UK COVID-19 INQUIRY

WITNESS STATEMENT OF Amanda Stocks, Stirling Inclusion Support Service

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I, Amanda Anne Stocks, Headteacher of Stirling Inclusion Support Service, will say as follows: -

Part A: About Stirling Inclusion Support Service (SISS) and our pupils

1.

1.1   Stirling is a city in central Scotland, 26 miles north-east of Glasgow and 37 miles north-west of Edinburgh. The local authority has 30 nurseries (one is due to close this year), 38 primary schools and 7 secondary schools. There are 9 additional support needs specialist provisions (4 at primary, 5 at secondary) with the majority based in mainstream schools, and one stand-alone specialist school. Stirling Inclusion Support Service, which is a stand-alone specialist provision for primary and secondary aged children and has three separate bases that children attend.

1.2   Stirling Inclusion Support Service (SISS) is a specialist provision that works with families, and children who require additional support related to learning, social, emotional, and behavioural needs. Children who attend are mainly from families residing in the Stirling Council area however there are occasions when children attend SISS but whose home local authority is another local authority area. For children with the highest level of need across the authority, individualised learning pathways are offered across three bases at Millhall (Fallin Primary School Campus, Lamont Crescent, Fallin, Stirling, FK7 7EJ), Riverside (Riverside Primary School Campus, Forrest Road, Stirling, FK8 1UJ) and Chartershall (Fairhill Road, Whins of Milton, Stirling, FK7 OLL) for up to 10 primary aged children and 18 secondary aged children. The primary aged learners are educated at the Millhall or Riverside base, whilst Chartershall is the base for secondary aged learners. In addition to this, the Service supports

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mainstream schools and nurseries across the local authority by providing an outreach service to help to improve outcomes for children in mainstream settings.
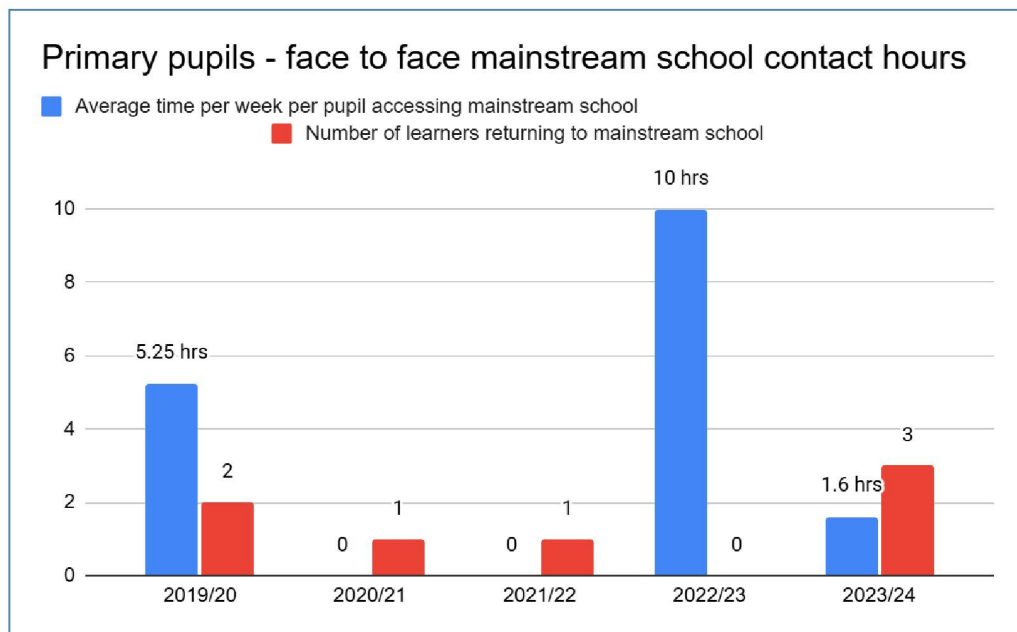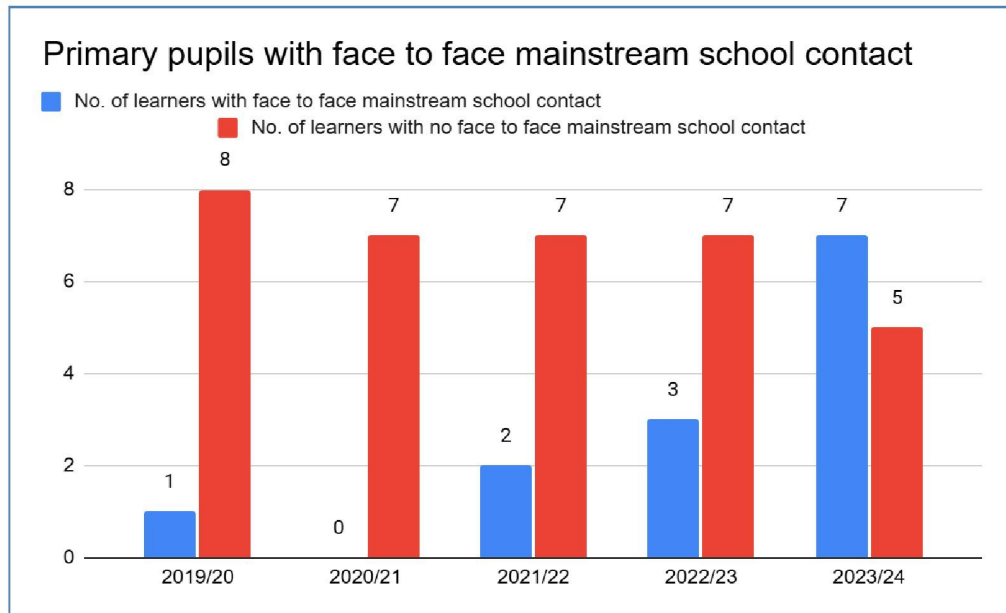
1.3   Relational, nurturing and trauma-informed approaches, underpinned by the Neurosequential Model in Education, permeate every aspect of the service. These approaches, supported by a range of assessments, offer our learners opportunities to engage in bespoke learning pathways, designed to improve wellbeing, raise attainment and develop skills for learning, life, and work.

1.4   SISS foster and maintain close working relationships with families and wider partner agencies, meeting each learner's needs where they are developmentally. We aim for all in our school community to be:
- Safe in our environment
- Secure in our relationships
- Successful in our learning

1.5   Across the Service the multi-disciplinary staff team consists of 15.8 full time equivalent (fte) Teachers (including the Extended Leadership Team and Headteacher), 1.7 fte Admin staff, 8.6 fte Support for Learning Assistants (SLAs), 10.4 fte Inclusion Support Workers (ISWs) and Family Support Worker. The team is led by the Headteacher, 4 Principal Teachers and the Inclusion Support Worker Team Leader.

In 2020 there were 1.8 fte Admin, 15 fte Teachers, 8.6 fte SLAs and 13.6 fte ISWs but this did not include a Family Support Worker at that time. In 2020 at primary there were 3 fte teachers (not including the Headteacher), 2 fte ISWs, 0.8 fte Admin and 3.4 fte SLAs.

1.6   Both primary bases are within the campus of mainstream schools; Millhall is situated within Fallin Primary School and Riverside is on the campus of Riverside Primary School. Millhall can be accessed from its own entrance or the mainstream primary school. The kitchen that caters for children is within Fallin Primary school, although children ate within Millhall during the pandemic, and both staff and children's toilets are situated within Fallin Primary School. The Riverside base has its own entrance and toilets and the kitchen that caters for children is situated within the mainstream school, Riverside Primary School. The children ate within the SISS base at Riverside before, during and after the pandemic.

The witness statement and subsequent data relates to SISS (Primary).

1.7   Stirling Council has a statutory obligation to ensure there is the presumption of education in a mainstream setting, however for a small percentage of children they may require a higher level of specialist support such as one of our specialist provisions. The children educated at SISS are allocated a place by a panel of professionals following discussion at the GIRFEC Resource Group (GRG) or parents can submit a placing request for consideration. Children can join and leave SISS at any point during the academic year based on their level of need and progress. All children remain on the roll of their mainstream school and where appropriate children will return to their mainstream schools. The length

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of placement at SISS is needs-led and assessment from the Team around the Child supports this decision. Depending on their needs and their presentation, children have mainstream opportunities wherever possible. This can change year on year due to the changing profile of need at SISS. In addition to this, during the pandemic these opportunities were impacted or changed in order to comply with rules at the time. See graphs below:

Primary pupils with face to face mainstream school contact

■ No. of learners with face to face mainstream school contact
■ No. of learners with no face to face mainstream school contact

	2019/20	2020/21	2021/22	2022/23	2023/24
No. of learners with face to face mainstream school contact	1	0	2	3	7
No. of learners with no face to face mainstream school contact	8	7	7	7	5

Primary pupils - face to face mainstream school contact hours

■ Average time per week per pupil accessing mainstream school
■ Number of learners returning to mainstream school

	2019/20	2020/21	2021/22	2022/23	2023/24
Average time per week per pupil accessing mainstream school	5.25 hrs	0	0	10 hrs	1.6 hrs
Number of learners returning to mainstream school	2	1	1	0	3

In 2019/2020 the figures relate from August until school closures in March 2020 and are averaged out for the full session. The graph above also shows that although there is a reduction in average hours per week spent in mainstream

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for 2023-24 there are a larger number of children accessing mainstream in comparison to the previous session.
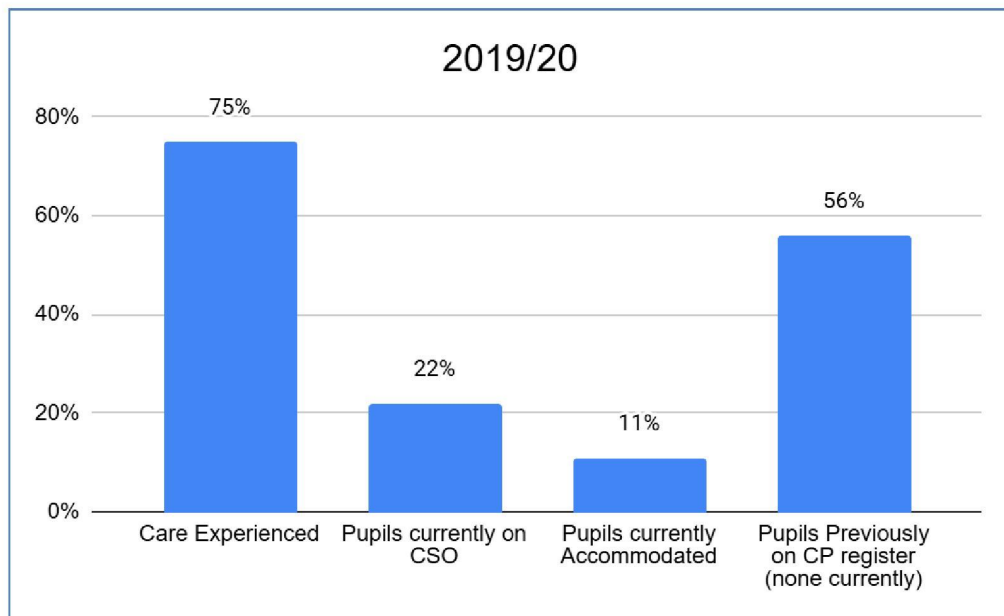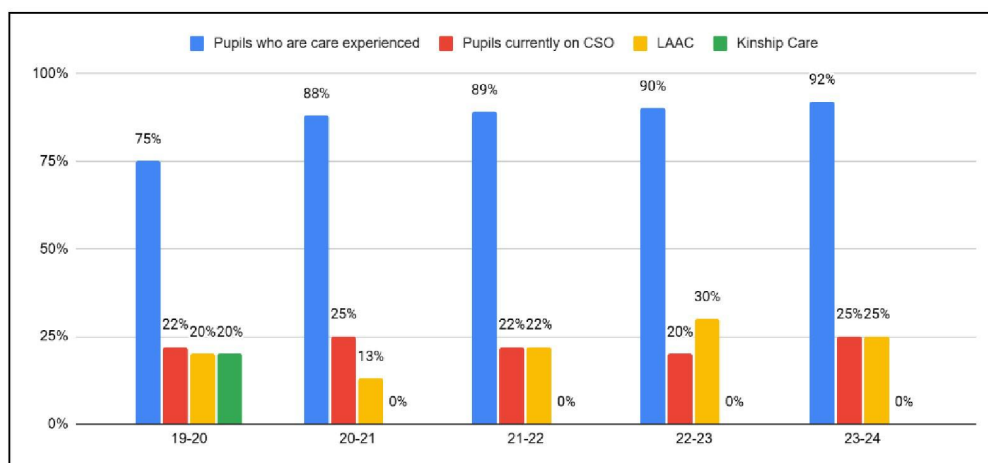
2.

2.1   Our School Population at SISS primary prior to the Pandemic was as follows:

   a. 100% of primary aged learners were entitled to free school meals.
   b. Prior to the pandemic there were nine children on the school roll at primary.
   c. Within primary, 100% of children had additional support needs and were on Stage 4 of Stirling's staged intervention process.
   d. 0% of children had English as an additional language at primary.
   e. 75% of primary children prior to the pandemic were care experienced. Please see graphs below for more details.

2.2   The term 'care experienced' refers to anyone who has been, or is currently in care, or who are from a looked-after background at any stage in their life, no matter how short, including adopted children who were previously looked-fter. This care may have been provided in one of many different settings such as in residential care, foster care, kinship care, or through being looked after at home with a supervision requirement.

Compulsory Supervision Order (CSO) is a formal order made by a Children's Hearing. It is for children who need additional protection or support from their local authority.


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Chart legend: Pupils who are care experienced · Pupils currently on CSO · LAAC · Kinship Care

	19-20	20-21	21-22	22-23	23-24
Pupils who are care experienced	75%	88%	89%	90%	92%
Pupils currently on CSO	22%	25%	22%	20%	25%
LAAC	20%	13%	22%	30%	25%
Kinship Care	20%	0%	0%	0%	0%

2.3   Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,976 small areas. SIMD looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime, and housing.

SIMD is the Scottish Government's standard approach to identify areas of multiple deprivation in Scotland. SIMD ranks data zones from most deprived (ranked 1) to least deprived (ranked 10). As previously mentioned, the SISS primary cohort is not static, and the catchment is authority-wide unlike mainstream schools. This means that the intake of children and their respective SIMD can vary. As many children have experienced care, some being Looked After and Accommodated, they may be placed in foster and residential care. We also have families living in rural and working poverty. Therefore, it is vital that the support for our children and their families is based on their lived and current experiences and not just raw data.

Primary Data:
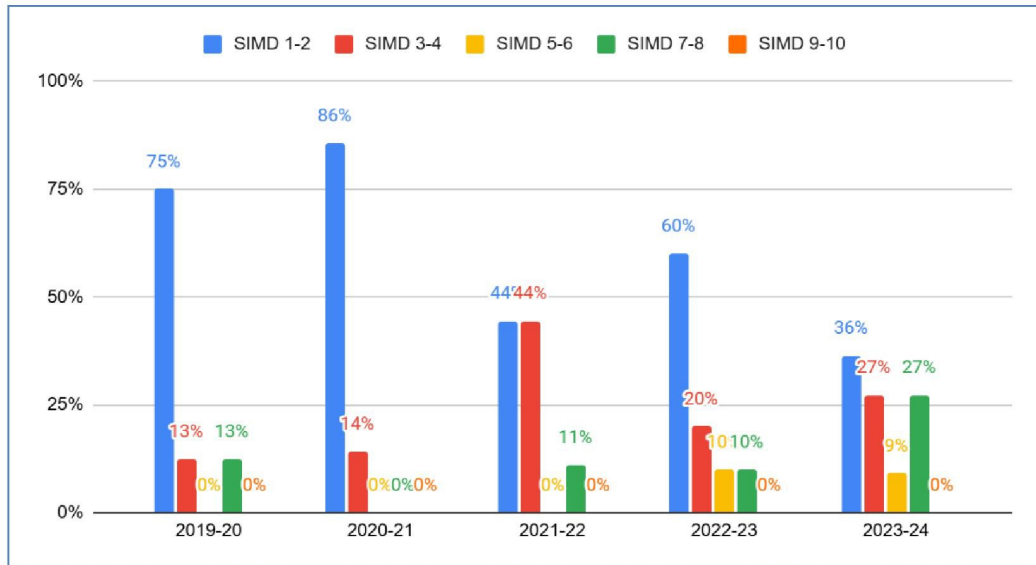
Annual primary attendance for the past 5 years:
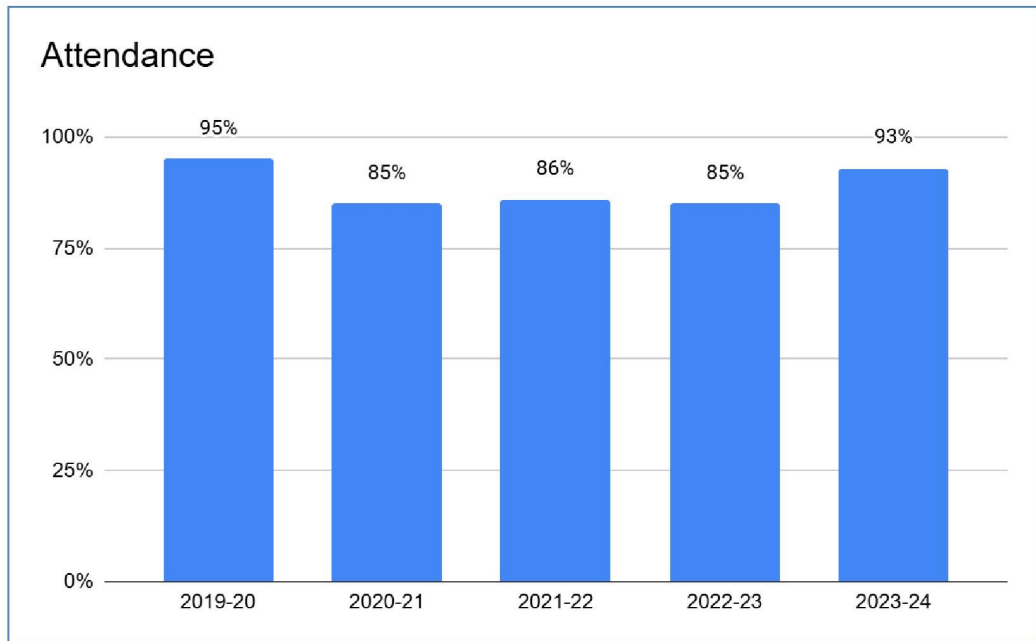
Part B: Planning for the pandemic

3.

3.1   Information was circulated to educational establishments, prior to the closure of schools and nurseries on 23 March 2020. Schools and nurseries were kept up

to date from the Council and Head of Education, on Scottish Government and NHS guidance on COVID. For example, an email was sent from the Head of Education to all schools and nurseries on 4th March circulating guidance on COVID. I exhibit a copy of the email and guidance as **Exhibit AS/01 [INQ0000613443].**

I began as Headteacher in August 2021. In 2019/20 I was Principal Teacher of the Primary base in Millhall. As a Principal Teacher I did not have knowledge of all the email correspondence as the Headteacher at the time will have received this and subsequently any relevant and key information would be circulated.

3.2   Planning began in March 2020 within the Service. There were no primary pupils within the Riverside base at the start of 2020; all attended Millhall. Planning meetings began within the Service. Immediate actions taken were:

- Face to face outreach supports to mainstream schools ceased and children did not move freely between bases.
- Staff members were allocated a base and movement between the bases was minimal; only the Extended Leadership Team met for face-to-face planning meetings before social distancing measures were introduced.
- Visitors to the school ceased, parents/carers met outside of the building.
- Purchase of enhanced cleaning products and individual hand sanitizers allocated alongside existing hand wash/hand sanitizers already in the building.
- Purchase of face masks, gloves and aprons and the option given for children and staff to wear these before it was made mandatory.
- Enhanced cleaning began in all bases, including regular hand washing, cleaning of equipment after each session and wiping of surfaces and high contact areas.
- Brushing of teeth ceased after lunchtime.
- Audit of children, family and staff members health vulnerabilities and alternative working arrangements made for 22% staff members as a result, until further guidance emerged.
- Social distancing measures implemented within the context of children with additional support needs in a primary setting.
- Internal IT audit to ensure all children and staff members had access to devices at home.
- Environmental checks took place to remove soft furnishings and minimal resources - some resources donated to the authority's childcare Hub in preparation for lockdown.
- When in bases children were provided with individual resource boxes to minimise cross-contamination.
- Individual resource boxes were created with equipment and learning materials for children to take home.
- Individual resource boxes for staff members to support working from home or within the community.

Part C: Prior to the pandemic

4.

4.1   All children at SISS have additional support needs due to social, emotional, and behavioural difficulties; not all have formal diagnoses. Children at SISS have experienced interrupted learning due to their individual contexts. There is a high proportion of children who have experience of being in care and some faced changes in residential placement. SISS offers therapeutic, educational experiences and these happen both within the school building and within a community setting.

All children had access to a Chromebook or iPad at the start of the pandemic. Primary attendance in 2018-2019 was 96% and in 2019-2020 was 95%. Attainment over time is not easily comparable as SISS do not have a consistent cohort or demographic. All children remain on roll at their mainstream school and wherever appropriate return or have mainstream opportunities; this means that the length of time spent at SISS for each child can vary.

5.

5.1   No remote learning took place prior to the pandemic but outdoor learning, community-based and experiential learning has always been a feature of the individual programmes that our children benefit from. Prior to the pandemic, staff members did visit homes to build relationships and complete experiential learning activities.

Part D: During the pandemic

6.1   During the pandemic, I was Principal Teacher at Millhall. Information on government decisions or guidance was sent by the Local Authority to the Service's Headteacher at the time. Information from the Headteacher would then be disseminated to staff across the service via line managers, emails, bulletins, and team meetings therefore at the time I would not necessarily have received the government guidance, but I did receive links to the government guidance or the key messages from guidance/decisions.

The Headteacher kept staff up to date on a regular basis with information on any changes to guidance or any decisions made regarding the closing or opening of schools. As far as I know the local authority provided updates when required and appropriate.

I exhibit a copy of an email as **Exhibit AS/02 [INQ000613445]** from the Head of Education sent to all schools and nurseries on 20th March 2020 in relation to planning such as information on free school meals, and flexible learning, and temporary childcare for children of parents who were essential workers.

With the initial school closure in March 2020, the local authority progressed quickly in planning and developing Hubs for children to attend for essential workers, and over time for vulnerable children also. These Hubs were based in central locality areas and were staffed by a range of education staff who could work with children. Schools and nurseries also developed their own processes in terms of how they would keep in touch with pupils and families, for example, doorstep visits, telephone calls etc.

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For the second school closure in 2021, central Hubs were not continued but Hubs within each school were provided for the most vulnerable children and the children of key workers.

6.2   We have close relationships with our parents/carers and children. We work with small numbers of children, and this enables us to form close relationships with them and their families. We understand their context and their individual needs. Any written guidance from the local authority/government that was directed to go to parents/carers was sent via email, but this also was followed up by communication via telephone calls or outside of the school building where parents/carers collected their children immediately prior to the first lockdown.

During the first lockdown, telephone calls were made to all families, and a frequency of communication was agreed - some requested calls daily, others wanted calls three times a week. There was twice weekly doorstep deliveries made to families and discussions took place during these times. Parents/carers reported that this was valuable as some said that they felt isolated, and it enabled them to discuss the decisions made and the wider impact. During the second lockdown, the base was open to all children and emails were used to communicate information. These were followed by telephone calls, discussions outside the school building and video calls.

6.3   Children asked lots of questions in order to try and make sense of the changing times. They were aware of how unusual and unprecedented these events were. These feelings were demonstrated both verbally and through their behaviours, such as an obsession with cleaning. As there were new rules around social distancing this meant that some children stayed away from staff (initially) and their peers; actually, demonstrating less physically dysregulated behaviours. There was confusion around this too for children as they would naturally seek appropriate physical contact from staff (i.e., a high five or a hug). There was an increase in talking about spitting on staff members, which was not part of the profile of any of our children prior to the pandemic. Overall, I would say that there was a feeling of uncertainty and anxiety for all children when guidance was released.

7.

7.1   There were several distinctive periods during the pandemic. New attendance codes were introduced to reflect when schools were closed and re-opened. exhibit an example of the information provided to schools related to SEEMiS and attendance codes as **Exhibit AS/03 [INQ000613446]**.

Learning looked different for all individuals and programmes were bespoke. This meant that attendance was higher between March and June 2020 (96.3% attendance in primary) in comparison to 94.3% between August 2019 and February 2020 (overall attendance was 95%). Attendance in 2020-2021 was 85%, therefore a significant decrease. All children at SISS have additional support needs and are vulnerable as a result, and many have additional vulnerabilities as they are care experienced, therefore there is no comparison of groups within the Service. All identified as White Scottish, White British or

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declined to comment and so there were not multiple ethnic minorities from which the data can be analysed. As can be seen in the attendance table earlier in the document, and in line with national trends, attendance at primary has not yet recovered to pre-pandemic levels.

7.2   During the school closures in March 2020, the primary bases were not open to children. Children of key workers and those most vulnerable, who received face to face learning were supported in a local central hub, which was set up by the education service, and was supported by a range of staff who had worked with the children and had an existing relationship with them. Learning for other children was bespoke. All children engaged in bespoke packages, and this meant that they received attendance marks. However, these were not full-time hours or engagement and arguably not comparable with previous or future years.

Parents/carers and children reported that the pandemic and the first school closure impacted on their attitude to school attendance. When reporting absences, they cited that they did not feel the same incentive to send their children into school as schools had closed during the first lockdown. This trend and reasoning did persist after the lockdowns.

During the second school closure in Scotland in January 2021, all schools were open to vulnerable children and so after a two-day closure for planning, SISS opened to all children on reduced hours - 4 hours per day. Parents/carers reported that this supported their children and family better, but it also meant that attendance figures decreased as a more accurate picture of engagement with learning could be ascertained. There were issues where siblings who were not attending their mainstream schools in person, as they were closed and the sibling was not deemed vulnerable, therefore our pupils were not always motivated to attend school as they saw it as being unfair. There were also pupils who were too anxious to return to school in person because of concerns around catching the virus and passing this onto vulnerable family members or concerns around hygiene as a result of the pandemic.

7.3   All children at SISS have bespoke programmes and so they were adapted to try and maximise attendance and engagement. This took many different forms and was planned in conjunction with the Team around the Child (TAC), where staff, parents/carers and other professionals are involved in assessment and planning to meet a child's needs. By April 2020, all children and their TACs had met virtually (these meetings had never taken place virtually before) to problem solve and plan around any barriers to attendance and engagement and these meetings continued on a regular basis during the pandemic. The frequency of TACs was dependent on need but there was always a minimum of three per academic year for a child.

Adaptations to timetables were informed by the voice of children and their parents/carers, TAC decisions and based on government guidance where appropriate. Different strategies were used such as changes to venue, activity, staff member and resources were dropped off and collected from home.

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The reduced hours in school during the second school closure period meant that children worked with fewer staff members and other children to reduce contacts and support a reduction in anxiety for all. Risk assessments were clearly displayed and children and their parents/carers made aware of the measures taken to support hygiene. This was alongside additional signage and processes regarding cough/cold hygiene and hand hygiene. Children and staff members were given individual resource boxes and hand gel. Assessments were also undertaken such as the School Refuser Assessments to identify areas of need and to support planning.

The Headteacher at the time attended regular meetings with the local authority throughout the pandemic and disseminated any information or strategies to relevant colleagues. Post pandemic there has been significant support from the authority to improve attendance which has included regular updates on authority wide attendance, stretch aims, support, and advice, working groups and self-evaluation tools. There has been considerable work across the Forth Valley and West Lothian Regional Improvement Collaborative, and specifically the local authority, on improving engagement and attendance, which has included a marketing campaign, and a local focus on tracking and monitoring and the use of a self-evaluation toolkit. Attendance and engagement continue to be a priority for the local authority.

8.

8.1 All children experienced unprecedented times and resultant uncertainty. This meant that behaviours changed. Although not a health professional, I would argue that all children in the school exhibited anxiety; this presentation looked different in each individual. Some children became more withdrawn and were concerned with their health and hygiene measures, whilst some displayed more frequent physical behaviours at both home and school. Children spoke about boredom and isolation, and many spoke about the amount of time they spent gaming and on screens and how this was acceptable during COVID but not acceptable afterwards. This often led to conflict between them and parents/carers and has subsequently meant that when there was, and is, a new release of a game, or an update of a game, they did and do not attend school. Attitudes towards school and learning have changed and some children cited that they do not need to be in school. In March and April 2020, feedback from parents/carers indicated that they were managing their children and their behaviours under the restrictions however as time went on, it became clear that more support was required for some.

As a Service we use trauma-informed approaches and two staff members are Neurosequential Model in Education (NME) Practitioners; a trauma-informed classroom-based approach that takes into account neuroscience, the impact of trauma on the brain and behaviours, and provides a range of strategies to support children. Before, during and after the pandemic, training was given to staff and parents/carers on these approaches and work related to the brain and behaviours was delivered to children where appropriate. The NME practitioners worked with Educational Psychologists and developed online modules on attachment and nurture. After the school closures the Nurture Principles were re-visited over two years and put on the School Improvement Plan. Support

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from the authority was provided in the form of training sessions and resources, self-evaluation tools alongside support and advice from the Nurture Lead in the council. All children have Personal Relationships/Calm Profiles, individual learner overviews (planning documents that contain and are informed by baseline and ongoing assessments) that support health and wellbeing.

We have close links and good relationships with other professionals such as Educational Psychology, Child and Adolescent Mental Health Service (CAMHS), Social Work and the Parent and Family Support team who may support children individually or their family as a whole.

9.

9.1   As previously stated SISS have a higher than average population of children who have experienced care (75% prior to the pandemic) therefore there were real concerns about the vulnerability of the children. Their additional support needs related to social, emotional, and behavioural difficulties means that situations for them and their families can frequently present themselves and escalate if support is not in place. Relationships underpin all the work at SISS and this means that children and parents/carers mostly have open and trusting relationships with staff and were open in talking about difficulties they experienced. Some parents/carers even expressed that contact with SISS staff formed the majority of contact that they had during lockdown and as a result this strengthened relationships with the school. This meant that some parents/carers were even more transparent than before and this enabled support to be put in place such as garden visits, increased telephone contact, and face to face learning in the Hub. The authority provided guidance for educational establishments on supporting vulnerable children, which was launched on 4th April 2020. I exhibit a copy of this guidance as **Exhibit AS/04 [INQ000613447].** This included a checklist that asked professionals to consider whether children were in receipt of free school meals, a looked after child at home, on the CP register, a child on the edge of care, whether there were any welfare concerns (e.g. poverty, deprivation, parental substance misuse; parental mental health condition; domestic abuse), complex additional support needs, part of a family whose needs had escalated significantly as a result of the COVID-19 situation, or a child that is medically vulnerable. SISS added this checklist to paperwork so that it was openly discussed by a child's TAC at each meeting. The level of need was also added to the minute of the meeting so that appropriate support could be added.

During the first school closure there were three levels of need in addition to the offer by schools:

- Level 1: Enhanced Support - Hub Provision. A child or young person attends a Hub for a maximum of three half-day sessions per week. This may include a sibling group.
- Level 2: Targeted Support - Phone/online support/virtual support. The Lead Professional ensures that a key member of staff makes regular contact with a vulnerable family or a child/young person twice weekly using an appropriate method of contact such as telephone, doorstep checks or other bespoke response.

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- Level 3: Targeted Support - Free School Meals.

All children at SISS benefitted from Level 3 and Enhanced Level 2 support. Level 1 support was provided for some during the first school closure period. During the second school closure, the primary base was open.

10.

10.1   All children at SISS are entitled to free school meals. We are aware of our families' individual circumstances and the importance of food to the households. Delivery of free school meals began during the first week of school closures in March 2020 after swift action was put in place by the local authority to address this aspect. There were doorstep deliveries made twice weekly by school staff with enough food for the week. Additional support packages based on need were also delivered to families that required additional support, and we worked with local charities to support the delivery of this. These doorstep deliveries proved vital support for children and families, not only in providing food but also supporting safeguarding, reducing social isolation, and allowing staff to check-in and have supportive conversations with children and their families.

Between January and March 2021, all children had access to the primary base at Millhall and the 4 hours of education started at 10.00 and finished at 14.00. This meant that children were offered breakfast and then had lunch. Deliveries of free school meals and care packages continued on the minimum of a twice weekly basis to the children not accessing face to face learning. Work continued with local charities who donated food and care packages, and these were delivered termly, or based on need, until December 2023. Care packages still continue to be delivered based on need.

11.

11.1   All children's programmes are bespoke to each individual. The length of engagement varied for each individual and changed based on their presentation and circumstances within the home. In March 2020, children were provided with physical resources to support learning in anticipation of the lockdown. These were refreshed and replaced as appropriate. Teachers initially were teaching via video links through Google Meet: pupil uptake of this was good. The local authority advised that this would not be the preferred medium until more formalised processes were put in place and we saw a considerable reduction in the level of engagement in learning tasks. Teachers continued to provide the learning tasks through Google Classroom daily and had telephone contact with their pupils. 11% of primary pupils accessed face to face teaching in the hub (9 hours per week) due to increased levels of dysregulation within the home as a result of remote learning.

11.2   All children in SISS had a Chromebook (provided by the Council). There were no issues around providing technology, but support had to be given to parents/carers on how to use Google applications and Microsoft Teams. This often took place remotely via the telephone. Children had some understanding of Google Classrooms, but it was not as widely used as it is now. There were some families who did not have internet access. The week prior to lockdown an

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audit was completed and Mifi devices were provided by the council so that this issue was overcome.

11.3   While all programmes were bespoke, we prioritised literacy, numeracy and health and wellbeing. Other curricular areas were explored based on interest in order to promote engagement and support regulation. After some initial success, children and families found all forms of remote learning harder to engage with and support; parents/carers reported that it led to dysregulation, and they felt that the health and wellbeing of their child with additional support needs should take priority.

11.4   Due to the profile and circumstances of our children and their families all experienced similar patterns of behaviour. Most found engagement in remote learning easier in the first two weeks of the 2020 school closure, but after this point my experience was that the level of engagement in remote learning decreased.

11.5   Based on the experiences in the first school closure in March 2020, we were keen to open up the bases to learners and provide face to face learning for all in January 2021 onwards. While the school shut to pupils for two days to allow for planning and arranging transport for pupils in January 2021, it remained open thereafter. The decision was made to reduce the hours on offer (10.00 until 14.00) a total of 20 hours per week. This allowed for appropriate staffing. We had several staff members who were vulnerable and not able to come into school in person. It meant that there was a reduction in transitions between staff and minimised the amount of contact between all members of the school community. As pupils were often working with staff members for longer periods to reduce contacts, the shorter hours supported the reduction in dysregulation that this can sometimes bring.

12.

12.1   As stated previously most children at SISS experienced interrupted learning due to their contexts and so there are gaps in learning. This was then compounded by the initial school closure. From my perspective, remote learning was not effective for the vast majority of our learners as they require strong, nurturing relationships to support all learning. While these relationships were maintained virtually, they are not the same as in-person interactions. Children had to adapt to new guidance and procedures, the routine of in-person schooling, and adjust their attitudes from remote learning to face to face learning. This did have an impact on their educational journeys and I exhibit a copy of a report provided to the authority on 20th May 2020 by the Headteacher at the time, Yvonne Wright **Exhibit AS/05 [INQ000613448].** I do feel that it was supported by bespoke transitions back into education and the continued opening of the base during the period of the second school closure in January 2021. As previously stated, attainment over time is not easily comparable as the SISS cohort is not consistent. Learning for children with additional support needs has to be creative, dynamic, responsive to need and include proactive as well as reactive regulatory responses. A play-based element to learning needed to be implemented for some children on their return to school.

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12.2   Planning began in June for the return to school in August 2020 with all in the school community. It was important to allay staff fears so that they could then demonstrate confidence to children and parents/carers. This took several different forms: updated and ongoing training in NME specific to the pandemic, regular virtual staff meetings, staff wellbeing activities and care packages, weekly bulletins and email updates, regular review and updates of risk assessments and processes. There was regular communication between parents/ carers and children to explain the processes in place and individual transition plans were then made. For some this involved a full time return to school immediately and for others this meant an initially reduced school week to support a full time return as soon as possible. Outdoor learning was used as much as possible, but adaptations had to be made as many community venues that were previously used were not necessarily available. In the same token staff transporting pupils was minimised and using the local area that was in walking distance was maximised.

When the second school closure came in January 2021 and the primary base remained open the vast majority of children attended in person. Remote learning, physical resources being delivered and collected alongside staff regularly delivering sessions in the local communities continued for the primary pupils not attending bases. This meant that when schools opened to all in 2021 there were not as many difficulties in getting the vast majority back into previous school routines and engagement with learning was more consistent.

12.3   As previously stated all children at SISS have additional support needs and there is a high proportion of care experienced children.

13.

13.1   One of our teachers at primary took a lead on digital and provided additional training to staff, parents/carers, and children on digital matters. This included the upskilling on the use of devices, introduction and upskilling on application and online safety. Individual support sessions were given to parents/carers on parental locks by this teacher and support and advice from others. Parents/carers did openly discuss the conflict that they felt around technology. Virtual interactions were the primary source of peer interactions during these times and most parents/carers expressed a concern that their child was spending too much time on screens and parents/carers reported that their children were accessing inappropriate material online or accessing inappropriate games. Support and advice was given around online safety.

14.

14.1   Support was provided by the authority regarding risk assessments and enhanced Service Risk Assessments created for each base. As an example of a Service Risk Assessment, I exhibit the document **Exhibit AS/06 [INQ000613449]**. The Service had a health and safety committee that had representatives from each base and different staff teams. The authority supported schools to navigate these new processes and increase understanding and so all staff completed online council-wide mandatory training. Signage provided visual cues and advice for all and these messages

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were discussed with children and their parents. Risk Assessments were displayed in all rooms. Ventilation meant that windows were open, meaning colder classrooms and heating on for extended periods when they would not normally be on in a school. Some children found this a distraction whereas some welcomed the cooler atmosphere. Enhanced cleaning routines took place throughout the day and before and after school and became part of the school routine. Some children found this reassuring because of their new found focus on hygiene while other children did not see the need, or seemed concerned about this. Individual resource boxes continued to be used and cleaned after each use.

The wearing of PPE by staff became part of the school day, although the wearing of face masks was a difficult area to navigate. Some people in the school community were exempt and this raised the anxiety of others who wanted them to be worn, and they expressed this concern verbally or on occasions by not wanting to work with others. Children largely adapted well to people communicating with masks on as this had become the new norm in all contexts.

Social distancing was an area that was difficult in the primary setting. As previously stated, the week prior to the first lockdown saw children using fewer physical behaviours towards others. However, as they are primary children, social distancing was hard. Throughout the pandemic they became uncertain about whether it was appropriate for contact that had happened previously such as a high five or a hug, yet they still required this. They frequently went into the space of others because they are smaller children. This did create anxiety initially for the school community but it did become part of the routine and there was an acceptance that it was not possible all the time. As the infection rates fluctuated and increased at various points this impacted on anxiety levels of all. The Massage in Schools Programme was suspended. When children were dysregulated and displayed physical behaviours towards others, it was not only about the physical harm that could be caused, there were now concerns about viruses being spread and this raised the anxiety levels present in school.

15.

15.1   Not applicable, as witness statement is based on information on SISS (Primary).

Part E: Overall impact on children following the pandemic

16.

16.1   We are still seeing the impact of COVID 19 on children and their families. During the pandemic, parents/carers reported increased dysregulation within the home and social isolation for all members. Parents/carers reported that these were mitigated by SISS but that it was still an uncertain time for all. They felt that remote learning added additional pressure to the family dynamic and that impacted on engagement with learning. On the return to face to face learning, attendance decreased and incidents of dysregulation tripled within Millhall. As evidence I exhibit a copy of a report provided to the authority on 9th October 2020 by the Headteacher at the time, Yvonne Wright **Exhibit AS/07**

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[INQ000613452]. While attendance is now improving, it has been a slow recovery and we are still not at pre-pandemic levels. The pandemic has had a lasting impact on children; some still display anxiety around transitions, hygiene, social anxiety, and viruses and this is a legacy that is still impacting on attendance, engagement, and dysregulation.

17.

17.1   Not applicable - Our school has not taken part in national initiatives.

17.2   Not applicable - Our school did not obtain Covid-19 Premium Catch Up funding.

18.

18.1   Remote learning is an option that we can now use as a strategy but we have not seen success for children with additional support needs during or after the pandemic. All programmes are individualised at SISS and take into account child/parent/carer voice. It has rarely been used since the pandemic but remains an option if still appropriate.

Pupils regularly use digital technology and applications as part of their routine but this works best on a face to face basis with staff members supporting. A digital lead has been appointed post-pandemic and supports all members of the school community with digital technologies and developments. Digital developments are regularly presented to the staff team and good practice shared. In the current school session, Digital Champions have been established to further develop this area. Lessons on online safety are part of the curriculum and are delivered both proactively and responsively to support children and their families. The school website links to CEOP and Internet Safety Day is a focus for the Service each year

Part F: Lessons learned

19.

19.1   As a Service, I believe we proactively tried to plan and mitigate both before, during and after the pandemic. Our use of trauma-informed, nurturing practice provides strategies and support for all around change and loss by encouraging safe, predictable relationships and environments. Our bespoke learning packages and support for their families is vital to mitigate any impact of the pandemic. Although family work has always been a feature of our work, we now have a dedicated family worker to support this area.

Technology and internet access needs to be audited, fit for purpose and available to all. This will require continual investment as advances are made.

Continued appropriate funding for schools and wider services to support families who are struggling with their own health and wellbeing. There are currently counselling and therapeutic supports in place, as well as statutory services, but I do believe that the effect of the pandemic will be felt for many years and support will need to continue.

19.2   I do feel that we were reactive in our planning when guidance was disseminated but the pandemic was unprecedented and it meant that it was a time of uncertainty. The evolution in our use of technology so that support could be put in place is now more robust than before the pandemic, and offers flexibility if schools are closed for any reason. Based on the experience in my school, the biggest lesson that I would want to take away from this and apply to any such events in the future is that full closures of schools for children with additional support needs is not an option. Face to face interactions and sustained relationships are vital to support children in their learning and so reduced days and other mitigations should be implemented before full closures.

20.

20.5   SISS worked closely with external agencies such as Social Work, Family Support, Women's Aid and Educational Psychology. This took place mainly virtually or by telephone due to restrictions at the time. This meant that concerns could be raised, discussed, and agreed actions taken. SISS supported safeguarding by carrying out door step checks if there were concerns and then reported back to Social Work. Other examples of coordinated working were the creation of Home Personal Relationship Plans with families and the Family Support Team to support regulation in the home.

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 in its truth.

Signed: | **Personal Data**

Dated: 1ˢᵗ September 2025