

Witness Name: Michelle Lee-Izu

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## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF MICHELLE LEE-IZU

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I, Michelle Lee-Izu, will say as follows: -

1. At Barnardo's, our Purpose is: *Changing Childhoods. Changing Lives.*
2. Since 1866, we have been supporting children, young people and families across the UK to be safer, happier, healthier and more hopeful.
3. Barnardo's is structured across several directorates: The largest is our Children's Services Directorate, which covers regions and nations right across the UK. Our Strategy and External Affairs Department delivers our policy work, including providing information and advice to government, grounded in the voices and lived experiences of children and young people. It also covers our communications work – which together with our Marketing (which sits in our Fundraising and Marketing Department), seeks to help change attitudes and improve understanding of childhood. We also have a Fundraising and Marketing Department and a People and Culture Department. Barnardo's Trading Companies includes our retail stores and online shops. Our Business Services Directorate covers our support functions such as finance and IT.
4. Our Strategy identifies seven overlapping populations for whom we seek to deliver excellent and inclusive services, changes to policy and practice, and positive change to public attitudes and understanding of childhood, **MLI/01 - [INQ000598022]**. The populations are:

- Children, young people and families living in poverty
- Families needing support to give their children the best possible life chances
- Children and young people at greater risk of poor health
- Children and young people struggling with their mental health and wellbeing
- Children in care and care leavers
- Children and families seeking sanctuary in the UK
- Children and young people at risk of sexual abuse and exploitation

5. In 2023-24, we provided essential support to 356,200 children, parents and carers through 760 services and partnerships across the UK. This vital work is only possible thanks to our partners and supporters, including those who donate and shop with us. Together, we're bringing love, care and hope into children's lives so every child can feel like they belong.

6. More information about our work can be found on our website, **MLI/02 - [INQ000598023]**, and more information about our scale and impact is set out in our latest Annual Report, **MLI/03 - [INQ000598024]**.

7. Barnardo's provides a wide range of services across the four nations of the UK.

8. Based on our data for 2023-24, this comprised:

- supporting 222,300 people through our children's centres and family hubs. This includes early support for families from pregnancy to age 19.
- supporting 95,800 people through one-to-one support. This includes support for children with our foster carers and adoptive families, as well as care leavers.
- supporting 38,100 children through school-based programmes, with a strong focus on mental health and wellbeing.

9. We provide a wide range of work through our services. Our support includes practical advice and support for families as well as specialist delivery, such as 1-1

therapeutic mental health support. In children's centres and family hubs, the work includes parenting advice and 'stay and play' services, but also more intensive support with issues such as domestic abuse. In schools, our work includes Mental Health Support Teams, which deliver direct support for children with mild-to-moderate mental health issues, as well as supporting school staff and leaders to establish a 'whole school approach' to mental health, and to liaise with external specialist services to make sure children get the right support to stay in education.

#### Adapting our services

10. Following the introduction of restrictions at the start of the Covid period, Barnardo's took immediate steps to pivot our delivery work in order to make sure we could continue reaching and supporting the children who needed us most, and also to keep our colleagues as safe as possible. This was especially important given that so many children were missing out on other services such as school and nursery during this time.

#### Providing regulated services safely

11. We provided (and continue to provide) a range of regulated services that fell into categories that could continue in person during the regulated period. This includes residential care homes and fostering. Around 500 of our frontline colleagues continued to provide face-to-face support throughout the national lockdown, in line with government guidance. However, the vast majority of our services are not CQC or Ofsted registered.
12. Across all our services, we took all steps necessary to comply with Covid regulations, and to keep our staff safe, often in uniquely challenging circumstances.
13. Key changes included the use of personal protective equipment (PPE), introduction of covid testing and social distancing measures in line with regulations.

14. We also pivoted our delivery models to provide phone 'check ins' for children and families, so that we could assess their welfare and emotional wellbeing in the absence of face-to-face contact.
15. The changes made inevitably had some impact on the services we were able to provide. Whilst we made significant changes from day one to make sure we could reach those who needed us, as time went on, we were able to adapt to new ways of working, using technology effectively, distributing it to those who needed it, and making sure things were as effective as they could be. However, for some children, meeting in person is especially important – particularly for those who are younger, or have communication needs.

#### Responding to emerging needs

16. In addition to delivering our core services differently, during the first phase of the pandemic, we knew we needed to respond to families' acute financial and wellbeing needs. We launched a crisis appeal to raise funds to do this, which allowed us to:
- Deliver 7,207 food parcels
  - Deliver 7,260 mental health and wellbeing packs
  - Make 1,350 emergency fuel payments
  - Buy 1,383 laptops/tablets and 218 mobile phones
17. We distributed this support across our services, which are based in many different areas and reach many different groups of children. However, the populations we serve are more likely to face poverty and wider disadvantage. To note, the laptops, tablets and mobile phones we provided were separate from government-run schemes. We were responding to presenting need – for example families where children did not have access to a device in order to complete school work or to access services (Barnardo's or others).

18. We also developed and distributed a range of resources on mental health and self-care, to help families support their own wellbeing whilst at home.
19. We worked to build partnerships wherever we could to enhance the support we were able to provide. An example is the Vodafone Great British Tech Appeal launched in May 2020 in response to the pandemic. By September 2020, the programme had provided devices (smartphones and tablets) and connectivity to 7,000 disadvantaged young people, enabling them to maintain relationships with friends and family and engage in education and other services which had moved online. The technology was provided to young people and families of all different ages.
20. To fund the provision of essential support for children and families across the UK we were able to draw on a range of funding streams. In Scotland this included the Scottish Government Immediate Priorities Fund in April 2020, The Winter Support Fund in 2020-21, and 2021-22, and the Summer Wellbeing Recovery Fund in 2021.

#### Digital innovation

21. During the pandemic, we looked to find new ways to reach children and families, both during periods where we were constrained by regulatory restrictions and by individuals' concerns about the health risks of face-to-face contact.
22. The pandemic served to accelerate a move towards the use of digital tools as a source of information, advice and support. In some cases, we were able to move delivery online – such as breastfeeding classes for new parents and digital mental health delivery, which included information, advice and support for young people struggling with their mental health.
23. We found that some children, young people and parents were willing to engage in digital support in a way they may not have been with physical support, even before the pandemic. For some, it was easier to open up and the digital access removed practical barriers.

24. However, we also found that some were much less able or willing to engage with support digitally. For instance, we found that adolescent boys often found it hard to engage with professionals online across a range of different services, if they did not already have a relationship and established rapport with professionals established offline. Barriers were exacerbated for particular groups, including non or less verbal children, those with communication difficulties or disabilities, and those living in digital poverty. For less verbal children and those with communication difficulties, it is more challenging to understand and communicate virtually than it is face to face – especially given the importance of non-verbal communication. For those in digital poverty, the lack of technology made accessing services harder. We tried to address this by distributing technology to those in need as far as we could. We were also conscious of the risk of re-traumatisation for children who had experienced abuse online. For some children, a history of online abuse means that connecting with services and engaging in sensitive conversations online can be triggering.

#### Longer-term impact

25. Whilst during the specified period, digital delivery was sometimes a necessary alternative to face-to-face delivery, necessity also led to innovation which we have sought to nurture and continue after the regulated period, as an addition, rather than an alternative, to face-to-face delivery.

26. For instance, our Family Space provides trusted information and advice to parents online, **MLI/04 - [INQ000598025]**, and our Virtual Family Hub includes online classes and support services for parents as part of our wider offer. While the origin dates to a time when we could not see parents in person, we are now able to offer this as an alternative or additional form of support.

27. We also established the Barnardo's Education Community, which launched in 2021, **MLI/05 - [INQ000598026]**. It was created to connect with professionals working in education settings across early years, schools, further education and university, and to build professional confidence in using trauma-informed

approaches. It provides access to free online resources and training, as well as opportunities to connect with other education professionals and to share learning and best practice. Examples of this best practice include a wellbeing toolkit for education established in Wales and shared via this platform right across the UK.

### See, Hear, Respond

28. Beyond running our existing services – and adapting to the circumstances of the pandemic - between June 2020 and March 2021, we also ran the 'See, Hear, Respond' programme.

29. Funded by the Department for Education, this was a unique partnership led by Barnardo's and aimed at supporting children who were at risk of experiencing a whole range of disadvantages during the pandemic and who were likely to be 'hidden' from statutory services, as they did not qualify for statutory support.

30. The programme focused on children in six groups:

- a) Children under 5, with a specific focus on under 2s.
- b) Children and young people with special educational needs and disabilities (SEND)
- c) Children who may be at increased risk of abuse, neglect and exploitation inside or outside the home
- d) Black, Asian, Minority Ethnic and Refugee children
- e) Young carers
- f) Children and young people with mental health and/or emotional wellbeing concerns.

31. The programme had three key strands of delivery:

- a) Online digital support – including advice, therapeutic and group work. There was a telephone helpline, online counselling and interactive content, with a wide range of advice and signposting information.
- b) Youth interventions, including face-to-face individual crisis support, group and detached youth work with young people in their communities. Support was particularly targeted towards children not complying with Covid-19 restrictions.

- c) Reintegration into education working alongside schools and statutory partners to identify those in need of additional support. This included initial assessments, and the development and implementation of pathways to help children reengage with school. This could include engaging in virtual education as part of a process to be prepared to return to school when it reopened.
32. During the period the programme was operational, between June 2020 and March 2021, it helped more than 100,000 children and their families. It also provided more than £250,000 worth of crisis funds to help families access support with basic needs such as food, heating, clothing, white goods, transport and digital access.
33. Barnardo's delivered the programme through a consortium of 87 partners, all of which were charities and community-based organisations and at least 30 of which were within Black and Minoritised Ethnic communities.
34. Working with partners who were grounded in their communities (often minoritised communities) was essential to the success of the programme. Many of our partners were run by and for members of local communities and benefited from a deep understanding of the challenges faced by families before the pandemic, as well as the impact it was having in real time. Many of the partners were also able to be agile in scaling up to meet identified needs . There was significant knowledge exchange as part of this process. As a larger charity with extensive experience of commissioning and delivering at scale, we were also able to provide support to partners with commissioning processes and similar, which we hope will benefit them in future too.
35. The programme was initially intended to end in October 2020. However, it was extended twice – first until November 2020, and then until March 2021.
36. The programme was evaluated by an independent partner – Cordis Bright – focusing on the first phase, **MLI/06 - [INQ000541004]**, and **MLI/06b - [INQ000598029]**. The evaluation took a theory-based, real-time evaluation approach feeding evaluation findings into the programme early to support decision-making and programme development. It found that the programme was



collaboratively designed and established rapidly; it identified children and families requiring support; delivery was effective – meeting or exceeding targets; the support was of good quality, based on feedback from families; and an exit plan was established. It found that children felt more supported; experienced reduced feelings of isolation or loneliness; were successfully supported to reintegrate to education; and were supported to access additional services and community support.

#### See, Hear, Respond – Celtic Nations

37. Barnardo's also secured funding from the National Emergencies Trust to extend some aspects of the See, Hear, Respond programme to Scotland, Wales and Northern Ireland.

38. This service offered therapeutic support through a helpline targeted at those assessed as having presenting needs (distress, trauma or mental health problems) that could be safely addressed digitally. The services also made referrals to other agencies, where appropriate.

39. Between 30 September 2020 and 30 September 2021, a total of 1,971 children, young people, parents and carers were offered support from the service.

40. Calls to the helpline were 'RAG rated' for appropriate response as followings:

- Red for enquiries which merit a telephone response with immediate advice and assessment
- Amber for enquiries which merit online, virtual interventions with children and young people
- Green for routine enquiries to local Barnardo's services or wider community support within 72 hours.

#### Boloh helpline

41. Barnardo's also received funding from the National Emergencies Trust to provide Boloh, a UK-wide telephone helpline and web chat facility aimed at Black and Minoritised Ethnic children and families who had been affected by Covid. Between 30 September 2020 and 31 March 2021, Boloh was contacted by 897 individuals. The most common reason was financial difficulties, and advisers supported children and families experiencing bereavement, unemployment, poverty and mental health difficulties.
42. During the specified period, Barnardo's had (and continues to have) a close working relationship with a range of government departments, and a particularly close relationship with the Department for Education.
43. During the specified period, Barnardo's CEO and/or other senior representatives of the charity, attended regular virtual meetings with senior officials at the Department for Education, alongside senior representatives at other leading national children's charities.
44. This close working relationship provided us with the opportunity to raise issues of relevance for other departments, and confidence that they were passed on. An example would be issues in relation to digital and data poverty, and the challenges this posed for children when learning at home.
45. We also had significant, sometimes daily contact, with multiple officials about the conception, set up and then operational aspects of the See, Hear, Respond programme.
46. In addition, we had contact with officials in the context of support received from the Vulnerable Children's National Charities Strategic Relief Fund distributed by the Home Office and the Department for Education. We shared our reflections on the benefits this provided to the charity so that we could continue providing vital services for children and young people, and especially those being harmed or at risk of sexual abuse and criminal exploitation, those at risk of neglect, and those facing potential homelessness. As discussions with officials were regular and routine, formal notes were not kept.

47. Throughout this period, we also continued our close relationships with the devolved administrations across the nations. For instance, during the first lockdown, we were in touch with the relevant Minister at the time, Aileen Campbell, Cabinet Secretary for Communities and Local Government, as well as officials, about the need for a prompt and co-ordinated response for families, and how best to achieve this.

48. In Wales/Cymru we made a number of representations, including to Assembly Members, about the pressures facing charities operating in the country, in the context of their continued ability to meet the acute needs of children and families. Key financial pressures included loss of income as a result of the impact of Covid lockdowns, particularly due to reductions in income from retail and fundraising activities.

#### Sharing information

49. Barnardo's was regularly asked to provide insight about the impact of the pandemic and measures to address it on children and young people. This was primarily in the form of information shared in meetings with officials.

50. We presented to a number of conferences and professional groups to share learning. An example would be Government Events in March 2021, where we provided a case study on 'How Barnardo's See, Hear, Respond Partnership is Safeguarding Children During the Covid-19 Crisis', **MLI/07 - [INQ000598030]**.

51. We also ran two webinars with Govconnect (which is a socially focused organisation dedicated to sharing the latest knowledge, insights, and evidence on current and future UK healthcare policy) in 2021, focused on mental health and wellbeing and on transforming integrated child and family health services. In 2022, we ran a similar webinar in Wales with a focus on how health and services can be redesigned and commissioned to focus better on early intervention and preventative services.

## Challenges facing children during the pandemic

52. Before the pandemic, children and young people across the UK faced a range of challenges. This included poor mental health and wellbeing, a lack of pathways into employment or further education, growing risks online, and high numbers living in poverty.

53. Towards the end of 2019, we brought together a group of young people to ask for their views on the key issues affecting them and where they wanted to drive change, **MLI/08 - [INQ000598031]**. The results of this research were published in a report. They identified:

- Mental health and wellbeing. At the time one in eight children and young people aged 5-19 had at least one mental health disorder (NHS Digital, 2018). Those we spoke to felt strongly about the need for better services, support and funding for everyone who needs it and for as long as they need it – with no more ‘cliff edge’ at the age of 18 (where young people have to move from Children and Adolescent Mental Health Services, to adult services).
- The education system was not perceived to work for everyone. In particular they called for a system that gave everyone a second chance to move into education and training programmes that are necessary for employment, and for exclusion only ever to be a last resort.
- Technology was seen as having a huge impact on their lives, but they didn’t feel they had the tools to use it as they wanted to.
- Climate change remained a huge concern – even for young people facing very immediate challenges in their own lives.
- A lack of involvement in decision-making – including on issues affecting them – both at national level and when it came to shaping their local communities.

54. It is important to say that particular groups of children and young people faced specific and complex challenges ahead of the pandemic that were subsequently exacerbated during the specified period. An example is young carers – children under 18 providing care for an unwell or disabled relative. Barnardo’s published a

report in April 2019 called Caring Alone which drew attention to the often unmet needs of young carers from Black and Minoritised Ethnic communities, **MLI/09 - [INQ000598032]**.

55. There were a number of steps being taken by the government before the pandemic, in recognition of these challenges, including:

- The Green Paper on Transforming Children and Young People's Mental Health (December 2017) which was aimed at improving children's mental health, primarily through placing Mental Health Support Teams in schools.
- The Online Harms White Paper (April 2019), which set out a range of measures aimed at improving safety online for children and adults – including a new system of accountability and oversight for tech companies.
- The NHS Long Term Plan (January 2019), which set out ambitions for the service over the following 10 years, including improved services that would benefit children and young people.
- Announcement of a Youth Investment Fund' (September 2019), which was aimed at creating, expanding and improving youth services across England.

#### Trends affecting children and young people prior to the pandemic

56. In the period just before the pandemic, there were a range of concerning trends affecting children's lives.

57. There was a general view that the mental health and wellbeing of children was getting worse, with one in eight 5-19 year olds thought to have at least one mental health disorder.

58. There were concerns that a growing number of children were being excluded from school and that particular groups of children, such as those with special education needs and disabilities (SEND) and Black children were particularly affected. Evidence suggests that the gap between the most disadvantaged children and the

least was widening before the pandemic across different age groups), **MLI/10 - [INQ000650285]**.

59. There were growing concerns about the impact of the internet on a 'digitally native generation'. In June 2019, Barnardo's published a report about the link between social media and young people's mental health called Left to their own devices, **MLI/11 - [INQ000598034]**. It cited findings from a survey of our practitioners that found:

- 79% said 11-15 year olds they support found cyberbullying affected their mental health and wellbeing.
- 78% said children aged 11-15 had accessed unsuitable or harmful content through social media
- However, 84% said children aged 11-15 were able to use social media to access advice and help for mental health and wellbeing.

60. Barnardo's published a further report in September 2019 called Generation Digital to mark 30 years since both the Children Act 1989 and the birth of the World Wide Web, which explores how, in addition to the vast and transformative opportunities, there were also growing dangers, which existing legislation, policy and practice was increasingly ill-equipped to address, **MLI/12 - [INQ000598035]**.

61. Meanwhile, knife crime had reached a record high in 2019, with more than 1,750 boys aged 14 reporting having carried a knife or weapon (in England and Wales), **MLI/13 - [INQ000650284]**.

62. Barnardo's worked alongside the All-Party parliamentary Group on knife Crime and Violence Reduction, as well as the charity Redthread to publish a report, with a range of recommendations on how to address this, **MLI/14 - [INQ000598036]**.

63. An estimated one in 20 children at this time were estimated to experience sexual abuse before turning 18 (considered to be a significant under-estimate), and there was growing awareness of other, interconnected forms of abuse, including child criminal exploitation. This is set out in a report from 2018, **MLI/15 - [INQ000598037]**. A report specifically exploring the trends in official data relating

to child sexual abuse ending in 2020/21 , found that over the preceding seven years, there was a sharp decline in the proportion of sexual abuse offence investigations ending in a charge, from nearly one-third to just 10% in 2018/19, before increasing to 12% in 2020/21, **MLI/16 - [INQ000598038]**.

64. The number of children in local authority care was also rising (and continued to rise). The figure was at 78,150 in 2019, **MLI/17 - [INQ000650287]**.

65. The challenges facing all children were and continue to be more acute for those facing various forms of disadvantage.

66. School exclusions were and continue to affect boys at a much higher rate than girls, and are higher for pupils eligible for free school meals and those with special education needs and disabilities. Rates vary by ethnicity – with Gypsy/Roma pupils having the highest rate of exclusion, and those with mixed White and Black Caribbean having the second highest, **MLI/18 - [INQ000650290]**.

67. There is evidence that Black children are over-represented amongst children considered to be in need of local authority social care, **MLI/19 - [INQ000598039]**. (What Works for Children's Social Care 2022). The reasons for this are complex and can be linked to higher levels of deprivation amongst some groups.

68. Barnardo's was, and continues to be concerned about the impact of multiple forms of overlapping disadvantage that affect particular groups of children both during childhood and later in their adult lives. This includes the intersection of poverty with disability and with the experience of structural racism.

69. Reflecting on our discussions with government bodies at the time, our reflection was that some of the concerning trends for children were understood by officials and in some cases by elected representatives, but that progress was often hampered by a combination of a) the competing demands of a very complex political environment, and especially the focus on enacting Brexit; and b) the financial environment, and sustained reductions in investment in key services. As an example, a report by Pro Bono Economics on behalf of Barnardo's and other

leading children's charities found that spending on children's services in the most deprived areas in England fell by 14% per young person between 2010-11 and 2019-20, **MLI/20 - [INQ000598040]**.

#### Impact of the pandemic on children and young people

70. Barnardo's has conducted various research relating to the impact of the pandemic on children. It is worth noting that it is not always possible to draw a specific causal link, and there are other events and trends that have deeply affected children and young people and the experience of childhood in the last five years.

71. We published a report in 2021: 'Supporting the hidden victims of COVID-19', **MLI/21 - [INQ000598041]** about the first wave of the pandemic, which summarised a range of impacts, including:

- Financial challenges – indicated by an increase in claims for Universal Credit, free school meals, and community-based food support.
- The impact on education – including evidence from a survey of our frontline workers in July 2020 which found that half of those responding were supporting families where children were eligible to attend school but were not attending. In October 2020 more than half Barnardo's frontline staff responding to a survey who were supporting children not in school said families had not been given enough support to help children learn from home. These children could have been eligible due to being children of keyworkers, or being classified as 'vulnerable'.
- Safeguarding: referrals to children's services in England were almost a fifth lower in April/May 2020 than the previous year and in some areas child protection referrals reduced by more than 50%.
- Half of our frontline workers felt there will have been an increase in the number of children and young people experiencing domestic abuse during the first national lockdown.

72. In 2020, we published an in-depth report into the impact of the pandemic on children's mental health, **MLI/22 - [INQ000598042]**. In April of 2020, 48% of our



frontline workers responding to a survey said they were supporting children who reported an increase in mental health issues as a result of the pandemic. By July 2020 this had increased to 64%. The most common issues connected to the pandemic were anxiety and difficulty sleeping.

73. In May 2021, we published research based on polling of more than 4,000 children and young people aged 8-24 by YouGov across Great Britain. More than half of 16 to 24-year-olds surveyed said they were feeling more stressed (58%), worried (54%), sad (52%) and lonely (56%) now, than before the coronavirus pandemic, **MLI/23 - [INQ000598043]**.

74. We were acutely aware of the impact of 'digital poverty' during the pandemic, which exacerbated the disproportional impact on those living in poverty. A lack of access to devices and/or ability to afford data prevented some children from learning while they weren't at school, and from communicating with friends and family.

#### Impact on specific groups

75. Through our See, Hear, Respond work we were also aware of a number of specific effects for different groups:

76. For under 5s and especially for under 2s, many parents were experiencing parenting for the first time without universal support such as children's centres, health centres and baby groups.

77. For young carers (those looking after unwell or disabled relatives), they no longer had access to school as respite. Many felt the need to shield to protect adult relatives, leaving them isolated, and in some cases they were vulnerable at home due to adults with mental health issues or substance abuse.

78. We also saw changes in abuse outside the home. Whilst the original analysis suggested this may decrease during the lockdown, in fact adults grooming children adapted their tactics, including the use of online contact.

79. Children with special education needs had different experiences. Those with autism were often especially affected by the change of routine and the lack of support, which could take a huge toll on families. Conversely however, there were children for whom being out of school offered a welcome break from difficulties such as bullying and a lack of the right support.
80. The disproportionate impact of the virus on Black and Minoritised Ethnic communities in the UK meant that children in these communities were more likely to experience bereavement and to have seriously unwell family members. This built on existing health inequalities. As a result, and due to the visibility of this disproportionate impact in the public narrative - many children in these communities were likely to be experiencing enhanced fears and concerns about the pandemic. Children and families also reported feeling the impact of a narrative in some parts of the media and online about certain groups not adhering to lockdown rules.
81. Children in families already in or near poverty, or in insecure work, were particularly affected by the temporary closure of various industries such as retail or hospitality. Children in Black and Minoritised Ethnic Communities and those in single parent families, as well as young people living alone, such as care leavers, were disproportionately likely to be affected.

#### Impact of lockdowns

82. Overall, Barnardo's view both during the specified period and in hindsight, is that the pandemic exacerbated and compounded a number of challenges already facing children, and accelerated key trends. In particular:
83. The closure of schools (despite the government's attempts to keep them open for those most in need) had a number of negative effects – both immediate and longer term:
- It widened the attainment gap between disadvantaged pupils and others by 0.5 months since 2019, to 18.6 months in 2023, **MLI/24 - INQ000650414**

- It reduced identification of children at risk of harm, and therefore meant children missed out on support to keep them safe
- It contributed to an increase in mental health and wellbeing difficulties
- It is likely to have 'normalised' non-attendance, contributing to a rise in school absence from 4.7% pre-pandemic, to 7.6% in 20221/22 – remaining high at 7.4% in 2022/23. Persistent absence (missing more than 10%) has nearly doubled since the pandemic, **MLI/25 - [INQ000650288]**.

84. Additionally, the cancellation of exams meant that for some young people the first public exams they sat were A-Levels, creating significant anxiety and uncertainty, which was compounded by having spent time out of school and with other disruptions at this critical moment in their education journey.

85. The impact of lockdown and other restrictions is harder to measure, but is very likely to have contributed to poorer mental health. This is likely to have been especially acute for children without access to outdoor space and for those living in overcrowded conditions.

86. Linked to other factors, the use of online learning exacerbated the attainment gap, as it was far less accessible to those in digital and data poverty, those without space to work, and those whose parents and carers were less able to assist with learning from home.

87. Changes to safeguarding practices and the child protection system during covid – as well as to wider practice across support for children and families made it more difficult for professionals to identify children at risk of harm and limited the support available. The regulations allowed for visits to take place electronically and suspended the minimum frequency of Ofsted inspections. The lockdown restrictions also meant that a whole range of services could not take place in the normal way – meaning that children and families were missing out on support just at the time when they were struggling most.

88. Barnardo's has not had the research capacity to conduct any more specific evidence-gathering into the disproportionate impact on specific groups.

#### Trends following the pandemic

89. Based on evidence from Barnardo's frontline work, our expertise in these areas, and on findings from external research, it is likely that the pandemic accelerated and exacerbated a number of trends that existed prior to the pandemic:
90. Whilst there were significant concerns about the mental health of children before the pandemic, multiple sources suggest this has worsened considerably since 2020. NHS statistics show more than 500 children a day (aged under 17) were being referred to mental health services for anxiety in 2023/24, which was more than double the rate in 2019/20. (204,526 referrals compared with 98,953), **MLI/26 - [INQ000650289]**.
91. Physical health is also worsening, with a concerning increase in both obesity and a lack of adequate nutrition, as well as a rise in various diseases. This is summarised in a report published by Barnardo's in March 2025, **MLI/27 - [INQ000598044]**. Whilst it is not clear to what extent covid is a causal factor, increased pressures on families, cumulative hardship and a decrease in time spent outside (which may have been normalised during the covid period) may play a part.
92. One of the most critical effects has been a reduction in attendance at school. The absence rate in February 2025 was 7.6%, compared with 4.7% before the pandemic, **MLI/25 - [INQ000650288]**. Barnardo's has delivered various programmes to support children returning to school – including a pilot commissioned by the Department for Education, from which we have derived significant insight into the reasons for non-attendance. On average, based on 2024 figures children were missing 14 days of school but this rose to 21 days for children from disadvantaged backgrounds. Our frontline workers identify anxiety, bullying, self-harm and long waiting lists for mental health support as contributing factors, along with a lack of support for special educational needs and disabilities. We also see poverty as a key driver. Some children are not getting enough sleep due to

sharing a bed or sleeping without one; some cannot afford the travel or school uniform costs; whilst others are not getting enough to eat.

93. While youth unemployment rates fell between 2011 and 2019, it rose initially during the pandemic and then fell to 389,000 July 2022. However, since then it has been increasing, reaching 642,000 in December 2024 (14.8%). The increase in the number of young people who are economically inactive due to mental health has been rising since the pandemic, suggesting the covid period had a significant impact. Barnardo's has consistently highlighted the disproportionately high unemployment rate for care leavers, who face specific challenges in securing and maintaining employment, and the high numbers not in education, employment or training (39%), **MLI/28 - [INQ000650291]**.
94. Increase in social media use, including viewing and making harmful content has also been increasing in this period. There is likely to be a link with the increased time spent online during the lockdown periods and the normalisation of a large proportion of communication taking place online.
95. Before the pandemic, youth violence was falling, but recent data suggests it may now be rising. We know particular groups are overrepresented in these figures, and Barnardo's published specific research about the double discrimination affecting Black children and young people who also had experience of the care system. It found that nearly one in ten Black care-experienced children receive a custodial sentence before the age of 18, **MLI/29 - [INQ000598045]**.
96. Recent research by the Child Sexual Abuse Centre, hosted by Barnardo's, found that in 2023/24, 2,160 children in England were placed on child protection plans under the category of sexual abuse, a 6% decrease on the previous year, and the lowest number in the 30 years this data has been published, **MLI/30 - [INQ000598046]**. The number actually increased in 2021/22 and 2022/23, potentially due to a focus on uncovering possible harms in the home following covid-19 lockdowns.

#### Government approach

97. During the pandemic period, small changes were made to law and policy in recognition of the impact on children and young people.
98. For instance, initial Regulations in Scotland meant that those aged 16 or over could be issued with a Fixed Penalty Notice for breaching lockdown restrictions. Following representations by Barnardo's, the Children and Young People's Commissioner for Scotland and others, this was amended in May 2020, so it applied only to people aged 18 and over.
99. The primary intervention aimed at mitigating the impact of lockdowns on children was that schools remained open for the children of key workers and for 'vulnerable' children. However, the concern was that many eligible children did not attend, which limited their effectiveness in terms of impact on education, safeguarding and mental health. In our work, we generally encountered this in children who were eligible under the 'vulnerable' category.
100. Following the pandemic, the government announced funding to support children who had missed out on learning during the pandemic. However, the 'catch-up' provisions, which were largely focused on tutoring, were generally considered to be far too limited. A narrow focus on education meant the opportunity was missed to address more fundamental effects of the lockdown period – recognising that anxiety, trauma, bereavement and other factors needed to be addressed in order to support children to learn effectively.
101. A range of more recent initiatives by successive governments do seek to address issues and trends that were or are likely to have been exacerbated by the pandemic. Examples include renewed measures to improve multi-agency safeguarding and child protection (partly linked to the Independent Inquiry into Child Sexual Abuse and to various high profile cases involving child deaths in recent years.) The forthcoming Child Poverty Strategy, which the UK government is expected to publish in the autumn of 2025, should, if successful, lift families out of poverty, benefiting those who were in insecure work and struggled during and after the pandemic. It should also increase families' resilience to any future shocks.

#### Advantages of the pandemic and the lockdowns

102. We are aware from our front-line work that for some children the pandemic and the measures taken to address it were beneficial.
103. Key examples include children who had significant special educational needs and disabilities and/or mental health and wellbeing needs, which were not being met at school. For some children, being able to learn at home offered a respite from the situation. However, there is also a risk that if those children did not later return to school (which we know is common) then the school and the wider system would have continued to fail those children and others.

#### Barnardo's work with governments during the pandemic

104. Barnardo's had regular meetings with officials from different departments across the UK government, chaired by Indra Morris, then Director General at the Department for Education, along with officials from chief executives/senior representatives from other leading children's charities. Another key senior contact at the Department for Education was Shazia Hussain, then a Deputy Director at the same department.
105. Barnardo's was not consulted in advance of any lockdown announcements.
106. Barnardo's was not consulted in advance of any decisions to close schools.
107. Barnardo's had regular contact with government officials at various levels and was able to raise concerns about the impact the pandemic would have and was having, based on evidence from our services and wider knowledge and expertise. It was not necessarily clear to what extent these issues were communicated further to the most senior decision makers in government. Key issues that we communicated varied, but included: challenges with accessing personal protective equipment (PPE); the impact of lockdowns on children's mental health, wellbeing and education; concerns about the safety and wellbeing of particular groups of

children and young people, including the most vulnerable; the need for continued and additional support later in the pandemic and afterwards, including our proposal for the continuation of the See, Hear, Respond programme, which is explored above from paragraph 28 onwards. Officials were responsive to the concerns raised, though they were not always able to address them. For instance, the decision was taken not to continue with See, Hear, Respond.

108. We were grateful to a range of Ministers and other senior MPs for taking the time to engage with children and young people supported by Barnardo's through virtual roundtable conversations. These conversations are captured on our website, **MLI/31 - [INQ000598047]**. The Ministers taking part were: Victoria Atkins, then Minister for Safeguarding; Vicky Ford, then Minister for Children and Families. The Shadow Ministers were: Luke Pollard, then Shadow Secretary of State for the Environment, food and Rural Affairs; Tulip Siddiq, then Shadow Minister for Children and Early Years; and Cat Smith, then Shadow Minister for Young People. The topics included safety at home, in the community and online; securing positive futures for children and young people in a post-covid UK; mental health and wellbeing; and participation in decision making.

109. Barnardo's raised a huge range of issues with governments across the UK. General issues relating to Barnardo's and our sector included:

110. Availability (or lack thereof) of PPE – including in non-regulated services.

111. The difference in treatment between services that were regulated by the CQC or Ofsted, such as residential care homes, and other services which are not, such as children's centres or family hubs, but were delivering vital work with children facing disadvantage and at potential risk of harm.

112. We also raised the inevitable impact of the effect of the pandemic on our income as a charity (especially those closure of our retail shops and the limitations on fundraising activity) on our capacity and that of the sector, to be able to deliver services in the immediate and longer-term.



113. We raised the impact of the furlough programme. Though the scheme was largely welcome and benefited our charity amongst many others, we called for colleagues who were furloughed to be permitted to volunteer for another part of the charity's operations if they wished to – given there was so much need for support in communities.
114. We also highlighted at the very start of the pandemic, that it was likely to have a disproportionate impact on specific groups of children, including:
- Young carers, who are likely to be caring for unwell or disabled relatives particularly at risk from the virus.
  - Young people at risk of poor mental health – at a time when many of us are feeling heightened anxiety.
  - Care leavers or other vulnerable young people living alone and needing to self-isolate. Lack of support and contact will heighten their vulnerability to serious mental health issues, including suicide.
  - Those living in families already struggling with poverty who due to lack of work (eg. in the gig economy) triggered by the virus, may not be able to eat or heat their homes.
115. Linked to the above, we raised concerns about children living with parents, and also young people living independently who were on zero hours contracts and lost their jobs or substantial amounts of their incomes during the pandemic.
116. Later in the specified period we spoke to officials and Ministers to ask for an extension of the funding for the See, Hear, Respond programme, outlined above from paragraph 28 onwards, in order to continue meeting the needs of children with various vulnerabilities who were continuing to struggle as a result of the pandemic. This included formal letters to a wide range of Ministers in September 2020 (in the context of the Comprehensive Spending Review consultation, and the government's commitment to 'levelling up'), **MLI/32 - [INQ000650282], MLI/33 - [INQ000650283]** .

117. Officials were generally interested and receptive to evidence of how children and young people were experiencing the pandemic and lockdown restrictions. It was clear they were operating under constraints, including in relation to funding, and balancing competing demands.

118. The establishment of the See, Hear, Respond programme can be seen as evidence of a positive response to the issues raised. The lack of extension was disappointing but our understanding was that it was mostly for financial reasons. We believe the lack of an extension of this funding, combined with the lack of funding for other initiatives aimed at supporting children and young people with vulnerabilities, contributed to a range of worsening outcomes, including a rise in mental health difficulties (see paragraph 90 above), school absence (see paragraph 83 above), and the widening of the attainment gap between the most and least disadvantaged (see paragraph 83 above). It may well also have contributed to children who were at risk of harm not being identified and supported in a timely way.

#### Government communications during the covid period

119. We recognise the very challenging situation facing officials during this period, and recognise the hard work and dedication of those we worked with closely.

120. Reflecting on our experience, we felt like there could be an improvement in communications between officials within a single department and between different government departments. At times, there was confusion over the impact of new (emergency) regulations, and whether these measures or existing regulatory provisions took precedence in a given situation. This meant that at times we received conflicting advice on matters relating to the operation of our services for children. At times near the start of the specified period, we were told that children had better immunity and/or our work was less essential than for instance NHS work, and that as a result, PPE and similar was less essential. Later in the period, we were in contact with officials and also with CQC and Ofsted, which led to a better understanding.

121. We also believe the government should as a matter of policy, speak directly to children and young people at times of emergency. This period of huge uncertainty had a profound impact on children and young people, causing high levels of concern and anxiety. Speaking to them directly could have helped to provide reassurance and build trust in institutions for the future. The Prime Minister of Norway took questions directly from children in 2020, **MLI/35 - [INQ000598048]**.

### Lessons Learned

122. While we appreciate the government was experiencing unprecedented challenges, we believe the needs of children and young people should have been far more central to the decision-making process.

123. Barnardo's has long called for the government to undertake a formal assessment ahead of key decisions, about how any major change is likely to affect children. This approach is supported by many organisations focused on children's rights and welfare and is sometimes referred to as a Children's Rights Impact Assessment.

124. The act of carrying out an assessment of this kind would assist in weighing potential benefits from the perspective of children, but even where decisions are taken that may have a negative impact on children (or some groups of children), it would help to explain the reasons and to make sure children and young people feel their interests are understood and responded to by those in power.

125. In the case of the covid pandemic, whilst the immediate risk to life was primarily focused on older generations, the impact on children's safety, health and wellbeing was nonetheless profound.

126. More attention should have been paid to the impact of the loss of school for the vast majority of children. School acts as a 'protective factor' and is particularly important for those facing disadvantage.

127. Far more could be done to make sure that children who were entitled to go to school during the lockdowns – and their parents and carers – felt able to do so, and that children were able to return to school after lockdowns lifted. Examples include engaging with communities to address specific barriers, such as fear of infection where children were living with relatives who were particularly vulnerable to the virus, and greater investment in support to address mental health and wellbeing issues to help prepare children to return to school when possible.
128. Actions taken (or not taken) after the specified period are just as significant. Whilst the majority of serious illness and loss of life was experienced by older generations, there is now a growing recognition that children and young people are feeling the effects of the pandemic most acutely in the longer term.
129. For this reason, after the lockdowns ended, there was a strong case to focus investment on additional support for children and young people, especially those facing additional challenges. In June 2021, the Education Recovery Commissioner for England, Sir Kevan Collins, resigned, having put forward plans costing £15bn, and the government investing just £1.4bn. Barnardo's repeatedly called for investment in 'catch up' support, starting with a focus on children's wellbeing – recognising that this was a precondition for academic and other recovery. Whilst there was some understanding of this need on the part of officials we worked with, we were led to understand that the primary barrier was financial.
130. We also believe the type of support available through the See, Hear, Respond programme (referenced above) should have continued for longer. The programme ended in March 2021, but the pandemic continued to affect children for far longer (and the effects are in fact continuing today).
131. If the programme had continued, this would also have facilitated a better understanding of emerging vulnerabilities for children and young people, which would have assisted with the planning of ongoing support as we transitioned out of an emergency response footing.

#### Evidence of the lasting impact of the pandemic

132. Barnardo's continues to explore the impact of the pandemic on children today. It can be difficult to disaggregate the impact of the pandemic from the considerable and sustained increase in the cost of living, and other factors that are creating additional challenges for children – and compounding difficulties facing those who are already disadvantaged.

133. In 2024 we published a report reflecting on the compound impact of these various challenges, in the context of more than a decade of underfunding of key services, **MLI/35 - [INQ000598049]**. A YouGov poll of 1001 children aged 14-17 commissioned for this report found that in February 2024:

- 55% believed their generation would not be as well off as their parents' generation
- 24% thought their own children will be worse off than they are.
- Almost one in five (19%) did not believe they would have enough money to live comfortably when they were 30.

134. Despite this, 70% of those polled were still hopeful about their future.

135. The report found that as a result of covid and the high cost of living – and without significant changes in government policy - previous trends would be exacerbated – including poverty, an even higher care population, complex risks to safety at home, online and in the community, and with an increasing number of children arriving in the UK seeking sanctuary – often having experienced trauma.

### Conclusions

136. At the height of an emergency, it is inevitable that the government will be focused on very immediate and urgent risks. In this case that was of course protecting the life and health of primarily older generations.

137. With the benefit of hindsight, many agree that the longer-term impact of covid has been disproportionately felt by children and young people. The

experience of being away from school, and of living through a crisis at a very young age, has had a wide range of lasting effects, from educational attainment and mental health and wellbeing, to preparedness for work and beyond.

138. To apply the learning from this experience, the government should look to embed the likely impact on children – in the short, medium and longer term, into their planning for any future civil emergency.

139. Based on evidence from the 'See, Hear, Respond' programme, we believe there was real value in having a convenor organisation to co-ordinate partnership work, and maximising the benefits of delivery that involves both larger and smaller, grassroots organisations. This was a more efficient approach than a potential alternative involving multiple small grants and the necessary management that would follow. Ultimately this meant that both Barnardo's and our partners, and officials at the Department for Education, were able to focus on the work itself and how best to respond to children's needs in these unprecedented circumstances. It would be helpful for this model to be built into any plans for future crisis response.

### **Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

**Signed:**

Personal Data

**Dated:** 1 August 2025

