic, Coram Group gained

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1 research it has conducted to the Inquiry for its
2 assistance and attention.

3 Coram is keen to assist with the identification of
4 expert witnesses to ensure that those issues relevant to
5 the strand of the Inquiry that your Ladyship is
6 conducting are fully interrogated and rigorously
7 explored.

8 Coram has read with interest the preliminary scope
9 of the Inquiry in this module and welcomes the updated
10 information from Counsel to the Inquiry. To assist the
11 Inquiry, Coram identified a number of further or
12 specific issues to interrogate which it would contend
13 are important areas of exploration that will promote
14 an understanding of the action taken in response to the
15 pandemic and the consequences of the decisions taken by
16 government. It is submitted that these defined aspects
17 of the scope will provide information which will avoid
18 repeating the mistakes of the past, so that when the
19 next pandemic strikes there will be a better state of
20 preparedness and more robust decision-making leading to
21 less damaging policy and practice.

22 It is hoped that what is explored in this module
23 will ensure that the rights and interests of children
24 will be at the forefront of decision-making in future.

25 There are a number of particular observations about the

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1 scope which Coram has made, and I don't intend to detail
 2 the reasons for the proposals but will set out some
 3 areas that Coram considers should be the focus of this
 4 module, noting that they are echoed by other core
 5 participants and in the contemplation of Counsel to the
 6 Inquiry, as we now understand, from the more detailed
 7 narrative we have been provided today in relation to the
 8 intention of the Inquiry in relation to this module.
 9 Those are -- and I'm grateful to Counsel to the
 10 Inquiry for indicating that there is a willingness to
 11 explore this issue -- the impact of the pandemic on the
 12 family justice system, not merely the need to adopt
 13 a remote process but also the compounding effect of the
 14 pandemic on delays is something that Coram considers to
 15 be a necessary enquiry for this Inquiry to make; the
 16 impact of the pandemic on relationships, with a focus on
 17 early years; both formal and informal development and
 18 learning opportunities; care leavers; access to
 19 professionals and permanency planning for looked-after
 20 children; contact and family relationships for
 21 looked-after children and those in kinship placements in
 22 respect of, in particular, contact for those who were
 23 deprived of relationships with family members during the
 24 acute phases of the pandemic.
 25 Further areas include investigations into the

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1 **LADY HALLETT:** No, I'm very grateful, Ms King.
 2 May I just declare an interest -- I'm sorry,
 3 I should have spotted it before -- I note that one of
 4 the organisations that comes within the group you
 5 represent is Coram Shakespeare Schools Foundation and
 6 I have worked with them and am highly supportive of the
 7 work they do, so I'd just like to get that out there in
 8 case anyone would think I was keeping it quiet.
 9 **MS KING:** For my part, I'm grateful for that indication.
 10 **LADY HALLETT:** Thank you.
 11 Right, and next we have Ms Cover.
 12 **Submissions on behalf of Article 39 by MS COVER**
 13 **MS COVER:** My Lady, I represent Article 39, who have been
 14 granted core participant status, for which we are very
 15 grateful. I'm accompanied today by the director,
 16 Ms Carolyne Willow, and by Mr Chris Callender, who is my
 17 instructing solicitor, who works for Article 39.
 18 Its name is derived from Article 39 of the
 19 United Nations Convention on the Rights of the Child,
 20 which states that:
 21 "... Parties shall take all appropriate measures to
 22 promote physical and psychological recovery and social
 23 reintegration of a child victim of: any form of neglect,
 24 exploitation or abuse; torture or any other form of
 25 cruel, inhuman or degrading treatment or punishment; or

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1 consequences of the pandemic on placement moves for
 2 looked-after children and it is also submitted that
 3 there is a need to extend the scope of the Inquiry to
 4 include the impact on children in institutional settings
 5 more broadly.
 6 There is also a need for attention to the
 7 repercussions for housing and homelessness on children
 8 and young people, and the effect on those who were
 9 involved in the immigration and asylum system during
 10 that time.
 11 Coram invites these issues to be explicitly included
 12 in the scope of the Inquiry. Coram is encouraged by the
 13 Inquiry's intention to listen to the voices of children,
 14 and the Every Story Matters initiative and the research
 15 in respect of children and young people's voices that
 16 has been outlined today.
 17 Coram has much to contribute to this module and is
 18 keen to do all it can to assist, to ensure that the
 19 rights and interests of children will be well supported
 20 in the event of future pandemics. Often, as others have
 21 said, children's rights tend to be an afterthought.
 22 Coram hopes that this module will ensure that in the
 23 future they are very much placed at the forefront of
 24 decision-makers' minds.
 25 Unless I can assist further.

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1 armed conflicts. Such recovery and reintegration shall
 2 take place in an environment which fosters the health,
 3 self-respect and dignity of the child."
 4 My Lady, it is estimated by Article 39 that about
 5 80,000 children, if not more, are living in
 6 institutional settings, which is the particular focus of
 7 this charity, including boarding in residential special
 8 schools, children's homes, mental health inpatient care,
 9 prisons, supported accommodation and immigration
 10 detention.
 11 Many of these children are looked after or under
 12 care orders to local authorities, but not all.
 13 The policy context in which the government
 14 approached the Covid pandemic seems to have been not
 15 guided by the fact that this country ratified the
 16 United Nations Convention on the Rights of the Child
 17 many years ago, that the Secretary of State for
 18 Education is required by statute to promote the
 19 wellbeing of children in England, and that when
 20 the United Kingdom Government rejected the Independent
 21 Inquiry into Child Sexual Abuse's recommendation, which
 22 was made in October 2022, for a cabinet minister for
 23 children, it stated that this was unnecessary because
 24 the Education Secretary already fulfils this role.
 25 Moreover, a Children's Commissioner has been in

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1 place in England since 2005 and its statutory framework
2 was significantly strengthened in 2014, making this
3 a national body unequivocally and exclusively concerned
4 with the promotion and protection of children's rights.

5 We will ask this Inquiry to look into the actions of
6 the Children's Commissioner during the Covid pandemic
7 and also the way in which her interventions,
8 representations and objections were dealt with or not
9 dealt with by government.

10 We ask that the entirety of this Inquiry into the
11 impact on children and young people is looked at through
12 the lens of the United Nations Convention on the Rights
13 of the Child, because all of the articles form
14 a comprehensive array of rights and protections for
15 children, and provide an extremely useful framework.

16 Article 2, non-discrimination in the enjoyment of
17 all of the rights and protections under the convention
18 by all children.

19 Article 3, the best interests of each child and each
20 group of children, must be a primary consideration in
21 all actions concerning them.

22 Article 6, the right to maximum survival and
23 development.

24 Article 12, the right to express views and feelings,
25 and to have these views given due weight in all matters

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1 families, almost always because of neglect or abuse, and
2 they have often lost those ties or those ties have been
3 weakened substantially, either by the neglect and abuse
4 but, following that, by separation from their families,
5 so that many of the safeguards which have been put into
6 place over so many years for children living in
7 institutional settings, at the beginning of this
8 pandemic, originated from past abuse scandals where
9 children's concerns and complaints had been not heard or
10 had been deliberately silenced.

11 Independent complaints procedures, independent
12 advocacy services, independent people making monthly
13 visits to children's homes, the role of the independent
14 reviewing officer, regular visits by social workers,
15 with the presumption that they will always be able to
16 meet children in private, together with the opening up
17 of institutions to parents and friends of these
18 children, were all measures designed to protect against
19 institutionalised practices and coercive cultures going
20 unchecked.

21 It was therefore very startling that at the very
22 beginning of lockdown, in April 2020, the department
23 responsible for children's social care and wellbeing,
24 the Department for Education, began the pandemic with
25 a radical deregulation programme which either removed or

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1 concerning the child. And of course this provision
2 includes the right to assistance to be heard in
3 proceedings of all kinds, and, in that regard, we do
4 support, strongly support, the submission made by
5 Mr Broach that, with all due protections and
6 considerations for any particular vulnerabilities, you
7 should hear directly from some representative children
8 and young adults during the course of this module.

9 Not only because it will give reassurance to that
10 group, particularly young adults, who are either
11 care-experienced or have experienced other adverse --
12 particularly adverse outcomes as a result of the
13 pandemic, but also because of the way in which it will
14 throw light on their experiences in a way which simply
15 cannot have the equivalence if those experiences have
16 been mediated by professional adults, no matter how well
17 meaning they may be.

18 My Lady, the safeguarding risks for children living
19 in institutional settings are widely recognised and have
20 been documented throughout a series of independent
21 inquiries and investigations from the 1960s right
22 through until the Independent Inquiry Into Child Sexual
23 Abuse, and they are, if I can put it this way, the most
24 acutely vulnerable of an already extremely vulnerable
25 group of children who have been removed from their

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1 weakened 65 protections for children in care or looked
2 after or about to be placed for adoption.

3 One of the judges considering this matter,
4 Mrs Justice Lieven, said this:

5 "I agree with the claimant, Article 39, that these
6 are not bureaucratic provisions that are a 'burden' and,
7 as such, can be set aside relatively lightly. Regular
8 visits to children in care, oversight by more senior
9 officers over decision making and provision for
10 independent scrutiny are critical safeguards to protect
11 deeply vulnerable children in a field where errors
12 happen with sad frequency and the consequences can be
13 devastating."

14 So Article 39 seeks to understand the
15 decision-making process for the deletion and dilution of
16 those safeguards and what other safeguards might have
17 been put into place or were put into place or were not.
18 Who decided? What risk assessments were made? What
19 children's rights impact assessment was conducted? Why
20 was the Children's Commissioner for England not
21 consulted? What was the role of the Chief Social Worker
22 for Children and Families, and why was every single
23 change to the statutory scheme a diminution of
24 protection, with no strengthening of any legal duty
25 towards vulnerable children and young people?

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1 My Lady, we filed a short paper to say what other
2 areas of key lines of enquiry we'd like to have
3 considered, and one of them, of course, is the position,
4 the terrible position, of children in custody, and the
5 normalisation of solitary confinement as a way of
6 dealing with them.

7 We also hope that the Inquiry will be able to shine
8 a spotlight on the extent to which central and local
9 government was prepared or had systems in place to serve
10 the interests of and meet the particular needs of
11 children and young people in responding to the pandemic
12 and we began at a low point in the sense that almost
13 half of local authorities with childcare
14 responsibilities were at that point graded as either
15 inadequate or needing improvement by Ofsted, and so not
16 all of the harms suffered can be attributable to Covid
17 alone but to the parlous state that child protection was
18 in to begin with.

19 But children living in institutional settings, their
20 isolation and the risk posed to them is perhaps the most
21 acute of any risk that was posed during this pandemic.

22 Did the government know how they were being affected
23 by the restrictions put in place and by the coronavirus
24 itself? Who was championing their interests within
25 government? Why was the voice of the Children's

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1 reassurance from Ms Dobbin in her opening remarks and we
2 say no more about it.

3 I turn instead to what is our second submission on
4 scope. It is that this module should include within its
5 scope the voice, experience of and impact on education
6 staff, including teachers, support staff and school
7 leaders. Our submission is that doing so not only
8 acknowledges the challenges faced by such staff, but
9 crucially is a necessary part of improving outcomes in
10 education for children and young people in the next
11 pandemic, and for that reason must be a matter for this
12 module.

13 My Lady, in your introductory remarks you indicated
14 in the light of one submission, presumably ours, that
15 this module will examine only the impact on children and
16 young people. You indicated that the impact on adults
17 has been examined to an extent in earlier modules and
18 will be examined in other modules.

19 As helpful as it is to have such a straightforward
20 indication of your view, my Lady, I must address it, and
21 it is useful to know where I need to focus my
22 submissions.

23 But first, my Lady, some clarity as to what it is we
24 seek. We do not seek to turn this module into anything
25 other than a module focused on children and young

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1 Commissioner not being heard in the corridors of
2 Whitehall? To what extent were the needs and rights of
3 children and young people, including those directly in
4 the care of the state, or in the custody of the state,
5 proactively considered and attended to as government
6 began to plan for a post-Covid recovery?

7 My Lady, unless I can assist you any further.

8 **LADY HALLETT:** No, thank you very much for your help,
9 Ms Cover, I'm very grateful.

10 Right, next it's Mr Jacobs.

11 **Submissions on behalf of the Trades Union Congress by**
12 **MR JACOBS**

13 **MR JACOBS:** Good afternoon, my Lady, these are the
14 submissions of the Trades Union Congress. They are made
15 on behalf of the TUC and its affiliated unions, and in
16 particular the very many staff across education that
17 those unions represent.

18 I am instructed by Thompsons Solicitors and appear
19 with Ms Ruby Peacock.

20 The primary issue that we address is the scope of
21 this module. Our first submission on scope, as made in
22 writing, was really to seek reassurance that this module
23 will examine rigorously the full breadth of issues
24 relating to central government decision-making in
25 education. We are grateful to have received that

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1 people. Nothing I submit necessitates a wholesale or
2 fundamental shift in the module's focus. Nothing
3 I submit need diminish the extent to which this module
4 will hear about and focus on the impact on children. It
5 is simply to say that in examining issues relating to
6 education, one of the myriad of issues within this
7 module should be the position of and impact on education
8 staff. I will come on in a moment to a bit more detail
9 as to why.

10 Second, if, as Counsel to the Inquiry indicates,
11 this module is to hear evidence as to the reality of
12 government decision-making on the running of schools,
13 then when it comes to it, the difference between what
14 the Trades Union Congress seeks and what the Inquiry
15 envisages may not really be that far apart. The reality
16 of government decision-making would presumably include
17 the challenges faced by education staff in implementing
18 those decisions.

19 In a sense that provides some reassurance. Equally,
20 however, if the Inquiry is to hear evidence as to the
21 practical consequences of implementing decisions in
22 schools, it is unclear to us why impact on staff and, by
23 extension, how that impact affects outcomes for
24 children, is so clearly disavowed by the Inquiry. It
25 appears to us to be rather like refusing to accept the

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1 final piece of the jigsaw.

2 Third, my Lady, is to say a little more as to why
3 considering the position of and impact on staff is
4 a necessary part of achieving what this module sets out
5 to achieve.

6 Educators are integral to education and to the
7 wellbeing of children. They are not a workforce whose
8 interests need to be put to one side so that the
9 interests of children can come to the fore. Ultimately,
10 an effective response in education is a response which
11 supports both children and staff and the interests of
12 each needs to be considered.

13 By way of example, this module must consider the
14 issue of NPIs, non-pharmaceutical interventions, within
15 schools, but those NPIs must account for the safety of
16 those at places of education as a whole and, therefore,
17 the impact on both children and staff. It is noted,
18 for example, that Every Story Matters is looking at the
19 impact on children of a number of NPIs such as masks.
20 However, impact on staff also needs to be considered.
21 Consider a teacher or teaching assistant with elderly or
22 clinically vulnerable relatives working in close
23 proximity to students with no masks and in a poorly
24 ventilated classroom. The interests of those students
25 will quite properly be an important and primary

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1 profession.

2 The resilience of the profession in terms of having
3 sufficient numbers of adequately trained, experienced
4 staff working in an environment in which they can thrive
5 is central to having the capacity to meet the
6 exceptional needs of children in a pandemic in creative
7 and demanding ways.

8 The NEU's State of Education surveys in the last
9 three years revealed a trend of worsening mental health
10 issues in pupils after the pandemic. That places
11 additional demand on already stretched teaching support
12 resources and causing children to lose out on the
13 individual support they require. These issues do not
14 affect children in isolation: there are evident knock-on
15 effects for staff in terms of workload, but that
16 contributes to workforce shortages. Identifying the
17 problem for staff and resolving it is the first step to
18 enabling those staff to support children.

19 At its heart, the approach of the Inquiry, we say
20 respectfully, is to adopt a false premise that the
21 interests of pupils attending education and the
22 interests of staff providing that education can be
23 separated, but in truth we say they are interdependent.

24 Ultimately, a series of findings and recommendations
25 properly centred on the interests of children but at the

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1 consideration, but the interests of the teacher and
2 assistant also cannot be excluded. As Mr Wagner says on
3 behalf of Clinically Vulnerable Families, it is part of
4 the balancing exercise.

5 Another example is that restricting school
6 attendance must, in addition to taking account of the
7 impact on children, also consider the impact on staff.
8 Such decisions cannot exclude the additional risks faced
9 by staff members and those with whom they live.
10 Similarly, if education staff are to remain in schools
11 to supervise and educate the children of key workers and
12 vulnerable children, consideration must be given to how
13 this work is allocated, considering vulnerabilities of
14 staff or persons in their households.

15 Getting these matters wrong diminishes the workforce
16 and affects educators and children alike. Again, the
17 impact on children may well have a particular
18 importance, but the interests of staff are intertwined.

19 There are numerous examples, my Lady. One
20 fundamentally important one is of the resilience of the
21 profession, both going into the pandemic and coming out
22 of it. Underlying the effectiveness of education during
23 and in the aftermath of a pandemic is the resilience of
24 schools, including both the quality and capacity of its
25 building and resources and also the resilience of the

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1 exclusion of the interests of and impact on staff will
2 be fundamentally flawed.

3 That is our third point, my Lady, and it really
4 amounts to saying this: considering the position of
5 educators will not in some way weaken this module or
6 detract from what it achieves for children and young
7 people. Quite the opposite. It will enhance it.

8 Fourth, I address the suggestion that the impact on
9 adults has been considered already to a point and will
10 be considered in future modules. My Lady, we have had
11 the privilege of being core participants in those
12 modules that have proceeded to substantive hearing and
13 there has not been any significant focus on the position
14 of education staff. Insofar as they might be some
15 consideration in an as yet unidentified future module,
16 we are concerned. As I have sought to set out, insofar
17 as decision-making in education is concerned, these
18 issues are entwined. Insofar as recommendations are
19 concerned to change the provision of education in
20 a future pandemic, the position of children and young
21 people and on education staff must be considered
22 together, and it is not effective, it appears to us, to
23 hive off education staff-related issues to a future
24 module.

25 Just by way of one example, it would not be

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1 effective to consider the efficacy of the policies on
2 face coverings in schools only so far as children and
3 young people were impacted in Module 8 before turning in
4 a later module to the same issue again with a focus on
5 its impact in silo upon education staff.

6 Fifthly, my Lady, and finally on this scope point,
7 including the impact of education staff in this module
8 is consistent with and appropriately respects the
9 sacrifice of education staff in the pandemic. Whether
10 referred to as "school closures" or "restrictions on
11 attendance", the fact is that schools remained open to
12 our most vulnerable and the children of key workers. In
13 those frightening first weeks, education staff were also
14 key workers who continued to attend their place of work.
15 They did so in an environment that was fraught with
16 difficulty when it came to wearing any PPE, let alone
17 adequate PPE. They did so in environments often wholly
18 unsuited to basic non-pharmaceutical interventions such
19 as ventilation and social distancing. They did so with
20 some who, by reason of age or vulnerability, would not
21 understand the concept of social distancing nor the
22 potential impact of failing to observe it. In later
23 waves, the so-called closures actually saw very
24 significant numbers of children and young people in
25 education settings.

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1 contribution of those staff during this challenging time
2 is not overlooked, and we say, my Lady, that that is
3 correct.

4 We do acknowledge, in a sense gratefully, the remark
5 made in opening by Counsel to the Inquiry that the
6 exclusion of the impact for staff is not intended to and
7 does not minimise the role that any of those
8 professionals who continued to educate, care for and
9 protect children had during the pandemic. The reality,
10 however, is that excluding impact on staff from the sole
11 module that will hear orally from the Secretary of State
12 for Education does minimise their role and importance,
13 and that, my Lady, is the problem.

14 That is what we say as to scope. We know, my Lady,
15 you will consider it carefully, and I do repeat
16 the point I started with. Though this point is to my
17 clients a very, very important one, what the
18 Trades Union Congress and its unions seek and what
19 the Inquiry envisages may not be terribly far apart.

20 My Lady, we touch briefly on the preliminary and
21 final hearing. In respect of the preliminary hearing,
22 we urge the Inquiry to hold it earlier than June 2025,
23 on the basis that, by that time, potentially no more
24 than three months prior to the commencement of the
25 substantive hearings, the opportunity for significant

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1 The challenges for staff were broad. They were told
2 on little or virtually no notice that they were to
3 educate in schools, then at home. They were turned into
4 remote educators in a wholly unprecedented way. They
5 were asked to assess and grade in a similarly
6 unprecedented way. They were asked to marshal vast
7 groups of students in giant bubbles. They were turned
8 into sites of mass testing. They were a profession
9 already under strain meeting these challenges and
10 seeking to meet the needs of a population of pupils with
11 an increasing level of need.

12 In other modules, such as those concerned with
13 healthcare and social care, the position of those who
14 provide vital services forms an important part of the
15 consideration of the Inquiry, and we say it is difficult
16 to understand why education and education staff ought to
17 be singled out for a different approach.

18 In its written submission, the Department for
19 Education says it is important to acknowledge and pay
20 tribute to the enormous efforts made by staff on the
21 ground in all education settings who worked in immensely
22 challenging circumstances with dedication and often
23 bravery to seek to mitigate the impacts on children and
24 young people. Further, the Department for Education
25 suggests that it is important that the commitment and

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1 influence on the direction of the module will be narrow.

2 As to the substantive hearings, it has been
3 indicated today that this module will last for
4 four weeks. My Lady, speed and efficiency is important
5 for all manner of reasons, and we have impressed on you
6 the importance of other modules as well as this, and we
7 are conscious of that.

8 However, there is also a certain reality to the
9 breadth and importance of the issues in this module
10 which we say renders four weeks problematic. The issues
11 in education alone are numerous and significant:
12 restrictions on attendance, the various NPIs within
13 schools, the chaos of exams, the challenges of remote
14 learning, the challenges in supporting vulnerable
15 children. But that is just education. This module
16 seeks to examine access to healthcare services, access
17 to and engagement with social care services, the impact
18 on those in the criminal justice system, the impact of
19 those in contact with the immigration system, and other
20 issues.

21 My Lady, the border between an ambitious timetable
22 and an unrealistic timetable can sometimes be a fine
23 one. Respectfully, we say it appears to us that
24 four weeks realistically falls on the wrong side as
25 the Inquiry seeks to do justice to the significance and

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1 breadth of the issues in this module.
 2 My Lady, those are our submissions, thank you.
 3 **LADY HALLETT:** Thank you very much, Mr Jacobs. If I may say
 4 so, you coped deftly with my attempt to head you off at
 5 the pass and you made some excellent points that I will
 6 consider with Counsel to the Inquiry. Thank you very
 7 much.

8 **MR JACOBS:** Thank you.

9 **LADY HALLETT:** Mr Gardner, can we fit you in before lunch?

10 **MR GARDNER:** I should hope so my Lady. 15 minutes, I'm sure
 11 I can work to.

12 **LADY HALLETT:** Thank you.

13 **Submissions on behalf of the Children's Commissioner for**
 14 **Wales by MR GARDNER**

15 **MR GARDNER:** I'm grateful my Lady.
 16 I represent the Children's Commissioner for Wales.
 17 The commissioner thanks the Inquiry for allocating her
 18 core participant status in this important module
 19 considering the impact of Covid-19 on children and young
 20 people across the UK.

21 The commissioner considers and hopes that she and
 22 her office can assist in understanding the impact and
 23 challenges brought by Covid-19 for children and young
 24 people in Wales, some will be similar across the four
 25 nations, others, of course, will be unique to Wales.

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1 country of the UK to establish the post of Children's
 2 Commissioner.

3 The Children's Commissioner for Wales is a national
 4 human rights institution, compliant with the Paris
 5 principles. Independence from government has always
 6 been a key tenet of the office's role.

7 During the pandemic, whilst the working relationship
 8 between the commissioner's office and the Welsh
 9 Government altered, the Paris principles, particularly
 10 around independence, remained an important aspect for
 11 the commissioner to maintain in scrutinising and holding
 12 the Welsh Government to account. The urgent nature of
 13 decision-making in the pandemic necessitated that the
 14 commissioner's office worked closely alongside the Welsh
 15 Government to discharge this responsibility and hold the
 16 Welsh Government to account on behalf of children and
 17 young people across Wales.

18 In practice, whilst not a decision-maker, this meant
 19 that the commissioner's office was asked to comment on
 20 draft guidance and public messaging at very short notice
 21 throughout the pandemic.

22 My Lady, in Module 2B the Inquiry sat in Cardiff and
 23 heard evidence on decision-making and political
 24 governance in Wales. As such, this Inquiry will already
 25 have some appreciation for the difficulties and problems

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1 The commissioner anticipates and hopes that the
 2 Inquiry will also benefit from the learning and
 3 experience of the commissioner on legislation, guidance
 4 and practice which Wales has in place to protect the
 5 rights of children and young people.

6 The Inquiry in this module may wish to consider
 7 whether these arrangements, had they been followed more
 8 carefully or gone further, would have provided greater
 9 protections to children and young people and minimise
 10 the harm they experienced. In similar terms to the
 11 Commissioner for Northern Ireland in his written
 12 submissions, the Commissioner for Wales strongly
 13 believes that children's rights need to be more
 14 effectively embedded at the heart of governmental
 15 decision-making and that, when they are, the negative
 16 impact on the lives of children and young people will be
 17 greatly reduced.

18 My Lady, it may assist the Inquiry and indeed those
 19 watching the Inquiry if the role of the commissioner is
 20 briefly explained. The office of the Children's
 21 Commissioner for Wales was established by the Care
 22 Standards Act 2000 following the Waterhouse Inquiry.
 23 This judge-led Inquiry concluded that children in Wales
 24 needed an independent champion to ensure that their
 25 rights are respected and upheld. Wales was the first

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1 which came with the pandemic for the children of Wales.

2 In submissions in Module 2B, the commissioner drew
 3 together some key themes and issues, which the
 4 commissioner submits may assist the Inquiry in the
 5 current module. To assist in this preliminary hearing
 6 I intend to give just a summary of those themes and
 7 issues.

8 My Lady the pandemic had an immediate impact on all
 9 children and young people. Inequalities caused by race,
 10 poverty and disability in children also became more
 11 pronounced. There is a longer term continuing adverse
 12 impact on children's confidence, school attendance and
 13 mental health since the pandemic.

14 School closures had a significant detrimental impact
 15 on children. The impact included severe impairment to
 16 learning, adverse impact on those with additional
 17 learning needs, the digital gap, exacerbating
 18 socioeconomic inequality, loss of social engagement, the
 19 impact on mental wellbeing, and the loss of the
 20 protective environment of the school for vulnerable
 21 children.

22 Children reported that they were left feeling lonely
 23 and isolated by the restrictions which were put in
 24 place. The commissioner knows this because,
 25 importantly, the commissioner asked children by

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1 conducting surveys and engagement events during the
2 pandemic. The commissioner did her best to ensure their
3 voices were heard by feeding the findings directly to
4 the Welsh Government in real time to inform decisions.

5 Having opportunities to express views and have their
6 views valued is identified by young people as being
7 beneficial for mental wellbeing and can lead to more
8 effective policy responses.

9 Children also had a strong sense of fairness. They
10 reported that they thought it was fair there were
11 measures being put in place to protect older people but
12 there was also a sense of injustice linked to the
13 appearance of economic necessities, such as opening
14 businesses and hospitality being given priority over
15 their long-term educational and social needs.

16 The commissioner considers that the social
17 partnership model in Wales and the willingness of the
18 Welsh Government to listen and learn should be
19 commended. Further, the commissioner commends to the
20 Inquiry the model of the Shadow Social Partnership
21 Council which allowed ministers, officials and the Chief
22 Medical Officer for Wales to explain the rules and
23 latest evidence and major decisions which were to be
24 announced and allow those stakeholders present to raise
25 issues and concerns.

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1 are the initial decision to close schools, when
2 considering support for children with additional
3 learning needs, relating to face masks in schools and on
4 the impact of self-isolation on children.

5 The commissioner is concerned that the Welsh
6 Government failed to fully and properly acknowledge the
7 rights of children under the UNCRC or the efficacy of
8 CRIAs or to undertake its CRIAs to the detriment of the
9 children of Wales during the pandemic.

10 When the decision to close schools in Wales was
11 taken on 18 March 2020 by the Welsh ministers, it does
12 not appear that consideration was given to the Rights of
13 the Child Measure 2011 or the UNCRC, or the educational,
14 developmental and emotional harms which would inevitably
15 impact children by being unable to attend school, or the
16 mitigating measures which could be put in place to
17 support children. Shockingly, the commissioner was not
18 consulted in that decision.

19 The decision to close schools in Wales was taken
20 without legal advice. It is presumably due to that lack
21 of legal advice that the decision to close schools was
22 taken by the Welsh Government when, in the absence of
23 the Coronavirus Act 2020 at that time, it did not have
24 the power to do so. The lack of legal advice also
25 denied the then education minister the opportunity to be

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1 My Lady, in Wales there is an important duty on the
2 Welsh ministers under the Rights of Children and Young
3 Persons (Wales) Measure 2011. That duty is to have due
4 regard to the United Nations Convention on the Rights of
5 the Child, or UNCRC, in exercising its functions. This
6 requires consideration of the best interests of children
7 as a primary consideration, as well as 41 other duties
8 to children. This is landmark legislation which
9 Julie Morgan MS in her foreword to the Children's Rights
10 Scheme 2021 described as follows:

11 "Wales is a country where children's rights are
12 a fundamental entitlement and not an optional extra. We
13 have led the way in children's right by enshrining them
14 in law."

15 The Children's Rights Scheme 2021 drafted by the
16 Welsh Government as required by the 2011 measure
17 requires, amongst other matters, that the Welsh
18 Government undertake children's rights impact
19 assessments, or CRIA, to understand the social,
20 economic, cultural and environmental effects of
21 decisions on children.

22 However, CRIA in practice during the pandemic were
23 either not completed or completed late and after the
24 decision had already been taken. For some major
25 decisions, no CRIA was completed at the time. Examples

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1 reminded of her legal duties to children under the 2011
2 measure.

3 It appears that there was no, or at least no
4 adequate, contingency planning relating to school
5 closures taking place in Wales in the months of January
6 and February 2020. If proper contingency planning had
7 been undertaken at the time with the rights and needs of
8 children at the centre of that planning, school closures
9 may have been shorter or even avoided. They may have
10 been implemented in a smoother way, with legal advice
11 and putting in place support for children and young
12 people, which they would need for a long period of time
13 away from school.

14 The commissioner raised concerns about the use of
15 face coverings in the classroom in the foundation phase
16 of return to school and the concerns over the impact on
17 language development for children with hearing loss, for
18 those with speech and language difficulties, and those
19 whose first language is not Welsh or English and also
20 brought the lack of clarity on when face coverings
21 should be used in Welsh Government's operational
22 guidance to the attention of the Welsh Government.

23 My Lady, guidance regarding residential homes tended
24 to be generic as opposed to age specific and therefore
25 failed to take account of the differing risk profile of

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1 small two to four-bed residential children's homes for
2 a child in a local authority in Wales, as compared to,
3 for example, a large residential or nursing home for the
4 elderly, or those with complex or multiple needs or
5 disabilities.

6 During the pandemic, public facing guidance was
7 issued from a number of different sources, including the
8 UK Government and both the Welsh Government and Public
9 Health Wales. There were increased areas where the
10 jagged edge of devolution caused practical difficulties
11 when implementing the new legislation and guidance in
12 Wales.

13 This often led to children and young people, their
14 parents and guardians, and even the commissioner, being
15 confused as to which guidance applied. One sector in
16 which this became particularly apparent was youth
17 justice, specifically youth custody settings. Youth
18 justice is not a devolved area, whereas public health is
19 a devolved area.

20 My Lady, in conclusion, this module will no doubt
21 highlight the issues which children and young people
22 across the UK encountered during Covid-19 and
23 importantly the continuing impact. That impact was
24 sharply felt by children and young people in Wales where
25 high poverty rates, large rural areas with stretched

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1 mitigated?

2 Fourthly, had those protections been stronger, such
3 as by directing co-operation of the UNCRC in similar
4 terms to the Human Rights Act 1998, would the impact on
5 children and young people across the UK have been
6 mitigated?

7 The commissioner takes the preliminary view that the
8 due regard duties were not fully and properly followed
9 in Wales and, had they been, then the impact of the
10 pandemic on children and young people would very likely
11 have been mitigated.

12 Further, the commissioner takes the preliminary view
13 that, if those duties were stronger and directly
14 enforceable, then the impact of the pandemic on children
15 and young people would very likely have been mitigated.

16 My Lady, the commissioner thanks the Inquiry for
17 allowing her involvement as a core participant in this
18 module and hopes her submissions and assistance help the
19 Inquiry to make recommendations for better
20 decision-making and more support for children and young
21 people in the future.

22 Unless I can assist the Inquiry further.

23 **LADY HALLETT:** Thank you very much for your help,
24 Mr Gardner.

25 Right, we'll break now. I'm afraid because we've so

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1 services, where large numbers of children speak Welsh,
2 not English, as a first language or attend a Welsh
3 medium school, these all exacerbated that impact.

4 Whilst the commissioner does commend the work of the
5 Welsh Government in a number of ways in which it
6 operated during the pandemic, there were no doubt
7 a number of failings in preparedness and process which
8 cost children and young people dearly. There was also
9 a failure to consider the rights of children and young
10 people, which acted to their detriment.

11 My Lady, the commissioner encourages the Inquiry to
12 consider the protection of children's rights across the
13 UK. At present, the UNCRC rights of children are
14 enshrined in law in the 2011 measure in Wales. This
15 creates a due regard duty which the Welsh Government
16 must observe but this leads to some important follow-on
17 questions which the Inquiry may wish to consider.

18 Firstly, were the due regard duties properly adhered
19 to in Wales?

20 Secondly, had the due regard duties been properly
21 adhered to in Wales, would the impact on children and
22 young people in Wales have been mitigated?

23 Thirdly, had similar due regard duties applied and
24 been adhered to across the UK, would the impact on
25 children and young people across the UK have been

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1 much to get through and I have to finish by 3.00 this
2 afternoon, I will have to shorten people's lunches,
3 I'm sorry. I shall return at 1.40.

4 **(12.55 pm)**

(A short break)

6 **(1.40 pm)**

7 **LADY HALLETT:** Right, Ms McGurk.

8 **Submissions on behalf of the Northern Ireland Commissioner
9 for Children and Young People by MS McGURK**

10 **LADY HALLETT:** I see your name up on the screen. Yes, got
11 you.

12 **MS McGURK:** Thank you.

13 Good afternoon, my Lady. Thank you, your Ladyship,
14 for the opportunity to address this Inquiry. We wish to
15 express our graduate attitude to Counsel to the Inquiry
16 for the further detail and clarity set out this morning
17 in relation to this module.

18 I speak on behalf of Chris Quinn, the Northern
19 Ireland Commissioner for Children and Young People and
20 I'm assisted by my colleague, Peter McGettrick, also in
21 attendance by link today.

22 The commissioner welcomes this module of the Inquiry
23 dedicated to children and the decision of her Ladyship
24 to grant his application for core participant status.

25 As you will be aware, we have provided our written

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1 submissions to the Inquiry. Today in these oral
2 submissions, I intend to speak briefly about the
3 commissioner and his office, that I will hereinafter
4 refer to as NICCY, to secondly describe NICCY's
5 understanding of the experiences and impact of the
6 pandemic on children, and finally to set out some of the
7 suggestions and recommendations which the commissioner
8 feels would be beneficial for children in Northern
9 Ireland in response to future emergency situations.

10 As a brief introduction, NICCY was established by
11 the Commissioner for Children and Young People (Northern
12 Ireland) Order 2003 with the principal aim to safeguard
13 and promote the rights and best interests of children
14 and young people in Northern Ireland. The
15 commissioner's paramount consideration in the exercise
16 of its functions must be the rights of children and
17 young people, having regard in particular to their
18 ascertainable wishes and feelings and the United Nations
19 Convention on the Rights of the Child.

20 We have included the statutory duties and powers of
21 the commissioner in our written submissions and I do not
22 intend to go through these today for the sake of being
23 brief.

24 The commissioner's remit is infants, all children
25 and young people in Northern Ireland, up to the age of

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1 further in those areas and identified further areas
2 that, in the commissioner's view, he sees as deserving
3 of consideration distinct from the areas already
4 identified. I intend to take a little time to highlight
5 the commissioner's position on the impact of the
6 pandemic on children, which is recognised as different
7 to adults as it impacted upon their very young, in some
8 cases from a very early age.

9 The overall impact of the pandemic has had
10 a profound effect on the rights and wellbeing of
11 children across Northern Ireland. It disrupted their
12 education, social lives and access to essential
13 services, while also exacerbating existing inequalities.

14 Some children have lost their lives to Covid-19,
15 have experienced the loss of family members or friends,
16 have physical or mental health issues as a result of the
17 pandemic, or have vulnerabilities including within their
18 family, all of which continue to have a significant
19 ongoing impact on their day-to-day lives and
20 development.

21 In relation to pandemic planning, earlier identified
22 by the Inquiry, Northern Ireland entered the Covid-19
23 pandemic with a newly formed government, following
24 nearly three years without one. The lack of forward and
25 contingency planning was evident, with children largely

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1 18 and up to the age of 21 where they are care
2 experienced or have a disability. In this submission,
3 I will refer to them as "children" throughout.

4 During the specified period all of the work of NICCY
5 related to the impact of Covid-19 on children or was
6 impacted by Covid-19. The current commissioner took up
7 post in September 2023 and, in addition to his
8 involvement in this Inquiry, the outgoing commissioner,
9 Koulla Yiasouma, has indicated her willingness to work
10 with our office to assist the Inquiry and the children
11 and young people of Northern Ireland.

12 The impact of the pandemic still continues to highly
13 influence the work of the office, due to the disruptions
14 and hardships children experienced and the ongoing
15 impact of that in their lives. NICCY was concerned,
16 especially in the early stages of the pandemic, that
17 some government departments failed to proactively
18 consult NICCY and remains concerned that the lessons of
19 the pandemic have not been learned for children.

20 The commissioner welcomes the opportunity to
21 contribute to this Inquiry to enable better outcomes for
22 children in the future.

23 NICCY has considered the provisional scope of the
24 Inquiry and welcomes consideration of those areas
25 identified. In our written submissions we have expanded

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1 overlooked in pandemic planning. It's imperative that
2 we learn from this and develop robust plans for future
3 emergencies that prioritise the needs and the rights of
4 children. This includes safeguarding their education,
5 their health and mental health, as well as their overall
6 wellbeing. NICCY urges the development of comprehensive
7 plans for future pandemics, ensuring all societal
8 stakeholders, including children, are meaningfully
9 considered and involved.

10 In relation to education, the closure of schools and
11 the shift to remote learning posed significant
12 challenges, particularly for children from disadvantaged
13 backgrounds or children with special educational needs.
14 The digital divide, lack of access to resources and
15 varied home environments led to disparities in
16 educational outcomes. The impact on education,
17 including the impact and identification of children with
18 special educational needs and school attendance,
19 following the re-opening of schools and the lack of
20 adequate support in relation to these, remains
21 a significant concern. Thousands of children in
22 Northern Ireland remain absent from school today and
23 there is insufficient understanding of the challenges
24 they are facing or supports in place to help them back
25 to school.

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1 The commissioner welcomes that health, wellbeing and
2 access to healthcare are included within the scope of
3 this module. Difficulties in accessing services and
4 provision of care and support were already apparent
5 pre-pandemic and especially for children with
6 disabilities and vulnerabilities.

7 The healthcare system was experiencing significant
8 delays, including increasing waiting times, and these
9 problems were exacerbated by the pandemic. We witnessed
10 a rise in mental health issues among children, including
11 anxiety, depression and feelings of isolation, and the
12 reduction in face-to-face support services compounded
13 these issues.

14 Several cohorts of children requiring access to
15 social care and safeguarding, including but not limited
16 to children in care, children in need, young carers and
17 children subject to immigration control, reported
18 heightened feelings of isolation and stress. The lack
19 of social activities and reduced face-to-face
20 interactions with key professionals, such as social
21 workers and legal representatives were particularly
22 troubling.

23 In our view, this is an important area for the
24 Inquiry to consider. NICCY welcomes that children
25 impacted by the immigration system and newcomer children

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1 To move on to the matter of participation, one of
2 the critical lessons from the pandemic is the need for
3 meaningful consultation with children and young people.
4 Their voices were often overlooked in decision-making
5 processes that directly affected their lives.
6 Communications to children and parents were limited, and
7 misinformation caused fear and anxiety. At times
8 messaging created the impression that children were to
9 blame for the spread of Covid and Covid deaths. Future
10 responses must include children in the conversation,
11 ensuring their rights and needs are considered in line
12 with Articles 12 and 13 of the UN Convention on the
13 Rights of the Child.

14 NICCY welcomes the Inquiry's efforts to listen to
15 the views of children in this module, through Every
16 Story Matters and through the targeted research project
17 aiming to hear from children. In the Commissioner's
18 view, listening directly to the voice of the children
19 will assist the Inquiry to fully understand the impacts
20 of Covid on this cohort of the population.

21 In NICCY's submission, we identify that play and
22 recreational activities for children during the pandemic
23 is worthy of distinct consideration by the Inquiry.
24 Children in Northern Ireland, when asked the most
25 difficult aspect of the pandemic, highlighted social

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1 are included in the scope of the Inquiry. Substantial
2 barriers were faced by asylum seeking families in
3 accessing vital resources during this period, including
4 educational provision. The abrupt closure of schools
5 not only disrupted their education but also severely
6 hindered their ability to adjust to a new country and
7 learn a new language during a critical time in their
8 lives.

9 In relation to justice, how Covid impacted on the
10 administration of justice is, in our submission,
11 an important area for the Inquiry to consider, and we
12 would welcome the examination of the impact upon those
13 children in contact with the courts and the youth
14 justice system.

15 Although closely linked to justice and youth
16 justice, policing and the policing response to the
17 pandemic is not expressly identified in the scope of
18 Module 8, and this is an area that, in our submission,
19 would merit consideration by the Inquiry.

20 As an example, one of the police responses to the
21 pandemic in Northern Ireland was to introduce the use of
22 spit and bite guards to include those under the age
23 of 18. NICCY has consistently raised concerns about the
24 introduction of spit and bite guards and their continued
25 use as a tactical option for police today on children.

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1 isolation as one of the hardest parts. The reduction of
2 play, recreational activities and leisure activities
3 have had a devastating impact on many children's
4 physical and mental health as well as their emotional
5 wellbeing. In the Commissioner's view, greater priority
6 needs to be given to such activities in any future
7 pandemic.

8 In addition, it's the position of the commissioner
9 that the impact of the children in poverty is worth
10 distinct consideration. Of the 450,000 children in
11 Northern Ireland as of 2022, one in four of these
12 children live in poverty with two-thirds of these living
13 in working households. The impact and failure to
14 adequately address poverty, including for children prior
15 to the pandemic, and given adequate consideration in
16 pandemic planning and in decision-making, exacerbated
17 the impact felt by children in poverty.

18 We must give credit for the allocation of the £20
19 weekly top-up to the Universal Credit allowance that was
20 awarded in 2020, but that unfortunately ended in
21 October 2021.

22 In Northern Ireland we await the finalisation of
23 a poverty strategy with a key focus on children and
24 young people with government working to agree a draft by
25 March 2025. We note that the draft programme for

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1 government released yesterday does not prioritise action
2 to tackle child poverty, nor indeed poverty at all.
3 In our view, it's vital that the Executive
4 prioritises lifting children out of poverty and
5 allocating resources in order to do so. In our
6 submission to the Inquiry, this would improve the lives
7 and outcomes for children and young people going forward
8 and would reduce the impact on them in any future health
9 emergency.

10 In closing we would urge the Inquiry to consider
11 recommending specific policy changes that address
12 problems that were compounded further by the pandemic.
13 There should be a commitment across government
14 departments and agencies in Northern Ireland
15 that co-operation that is required in accordance with
16 the Children's Services Co-operation Act
17 (Northern Ireland) 2015 to address child poverty,
18 ensuring universal access to education resources, expand
19 child health and social care services and implement
20 a child element to emergency planning.

21 NICCY's report on the pandemic and the impact of the
22 pandemic identified that children's rights were not
23 sufficiently embedded in government, and this impacted
24 decision-making and had a direct and negative impact on
25 children during the pandemic. We urge this Inquiry to
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1 voices and rights of children.

2 We are very grateful to the Inquiry for the
3 opportunity to make these oral submissions, and to
4 facilitate us attending hybridly, and we look forward to
5 assisting the Inquiry in any way that it requests as the
6 module progresses.

7 Unless there is anything further, your Ladyship.

8 **LADY HALLETT:** Thank you very much indeed, Ms McGurk. At
9 the beginning I thought the line was going to be dodgy,
10 but in fact I heard everything you had to say. Thank
11 you very much indeed.

12 **MS MCGURK:** Thank you very much.

13 **LADY HALLETT:** Ms Masood.

14 **Submissions on behalf of the Department for Education by**
15 **MS MASOOD**

16 **MS MASOOD:** My Lady, thank you and good afternoon.

17 I represent the Department for Education, who I will
18 refer to by the acronym DfE. The DfE is grateful for
19 the opportunity to participate in Module 8 and to make
20 these brief oral submissions.

21 The DfE recognises that as the government department
22 responsible for children's services and education, many
23 of the areas listed in the provisional outline of scope
24 either fall directly within or touch upon matters for
25 which DfE is responsible.
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1 consider recommending that children's rights be embedded
2 at the heart of government, including through
3 incorporation of the United Nation's Convention on the
4 Rights of the Child into domestic law and the mandatory
5 completion of child rights impact assessments in
6 relation to governmental decision and policymaking.

7 It was and continues to be the responsibility of
8 government departments and agencies to uphold the rights
9 of children in all circumstances, ensuring that they are
10 protected, supported, informed, listened to, empowered,
11 and even at times of crisis.

12 The findings of this Inquiry will be crucial in our
13 view in shaping a better future for children and
14 children in Northern Ireland. We respectfully suggest
15 that the Inquiry consider incorporating recommendations
16 specific to Northern Ireland given the distinct social,
17 political, educational, cultural, health and social care
18 contexts that differ from other jurisdictions, and
19 indeed the variation in response to the pandemic in
20 Northern Ireland.

21 NICCY remains committed to safeguarding and
22 promoting the rights and best interests of children in
23 Northern Ireland and to working towards children's
24 rights being embedded at the heart of government to
25 ensure that decision-making takes into consideration the
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1 The DfE is acutely conscious of the impact that the
2 pandemic and associated measures had and continue to
3 have on children and young people, especially those who
4 are most vulnerable. The policy and operational
5 challenges that the pandemic presented to the DfE and
6 the services for which it is responsible were
7 considerable.

8 The DfE notes the submissions made by some of the
9 other core participants in respect of decision-making
10 during the pandemic. This of course is not the time to
11 address those submissions, suffice it to say that it is
12 right that Module 8 should examine both the experiences
13 of and impact on individuals as well as the decisions
14 that were taken by the DfE and by others in the areas
15 identified by the provisional outline of scope. The DfE
16 recognises the importance of that scrutiny.

17 Throughout the pandemic, and following it, DfE has
18 sought to identify and learn lessons to improve our
19 approaches and deliver the best outcomes for children
20 and learners.

21 The DfE accepts and acknowledges that there will be
22 further important and valuable lessons to be learnt in
23 relation to aspects of the response that could have been
24 handled better. The DfE is committed to providing its
25 full co-operation and support to the Inquiry to allow
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1 for its investigation to take place.
 2 Finally, we hope the Inquiry will take note of the
 3 point of terminology raised in the DfE's written
 4 submissions. This morning you have heard on this point
 5 the submissions made on behalf of the children's rights
 6 organisations. The DfE respectfully maintains and asks
 7 that the term "attendance restrictions" is adopted in
 8 place of "school closures". This is in the interests of
 9 accuracy as schools and other education settings were
 10 not closed but remained open to vulnerable children and
 11 children of critical workers throughout the pandemic,
 12 and teachers and other staff continued to work in those
 13 settings as well as providing remote education.

14 It is also in the interests of recognising the
 15 important contribution made by all staff working in
 16 education settings in extremely challenging
 17 circumstances to seek to mitigate the impacts on
 18 children and young people. That contribution has
 19 already been compellingly addressed by the Trades Union
 20 Congress in their submissions.

21 My Lady, thank you.

22 **LADY HALLETT:** Ms Masood, I'll take note, but I'm afraid
 23 I'm going to take some persuading not to use
 24 an expression that everybody understands. "School
 25 closures for the majority of schoolchildren", I think
 125

1 already been alluded to, my Lady, by Mr Gardner for the
 2 Children's Commissioner for Wales, but in our submission
 3 it also has wider significance across Wales and indeed
 4 across the rest of the UK, where the language that
 5 children and young people speak at home differs from the
 6 language which would have been used to educate them, had
 7 they been going to schools and other educational
 8 settings. So we hope to work with the Inquiry team on
 9 that particular issue, my Lady.

10 That discrete point aside, the Welsh Government has
 11 three main aims in making these brief submissions. The
 12 first, my Lady, is to acknowledge the significant and
 13 the ongoing impact that the pandemic has had on children
 14 and young people in Wales across very many different
 15 areas of their lives. My Lady, these impacts have been
 16 brought to life vividly this morning by Counsel to the
 17 Inquiry and again by other core participants.

18 The Welsh Government was very glad to note from
 19 Ms Dobbin KC's submissions this morning that the
 20 Children and Young People's Voices research will hear
 21 from children across different geographic areas in the
 22 UK and we hope, therefore, my Lady, that you will hear
 23 from the voices of Welsh children as part of that.

24 My Lady, the second aim is simply to reaffirm the
 25 Welsh Government's full commitment to the Inquiry, its
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1 everybody knows what we're talking about, but
 2 I appreciate you were instructed to make that
 3 submission. Thank you very much.

4 **MS MASOOD:** Thank you.

5 **LADY HALLETT:** Thank you for your help.

6 Ms Bicarregui. Sorry, I hope I pronounced it
 7 correctly.

8 **Submissions on behalf of the Welsh Government by**
 9 **MS BICARREGUI**

10 **MS BICARREGUI:** Yes, thank you, my Lady.

11 Prynawn da, my Lady, I make these brief submissions
 12 on behalf of the Welsh Government.

13 My Lady, you have our written submissions which
 14 address the provisional scope of this module and the
 15 issues raised in the note provided by Counsel to the
 16 Inquiry. So, in the interests of time, I'm not going to
 17 repeat those. I have one overarching submission,
 18 my Lady, and then three main aims for the Welsh
 19 Government in making these brief submissions.

20 The overarching point is in respect of the effect or
 21 the impact of the pandemic on young Welsh language
 22 learners. You will have noted from our written
 23 submissions, my Lady, that we ask you to consider these
 24 young learners as a discrete group. Now, obviously,
 25 this is of particular significance in Wales, this has
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1 determination to provide the fullest possible
 2 co-operation, so that the decisions it took in response
 3 to the pandemic, which affected children and young
 4 people, can be thoroughly scrutinised. My Lady, there
 5 have been many modules, the Welsh Government will
 6 continue to work closely with this Inquiry team to
 7 disclose all relevant information. We will have in mind
 8 what Ms Dobbin KC said about relevant information and
 9 not sort of overwhelming the Inquiry with information.

10 Lastly, my Lady, the third aim is simply to listen
 11 to what Counsel to the Inquiry said this morning and to
 12 listen to what other core participants have to say, so
 13 that we can take all of that into account when we're
 14 preparing our advice for you.

15 We've already taken note, as you would expect,
 16 my Lady, to the important points, the wide-ranging
 17 points and the preliminary views that were set out in
 18 the written submissions of the Children's Commissioner
 19 for Wales, and you have had those again summarised this
 20 morning by Mr Gardner.

21 Those are directed to the Welsh Government and we
 22 are turning our minds to how we can best provide you
 23 with evidence in respect of those, but also we've taken
 24 note of and considered the written submissions of the
 25 other core participants advocating for particular groups
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1 of children. Again, my Lady, thought is already going
2 into how we can provide you with evidence in respect of
3 those issues, and no doubt the requests for information
4 which we're expecting to be imminent will reflect those
5 concerns as well.

6 Diolch, my Lady.

7 **LADY HALLETT:** Thank you very much indeed.

8 Right, Dr Montacute, where are you? Right there at
9 the back.

10 **Submissions on behalf of the Sutton Trust by DR MONTACUTE**

11 **DR MONTACUTE:** Good afternoon, my name is Dr Rebecca
12 Montacute. I'm head of research and policy at the
13 Sutton Trust. We're a prominent UK charity conducting
14 research and advocacy work on issues of educational
15 inequality and disadvantage.

16 I would like to start by thanking the Chair for our
17 organisation's inclusion as core participants. The
18 Sutton Trust carried out the earliest and most extensive
19 research on the impacts of the pandemic on the education
20 of young people from lower income homes, and that's what
21 my oral submission will focus on today.

22 This work has included setting up the COVID Social
23 Mobility and Opportunities, also known as the COSMO
24 study, in collaboration with the UCL Centre for
25 Education Policy and Equalising Opportunities and the
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1 further and higher education. These are issues that the
2 Sutton Trust has also researched considerably throughout
3 the pandemic and where we similarly found considerable
4 impacts for children and young people from lower income
5 families.

6 Looking to schools specifically, during periods of
7 school closures, barriers to remote learning, such as
8 a lack of access to a suitable device for learning or
9 having to share a device, lack of a quiet space in the
10 home or lack of support from teachers or parents were
11 all more likely to be experienced by young people from
12 lower social economic backgrounds, and those who
13 experienced those barriers reported working fewer hours
14 during periods of school closure and lockdowns.

15 While many pupils without suitable devices received
16 eventually support through school and government
17 distribution programmes, we found that over half of
18 those who lacked a device at the beginning of the
19 pandemic had still not received one by the end of the
20 second period of school closures. These issues had
21 an impact on many lower income students throughout the
22 periods of school closures impacting the quality of
23 their education. There were also substantial gaps in
24 the remote learning provided to students from different
25 social economic backgrounds, for example between state
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1 UCL Centre for Longitudinal Studies. The COSMO study is
2 a major national youth cohort study examining the short,
3 medium and long-term impacts of the Covid-19 pandemic on
4 educational inequality, wellbeing and social mobility.

5 Given the findings of our research, the Sutton Trust
6 would like to request that alongside the existing
7 categories that are currently included -- for example
8 young carers, those with SEND, those in care and asylum
9 seekers -- that the impacts of the pandemic on the
10 educations and wider outcomes of children from lower
11 income families is also explicitly considered as
12 a category within this section of the Inquiry.

13 We agree with the point that's been made by other
14 core participants today that, while the Inquiry has
15 stressed the flexibility and broad focus of this module,
16 which we appreciate, we believe that which groups are
17 explicitly named will have an impact throughout on the
18 focus of the Inquiry, and we know from our research that
19 educational experiences differed considerably for young
20 people from different social economic backgrounds during
21 the pandemic.

22 I will briefly outline some of the evidence on
23 schools specifically but, as discussed throughout
24 today's pre-hearing, there were also considerable
25 impacts throughout early education, as well as in
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1 and private secondary schools, there were large
2 differences in the intensity of remote learning during
3 the first lockdown in 2020, with the private sector much
4 better placed to adapt quickly and with attendance at
5 private schools strongly related to income level. 96%
6 of independent school pupils had live online lessons in
7 the first lockdown, compared to 65% of state school
8 pupils. While state sector provision improved in the
9 second period of school closures in early 2021,
10 inequalities opened up within the state sector.
11 Comprehensive schools with more affluent intakes caught
12 up the most, but students in the schools with the most
13 deprived intakes were comparatively less likely to
14 receive live online lessons in this period.

15 Even when schools re-opened, inequalities remained
16 with many students missing large amounts of school time
17 even as schools had reopened and, again, this was
18 an issue that we saw was more common for lower
19 occupation status background young people, compared to
20 those from better off families.

21 Young people from lower income families also
22 experienced considerable challenges at home, many
23 households' financial situation declined during the
24 pandemic but gaps between groups also widened, with 52%
25 of disadvantaged households reporting worse financial
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1 health, compared to 34% of other households.
 2 Children from lower income families have suffered
 3 long-term impacts from the pandemic as well and, while
 4 government did have some catch-up provision in place, it
 5 was nowhere near enough to meet the scale of the
 6 challenge posed by the pandemic on children's learning,
 7 and particularly those from lower income families.
 8 As has already been highlighted by others today, the
 9 government's Education Recovery Commissioner, Sir Kevan
 10 Collins, resigned due to, in his view, a lack of funding
 11 for catch-up efforts. Those from poorer homes were more
 12 likely to take part in catch-up activities but many
 13 students who would have benefited from these
 14 interventions were not offered them.
 15 Before the pandemic there was already a considerable
 16 gap in attainment between students eligible for free
 17 school meals and their better-off peers but slow
 18 progress was being made to closing that attainment gap.
 19 However, post-pandemic, ten years of progress has been
 20 lost in closing that gap.
 21 To close, paragraph 23 of the Counsel to the
 22 Inquiry's note for this hearing points out that the
 23 scope should consider the impact upon those children who
 24 stood to suffer disproportionate impact.
 25 Given the evidence I've summarised here, I think

1 it's clear that children from lower income homes
 2 suffered a disproportionate impact during the pandemic,
 3 which is why we're requesting they are added to the
 4 areas to be covered in the module as outlined in
 5 paragraph 44.
 6 We are keen to do all we can do to assist the
 7 Inquiry to fully examine the impact of the pandemic on
 8 the education of children from lower income homes.
 9 Those are our submissions, thank you.
 10 **LADY HALLETT:** Thank you very much, Dr Montacute.
 11 Right, if I may say so, not only excellent content
 12 in all the submissions, both written and oral, but also,
 13 as I said to Mr Broach right at the beginning, excellent
 14 time keeping.
 15 So thank you very much everybody. This bodes
 16 extremely well for the progress of this module and
 17 I will consider, with Counsel to the Inquiry, all the
 18 submissions made with great care. So thank you all very
 19 much and I hope you all have as good a weekend as you
 20 can.
 21 **(2.09 pm)**
 22 **(The hearing concluded)**
 23
 24
 25

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