Witness Name: Dheeraj Chibber
Statement No: 1
Exhibits: 8
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF DHEERAJ CHIBBER
ON BEHALF OF LUTON BOROUGH COUNCIL

I, Dheeraj Chibber, Corporate Director for Children, Families & Education and the Director of Children's Services (DCS) for Luton Borough Council (LBC) Luton Borough Council, based at 2nd Floor, Town Hall Extension, George Street, Luton LU1 2BQ **WILL SAY** as follows:

Part A - Introduction

1. I am authorised by LBC to make this statement on its behalf in response to the UK COVID-19 Inquiry's request for evidence pursuant to Rule 9 of the Inquiries Rules 2006. I have been more specifically requested to address Module 8 of UK COVID-19 Inquiry ('the Inquiry'), which examines the impact of the pandemic on children and young people in the UK.

2. I have held my current position as DCS at LBC since 22nd May 2023. I have over 18 years of experience in the public sector and have held senior roles since 2015. I was the Head of Service in Hertfordshire County Council between 2015 and 2021 and Assistant Director for Children's Social Care in London Borough of Merton between 2021 and 2023.

Basis of evidence

3. As I was not employed at LBC during the Specified Period (1 January 2020 to 28 June 2022) of the pandemic, I therefore was not privy to decisions made around the subject matter of the Inquiry during the said Specified Period.

4. In the circumstances, I am unable to make this statement from my direct knowledge. Therefore, in preparing this statement I have had to rely on records, reports and data held by LBC and witness accounts of current colleagues, who were in post during the pandemic.

5. There have been several changes in LBC's leadership team both in the Children Services Department and the Chief Executive Team to the extent that none of the relevant directors who were employed during the pandemic are here now. This makes it very difficult to draft this statement in any detail.

6. This is true also for LBC's Education Department. The then Director of Education retired after a long period of illness during Covid, interim arrangements were put into place until the summer of 2022. However, since then LBC has had 2 new substantive Directors of Education.

About Luton

7. Luton is an ethnically diverse, densely populated urban town in Bedfordshire, located approximately 30 miles north of London. It has a population estimated to be in the region of 231,000 (ONS, 2023 MYE). The population has grown from 225,300 recorded in the 2021 Census with above average levels of unemployment and deprivation. Luton is ranked as the 70th most deprived (out of 317) local authority in the country (2019 IMD) and has four areas in the 10 per cent of most deprived in England.

8. Approximately 55 per cent of residents are from ethnically diverse backgrounds with this proportion increasing to 80 per cent for children. Luton has a younger than average population. There are an estimated 39 per cent of children living in poverty

in Luton which is the 29th highest ranking out of 356 local authorities. This is highlighted by Luton's social need assessment which also highlights high levels of overcrowding and homelessness.

Ofsted Rating

9. Luton's Children's Services was judged to be 'Inadequate' at the beginning of the Specified Period, namely, in January 2020 Inspection of Local Authority Children's Services (ILACS). Ofsted identified widespread and serious weaknesses in services provided to children in need and in need of protection and cited limitations to management capacity, increase in demand and changes within the leadership. The letter confirming the outcome was published on 24 February 2020, less than a month prior to first Covid 19 lockdown.

10. Therefore, a significant attention and focus was given to improve services during the above period, which was exacerbated by the actions required in relation to the pandemic. The department was subject to Department for Education (DfE) intervention with the formation of an independently chaired Children's Improvement Board, the allocation of an independent improvement advisor, increased political scrutiny and local challenge, and Essex County Council – regional Sector Lead Improvement Partners (SLIP) who had previously been allocated to Luton's Children's Services to undertake increased diagnostic and audit activities in the service.

11. Ofsted conducted a Focused Visit to Luton Children's Services in September 2020 which meant improvement activity continued to be prioritised since the ILACS, and the Ofsted report highlights the ongoing need for improvements in services to children and families. Ofsted undertook a further visit in April 2021 under the ILACS framework, adapted to ascertain how statutory social care services were delivered to children and young people during the Covid 19 pandemic. Ofsted noted some improvements but also that the pandemic had had a serious impact on the diverse community and the workforce. The report further recognises that the pandemic brought significant financial challenge and losses to the Council during this period.

12. During the ILACS in 2022, Children's Services in Luton were rated as 'Requires Improvement to be Good' by Ofsted. This was the last graded inspection of the service at the time of writing this statement and therefore remains the grading at this time. However, it signifies the significant progress made in strengthening leadership, improving practice, and embedding more robust systems.

13. The DCS in Luton has the designation of Corporate Director for Children, Families and Education and reports to the Chief Executive Officer of the Council. The DCS in Luton is the statutory role as defined in Section 18(7) of the Children Act 2004 and as defined in the Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services (2013).

14. As DCS, I have direct line management responsibilities to three Service Directors, namely the Service Director for Operations, Statutory Social Work Services, Service Director for Improvement & Practice Innovation and the Service Director for Education. As member of the Chief Executive's leadership team, the DCS provides high level leadership, advice and support to the Chief Executive on the various functions of the Council that may fall outside of the core functions of the Children, Families and Education department.

15. The role additionally requires the post holder to contribute to and lead (when required) the Council's response to emergency planning, preparation and delivery. As far as I am aware, there was no material change to the roles, responsibilities and functions of the DCS immediately prior to, or during the Specified Period.

Part B - The pandemic response of Children's Services locally and in conjunction with Central Government

Public Emergency Planning

16. As of January 2020, neither Children's Services nor Education Services had any specific plans in place designed to address a national public emergency or a pandemic. LBC had business continuity plans at that time, but they were primarily focused on operational risks, such as the loss of IT infrastructure, equipment, staffing

or access to buildings, and included procedures for notifying staff in the event of such disruptions. These plans, while useful for standard operational contingencies, did not envisage the scale, duration, or nature of the disruption caused by a public health emergency such as COVID-19.

17. In response to the emerging pandemic, a specific COVID-19 Business Continuity Plan (BCP) was developed and completed by Children's Services on 17th and 18th March 2020 for the provision of services for children. This plan marked the beginning of a more structured and targeted approach to safeguarding essential services during the crisis whilst also ensuring the safety of our workforce. I exhibit the BCP updates that I refer to above as **DC/01 - INQ000648097**

Notice of School Closures

18. LBC was given no notice of the UK Government's decision to close schools prior to the public announcement on 18 March 2020. At 15:57 on that day, LBC received an email from the Department for Education (DfE) advising that the Secretary of State for Education would be making an announcement at 5:00 p.m. It was only at this point that the Council became aware of the imminent closure of schools.

19. In effect, LBC learned of the decision at the same time as the general public, through the official press conference. A meeting with the DfE's Regional Director, Kate Detheridge was held on Thursday, 19 March 2020, to discuss the implications of this decision and to support with the local response to support schools, children, and families. I exhibit **DC/02 - INQ000648098** the education update that confirms the conference call with Ms. Detheridge.

20. The lack of prior notice significantly impacted LBC's ability to prepare schools, brief headteachers, and plan for the continuity of education further to what was already a very difficult situation given the lack of formal plans in place for such public emergency or pandemic situations. This was particularly crucial for vulnerable and disadvantaged children and their families.

Planning for school closures

21. Between January 2020 and 18 March 2020, LBC did start to plan for the possibility that schools would have to shut for most children. On 9 March 2020, for instance, LBC's Education Service advised all schools to prepare for possible school closures and advised that they should prepare curriculum packs for home study, the use of online learning platforms and digital resources, devise strategies to support extended project work, and asked schools to consider how best to ensure continuity of learning for vulnerable and disadvantaged learners.

22. However, LBC did not anticipate that schools would be closed in the long term, but rather it was anticipating that this would be a short-term provision applicable to some as opposed to all schools. In any event, by 17th March 2020, the Education Service:

    a) requested schools to check whether their pupils had access to appropriate technology and to share the school resources where they were needed;
    b) compiled a directory of online learning resources for remote learning and shared this with schools on 17th March 2020;
    c) focused on vulnerable children and ensured those entitled to free school meals had access to meals if they were not at school due to school closures.

23. After March 2020, the Education Service provided the laptops that came from the DfE initiative and created a consortium called 'Luton Learning Link,' which was a partnership of charities and third sector providers who helped to source and distribute laptops to vulnerable and disadvantaged pupils.

24. On 12th March 2020 Children's Services met to discuss possibilities of school closures and its implications. They held a professionals meeting on 17tth March involving LBC colleagues at Education Services, CCG, Public Heath, Housing, Communications, Finance, Adult Social Care for a more detailed conversation around preparation for school closures that included remote learning, free meal distribution if schools were closed and updating BCPs. I exhibit **DC/03 – INQ000648099** setting out the details of latter meeting.

Social distancing

25. With regards to whether LBC had started to plan for how to provide children's services in the event that social distancing measures might be introduced between January 2020 and 18th March 2020, I note that colleagues met to discuss service delivery which included managing Section 47 investigations under the Children Act 1989, strategy meetings ICPCs and welfare home visits. I exhibit **DC/04 – INQ000648100** noting these early discussions dated 16th March 2020.

26. Further discussions were had with professionals on 17th March 2020 (see above **DC/03 – INQ000648099**). From this date onwards, a more co-ordinated response began with updates to the BCPs for instance which I have referred to at paragraph 17 above to reflect the rapidly evolving crisis. I also exhibit as **DC/05 – INQ000648101** minutes of the action plan dated 18th March 2020.

27. Visits and assessments continued during this period following the announcement of social distancing, but children were seen outdoors in line with social distancing requirements. Operational guidance was issued to staff setting out clear protocols to ensure that staff could maintain safe and meaningful contact with children and families. I enclose exhibit as **DC/06 – INQ000648102** Frontline staff visit protocol in relation to direct contact with children and families in light of COVID-19 dated March 2020.

28. Where child protection safeguarding concerns were significant, staff were required to conduct home visits. In the early stages of the pandemic, these visits often took place without access to Personal Protective Equipment (PPE) which did not become available to staff until 9 April 2020.

29. Meetings were conducted throughout this period, primarily through virtual platforms such as Skype or telephone conferencing. Staff were also encouraged to actively support the attendance of vulnerable children in school wherever possible. This was in accordance with guidance received from senior management from meetings such as on 16th March 2020 referred to above (see **DC/04 – INQ000648100**).

School Closures (Jan 2021)

30. LBC received formal notice of the UK Government's decision to close schools, announced on 4 January 2021, on the same day at 22.56 via email. The experience of closing schools to most children in March 2020 compared with January 2021 was notably different. By January 2021, schools were significantly better equipped to manage the disruption. Digital learning systems had been established, and schools were more confident in identifying and encouraging vulnerable children and those of key workers to attend in person.

31. In March 2020 there was widespread uncertainty and schools were operating without a clear understanding of expectations and processes. However, in January 2021, schools were generally better prepared to manage the closure, although there was initial confusion regarding whether maintained nursery schools were expected to remain open or not in line with the expectation that early years providers would remain open.

32. In March 2020, LBC's Education Service were providing daily updates to schools, recognising the volume and pace of new guidance. As the situation stabilised, the frequency of this reduced to twice weekly unless urgent updates were required.

33. Attendance figures during the January 2021 lockdown were notably higher than in the first lockdown in March 2020. During this period, the small number of pupils attending school was low (646) and of those 14% were considered by schools to be vulnerable. During January 2021, the number of children attending schools was higher (increased to 2239). Of the total number of children attending, 29% were classed as vulnerable children. The increase in the proportion of vulnerable children attending was partially due to the definition of vulnerable, which broadened between March 2020 and January 2021.

34. For the purposes of attendance at school, schools identified vulnerable children on the basis that they had a social worker, or with EHCP and those who were defined as 'otherwise vulnerable' as decided by the school. Therefore the 'vulnerable' cohort for the purpose of school attendance was a wider group than the LA data set of

EHCP/children with a social worker. In particular, schools identified children 'otherwise vulnerable' to include children with poor digital access, children living in crowded conditions, children with SEND without EHCP and young carers.

35. Further, by January 2021, the realisation set in that the impact of lockdowns was more far reaching than just limiting the spread of Covid 19. People were beginning to realise that the loss of access to education was a longer-term risk to children and young people, and by that point there was a view that they were less at risk of serious harm from the virus. In Luton, we actively encouraged and expected all children to be in school, within the public health rules at the time, due to our understanding of the wider vulnerabilities of the school population in Luton and to minimise any further disadvantage. Therefore, attendance at school in January 2021 increased significantly from March 2020.

Internal restructures

36. There was no formal reconfiguration of LBC's internal structures for the provision of education support during the pandemic. However, informal changes were made to enhance responsiveness and coordination, particularly in supporting schools. A dedicated COVID-19 Luton Schools Cell team was established, comprising of professionals from both Education and Public Health.

37. This multidisciplinary team composed of call handlers and practitioners operating collaboratively to provide advice to schools throughout the pandemic via the COVID-19 Education Inquiries email inbox and a dedicated support phone line.

38. In terms of LBC's Children's Services, whilst there was no formal structural reconfiguration during COVID-19 pandemic, significant operational changes did occur as a result of external financial pressures LBC was facing due to the pandemic, which led to the income from Luton Airport being significantly reduced.

39. Luton's Children's Centres had to be closed as a consequence, which until then had delivered a wide range of universal early help services such as stay and play sessions, parenting programmes and community based early intervention support.

Following this, LBC established the Family Partnership Service which was designed to provide targeted support to families.

40. While this service absorbed some of the functions previously carried out by the Children's Centres, it faced significant demand pressures and as a result support was often prioritised for families with higher level of need. This shift meant that practitioners within universal services such as schools and health visitors were increasingly required to coordinate early help and coordinating Team Around the Family (TAF) support.

REACT

41. In terms of interaction with REACT (Regional Education and Children's Team), LBC did have representation at such meetings. However, the colleagues who were directly involved, namely the then Director of Children Services and the Director of Education have since left LBC, and as such, it has not been possible to retrieve records or obtain first-hand accounts of the specific nature of the contact with the REACT team.

Reflections

42. I summarise my assessment below relying on the evidence collated from records and information provided by officers within the Council above.

43. A general point I would make is that every local authority is different and has its own context. For instance, unitary authorities may not benefit from the economy of scale available to larger county councils and those that have additional local demographic pressures as well as regulatory inspection related pressures need to be considered. As far as I am aware, there were no regional arrangements put in place by the UK government that enabled a coordinated approach to practice, that would have assisted and ensured consistency of practice for children from the outset. This did come about later during the pandemic but relied upon local regional groups taking the initiative.

44. Despite the fact that the Government did not put into place any regional arrangements, the regional groups like the directors of education in the Eastern region met during the COVID period to agree central policy and guidance, resolved some of the practical challenges and shared approaches to implementation within their authorities such as advice and guidance that they had written for schools and parents to support some coherence across borders. In the absence of government support therefore regional groups worked collaboratively to improve efficiency and effectiveness.

45. There is no evidence of direct communication and working together between relevant UK government departments and Luton Children's Services in the planning for responding to the pandemic in the period leading up to the first school closure and the wider public lock down announcements.

46. The primary challenge was around the timing of the announcement of the first lockdown as this did not arrive until the televised announcement on 23rd March 2020. The LA had begun to make plans only a few days prior to this following further information emerging and the school closure announcement on 18th March 2020. This meant that the LA had to work at pace to design and implement significant new processes for visits and meetings pertaining particularly to children's social care and child protection, an area of significant risk and scrutiny. Communication from UK government earlier would have enabled earlier, more considered approaches and management of resources including IT and infrastructure changes that needed to be made.

47. In my time as DCS since May 2023, we have strong established relationships with UK government colleagues for example with the Department for Education. The UK government will benefit from engaging such departments early given that their relationships with LA leaders can enable earlier joined up problem solving and planning in such a future event.

Part C - Child protection and harm to children during the pandemic

Overall CP referral trends

48. An analysis of the trends comparing the overall volumes of the child protection (CP) referrals for 3 previous years (2016/17, 2017/18, 2019/20) to the 'Specified Period' (1st Jan 2020 to 28th June 2022) suggests that the average of 3300 CP referrals seen in the previous 3 years, dropped to 2455 (approx. 25%) by April 2020 within the 2020/21 financial year. However, by the end of the same financial year in 2021, the average had increased (3247) almost to the average of the last 3 previous years (i.e. 3300). But the following year in 2021/22 this figure decreased to 2452 by 2021/22.

Volume of CP referrals during lockdown

49. There were 3 periods of lockdown. The first period was between 23rd March 2020 to 4th July 2020. The second was between 5th November 2020 to 2nd December 2020, and the third was between 06th January 2021 to 08th March 2021. The number of referrals received on average per week during the 1st lockdown and after the same was roughly similar (around 71-72) therefore no change in the volume was seen when comparing between both periods.

50. During the 2nd lockdown LBC saw the average number of referrals per week decrease to 57 and after this period (a total of 4 weeks) there was a further decrease to an average of 41 CP referrals per week. Data shows a decrease in referrals when compared with the first lockdown and second lockdown (a 43% reduction).

51. During the 3rd lockdown (a total of 9 weeks) the average referrals per week stood slightly higher than the period after the second lockdown at 45 referrals. After this period, when 3rd lockdown came to an end (a total of 19 weeks), LBC saw the average 45 rise to 51 CP referrals a week. In this period, referral numbers fluctuated significantly ranging from 26 to 88 CP referrals per week.

52. Finally, from 20.7.21 to 28.06.22 (50 weeks) the average number of CP referrals per week stood similar as per previous period at around 52. As this covers a longer period, referral numbers changed significantly, ranging from 10 to 111 CP referrals per week. In short, whilst there was no significant difference in the volume of

referrals between the first 2 periods of lockdown, the average number of referrals saw a downward trend thereafter.

Source of CP referrals

53. In terms of any changes as to who made such child protection referrals during the Specified Period, from our records it would appear that the police made the most CP referrals in March 2020. This was 26% of our total referrals and this figure rose to 35% at the end of March 2021. This started to level out at the end of March 2022 to 28% when the restrictions were fully lifted.

54. Although schools remain the second highest referrer, it is noted that there was a significant drop such that at year end of March 2019 referrals were 19% to 15% at year end March 2020. There was a further drop to 11% by year end March 2021. School referrals began to rise again to a more stable figure of 21% at the end of March 2022 as children were back in school.

55. In terms of any changes to the nature of CP referrals we noted some changes. In terms of the profile of the children being referred, we did not note a shift in gender-based referrals. With regards to ethnicity, we saw an increase in referrals from the Asian community from end of March 2020 when the figure was 31% to 39% at the end of March 2022. We are aware that this rise could also be as a result of an increase in separated migrant children.

Complexity of cases

56. There is evidence to support OFSTED's observation that referrals became more complex during the pandemic. Child protection concerns were multilayered. Job losses and housing instability contributed to a rise in parental mental health issues and incidents of domestic abuse, exposing children to emotional harm.

57. Additionally, the issue of 'hidden harm' became more pronounced, as children were not attending school and professionals had limited access to family homes which

made matters even more complex. Indeed, this lack of visibility heightened anxieties made it more difficult to assess and respond to safeguarding concerns.

58. There were increases in specific types of concerns during the Specified Period, particularly as alluded to above, concerns around domestic violence and emotional harm along with physical abuse. LBC noted a downturn in the number of reported sexual abuse cases. Neglect cases also decreased because social workers were unable to conduct home visits. Criminal exploitation cases were under reported in the Specified Period in relation to gangs but conversely, reports of child criminal behaviour were stable.

59. In terms of any appreciable change in which children were being referred to LBC, with regards to re-referrals into the Child Protection arena 21% of children had had a previous referral as at end of financial year 2019/2020, which then dropped to 17.2% (2020/2021) and to 16.3% at end of year 2021/2022, this then rose to 28.9% March 2023. It is notable that 74% of all new CP referrals during 2020/2021, concerned children not previously known to Children Services.

CIN assessments

60. In Luton, every child who is deemed a child in need after initial enquiries at the referral stage have a single assessment completed. A "single assessment" is a comprehensive evaluation of a child's needs and the capacity of their parents or carers to meet those needs within their family and community context. It is a detailed process that involves gathering information, analysing it, and making informed decisions about support and interventions. The single assessment is used to determine if a child is "in need", requires a protection plan, whether that be a Child in Need Plan or whether there should be a recommendation for a Child Protection Plan and identify the services necessary to address their needs.

61. Between the years 2017 and 2019, the number of single assessments conducted by LBC showed a notable decline. Specifically, assessments decreased from 3,735 at the end of 2017 to 2,787 by the end of 2019, representing a reduction of 1,150 assessments (approximately 29%) in the final year of that period. In the subsequent

two years, there was a resurgence in assessment activity, with totals rising to 3,376 by the end of 2020 and 3,532 by the end of 2021. However, beginning in 2022, a downward trend resumed, with assessments falling to 2,739 by year-end. This fluctuation spans the COVID-19 pandemic period and reflects the impact of both external circumstances and internal procedural changes.

62. Internal procedural changes were implemented following the OFSTED grading of "Inadequate" in 2020. The Local Authority implemented a "One Front Door" model, consolidating all referrals and initial contacts into a single, centralised access point. This change significantly improved the accuracy and consistency of data collection and case management. Hence, referrals were accurately captured which then followed through to assessments being undertaken. This would explain an increase in CIN assessments during the COVD-19 pandemic.

63. More importantly, LBC made no changes in the way it applied the statutory criteria under s.17 Children Act 1989 in relation to Child in Need Assessments.

Section 47 enquiries

64. In the three years preceding the COVID-19 pandemic, the number of children subject to Section 47 enquiries showed an overall increase. At the end of 2017, there were 1,112 CP enquiries, 985 at the end of 2018, and 1,239 at the end of 2019. This upward trend continued into the COVID period, with numbers rising to 1,282 by the end of 2020 and 1,325 by the end of 2021. A slight decrease was observed by the end of 2022, with 1,219 enquiries, coinciding with the easing of COVID-19 restrictions.

65. In the LGA survey LBC reported a significant decrease in March-June 2020 compared with January to February 2020. Data for the same periods was requested by the LGA Survey between 2021-2022. However, this data focused on a short period of 2 months immediately prior to the Specified Period. In answering question 15 of this Inquiry, LBC has reviewed the data over a longer period, specifically, 3 years before the pandemic which gives a different picture and shows in fact that the

CP inquiries increased as opposed to decreased by the end of 2020 compared with the previous year and the same for 2021 and 2022.

66. Post-COVID data indicates further fluctuation but this time a downward trend leading to a significant drop to 830 enquiries by the end of 2023, followed by a rise to 1,252 by the end of 2024. Analysis of this data overall (more specifically data during the Specified Period) suggests that during periods of lockdown, when children were not attending school, there was a slight increase in Section 47 enquiries. This may reflect heightened concerns about unseen risks to children during times of limited visibility by professionals.

67. Despite these variations in the number of enquiries, it is important to note that no changes were made to the statutory guidance or the criteria for triggering Section 47 enquiries. All decisions continued to be made in accordance with established safeguarding protocols. Additionally, while Section 47 enquiries showed variable trends, the number of children subject to child protection plans increased during the pandemic, indicating a broader rise in safeguarding concerns during this period.

Child Protection Conferences

68. In terms of whether there were any changes in the number of initial child protection conferences which were held during the Specified Period as compared to the previous three years, it is noted that pre-COVID (financial years 2017–2019), there was a clear decline in the number of conferences, from 378 in 2016/17, 340 in 2017/18 and 269 in 2018/19. During COVID (financial years 2019–2022), there was a significant increase, with 328 in 2019/2020, 397 in 2020/2021 and 397 again in 2021/2022. This trend aligns with reported increases in emotional abuse and neglect during the pandemic, reflecting heightened safeguarding concerns.

Court proceedings

69. LBC's Social Services Legal Team, at the time of Specified Period, recorded the number of care proceedings issued but did not specifically record whether an EPO or ICO was obtained within those proceedings. In terms of care cases issued in

general, during the Specified Period, LBC experienced the highest number of cases issued (70 cases), exceeding figures from the preceding three years (52 cases in 2019, 64 in 2018, and 54 in 2017). Notably, over half of these 2020 cases (38 cases, or 54%) were issued during the first national lockdown (March to July 2020). This sharp increase in the early phase of the pandemic reflected a rapid escalation in safeguarding concerns at home during lock down and school closures following a build-up of concerns with families already vulnerable before COVID-19, coupled with an urgent need to intervene in high-risk situations involving children who had become less accessible to professionals but need protection.

70. By contrast, the volume of cases dropped in 2021 to 52 (returning to the same level as pre-pandemic 2019) and this could be likely due to a combination of reduced referrals as schools and services remained partially disrupted, and the after-effect of the surge in 2020. In 2022, case numbers rose again to 60, including 26 cases in the first half of the year, before gradually declining in subsequent years.

71. These figures suggest that the pandemic triggered an initial spike in care proceedings being issued as safeguarding responses, followed by a levelling off and, more recently, a gradual decline in care applications.

Change in serious types of harm

72. Prior to April 2020, the LBC's Social Services Legal Team did not routinely capture structured data on the specific types of harm alleged in care proceedings on issue. From April 2020 onwards, harm categories that led to care proceedings were recorded but not consistently disaggregated; most cases were logged under broad overlapping descriptors, including neglect, emotional abuse, domestic violence, parental substance misuse, parental mental health, and physical harm. As a result, LBC is unable to draw precise year-on-year comparisons in the types of serious harm that triggered proceedings during the earlier phases of the pandemic.

73. To improve the quality and clarity of data collection, in April 2024, the Children Social Services Legal Team revised its case recording framework to adopt simplified and more distinct categories such as chronic neglect, emotional harm, physical harm,

and sexual abuse. This change is enabling more accurate identification and analysis of presenting harm in care proceedings moving forward.

Unregulated Placements

74. There was an increase in use of unregulated placements and this was due to an increase in the number of 16+ referrals. This was a picture seen nationally. Between 2020 and 2023 all 16+ provision was unregulated; Ofsted regulated the provision in October 2023. The table below shows the numbers of children in unregulated placements 3 years prior to and during the Specific Period.

	As At	**Number of Children Unregulated Provisions**
3 Years Pre-Covid	31/03/2017	51
	31/03/2018	34
	31/03/2019	55
Covid-19 Pandemic	01/01/2020	42
	31/03/2020	39
	31/03/2021	35
	31/03/2022	48
	28/06/2022	50

Contact with Children

75. Throughout the COVID-19 pandemic, all children, regardless of their status, were seen within statutory timescales. Visits were conducted either virtually or face-to-face, depending on the assessed level of need and risk. The Local Authority maintained consistent contact with children, and no reduction in engagement was observed. I exhibit as **DC/07 – INQ000648103** data around the number of children visited in the various categories such as Children Looked After and Children in Need.

76. Children's Services did not experience a reduction in contact with children during the COVID-19 pandemic. All children were open to statutory services, as well as those

supported through Early Help, continued to be seen in accordance with statutory guidelines.

77. To ensure continuity of service and safeguarding, a combination of technology-enabled virtual visits and doorstep visits was employed. Where in-person contact was not feasible due to restrictions or health concerns, virtual visits were conducted to maintain oversight and engagement.

78. Adjustments to the method of conducting visits were made in line with evolving COVID-19 restrictions. Initially, there was a significant increase in virtual visits to comply with public health guidance. As restrictions eased, there was a corresponding increase in face-to-face visits, allowing for more direct engagement with children and families. This flexible and responsive approach ensured that safeguarding standards were upheld throughout the pandemic period.

79. However, virtual visits were challenging and would not have provided the same level of detailed observations of children and their surroundings as an in-person visit does. It is also true that social workers relied upon parents and the available technology to conduct such visits and as such there would have been apparent limitations.

Non-Statutory Work

80. Due to the level of restrictions, there were apparent limitations to non-statutory work, and most visits were conducted by early help practitioners on doorsteps or in outdoor spaces as well as virtual visits in line with locally agreed procedures. Where in-person visits were required, PPE was issued to staff to be used. Non-statutory work that was undertaken within LBC Children's Centres saw a significant change during the early stages of the specified period. As a result of emergency budget discussions, a decision was taken for Children's Centres to be closed which affected delivery of Early Help services such as those stated in paragraphs 36 and 37.

81. The COVID-19 pandemic had a significant and detrimental impact on Luton Airport, which in turn affected the financial stability of the Local Authority. As a result, the

Council was required to implement substantial savings across all service areas, including Children's Social Care.

82. One significant outcome of the financial constraints led to the closure of Children's Centres across Luton as mentioned above at paragraphs 38 to 40. These Centres had previously delivered a variety of universal services to children and their families, such as stay-and-play sessions and parenting programmes, which were instrumental in early intervention and community-based support.

83. In response to these closures, the Family Partnership Service was created to provide targeted support to families. While this service aimed to fill some of the gaps left by the Children's Centres, high demand meant it could not always meet every need. As a result, support was often prioritised for families with more complex or higher levels of need. Consequently, professionals within universal services increasingly took the lead in coordinating Team Around the Family (TAF) support.

Change in LA data

84. As part of our evolving operational approach during the COVID-19 pandemic, the department observed a significant shift in the nature and complexity of safeguarding concerns presented by children and families. There was a marked increase in mental health issues affecting both children and their carers. This rise was attributed to the prolonged periods of isolation, disruption to routine services, and the broader social and economic impacts of the pandemic.

85. In addition, there was a noticeable escalation in cases involving domestic abuse, as well as emotional and physical abuse. These concerns were often exacerbated by lockdown measures, which limited external oversight and reduced opportunities for children to disclose harm in safe environments such as schools. These emerging trends necessitated a responsive and adaptive approach from frontline services, ensuring that safeguarding remained robust despite the challenges posed by the pandemic.

Vulnerable Children

86. Schools identified children as 'otherwise vulnerable' for a range of reasons, for example if they were eligible for Free School Meals, had Special Educational Needs or Disabilities, children on the edge of care, those in alternative provisions, those who were medically vulnerable, young carers or any other children that the school or early years setting were concerned about. In addition, schools also considered other factors from their knowledge of the families such as overcrowded housing. Schools shared information with Education services and kept in contact with 'otherwise vulnerable' families. For children already open to Children's Social Care, schools raised concerns directly with the child's allocated social worker. Education services had a role in identifying 'otherwise vulnerable' children through the work of the Education Welfare Officers who undertook home visits.

87. Children's Services relied on referrals from partner agencies to identify and support vulnerable children. All children open to Children's Social Care were automatically deemed vulnerable. In addition, Education Services worked with schools to ensure that there was support for vulnerable and otherwise vulnerable children.

Maintaining Records

88. LBC kept a central record of vulnerable children attending school. The schools closely monitored the attendance of vulnerable children as well as those falling into the category of otherwise vulnerable. Initially, Children's Services maintained two social care data sets, one for LAC children and another for children under Child Protection (CP) plans. Both lists included individual children and used a Red-Amber-Green (RAG) rating system to indicate levels of concern.

89. These lists were later expanded to include similar data sets from the Youth Offending Service (YOS), Early Help (EH), Children with Disabilities (CWD), the Assessment Team (Children in Need – CIN), and Flying Start (a commissioned service providing support for families with children 0-5 years). Each Service Manager submitted a list of children they considered vulnerable due to the ongoing crisis.

90. All social care data was securely shared with the Education Service to facilitate a data-matching exercise with school records. Follow-up discussions with YOS, EH (including CWD), and Flying Start Service Managers, confirmed that these teams had sufficient capacity to maintain contact with their identified vulnerable children. As a result, their data sets were excluded from the school matching process.

91. The final data-matching exercise between schools and social care focused on three key groups of vulnerable children:

    a. Children under Child Protection (CP) plans
    b. Looked After Children (LAC)
    c. Children in Need (CIN)

92. Education Services provided guidance and then engaged in discussions with providers about specific cases. Schools were empowered to identify those who were 'otherwise vulnerable', in addition to those who are LAC and CIN. The schools shared information on a weekly basis about numbers of children on their roll and in attendance. These numbers were cross referenced with social care lists of vulnerable children.

93. Throughout the Covid period, the Virtual School continued to have termly PEP meetings and were aware of children who accessed the offer of attending school and those that stayed and worked from home. They worked with foster carers and social workers to encourage education attendance.

94. In terms of the proportion of children in the care of LBC who attended school during period of school closure, from the 1st period of the closure between 20 March 2020 to 15 June 2020, 169 out of 253 LAC children (i.e., 67%) known to Virtual School attended during that period. For the 2nd period of closure between January 2020 and 8th March 2021, 207 out of 239 LAC children attended school (i.e., 87%).

95. With regard to the additional steps LBC took to monitor or assess vulnerable children who were not attending schools, as previously detailed in this statement, statutory visits to children continued throughout the COVID-19 period, with a combination of virtual and face-to-face visits depending on the level of risk and need so Children's Services were aware of those vulnerable children who were not attending the school and supported them accordingly.

Risk Assessments

96. Following the schools closure announcements, the department carried out comprehensive risk assessments of all children to determine their vulnerability and whether or not they should attend school. These assessments informed the development of internal policy and guidance, ensuring that decisions were made consistently and in line with safeguarding responsibilities.

97. In addition to child-specific assessments, COVID-19 risk assessments were completed for all families open to children's social care. These were designed to evaluate health-related risks and determine whether additional health and safety measures were required prior to any home visits. This included assessing whether any household members were symptomatic or had tested positive for COVID-19.

98. Due to the evolving and often conflicting government messaging, particularly the directive for the public to remain at home, ensuring school attendance for all vulnerable children proved challenging. The inconsistency and frequent changes in national guidance created confusion for both professionals and families.

99. In response, Children's Services adapted their approach by implementing monthly risk assessments for all children and families open to the service. These assessments were used to monitor changes in risk levels and inform decisions about contact, support, and school attendance. Although formal guidance on the structure of these assessments was limited, a risk assessment was completed for every case and prior to each visit to ensure safety for both families and staff.

Early years settings

100. In respect of provision of places for vulnerable children in early years settings, there was a reluctance from early years settings to take in children from other providers. LBC worked with providers to encourage more of them to open and deliver services for vulnerable children. It also encouraged the pooling of resources, but early years settings were not keen, nor were families, because it would have meant mixing with people they did not know.

101. In LBC's view, this policy, whilst sound in so far as its objectives and intentions, nevertheless contradicted the national guidance relating to reducing mixing and keeping in bubbles. For example, there was a 'Stay at Home' policy but at the same time local authorities were also being told that vulnerable children should go to school. The two were contradictory as children could not stay in their bubbles if they went to school.

102. Upon reflection, LBC is also of the view that the policy did not take into account the importance of relationships between children and the childcare providers. Whilst the policy was trying to ensure that childcare was available for families who needed it, parents were unlikely to move their children to a new provider, especially in such challenging circumstances

103. With regard to challenges LBC faced in identifying vulnerable children to attend school or early years settings, LBC did struggle with inaccurate and incomplete records, which made it difficult to ensure that it had a reliable list of children in each school and setting. The early years settings also had difficulty contacting social workers due to changes in staffing and use of agency staff.

104. However, it is clear that LBC's Education Services empowered schools to identify such vulnerable children beyond the Free School Meals, SEND, Social Care involvement flags. It included children who might find working remotely difficult including those in multi-generational houses, with poor IT resources.

105. Children's Social Care (CSC) and Education Services worked in close partnership to identify all vulnerable children across all educational settings, including early years provisions. This collaborative approach ensured that the appropriate professionals had oversight of the right children at the right time.

Working with families

106. With regard to working with children and their families directly to explore non-attendance of vulnerable children, schools played a central role in communicating with their families who were encouraged to send their children to school during the COVID-19 pandemic. Schools used meal vouchers or free meals as a way of maintaining contact with families.

107. However, in the absence of safeguarding concerns, attendance could not be enforced if families were reluctant. In such cases, doorstep visits continued to ensure that children were seen and monitored. Where safeguarding concerns were identified, appropriate advice was sought, and interventions were implemented as necessary.

108. At the onset of the first national lockdown, the number of vulnerable children with an allocated social worker attending school was initially low. As of 24th March 2020, only 15 such children were attending school. However, attendance steadily increased in May 2020 from 78 to 111 in addition to 44 children with an Education, Health and Care Plan (EHCP).

109. As mentioned above, there were inherent contradictions between the government guidance emphasising staying at home and avoiding social contact and simultaneously confusing guidance encouraging school attendance for vulnerable children, created concern among families, particularly in multigenerational households, where there was a heightened fear of children potentially infecting older or medically vulnerable family members.

110. From a Children's Social Care perspective, COVID-19 risk assessments were completed for all children, in addition to standard Child in Need / Single assessments. These assessments were used to evaluate the level of risk and inform appropriate intervention strategies.

111. All children open to Children's Social Care were reviewed on a monthly basis and assigned a Red-Amber-Green (RAG) rating according to their level of safeguarding risk. This systematic approach ensured that timely and proportionate responses could be made where necessary, ensuring that children received the level of support and intervention they required.

Part D – Remote Visits and Assessments

112. An overarching decision was made during the period of lockdown by the then Corporate Director to allow social workers to conduct visits and assessments of children remotely. The rationale for this was to avoid the transmission of COVID-19 and to be able to cope with the strain on capacity of the workforce.

113. Statutory assessments continued to be carried out in line with established guidelines and statutory guidance such as the one issued in December 2020. Staff remotely participated in multi-agency meetings, such as Child in Need and Core Group meetings to helped to inform the assessment process.

114. There was no blanket rule that all visits had to be conducted remotely. A balance had to be struck between staff safety and discharging statutory obligations and ensuring LAC children and those in need of services were being visited. All visits were conducted in line with policy and guidance. I enclose exhibit **DC/08 – INQ000648104** which is the guidance issued to staff 'Covid 19 Visiting Guidance Children's Services' dated 09.10.2020.

115. LBC built a COVID-19 risk assessment template within the Liquid Logic recording system with the aim to complete assessments prior to visits in each case. The

assessments were then authorised by the manager which allowed oversight over the decision to conduct remote assessment and assess risks to families and staff.

116. The need for remote visits and assessments were also discussed with social workers in supervision. LBC produced data to monitor the number of assessments being conducted which helped the LA to understand how many families were seen face-to-face.

Reduction of in-person meetings

117. There was a 51.3% reduction in face-to-face meetings between 27th March to May 2020 and this increased to 72.1% by the 3rd lockdown in January 2021. These were conducted in accordance with the DfE guidance for visiting children. However, there was a corresponding increase in virtual visits reaching a peak at 56.1% in January 2021.

118. More specifically, for Looked After Children face-to-face visits dropped to 221 from 341 in April 2020. By January 2021 face-to-face visits had reduced to 104. This number increased then to 253 as children returned to school in April 2021 and remote visits saw a downward trend to 133.

119. In respect of Child Protection visits there was a steep increase in number of remote visits from 365 in April 2020 rising to 501 visits by May 2020. But this reduced by November 2020 to 217 and increased slightly to around 300 for the next few months until February 2021. Similarly to our Looked After Children, the number of remote visits dropped to 104 as soon as schools opened in April 2021.

120. With regard to Children In Need, in April 2020 remote visits were at 203 and this peaked to 522 in May 2020, and then fluctuated between 370 (November 2020) and 414 (January 2021). However, as soon as schools reopened in April 21 there was a reduction in virtual visits to 258 and then soon decreased each month thereafter.

121. The extent to which remote visits or assessments were used did not vary or change for any specific group as can be seen from the data above. It seems

transition from remote back to face-to-face was slower for Children In Need after schools opened, but this was organic as opposed to how LBC consciously was using remote visits for this group of children.

Adapting to remote visits

122. Social workers employed by LBC accepted the reality of the use of remote visits and assessments as they were acutely aware that the widespread nature of COVID-19 would lead to social distancing, but it was necessary to ensure children are safe.

123. Despite this, the workforce took proactive steps to ensure children were seen in person where possible. This included conducting doorstep visits and, in some cases, entering homes to fulfil their safeguarding responsibilities.

124. There was significant anxiety amongst social workers largely due to the lack of personal protective equipment (PPE) and inconsistent government guidance, but they remained committed and continued to meet their statutory responsibilities. Many felt vulnerable, with some even supplying their own PPE to continue their duties safely.

Impact of remote visits

125. The potential impact of not seeing children face-to-face was considered and to mitigate such impact, all vulnerable children were routinely risk assessed on a monthly basis enabling social workers to evaluate needs of these children. These assessments also informed decisions on whether visits should continue to be conducted face-to-face or remotely.

126. Reiterating the point made above, there was no blanket rule that risk and needs assessments had to be conducted remotely. LBC took a fluid and practical approach in that, where in-person visits were necessary, they were carried out outdoors with appropriate social distancing measures in place.

127. The core group of professionals remained actively involved, with regular multi-agency meetings continuing remotely to ensure consistent support and oversight.

128. LBC did not undertake any specific work in respect of COVID 19 and social work practice to assess the impact of changes in social work practice. During the Specified Period, the Local Authority's focus was improving social work practice and the audit report dated April 2021- April 2022 did not identify any gaps in practice in relation to Covid 19.

Child Safeguarding Practice Reviews (CSPRs)

129. There were 5 families were subject to CSPR's in the Specified Period. One of the reviews was delayed partially due to pressures on all services during the COVID period. Four of them were legacy reviews which occurred prior to the Specified Period. Therefore, the findings in the CSPRs were not linked to the pandemic.

Part E – Other Statutory Relaxations

130. LBC did take into account the permitted relaxations and flexibilities allowed by the government to discharge its statutory duties during the Specified Period. I have already referred to such methods above and discussed them in some detail in answering particular questions.

131. However, suffice to say LBC adopted various technological methods to remain in touch with children that includes:

a) Telephone video calls;
b) Skype/Zoom meetings;
c) Face-to-Face meetings with children and families outside;

132. LBC continued to offer short break care to those most vulnerable in respect of disabled children within COVID safe guidelines. It also increased its partnership working in particular with health colleagues.

Part F – Access to play

133. In terms of what decisions LBC made about children's access to parks and play areas during the pandemic, the Council followed national guidance relating to public open spaces. While parks remained open for exercise and wellbeing, in accordance with government directives, LBC took steps to close enclosed play areas when required to do so. However, enforcement of these closures proved challenging in practice as in some cases, carers lifted children over fences to access the play equipment, despite the restrictions in place.

134. As soon as national guidance permitted, LBC prioritised reopening play areas to support children's physical and emotional wellbeing. In doing so, clear signage was installed in and around play facilities to promote social distancing and reinforce COVID-19 safety measures. This approach aimed to balance public health responsibilities with the needs of children and families to access safe outdoor environments during a difficult and isolating period.

Part G - Positive impacts

135. There are a few changes to social work practice made during the Specified Period, which LBC considers to be positive. The integration of technology, hybrid working and video calls were some of the methods adopted during the Specified Period, and they have continued to be used in practice post pandemic. For example, the flexibility offered by hybrid working arrangements now supports social workers in securing a better work-life balance.

136. Similarly, the use of video calls has proven particularly beneficial when engaging with fathers or working parents who are unable to attend face-to-face meetings such as child protection conferences due to other commitments. This approach ensures that every parent or carer has a voice that is heard.

137. Additionally, the ability to connect virtually with children, who are abroad by video calling has strengthened our safeguarding efforts and reinforced our duty of care.

When it comes to professional meetings, holding them virtually has enabled broader participation and improved accessibility. However, this does not diminish the value and depth of in-person conversations.

Part H - Enduring Impact of the pandemic

138. The long-term impact on LBC's children due to the pandemic is significant. For example, children started school with lower levels of speech, language and communication due the lockdown and were less confident to socialise and separate from family / carers. Schools are still having to support these children to catch up.

139. Children are spending more time looking at screens and more children are not toilet trained when they start school. Many settings have expressed concern over children's behaviour which is linked to their personal, social and emotional development. Covid resulted in Luton Council having to close their children's centres which has had an impact on the support available for children and families.

140. Although we have Family Hubs in Luton the scale of support for families is significantly less than it was when Children's Centres were in place which has implications for the health and well-being of children and families. Physical development of children had a long-term impact, primary schools focused on outdoor play and gross motor skills. Effective processes to support the transition to secondary school were not possible which impacted negatively on children's sense of belonging.

141. There has been an increase in issues with mental health linked to anxiety and lack of resilience. There has been a focus and priority on wellbeing, resilience and mental health support in schools. There is a significant increase in the demand for support from the Local Authority's SEND service. However, there were some pupils for whom the smaller numbers of pupils in attendance was a positive experience and enabled them to learn more effectively.

142. LBC has been involved in the DfE funded programme for early years 'Experts & Mentors' to help address some of the impacts of COVID-19 mentioned above. The

programme provided professional development support to early years providers work to help them to help children to catch up on lost learning.

143. Even though schools had set up remote learning, this could not meet the needs of younger children and did not help with basics such as personal, social and emotional development and communication and language.

144. The DfE also funded a programme of external tutors to support children. Schools found that using their own staff was more effective.

145. LBC has reviewed its Social Emotional Mental Health (SEMH) provision to reduce the number of pupils who are Not in Education Employment or Training (NEET) and is developing a specialist provision to support young pupils who are Emotionally Based School Avoiders (EBSA). The number of children who are not in school because of emotional issues has significantly increased since COVID-19.

146. The longer-term impact on children and young people has included a rise in mental health concerns, domestic abuse, homelessness, school avoidance, and parental mental health challenges. There has also been an increase in the number of children being home educated, alongside growing waiting times for access to appropriate support services. To mitigate these challenges, we have implemented "waiting well" lists, ensuring that children awaiting a diagnosis continue to receive ongoing support.

147. Prior to the Covid-19 Pandemic there was an average of c200 children registered with the Council for elective home education at any one time. The number of children on the register to date has increased to an average of c400 pupils.

148. One of the reasons for the increase in home education since the pandemic is perhaps because parents have become more aware about the home education option from this being offered during the pandemic. In addition, it seems that the common reasons provided by parents for switching to home education were also lifestyle choices, philosophical reasons, or the fact that they were dissatisfied with the school.

149. The annual growth in numbers is illustrated in the table below:

Numbers of children on Luton's Elective Home Education Register at the October census	
Year	Number of pupils registered
Oct-24	392
Oct-23	314
Oct-22	317
Oct-21	261
Oct-20	306
Oct-19	200

150. LBC is actively exploring shared funding models across services and promoting integrated working with partner agencies. Luton is at the forefront of implementing initiatives such as the Family Help reforms. A Focus 40 initiative is a key example of how the local authority and health professionals are collaborating to address childhood trauma. It also supports innovative projects often referred to as placement services, which fall under Adoption and Fostering Services like Mockingbird and Adopt East.

151. Adopt East is a Regional Adoption Alliance that pools expertise across eight local authorities (including Luton) and two voluntary agencies to ensure timely, well-supported placements and coordinated responses to complex safeguarding needs. Mockingbird works to deliver fostering services by creating a community of foster families that replicate the structure of an extended family. This strengthens contextual safeguarding by enhancing family placement stability, reducing isolation among carers, and enabling early identification and response to risks through trusted relationships and peer support.

152. LBC's ability to monitor data has improved significantly through the use of Qlik dashboards, enabling it to identify trends, themes, and patterns more effectively. It is also enhancing its focus on social graces and diversity within Luton, though admittedly further progress is needed in this area. Since 2020, LBC's audit team has expanded, providing a stronger focus on ensuring that children's plans are

progressing appropriately. Practice Week, held regularly throughout the year, offers valuable opportunities for learning and development.

153. As part of LBC's improvement funding, it has received SLIP (Sector-Led Improvement Programme) intervention to support our Ofsted improvement journey. This support has been instrumental in our development as a local authority. As a result, Children's Services have progressed from an "Inadequate" rating to "Requires Improvement to Good."

154. LBC has continued to use remote technology for social work as set out in Part E and Part F in the post pandemic period. I would respectfully refer you to these Sections above which will provide an overview as to how remote technology is now being used. However, it worth noting that LBC is looking to conduct more face-to-face meetings.

Part I - Lessons learned and recommendations

155. LBC did undertake reviews into safeguarding and child protection in respect of individual child cases as set out in Table 26 of the LGM report cited. However, upon further reflection and consideration, although I can summarise these findings in the review, they will not be relevant in so far as answering this question as the findings were not linked to the pandemic or pandemic related practice.

156. In terms of what LBC consider could have been done better by the UK Government to protect children's safety and any issues relating to the protection of children in the event of a future pandemic, guidance and direction from the Government were given at short notice as mentioned above in this statement impairing LBC's ability to respond to the pandemic which left children and families at risk.

157. With regard to what local authorities and indeed LBC could do better in the event of a future pandemic, upon reflection, LBC's view is that it will be important to consider a number of issues to help better protect children. For example, the consequences of isolation for all children and the prevailing psychological impact on them from the loss of friendships and belonging to the school community (along with the support from the professionals) were important factors to consider.

158. In addition, the implications for the wider mental health and well-being of children were not considered to be as important but they do have longer-term consequences, which LBC is now seeing through the rise in complex behavioral referrals into children's social care. Another significant factor that impacted on families and thereby children, during the Covid period, was the loss of income which led to homelessness for some families.

159. Further, in the event of a future pandemic, from the lessons to be learned, children and their families would benefit from LBC strengthening partnerships with voluntary organisations in the early stages. Moreover, it was acknowledged during the pandemic that LBC could develop policies and practices to better engage with the diverse communities in Luton such as South Asian, families of Black origin and Eastern European families. Practice has been strengthened because of this, and

greater partnerships have been formed with organisations that support these communities.

Statement of Truth

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

Signed: **Personal Data**

Dated: 08.08.2025