

Witness Name: Molly Kingsley

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UK COVID-19 INQUIRY

WITNESS STATEMENT OF MOLLY KINGSLEY

I, Molly Kingsley, will say as follows: -

PART A: My background and UsForThem

1. I am a campaigner, freelance journalist, and, perhaps most relevant for the purposes of module 8 of this Inquiry, a parent. Previously I trained and practised as a lawyer and that legal experience informs much of my campaigning and written work.
2. I was one of three original co-founders of parent advocacy group, UsForThem, and since its inception in May 2020 I have worked near to full time for the organisation. I have co-authored two books (*The Children's Inquiry*, 2022 (INQ000485092); *The Accountability Deficit*, 2023 (INQ000485097)), which between them detail significant failures of governance, ethics and parliamentary scrutiny during the pandemic, particularly in relation to children. I write extensively for national print media and I am frequently asked to comment by broadcast media outlets on news items concerning the impact of the pandemic and pandemic response on children.
3. UsForThem launched as a single issue campaign to press for the reopening of UK schools some six weeks into the first period of school closures. As parents we were fast becoming aware not only of the negative impacts of closures on our own children, but of the broader and in many cases more severe impacts on

children across the country. After launching the campaign, we were joined very quickly by thousands of other parents and carers similarly concerned about the impact of prolonged school closures on their children.

4. As the pandemic wore on, what had started as a single issue campaign to press for the reopening of schools evolved into further campaigns to raise awareness of, and in many cases challenge, the raft of non-pharmaceutical interventions visited on children – including face coverings, mass asymptomatic testing, the schools ‘bubble and isolation’ policy, and lockdowns more generally – all of which we perceived as involving a high measure of harm to children, with at best very uncertain benefit.
5. Since then, UsForThem’s campaigning activity has been two-fold: public awareness and strategic legal activity focussed on scrutiny and, where appropriate, accountability for pandemic-era transgressions of ethics, laws, free speech and transparency; and a future-facing set of campaigns focussed on the lasting impacts of the pandemic for children, most notably in relation to endemic over-exposure to screen time and the digitisation of education. We have been so concerned about the pandemic’s legacy of increased screen time for children that we launched a separate campaign, SafeScreens, in December 2022 (www.safescreens.org).
6. In all cases what unites our campaigns is concern for the public health of children, and a desire to see children’s interests appropriately prioritised, or at least not subordinated, in political decision-making which affects them.
7. The vast majority of UsForThem’s supporters were (and remain) parents, grandparents, and carers united by a common concern about the lack of consideration or prioritisation of children in the pandemic response and beyond, and driven by first-hand experiences of witnessing the impact of that response on the children in our collective care. During the height of the pandemic UsForThem received thousands of reports from its network of supporters about the impact of pandemic restrictions on children and young people; our organisation, and I personally, worked hard throughout this period both to record and whenever

possible highlight the negative impacts of policy choices on children in an effort to prevent and mitigate further harms.

8. UsForThem has never formally measured its membership, and it does not have an official membership structure. It loosely counts its supporter and follower base across different channels – open social media channels, private groups, and newsletter subscriptions. Although engagement has varied, during the peak years of the pandemic (which is the time period to which this witness statement largely relates) engagement levels were very high from a community which we conservatively estimated at the time to number more than 50,000.
9. UsForThem uses a combination of strategic legal work and more traditional advocacy. The organisation has led numerous campaigns concerning the suffering of children as a result of pandemic interventions and works frequently with experts, parliamentarians and other children's stakeholders. Many of our campaign letters have been co-signed by groups of parliamentarians, and some also by educationalists and medical professionals. UsForThem has initiated multiple challenges by way of judicial review against Government pandemic policies, a number of which are detailed more fully below and pursued a number of other legal and regulatory claims.
10. Our policy work has included the coordination in late 2021 of a private members bill led by the then-Chair of the Education Select Committee, Robert Halfon MP, to classify schools as essential infrastructure. Subsequently, we led a campaign to expand the draft terms of reference for this Inquiry so as to expressly include the wider impacts of the pandemic response on children (and are grateful to the Chair of the Inquiry for agreeing to make that amendment). More recently, in late 2024, into 2025, members of our team coordinated the preparation of the Safer Phones Bill, a private members bill presented to Parliament by Labour MP, Josh MacAlister.
11. UsForThem's most recent legal activity has resulted in a major pharmaceuticals company, Moderna, suffering a rare public reprimand by its UK regulator (Spring 2025) and a requirement to submit to an external compliance audit.

12. As a result of subsequent independent investigations, including by *The Telegraph* newspaper (published in June 2023), I have come to understand that for almost the entirety of the core pandemic period of 2020 to 2022/3, UsForThem and me personally were the subject of ‘monitoring’ by the Government’s Counter Disinformation Unit. That period of monitoring coincided with our experiencing unexplained suppression on social media platforms and in mainstream news, as well as repeated and at times seemingly coordinated attempts to smear, troll, hack, deplatform, and at one point de-bank, both UsForThem and me personally.
13. Though there appears now to be a high degree of acceptance and consensus that the impact of the pandemic response on children was – for many children – disastrous, the record shows that, during the pandemic, holding such views was regarded with suspicion or abhorrence, or both, including by our own government.

PART B: School closures in March 2020

14. Two books that I have co-authored, *The Accountability Deficit* (INQ000485097) and *The Children’s Inquiry* (INQ000485092), contain forensic and lawyer-verified examinations of the public document evidence, including SAGE minutes, which lead to school closures in March 2020. This section draws heavily on the research and analysis in those two texts.

My views about how the UK Government prepared for the possibility of school closures between January and March 2020

15. The UK Government failed to prepare in any meaningful way for the possibility either of lengthy school closures or of finding a way to keep schools open.
16. Prior to the Covid pandemic, the UK’s pandemic plan, which had been updated most recently in 2011, assumed that mass school closures should be avoided, stating that “[o]nce the virus is more established in the country, the general policy would be that schools should not close – unless there are specific local business

continuity reasons (staff shortages or particularly vulnerable children). ... Such a step would therefore only be taken in an influenza pandemic with a very high impact and so, although school closures cannot be ruled out, it should not be the primary focus of schools' planning". (UK Influenza Pandemic Preparedness Strategy 2011, Department of Health).

17. Although subsequent pandemic documents are not entirely unambiguous, 'Learning 14' as recorded in Operation Cygnus, the practice pandemic planning exercise conducted in 2016, read as follows:

"[The Department for Education] should study the impact of school closures and also examine the possibility of keeping schools open by getting retired teaching staff to return to support the profession and by the temporary upskilling of students. Any plans should include safe-guarding procedures, the allocation of appropriate roles and the legislation that may be required to allow staff to return to the profession."

18. It appears this learning was never acted upon and in the weeks leading up to March 2020 there appears to have been little thought given to the possibility of lengthy closures or the possibility of finding a way to keep schools open for all pupils. From the SAGE minutes referred to below it appears that the reasons for this were that: (i) lengthy school closures could be counter-productive to reducing transmission and infection rates; (ii) that the magnitude of the impact of closures would be uncertain; (iii) that to have any effect closures would need to be prolonged; (iv) and that the impact of closures on children was high.

19. The first published SAGE consensus view on the impact of mass school closures was published on 10 February 2020 and appears to have recognised that school closures could be counter-productive to reducing transmission and infection rates, not least because Covid infections were already markedly more severe in the older generations who would inevitably be called upon for childcare support by working parents in the event of school closures. The SAGE document from February 2020 states that "*putting children in the care of their grandparents may*

result in a higher number of severe cases” (SPI-M-O Consensus View on the Impact of Mass School Closures, 19 February 2020).

20. A subsequent updated consensus view from the same committee stated that any impact from school closures was expected to be “*highly limited*” and therefore that longer closures would have greater effect than shorter closures: On 17 March, the day before the first mass school closures in the UK, the SPI-M-O group recorded in its third consensus view document that “*The impact of school closures, as a stand-alone policy, on COVID-19 would be expected to be smaller than for influenza*” and consequently “*schools would have to be closed for longer to have the same [mitigating] effect*”. (SPI-M-O Consensus View on the Impact of Mass School Closures, 17 March 2020, INQ000074903).
21. The group’s statement concluded that “*Our best assessment is that [school closures] would reduce the reproduction number [of Covid] by between 10% and 20%. We do not know how likely it is that this will change the reproduction number from being above one to below one*”; and school closures “*would need to last several months*” to achieve even this result. The paper then further acknowledged that there was “*still a great deal of uncertainty around the extent to which children have a role in the transmission of [Covid]*” (INQ000074903).
22. A major academic study led by UCL and published three weeks later affirmed that conclusion: “*We know from previous studies that school closures are likely to have the greatest effect if the virus has low transmissibility and attack rates are higher in children. This is the opposite of COVID-19. Data on the benefit of school closures in the COVID-19 outbreak is limited but what we know shows that their impact is likely to be only small compared to other infection control measures such as case isolation. ... Additionally, the costs of national school closures are high – children’s education is damaged and their mental health may suffer, family finances are affected, key-workers may need to stay home to look after children and vulnerable children may suffer most.*” (‘School closures play marginal role in containing COVID-19 but are key to restarting society’, UCL, 6 April 2020).

Consistent with all of this expert advice and evidence, throughout February 2020, the official Government advice remained that headteachers should ‘stay calm’ and keep schools open, with both Public Health England and the Department for Education issuing formal advice to that effect (as reported, for instance, in The Guardian, ‘*Coronavirus: UK headteachers told to stay calm and keep schools open*’, 16 February 2020).

So I repeat my earlier comment: The UK Government failed to prepare in any meaningful way for school closures in March 2020.

My views about how and why the decision was taken to close schools from 23 March 2020

23. Despite having no organised plan for mass school closures, no exit plan for how to end school closures, and no real contingency framework as to how to keep children both physically safe and in full-time education whilst out of school, schools were closed to the majority of pupils on 23 March 2020. Based on my research, which is detailed fully in *The Children’s Inquiry* (INQ000485092) and *The Accountability Deficit* (INQ000485097), the factors leading up to this decision can be summarised as follows:

- a. the impact of a pervasive climate of fear and panic, stoked by mainstream media, which led to an overestimation of the danger posed by Covid to the majority of healthy children (and indeed, adults), and an underestimation of the likely impact of prolonged mass school closures;
- b. legitimate concerns about school safety, especially for more vulnerable and elderly teachers;
- c. a widespread failure to recognise schools as more than simply places of education, or as mere ‘childcare’, but as essential safeguarding havens for children;
- d. a generalised failure to recognise that all children could potentially become vulnerable as a result of school closures;
- e. a skewed decision-making framework which persisted throughout the pandemic and consistently over-emphasised transmission risk from the

virus and downplayed the impact to children of indiscriminate, lengthy interventions. I address in Part H of this Statement potential factors which might have played a role in the unbalancing of decision-making frameworks, including potential and apparent conflicts of interest permeating key UK scientific advisory bodies; and

- f. the intervention of teaching unions, which proactively lobbied for school closures.

24. The misrepresentation of risk has been commented on by numerous commentators and experts including other witnesses to this Inquiry. In January 2024, Government advisor Mark Woolhouse told this Inquiry that the BBC was allowed to “*misrepresent*” the risk posed by Covid to most people to boost public support for lockdown. In his view, the BBC “*repeatedly reported rare deaths or illnesses among healthy adults as if they were the norm*”; and this created the “*misleading impression*” at the start of the pandemic that “*we are all at risk*” and “*the virus does not discriminate*”. The pervasive climate of fear is extensively dealt with in Laura Dodsworth’s book, “*A State of Fear — How the UK government weaponised fear during the COVID-19 pandemic.*”

25. Fuelled by this pervasive climate of media-fuelled fear, to the extent children and schools featured in national debate at all it was often because media figures were expressing premature, unevidenced yet forthright opinions calling for school closures. For example, Piers Morgan questioned on social media on 16 March 2020 how the Government could justify its position of no longer supporting mass gatherings due to transmission risk, but keep schools open. He asked, “*What does the Govt think happens when 100s of adults go to drop off or pick up their kids from schools?*”. Around the same time a Daily Mirror headline in huge, bolded letters, asked ‘IS IT ENOUGH?’ saying of Boris Johnson that “*he refuses to close schools and ban crowds*”.

26. As the SAGE minutes from the time evidence, these calls appear not to have been based on robust evidence of any effectiveness of school closures in reducing transmission or infection, and failed to take into account the huge costs associated with such a drastic intervention on the proportion of the population

already known to be at least risk from the virus. Nonetheless, they created a sense of inexorable momentum towards school closures as the next step in pandemic control.

27. At the same time, there appears to have been a policy blindspot in relation to children and a failure within Government to recognise that as well as being places of education, schools are essential safeguarding facilities. In research for *The Accountability Deficit* (INQ000485097) my co-authors and I identified just one advisory paper produced in the six weeks before the Government's decision to close schools in March 2020 which alluded to safeguarding concerns. That paper, produced by the SPi-B sub-group of SAGE in March 2020, reported that: *"SPi-B have a consensus view that school closures will be highly disruptive and likely to present an unequal burden to different sections of society";* and then *"... almost all strategies will result in reduced, or changed, adult oversight of children. This presents a risk of unintended consequences"* (SPi-B Insights on Combined Behavioural and Social Interventions, 4 March 2020).

28. It is notable that following its key meeting on 18 March, in which SAGE changed its advice to recommend implementing school closures nationally as soon as practicable, although the minutes record discussion of the impact of closures on adults – work, childcare, transmission – they largely fail to discuss any anticipated impact on children (SAGE 17 minutes: Coronavirus (COVID-19) response, 18 March 2020). The idea that SAGE under-contemplated the broader impact on children was alluded to by Lord O'Donnell, a former Cabinet Secretary, who, in evidence to this Inquiry, has said:

"So, for example, closing schools would have an effect on transmission, which experts in epidemiology could tell you something about, but in order to understand the overall impact and put this to ministers, you needed to have someone saying, 'What's the impact of that on the children, on their education? What's the impact on teachers? What's the impact on the mental health of the parents and, in due course, on the economy as a whole?'"

29. Reflecting this policy blindspot, Baroness Longfield, Children's Commissioner during the key pandemic years, as quoted in *The Children's Inquiry* (INQ000485092) (page 136), remarked that "*It seemed very quickly to me that children just weren't being referenced in national dialogue*". Dr Gavin Morgan, educational psychologist at University College London, and member of Sage sub-group SPi-B, commented to me in an interview for *The Accountability Deficit* (INQ000485097), page 152, that an educational psychologist was not invited to participate in the SPi-B sub-group of SAGE until a month after schools had been closed.
30. It was against this backdrop that powerful and vocal teaching unions were proactively campaigning for school closures. On 14 March 2020 the NEU made its first intervention in a letter to the Government:
- "Every day we are getting increasing numbers of questions from teachers and support staff asking why the Westminster Government isn't following the pattern of other countries in calling for periods of school closure. Those questions are increasingly asking why schools aren't closing if mass gatherings are to be suspended."* On 17 March 2020, the NEU followed up, calling once again for school closures by reference to the "*contradiction of mass gatherings*".
31. The Government undoubtedly faced a difficult task in balancing the needs and fears of adults, and in particular the vulnerable and elderly, against the life chances and well-being of children. Yet we could see then, as clearly as many commentators and former officials now appear to accept, that the March 2020 school closures were the first in a series of highly damaging policy choices that prioritised the former and woefully under-recognised the ethical and safeguarding duties owed to the latter. Of the many subsequent papers and expert reports supporting this view, see for example the study led by academics at University College London which states: "*As young people weren't considered to be at high risk from Covid-19 directly, pandemic policy decisions largely ignored their needs and resulted in their long-term detriment*". (*'Pandemic policies overlooked long-term needs of children'*, University College London, 23 June 2023).

32. It is important to record and recognise that school closures were a policy choice, not a medical necessity, though officials then and since have sought to portray it in some way as a matter of 'science'.

Support for families, provision of remote learning and vulnerable children regime following the 23 March 2020 closures

33. Mass school closures were an unprecedented, indiscriminate policy intervention which threw families into chaos and ignored the reality that many parents had to continue working. Although school closures were especially devastating for vulnerable children, they were an almost universally damaging measure and especially problematic for families with younger children also at home. The policy decision to close schools failed to recognise that nearly any child can be made vulnerable if the safeguarding rug is pulled from under them — as happened to all children in March 2020.
34. The decision to close schools was justified by officials on the basis that mitigating strategies that would significantly reduce harmful impacts either already existed or would be devised. Those strategies included (1) the policy of keeping schools open to children known to be vulnerable; (2) the policy of remote learning for children kept at home; (3) the promise of 'educational recovery' to make good learning loss. Each of these strategies were ineffectual, incapable of delivery, or simply never materialised.

Vulnerable children

35. A wealth of evidence and a series of tragic and well publicised child deaths during lockdown underlines the extent of damage caused by the decision to close schools (and at the same time restrict in person social care visitations for families). The evidence surrounding what in effect amounted to a systemic safeguarding failure of very vulnerable children is by now well-rehearsed and has been subject to separate investigations in connection with the deaths of Arthur Labinjo-Hughes and Star Hobson. I do not intend to go over that evidence here, save to add a couple of observations.

36. The first is that, from the outset, Government 'lines' given to the press about supporting the most vulnerable children during the initial school closures failed to match the reality. On multiple occasions assurances were given by Ministers to the public and to Parliamentarians that vulnerable children were at the forefront of policy thinking at this time (see, for example, Vicky Ford in letters to the Guardian, '*Safeguarding children during the pandemic*', 30 April 2020).
37. However, around the same time, advice produced by the SAGE modelling sub-group, SPI-M, drawing on school attendance figures provided by the Department for Education, had confirmed that "*94% of vulnerable children are not in school*" (*The Role of Children in Transmission*, SPI-M, 16 April 2020, INQ000074924). The same SPI-M paper commented that: "*It is critical to consider the wider social and developmental impacts of interventions on children – looking at the whole child and their experience, rather than solely on direct epidemiological impacts or issues in isolation*"; and, in relation to those apparently not in school, asked "*where are these children? What are they doing? How are they being supported, and importantly, safeguarded?*"
38. That paper went on to detail the many harms that would be inflicted on children by school closures, including impacts on mental health, physical health, inequalities, and social and emotional development; it also warned that "*These will likely worsen the longer that schools remain closed, and the country is subjected to lockdown*".
39. The fact that only around 5% of the most vulnerable children were in school was picked up by the BBC on the morning of 22 April 2020, in a report headed 'Tiny fraction of 'at risk' children attending schools'. Representatives of the Government were pressed on the plight of vulnerable children and reassured that safeguarding protections remained in place, and were effective.
40. However, such official lines sit uneasily with what is now known of the safeguarding failures which led directly to the deaths of numerous children during lockdown, and they appear to have overlooked that by this time most social work

protections for vulnerable children had been either suspended or moved to a remote footing. Three days later the Children's Commissioner, Anne Longfield, pointed out that many potentially vulnerable children would not yet be known to child protection services.

41. In a paper titled '*We're all in this together?*' she cautioned that "*the loss of support networks, alongside the anxiety and financial pressures caused by Covid-19*", was likely to push certain families to crisis point and identified categories of children that were likely to be at most risk. ('*We're All in This Together?*', Children's Commissioner, April 2020).

42. My second observation is that even in the first weeks of school closures a succession of child-focussed organisations had attempted to raise their concerns about potential serious safeguarding red flags, especially in relation to vulnerable children. These included:

- a. Childline, 27 March 2020 – which in that first week, reported a 10% rise in calls (as reported in The Guardian, *Sharp rise in number of calls to ChildLine over coronavirus*, 27 March 2020);
- b. NSPCC, 2 April 2020 – which warned that the impact of lockdown increased online risks and brewed a 'perfect storm' for offenders to abuse children (as reported in The Guardian, *Coronavirus lockdown raises risk of online child abuse*, 2 April 2020);
- c. NSPCC, 11 May 2020 – which warned that it was becoming increasingly concerned about the safety of some children who may be hidden from sight during the coronavirus crisis (as reported in the Express & Star, *Hidden away, the young who suffer in lockdown*, 11 May 2020);
- d. Letter from cross-party MPs to Priti Patel, Home Secretary, 16 April 2020 – which reported "*A terrible and disturbing aspect of this pandemic is that illegal activity online, including child abuse, appears to be escalating.*"
- e. A BMJ editorial in April 2020 written by the chair of the National Network of Designated Healthcare Professionals for Children titled "*A shift in focus is needed to avoid an irreversible scarring of a generation*" – which pointed out that a perfect storm of factors: the locking of children in

‘pressure cooker’ environments, the absence of external oversight, a 22% increase in alcohol sales since the start of the lockdown, risked a ‘secondary pandemic’ of child neglect and abuse (The BMJ, *‘Risks to children and young people during covid-19 pandemic’*, 28 April 2020).

43. I suggest that the apparent failure of Ministers and officials (in particular those responsible for education, health and social care) to investigate these and numerous other warnings should be investigated by this Inquiry.

The fallacy of remote learning

44. When schools first closed in March 2020, the Government promised that remote learning would be both logistically achievable and a suitable substitute for the learning time that would be lost. Leaving aside the fact – obvious from the outset to many parents – that asking children to sit behind a screen for upwards of six hours a day could never be an acceptable substitute for schooling, clearly such promises even on their own terms were dependent on families having access to the requisite technology and support.
45. Yet in early 2020, just before the first round of school closures, Ofcom’s Technology Tracker had estimated that “*between 1.14 million and 1.78 million children under the age of 18 lived in households without access to a laptop, desktop or tablet in the UK*”, and that between 227,000 and 559,000 children lived in homes with no access to the internet.
46. By 13 July 2020 (the end of the academic year), the Government had delivered just 212,900 laptops and tablets, and 49,700 internet routers. Indeed, there was no legal obligation for schools to provide remote learning facilities until 22 October 2020. Consequently, until then many pupils received (at best) paper handouts of topics that parents could teach their own children at home with little offered by way of active education.
47. As is well known, remote learning deeply exacerbated existing educational inequalities, and the experiences of the parents within the UsForThem

community reflected these mixed experiences, with some parents reporting little or no 'remote learning' and others reporting schools which had been striving to deliver upwards of six hours a day of 'zoom' lessons.

48. Regardless of the quality, or quantity, of remote learning offered, however, parents' opinion amongst the UsForThem community was almost universally united in deploring it as a method of teaching children. A handful of the myriad of anecdotal experiences relayed to us during the first round of school closures are recounted in *The Children's Inquiry* (INQ000485092), for example at page 77. Parental experience has since been confirmed by numerous studies and expert reports which have confirmed the inadequacy of remote learning compared to in person schooling. The harms flowing from this and subsequent periods of disrupted schooling are detailed further in Part G below.

49. Personally, I would go further. My claim – borne out of first hand experience witnessing parents within the UsForThem community as well as the experience of my own children – is that not only is remote learning a far inferior method of delivering education, but is a potentially dangerous intervention for children of all ages for its numerous negative impacts: on eyesight, on posture, on concentration skills, on socialisation skills, and for the potential to facilitate unsupervised screen time involving internet access.

50. That view is buttressed by a wealth of papers detailing mounting concerns with remote learning and the impact of the digitisation of children's education and increased screen time (see for instance the 2023 UNESCO paper entitled "*An Ed Tech Tragedy?*").

51. In reality, prolonged school closures were only able to be contemplated, implemented, and to remain in place for such a sustained length of time due to a perceived 'silver bullet' in the form of remote learning. However, there were no silver bullets. From the outset, remote learning was a mirage, and a dangerous one at that. It was completely unable to match the socialisation, play, exercise, competition, emotional support, physical care and sanctuary provided by in

person schooling; all of which are critical for a child's development and which cannot be delivered through a screen.

Impact on children of the March 2020 school closures

52. The negative and in some cases devastating impacts of school closures on children, and especially the most vulnerable, has by now been well documented and I attempt to summarise some of that harm in Part G below. I do not add to that specifically for this section on the initial school closures other than to make three points.
53. The first is to note the devastating impact of school closures in terms of increasing existing inequalities. Whilst there was much talk during the pandemic of protecting the vulnerable, in fact prolonged school closures had a stark impact in deepening and entrenching existing inequalities. Many expert bodies including the IFS, the Education Endowment Fund and the Social Mobility Commission have written extensive research papers detailing the persistent and highly damaging impacts of school closures and lockdown policies in terms of exacerbating inequalities and reversing progress previously made in narrowing the attainment gap.
54. It is for these reasons that Professor Jay Bhattacharya, then Professor of Medicine, Economics, and Health Research Policy at Stanford University and now Director of the National Institutes of Health in the US told us in an interview for *The Children's Inquiry* (INQ000485092), page 69, that he believes school closures to be "*the single biggest generator of inequality I've seen in my lifetime from a single policy*".
55. That said, UsForThem as an organisation was, I believe, unique during at least the early days of the pandemic in representing a broad mix of families, from a wide range of socio-economic backgrounds. My observations based on that are that whilst it must undoubtedly be the case that those children already deprived were impacted especially terribly by the pandemic and its interventions, there was not a child I have met for whom school closures were a net positive. I am

aware of children who developed long-lasting tics during the period of lengthy school closures; who lost once-in-a-lifetime opportunities to launch future careers in arts and sports; who dropped out and never returned to school and university; who, deprived of essential early education support, are now five years later living with lasting speech and language deficits. Although a devastating (and in some cases even lethal) intervention for the most vulnerable children, it is my firmly held view that school closures were a disaster for the overwhelming majority of children.

56. The second is that it would be a fallacy to think that only prolonged school closures can lead to serious harm. In fact, as public health experts made clear at the time, there are significant long term health and educational impacts of missing school even for short periods of time. As Professor Jay Bhattachayra told us for *The Children's Inquiry* (INQ000485092), page 69, "*literature in health economics very carefully documents the long-term health consequences of missing even short periods of school for children. That literature is unequivocal. It shows that children who miss school even for short periods of time lead shorter, unhealthier and poorer lives*".

57. Finally, many of the impacts on children now coming to light were not only predictable, but expressly predicted and warned to Government officials and Ministers, many on numerous occasions. I include a non-exhaustive list of such of those warnings of which I am aware, reproduced from *The Accountability Deficit* (INQ000485097), at the end of this statement, and I urge the Inquiry to investigate why these warnings went repeatedly unheeded.

UsForThem campaigning and advocacy

58. Our campaigning during this initial period of school closures consisted of public advocacy and private letters to Ministers setting out our overarching concerns about the welfare of children and the fact that their rights and interests had not been adequately considered in pandemic policy-making.

59. We were especially concerned to identify the extent to which the Government had taken into account advice from child experts in its approach to school closures and subsequent re-openings. A number of our initial letters to Ministers also asked the Government to explain how the safeguarding of children had been balanced with concerns over controlling the spread of COVID-19. A copy of UsForThem's first open letter, which very much sets the tone and flavour of the next five years of the organisation's campaigning, is attached as Exhibit MK/01 [INQ000485085] (Open Letter to Gavin Williamson, May 2020). When we received no response to that letter we then threatened a legal challenge in respect of the first school closures. (See Daily Mail, 1 June 2020, '*Three mothers are considering launching legal battle with Government*'). That legal letter marked the start of what was to be a 5 year (and ongoing) campaign about the harms of pandemic policy-making and, in particular, school closures, on children.

60. It is hard to know how much impact, if any, our campaigning had on the Government's approach to forming policy as the pandemic proceeded, although I believe that in 2020 we were one of only a very few organisations campaigning publicly on behalf of all children (as opposed to children with specific vulnerabilities).

PART C: EDUCATION DISRUPTION BETWEEN JUNE 2020 AND JANUARY 2021

How and why decisions were taken to open schools subject to NPIs

61. During this period (and indeed extending into the summer of 2021), schooling was subject to a sustained, at times near-continuous, barrage of disruption with county-level closures, local authority closures, individual school closures and swathes of often perfectly healthy children being required to stay at home. Even when schools were technically open, children faced prolonged and severe degrading of the school experience and a generalised and potentially lasting narrowing of the school curriculum: they were able to play less or no sport, opportunities for music, drama and arts were reduced, hobbies were curtailed and friendship circles – both inside school and outside – became smaller. At

times, children were subject to highly damaging and, occasionally even degrading interventions including prolonged masking and repeated testing.

62. During this period there was a high level of distress amongst our UsForThem parent community about the impact of long-term school disruption, and associated NPIs, on children.
63. On 1 June 2020, schools across England began to reopen. This was limited to two of the primary school year groups. It was not until the start of the next full term in September 2020 that schools fully reopened, however that reopening was made conditional on a Covid testing regime that was not yet in place and a system of bubbles, in which children would be confined to learn and play in small groups and which proved complicated and highly damaging to attendance levels.
64. School leaders from the outset had warned that the system would be incredibly difficult to implement — *“It will be immediately apparent to anyone reading this guidance that it is enormously challenging to implement,”* said Geoff Barton, the general secretary of the Association of School and College Leaders, adding that the logistics were *“mind-boggling”*. Kevin Courtney, then joint general secretary of the NEU, a teachers’ union, said the guidance amounted to *“rushed-through ideas”* based *“more on hope than on science”* (The Telegraph, 03 July 2020, *‘Revealed: The new coronavirus guidelines for schools to open in September’*).
65. And so it proved in practice. Leaving aside the ethics of mass testing of healthy children given that what was known by that time of the age-stratified risk of the virus (in this regard I note that a later All Party Parliamentary Group heard expert evidence that the mass testing of healthy children was *“harmful, invasive and unevicenced”* - see APPG Pandemic Response and Recovery, 31 January 2022), from a parent perspective it was immediately obvious, too, that the testing guidance was likely to fail children: it prescribed anyone who had come into *“close contact”* with a confirmed case of coronavirus to self-isolate for 14 days, but given the nature of children to run around and mix during the school day, clearly this seemed problematic from the outset. In practice, it quickly became

apparent that many schools were simply opting for caution and sending whole year groups, or even schools, home.

66. At the end of October 2020 a report by The London School of Economics Centre for Economic Performance had revealed that only 6 out of 10 school children were receiving a full education (reported in The Telegraph, 26 October 2020, '*Only six in ten pupils are getting full education despite schools reopening*') and a major report in November from Ofsted lamented that many children had regressed in their basic skills during lockdown and school closures.
67. Amanda Spielman, Ofsted's chief inspector of schools commented shortly after that "*The big picture for me here is ... quite how much children lose when they don't have school. Obviously first and foremost it is around the education they are missing but so much also around personal developments and the physical fitness which of course flows through into mental health but physical health matters as well*". (Daily Mail, 18 November 2020).
68. Ofsted's conclusions echoed comments in a joint briefing paper from the SPI-B sub-group of SAGE and the Department for Education, dated 4 November 2020 (SPI-B and DfE, *Benefits of remaining in education: Evidence and considerations*).
69. That paper recorded a litany of harms flowing from the closure of schools including negative impacts on educational outcomes, inequalities and attainment; loss of opportunity to identify emerging learning problems; impairments to mental health, and for adolescents in particular; cognitive, social, and emotional developmental outcomes at risk; physical health at risk; psychological inequalities; increased exposure to the internet, including harmful online content; missing of routine childhood vaccinations; increased isolation and loneliness exacerbating mental health issues; reduced access to essential services for vulnerable children, with the most vulnerable being the most negatively affected; missed opportunities for detecting early signs of abuse and neglect; and loss of access to free school meals and knock-on nutritional effects. "[M]any more young people will die from suicide than Covid-19 this year", the paper noted. That paper

also advised that such limited international evidence as had been collected was suggesting that remote learning for anything more than a very short period of time was *“likely to result in poorer educational outcomes”*.

70. That briefing paper was distributed to SAGE members for a meeting on 4 November 2020 at which at least six of the Government’s most senior scientific advisers are recorded as having been present, and at least ten senior officials from the Department for Education, the Cabinet Office, the Home Office and other government departments. It appears the National Statistician was tasked at that meeting with leading a working group to assess data on transmission in children and schools so that SAGE could consider that new evidence within 3 to 4 weeks.

71. In Parliament, on 2 November 2020, the Prime Minister had told MPs *“We have ... a moral duty to keep schools open now that it is safe to do so, because we must not let this virus damage our children’s futures ... and I am pleased that that will command support across the House”*. Keir Starmer MP, at that time the Leader of the Opposition, had responded that *“We all agree that schools should be kept open”*.

72. Soon after, as schools were forced to lean heavily on remote learning to maintain even basic levels of educational provision, a second Ofsted report published in December 2020 laid bare what almost every parent already knew: remote learning had proven to be no substitute for learning in school, and repeat exclusions from school, often as a result of a single child testing positive for Covid in a bubble or year group, had already wrought a huge attainment and emotional cost on their children. Amanda Spielman estimated that in educational terms by that point most children were six months behind where they needed to be. Most concerning of all, she also warned that those arriving at secure children’s homes had in effect been put in *“solitary confinement”* (BBC, 15 December, 2020).

73. A heavily disrupted winter term ended soon after with Sadiq Khan, the Mayor of London, and head teachers calling for schools with high infection rates to go fully

online for the final two weeks of term. Gavin Williamson resorted to threatening legal action to prevent London boroughs and schools from turning their pupils away (The Evening Standard, 14 December 2020). A fraught Christmas break followed, during which Mr Williamson repeatedly insisted there was no plan to close schools, while battling growing resistance to the opening of schools from school leaders who were warning that the mass testing-edifice, around which the possibility of keeping schools open had been constructed, was undeliverable.

74. During this period, SAGE was refining its understanding of the role that children and schools had played in transmission, having commissioned further work on that topic at its meeting on 4 November 2020. By 10 December 2020, official minutes record that further work had confirmed that:

“Emerging SIS [School Infection Survey] data and further ONS analysis continue to support the statement from SAGE 65 [the meeting of 4 November] that ‘ONS data from 2 September to 16 October show no difference in the positivity rates of pre-school, primary and secondary school teachers and staff, relative to other workers of a similar age (medium confidence)’.” (INQ000120576)

In other words, transmission taking place in educational settings appeared to be no greater than transmission taking place in other settings.

75. On 1 January 2021, the Education Secretary, Gavin Williamson MP, announced that primary schools in London would need to close until at least 18 January. This was despite the fact that just two weeks before, combined analysis from Public Health England, the ONS and the London School of Hygiene and Tropical Medicine had found that Covid cases in schools reflected virus levels in the local community, suggesting that school closures have only a temporary effect on cases and finding that *“the wider impact of [school closures] on children’s social, physical, educational and emotional development would be significant”*. (See BBC, *Covid cases in schools ‘reflect community levels’*, 17 December 2020).

76. As the Christmas holidays approached, tensions mounted and on 3 January 2021 the NEU reportedly wrote to its members saying that *‘it would, in our view,*

be unsafe for you to attend the workplace in schools and colleges which were open to all students.'

77. On 4 January 2021, the Prime Minister announced the closure of all schools until at least 22 February:

"Parents whose children were in school today may reasonably ask why we did not take this decision sooner. The answer is simply that we have been doing everything in our power to keep schools open, because we know how important each day in education is to children's life chances. And I want to stress that the problem is not that schools are unsafe for children – children are still very unlikely to be severely affected by even the new variant of Covid. The problem is that schools may nonetheless act as vectors for transmission, causing the virus to spread between households". (Prime Minister's address to the nation, 4 January 2021).

78. At the same time, the Prime Minister announced that exams would be cancelled for a second year in a row. The general secretary of the ASCL headteachers union, Geoff Barton, was quoted on the same day as saying that headteachers were *"relieved the government has finally bowed to the inevitable and agreed to move schools and colleges to remote education in response to alarming Covid infection rates"*. The NEU appeared to effectively claim 'victory' for this U-turn in an email to members: *'We want to start by congratulating you all. It is never easy to stand up and be counted. It takes nerve and courage. But you did it. You stood up for your own safety, for your pupils, their families and your communities.'* (Reported in Daily Mail, 6 January 2021).

79. Reporting by The Telegraph has subsequently revealed a broader context to that change in position, and possibly a reason why Gavin Williamson had found it hard to articulate a clear reason for the abrupt u-turn of 4 January: *"Despite ministers including Matt Hancock saying that they were doing all they could to keep schools open, behind the scenes the then health secretary [Hancock] was running a "rearguard action" to keep pupils at home. WhatsApp messages reveal that while he was offering to help Sir Gavin [Williamson] to his face, behind his*

back Mr Hancock and his advisers were mocking him ...” (The Telegraph, 01 March 2023).

80. At the same time that the decision to close schools for the second time was made numerous experts were warning emphatically of the harms certain to accrue to children from school closures. The most notable of these, widely reported at the time and also presented to Parliament, included a systematic review by Professor Viner, President of the Royal College of Paediatrics and Child Health, which found that “School closures as part of broader social distancing measures are associated with considerable harms to [children and young people] health and wellbeing”. (See *‘Impacts of school closures on physical and mental health of children and young people: a systematic review’*, Russell Viner, UCL Great Ormond Street Institute of Child Health).

81. Eight days later, on 27 January 2021, the Prime Minister extended the period of school closures for a further two and a half weeks, until 8th March 2023.

82. A meeting of SAGE took place on the following day – 28 January – at which there was a discussion of the role of school closures in reducing transmission, the minutes for which record that “*The extent of the impact on transmission and the role played by transmission within schools versus transmission in the wider community associated with schools being opened remains uncertain and difficult to quantify*”. That discussion concluded with a strong and unambiguous warning of harms for children:

“There is still clear evidence of the negative educational impact of missing school as well as evidence that school closures cause impairment to the physical and mental health of children. One systematic review concluded that school closures as part of broader social distancing measures are associated with considerable harms to children and young people’s health and wellbeing including emotional, behavioural and restlessness / inattention problems and overall psychological wellbeing. Certain studies included in the review reported suggestions of greater impact in the poorest children and widening of inequalities”.

83. In the period following that second lengthy blanket closure of schools, children's education was subject to further sustained disruption as a result of the Covid testing strategy to which school access had been tied. At one point near the end of the summer term in 2021 some one million children in state school education alone – over 14% of the country's school age population – were stranded at home after being forced to self-isolate (The Guardian, 20 July 2021). Just 5% of those children were confirmed as having the virus.
84. That immediate crisis came to a head when 48 MPs expressed objections to the Prime Minister in an UsForThem-organised letter on 30 June 2021, though it was only from 16 August 2021 (at least three weeks after the school year had finished for most children) that children under 18 years of age would cease to be required to self-isolate if they were identified as a close contact of a positive Covid-19 case.
85. When the Hancock WhatsApp messages were later revealed, it became apparent that Matt Hancock had known from as early as November 2020 that self-isolation could safely have been reduced from 10 days to 5 days, but chose not to allow that policy change because he believed it could have given the impression that Ministers had made a mistake. (BBC, 6 March 2023).

My view on the impact of the harms of NPIs and educational disruption

Policy decisions not Covid were responsible for closing schools

86. The repeated exclusion of healthy children from schooling and extensive school closures between March 2020 and the end of 2021 was a consequence of policy choices made in the face of clear advice and evidence of the indiscriminate and long-lasting harms that would follow. As recorded above, it was well known and documented from the early stages of the pandemic that excluding healthy children from educational settings would be highly damaging for children, especially those who were already deprived, and for the most vulnerable children.

87. That early advice and evidence has been born out, and we know that in particular the safeguarding harms suffered by some children as an indirect consequence of school closures were great, up to and including death. Decisions were made which knowingly compromised the health of children, the vast majority of whom were exposed to minimal risk of serious harm from the virus itself, in order to protect the health of those most at risk: the elderly and vulnerable people with co-morbidities. In essence, and as with the initial school closures, the period from June 2020 into the summer of 2021 saw a series of highly damaging policy choices that prioritised the former group and under-recognised the ethical and safeguarding duties owed to children.

88. As noted above, many of these decisions were taken in the face of data evidencing that transmission rates in school on the whole reflected transmission rates in the community.

Decisions made in full knowledge of harm

89. The extensive harms accruing to children from prolonged absences from school, including deprivation of social interaction, physical activity and pastoral care, and increased screen time, have been overwhelmingly established and documented. As evidenced above and in the section at the end of this statement headed 'Warnings Given, Warnings Ignored', they were warned to policy-makers in advance of damaging policy decisions being taken on numerous separate occasions. Sadly, those warnings proved right. Across the cohort of school-age children, physical well-being has deteriorated, mental health illness has soared, educational attainment has regressed. Vulnerable and disadvantaged children have fallen even further behind, and an array of negative social impacts continues to emerge. Vulnerable children who fell out of the education system have been recruited into criminal organisations including county lines drug-dealing gangs; school attendance has been socially devalued such that one in five children are persistently absent from school. These matters are further detailed in Part G of this statement.

90. Perhaps most tragically, serious incident notifications from local authorities – reporting serious harm or death involving a child – rose by close to 20% during the pandemic (see Serious incident notifications, Financial Year 2020-2021). Indeed, the Government was warned that more children would die from suicide than from Covid-19 before they ordered school closures. (The Telegraph, *'Ministers were warned that suicide would kill more children than Covid'* 03 July 2023).

91. Documented in this statement are numerous examples of the advice and warnings provided to the Government about the scale and severity of harms to children. For a period of close to two years, flags were raised repeatedly before, during and between the periods of school closures, including by the Education Select Committee, by the Royal College of Paediatrics and Child Health, by MPs, by medical experts, by campaigning organisations (including UsForThem), and by the Children's Commissioner – the individual appointed by the Government to advocate for and advise on the safeguarding of England's 9.1 million school-aged children. I very much hope that this Inquiry investigates why these flags were consistently ignored.

An ethical deficit

92. Covid discriminates against the elderly and the clinically vulnerable, and through the pandemic the Government and its experts could not help from being aware that the majority of children were not at great risk of suffering serious harm from the virus – official Covid mortality and morbidity statistics both nationally and globally have consistently evidenced that understanding. Consequently, almost by definition, any virus control measures directed at children have thus been measures for the benefit and protection of others; children's health and well-being were sacrificed for the sake primarily of older adults and the clinically vulnerable.

93. In this respect, I draw the Inquiry's attention to the words of Dr Alberto Giubilini of the Oxford University Uehiro Centre for Practical Ethics, quoted on page 149 of *The Accountability Deficit* (INQ000485097).

“So the idea is that you could put some burden on children to protect older people and this was not necessarily wrong in itself, but there is an issue around proportionality. Is it proportionate to put a burden onto young people in the form of school closure for the sake of older people? There was not enough consideration about the burdens we were imposing on children at this time, in terms of harms and risks for their present and future interests. The priority was to focus on COVID 19, to focus on protecting people from COVID 19, even those who didn’t need that kind of protection like children, because we have made this the condition for reopening society. But it was a political decision, not a scientific one, and political decisions require a level of public scrutiny and societal negotiation that never happened.”

94. In my view, in the early part of the pandemic, when there was greatest uncertainty about the severity and transmissibility of the virus among the population, an argument might have been made that a short term sacrifice of children’s social and educational needs could be ethically justified. When it became apparent that school closures would continue beyond the initial three week period that had been announced, and that the virus thankfully was not of serious risk to the vast majority of children, school closures became a prolonged experiment which socially and educationally isolated all children, and especially discriminated against those children in socio-economic cohorts who were already disadvantaged.

95. As harms accrued, growing numbers of experts, including groups of paediatricians (as reported for example in The Daily Mail, 26 January 2021) raised moral and ethical concerns about the alarming trajectory of that social intervention, especially given the uncertain public health benefit (National Library of Medicine, 7 August 2020, Ethics of Covid-19 related school closures) and the fact that for periods in the UK non-essential amenities for adults – including shops, restaurants and even theme parks – were prioritised for openings ahead of schools.

96. As the pandemic progressed, the legally-protected rights of children to receive an education became conditional on compliance with clinical measures of disputed efficacy and known harm to children: no test, no school; and then no mask, no school. The most controversial of these two measures - mandatory and prolonged masking of children, including in lessons, caused so much distress within the UsForThem parent community I have included it in a separate section below.

97. However, the mass testing of children was in many ways an equally problematic intervention, both for the significant, prolonged disruption it caused to children en masse, and for the indiscriminate and invasive nature of the intervention which a number of leading experts criticised as deeply unethical. I refer the Inquiry in this regard to evidence heard in the APPG on Pandemic Response and Recovery, 31 January 2022, and to, for example, the evidence given by Professor Allyson Pollock, clinical professor of public health at Newcastle University:

“So many of the so-called public health measures applied over the last two years have been applied indiscriminately in blanket fashion and in the absence of evidence and sound evaluations. Mass testing healthy school children is one such unevidenced measure which has serious consequences. Mass testing is screening and in the UK the government completely ignored the Wilson and Junger 1968 principles of screening and failed to seek the advice of the UK National Screening committee. Testing healthy children in the absence of good evidence of benefit and harms is highly unethical. Healthy children are being tested and isolated unnecessarily. Children are at extremely low risk of severe disease and many of them will be asymptomatic or only have mild symptoms. Testing has not been shown to prevent transmission. Mass testing healthy children is not only a traumatic experience, it is unethical and an appalling waste of time and money.”

98. While some Ministers and officials expressed a determination to mitigate the harms inflicted on children by the Government's policy decisions, as we have seen those aspirations too often fell short with even the most vulnerable children, including those with special educational needs, becoming simply items on a long

governmental 'to do' list. Correspondence at the time referred to vulnerable children as having been identified as one of the Government's "*top 15 priorities during this crisis*".

99. It is my view that there was a persistent failure of Ministers and officials to stand up for, and to safeguard, children's interests during the pandemic period, including those of the most vulnerable children. By imposing a series of highly damaging, often unevidenced, prolonged and indiscriminate 'NPIs' in a myopic effort to protect primarily elderly and vulnerable adults from the virus, the Government caused and then perpetuated an avoidable two year moral, ethical and safeguarding failure. I urge the Inquiry to consider whether key pandemic policy decisions which caused, and continue to cause, so much damage to children's health, welfare and life chances might have been averted, or at least mitigated, had ethical considerations and safeguards been given greater (or indeed any) prominence during the pandemic; and in doing so also to examine possible reasons why they were not.

* * *

100. To a greater or lesser degree the impacts flowing from lengthy school closures and the series of NPIs imposed alongside them were predictable, predicted, and in many cases explicitly warned to policymakers. For ease of reference, I have included at the end of this witness statement a non-exhaustive list of warnings of which I am aware that were relayed to ministers by official governmental bodies, government-appointed experts and other key advisory groups in relation to serious harms which have since accrued to children. These warnings appear to leave little doubt that key decision-makers were unambiguously on notice of the serious near-term and longer-lasting harms that would be visited on children by their policy choices.

Face coverings and masks-in-class

101. Face coverings were required first in communal areas in secondary schools as a condition of schools reopening in the autumn of 2020, and then throughout

the school day, including in lessons, as a condition of schools reopening in 2021, and again in 2022. I deal with this intervention separately here not only because of the level of parental concern it generated, but because I believe the issues it raises both in terms of child welfare, the inadequacy of risk assessment, and an apparent lack of candour in official communications on the topic are deserving of separate attention. What follows largely results from UsForThem's Freedom of Information Act requests and two separate threatened judicial reviews forcing information about the basis for these decisions into the public domain.

Chronology leading to the decision for a 'masks-in-class' requirement

102. From the outset and throughout the pandemic the evidence in favour of using masks in schools was highly limited (a fact acknowledged by Government Ministers and officials numerous times).
103. At the same time, significant evidence of concerns associated with prolonged mask-wearing, particularly on speech and language, communication and education, were available throughout, reinforcing the deep unease felt by many parents.
104. England's Deputy Chief Medical Officer, Professor Jonathan Van-Tam, as recently as November 2021, had said face masks "*could be quite inhibitory to the natural expressions of learning in children involving speech and facial expression. I think it's difficult for children in schools with face masks...*" (Express & Star, 3 November 2021). At one point the Prime Minister, Boris Johnson, had even remarked that masks in lessons would be "*nonsensical – you can't teach with face coverings; you can't expect people to learn with face coverings*" (Independent, 26 August 2020). Indeed, up until the moment that the masks-in-class mandates were imposed, Department for Education guidance had always been that prolonged mask wearing "*may inhibit learning*" (see for example '*Update on face coverings in schools*', Department for Education, 25 August 2020).

105. Concerns associated with prolonged mask-wearing of which we were aware at the time were numerous and extended beyond educational and communication issues. I refer to page 52 of *The Children's Inquiry* (INQ000485092) which includes a non-exhaustive, referenced list of peer-reviewed studies detailing known risks of physical harms including eye problems, skin problems, headaches and respiratory problems. We were also aware of a comprehensive study from April 2021 which had analysed psychological and physical side effects from wearing masks and concluded that *"further research is particularly desirable in the gynecological (fetal and embryonic) and pediatric fields, as children are a vulnerable group that would face the longest and, thus, most profound consequences of a potentially risky mask use."* (See *'Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?'*, International Journal of Environmental Research and Public Health, April 2021, Volume 18, Issue 8). Indeed, such were the apparent concerns over potential harms of prolonged mask wearing for children that it is notable that the World Health Organisation had been clear in August 2020 that if national authorities decided to introduce masks for children, monitoring and evaluation of the harms of the measure should be set up at the outset and continue on an ongoing basis (it appears that, in the UK at least, this never happened).

106. Many of the parents in the UsForThem community relayed their concerns to us, which extended to all of these, and many other areas. There was a particular concern among parents in our community that prolonged mask wearing significantly impaired and subdued lessons and exacerbated mental health and loneliness issues. In addition, our community reported numerous examples of discrimination of children against mask exempt children to us. Some of these are included in Exhibit MK/02a [INQ000485076] (Letter from JMW Solicitors to Government Legal Department, 15 January 2022).

107. Information forced out by UsForThem via FOIA requests and during legal correspondence in connection with the two threatened judicial reviews mentioned above, was ultimately unambiguous in revealing that the masks-in-class intervention was introduced without a proper public health evaluation of its

evidence. Relevant correspondence from these two threatened actions are included at Exhibits MK/02 a, b and c [INQ000485076, INQ000485074, INQ000485078].

108. In particular, no or insufficient evidence was ever produced by the Government as to the effect of the intervention nor the impact it had had in schools; matters identified as ‘advantages’ of face coverings by the Department for Education were focused almost exclusively on the subjective views of teaching staff or other forms of ‘stakeholder opinion’ which amounted to little more than the opinions of schools, teachers and to a lesser degree, pupils and parents rather than objective evidence to efficacy and benefit in terms of impact on transmission; and it was apparent that insufficient consideration had been given to the disadvantages and potential side effects of the extended use of face coverings in lessons. Indeed, UsForThem’s legal work in this area revealed that the first time a meaningful evaluation of the masks in class policy was provided to the Education Minister, at that time Nadhim Zahawi MP, appears to have been on 30 December 2021: a full seventeen months after schools had first been advised by the Department for Education to require children to wear masks in schools.

109. The documents produced by the Department for Education also emphasised the significant role played by teaching unions in the mask mandates: more than one third of the DfE’s evaluation document supporting its December 2021 briefing to the Minister was given over to concerns about the risk of teaching unions encouraging teachers to boycott schools on the grounds that schools had become dangerous places to work. The evaluation document notes that mandating the wearing of masks in school “*could help reduce the risk of some teachers invoking sec[tion] 44 of [the] Employment Rights Act*” (a statutory provision that allows employees, exceptionally, to decline to work in materially unsafe conditions), a provision the NEU and Unison had apparently flagged to their members in January 2021. It also cited surveys recording that 71% of Unison members had reported in March 2021 that masks in class were thought to be “*an important safety measure*”, and 79% of respondents to a private schools survey around the same time had “*noted benefits of wearing face coverings in*

the classroom”.

110. Indeed, it was later revealed by Matt Hancock in his serialised diary extracts that the introduction of masks in classrooms was driven by crude political considerations, with, it appears, scant regard for assessments of risk, efficacy or safety.

“Nicola Sturgeon blindsided us by suddenly announcing that when schools in Scotland reopen, all secondary school pupils will have to wear masks in classrooms. In one of her most egregious attempts at one-upmanship to date, she didn’t consult us. The problem is that our original guidance on face coverings specifically excluded schools. Cue much tortured debate between myself, education secretary Gavin Williamson and No 10 about how to respond. Much as Sturgeon would relish it, nobody here wants a big spat with the Scots. So, U-turn it is.” (As reported in The National, 5 December 2022, Matt Hancock says Nicola Sturgeon forced Tories into face mask U-turn).

111. One wonders how this revelation is reconcilable with repeated statements made in correspondence with UsForThem, and given publicly by the Department for Education to the effect that *“The Government will be guided by data”* (see letter from Government Legal Department to JMW Solicitors dated 20 April 2021, Exhibit MK/02c [INQ000485078]), or that risks and benefit had been appropriately balanced (for example as reported by Camilla Turner, The Telegraph, 7 January 2023, where a Department for Education spokesman is quoted as saying *“At every stage of the pandemic we balanced the risks from the virus with the impact that mitigations and safety measures have on young people’s education and wellbeing.”*).

UsForThem campaigning and advocacy

112. The period between June 2020 and January 2021 (and beyond, especially bearing in mind the timelines for the masks-in-class policy), was an unrelenting period of campaigning for UsForThem during which it was clear that much of our parent community believed child welfare to be under clear and immediate threat,

not from Covid but from the array of interventions imposed by the Government in response to Covid. A summary of those campaigns is set out in Part F below.

PART D: EXAMS AND CERTIFICATION

113. A wealth of material has been produced on the impact of the disruption to exams triggered by the pandemic, including by the ESC, and I do not seek to add to this other than to make the point that it is easy to overlook that for many children GCSEs and A-Levels represent the single most significant milestone of their educational experience. The layering on of significant, ongoing and chaotic uncertainty in relation to the exam format and viability for two years in a row not only underlined the significant deficits of planning and decision-making concerning children, but piled a significant amount of additional disruption and pressure onto cohorts of children who had already been rendered vulnerable by pandemic strictures.

PART E: EDUCATION RECOVERY

114. Many expert committees and appointees have commented before now on the inadequacy of the Government's education recovery plans. See for instance, Sir Kevan's Collins resignation statement, as reported by the BBC, 2 June 2021, *'School catch-up tsar resigns over lack of funding': "The support announced by government so far does not come close to meeting the scale of the challenge"*; and Anne Longfield, at the time the Children's Commissioner, who warned in January 2021 that the recovery programme would need to be *"rocket-boosted"* in light of the second round of school closures (The Guardian, 10 January 2021, *'Schools catch-up scheme 'needs a rocket boost', says Children's Commissioner'*).

115. All I wish to add is that 'education recovery' as a possible mitigation mechanism for school closures felt from the outset not only deeply implausible, but manifestly distasteful. The idea that one could actively pursue a policy that was known to cause widespread harm to children, on the basis of a general intent to write a cheque to make the harm good afterwards, seemed far-fetched

given the self-evident lack of political will to prioritise children's interests in policy-making up to that point, and appeared also to fly in the face of the 'precautionary principle', which ought to have operated to safeguard children's interests.

116. The notion of a recovery programme implied an uncomfortably reductionist view of what schooling and education was about: even if education loss was, on paper, 'recoverable', it was obvious that many of the other harms associated with school closures and lockdown policies would not be. The imposition of these policies on an 'act first, make good later' basis involved a deeply regrettable, and ultimately highly damaging, reversal of the precautionary principle.

SECTION F: LOCKDOWN'S IMPACT ON CHILDREN AND YOUNG PEOPLE'S SAFETY AND WELLBEING

117. A summary of the impacts on children flowing from lockdown and the pandemic response is included in part G of this statement, and I only add to that here to make a few specific points specifically as regards the impact of certain aspects of lockdown and the pandemic response.

Safeguarding failures

118. Serious safeguarding failures in the context of the vulnerable child regime have by now been well publicised and in some cases have been subject to separate investigations and inquiries.
119. However, there is an extent to which the pandemic response as a whole, and particularly lockdown and school closures, can be said to represent a wholesale safeguarding failure in respect of all children. An overwhelming body of evidence now details the collateral damage caused by these indiscriminate population-level interventions (some of which is summarised in Part G). Yet, even before this evidence emerged, it was obvious that many Covid 'protective' interventions – playground closures, closures of children's services and facilities, lengthy periods of isolation, reduced socialisation and contact with peers,

significant numbers of hours spent online supposedly for schooling, social distancing and so on – were incompatible with the conditions needed for children to develop and flourish as social beings.

120. From the outset, these measures led to a myriad of child welfare issues, some very serious. Five years later, many of the impacts that most concerned us are now manifesting in undeniable data points – for example the proliferation of childhood mental health issues, obesity statistics, speech and language deficits, school absence figures, rising levels of screen time. Nevertheless, there are some which do not so readily translate into identifiable data points.

121. The pandemic years saw numerous reports of issues which, prior to 2020, would have been considered serious breaches of the ethical and legal duties owed to children. A number of these are summarised in *The Children's Inquiry* (INQ000485092) (at page 30 onwards) and include matters such as children being required to spend their days in classrooms ventilated to temperatures far below recommended health and safety standards; children required to eat lunch outside regardless of the weather conditions; children denied access to fetch sufficient drinking water in summer months (in one reported case to the point of fainting); and children being denied appropriate access to toilet facilities. Each of these examples was reported in the media at the time and many similar accounts were relayed to us by our parent community.

122. At times, the treatment of children appeared to be both hypocritical and extreme.

123. In summer 2021, as tens of thousands of adults gathered in packed stadiums to watch Wimbledon, Euro 2021 and the British Grand Prix, the media was flooded with reports of sporting events for children being pared back, 'virtualised', or abandoned altogether. The same happened in December 2021 when children's Christmas concerts were routinely cancelled for safety reasons while adults enjoyed a largely restriction-free Christmas. The majority of remaining Covid measures were dropped in the UK for adults on 26 January 2022; yet in the week that followed the press was awash with reports of children's freedoms

continuing to be curtailed: Girl Guides groups requiring primary school-aged children to mask; schools and even nurseries recommending or requiring daily testing; and graduation ceremonies switching to Zoom (see summaries, with references, at *The Children's Inquiry* (INQ000485092), page 32). The spectacle in November 2021 - widely shared on social media at the time - of then Education Secretary, Nadhim Zahawi, attending The Pearson National Teaching Awards event without wearing a face mask just hours before millions of children were to be mandated to wear masks in communal areas at schools, was a particularly stark – and galling – illustration of how damaging strictures that were imposed on children routinely were not applied to adults.

124. In autumn 2020, UK university students returned to their campuses after months of isolation during lockdown. In November 2020, with the second lockdown underway, University of Manchester students awoke one morning to find metal barriers constructed around their halls of residence. The reported objective was to prevent student households from mixing. Horrified by the lack of prior warning, students protested by tearing down the barricades. The university backed down, but for many 18-year-olds living away from home for the first time, the effect of this perceived imprisonment was far from frivolous. At the nearby University of York, during the same period, health and safety guidance decreed that in the event of a fire, self-isolating students should wait behind to allow 'non-self-isolating' colleagues to exit first. (see *The Children's Inquiry* (INQ000485092) page 32).

125. The following year, in winter 2021, a four-year-old boy in Cumbria developed a mild cough and cold symptoms at school. Under the school's isolation guidelines, he was kept away from others in a 'separate space' until a parent could collect him. In this case, the 'separate space' was an outdoor shed-like building doubling as a classroom. By the time his mother could make her way by public transport to pick him up, the young child had developed hypothermia. (see *The Children's Inquiry* (INQ000485092), at page 33).

126. These cases appeared not only to display a profound lack of risk balancing, but a dereliction of a fundamental duty of care and basic common sense in respect of the safeguarding of children.

The Covid vaccination programme for children

127. One of the lasting impacts of the pandemic has been the falling rates of uptake for traditional childhood immunisations. See, for example, Childhood Vaccination Coverage Statistics, England, 2023-24, which detail that the last vaccination with coverage above 95% was the 5-in-1 one vaccine at age 5 years, at 95.2% in 2020-21.

128. The favoured explanation of the Government for the drop-off in vaccination rates appears to attribute the fall to the spread of vaccine ‘mis’ and ‘dis’ information during the pandemic, with the implication that it was those who questioned or challenged the Government-sponsored narrative supporting the vaccination of children for Covid were purveyors of mis and dis information.

129. An alternative and, based on the views and concerns expressed to UsForThem by our parent community at the time, a more credible explanation is that the unorthodox 2021 roll-out of the Covid vaccination to children, with its uncertain risk/benefit profile, absence of a long-term safety record as compared to other childhood immunisation programmes, contrasted against the unconvincing insistence of officials that the Covid vaccine was unconditionally necessary for children, and the pressurised and unorthodox means by which officials encouraged parents to consent to vaccinating their children against Covid (in some cases even suggesting that parental consent would not be needed), eroded parental trust in the public health system and in childhood immunisation programmes in particular.

130. What follows is based not only on my experience as a founder of UsForThem but also on forensic research by our legal team which I believe raises serious questions about this period of public health decision-making. I have focused in

some detail on this topic as the apparent deficits of ethics and governance in my view implicate serious safeguarding breaches.

UsForThem's experience

131. During the pandemic, UsForThem's advocacy on the topic of vaccinating children was focussed on the ethics and procedural aspects of the rollout, the lack of public debate and the Government's public explanations and advocacy which we, and it seemed at the time much of our community of parents, perceived to have been (respectively) unethical, unorthodox, inadequate and coercive. Other than to make the self-evident point that a product lacking long term safety data carried a risk of unknown, unquantifiable harm and so seemed deeply problematic from an ethical perspective given that children were known to not be at great risk themselves, we consciously did not express a view on the safety or efficacy data (not that very much data had been made available to the public in any case).

132. From early on in the period during which it became apparent that officials were intent on vaccinating the general population of children, a strong consensus view emerged across our community that the Government had not established, or at least evidenced, a sufficient clinical need to justify a mass rollout of the Covid vaccine to otherwise healthy children who, in statistical terms, were at negligible risk from the virus. It is and was impossible to deny that mRNA Covid vaccines use what was then new medical technology, and certainly in 2021 they lacked the long term safety data of other traditional childhood vaccines. This was a state of affairs that justifiably concerned many of the parents who contacted us during that period.

133. Indeed, as early as February 2020, the Chief Medical Officer, Chris Whitty, is reported as having written in a WhatsApp message to Matt Hancock and Dominic Cummings, the Prime Minister's most senior adviser at that time: *"the rate limiting steps [for vaccine development] are late clinical trials for safety and efficacy, and then manufacturing. For a disease with a low (for the sake of argument 1%) mortality a vaccine has to be very safe so the safety studies can't be shortcut. So*

important for the long run" (as reported in The Telegraph, 'Covid not deadly enough to fast-track vaccines', Chris Whitty advised ministers, 07 March 2023).

134. Less than a year later, with no fundamental change to either the severity of the virus or the susceptibility of children, and the vaccines in use in the UK having been fast-tracked through to temporary emergency use authorisations, the Pfizer vaccine was being offered to children aged 12 to 15, even though the Government's own panel of vaccine experts, the JCVI, had themselves declined to recommend a mass roll-out to this age group. By February 2022, the same vaccine was being offered to 5 to 11 year olds, a cohort at such low risk from Covid that by the JCVI's own calculation under some scenarios four million doses would need to be given to two million children to avert a single intensive care unit admission.

135. While it is understandable that government policies and positions might change as the pandemic unfolded, many parents within the UsForThem community felt deeply uneasy about how such a stark reversal of position had taken place within a relatively short period of time when the clinical risk posed by the virus to children had not changed.

136. Exacerbating those concerns were significant irregularities in the process leading up to the reversal of that position, and the communications campaign surrounding the vaccine rollout to children.

137. Those irregularities, and the detail of the process and the perceived failings of the communications campaign, are explained exhaustively in both Chapter 12 of *The Children's Inquiry*, 2022 (INQ000485092), and pages 45 to 60 of *The Accountability Deficit*, 2023 (INQ000485097). I do not attempt to re-summarise those accounts here, but I do wish to draw the following points to the Inquiry's attention. In my view these points are fundamental to any analysis of the legacy of falling uptake in childhood immunisations and the more general breakdown of trust in public health witnessed following the pandemic.

Process

138. The process leading up to the Government's recommendation for a mass rollout of vaccines to 16 and 17 year-olds, and then for 12 to 15 year-olds, was distinctly unorthodox. In the first case the JCVI had steadfastly declined to recommend mass vaccinations for 16 and 17 year olds, but then, just a few weeks later, reversed that decision. On 3 September 2021, the JCVI then declined to recommend a universal roll-out for 12 to 15 year-olds, but seemingly under intense political and press pressure conceded that the four joint UK Chief Medical Officers (CMOs) may choose to reach a different decision by taking account of a broad range of factors, and could thus recommend a roll-out to this age group despite the JCVI's advice.

139. On 13 September 2021, the CMOs authorised a mass roll-out, concluding that vaccinating young teenagers would have broader educational benefits. As far as I have been able to determine, the decision of the CMOs to authorise a roll-out notwithstanding that the JCVI had declined to do so, was unprecedented. That decision, and that of the JCVI to reverse within a very short period its earlier decision in respect of older teenagers, took place against a backdrop of a media frenzy, and in an environment where adults were being pressured by relentless Government-sponsored public health messaging to accept Covid vaccination for themselves. It was in fact entirely foreseeable that many parents – even those who had accepted vaccination for themselves, and even those who were generally in favour of traditional childhood vaccines – might feel uneasy about giving their child an irreversible medical treatment lacking a long-term safety profile for a virus which by then was known, thankfully, to be of very little risk for the vast majority of healthy children, especially given that many parents knew that their children had already had (and recovered from) Covid by then.

Clinical benefit

140. The CMOs in authorising a mass vaccination campaign of 12 to 15 year-olds, concluded that vaccinating teenagers (despite the JCVI's conclusion that on an individual basis clinical benefit did not outweigh known and unknown risks) would

have broader educational benefits because it would reduce educational disruption. In their advice of 13 September 2021, the CMOs stated:

“Overall however the view of the UK CMOs is that the additional likely benefits of reducing educational disruption, and the consequent reduction in public health harm from educational disruption, on balance provide sufficient extra advantage in addition to the marginal advantage at an individual level identified by the JCVI to recommend in favour of vaccinating this group.”

141. For a clinical intervention to be used to mitigate not against the impact of a virus itself, but against the impacts of what was in essence a policy choice – school closures and school disruption (themselves flowing from the policy decision to deploy a mass testing regime which experts had criticised as ethically very problematic for children) – struck us as a distinctively problematic proposition from a safeguarding and ethical point of view.

142. Unsurprisingly, the ‘educational disruption’ argument met with significant controversy. David Paton, Professor of Industrial Economics at Nottingham University, writing in the Spectator on 15 September 2021 (*‘Will vaccinating teenagers really prevent disruption to schools?’*) noted that on the basis of the core modelling scenario used by the CMOs, vaccinating teenagers would save just 15 minutes of missed school per child.

143. Various concerns about the progression of the vaccine roll-out to children and the apparent lack of clinical benefit were reiterated around the same time by Parliamentarians in a debate brought by Miriam Cates MP, a backbench Conservative Party MP, in Westminster Hall on 21 September 2021.

144. Indeed, some six months later, the JCVI, in the context of a decision about vaccinating 5 to 11 year-olds, confirmed that *“the benefits of vaccinating [children] in preventing school absences were indeterminate”*, apparently confirming the sense of many parents and campaigners at the time that the ‘protection of education’ argument was an artificially inflated benefit.

Coercion and informed consent

145. To comply with cornerstone principles of medical ethics, including the need for informed consent to medical intervention, it was repeatedly noted by both the JCVI and the CMOs in their advice to Ministers that communications surrounding the roll out of Covid vaccines to children would need to be especially clear, including as to the disclosure and discussion of all risks. Similarly, when the CMOs exercised their discretion on 13 September 2021 to authorise a mass roll-out to teenage children, they had prescribed conditions with which that roll-out would need to comply in order to remain compliant with medical ethics.

146. In particular, the paramount necessity of informed consent was emphasised, including clear explanation of “*potential benefits, potential side effects and the balance between them*”; the voluntary nature of each family’s decision for a child to be jabbed was also recorded by Professor Whitty:

“If Ministers accept this advice, it is essential that children and young people aged 12-15 and their parents are supported in their decisions, whatever decisions they take, and are not stigmatised either for accepting, or not accepting, the vaccination offer. Individual choice should be respected. (Correspondence of the four CMOs, Universal vaccination of children and young people aged 12 to 15 years against COVID-19, 13 September 2021).”

147. However, the CMO’s statement on the need for consent to be voluntary and free from stigmatisation and pressure immediately preceded a period during which, for example, the ability to travel freely to popular holiday destinations including Spain and Malta became conditional upon vaccination of teenage children alongside adults; and to encourage uptake the NHS and the Government began promoting the use of ethically questionable incentives for young people to accept vaccination, such as pizzas and cinema tickets. One NHS Trust went as far as to send letters addressed directly to young children at their home addresses enclosing promotional materials adorned with bees and flowers and rainbows which evangelised the benefits of vaccination, yet omitted commentary on risk, and included a packet of sunflower seeds to “*bring joy and*

sunshine into children's lives" (reported in *Telegraph*, 22 May 2022, 'NHS Trusts wrote to long children urging them to get Covid vaccine').

148. There were many other examples at or around that time of communications campaigns which did not appear to comply with basic tenets of medical ethics, including:

- a. An interview arranged by the BBC at the end of November and broadcast on 2 December 2021, where Dr Albert Bourla, the Chair and Chief Executive of Pfizer, was filmed with the BBC's Health Editor talking about the benefits of vaccinating children, but neglected to make any mention of risks or the relativity of benefits. Dr Bourla commented emphatically about the merits of vaccinating children under 12 years of age, saying "[So] *there is no doubt in my mind that the benefits completely are in favour of doing it*" (at the time the MHRA had not yet authorised the vaccine for use with children of that age). Dr Bourla's promotional comment to the BBC was subsequently held by the UK's Prescription Medicines Code of Practice Authority (PMCPA) — the regulator responsible for policing promotions of prescription medicines in the UK — to have been misleading and incapable of substantiation in relation to the safety of vaccinating that age group after a case brought by UsForThem.
- b. An NHS England video published online in February 2022 which claimed 1% of children with Covid were at that time being hospitalised. The video was later taken down after uproar from child health professionals about the misleading nature of its claims. (Reported in UnHerd, 9 February 2022, 'NHS England deletes misleading Covid stats video').
- c. In December 2021, an advertisement and accompanying tweet published by the Department for Education which said "*Vaccines give your children the best possible protection against the virus, and helps keep them in school*", with no reference to natural immunity (most children were believed to have had the virus by that point), to risk or to possible side effects. (Department for Education feed on X (formerly Twitter), 21 December 2021).

Parental consent

149. On 26 August 2021 (so before the roll-out to the 12-15 year old age group had been recommended by the CMOs) the Telegraph reported a plan for the NHS to vaccinate 12 year olds without requiring parental consent in the week that children returned to school for the new term, relying instead on the concept of ‘Gillick competence’ (*The Telegraph, 26 August, 2021, ‘NHS draws up plans to vaccinate 12-year-olds’*). A blazing row followed in which Nadhim Zahawi, the Education Secretary, told Times Radio on 5 September that people in that age range could override their parents’ wishes “*if they’re deemed to be competent to make that decision, with all the information available*”.
150. A few days later, though still before the CMOs had recommended the roll-out to 12 year olds, Health Secretary Sajid Javid prolonged that row by explaining to Sky News that in the event of a disagreement between parent and child, the child’s decision on vaccination “*will prevail*” provided that the child is “*competent enough*”.
151. Then, in the autumn of 2021, with vaccine uptake among teenagers remaining stubbornly low, the Ministers further escalated the debate by reportedly contemplating the idea of sending letters directly to that age group to ask them to get vaccinated. (See Mail on Sunday, 24 October 2021, ‘*Government row erupts over plan to send teenagers ‘please get the vaccine’ letter: Whitehall officials say move risks undermining parental consent as four out of five 12 to 15-year-olds remain unjabbed*’).
152. To me, and to many parents in our community, this felt like a Government-sponsored attempt to over-reach or coerce parents and their children or, at the very least, to take parents for fools, and it must be reasonable to question the extent to which this episode contributed to the subsequent breakdown of trust in public health.

Ethical investigation

153. Few pandemic decisions were more ethically charged than the series of ministerial decisions to proceed with the mass vaccination of healthy children against Covid 19, yet it remains unclear how, or in what forum, the ethical issues surrounding those decisions were considered.

154. I note that this topic was touched on in this Inquiry's Module Four investigations and certain witnesses appeared to give passing assurance that the ethics of these decisions had been considered (see, for example, evidence of Professor Wei Shen Lim given to the Covid Inquiry, Module 4, on 23 January 2025, page 98).

155. However, any such assurances do not appear to be substantiated by official public records, and there is compelling evidence to suggest that, on the contrary, ethical considerations were suppressed in favour of political preferences and expedience.

156. The key body of experts charged to advise the Government on the ethical aspects of pandemic decision-making at the time was the Moral and Ethical Advisory Group, formed under the auspices of the Department for Health and Social Care. As I discuss further in part H, the apparent sidelining and untimely demobilisation of this committee appears to raise serious questions about the ethical aspects of pandemic decision-making, nowhere more so than in relation to the decision to proceed with the mass Covid vaccination of children.

157. In the context of that ethically contentious decision, the JCVI had confirmed in the presence of DHSC officials and the co-chair of MEAG that ethical considerations would form no part of its advice on vaccination strategy, and this is recorded in the official minutes of JCVI's meeting dated 7 May 2020 as follows:

"91. The Committee agreed that JCVI advice would be based on scientific principles from the available scientific evidence and this would not include detailed ethical considerations which were for DHSC to consider, informed by MEAG", (emphasis added)."

158. Likewise, the CMO's advice to Ministers in September 2021 which ultimately recommended the vaccination of teenage children was explicit that only clinical considerations would be taken into account, stating in paragraph 12 of their 13 September advice that:

"The UK CMOs are aware of the extensive range of non-clinical views but this UK CMOs advice is purely clinical and public health derived and has not taken issues outside their clinical and public health remit into account."

159. MEAG, by contrast, had specifically identified childhood vaccinations as an ethical issue worthy of its consideration, as detailed on page 119 of *The Accountability Deficit (INQ000485097)*, and had been scheduled to meet on 16 June 2021 to provide feedback and advice on a paper prepared by the DHSC on the vaccination of children and young people, as well as to discuss a memo prepared by certain members of MEAG which had been shared with all members of MEAG and with the DHSC. That memo has never been made public, but I am aware that its content challenged the purpose of vaccinating children, questioned the known benefits and harms for individual children, and called for urgent consideration of the ethical issues, flagging that Covid vaccines were invasive, irreversible and mentioning the possibility of long-term side effects yet to be identified.

After that memo was shared with DHSC officials, the scheduled meeting between MEAG and DHSC officials was cancelled (by the DHSC) the day prior to the scheduled date, ostensibly because it had been revealed in the print media late in the day on 15 June that the JCVI was preparing to advise Ministers against the mass rollout of Covid vaccines to children. Though the roll out subsequently proceeded, the meeting to discuss MEAG's serious ethical concerns was never reconvened.

160. I believe it is imperative, if the public's trust is to be maintained (or indeed regained), that the public be allowed to understand whether, and if so how, the ethical implications of giving children an irreversible medical treatment for a virus which posed only minimal risk to them and where there was - in the JCVI's own

words - “*considerable uncertainty regarding the magnitude of the potential harms*” (JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: 3 September 2021) were weighed.

161. Yet in light of the public record evidence of what happened when MEAG sought to raise ethical concerns, it is not clear what, if any, ethical advice the CMOs and Ministers received before they decided to press ahead with the vaccination of teenagers, or how, or where, any such ethical input was recorded.

Impact on trust

162. We saw first hand in real time through UsForThem’s network of parents, grandparents and carers of children, how the Government’s evident rush to vaccinate children despite the evidence of minimal risk posed to children by the virus, the unorthodox process deployed to overcome obstacles such as the JCVI’s advice, and the evangelical and propagandised messaging that was being used to support the roll out, was eroding trust in public health messaging and understandably causing questions to be asked about traditional childhood vaccination programmes as well.

163. This seemed an obvious risk to us from our viewpoint as parents and campaigners, but to verify that what we were seeing was representative of broader public sentiment we also tested it by commissioning two independent surveys. The surveys were carried out for UsForThem by JL Partners and consisted of (i) a June 2023 poll with a sample size of 1,024; and (ii) an August 2023 poll with a sample size of 2074 including 718 parents of U18s. Summaries of these surveys are included as Exhibits MK/03 [INQ000621092] and MK/04 [000621093].

164. The results of those surveys confirmed that less than half of parents (48%) had been aware that the Covid vaccine had only been granted a temporary MHRA authorisation at the point that it was offered to children in December 2021; 45% said they were unaware. 60% of parents of children under 18 had not been aware in September 2021 that the JCVI had declined to recommend the roll out

of the Covid vaccine for 12-15 year olds. Just 1 in 3 parents of children under 18 said that they would still have wanted to get their children vaccinated against Covid had they understood this context at the time.

165. These were sobering results which seemed to underline the extent to which parents felt duped or coerced, and how long-established principles of informed consent had been undermined in the context of the roll out of Covid vaccinations to children.

Increased screen time

166. By December 2022, UsForThem's concerns about the negative impact of increased paediatric screen usage, primarily as a consequence of prolonged lockdowns and 'remote learning' initiatives, was so great that we launched a new campaign devoted to the topic, initially under the campaign brand of 'Safe Screens for Teens', and subsequently shortened to 'SafeScreens'. We launched the campaign by calling for new systems of regulation for children's access to smartphones, smartphone applications and related online content.

167. Unfortunately, the legacy of increased and normalised screen time and 'remote learning' ushered in by school closures has persisted long since the pandemic, with the average child in the UK now getting a smartphone younger and younger and the time spent on devices increasing each year, including in classrooms.

168. The many negative educational, social, cognitive and physical impacts of excessive smartphone and social media use are now well documented, and I do not spend longer on those here other than to note that this is a further reason why any future pandemic must resist switching off in-person schooling.

Our campaigning and advocacy during this time

169. UsForThem ran numerous campaigns from 2020 to 2022 on many areas of pandemic policy. Our campaigns spanned topics including playground closures;

the cancellation of sports days and other ‘rights of passage’ events in schools; the ‘rule of 6’; the mass isolation of asymptomatic school-aged children; the absence of harm assessments for lockdowns, masks and other interventions; the mass testing of children; and challenging the ethical and governance aspects of the Covid vaccine roll out for children. A number of our campaigns and public letters during this time were supported by substantial numbers of MPs and peers. We threatened a number of judicial reviews during this period challenging key aspects of the Government’s pandemic policy as it impacted children. These included a threatened judicial review in relation to the impact of the ‘bubble’ and isolation policy for schools; and two actions concerning the masks-in-class policy, one of which was backed by a number of MPs including the then-Chair of the Education Select Committee (see The Telegraph, 15 January 2022, ‘*Tory MPs back legal challenge against masks in the classroom*’).

170. UsForThem, and I personally, contributed to numerous newspaper articles during this time, and for the period between autumn 2020 and June 2021 I wrote weekly for the Telegraph, voicing concerns about the impact of Government lockdown and pandemic policy on children.

171. In what was a frenetic period of campaigning, the months leading up to the Covid vaccine roll-out to children stands out as being an incredibly difficult, unpleasant and fraught period, both for UsForThem as an organisation and for me personally. My questioning of the alleged benefits of, and of the governance and ethical aspects surrounding, the vaccination programme for children led not only to frequent and vicious slurs, particularly on social media, but also appears to have triggered the suppression of social media accounts. I include more in Part H about my thoughts on the incredibly negative impact that this period of social media and media censorship had – and continues to have – for child welfare.

172. As I mentioned in relation to school closure policy above, it is very hard to know what impact UsForThem’s campaigning had on the formation of Government policy. However, I would note that in some cases interventions we were most concerned about — for example masks in classrooms — were

dropped shortly after we mounted campaigns. There were other areas, however, where policy either did not change at all (for example the Rule of 6 where the fact children were not carved out made life incredibly difficult for families) or changed only far too late to help children (e.g. the requirement for children to self-isolate, which had caused enormous damage in terms of missed school days and which was eventually dropped only on 16 August 2021 - three weeks after the end of the school year). Throughout 2020 and 2021 the response of the Government failed to recognise that school closures and the array of other untested or unproven interventions posed potentially an immediate and severe threat to children's welfare.

PART G: OVERALL IMPACT

173. Across the cohort of children impacted by the pandemic, physical well-being has deteriorated, mental health illness has soared, educational attainment has regressed and the attainment gap has widened. Vulnerable and disadvantaged children have fallen even further behind, and an array of negative social impacts continues to emerge. Vulnerable children who fell out of the education system are known to have been recruited into criminal organisations including county lines drug-dealing gangs; and school attendance has been socially devalued such that one in five children have been persistently absent from school. Overall, the vast array of harms flowing to children and the fact that so many were not only predictable but predicted, and indeed warned, suggests that the Government's policies of mass school closures and indiscriminate virus mitigation interventions directed at children and young people, who were known to be at low risk from the virus, represented a wholesale abandonment of the precautionary principle as that principle applied to children.

174. Whilst it is doubtless right that attention is drawn to the educational impacts of the pandemic, five years later it is clear that the impact of pandemic restrictions extends far beyond 'merely' education. Given the nature and length of pandemic interventions, it is hard to distinguish impacts flowing directly from school closures from those flowing from other NPIs often imposed at the same time. From a parental perspective, the impact on overall child well-being, development

and physical and mental health are every bit as concerning as educational impacts. What follows is a non-exhaustive summary of key evidence of which I am aware concerning pandemic impacts.

Overall

175. A recent UNICEF report details that children in many of the world's wealthiest countries have seen marked declines in their academic performance, mental wellbeing, and physical health in the period since the start of the COVID-19 pandemic (see UNICEF, *'Child Well-Being in an Unpredictable World'*, 14 May 2025).

Education

176. I do not attempt to add to the large amount of expert evidence and data that now documents the full toll of pandemic education loss, its impact on attainment, and its deeply unequal impact, other than to make the following points:
- a. Five years later, lost learning appears in many cases not to have been recovered. This suggests the unsuitability of remote learning as a 'pandemic management tool' in future pandemics. See, for example, University of Oxford Report, 30 January 2023, *'More than one third of year's learning lost in pandemic'*, which states: "*Many people hoped that, after children, teachers, and parents had time to adjust to the restrictions imposed during the pandemic, children would be able to recover the learning lost...Worryingly...the children [we can observe] have largely been unable to recover these learning deficits.*"
 - b. The overall quantum of learning loss in terms of loss of future earnings has been estimated by the World Bank to be around 14% of today's global GDP (see World Bank, December 6, 2021, *'Learning Losses from COVID-19 Could Cost this Generation of Students Close to \$17 Trillion in Lifetime Earnings'*).
 - c. As regards the well documented increases in persistent and regular absenteeism (see Children's Commissioner and Centre for Social

Justice), I would only comment to add that the extent to which the continuing trend of digitisation of education is exacerbating pupil disengagement with the school system needs further investigation.

Development

177. In April 2022, an Ofsted report into early years children (Ofsted, 4 April 2022, ‘*Education recovery in early years providers: spring 2022*’) recorded findings including:

“The pandemic has continued to affect children’s communication and language development, and many providers noticed delays in their speech and language progress. The negative impact on children’s personal, social and emotional development has also continued, with many children lacking confidence in group activities. Some providers continue to notice delays in babies’ physical development... There were delays in babies learning to crawl and walk. Some providers reported that children had regressed in independence and in self-care skills. Children have missed out on hearing stories, singing and having conversations. One provider commented that children appear to have spent more time on screens and have started to speak in accents and voices that resemble the material they have watched.”

178. A 2022 report from the Education Endowment Foundation (see Education Endowment Fund, May 2022, ‘*The impact of the COVID-19 pandemic on children’s socioemotional well-being and attainment during the Reception Year*’) found that just 59% of children were reaching the expected levels of development in all areas of learning by the end of Reception year in 2021, down from 72% in 2019 and, according to the EEF, the equivalent to having an average of three more children in every classroom failing to meet expected development levels.

Speech and language

179. In 2025, Speech and Language UK has reported a post-pandemic 27% increase in children facing speech and language challenges, rising from 1.5

million to 1.9 million (Speech and Language UK, 18 March 2025, *'Five years on from COVID, government must address crisis of lost learning in our schools'*). The knock-on impact of this in terms of teaching and education is reported in, e.g., Schools Week, 11 May 2025, *'More children start school with poor speech and language skills, warn teachers'*. This report documents that polling by YouGov for GL Assessment found 89% of teachers reported a decline in speech and language skills since the start of the pandemic in 2020, and of those, 92% said this had made teaching more difficult.

180. This is a particularly worrying post pandemic impact: there are deep and lasting impacts for children who are not supported to develop strong language skills and poor language skills are strongly correlated with both a higher risk of permanent exclusion in secondary school, reduced health quality of life and increased rates of juvenile offending.

Mental health

181. The disastrous impact of the pandemic on children's mental health is by now well documented. In 2024, the number of children being referred to mental health support services topped one million for the third year in a row (Children & Young People Now, 30 October 2024, *'Child mental health referrals top one million for third year in a row'*). The most recent figures available report that for the school year 2023/2024 there were 1.3 million referrals, marking a 71% increase since the pre-pandemic year of 2018/19.
182. A recent Children's Commissioner report (Children's Commissioner, 18 May 2025, *'Children's Commissioner calls for urgent action to tackle waiting times and inequality in mental health care for children'*) notes that demand for children's mental health services continues to increase, outstripping investment and highlights significant inequalities when it comes to accessing support.
183. Separately, GP records as reported by the BBC (BBC, 21 June 2023, *'Sharp rise in teenage girls with eating disorders during Covid'*) evidenced a sharp rise in teenage girls developing eating disorders and self-harming during the pandemic

with the greatest increases amongst girls living in the wealthiest areas. Whilst the study noted that eating disorders and self-harming have been rising for a number of years, figures “increased substantially” between 2020 and 2022.

Increased screen time

184. The evidence both as to increases in paediatric screen time fuelled by the pandemic and the array of serious negative impacts on children’s physical and mental health, safety and overall wellbeing arising from such increases are well documented (see, for instance, Health Professionals for Safer Screens, 29 April 2005, *‘The Impacts of Screen Use and Social Media on Whole-Child Health’*).

185. In the context of pandemic trends, the following two reports should be of particular interest to this Inquiry:

UNESCO, *An Ed-Tech Tragedy?*, *‘Educational technologies and school closures in the time of COVID-19’*; and the May 2024 report of the cross-party Education Select Committee, *‘Screen time: impacts on education and wellbeing’*.

186. These contain significant detail on the harms of screen use and social media addiction, as well as serious concerns fueled by the digitisation of education (those concerns span both educational attainment, and child welfare and well-being). As discussed in Part H below, and their findings are highly relevant to future pandemic preparedness plans and the unsuitability of ‘remote learning’ as part of those plans. See, for example opening remarks UNESCO report (see page 3) which state:

“Many claim that the hurried embrace of technology-dependent remote learning facilitated innovations and transformations that have propelled education into desirable digital futures. Others assert that the turn to ed-tech was the best and perhaps only viable solution to confront the educational challenges imposed by the pandemic. A popular view holds that both groups are correct: technology-centric approaches to education saved the day in an emergency by

preserving the continuity of formal learning and normalized practices that have improved and modernized education. The global evidence, however, reveals a more sombre picture. It exposes the ways unprecedented educational dependence on technology often resulted in unchecked exclusion, staggering inequality, inadvertent harm and the elevation of learning models that put machines and profit before people.”

187. As I have mentioned above, the experience of the UsForThem community of parents was almost universally negative about the use of remote learning and digital technology as a replacement for in person schooling. We were so concerned about the ongoing impacts of increased screen time on children that in 2022 we launched a separate campaign calling for a new regulatory and licensing regime for smartphones. That was followed in 2025 by a campaign on ed tech calling for, amongst other things, a statutory right for parents to opt-out of digital education.

188. In this regard the emerging ‘best practice’ from other countries who are turning away from digital education is relevant to this Inquiry; for example, Sweden who have reverted to non-digital methods of education following unambiguous specialist evidence indicating that a digitised approach to education had led to a decline in skills and attainment.

Obesity

189. In reception years, according to the Government’s National Child Measurement Programme, the prevalence of obesity increased from 9.9% in 2019/20 to 14.4% in 2020/21. In Year 6, the prevalence of obesity increased from 21% in 2019/20 to 25.5% in 2020/21.

190. For the long term consequences of this see paper prepared by the National Institute for Health and Care Research, 26 January 2024, ‘*Rise in childhood obesity during the COVID-19 pandemic could lead to lifelong health consequences*’. This finds that although obesity levels for younger children

returned to expected levels, the rate for older children (aged 10-11) remained 4% higher than the expected pre-pandemic trend. The paper concludes:

“This percentage increase translates to 56,000 children who are at greater risk of developing conditions such as diabetes, strokes, arthritis and some types of cancer. The figures suggest successful weight reversal in older children is more difficult.”

191. In addition, the paper finds that *“The researchers projected the impact of child BMI trends on adult health measures to estimate the costs to society. They found that the increase in overweight and obesity prevalence in 10 and 11-year-olds could cost the NHS £800 million. The cost to wider society could be at least £8.7 billion. This total includes costs relating to reduced productivity and quality of life.”*

School readiness

192. See the Child of the North/Centre for Young Lives report, 4 October 2024, ‘*An evidence-based approach to supporting children in the preschool years*’. This report highlights that in 2022/23, a third of children were not considered school ready, with 45% of children receiving Free School Meals not being ready for school and that children deemed not school ready are nearly 2.5 times as likely to be persistently absent from school, and around three times more likely to be NEET (not in education, employment or training).

Eyesight

193. Recent research published in the British Journal of Ophthalmology shows that around 15% of children are now shortsighted, with a marked increase during the pandemic years (see British Journal of Ophthalmology, Volume 109, Issue 3, ‘Global prevalence, trend and projection of myopia in children and adolescents from 1990 to 2050: a comprehensive systematic review and meta-analysis’). This one factor alone underlines the urgency of harm assessments in relation to screen based/ remote learning.

Physical wellbeing

194. The combined impact of school closures, lockdown and the removal of in person social care led to significant increases in serious child harm cases during the pandemic. According to 2021 data, serious incident reports rose by nearly 20% during the first year of the pandemic (Serious Incident Notifications, 2020-2021). Great Ormond Street Hospital reported a rise in serious head trauma of young children of 1493% during the first month of the pandemic alone.

NHS and children's waiting lists

195. Not only are child waiting lists (still) soaring in the wake of the pandemic (see e.g. RCPCH, 11 May 2023, '*Record high: Over 400,000 children waiting for treatment amidst child health crisis*'), but the as a general rule the rates of increases are higher for children than adults.

196. Waiting lists for planned hospital care for all age groups are up; but children's more markedly than adults. A Nuffield Trust report notes "*The number of patients joining the waiting list for planned paediatric hospital care is consistently higher than the number starting treatment.*" See Nuffield Trust, 01 June 2023, '*Growing problems, one year on: the state of children's health care and the Covid-19 backlog.*'

197. Waiting times for children with suspected cancer to be seen by a consultant have worsened; measles vaccination rates have dropped to their lowest level in a decade, mirroring a global trend that saw longstanding childhood vaccination programmes sharply decline.

University students: wellbeing and mental health

198. Impacts of Covid-era restrictions on younger children have been mirrored in university students, compounded by universities often prolonging restrictions beyond the period of government guidance, including mask mandates and suspensions of in-person lectures and exams (The Telegraph, 12 March 2022,

'Dozens of universities ignore easing of Covid mask rules'; The Telegraph, 14 May 2022, 'Leading universities keep summer exams online because of Covid "dangers"').

199. Paragraph 132 above references cases of serious safeguarding failures in relation to new and returning UK university students in autumn 2020, but more widespread were the effects of restrictions on students' physical and mental health and wellbeing – mainly resulting from disproportionate isolation policies, but also due to face mask mandates, mass testing, and long periods of remote learning, often with little wellbeing support from universities. Research by StudentMinds found that 74% of students considered that the pandemic had a negative impact on their mental health and wellbeing at university, with two thirds of respondents saying they have *"often felt isolated or lonely since March 2020"* (Telegraph, 28 March 2025, *'Britain's most anxious university cities'*).

Scapegoating and enforced isolation

200. The unethical and irresponsible scapegoating by government and the media of young people as vectors of disease – particularly university students – came to a head during the return to schools and workplaces after the end of the first UK lockdown, with then UK Health Secretary Matt Hancock blaming a rise in cases on under-25s, and warning them, *"Don't kill your gran by catching coronavirus and then passing it on"* (Daily Mail, 7 September 2020, *"Don't kill your gran": Matt Hancock urges young people to stop flouting coronavirus restrictions and to stick to social distancing because Covid-19 infections are surging among "affluent" 17 to 21-year-olds'*).

201. In the autumn of 2020, following further statements by Hancock, the media widely reported that university students might even be banned from going home at Christmas in order to stop covid transmission, with many universities warning students they faced fines or even having their courses terminated for not following (sometimes seemingly arbitrary) covid rules (BBC, 24 September 2020, *'Hancock refuses to rule out Christmas student lockdown'*).

202. In October 2020, University of Nottingham students in catered accommodation were forced to self-isolate and told not to leave their halls even to exercise or buy food. One parent said of his son, *"They have to isolate, they are not allowed to mix with anyone and they have nowhere to exercise. He is a resilient lad but he is 18, away from home for the first time, stuck alone in a small room with no real communication from the university"* (BBC, 2 October 2020, *'Nottingham students unhappy with conditions in "prison" halls'*).
203. According to ONS figures, the suicide rate among older teenagers in 2021 was the highest for over 30 years, with a 35% rise on 2020. Nottingham University Psychology Professor Ellen Townsend commented, *'Our work...shows a strong link between mental health problems and lockdown interventions'* (Daily Express, 9 October 2022, *'Shock at a huge rise in teenage suicide rate'*). Shortly after arriving at the University of Manchester as a first-year student, 19-year-old Finn Kitson, who had a prior history of anxiety, took his own life. This was during a period of enforced isolation in October 2020, when a fellow student in his halls of residence tested positive for Covid, with the coroner stating that he had *"no doubt that that period of isolation would have had an effect on his mental health"*.
204. Despite the very challenging circumstances at universities in the pandemic period for young people – many who were teenagers living away from home for the first time – students in Kitson's position often received very little mental health support from institutions: at the court hearing *"no evidence was provided that the 19-year-old was either seen or spoken to during his self-isolation"* (BBC, 24 January 2022, *'Covid left Manchester student who took own life "literally isolated"*).
205. In another tragic example, 21-year-old Exeter University student Harry Armstrong Evans took his own life in June 2021, shortly after sending an email to his university tutor and welfare team explaining that isolation during the pandemic had affected his mental health: *"I have been in isolation in my virtually empty hall of residence. I've spent so much time isolated by myself in my flat with almost no human contact. It really has had an adverse effect on my mental health"* (Guardian, 31 Oct 2022, *'Exeter University failed to respond to student's "cry for*

help", inquest finds). The coroner concluded that Evans's death was due to a "mental health crisis" preceded by a "catalogue of missed opportunities coupled with systems failings" leaving him without the "safety net" the university should have provided.

University legacy of remote learning

206. The trend towards lectures and exams being held online, which intensified during the pandemic lockdowns, has continued as one of the biggest legacies of the Covid period for universities – not a popular one with many students, over 100,000 of whom joined a group lawsuit against UK universities for inadequate learning provision in 2020-22 (The Sun, 21 May 2023, *'100,000 students suing universities claiming they did not get adequate teaching through strikes & Covid'*).

207. February 2025 research by the Office for Students found that many students considered 'significant online learning' to be 'unengaging' (OfS, 13 February 2025, *'Understanding the student interest'*), while also noting that "Disruption from the coronavirus pandemic has affected their relationships and mental health" and "There is a lack of mental health provision and support for those who need it". Perhaps as a result of the increase in remote learning, university student attendance – like school attendance – has declined from pre-covid levels (Times Higher Education, 9 June 2022, *'Class attendance plummets post-Covid'*), with the decrease in human interactions being blamed for the increase in student loneliness and mental health problems (Times Higher Education, 27 June 2024, *'Let's pause lecture recording and stop student loneliness'*).

PART H: LESSONS LEARNED

208. In view of the passage of time, the moment to 'mitigate' harm for the generation of children most impacted by the pandemic response is likely, for many children, to have passed. That only makes it more imperative that the Government's response to future pandemics seeks from the outset to safeguard children's interests. You have asked me to comment on lessons we should learn for the future about the impact of the pandemic yet in the case of Covid, a vast

proportion of harms visited on children were caused not by the virus, but by the indiscriminate policy decisions taken in efforts to curb the limit the effect of the virus primarily for the benefit of adults. If we are to learn for future pandemics, it is therefore every bit as important that we evaluate the impact not only of the pandemic, but of our response to the pandemic.

209. If there is one lesson that we should learn it is that never again should we convince ourselves that it is ethical, reasonable or proportionate to implement response policies which will, or are likely to, cause widespread and long-lasting harm to children unless it is an unavoidable necessity and children themselves will be the primary beneficiaries of those policies. Put most simply: we should never again sacrifice the health, welfare and life chances of children for the benefit of adults.

210. Remaining, meaningful measures that might still be taken for this generation include:

- a. A programme of nationwide and immediate speech and language intervention for those in need. Given the knock-on consequences of speech and language deficit in later life this seems to be a no-brainer.
- b. Examination of the extent to which increased device use within the school environment may be fuelling ongoing disengagement with the school system.
- c. A public health campaign to restore trust in vaccinations. For any such campaign to be successful it will need to hit head on the mistrust fuelled by the mishandling of the Covid vaccination campaign for children, and to put distance between traditional childhood immunisations, and the Covid vaccination for children.
- d. Urgent measures to prevent and protect against child social media and smartphone addiction. Whilst the Online Safety Act - when fully effective - might operate to protect children from some portion of the online harms they now routinely encounter on smart devices, it seems very unlikely that that piece of legislation will be an effective mechanism to deal with the full array of issues caused by rapidly increasing screen time (e.g. addiction

issues, obesity, eyesight etc). In this regard the failure of the Children's Wellbeing and Schools Bill to deal with screen and social media addiction in any meaningful way is a regrettable missed opportunity.

- e. One of the most serious lessons we should learn from the pandemic must be to cast significant doubt on the appropriateness of 'remote learning' as a substitute for in person teaching. In addition to the UNESCO report quoted above, the Inquiry might the findings of the 2024 *Education Select Committee Report on Screen Time: Impacts on education and wellbeing* relevant here, too. In the context of talking about the increase in remote learning and online educational platforms during the pandemic, it notes: *"It is difficult to assess whether digitalisation has had a positive impact on schools as edtech evolves faster than it is possible to evaluate it...In the UK, only 7% of education technology companies had conducted randomized controlled trials, and just 12% had used third-party certification."* (2024 Education Select Committee Report on Screen Time: *Impacts on education and wellbeing*, page 43).

211. For child safeguarding reasons, it is essential that in any future pandemic or other emergency, preparation is made to be able to safeguard the ongoing provision of in-person schooling, even on an emergency basis (i.e. using a volunteer/ retired teacher workforce). Much of the conversation following the pandemic has focused on 'educational damage'. Whilst undoubtedly a major part of the harm accruing to children, we must recognise that viewing schooling as merely a place of education is something of an elitist view. The reality is that for many children, and certainly the most vulnerable, school is essential as much for the safeguarding haven it provides as for its ability to deliver education.

212. With that in mind and with the hindsight of the 'political blindspot' that impacted so children so starkly during the pandemic, from a safeguarding and educational perspective there is a clear need for legislative protections to recognise and protect schools as the essential infrastructure which, for many children, they are. In this regard a second incarnation of the Schools Essential Infrastructure Bill, first tabled by Robert Halfon MP as Chair of the Education Select Committee, should be brought back before Parliament. This could give

Parliament and the Children's Commissioner enhanced rights to prevent mass school closures save for with (recurring) Parliamentary consent.

213. At the same time, it must be recognised that there may be situations where keeping a fully functioning school teaching staff on the site becomes unworkable. Why could we not put plans in place now as recommended by Learning 14 of Operation Cygnus to prepare for an emergency volunteer workforce in such a scenario?

214. Beyond that, we must look at our broader structures of governance and political decision-making which led to children's needs being so drastically disregarded in pandemic policy making. In particular we could consider what further formal powers the Children's Commissioner could be given in emergency situations and it must be asked why the Education Minister was not a permanent member of COBRA. How did it come to pass that so many warnings about the potentially catastrophic impacts of school closures and lockdowns, especially in the early days of the pandemic, were given directly to ministers, yet seemingly ignored? In many senses there is no stakeholder more expertly placed to opine on and protect the interests of children than parents, yet time and time again the legitimate concerns of parents were disregarded in favour of policy choices which, by focussing on narrow scientific credentialism, caused unquantifiable damage to children and young people.

215. There are three further areas that it is essential for the Covid Inquiry to consider if we are to learn lessons for the future. Each is highly relevant to any assessment of the impacts on children. These are conflicts of interest, censorship, and ethics.

Conflicts of Interest

216. The first is to consider how and why key government experts and advisory committees, most notably including SAGE, were from the outset apparently heavily in favour of blanket lockdowns and other social restrictions and interventions notwithstanding that population-level lockdowns had not been

envisaged by any previous UK pandemic plans. Why was it that the transmission risk of the virus was so consistently allowed to overshadow known harms and risks of harms from the interventions themselves, when it was known from the early days of the pandemic that the clinical threat from the virus was significantly age-stratified?

217. In this regard, I urge the Inquiry to look at the issue of actual and potential conflicts of interest among those key experts and advisors. In particular, I suggest the Inquiry review the register of participants' interests (ROPI) maintained by the SAGE committee to consider the relevance not only of the personal and professional interests declared by members of that influential advisory group, but also the fact that certain significant interests were not declared in that ROPI. The Government's Code of Practice for Scientific Advisory Committees and Councils, which Cabinet Office/COBR guidance has since confirmed as being applicable to SAGE, requires individual expert members of scientific advisory bodies to declare, among other interests, any research interests and any past or present funding relationships which the public would reasonably consider might influence that member (see paragraph 3.2 of the Code of Practice).

218. Following UsForThem's analysis of research funding data made public by the Wellcome Trust, we have identified 27 members of SAGE, some of whom were high profile figures during the pandemic period (including senior individuals who have given oral as well as written evidence to this Inquiry) who did not declare in the SAGE ROPI material funding relationships with the Wellcome Trust – aggregating to tens of millions of pounds – in which they participated as applicants, lead applicants or sponsors. The Wellcome Trust is a globally-significant charitable foundation, a highly influential provider of pharmaceutical research funding, a founding member and funding provider to CEPI (the Coalition for Epidemic Preparedness Innovations, the stated aim of which is to accelerate the development of vaccines and other pharmaceutical products for use during epidemics and pandemics), and an investor with substantially valuable stakes (as part of an endowment portfolio worth more than £35 billion) in pharmaceutical and other publicly-traded corporations. One of

Wellcome's core objectives is to advance "the discovery, development and optimisation of interventions to control and combat infectious diseases". At the outset of the Covid pandemic, the Wellcome Trust launched a 'Global Covid Zero Initiative'. Central to this initiative was a message that tests, treatments and vaccines would be the route out of the crisis and that "without all three, there will be future waves of the pandemic with ongoing cycles of lockdowns and social distancing" (see '*Wellcome Covid Zero Initiative and investor materials*', published by The Wellcome Trust).

219. The Inquiry has an opportunity to consider – and ask questions as to why – many of the senior SAGE experts advising the Government on pandemic management strategy did not declare in their register of interests for SAGE the existence of material funding relationships with a highly influential and partial private organisation; whether the individuals involved realised, or should have realised, that relationships of that kind could give rise to the potential for conflicts of interest; and whether relationships of that kind did in fact give rise to conflicts of interest.

220. Another example of actual or potential conflicts of interest impacting on decision-making was detailed in a report published in The Telegraph on 11 January 2025, under the headline '*Royal College of GPs 'failed to declare conflict of interest' over children's Covid vaccine*'. This relates to the key meetings of the UK's Chief Medical Officers in September 2021 immediately prior to the recommendation of the CMOs to vaccinate children aged 12 to 15 in order to keep schools open and to reduce educational disruption, a recommendation which, as discussed above, was issued despite the JCVI having declined to recommend the mass vaccination of that age group. The CMOs held a series of meetings in the run-up to announcing their decision, including one with the leading medical Royal Colleges just days before. According to the official record of the meeting, the aim was for the CMOs to obtain advice from public health experts as well as the leaders of the relevant Royal Colleges.

221. UsForThem obtained the minutes of that meeting by means of the Freedom of Information Act. The document reveals that Prof Martin Marshall, the

then-chair of the Royal College of GPs, spoke in favour of rolling out the children's Covid vaccine, saying there was "*strong consensus*" among doctors for this. All those present at the meeting were asked to "*state any conflicts of interests before any intervention*". Despite his apparent advocacy for the Government to deploy millions of Covid jabs to teens and children, Prof Marshall appears to have failed to declare that the Royal College of GPs had previously received substantial payments from Pfizer, the only pharmaceutical company at the time with a Covid vaccine authorised for use in children.

222. Many other actual or potential conflicts of interest of this kind are detailed in *The Accountability Deficit*, pp. 189 - 210 (INQ000485097). These relate both to individuals and to organisations in some cases intimately connected with the Government's response. I do not seek here to identify a causal connection between particular decisions or outcomes and specific conflicts or financial interests, nor will I point to any specific policy decisions or individuals as definitively having been subject to improper influence. But the existence of financial relationships of these kinds, in many cases undeclared, must surely be worthy of inquiry given the track record of the pharmaceutical industry globally and documented long-standing concerns raised in the UK about the way in which that industry has sought to exert influence through financial benevolence (see for example, page 192 of *The Accountability Deficit* (INQ000485097)).

Censorship

223. The second area which it is essential the Inquiry examines if it is to learn lessons for the future is censorship. As has since been extensively reported by The Telegraph and others, as a result of responses to Data Subject Access Requests, I have established that my social media accounts were, for a period of close to three years, monitored by the Government's Counter Disinformation Unit. I have included the results of the Subject Access Request leading to that reporting as Exhibit MK/05 [INQ000621095].

224. Though the CDU denies having been involved in censorship, it has admitted in evidence to this Inquiry that at the very least it would flag comments and content that it considered to be problematic to social media platforms for removal. To any objective observer, if a state agency is monitoring public commentary, flagging commentary that it considers to be problematic with the result that the commentary is being suppressed or removed by a third party, this is a form of state-led censorship.

225. At the same time that the CDU was 'monitoring' my public comments, both I and UsForThem were receiving official warnings on some of our social media channels that our content was inconsistent with the platform's terms of use and threatening that our posts would be demoted or our account closed outright if we did not remove the flagged content. This was surprising, not least because the flagged content included posts that merely shared articles or papers which had already been referenced by mainstream media sources on topics such as the health risks associated with children being required to wear masks.

226. Content touching on the vaccination of children, during 2021, was quite obviously a lightning-rod topic in this respect. To avoid a permanent shutdown of most of our social media accounts, UsForThem had to prohibit any discussion of Covid vaccines for children among our parent community channels, just at the time that it was becoming apparent that children might – despite at first having been officially off limits for the vaccines – be included in the roll-out. As was doubtless equally true among the general population, many in our parent community wanted to discuss their concerns, but we could not host discussions on the topic.

227. Even as a campaigner on the receiving end of the Government's efforts to curtail discussion of controversial lockdown policies I recognise that there may have been a reasonable public health argument for early efforts to limit the spread of demonstrably false or intentionally harmful information.

228. However, in my own case it is immediately evident when looking at the returns to my Data Subject Access Requests that the commentary and content

flagged by the CDU as problematic spanned a broad range of pandemic-related topics, which I had typically covered in opinion pieces, comments quoted in mainstream news articles and my reporting of anecdotal evidence relayed to me by parents in the UsForThem community. None of my commentary flagged by the CDU could in any sense be said to have been masquerading as official or factual public health information, let alone be fairly described as 'misinformation'. Really the only unifying factor was that all of the comments, articles and other content of mine which had been flagged by the CDU expressed views or described factual experiences which were contrary, or at least in contrast, to the official Government narrative of the time.

229. Examples of CDU-flagged comments, taken from the returns to my Data Subject Access Requests, included:

"It would be unforgivable to close schools" (December 2020)

"Let children use playgrounds" (February 2021)

"Healthy children don't need the Covid jab" (May 2021)

"We should not be edging towards something that has not been sanctioned by the JCVI. It is building a climate of pressure" (August 2021)

"Schools and councils have to follow the rules rather than making it up as they go along" (December 2021)

"Parents are totally distraught that their children's schools have decided they will continue with masks in class with no end in sight" (January 2022)

"It is indefensible that children's lives [are] still not back to normal when the rest of society is" (February 2022)

"Once again universities are using Covid as an excuse and not putting the educational needs of their students first" (May 2022)

230. Censorship undoubtedly was not exclusively state-led during this period, albeit it is impossible to know to what extent private actors were encouraged directly or indirectly by the Government to support the state's effort to control and suppress 'contrarian' voices. By way of example, in September 2022, an account I operated to collect donations from supporters on behalf of UsForThem was closed down without warning by PayPal. Subsequent legal correspondence has

revealed that PayPal's decision to close that account was linked to its disapproval of views stated by or attributed to me and/or UsForThem in national print and broadcast media concerning school closures, the masking of the children, and coercive Covid-19 vaccination policies. (As reported in The Telegraph, *'The proof that lockdown critics were 'debanked' because of their views'*, 18 January 2025).

231. The ability to voice doubts or express scepticism is not only an essential part of the scientific method, but a core element of a functioning democracy, and it is my view that the monitoring and censoring of that crucial debate, including those attempting to stand up for children's welfare, played a significant role in the subsequent array of harm accruing to children.

232. My personal experience was that for the majority of the pandemic years of late 2020 into early 2022 it was painfully difficult to challenge the discourse around ongoing school closures and, in particular, the need for children to be subjected to mass testing and the Covid vaccine. If we are to learn meaningful lessons about what went wrong during the pandemic period, the Inquiry must surely comment on the role of both mainstream and social media, scientific journals and institutions and even third party commercial organisations in suppressing and censoring essential debate and legitimate questions, and the effects that this had.

Ethics

233. Finally, a word on ethics. The roll out of the Covid vaccination program to children, discussed above, was only one of a number of decisions which seemed to depart from long-standing principles of medical ethics, most particularly that consent must be fully informed and given free from coercion. As detailed throughout this statement, of the numerous other interventions which might be said to have been moral and ethical failures concerning the welfare of children, many with dire consequences, some with fatal consequences, we might include all or any of: the mass testing regime, the mandatory masking of children in

classrooms, prolonged school closures, the forced isolation of children, and the withdrawal of in-person social care supervision for the most vulnerable children.

234. In this context I wish to draw the Inquiry's attention to what the Government's own official records indicate to have been the abrupt and premature demobilisation of the Government's Moral and Ethical Advisory Group (MEAG) after it sought to give ethical advice which challenged ministerial plans to vaccinate children against Covid. What follows is taken from a detailed account of the then-publicly available records of the meetings of MEAG, as set out in *The Accountability Deficit* (INQ000485097), pp. 105 - 123. I urge the Inquiry to read that passage in full.

235. At the time of our writing that account, the meeting records of MEAG were available online but I note those records appear since to have been removed from public view. Those records appear to show that MEAG was, in the early stages of the pandemic, frequently called on to provide moral and ethical advice but, as the pandemic wore on, became sidelined and, in a peculiar series of events, was then prematurely demobilised. That process of sidelining, ultimately ending in the committee being stood down, appears to have begun after MEAG gave negative advice about certain aspects of the Government's Covid passes policy, and accelerated after it sought to give negative advice about the mass vaccination of healthy children.

236. The apparent demobilisation of the Group appears to raise serious questions about whether anyone in Government properly considered the ethics of pandemic policy-making, and in particular for the purposes of this witness statement, the Covid vaccination programme for children.

237. There is one further specific issue of which I believe the Inquiry should be aware. As detailed on page 116 of *The Accountability Deficit* (INQ000485097), there was a meeting of MEAG held in January 2021. The record of that meeting is attached as Exhibit MK/06 [INQ000361096]. It states that an update was given by the co-Chair of MEAG, who is recorded as having spoken with the Chief Medical Officer over the Christmas break. This update occurred shortly after

MEAG had expressed its ethical concerns about the Government's plan for a system of Covid passes and status certification, and the meeting record states,

“... the CMO valued the presence of the MEAG and the ability to understand complexities, however counselled against producing documentation that offered recommendations, given the political aspect of decision making” (my emphasis).

238. For expert ethical advice and recommendations on an ethically controversial and highly significant topic to have not been put in writing (and thus rendered incapable of being shared with SAGE, Ministers, with Select Committees or with Parliament) appears to mark an exceptionally unusual break with standards of good governance.

239. I am relieved to see that the Inquiry appears to take the matter of compliance with high ethical standards seriously, including through its appointment of an Ethical Advisory Group in relation to its Every Story Matters Research. Given that no group were more heavily impacted by apparent failures of decision-making, ethics and governance than children, I trust that the ethical abrogations apparently unearthed in *The Accountability Deficit* (**INQ000485097**) and summarised in this statement will be treated with the seriousness and regard they deserve: to the extent that the Government's pandemic response failed to uphold the highest of ethical standards it is imperative that we all understand this, to better learn for next time. To misquote Camus, a society that acts without reference to ethics is barbaric.

ANNEX: UK SCHOOL CLOSURES, WARNINGS GIVEN.

240. Over the course of the pandemic many individual experts and organisations (UsForThem included) sounded repeated and escalating alarms about the scale of harms impacting children flowing, predominantly, from school closures. The following are all examples of warnings having been delivered by governmental bodies, Government-appointed experts and advisory groups, and Parliamentary committees. All were ignored. For the sake of ease, the key warnings of which I am aware are collated here.

- a. **Pre-pandemic:** Previous pandemic plans had been predicated on the basis that mass school closures were to be avoided. Learning 14 from Operation Cygnus in 2016 had provided “*DfE should study the impact of school closures and also examine the possibility of keeping schools open by getting retired teaching staff to return to support the profession and by the temporary upskilling of students*”; but it appears this had never been followed up on. DfE appears to have had no plan for continuity of education, either by way of keeping schools open, or via remote learning.
- b. **February to March 2020:** As detailed in Part B above, it was clearly documented in SAGE papers during these months that the impact that school closures would have on stemming transmission was likely to be highly limited, and was uncertain. This view was reconfirmed as late as 17 March 2020, the day before the first school closures, in a paper in which SAGE also made clear that if schools closed, they would need to be closed for a lengthy period of time to have any impact. This was never communicated to the public. The same paper also noted that the impact of closing universities was expected to be relatively small, because university students are a relatively small proportion of the UK population.
- c. **Spring 2020:** Following the first school closures, a series of safeguarding flags were raised by (among others) SPI-M, the Children’s Commissioner and children’s charities, but they were not addressed.
- d. **Summer 2020:** Failure to contingency plan for Autumn term 2020. There was no plan for schools returning when it was inevitable there would be a

winter uplift in illness. This meant that, when the new term started in September, children and staff had to navigate frequently changing guidance and rules. Schools had to focus on adapting their premises and practices to accommodate the new guidance and rules rather than on teaching and helping their pupils to catch up. Children had to spend time at home rather than in school, and had sport, music, drama and other non-academic activities repeatedly cancelled.

- e. **Summer 2020 and throughout:** The educational damage to children was obvious and evidenced from early on in the pandemic. Boris Johnson and Gavin Williamson made many promises about their commitment to providing catch-up opportunities for children, including over the Summer. Those plans were so under-resourced that the catch-up Tsar, Sir Kevan Collins, resigned. The effective failure of the catch-up programme was subsequently the subject of an Education Select Committee report.
- f. **November 2020:** A major report from Ofsted lamented the harm already caused by school closures. Ofsted's conclusions echoed comments in a joint briefing paper from the SPI-B sub-group of SAGE and the Department for Education, dated 4 November, which had recorded a catalogue of harms flowing from the closure of schools (including negative impacts on educational outcomes, inequalities and attainment; loss of opportunity to identify emerging learning problems; impairments to mental health, and for adolescents in particular; cognitive, social, and emotional developmental outcomes at risk; physical health at risk; psychological inequalities; increased exposure to the internet, including harmful online content; missing of routine childhood vaccinations; increased isolation and loneliness exacerbating mental health issues; reduced access to essential services for vulnerable children, with the most vulnerable being the most negatively affected; missed opportunities for detecting early signs of abuse and neglect; and loss of access to free school meals and knock-on nutritional effects). That briefing paper stated that "*many more children would die from suicide than Covid-19 this year*". It also made clear that transmission in schools was likely to mimic community transmission, and the evidence that schools were drivers was very mixed. Teachers were considered to be at no more risk than any other

professionals. That SAGE meeting was attended by at least six of the Government's most senior scientific advisers, and at least ten senior officials from the Department for Education, the Cabinet Office, the Home Office and other government departments.

- g. **December 2020:** SAGE refined its understanding of the role that children and schools had played in transmission, having commissioned further work on that topic at its meeting of 4 November. By 10 December, that further work had confirmed that: *"Emerging SIS [School Infection Survey] data and further ONS analysis continue to support the statement from SAGE 65 [the meeting of 4 November] that 'ONS data from 2 September to 16 October show no difference in the positivity rates of pre-school, primary and secondary school teachers and staff, relative to other workers of a similar age (medium confidence)'"*. In other words, transmission taking place in educational settings appeared to be no greater than transmission taking place in other settings.
- h. **January 2021:** according to Education Select Committee records, the DfE sent a letter to the Chair of that committee (among others) on 2 January 2021 referencing a London School of Hygiene and Tropical Medicine report which had stated: "School closure would have only a minor and temporary effect on transmission rates, and the wider impact of this on children's social, physical, educational and emotional development would be significant". On 4 January 2021, hours after he had told parents across the country that it was safe to send children back to the classroom, the Prime Minister announced the second period of prolonged school closures.
- i. **January 2021:** with evidence of mounting harms flowing from school closures, Dr Hargreaves, the Deputy Chief Scientific Adviser at DfE, reported to the Education Select Committee that *"it is very much on the agenda that over the next six months we are looking up to build up a more comprehensive database"* [of harms]. The Chair replied *"shouldn't this be done when the decision is made to close the Schools?"*. At the same hearing Professor Viner, the President of the Royal College of Paediatrics and Child Health left the Select Committee in no doubt about the extent of accruing harm: *"I am aware of about 75 reasonable quality*

international publications on the harms to children and young people from the first wave of the pandemic. We have around 25 academic publications from the UK and there is 50 from elsewhere and they tell a very consistent story. It is a story of considerable mental health harms". Professor Viner added: "When we close schools we close [children's] lives, not to benefit them but to benefit the rest of society. They reap harm when we close schools".

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: Molly Kingsley

Personal Data

Dated: 29 August 2025