Witness Name: Caroline Lamb
Statement No: 19
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UK COVID-19 INQUIRY

MODULE 8

WITNESS STATEMENT BY THE DIRECTOR GENERAL HEALTH AND SOCIAL CARE

This statement is one of a suite provided to Module 8 of the UK Covid-19 Inquiry by the Scottish Government and these should be considered collectively. In relation to the issues raised by the Rule 9 request dated 05 February 2025 served on the Scottish Government, in connection with Module 8, the Director General for Health and Social Care will say as follows:

Part A – Role and responsibilities of the Directorate

Structural Overview

1. The Permanent Secretary (Perm Sec) is the senior civil servant in Scotland. There are eight portfolio Directors-General (DG) who report to the Perm Sec. A Director-General manages a number of Directorates and agencies which are responsible for proposing legislation and putting Scottish Government policy into practice. The Director-General for Health and Social Care is Caroline Lamb. The direct reporting line for a Director is to their portfolio DG but they also report directly to the Perm Sec and to Ministers. The direct reporting line for Deputy Directors is to Directors but they may also report directly to Ministers. Just as Ministers are accountable to Parliament, civil servants are accountable to Ministers. The Directorate with responsibility for matters relating to the mental health of children and young people sits within the portfolio remit of the Cabinet Secretary for Health and Sport, latterly the Cabinet Secretary for Health and Social Care. The Directorate sits within the DG Health and Social Care, alongside other Directorates with responsibility for matters relating to Health and Social Care. The matters addressed by this statement are the responsibility of many directorates within Scottish Government, including the Mental Health Directorate, other Directorates within DG Health and Social Care and

Directorates within DG Education and Justice which DG Education and Justice, Neil Rennick is responsible for. In order to make it easier for the reader we have included this material in the one statement, however, the Module 8 DG Education and Justice, Education statement provided to the Inquiry on 30 May 2025 and the Module 8 DG Education and Justice, Justice statement provided to the Inquiry on 18 March 2025, cover many of these matters in more detail.

Ministerial Responsibility

2. The Cabinet Secretaries who held portfolio responsibility for the matters covered in this statement during the specified period were:
    - Cabinet Secretary for Health and Sport
        - Jeane Freeman (June 2018 to May 2021)
    - Cabinet Secretary for Health and Social Care
        - Humza Yousaf (May 2021 to March 2023)
    - Cabinet Secretary for Education and Skills
        - John Swinney (May 2016 - May 2021) (also Deputy First Minister)
        - Shirley-Ann Somerville (May 2021 - March 2023).

3. The Ministers with responsibility during the specified period were:
    - Minister for Mental Health
        - Clare Haughey (June 2018 to May 2021)
    - Minister for Mental Wellbeing and Social Care
        - Kevin Stewart (May 2021 to March 2023)
    - Minister for Children and Families
        - Maree Todd (June 2018 - May 2021)
        - Clare Haughey (May 2021 - March 2023)
    - Minister for Public Health, Sport and Wellbeing
        - Joe Fitzpatrick (June 2018 - December 2020)
        - Mairi Gougeon (December 2020 - May 2021)
    - Minister for Further Education, Higher Education and Science
        - Richard Lochhead (September 2018 - March 2021)
    - Minister for Further Education and Higher Education, Youth Employment and Training
        - Jamie Hepburn (May 2021 - March 2023).

Mental Health Directorate

4. The Mental Health Directorate was established as a standalone Directorate in January 2022, having previously been part of the Directorate for Mental Health and Social Care.

5. The Directorate is responsible for development and delivery of policy to improve mental health, including:
   - Mental health services: quality, improvement, performance & safety
   - Mental health workforce
   - Mental health care standards
   - Learning disability, autism and wider neurodiversity
   - Mental health law
   - Children & young people's mental health
   - Families and relationships
   - Forensic Mental Health services
   - Wellbeing and prevention, including social determinants of mental health
   - Suicide prevention
   - Distress interventions.

6. The list of the Directorate's responsibilities did not change over the pandemic, aside from an adaptation and emphasis on these responsibilities in the specific context faced between January 2020 and June 2022 of responding to the pandemic.

Director General

7. The Directors General and Chief Executive of NHS Scotland in post during the specified period are as follows:
   - Malcolm Wright - (June 2019 to May 2020)
   - John Connaghan – Interim Chief Executive (April/May 2020 to January 2021)
   - Elinor Mitchell – Interim DG (April/May 2020 to December 2020)
   - Caroline Lamb - (January 2021 to present).

Directors and Deputy Directors

8. The Directors with responsibility for the Directorate during the specified period were:

- Director of Mental Health and Social Care
    - Donna Bell (October 2018 to January 2022)
- Director of Mental Health
    - Hugh McAloon (Acting Director, January 2022 to October 2023).

9. The Deputy Directors with responsibility for the Directorate during the specified period were:
    - Hugh McAloon (Children & Young People's Mental Health – November 2018 to August 2020; Improving Mental Health Care - September 2020 to June 2021; Improving Complex Care - July to December 2021)
    - Angela Davidson (Adult Mental Health - January to August 2020; Improving Mental Health & Wellbeing – September 2020 to present)
    - Gavin Gray (Improving Mental Health Services – July 2021 to September 2024)
    - Susan Ferguson (Improving Complex Care – February 2022 to August 2023).

Advisory Groups

10. The Mental Health Research Advisory Group was set up in April 2020 to help gather emerging evidence around the impact of Covid-19 on mental health and wellbeing for the whole population, including children and young people. The group was chaired by the Director of NHS Research Scotland Mental Health Network and concluded its work in November 2022. Membership of the group included Scottish Government, Public Health Scotland (PHS), Mental Health Foundation, Health and Social Care Alliance Scotland, University of Strathclyde, National Suicide Prevention Leadership Group (Academic Advisory Group), University of Aberdeen, Voices of Experience, Carers Trust and the University of Edinburgh. The terms of reference of the group are provided, [CL19/001 - INQ000613809].

11. The purpose of the group was a knowledge exchange to inform the development of Scottish Government's immediate mental health response to Covid-19.

12. The Mental Health Stakeholder Group was set up in March 2020 and met weekly initially to allow the Scottish Government to describe and gain feedback on mental health priorities and strategic direction with a range of partners. The group was

initially convened on an ad hoc basis and acted as a key two-way communication mechanism during the pandemic. Key attendees included a wide range of stakeholders covering interests across the whole system, including NHS Boards, Integration Joint Board's, Local Government, third sector organisations and many others. The Group played a key role in collaborating on the development of the Mental Health Transition and Recovery Plan, provided [CL19/002 - INQ000322603] published in October 2020. The Group continues to meet and has adjusted the frequency of meetings to three times a year.

13. The Children and Young People's Mental Health and Wellbeing Programme Board was established in August 2019. The purpose of the Board was to oversee reforms to ensure children, young people and their families received the support they required when they needed it, underpinned by the values, principles and components of Getting It Right For Every Child (GIRFEC). The board included NHS Chief Executives, Local Authority Chief Executives, Integration Joint Board Chief Officers, Association of Directors of Education (ADES), Association of Clinical Psychologists UK, Social Work Scotland, Royal College of GPs, Royal College of Psychiatrists, Royal College of Nursing, Association of Scottish Principle Education Psychologists (ASPEP), Third Sector (SCVO), Parents (National Parent Forum of Scotland), Directors of Public Health, The Youth Work, Community Learning and Development (CLD) Sector, Child and Adolescent Mental Health Services (CAMHS) Lead Clinicians Group, Royal College of Speech and Language Therapists, Director of Learning (Scottish Government) and Director of Children and Families (Scottish Government). The terms of reference are provided, [CL19/003 - INQ000613797].

14. In March 2020 the work of the Programme Board was largely placed on hold due to Covid-19 restrictions and responding to the increased pandemic-specific mental health and wellbeing support needs for children and young people. The Scottish Government's Mental Health Transition and Recovery Plan, provided [CL19/002 - INQ000322603], outlined the Scottish Government's response to the mental health impacts of Covid-19. The Plan included the commitment to, in partnership with COSLA, review the deliverables, remit and membership of the Children and Young People's Mental Health and Wellbeing Programme Board in light of Covid-19. The original aims of the Children and Young People's Mental Health and Wellbeing Programme Board were developed into revised deliverables of The Children and Young People's Mental Health and Wellbeing Joint Delivery Board, which met for the first time in April 2021.

15. The Joint Delivery Board was jointly chaired by COSLA and the Scottish Government and ran from April 2021 to December 2022. The board included COSLA, Scottish Government, Society of Local Authority Chief Executives and Senior Managers (SOLACE), Integration Joint Board Network, Young person representation, Perinatal and Infant Mental Health Programme Board, ADES, ASPEP, Social Work Scotland, CAMHS Lead Clinicians, NHS Education for Scotland, NHS Chief Executives, National Parent Forum of Scotland, Children in Scotland Forum representative, Collation of Care and Support Providers Forum representatives (CCPS). The terms of reference are provided, [CL19/005 - INQ000613798].

Part B – Pre-pandemic planning

16. The Directorate for Mental Health and Social Care had no direct involvement in pre-pandemic planning, with overall pandemic preparedness work being led on a Four Nations basis by the Health Emergency Preparedness, Resilience and Response (EPRR) Division.

17. The EPRR Division within DG Health and Social Care led on the four nations pandemic preparedness planning which included draft legislation to provide additional powers to close schools and other education establishments in Scotland. This was a coordination role with policy input from education policy and legal advice from the Scottish Government Legal Directorate (SGLD).

18. The Health EPRR Division lead on pandemic planning arrangements on behalf of the Directorates within DG Health and Social Care. They held this responsibility prior to Covid-19 and developed well-established approaches and structures to pandemic planning across NHS Scotland. This included co-production of the UK four nations Pandemic Influenza Strategy 2011 and cross-Directorate working within the Scottish Government through the Pandemic Flu Readiness Board.

19. The EPRR Division also provided relevant guidance to NHS Boards in Scotland to improve both their specific pandemic planning and more broadly, their emergency preparedness and resilience. Key documents in that regard include *the UK Influenza Pandemic Preparedness Strategy 2011* and related *Pandemic Influenza Communications Strategy 2012 for Health & Social Care*, provided: [CL19/006 - INQ000022708], [CL19/007 - INQ000144590]. More broadly, EPRR issued general

guidance to Health Boards preparing for emergencies and on NHS Organisational Standards for Resilience, which included both general and specific pandemic-related standards on which Boards reported, provided, [CL19/008 - INQ000102971]. EPRR also played a role in co-ordinating the involvement of NHS Boards in Scotland level exercises (for example, Exercise Silver Swan in 2015) as well as the involvement of Scottish Government and some NHS officials in the UK Government Exercise Cygnus in 2016.

20. The EPRR framework in Scotland as it applies to the healthcare system is set out in the document *NHS Scotland: Preparing for Emergencies: Guidance to health boards* (2013), provided [CL19/008 - INQ000102971]. This describes the roles and responsibilities of government and Health Boards in preparedness and response, including those set out for relevant responders under the Civil Contingencies Act 2004. The NHS Standards for Organisational Resilience provided, [CL19/009 - INQ000148758], also help to underpin the roles and responsibilities under the health EPRR framework in Scotland. Pandemic strategy and guidance are also relevant to how government and frontline health services will operate in that kind of emergency.

21. The EPRR framework in Scotland is different to the one which applies in England. There were no formal levels of emergency as set out in the NHS England EPRR framework documents. Rather, the Directorates within DG Health and Social Care worked in collaboration with the Health Board(s) to establish the scale of the emergency / incident and the resources, approaches and governance required to respond.

22. Pandemic planning guidance did not specifically look at the safety/welfare of children. The Preparing for Emergencies – Guidance for Health Boards in Scotland, provided [CL19/010 - INQ000613845], originally published in 2013 and reviewed in 2023 was issued to all health boards in Scotland. This considers specific populations in the community who may be vulnerable during major incidents and emergency situations. Section 8 of this guidance specifically focuses on children and young people in emergency situations however, this is not solely for pandemics. This includes the responsibilities of health boards such as arrangements to alert local child health services as soon as the possibility of casualties is recognised and arrangements to provide paediatric intensive care support at the local hospital and transport services to transfer intensive care patients.

23. When Covid-19 emerged in January 2020, the initial response was managed by the EPRR team. However, as the potential scale of the pandemic and required response became clear, processes were quickly put in place to increase the response within the Directorates within DG Health and Social Care. Initially, the Health Protection Team within the Population Health Division managed the Covid-19 outbreak, and the team was expanded. Once it was apparent that the situation was escalating, the Directorate for Covid Health Response was established. Staff were recruited from across the Scottish Government, that led to the creation on 1 July 2020 of the Directorate for Covid Public Health. Further details of the Scottish Government response are set out in the Module 8 DG Education and Justice, Education statement provided to the Inquiry on 30 May 2025.

Part C – Significant decisions which affected children during the pandemic

School closures

24. The considerations and decisions regarding school closures are outlined in the Module 8 DG Education and Justice, Education statement provided to the Inquiry on 30 May 2025. The Mental Health Directorate had no active involvement in preparation for school closures, the decision was made on public safety grounds. The Directorate did not provide or receive any advice on school closures. The focus of the Directorate was on mitigating the mental health impacts of the pandemic and any necessary associated restrictions.

25. As outlined in the Education statement the responsibility for contingency plans for school closures and children lies at Local Authority level and Education Scotland did not have routine sight of these plans. Education Scotland Senior Regional Advisers were in regular contact to ensure that local authority plans were being implemented and were robust.

26. A summary of the key dates and events leading up to the closure of schools and early learning and wilder childcare settings is set out in the table below.

Timeline of School and Early Learning and Childcare (ELC) Closures	
Date	**Event**
31 January 2020	An urgent Scottish Government Resilience Room (SGoRR)(O) meeting was held which included consideration of potential impacts across sectors and business continuity planning. Education officials were in attendance.

Timeline of School and Early Learning and Childcare (ELC) Closures	
Date	**Event**
6 February 2020	SGoRR(O) held with business areas asked to consider business continuity plans and ensure Ministers sighted on sectoral issues.
7 February 2020	Generic advice from Health Protection Scotland (HPS) on the coronavirus, including basic protective measures, was issued to all Directors of Education for onward transmission to schools.
17 February 2020	SGoRR(M) held with Deputy First Minister chairing and a number of key Cabinet Secretaries in attendance. The agenda included a general sitrep, sector updates and a paper providing an update on the latest Reasonable Worst Case Scenario which had been developed and received through UK government channels. This included a reference to the potential impact of widespread school closures. The impact of any prolonged closures would have substantial economic and social consequences, and have a disproportionately large effect on health and social care because of the demographic profile of those employed in these sectors.
26 February 2020	HPS guidance on management of coronavirus in schools and educational settings issued to all schools.
27 February 2020	Deputy First Minister call with officials to discuss preparations for coronavirus in the education sector. Deputy First Minister asked that officials take forward, on a confidential basis, calls with key trusted education stakeholders. These calls began the following day.
3 March 2020	Deputy First Minister spoke to Cllr Alison Evison of COSLA regarding coronavirus planning. Discussion that there was a need to intensify work to consider the wider implications of the situation for key areas including education and social care.
4 March 2020	Letter issued to local authority directors of education from a senior Scottish Government official re: contingency planning, supplementing the HPS guidance of 26 February.
5 March 2020	Advice to Ministers sharing scientific advice received to date, internal Department for Education thinking on school and ELC closures, and Scottish Government work to date.
6 March 2020	SGORR(O) was held. Discussion included the impact of the Worst Reasonable Case Scenario on education including the potential for school and ELC setting closures, staff sickness and national qualifications.

Timeline of School and Early Learning and Childcare (ELC) Closures	
Date	**Event**
9 March 2020	Further advice to Deputy First Minister on likely impact of closures of school and ELC settings, colleges and universities as part of addressing the coronavirus outbreak. This advice set out the impact of ad-hoc school closures, general school closures and of closing all colleges and universities in Scotland. This submission also notified Ministers that widespread school closures were not part of the control measures UK Government were currently considering, provided [CL19/011 - INQ000260829].
12 March 2020	Cancellation of overseas school trips by the Deputy First Minister.
13 March 2020	Joint letter from Scottish Government and COSLA officials to all directors of education, setting out key potential impacts of Covid-19 on the Scottish early learning and wider childcare and schools sectors and asking for confirmation that plans were in place to mitigate these. Provided, [CL19/012 - INQ000529991].
13 March 2020	Shetland schools close and move to hub model following a local outbreak.
13 March 2020	Education Scotland paused all inspection and professional learning and leadership activity to ensure that colleagues across the system were able to focus immediately on the potential impact of the closure of schools and early learning and wider childcare settings.
15 March 2020	SGoRR(O) was held. School closures were discussed and the Chief Medical Officer (CMO) was clear that the latest advice from Scientific Advisory Group for Emergencies (SAGE) and understanding of the virus at that stage did not justify any closures at that point.
16 March 2020	SGoRR(M) was held. This included circulation of the UK Government's "Commonly Recognised Information Picture" (CRIP), which was commonly circulated at SGoRR meetings. This noted "no change recommended for now" in respect of school closures.
16 March 2020	Advice to Ministers noting that the scientific advice did not support school and early learning and wider childcare closures (a view shared by the UK Government), but also noted a list of Covid-19-related issues in schools across Scotland and concern that pressure from communities could build.
17 March 2020	Deputy First Minister spoke with the Secretary of State for Education in the UK Government. At this point, there remained an ambition to try and to maintain school education and ELC provision until the Easter holidays.

Timeline of School and Early Learning and Childcare (ELC) Closures	
Date	**Event**
17 March 2020	Officials received intelligence from the CMO and Department for Education (DfE) of a likely change in SAGE advice on school closures. SAGE was now expected to recommend that closure was the appropriate course of action. Submission to Deputy First Minister recommending that schools and early learning and wider childcare settings (except childminders) should close following steer from Cabinet meeting the same day.
18 March 2020	Decision taken by Deputy First Minister that schools and early learning and wider childcare settings should close (with the exception of childminders), following a conversation with the First Minister regarding advice received on 17 March 2020.
19 March 2020	Deputy First Minister's statement to the Scottish Parliament on school and early learning and wider childcare closures (with the exception of childminders).
20 March 2020	Schools and early learning and wider childcare settings close to the majority of learners (except childminders).
20 March 2020	Guidance published on in-person ELC and learning provision for children of key workers.
25 March 2020	Decision taken by Deputy First Minister that childminders should also cease provision of ELC other than critical provision for key worker families and vulnerable children.
25 March 2020	Childminders also cease provision of ELC other than critical provision for key worker families and vulnerable children.

Children's rights impact assessments

27. Due to the pace and unprecedented scale of change required during the early days of the pandemic, it was not always possible to complete fully informed impact assessments prior to decisions being made. A list of Children's Rights and Wellbeing Impact Assessments (CRWIAs) in relation to school closures is contained within the Module 8 DG Education and Justice, Education statement provided to the Inquiry on 30 May 2025. The Mental Health and Social Care Directorate did not contribute to these impact assessments due to this not being within the responsibilities of the Directorate.

The First National Lockdown

28. The Mental Health Directorate had no active involvement in the decisions regarding lockdowns and was not asked to contribute to initial impact assessments. The focus of the Mental Health Directorate was on mitigating the mental health impacts of the pandemic and any necessary associated restrictions. Details of the actions taken by the Scottish Government can be found in the other statements provided to the Inquiry including the statement provided by DG Education and Justice, Education statement provided to the Inquiry on 30 May 2025.

29. The Directorate was not asked to contribute to any assessment about the impact of lockdown. The Directorate used the evidence available and emerging from surveys, studies and lived experience to try to monitor and understand the impact of lockdown on children, young people and families and put supports in place accordingly. Evidence that was used to inform the Mental Health Transition and Recovery Plan, provided [CL19/002 - INQ000322603] is outlined in the Plan (page 3) and actions taken, through the Plan, to respond to emerging evidence.

30. Specifically, the evidence that emerged during the pandemic suggested a deterioration in population mental health and wellbeing pre and post Covid-19, provided [CL19/013 - INQ000613840]. Studies showed that there were groups in the population who were at higher risk of experiencing negative mental health impacts due to Covid-19, including children and young people, provided [CL19/014 - INQ000613841]. There was a relationship between increased mental distress and a range of factors related to spending more time at home, including loneliness, childcare, home schooling, working from home and receiving care from outside the home. There was also evidence that interventions, such as social distancing, stay at home guidance and school closures, had likely had an adverse effect on the mental health and wellbeing of children and young people. Vulnerable children and young people, and those with challenging home environments, were more likely than others to have had experiences during the pandemic that are associated with a risk to mental health and wellbeing, such as disruptions to support. There was also a general worsening of mental wellbeing in older girls and also an increase in eating disorders, provided [CL19/015 - INQ000588400].

31. In order to address the emerging evidence of risks to mental health and wellbeing caused by the pandemic, the Scottish Government put in place a number of supports and services:
    - Provided local authorities with funding to support the impact of the pandemic and then to establish community mental health and wellbeing services and supports. £15 million in 2020/21 of which £11.25 million was for services in response to the pandemic, such as support for children who are struggling emotionally due to returning to school under new restrictions. The remaining £3.75 million was the first instalment of an annual £15 million fund to provide new and enhanced community mental health and wellbeing services. This funding continues and is now within the baseline of local government funding
    - Established a relationship helpline and associated counselling service with funding of £768,620 in 2020/21
    - Provided a package of family support services including the introduction of Solihull Online parenting support course, and information and advice about mental wellbeing on Parent Club. £240,000 across 24 months – 2020/21 and 2021/22 (and continued thereafter)
    - Provided digital mental wellbeing information and advice for children and young people for mental wellbeing via the Aye Feel platform: £105,000 in 2020/21 and continued thereafter
    - The Perinatal and Infant Mental Health Programme Board, provided [CL19/016 - INQ000613843], considered the longer term impacts on young children and families associated with Covid-19 and as well as continuing with the roll out of specialist services, also established perinatal mental health services as a priority area for the roll out of Near Me services, provided dedicated support around Covid-19 to existing third sector funded organisations, and built Covid-19 responsiveness into the applications for a subsequent third sector fund. £1 million in 2020/21 was provided for the third sector fund, and fund has continued in various forms thereafter
    - In collaboration with Mental Health in Schools Working Group, developed a new mental health training and learning resource which included learning for school staff to respond to the impact of Covid-19 on children and young people's mental wellbeing
    - Continued to ensure access to school counselling services so that all schools had access to a counselling services by the end of October 2020

- Due to self-isolation restrictions put in place for students Ministers asked for options to support their mental health. As such, additional funding was provided to the Scottish Funding Council (SFC) to distribute funding to all colleges and universities in Scotland to support student mental health as well as maintained existing funding commitments to support student counselling and NUS mental health projects. £1.32 million in 2020/21 for additional mental health support for students, in addition to funding of £3.64 million already in place to provide additional student counsellors
- While a reduction in CAMHS referrals was seen over the lockdown period, there was a significant increase in demand during the next phases of the pandemic. Through the implementation of the CAMHS Service Specification, provided [CL19/017 - INQ000414571], which outlines services standards that all Boards should follow, Scottish Government ensured that children, young people and their families could access effective and equitable treatment and care from specialist mental health services when required and provided funding to Boards as well as specialist improvement support to increase access to services. The Scottish Government's 2021/22 budget contained an additional £120 million **to support improvement across a range of mental health services and supports** including CAMHS and access to psychological therapies
- Scottish Government published a National Specification for Neurodevelopmental Services, provided [CL19/017 - INQ000414571], which outlines service standards that all Health Boards should follow, to ensure access to this support is effective and consistent across Scotland and provided funding to a number of local authority test of change areas to implement the specification. £766,397 in 2021/22
- Eating Disorders – evidence demonstrated that there was an increase in eating disorders during the pandemic. Therefore, following a recommendation made in National Review of Eating Disorder Services, £5 million funding was provided to NHS Boards and BEAT, the eating disorder charity, to respond to increase in Eating Disorder presentations and to provide support for their Helplines and peer support services for both young people and parents and carers in 2021/22
- Provided £150,000 funding for a pilot project to connect Gypsy and Traveller communities to existing mental health services including children and young people's services funded through community and pandemic funding and support to tackle access issues.

32. The Mental Health Directorate was involved in the production and publication of CRWIA for the Covid-19 Mental Health Transition and Recovery Plan: Children and Young People's Mental Health published in April 2022, provided [CL19/018 - INQ000256745]. This addressed the commitments made in the Covid-19: Mental Health – Transition and Recovery Plan, provided [CL19/002 - INQ000322603], and encapsulates the work of multiple policy areas which address children and young people's mental health.

33. The CRWIA looked at all of the actions related to children and young people in the Transition and Recovery plan, and assessed the impact of those on children and young people and how the policies would support the further implementation of the United Nations Convention on the Rights of the Child (UNCRC) in Scotland. The CRWIA demonstrated positive impacts on children, young people and families as a result of the proposed actions and no negative impacts were identified.

34. Specifically, examples of how each policy or action would support children and young people's rights from the CRWIA are as follows:
    - **Children and Young People's Mental Health and Wellbeing Joint Delivery Board**: The Board will continue the work of the Children and Young People's Mental Health and Wellbeing Programme Board to ensure the development of a coherent, whole system approach with a focus on the pathways and journeys children, young people and their families may take. Developing this whole system approach will support public bodies to safeguard, support and promote the wellbeing of children and young people more consistently
    - **CAMHS Improvement:** Implementing the CAMHS Improvement programme (including the successful implementation of the National CAMHS and Neurodevelopmental Service Specification and Standards for children and young people) will support public bodies in ensuring that children and young people who require mental health and/or neurodevelopmental support will have access to appropriate services and support in the right place, at the right time
    - **Eating Disorder Policy:** Implementing the CAMHS Improvement programme and specific improvements to Eating Disorder services for children and young people will support public bodies in ensuring that children and young people who require support and treatment for an eating disorder will have access to appropriate services and support in the right place, at the right time

- **Community Mental Health:** Provision of community supports and services in line with the Framework will enable local authorities and partners to ensure a wider range of support for children and young people's wellbeing. Local authorities are expected to measure the outcomes for funded services. In addition, Ministers have commissioned an independent evaluation of the services to assess if they are meeting the needs of children and young people
- **Perinatal and Early Years Mental Health:** The evidence so far has highlighted that where a parent(s) is experiencing mental health problems during the perinatal period, they may need some support and help during this time to help build strong loving relationships with their child and to support them with the daily responsibilities of parenting. The policy measure aims to have a positive impact on infants up to the age of 3 years in Scotland as parents with mental health problems will have the opportunity to access enhanced services, receiving help and support from fully trained specialists and professionals where appropriate
- **Children and Young People's Mental Health:** It is a Scottish Government priority that children, young people and their families are able to access the right help, support and guidance, without stigma, as early as possible, to support their mental health and wellbeing. Working with partners such as NHS Education for Scotland and The Mental Health in Schools National Working Group Scottish Government continue to provide a range of training and support packages to ensure that the entire children and families workforce is equipped with the tools and knowledge needed to support the mental health and wellbeing of children, young people and their families. In addition, investment in specific supports for education settings such as school counsellors helps to ensure effective pathways exist for staff working in local authorities and public bodies to refer children and young people to the right support services at the right time
- **Student Mental Health and Wellbeing:** The development of a student mental health action plan will provide the framework to take forward and support our existing actions around providing additional counsellors in colleges and universities and embedding wellbeing in the curriculum. This work supports advanced learning institutions to meet their duties and responsibilities to the student bodies for whom they have a duty of support and care
- **National Trauma Training Programme (NTTP):** Experience of trauma in adulthood and/or childhood, including adverse childhood experiences (ACEs), increases the risk of experiencing poorer physical and mental health outcomes as well as poorer social, educational and justice outcomes. These risks can be

greatly reduced if there is: widespread understanding of the prevalence and impact of ACEs and trauma, barriers to accessing services are reduced, and people are provided with support at the right time to help recovery and improved life chances. The Scottish Government provided funding (£1.6 million in 2021/22 and £1.6 million in 2022/23) to support local authorities to work in partnership with health boards and other community planning partners to embed trauma informed approaches within the workplace, with implementation support provided through the NTTP.

Part D - Interim planning (from Summer 2020)

35. Impact assessments are used at various stages of policy development to understand the impact on human rights, protected characteristics, children's human rights and wellbeing. Between May 2020 and April 2022, a wide range of impact assessments on school closures and Non-pharmaceutical Interventions (NPIs) were carried out by Directorates across DG Education and Justice, to inform and support decision making in relation to education, children and young people.

36. The CRWIAs carried out found that children's rights and wellbeing were negatively impacted by early learning and wider childcare and school closures. As the pandemic progressed, it became better understood that children and young people as a group had a relatively low risk of direct Covid-19 harm but were at particularly high risk of wider and long-term social, educational, developmental, and wellbeing harms caused by social isolation and reduced access to education. Those wider risks were particularly relevant for more disadvantaged children, and those with additional needs.

37. The Equalities Impact Assessments (EQIA) carried out by Directorates within DG Education and Justice considered the impact of policy decisions during the pandemic on those with protected characteristics and were mindful of the three elements of the Public Sector Equality Duty in accordance with the Equality Act 2010. The three elements set out in the Equality Act 2010 are:
(1) A public authority must, in the exercise of its functions, have due regard to the need to -
(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

38. These assessments concluded that school and early learning and wider childcare setting closures had a disproportionate impact on children who were at risk or had particular vulnerabilities.

39. The Advisory Sub-Group on Education and Children's Issues ("The Education Sub-Group") also supported Education officials in developing advice for Ministers by considering the potential impact of decision-making in relation to reopening, closure and the implementation of NPIs.

40. In April 2020, the Scottish Government published the Covid-19 framework for decision making, provided [CL19/019 - INQ000369689] which set out the guiding principles for a strategic four harms approach. This approach was a Government-wide consideration of how to manage Scotland's response to the pandemic, and alongside the various advisory groups and bodies, made recommendations to Ministers about next steps. It ensured consideration of the four key ways in which Covid-19 was harmful:
    - the first was that the virus caused direct harm to people's health
    - the second harm was the wider impact on health and social care services in Scotland (including the potential risk that services may be over-whelmed), and indirectly to people's health and wellbeing
    - the third was the harm that restrictions which Scotland, together with the other UK nations, had necessarily put in place to slow the spread of the virus could have to our broader way of living and society, including, for example, the negative effects of increased isolation, particularly for those living alone, and the impact on children's well-being from closing schools, ELC and wider childcare settings
    - fourth was the wider negative impacts on the economy, employment, and prosperity.

41. The Scottish Government's Strategic Framework for Reopening Schools and ELC Provision, published in May 2020, summarised evidence of the impact of the pandemic from a variety of sources, provided, **[CL19/020 - INQ000182826].** In particular, the framework was underpinned by a supporting evidence paper which

considered the multiple harms of the pandemic, provided [CL19/021 - INQ000131027]. This included consideration of the impact on children's wellbeing from the closure of schools and early learning and wider childcare settings. It noted that children and young people were likely to be impacted most, and for longer, by the unintended consequences and other factors attributable to actions taken to control the pandemic, and that the effects of the pandemic will not be equally distributed. It stated that some children were more at risk due to individual characteristics, such as disabilities, mental health or neurodevelopmental factors, some due to factors in their immediate environment such as parental relationship conflict, domestic abuse/coercive control, alcohol or substance misuse, and mental health needs of parents, some because of other parental factors such as age or learning disability and those due to make transitions (for example between schools, or from school to college). It found that impacts of 'hidden harm' may affect cognitive, emotional and behavioural functioning and are likely to require significant intervention over the medium and longer term.

42. In January 2021, Education Scotland and the Scottish Government jointly published an Equity Audit to share understanding of the impact that Covid-19 and closures of school buildings and early learning and wider childcare settings had on children from disadvantaged backgrounds, and set clear areas of focus for accelerating recovery and support how Scottish Government implement the Scottish Attainment Challenge (SAC) in 2021/22 and beyond. The mission of the SAC is to use education to improve outcomes for children and young people impacted by poverty, with a focus on tackling the poverty-related attainment gap, and is supported by £1 billion of funding over the course of this parliamentary term (2021/2022 – 2025/2026) – increased from £750 million during the last parliament. The Equity Audit focussed particularly on the impact of the school building closures from 20 March 2020 to the early stages of re-opening of schools on 11 August 2020, provided [CL19/022 - INQ000530197].

43. A number of key themes emerged from the evidence review and from the school-based interviews conducted as part of the Equity Audit. These themes, or key factors behind educational experiences and attainment during this period, were broadly categorised as:

    - Health and wellbeing support - Most Scottish stakeholders, along with the published evidence, identified that both the mental and physical health and wellbeing of children and young people may have been negatively impacted

during school building closure. Children and young people reported missing the social aspect of school and the daily interactions with friends and teachers

- Digital infrastructure and connectivity - Evidence pointed to the importance of access to technology (devices and connectivity) for children and young people. Where there were gaps in such access – with socio-economically disadvantaged children and young people potentially being most negatively affected - this had a direct impact on the home learning experience and the engagement of children and young people
- Support to parents and families - Remote learning was effective in some cases; this was dependent on specific conditions such as parental support and access to digital devices and connectivity. Effective communication between schools and families was key to the ongoing support for children and young people. Collaboration with partners proved essential in enabling schools to better identify vulnerable families and put in place tailored support
- Teaching provision and the quality of learning - International evidence generally shows that school building closures are likely to have had a negative effect on children and young people progress and attainment, with children and young people who are affected by socio-economic disadvantage being amongst those who may have been most affected. Moving to models of online learning required schools to adapt teaching and learning practices. Children in the early years of primary or those starting secondary were most likely to see a negative impact on their progress
- Support for teachers and the wider workforce - Additional support for staff, parents and children and young people increased confidence and knowledge regarding the use of digital technology; this remains a priority. In addition, for staff, digital pedagogy remains an additional focus for continued professional learning.

44. Between June 2020 and June 2021, the Scottish Government published a series of six evidence summaries on the impact of Covid-19 on the wellbeing of children and families in Scotland, drawing on research from Scotland and the UK. Evidence in the June, July and September 2020 summaries are most directly concerned with the lockdown periods during which school closures occurred, although later summaries also contain relevant evidence where this took longer to publish. These are provided, [CL19/023 - INQ000530064], [CL19/024 - INQ000530065], [CL19/025 -

INQ000530406], [CL19/026 - INQ000347496], [CL19/027 - INQ000530068] and [CL19/028 - INQ000176159].

45. The scope for inclusion was fairly broad to cover a wide range of policy interests, and findings were drawn out relating to a wide range of topics, where evidence was available, under the headings listed below. Evidence was not available under each heading every time and many of the findings are based on non-representative samples and therefore cannot be generalised to the wider population. Most studies looked at the impacts of the pandemic, and restrictions in general on the wellbeing of children and young people, and did not specifically focus on the impact of school closures, relative to other restrictions.

School Closure Lessons Learned

46. A key lesson was in relation to the provision of learning for certain groups and vulnerable children and young people. In the second phase of the pandemic, there was provision for these groups in all schools rather than hubs as was the case in the first phase. In the early stages of the pandemic, recognising the need to ensure continuity of care for children and young people who would be considered the most vulnerable, particular considerations were put in place for those children and young people with complex additional support needs, including those in receipt of services such as therapy via school. This included the provision of "hubs" aligned to provision for key workers where children and young people with additional support needs could attend in order to provide continuity in learning wherever possible. These hubs were established strategically within education authorities school estates – they were not established in every school. This approach was later criticised by practitioners for establishing a transition point which was challenging for the young people to manage. It was therefore agreed that provision for these children and young people should be provided in schools in early 2021 in order to support them in a more familiar and comfortable environment.

47. While scientific advice was central to decisions from the very start of the pandemic, the approach to this matured and improved over time. The establishment of the Covid-19 Education Recovery Group (CERG) in April 2020, chaired by the Cabinet Secretary for Education and Skills, and the Critical Childcare and Early Learning and Childcare Group (CCELC), helped bring together key stakeholders regularly

throughout the pandemic, ensuring that their voices were heard as part of policymaking. Similarly, the decision to establish the Education Sub-Group in June 2020 ensured that Ministers had high quality scientific advice with a particular focus on lessons learned and shaping future policy decisions.

48. The assessment of impacts informed the development of the Strategic Framework which was updated in October 2020 and aimed to keep schools and early learning and wider childcare settings open at all protection levels, taking into account the four harms assessment, provided **[CL19/029 - INQ000302532].**

49. A number of impact assessments examining the impact of the pandemic on children and young people were undertaken throughout the pandemic. A timeline of the formal impact assessments completed through the pandemic for early learning and wider childcare and schools are set out in the table below. These impact assessments are from Directorates within DG Education and Justice.

Timeline of Impact Assessments	
Date	**Impact Assessment**
21 May 2020	Strategic framework for reopening schools and ELC settings: initial impact assessment, [CL19/030 - INQ000182758]
30 July 2020 - (CRWIA)	Closure and re-opening of schools - children's rights and wellbeing impact assessment, [CL19/031 - INQ000182889]
30 July 2020 - (EQIA)	Closure and re-opening of schools - impact assessment, [CL19/032 - INQ000182764]
25 August 2020	Closure and reopening of schools version 2 - impact assessment, [CL19/033 - INQ000189479]
20 September 2020	CRWIA Stage 3 CRWIA title: Impact of Covid-19 restrictions on children and young people, [CL19/034 - INQ000530035]
30 September 2020	Re-opening childcare - impact assessment, [CL19/035 - INQ000182769]
February 2021	ELC provision during the Covid-19 Pandemic: equalities impact assessment, [CL19/036 - INQ000182746]
24 May 2021	Summer - National Offer - Impact Assessment - EQIA - Record - v1 - 24 May 2021, [CL19/037 - INQ000530038]
29 July 2021	Food Insecurity - Summer of Play – DPIA, [CL19/038 - INQ000530039]

18 August 2021	CRWIA - Summer Offer for Children and Young People – Get Into Summer, [CL19/039 - INQ000530040]
06 April 2022	Routine protective measures in schools, ELC settings and daycare of children's services: child rights and wellbeing impact assessment, [CL19/040 - INQ000256744]
06 April 2022	Routine protective measures in schools, ELC settings and daycare of children's services: impact assessments, [CL19/041 - INQ000182740]

50. Throughout the pandemic, routine data was provided by the Care Inspectorate on the impact of the pandemic on the early learning and wider childcare sector, including details of settings closures. Data from providers was collected on child attendance and absence at settings, initially daily, with the frequency reducing throughout the pandemic. Statistical modelling was also carried out by a centralised Scottish Government resource, the Central Analysis Division. Information from this modelling was considered by the relevant governance groups alongside other sources of data and evidence, to inform recommendations. Some specific education scenarios or options were modelled when relevant. Modelling was also used to provide wider understanding to local policy teams and wider stakeholders. The groups included the CERG, Education Sub-Group, CCELC, ELC and Childcare Sector Recovery Group, The Covid Reference Group (CRG), Covid-19 Higher and Further Education Ministerial Leadership Group, Coronavirus (Covid-19): Advanced Learning Recovery Group and the Coronavirus (Covid-19): Advisory Sub-Group on Universities and Colleges. More information on the governance groups and their terms of reference have been provided in the Module 8 Education and Justice, Education statement provided to the Inquiry on 30 May 2025 and the Module 8 DG Education and Justice, Advanced Learning and Science (ALS) statement provided to the Inquiry on 11 June 2025.

51. Between January 2021 and August 2021, the Directorate for Children and Families (DCAF) within DG Education and Justice led on the development of a bespoke campaign over the summer period to encourage children and young people to take part in activities, as were permitted at that time. This evolved into the 'Get Into Summer' campaign, and was a co-ordination across Directorates, external stakeholders including COSLA, recognising the impact that the pandemic restrictions had had on all children, and the disproportionate impact on some children. This was intended to support children and families in the context of Covid Recovery, over and

above the existing local authority provision. In February 2022, the Scottish Government published the evaluation findings of the 'Get Into Summer' campaign, provided [CL19/042 - INQ000530391]. This found that overall many families appeared to have benefitted from the programme, with a third (32%) of parents interviewed having at least one child who attended free or low-cost activities during summer 2021.

Reopening Play Areas

52. The approach of Active Scotland during the pandemic was to permit as much sport and physical activity as possible in a safe way, in particular prioritising sport for under 18s, recognising the importance to both physical and mental health.

53. With respect to the re-opening of playgrounds, SAGE and the Scottish Government Covid-19 Advisory Group advice was that outdoor transmission risks with physical distancing were low. However, there were challenges around congregation of children and the presence of multiple shared surfaces. While evidence suggested children might be at lower risk from illness, their role in transmission was uncertain. Advice recognised that re-opening would have a positive effect on social and some health harms. To mitigate these issues, guidance was provided on the Scottish Government website which set out that physical distancing rules should be maintained, children using the park should use hand sanitiser before and after using, and park owners should use signs to reinforce these measures.

Part E – The 'rule of six' and compulsory face coverings

54. As set out in Part 3 of the Health Protection (Coronavirus) (Restrictions and Requirements) (Scotland) Regulations 2020 SSI 2020/279, children under the age of 12 did not count towards the six-person limit when gathering outdoors in order to allow children to benefit from outdoor play. However, children under 12 were included for the purposes of counting the number of households participating in indoor gatherings. The regulations are provided, [CL19/043 - INQ000183153]. The Mental Health Directorate was not involved in the decisions regarding the 'rule of six' or face coverings.

Face coverings

55. From January 2020 to May 2020, consideration of NPIs was at a four-nation level, in line with the UK Covid response strategy, with decision making at Cabinet Office Briefing Rooms supported by meetings of SGoRR. Ministers, including the First Minister, attended these meetings and were supported by officials from various Directorates including the CMO.

56. From May 2020, the Covid Co-ordination Directorate was established, and a process was put in place for decision-making, including the Strategic Framework with policy intent, the 4 Harms Group led by the CMO's office, together with input from different policy areas.

57. Policy officials within the Directorate for Population Health provided advice and guidance on various NPIs including face coverings to the Covid Co-ordination Directorate. The Covid Co-ordination Directorate considered that advice and then co-ordinated and provided advice to Scottish Ministers to inform collective decision-making including on NPIs.

58. Alongside face covering requirements, there was a need to consider who may be unable to wear a face covering or when it would be advisable not to do so. Following evidence from SAGE and World Health Organisation (WHO), these were normally driven by age, medical or situation.

59. The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 SSI 2020/103 came into force on 26 March 2020. On 21 August 2020, the WHO published evidence, provided [CL19/044 - INQ000070536], on the use of face coverings for children within the community which was drawn upon to consider policy in Scotland. The European Centre for Disease Prevention and Control reported the age distribution of Covid-19 among children in the European Union (EU), European Economic Area (EEA) and the United Kingdom (UK) as of 26 July 2020, 4% of all cases in the EU/EEA and the UK were among children. The WHO advised to date, the evidence suggests that most reported cases among children have resulted from transmission within households, although this observation may have been influenced by school closures and other stay at home measures implemented by some countries.

60. In June 2020, the requirement for face coverings to be worn in passenger transport services or passenger transport service premises came into force. Exceptions were provided including school transport and the requirement did not apply to under 5s. The requirements were introduced by the Health Protection (Coronavirus) (Restrictions and Requirements) (Scotland) Regulations 2020 SSI 2020/103. Impact Assessments were prepared and published when NPIs were implemented, and these impact assessments were reconsidered when any changes were made.

61. On 14 June 2021, the WHO published updated guidance on the use of face coverings and advised that a risk-based approach should be taken with the continued use of face coverings in spaces and settings where transmission was known to be high, especially as physical distancing restrictions and other mitigations were removed, including on the use of face coverings for children in the community, which advised decision-makers to apply a risk-based approach to determine if children between 6 and 11 years of age should be required to wear a face covering. The WHO guidance is provided, [CL19/045 - INQ000613825]. In line with the scientific evidence and the guidance from WHO, the Scottish Government deemed it necessary and proportionate to maintain the mandatory use of face coverings in indoor settings in order to protect public health.

62. On 7 July 2021, the Scottish Government published the paper "Covid-19 Mitigation Measures Among Children and Young People – Summary of the Evidence Base", provided [CL19/046 - INQ000530255]. This report presented the latest data (up to May 2021) on children's and young people's understanding of, and views on, Covid-19 mitigation measures, including face coverings restrictions. It also showed results on the impact of those measures on their wellbeing and mental health.

"In terms of impacts on young people's mental health and wellbeing, the report shows that 18% of participants feel anxious because of face coverings, with girls being more likely to feel this way than boys. Those with a physical or mental health condition and living in the most deprived areas of Scotland are also more likely to feel more anxious when wearing a face covering compared to those who do not have any health condition or that lived in less deprived areas. Girls and respondents with a health condition were also more likely to agree that other people made them feel uncomfortable for wearing a face covering, compared to boys (14% compared with 8%) and those with no health condition (17% compared with 8%). Close to half of young people (44%) agreed that it is harder to connect with others while wearing face

coverings, with girls being more likely than boys to agree with this statement. With regard to schools, 41% of pupils agreed that it is harder to understand teachers and 32% agreed that it is harder to follow lessons, with girls, non-white pupils, students living in urban areas and those with health conditions being more likely to agree with those statements than boys, white pupils, students in rural areas and those with no health conditions.

The report also shows that most children and young people are happy with wearing face coverings where they were required, including in schools, as these protect them and others. However, some children and young people (11%) said that they find face coverings uncomfortable, as these make breathing difficult, with girls and those with a health condition being more prone to feel this way. A Disability Equality Scotland online poll (August 2020) asked respondents if they had any concerns about the use of face coverings in schools and on school transport. 343 individuals responded, of which 87% had no concerns. Concerns were reported around: stigma for those exempt; the impact of face coverings on pupils with hearing impairments and others who rely on lip reading and facial expressions for communications; affordability and availability of face coverings; and, the lack of use or enforcement of face coverings on school transport, particularly when school transport is shared with the general public, which increases transmission risks".

63. In August 2021, based on a review of the evidence from the WHO on the use of face coverings for children in the community advising that decision-makers apply a risk based approach to determine if children between 6 and 11 years of age should be required to wear a face covering and evidence from SAGE which continued to demonstrate that secondary aged school children are more susceptible to the virus, as well as more likely to transmit it that those of a younger age (11 and younger). New government guidance within Scotland confirmed that under 12s would be exempt from wearing a face covering. Children aged 12 and over however were still required to wear face coverings in school. The Face Coverings Beyond Level 0 Impact Assessment is provided, [CL19/047 - INQ000247173]. The EQIA included evidence from SAGE continued to demonstrate that secondary aged school children were more susceptible to the virus, as well as more likely to transmit it, than those of a younger age (11 and younger).

Face Coverings in Schools

64. The Directorate for Population Health provided advice to the Scottish Government Covid-19 Education Sub-Group for their consideration. The Education Sub-Group produced evidence reports, summaries and advisory notes. The secretariat for this group was provided by DG Education and Justice.

65. The Education Sub-Group note dated 30 July 2020 on Physical Distancing in ELC settings recommended that children under 5 years should not wear face coverings, provided [CL19/048 - INQ000182853]. This was based on an evaluation that the risks were outweighed by the benefits to young children and that young children require to view faces and rely on non-verbal cues to learn effectively. It advised that face coverings should therefore not be required for most children and adults (although those clinically advised to wear a covering would be an exception). It also advised that where adults who were interacting together could not keep two metre distance and were interacting face-to-face and for about 15 minutes or more, face coverings should be worn. The advice noted that emerging evidence was showing children in the age groups accessing ELC had a low susceptibility to Covid-19 infection and a low likelihood of onward transmission, and that the infection appeared to take a milder course in children than in adults and very few infected children developed severe disease.

66. The Education Sub-Group updated that advice in August 2020, provided [CL19/049 - INQ000448404] as evidence about the important role that face coverings play had strengthened, in particular the WHO advice on the use of face coverings for children in the community in the context of Covid-19, provided [See CL19/044 INQ000070536]. It recommended that secondary school pupils and adults should be required to wear face coverings in communal areas in schools and that, in relation to school transport, face covering advice should be brought into line with that already in place for wider public transport.

67. In October 2020, the Scottish Government published updated schools' guidance, provided [CL19/051 - INQ000613766], increasing the use of face coverings for parents and visitors, adults where they cannot keep two metres from other adults and/or children, and S4-6 pupils in Level 3 and 4 areas.

68. On 9 and 10 October 2020, the Health Protection (Coronavirus) (Restrictions and Requirements) (Additional Temporary Measures) (Scotland) Amendment Regulations 2020 SSI 2020/318 came into force to provide temporary additional measures to

certain local authority areas whilst retaining existing measures for the rest of Scotland, carrying forward the existing requirements around face coverings. The Regulations were then amended to extend the requirement to wear a face covering in communal areas in indoor workplaces, except where the person is a child under 5 years of age. Provided, [CL19/052 - INQ000521005].

69. On 2 November 2020, the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 SSI 2020/344 were introduced. These Regulations introduced five local protection levels and Schedule 7, which applied to all the Levels, specified that face coverings required to be worn on public transport and in specified places; the requirements did not apply to children under the age of 5. Provided, [CL19/053 - INQ000613847].

70. Advice for school settings was updated again in February 2021, provided [CL19/054 - INQ000613799] to reflect the latest advice that senior phase pupils should wear face coverings throughout the day. The Education Sub-Group published updated advice on 12 February 2021, provided [CL19/055 - INQ000274021] on the mitigations required to ensure a safe return to in-person learning for staff, children and young people in schools and early learning and wider childcare settings. It was summarised as follows:
    - 2 metre physical distancing within school buildings, between secondary-aged pupils, between pupils and staff, and between staff (the sub-group concluded that its previous advice on physical distancing in ELC settings should be maintained: 2 metre distancing should be in place between staff, but no distancing should be required between young children, or between young children and staff)
    - face coverings should continue to be worn throughout the day by secondary age pupils and staff and where adults in primary school and ELC settings could not keep two metre distance from other adults and when they are not working directly with children
    - greater emphasis should be placed on ventilation, aligned with WHO advice on ventilation
    - continued emphasis on hand and respiratory hygiene clear communication about the importance of wider compliance with restrictions.

71. It was updated again in March 2021, provided [CL19/056 - INQ000274022], to advise that face coverings should be worn throughout the day by all secondary aged pupils (not just in the senior phase).

72. The Education Sub-Group based its advice on the available data and published regular summaries of the evidence that had informed its advice. The advice on face-coverings was updated when the balance of evidence from organisations such as WHO, United Nations International Children's Emergency Fund (UNICEF) and clinicians changed with regard to the benefits of wearing face coverings under certain circumstances. From the beginning, the Education Sub-Group emphasised the importance of making a balanced assessment of risk, and set out the need for a package of mitigations to be put in place to reduce the risk of transmission of the virus, rather than relying on one single intervention such as face-coverings. These NPIs included physical distancing approaches to prevent crowding, hand and respiratory hygiene, ventilation, and a zero-tolerance to symptoms.

73. In the readiness of schools to close and provide education, the most significant work across the Scottish Government was between the Learning Directorate, the ELC Directorate, health colleagues, Education Scotland, DCAF and the ALS Directorate. The focus of this engagement was to ensure collective understanding and assessment of emerging evidence which would help share and steer decision making and advice to Ministers. Specific engagement took place in relation to school closures, links with childcare provision and other interventions such as face coverings, ventilation, social distancing and testing to fully understand and address the implications for schools and ELC settings.

74. The Education Sub-Group published updated advice on 12 February 2021, provided [CL19/056 - INQ000274022] on the mitigations required to ensure a safe return to in-person learning for staff, children and young people in schools and early learning and wider childcare settings. It was summarised as follows:
    - 2 metre physical distancing within school buildings, between secondary-aged pupils, between pupils and staff, and between staff (the Education Sub-group concluded that its previous advice on physical distancing in ELC settings should be maintained: 2 metre distancing should be in place between staff, but no distancing should be required between young children, or between young children and staff)

- face coverings should continue to be worn throughout the day by secondary school age pupils and staff and where adults in primary school and ELC settings could not keep two metre distance from other adults and when they are not working directly with children
- greater emphasis should be placed on ventilation, aligned with WHO advice on ventilation
- continued emphasis on hand and respiratory hygiene
- clear communication about the importance of wider compliance with restrictions.

75. On 1 June 2021, the Education Sub-Group considered the guidance on face coverings in schools. Given the uncertainty around the April-02 or 'Delta' variant (B.1.617.2) the Education Sub-Group felt that it was best to take a precautionary approach, and that the current guidance on face coverings should remain in place.

76. In July 2021, the Scottish Government published an evidence review on Coronavirus (Covid-19) mitigation measures amongst children and young people, provided [See CL19/046 INQ000530255]. This report focuses primarily on mitigation measures such as face coverings and physical distancing, once schools were reopened, rather than the wider impact of reopening the schools. Evidence is drawn from a representative survey of young people, the Young People in Scotland Survey 2021, as well as a number of non-representative surveys, YouGov weekly polls and qualitative research with young people and parents. Findings presented in this report tend to focus more on young people, reflecting the greater applicability of Covid-19 mitigation measures on this age group. Children are often not discussed since they were exempt from many measures. The report covers understanding of restrictions, compliance with restrictions, and impacts of mitigation measures.

77. On 19 October 2021, the Scottish Government announced school mitigations would remain in place, provided [CL19/058 - INQ000613767]. Pupils would continue to be required to wear face coverings in secondary school classrooms as they began to return from the October break.

78. On 10 February 2022, the Scottish Government announced high school pupils and staff will not be required to wear face coverings in classrooms from 28 February 2022. This announcement is provided, [CL19/059 - INQ000613768].

79. On 28 February 2022, the Scottish Government published updated guidance for the use of face coverings in schools. This guidance is provided, [CL19/060 - INQ000613769], and removed the requirement for face coverings in classrooms.

80. As outlined at paragraph 72, the Education Sub-Group based its advice on the available data and published regular summaries of evidence that informed its advice. The advice on face-coverings was updated when the balance of evidence changed regarding the benefits of wearing face coverings under certain circumstances.

Monitoring and assessment of impact

81. In August 2020, some potential indirect negative impacts on one or more of the protected characteristics were identified as part of the EQIA on the mandatory use of face coverings, provided [CL19/061 - INQ000183143]. This included that people living with sight and hearing loss may find that extending the mandatory use of face coverings could create new communication barriers, and blind and partially sighted people have reported coverings can also affect people's speech therefore making it harder for them to hear. Learning disabled or autistic adults and children may also struggle to understand and/or comply with the new measures, for this reason engagement was carried out with colleagues leading on carers policy to agree the groups who are exempt from the mandatory requirements, including those with learning disabilities. It was recommended that individual discretion should be applied in considering the use of face coverings where the wearing of a face covering is difficult on grounds of any physical or mental illness or impairment or disability, for example, children with breathing difficulties and disabled children who would struggle to wear a face covering.

82. The Learning Directorate produced a report on 7 July 2021 which gathered the views of parents and children on face coverings and their impact, provided [CL19/057 - INQ000530255]. This paper is summarised in pages 2 and 3 of the following EQIA, provided [CL19/062 - INQ000183236]. A brief summary of the key points are:
    - In terms of young people's mental health and wellbeing, the report showed that 18% of participants feel anxious because of face coverings, with girls being more likely to feel this way than boys

- Close to half of young people (44%) agreed that it is harder to connect with others while wearing face coverings, with girls being more likely than boys to agree with this statement
- The report also showed that most children and young people are happy with wearing face coverings where they were required, including schools, as these protect them and others.

Part F – The second lockdown and the closure of schools to most children from 4 January 2021

83. Decisions regarding school closures, online learning and the second lockdown are covered in the Module 8 DG Education and Justice, Education statement provided to the Inquiry on 30 May 2025. The Mental Health Directorate had no active involvement in these decisions. The focus of the Directorate was on mitigating the mental health impacts of the pandemic and any necessary associated restrictions. This was done through the development of the Mental Health Transition and Recovery Plan which outlined the Scottish Government's response to the mental health impacts of Covid-19, and addressed the challenges that the pandemic had, and will continue to have, on the population's mental health.

84. The Education Sub-Group considered the risks of a return to education across all stages, in the context of the new variant and a four harms assessment, in an extraordinary meeting held on 31 December 2020. Their advice was that schools and early learning and wider childcare settings, except childminders caring for fewer than 12 children, should remain closed to all but the children of key workers and other priority groups beyond 18 January 2021 on a precautionary basis, and that there should be a fortnightly review of that decision.

85. On 4 January 2021, Cabinet agreed that further closures were a necessary measure to supress the virus. On the same date, the First Minister announced that all schools were to use remote learning until at least the end of January, except in the case of vulnerable children and those of key workers, and that access to early learning and wider childcare should be similarly restricted, with the exception of childminders caring for fewer than 12 children, in line with advice from the Education Sub-Group.

86. When Cabinet reviewed the situation on 19 January 2021, it was decided not to reopen schools or early learning and wider childcare settings beyond the groups already attending in-person before mid-February. Cabinet was alive to the detrimental effect that closing schools and early learning settings could have on children and young people's wellbeing and attainment. It was however decided not to reopen schools and early learning settings in January 2021, following a wide-ranging consideration of the state of the pandemic and related issues. Specifically:
    - The NHS was very close to capacity as a result of increasing Covid presentations and seasonal pressures
    - The need to reduce transmission of the virus, given the impact of new variants and the potential for vaccine escape
    - Limited testing capacity at that time
    - Vaccine rollout at the time was limited to health and social care staff, care home residents and over 80
    - Uncertainty regarding the interactions between children and young people and the new variant.

87. Finalised guidance on provision for children of key workers and vulnerable children was published on 31 March 2020, [CL19/063 - INQ000182846]. This guidance described 'vulnerable children' as *"children who often rely on childcare settings and school life for hot meals or for a safe and comforting space"*. Local Authorities were given discretion to identify vulnerable children in their area, taking into account issues such as child protection, welfare, poverty and children with complex additional support needs and the need to provide access to free school meals.

88. The July 2021 evidence summary, provided [CL19/064 - INQ000176159] and internal briefing up to February 2022, provided [CL19/065 - INQ000530261], cover aspects of the impact of closures on: physical and mental health and wellbeing of children; the attainment and development of children; vulnerable children or those living in poverty and whether there was a differential impact on children from different ethnic groups. Most of the research covers the period during which Covid-19 prevention restrictions were eased until the end of 2020, but some present evidence from the second lockdown period in early 2021.

89. The Directorate was sighted on announcements via the core communications issuing from each lead policy area.

90. Information on the prospects schools might have to close or the effect this might have on children is considered as part of the DG Education and Justice, Education statement for Module 8 provided to the Inquiry on 30 May 2025. The Mental Health Directorate was not asked to provide any information at this stage.

91. As set out earlier in this statement, the approach of Active Scotland, within DG Health and Social Care, during the pandemic was to permit as much sport and physical activity as possible in a safe way, in particular prioritising sport for under 18s and recognising the importance to both physical and mental health.

92. This approach was reflected by the fact that during the second lockdown, when level 4 restrictions were increased, children under 12 were still permitted to take part in organised sport and exercise in larger groups, given the recognised benefits to physical and mental health. For children over 12, organised sport and exercise was only permitted to take place within a single household group, or a group containing no more than 2 people from 2 different households. EQIA considered evidence from SAGE, which continued to demonstrate that secondary aged school children were more susceptible to the virus, as well as more likely to transmit it, than those of a younger age (11 and younger). For children under 12, sport and physical activity offers a number of benefits supporting their physical, mental, and social health. From improved physical health to the development of crucial social and cognitive skills. It also gives children an environment where they can feel safe and express their true selves, supporting them to forge new relationships, build confidence and improve resilience.

93. Adults living in a Level 3 or 4 area were permitted to travel locally (within their local government area) to take part in organised sport or physical activity, whilst children and young people under 18 were permitted to travel into and out of Level 3 and 4 areas to take part in organised sport and physical activity.

94. GIRFEC is a policy responsibility of DCAF within DG Education and Justice, which provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people; improving children's rights by implementing United Nations Convention on Rights of a Child in Scotland; the early child development transformational change programme; and whole family wellbeing funding. It also includes policy development, support and

intervention for Foster Care, Adoption, Kinship Care, Transitions and Care Leavers, and Health visiting (Universal Health visiting pathway) and Family Nurse partnership.

95. In October 2020, the Children and Families Collective Leadership Group (CLG) held a 'lessons learned' session. The papers from this meeting are provided, [CL19/066 - INQ000571183], [CL19/067 - INQ000530181], [CL19/068 - INQ000530179] and [CL19/069 - INQ000530178]. This reviewed the support required by individuals and organisations based on Public Health Surveys and other evidence. The resulting actions included improving public communications on access to services; and better analysis and presentation of data and intelligence. The Lessons Learned session continued to inform the Leadership Group's work including the 10-point action plan issued in early 2021. The action plan and outcomes are provided [CL19/070 - INQ000530184] and [CL19/071 - INQ000530183].

96. On the 17 December 2020 Ministers approved a Winter Plan for Social Protection, provided [CL19/072 - INQ000242060], with £23.5 million to support services for vulnerable children (£9m for residential care, £6 million for vulnerable families and £8.5 million for the Children's Hearing Recovery plan).

97. DCAF also has policy and legislative duties relating to Children's Services Planning in Scotland. Children's Services Planning is Scotland's approach to collaborative local strategic planning and delivery of services and support, delivered in a way which supports, safeguards and improves wellbeing outcomes for children, young people and families living in each area. Each local authority and health board must work collaboratively with specified service providers, other public bodies, the third sector, and children, young people and families to develop a three-year Children's Services Plan for their areas. Children's Services Plans include provision of '*Children's Services'* (e.g. schools, health visiting, early learning & childcare, social work, Child and Adolescent Mental Health Services) and '*Related Services' (*adult services provided to parents/carers in relation to, for example, drug or alcohol use, mental health needs, disability or offending, and community-based supports such as housing, welfare advisory services and recreation facilities). DCAF reviews the plans and publishes a national report on strengths and areas for improvement. Additional work was undertaken with Children's Services Planning Partnerships as part of the Covid-19 Children and Families CLG's action plan to build on (rather than amend) the plans. The relevant documentation has already been provided to the Inquiry. For example, all 30 Children Services Planning Partnerships provided information

detailing an extensive range of locally available support across local partnership agencies and organisations, provided [CL19/073 - INQ000613848].

Monitoring of the impact on children and young people

98. Health and Social Care Analysis (HSCA), part of the Directorate for Population Health, reported data on school attendance and absence for Covid-19 related reasons as part of the package of Covid-19 daily data published on the Scottish Government website at 2pm each day. Colleagues in Scottish Government Education Analytical Services were responsible for the collection of the data and provided it daily, every weekday, to HSCA. The data series published covered the period from August 2020 until April 2022.

99. Further information on the specific measures published as part of Covid-19 daily data reporting are provided, [CL19/074 - INQ000353692].

100. The Covid-19 daily data reporting, published on the gov.scot website, included the following measures relevant to the closure of schools:

- Number of pupils not in school because of Covid-19 related reasons
- Percentage attendance
- Percentage of openings where pupils were not in school for non-Covid-19 related reasons (authorised and unauthorised, including exclusions)
- Percentage of openings where pupils were not in school because of Covid-19 related reasons.

Details on the definitions of the above measures, sources and methods for collecting and reporting the data are provided, [CL19/074 - INQ000353692].

101. In summary, the information was based on Local Authority schools (primary, secondary and special schools). The attendance and absence rates were calculated on the number of half days (i.e. openings) a child or young person was recorded being in or out of school (together with the reason for not being in school), as recorded on school management information systems. This information was provided by local authorities on a daily basis, one day in arrears (e.g. Monday's data was extracted and provided on Tuesday morning). The number of children and young people who are absent due to Covid-related reasons was based on counting any

child or young person who was recorded as being absent due to a Covid-related reason for all or part of the day (i.e. all day, or for half a day).

102. The same information on attendance and absence was also published as part of the Scottish Government Education Analytical Services: Learning Analysis dashboard, provided [CL19/075 - INQ000613772].

103. The Mental Health Directorate was not involved directly in any active monitoring of the impact of the pandemic or the measures introduced on children and young people, other than via studies or research already highlighted.

Lessons Learned

104. The overall lessons learned for the Mental Health Directorate are set out at paragraph 258.

105. The Directorate fed in reflections to central planning and the Mental Health Strategy and Delivery Plan, provided [CL19/076 - INQ000613773], outlines the focus on early intervention and prevention alongside effective services.

Part G – Differential impacts on children

106. Equality Impact Assessments and CRWIAs were carried out throughout the specified period across the Scottish Government. These examined the impact of restrictions on physical activity opportunities across all protected characteristic groups including children with disabilities and those from black and minority ethnic groups.

107. Impact assessments recognised that the restrictions could have a negative effect on levels of physical activity for some groups.

108. Active Scotland measure levels of physical activity in Scotland through the Scottish Health Survey, provided [CL19/077 - INQ000613774]. Data collection was affected by the pandemic making assessment of the restrictions on physical activity levels during that period difficult. Data collection has now returned to pre-pandemic

status which has allowed assessment of the long-term impact on levels of physical activity.

109. Sportscotland also undertook EQIAs during the pandemic, for example, through their Return to Sport Guidance, provided [CL19/078 - INQ000613775], and as that EQIA sets out, Sportscotland engaged with Disability Sport to ensure the guidance did not prohibit disabled people from participating in a safe manner.

110. During the summer of 2021, the Scottish Government provided Sportscotland with £1.4 million through the 'Get into Summer' programme (as part of a wider £20 million Scottish Government initiative). Sportscotland worked with all 32 local authorities and leisure trusts to provide free, inclusive sporting and physical activity opportunities alongside the provision of healthy food options and financial and transport support. The activities were targeted at low-income families, and children and young people particularly adversely affected by the impacts of the pandemic. There were a breadth of children and young people supported across local authorities including those with an additional support need or disability, from minority ethnic communities, care experienced, disabled, those living in areas of Scottish Index of Multiple Deprivation (SIMD)1&2 or low income households, having an additional support need, and young carers.

111. An early assessment of the impacts of the pandemic on children and young people's mental health and wellbeing was carried out by the Mental Health Research Advisory Group (MHRAG) in 2020, as summarised in the mental health transition and recovery plan, provided [CL19/002 - INQ000322603].

112. Various conclusions from the mental health transition and recovery plan are relevant to children and young people, including:

- Growing evidence that interventions, such as social distancing, stay at home guidance and school closures, have likely had an adverse effect on the mental health and wellbeing of children and young people. Loneliness has been a particular challenge. Some have reported benefits for their mental health
- Vulnerable children and young people, and those with challenging home environments, are more likely than others to have had experiences during the pandemic that are associated with a risk to mental health and wellbeing, such as disruptions to support. There also appears to have been a general worsening of mental wellbeing in older girls – age 14 or 15 upwards, particularly.

113. A full CRWIA was subsequently undertaken in April 2022, which summarises the impact of the actions relating to children and young people's mental health in the transition and recovery plan, provided [CL19/079 - INQ000114287]. No additional specific work has been undertaken since this CRWIA. This CRWIA is summarised at paragraphs 32 – 34.

114. PHS commissioned a study of the impact of the pandemic on physical activity in Scotland, provided [CL19/080 - INQ000613777]. The study concluded that population levels of physical activity were negatively impacted by the Covid-19 lockdowns and that inequalities in physical activity behavior increased according to race/ethnicity and socioeconomic status in both adults and children. Similarly, the Active-6 study found that the proportion of children classed as very sedentary and very inactive, had increased from the position before the Covid-19 pandemic, provided [CL19/081 - INQ000613778]. The study also found that the gender gap has widened, with only 8% of highly active children in the study being girls, compared to 80% of those classed as very sedentary and very inactive. Finally, socioeconomic differences had increased, and fewer of the highly active children and more of the inactive children in the study were from households with lower educational qualifications.

115. The Mental Health Directorate had no active involvement in decisions regarding school closures or the work done to assess the impact that the pandemic has had on the longer-term attendance of children at school in Scotland and the extent to which this may be interrelated to other issues affecting children. This is led by the Education Directorates within DG Education and Justice.

116. The Mental Health Directorate has not been involved in any work to assess the impact the pandemic has had on the longer-term development of babies born during the pandemic or those children of pre-school age during the pandemic. Nor has the Directorate been involved in any work to assess the impact the pandemic has had on access to healthcare for children and young people during the pandemic. This is the responsibility of DCAF within DG Education and Justice.

Part H - Social care (including children in care, children subject to child protection plans, children in need, children subject to supervision orders, care leavers and young carers)

117. The Mental Health Directorate did not contribute to planning on how the Scottish Government would discharge its responsibilities for child protection in the event that the situation emerging from January 2020 developed into a pandemic or contribute to assess the impact of and to mitigate any changes made to children's social care. The Mental Health Directorate do not have a formal role in advising on child protection matters, this is the responsibility of DCAF within DG Education and Justice.

Part I: Healthcare, Development and General wellbeing

118. There are different tiers of the mental health system in Scotland and different levels of mental health and wellbeing support available to children and young people. The supports and services across tiers are provided by a range of partners and this varies in different local systems. For children and young people – these services range from easy access resources including digital supports that are available to all children and young people to support self-management of emotional wellbeing; through to community services which are available in every local authority in Scotland to support with mental health and wellbeing. There are also counselling services available in secondary schools for pupils seeking support for their mental health and wellbeing. Higher level/tier support is available through NHS primary care and referrals to secondary care services, including CAMHS. CAMHS provides a higher level of intervention service for children and young people including, where appropriate, in-patient care.

119. CAMHS are multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and training, consultation, advice and support to professionals working with children, young people and their families. More information on the support provided by CAMHS is provided, [CL19/082 - INQ000414571].

120. All children in Scotland are entitled to access a universal health promotion programme. This is known as Scotland's Child Health Programme. It supports children to attain the highest possible standard of health by providing:

- Formal screening for specific medical problems
- Routine childhood immunisations

- Regular contact with health professionals such as Health Visitors, Family Nurses and School Nurses.

121. Support under the programme is offered between birth and secondary school and the schedule of universal contacts, screenings and immunisations is set out below.

Activity	**Detail**
Pre-school programme	
Neonatal health screening	All newborn babies are tested for hearing impairment problems, normally prior to hospital discharge.
Health Visitor first visit	Normally delivered when a child is 11-14 days old. Examples of information collected include: mother's age; smokers in household and infant feeding (at birth, hospital discharge and current method). Identification data such as name, address, GP etc are also checked and updated.
6-8 week review	This review combines assessment from a Health Visitor and a GP. Examples of information collected include: feeding of baby (breast, bottle or both); parental concerns (feeding, appearance; behaviour; hearing; eyes; sleeping; movement; illness; crying; weight gain and other); development (gross motor, hearing & communication, vision & social awareness); physical (length, weight, heart, hips, testes, genitalia, femoral pulses and eyes); diagnoses/concerns, sleeping position (prone, supine and side). Identification data such as name, address, GP etc. are also checked and updated.
13-15 month child health review	Is completed by a Health Visitor or a Family Nurse. Examples of information collected include: development (social, behavioural, communication, gross motor, vision, hearing), physical measurements (height and weight) and diagnoses / issues. Identification data such as name, address, GP etc. are also checked and updated.
27-30 month child health review	Is completed by a Health Visitor. Examples of information collected include: development (social, behavioural, communication, gross motor, vision, hearing), physical

	measurements (height and weight) and diagnoses / issues. Identification data such as name, address, GP etc. are also checked and updated.
4-5 year child health review	Is completed by a Health Visitor. Examples of information collected include: development (social, behavioural, communication, gross motor, vision, hearing), physical measurements (height and weight) and diagnoses / issues. Identification data such as name, address, GP etc. are also checked and updated.
Orthoptist vision screening	Vision screening is carried out by an Orthoptist prior to school entry at 4-5 years of age.
School programme	
Universal Primary 1 review	Offered to all children in their first year of primary school (Primary 1). Examples of information collected include height and weight measurements and recording of diagnoses/concerns.
Childhood immunisation schedule	
2 months of age	• MenB vaccine • Rotavirus vaccine • The 6-in-1 vaccine (diphtheria, tetanus, whooping cough, polio, haemophilus influenzae type b and hepatitis B)
3 months of age	• Pneumococcal vaccine • Rotavirus vaccine • The 6-in-1 vaccine
4 months of age	• MenB vaccine • The 6-in-1 vaccine
12-13 months of age	• Hib/Men C vaccine • Men B vaccine • MMR vaccine • Pneumococcal vaccine
2 years of age (until the end of secondary school)	• Child flu vaccine
From 3 years and 4 months	• The 4-in-1 vaccine (diphtheria, tetanus, whooping cough and polio).

	• MMR vaccine
S1 (11-13 years old)	• HPV vaccine
S3 (around 14 years old)	• DPT vaccine (diphtheria, tetanus and polio) • Meningitis ACWY

122. Records of all the above contact should be recorded as part of a child's local health (patient) record but also, where appropriate, on the National Child Health System. Data from the Child Health System are used for related national statistical publications produced by PHS.

123. Children and families in Scotland can also access health support which does not form part of the child health programme including:

Neonatal Care

124. All mainland health boards have neonatal units providing additional care for newborn babies. There are 14 neonatal units in Scotland and the level of care that is provided in these units varies. All mainland health boards provide special care for babies with moderate additional care need, with larger boards also providing high dependency care, and a smaller number of boards providing neonatal intensive care.

125. NHS Lothian, NHS Greater Glasgow and Clyde and NHS Grampian also provide neonatal surgical services. Some babies will require care at a higher level than is provided in their local board. Where these babies can be identified pre-birth the expectation is that care will be coordinated so that they are born in a maternity unit with the appropriate collocated neonatal care. Where that is not possible, they will be transported by the specialist neonatal transport service ScotSTAR to the nearest unit that provides that level of care.

Health Visiting Service

126. All pre-school children and their families are entitled to access Scotland's universal health visiting service. The Universal Health Visiting Pathway (UHVP) guides a schedule of 11 home visits between pre-birth and a child starting school. The pathway represents a minimum standard of support. Additional visits and/or

referrals to specialist services can be offered where need is identified. More information on UHVP is provided, [CL19/083 - INQ000613779].

Family Nurse Partnership (FNP)

127. The FNP programme is an intensive, preventative, one-to-one home visiting programme provided to first time young mothers under 20, in mainland Scotland. The programme is delivered from early pregnancy until the child reaches two years old. More information on FNP is provided, [CL19/084 - INQ000613780].

School Nursing Service

128. Scotland's school nursing service supports children of primary and secondary school age. Their work is focused around 10 priority areas which are deemed most likely to influence health and wellbeing in later life. This allows School Nurses to maximise their public health function and pursue prevention and early intervention. More information is provided, [CL19/085 - INQ000613781]. The 10 areas forming the focus of the School Nurse role are:

- Emotional health and wellbeing
- Substance misuse
- Child protection
- Domestic abuse
- Looked-after children
- Homelessness
- Sexual health
- Youth justice
- Transitions
- Young carers.

Primary Care Services

129. Children in Scotland can also access healthcare support through established primary care services. These services include:

- GPs
- Pharmacists
- Dentists
- Optometry
- Audiology.

Secondary Care

130. All fourteen territorial health boards in Scotland provide at least one Emergency Department where children will be seen. All boards also provide inpatient services for children aged 0-16 years. Specialist paediatric medical services are usually provided using a regional hub and spoke model from NHS Grampian, NHS Greater Glasgow and Clyde and NHS Lothian. Highly specialist services are provided on a national basis usually from either NHS Greater Glasgow and Clyde or NHS Lothian and in some cases by both boards.

Response to the Pandemic

131. The first phase commissioning of the mobilisation of the NHS from 12 March 2020 did not expressly include Mental Health services. On 27 March 2020, the Minister for Mental Health wrote to NHS Board Chief Executives issuing a set of directives to ensure that these services were being appropriately considered, provided [CL19/086 - INQ000613782]. The directives included all boards putting in place arrangements for Mental Health Assessment Centres or similar arrangements in areas of significant population, clearance being sought from the Minister of Mental Health if Boards are considering any changes to regional or national services after discussion with NSS and other Boards and any significant changes to acute mental health services discussed in advance with the Scottish Government for the Minister to provide clearance. No new structures were set up for children and young people's mental health services.

132. The Scottish Government published clinical guidance for nursing and Allied Health Professionals (AHP) community health staff during the Covid-19 pandemic, including for infant feeding advisors.

133. The '*Coronavirus (COVID-19): nursing and community health staff guidance*' provided direction on how Health Visiting, Family Nurse Partnership, School Nursing, Children's Community Allied Health Professional services, District Nursing, General Practice Nursing and Specialist Nursing services should be delivered during the pandemic, provided [CL19/079 - INQ000114287]. None of the services referenced were stopped, adapted, continued or started in their entirety. The guidance provided direction on different aspects of each service and those directions evolved as the pandemic progressed.

134. Where the advice was to adapt the delivery of part of a service, the guidance (where appropriate) provided direction on whether it should be provided virtually, by telephone or on a more targeted basis. The guidance was kept under review as the pandemic progressed. Various updates were published to reflect changes in the pandemic response.

135. Where the advice was to adapt the delivery of part of a service, the guidance (where appropriate) provided direction on whether it should be provided virtually, by telephone or on a more targeted basis. The guidance was kept under review as the pandemic progressed. Various updates were published to reflect changes in the pandemic response.

Decision Making

Physical Health

136. All decisions followed the Scottish Government Route map or levels that were in place throughout the pandemic. The Active Scotland approach during the pandemic was to permit as much sport and physical activity as possible in a safe way, in particular prioritising sport for under 18s, recognising the importance to both physical and mental health.

137. A timeline and summary of decisions are provided below:

DATE	DECISIONS / SUMMARY
April 2020	sportscotland and the Scottish Government eased the criteria for the planned annual investment for Scottish Governing Bodies (SGB) of Sport and local partners, releasing 50 per cent of the total (£16 million). The remaining 50 per cent was released in August on similar terms. This has helped to protect more than 1,000 jobs in SGBs and a further 600 with local partners, clubs and community organisations as part of the Community Sport Hub, Direct Club Investment and Active Schools programmes.
11 May 2020	Advice and infographics developed and published to assist the public to remain active during lockdown.
13 July 2020	Return to organised contact participatory sport and play for children and young people.

17 August 2020	Guidance for the opening of indoor and outdoor sport and leisure facilities with physical distancing and hygiene measures is published. (Facilities not permitted to open until 31/08/2020)
24 August 2020	Organised outdoor contact sport for all ages resumed, subject to sports governing bodies agreed guidance with sportscotland.
31 August 2020	Indoor sports facilities (including gyms and swimming pools) reopen. Children aged 11 and under permitted to play contact sports, and those 12 and over permitted to undertake sports and activities as long as they remain physically distanced. Phase 3 guidance is provided, [CL19/087 - INQ000613783].
02 November 2020	Scotland's Strategic Framework comes into effect. Each Local Authority area has a Covid protection level, and permitted activities at each level are as follows: o Level 0 – All permitted o Level 1 - All permitted except 18+ indoor contact sports (professional permitted) o Level 2 - All permitted except 18+ indoor contact sports (professional permitted). Indoor snooker/pool halls and indoor bowling alleys closed o Level 3 - Indoor: individual exercise only (exemption for under 18s) Outdoor – all except adult (18+) contact sports (professional permitted). Indoor snooker/pool halls and indoor bowling alleys closed o Level 4 - Indoor sports facilities closed. Outdoor non-contact sports only (all professional permitted). Indoor snooker/pool halls and indoor bowling alleys closed. In addition there are restrictions on travel in Scotland, relating to protection level area, so that with limited exceptions, there is no travel to or from areas where higher numbers of people may be carrying the virus. There are exemptions provided for the following: o (to and from Level 3 local authority areas but not Level 4) travel for under 18s organised activities and sport o local outdoor informal exercise such as walking, cycling, golf, or running (in groups of up to 6 people, plus any children under 12, from no more than 2 households) that starts and finishes at

	the same place (which can be up to 5 miles from the boundary of your local authority area) o for those involved in professional sports, travelling to training or competing in an event.
05 January 2021	As of 5 January, level 4 restrictions were increased so that for those aged 12 and over, organised sport and exercise can only take place within a single household group, or a group containing no more than 2 people from 2 different households. Children under 12 can still take part in organised sport and exercise in larger groups.
12 March 2021	From 12 March: o those aged over 12 are permitted to resume group organised outdoor non-contact sport and physical activity (with a maximum of 15 participant numbers) and organised outdoor contact sport for the aged under 12 can resume (subject to sport specific guidance). o a travel exemption has been put in place to allow young people (under 18) to travel out of/into a level 4 area to participate in or facilitate organised activity, sport or exercise. The same exemption is already in place for travel to/from a level 3 area.
05 April 2021	12-17 year olds can undertake organised outdoor contact sport with a maximum of 15 participants.
26 April 2021	All of mainland Scotland will move to Level 3. This means that people can travel anywhere across Britain for any purpose, including to play sport.
19 July 2021	Scotland moves to protection level 0 Indoor and outdoor facilities are permitted to fully resume all activity including contact and non-contact activity.

Mental Health

138. Policy regarding mental health during the specified period was contained in the Covid-19 mental health – transition and recovery plan, provided [CL19/002 - INQ000322603].

139. The plan outlined the Scottish Government's response to the mental health impacts of Covid-19 and addressed the challenges that the pandemic had, and will continue to have, on the population's mental health. It laid out key areas of mental health needs that arose as a result of Covid-19 and lockdown, and the actions that the Scottish Government was to take to respond to that need. Some of the work outlined had been started before the pandemic, including commitments from the 2017 Mental Health Strategy, Actions in the Audit of Rejected Referrals from 2018, Children and Young People's Programme Board Actions as well as general policy work, but has been included because it continues to be relevant to the ongoing response.

140. The Children and Young People's Mental Health and Wellbeing Joint Delivery Board was formed in April 2021 to continue to progress the aims of the Mental Health and Wellbeing Programme Board which met for the final time in December 2020. The Joint Delivery Board was jointly chaired by COSLA and the Scottish Government and ran until December 2022, publishing its final report in September 2023. The final report is provided, [CL19/088 - INQ000613784].

141. The Joint Delivery Board took into account the changing needs of communities, oversaw reform across relevant areas of education, health, community and children's services and wider areas that impact on the mental health and wellbeing of children and young people. The board focused on prevention and early support as well as promotion of good mental health and the services children, young people and their families' access. The voices and experiences of children, young people and their families remained central to decision making and service design.

General Wellbeing and Development

142. There are no significant differences for children's services to adult services for Primary Care. Primary Care Services in Scotland are mostly provided by independent contractors, GPs, dentists, pharmacists and optometrists who are paid by various means by Health Boards to provide care for patients.

143. Patients are registered with GPs and dentists who are responsible for their medical and dental care. Patients will either arrange to see their clinician when they have a specific need or may be asked to come in if best practice is to regularly see patients with specific conditions or at particular ages. While some of the latter

requirements will apply to children, there are no specific structures for this; GPs and dentists will do this work in the same clinics and sessions as their other work.

144. All children aged under 16 and those aged 16-18 in qualifying full time education are entitled to financial help with the cost of optical appliances in the form of an NHS optical voucher. During the initial Covid lockdown phase, community optometry practices managed most patients remotely, however patients were able to be seen in-person if they were deemed to have an emergency or essential eyecare need.

145. There were few changes made to how services were delivered in the context of Primary Care for Children.

146. The population health programme "Childsmile" provides key preventive oral health improvement interventions to children in schools and nurseries across Scotland. "Childsmile" was restricted by circumstances prevailing in schools and nurseries during the Covid response and the programme was suspended with the closure of nurseries and schools at the onset of the pandemic. The programme was reintroduced in January 2022.

Condition of services at the outbreak of the pandemic

147. According to an Audit Scotland report on Children and Young People's Mental Health, published in September 2018, mental health services for children and young people were largely focused on specialist care and responding to crisis. The system, at that time, was complex and fragmented, and access to services varied across Scotland. Mental health services for children and young people were under significant pressure and directing funding towards early intervention and prevention services, while also meeting the need for specialist and acute services, was a major challenge. The published report is provided, [CL19/089 - INQ000613785].

148. Following the publication of the Audit Scotland Report and the Audit of Rejected Referrals, provided [CL19/090 - INQ000613849], published in June 2018, the Scottish Government established a Taskforce to ensure that children, young people, their families and carers are supported with their mental health and can access services which are local, responsive and delivered by people with the right skills. The Taskforce published its Delivery Plan in December 2018, provided

[CL19/091 - INQ000613850], and final recommendations in July 2019, provided [CL19/092 - INQ000613851]. By the start of the pandemic, the Scottish Government and its partners had started work to implement these recommendations and support improvements to children and young people's mental health services.

149. Within the most recent Public Health Scotland Annual compendium of Child and Adolescent Mental Health Services, and Psychological Therapies Waiting Times, there is an illustration (Figure 3, Page 14) which shows that the initial impact of Covid-19 lockdown on CAMHS referrals was significant, provided [CL19/093 - INQ000596852]. The total number of referrals received in April 2020 dropped by 69.8% compared to the referrals in March, from an expected two to three thousand down to 841 referrals in April 2020. Following the easing of restrictions in May, referrals to CAMHS were immediately seen increasing. When schools reopened in August 2020, there were 2,335 referrals made, increasing to 3,337 in September - the highest number of referrals to CAMHS at that point in 2020 - and by November 2022, there were a total of 4,059 referrals to CAMHS.

150. Before the 2009/10 H1N1 'swine flu' pandemic, the Scottish and UK Governments issued sub-sectoral guidance. The guidance for mental health and schools, childcare and children's services are provided, [CL19/094 - INQ000613791] and [CL19/095 - INQ000613792]. After the swine flu pandemic, it was decided to step away from sub-sectoral guidance and go with the general health and social care guidance from 2012. The 2011 strategy and 2012 guidance provided, [CL19/096 - **INQ000022708]** and [CL19/097 - INQ000022710], recognised that there might be long-term impacts on adults and children arising from a pandemic.

151. In October 2020, officials in the Directorate for Healthcare Quality and Improvement began drafting a submission (sent on 21 October 2020) regarding the potential role of the Clinical Priorities Unit in supporting activity relating to the emerging issue of what would become defined as post-Covid-19 syndrome, or long Covid, provided [CL19/098 - INQ000530232]. At that time advice was sought from officials from the DCAF about the inclusion of children and young people within the scope of the activity. In October 2020 it was recognised within this business area that children may be at risk of developing long Covid.

152. In September 2021, the Cabinet Secretary for Health and Social Care Humza Yousaf MSP announced the establishment of a £10 million 'Long COVID Support

Fund'. This had allocated resource to territorial NHS Boards from the financial year 2022-2023 onwards to support their responses to meeting the healthcare needs of adults, children and young people with the condition. Responsibility for service delivery rests locally with NHS boards who configure services taking into account relevant clinical guidelines, local circumstances and the reasonable needs of their patient populations.

153. Local primary care teams provide the initial assessment and investigation of children and young people with symptoms consistent with long Covid and can give advice about the management of symptoms and any potential treatment options in the first instance.

154. Primary care clinicians can refer to occupational therapy and physiotherapy for further support where appropriate. In cases where referral to secondary care is required, children and young people may be referred for investigation and management.

155. Data on the number of children with Long Covid in Scotland is set out at paragraphs 227-237. HSCA do not hold data about long-term sequelae of Covid-19 amongst children and reliable data is not available for Scotland. Whilst the Scottish Government collects data on the prevalence of long covid amongst children as part of the annual Scottish Health Survey, this survey does not allow us to understand the long-term health effects and complications that may persist or emerge after the acute phase of a Covid-19 infection.

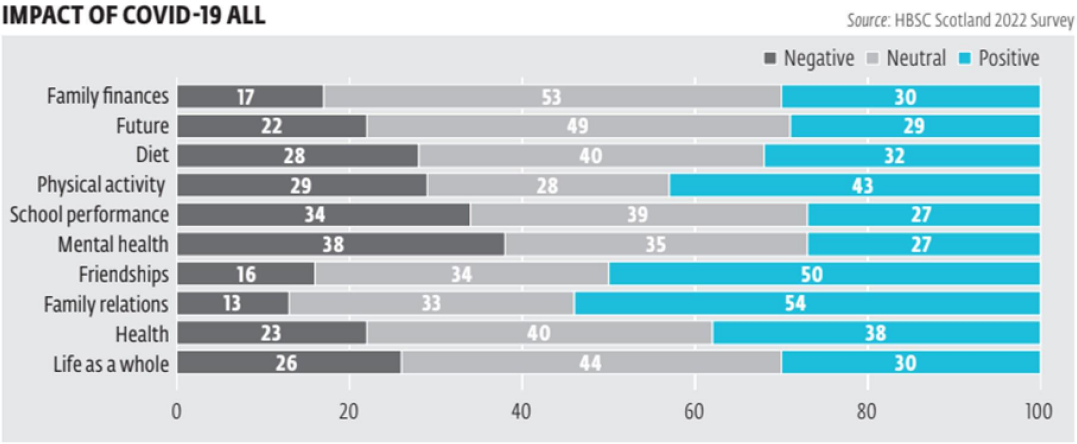
156. Research in Scotland, England and Wales has shown that Long Covid amongst adults is under-recorded in GP electronic systems compared with findings from surveys of self-reported prevalence. The research from Scotland is provided, [CL19/099 - INQ000613795]. It is reasonable to assume that this is also likely to be true for children. As such, recording of long-term sequelae among children is also likely to be under-recorded and is difficult to assess accurately. Data on long Covid is not well recorded in NHS systems due to the challenges of assessing a multi-system condition with wide-ranging and fluctuating symptoms, and the associated challenge of diagnosing the condition by exclusion of an alternative diagnosis. As such, Scottish Government rely on population prevalence estimates from the Scottish Health Survey to provide annual figures of people with self-reported long Covid in different age groups, including children.

157. The Scottish Health Survey carried out by the Scottish Government monitors key indicators of children's health. Children are defined as '0 to 15 year-olds', with adults defined as '16 and over'. The data collected in 2020 is not comparable to other years due to disruption to the survey in the early months of the pandemic. Results from 2021 and 2022 show that:

- Just under a fifth of children (18%) were at risk of obesity in 2021 and 2022, the highest level recorded but not significantly different to the 16% recorded in 2019
- The proportions of children aged 5 to 15 meeting the physical activity recommendations in 2021 and 2022 were 71% and 69% respectively, similar to the level in 2019 (70%)
- The majority of children were reported to have 'very good/good' health in 2021 and 2022 (96% and 93% respectively), similar to the level in 2019 (95%). The figure has been in the range 93% - 96% since 2008.

158. The WHO Health Behaviours in School-aged Children (HBSC) study in 2022 asked young people about their experiences of the Covid-19 pandemic and its associated restrictions. The study focuses on young people attending school, aged 11, 13 and 15 years. Specifically, they were asked to say how they felt various aspects of their life had been impacted by the pandemic, choosing from the options: very negative / quite negative / neutral, no impact /quite positive / very positive.

159. Overall, the three most positively affected (quite or very positive) aspects of life were family relations (54%), friendships (50%) and physical activity (43%). These three domains were the most positively rated across all age and gender groups. The three most negatively affected (quite or very negative) aspects of life were mental health (38%), school performance (34%) and physical activity (29%). These three aspects of life were the most negatively rated across nearly all age and gender groups, with older girls also mentioning diet (joint third for 13-year-olds and second for girls aged 15). Notably, physical activity was both one of the most positively and negatively impacted aspects of life.



Physical health of children and young people

160. The Scottish Health Survey is how levels of physical activity are measured in Scotland, with the data collection affected by the pandemic [CL19/077 - INQ000613774].

161. Overall, there has not been a significant change in these indicators since the end of the specified period.

- 17% of children aged 2 to 15 were at risk of obesity in 2023, similar to levels in 2021 and 2022 (both 18%)
- The proportion of children aged 5 to15 meeting the physical activity recommendations in 2023 was 72%, similar to the levels of 71% and 69% in 2021 and 2022 respectively
- The majority of children (94%) were reported to have 'very good/good' health in 2023, similar to both pandemic and pre-pandemic levels (the figure has been in the range 93% - 96% since 2008).

162. PHS commissioned a study of the impact of the pandemic on physical activity in Scotland, provided **[CL19/100 - INQ000613777].** The study concluded that population levels of physical activity were negatively impacted by Covid-19 lockdowns and that inequalities in physical activity behaviour increased according to race/ethnicity and socioeconomic status in both adults and children. Similarly, the Active-6 study, provided [CL19/081 - INQ000613778], found that the proportion of children classed as very sedentary and very inactive, had increased from the position before the Covid-19 pandemic. The study also found that the gender gap has widened, with only 8% of highly active children in the study being girls, compared to 80% of those classed as very sedentary and very inactive. Finally, socioeconomic

differences had increased, and fewer of the highly active children and more of the inactive children in the study were from households with lower educational qualifications.

163. PHS also published statistics on the BMI of children in Primary 1. In the 2023/24 academic year, 76.5% of Primary 1 children measured had a healthy weight, 22.3% were at risk of overweight or obesity and 1.2% were at risk of underweight. Coverage of the Primary 1 review was high with 88.6% of the estimated population of 5-year olds having valid measurements submitted.

164. There is little difference in the 2023/24 statistics when comparing with the last pre-pandemic year unaffected by Covid-19, which was the 2018/19 academic year. In 2018/19, 76.6% of Primary 1 children measured had a healthy weight, 22.4% were at risk of overweight or obesity and 1.0% were at risk of underweight. Coverage of the Primary 1 review was lower at that point, with 78.1% of the estimated population of 5-year olds having valid measurements submitted.

165. The equivalent statistics collected in the academic years affected by the pandemic (not shown here) are to be treated with caution due to very low levels of coverage reported; 44.5% coverage in 2019/20 and 40.1% coverage in 2020/21.

Rates of Mental Health

166. The Mental Health Transition and Recovery Plan outlines the Scottish Government's response to the mental health impacts of Covid-19 and addresses the challenges that the pandemic has had and will continue to have on the population's mental health, provided [CL19/002 - INQ000322603].

167. The plan lays out the key areas of mental health need that have arisen as a result of Covid-19 and lockdown and the actions the Scottish Government will take to respond. The Scottish Mental Health Research Advisory Group had a critical role in translating research findings into advice for the Scottish Government. The outputs from the Group are contained in the Transition and Recovery Plan and are summarised at paragraphs 30-31.

168. Research that helped to inform the plan is set out at page 65 of the Covid Strategic Framework Update published in February 2022, provided [CL19/101 - INQ000328212].

169. The Scottish Government does not hold data on the differential impact on health, general wellbeing and/or development during the pandemic as to its impact on girls as against boys. The Mental Health Inpatients Census, provided [CL19/102 - INQ000613844], is an example of how impacts may translate into published data.

Disabled Children

170. The Mental Health Directorate was not involved with the roles and responsibilities in relation to disabled children. This work was led by DCAF.

171. During the specified period, the role of the DCAF was to take urgent action to support the Scottish Government, local government, the UK Government and key stakeholders' response to the pandemic. This meant ensuring the interests of children, young people and families were taken into account in the pandemic response, and in particular those children, families and carers in Scotland in the most vulnerable situations. Priority groups supported were children and young people:

- at risk of significant harm, with a child protection plan
- looked after at home, or away from home (within the meaning of child protection legislation)
- 'on the edge of care', where families would benefit from additional support
- with additional support needs, where there are one or more factors which require significant or co-ordinated support
- affected by disability
- where they and/or their parents are experiencing poor physical or mental health
- experiencing adversities, including problem alcohol or drug use amongst family members, domestic abuse or bereavement
- requiring support at times of key transitions.

172. Respite and day care support covers a multitude of user groups and settings including building-based services, family-based care, support at home, group activities, community activities, individual support and overnight support. Whilst some

services remained in place during the Specified Period, the need for physical distancing and hygiene measures in buildings-based services reduced capacity.

173. Although Ministers set the policy, it was for Local Authorities and Health Boards to provide the delivery of these services. Section 22 of the Children (Scotland) Act 1995 ("the 1995 Act") places a duty on a local authority to safeguard and promote the welfare of children in their area who are in need and, so far as is consistent with that duty, to promote the upbringing of children by their families, by providing a range and level of services appropriate to the children's needs. In summary, section 93(4) of the 1995 Act provides that a child is 'in need' if they need care and attention because:

- they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless the local authority provides services for the child under Part II of the 1995 Act
- their health or development is likely significantly to be impaired, unless such services are so provided
- they are disabled; or are affected adversely by the disability of any other person in their family.

174. There is also a legislative duty on local authorities, under Section 23(3) of the 1995 Act, to carry out an assessment of a child, or of any other person in his or her family, in order to ascertain the child's needs in so far as they are attributable to his or her disability or that of the other person, if asked to do so by the child's parent or guardian. Section 23(1) of the Act also states that when a local authority provides services to children who are disabled, or affected by disability, and their families, those services should be designed to minimise the effect of disability on the disabled child/ the adverse effect of another's disability on the child, and to give the child the opportunity to lead as normal a life as possible.

175. The Social Care (Self-directed support) (Scotland) Act 2013 places a duty on local authorities to offer people who are eligible for social care a range of choices over how they receive their support. This applies to adults, children and their families, adults carers and young carers.

176. The Carers (Scotland) Act 2016 gives unpaid carers the right to an adult carer support plan or a young carer statement. More information can be found in the

statutory guidance, provided [CL19/103 - INQ000613852]. Annex C of this guidance also has a helpful definition of short breaks as defined by Shared Care Scotland.

177. Part 3 of the Children and Young People (Scotland) Act 2014 ("the 2014 Act") in respect of Children's Services Planning seeks to improve outcomes for all children, young people and families in Scotland. Its aim is to ensure that local planning and delivery of children's services and related services and support is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. Statutory guidance sets out expectations of close partnership working as a Children's Services Planning Partnership (CSPP) involving the workforce, other service providers, and children, young people and families in decision-making to promote a sense of shared ownership of the plan.

178. To this end, Part 3 of the 2014 Act sets out a legal framework for children's services planning, including its scope and aims. Section 8(1) of the 2014 Act requires every local authority and the relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period. A Children's Services Plan aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent needs arising.

179. The 2014 Act also requires annual reporting on the extent to which i) children's services and related services have been provided in each local authority area in accordance with the relevant Children's Services Plan and ii) that provision has achieved statutory aims, including best safeguarding, supporting and promoting the wellbeing of children in the area concerned.

180. Decisions on modifying and reopening individual services were taken locally by providers and statutory agencies. The wide range of user groups and settings for respite and day care meant that there was no 'one size fits all approach' and that each service needed to tailor procedures to their own particular setting and circumstances, and to the individual circumstances of each person and family they supported.

181. Throughout the pandemic, the Scottish Government's focus was on supporting local authorities and other service providers to ensure people received the

support they needed in a responsive and dignified way, whilst meeting the requirements of all core public health measures in relation to hygiene and the prevention and control of the spread of infection.

182. The Scottish Government was clear that it was critical that access to the best possible support continued to be available with minimal disruption throughout the pandemic, in order to maintain the safety, dignity and human rights of those families who required access to support at this time. That is why we did the following:

- 14 April 2020 – guidance was updated to enable those who needed to leave home for exercise more than once a day. This stated:

  "You can leave your home for medical need. If you (or a person in your care) have a specific health condition that requires you to leave the home to maintain your health - including if that involves travel beyond your local area - then you can do so. This could, for example, include where individuals with learning disabilities or autism require specific exercise in an open space two or three times each day - ideally in line with a care plan agreed with a medical professional. Even in such cases, in order to reduce the spread of infection and protect those exercising, travel outside of the home should be limited, as close to your local area as possible, and you should remain at least 2 metres apart from anyone who is not a member of your household or a carer at all times."

- It was recognised during the specified period it was critical that social care support was maintained as much as possible for disabled children and their families which is why Phase 1 of the Covid-19 Framework for Decision Making, provided [CL19/104 - INQ000256709], published on 21 May 2020 stated: *"Community and public services: We are planning the gradual resumption of key support services in the community. We are expecting to restart face to-face Children's Hearings and for there to be greater direct contact for social work and support services with at-risk groups and families, and for there to be access to respite/day care to support unpaid carers and for families with a disabled family member. All of these would involve appropriate physical distancing and hygiene measures."*

- Scottish Government worked with third sector partners to ensure that more carers could access equipment and subscriptions to give them a break at home through the Short Breaks Fund and the Young Scot package for young carers. Local carer centres were able to provide information and advice for carers on support

available in their areas. The Scottish Government funded Shared Care Scotland to provide public information on short breaks. Their guide, Short breaks for strange times, contained ideas and resources for activities at home

- In 2019 the Scottish Government created online guidance to support disabled children, young people and their families, informed by discussion directly with families themselves. The webpage includes information on topics such as rights awareness and health and social care, provided [CL19/105 - INQ000613800]. At an early stage of the Pandemic, the website was updated to signpost disabled children, young people and families to additional avenues of support which may have been beneficial to them during the pandemic
- The DCAF provided support to families on a low income who are raising disabled or seriously ill children and young people through the Family Fund Trust, who deliver support, advice and direct grants to families in Scotland. In 2020/21 £3,854,000 was committed to the Family Fund Scotland grant scheme, which included additional funds of £880,000 to meet the increased demand for support seen by the Family Fund since the onset of the pandemic. This included an additional £422,000 provided through the Immediate Priorities Fund, provided [CL19/106 - INQ000613801] and the Winter Plan for Social Protection, provided [CL19/107 - INQ000613802], and an additional £458,000 through the portfolio budget. This additional funding enabled Family Fund to support 8468 families across Scotland, an increase of over 2000 families from 2019/20. In 2021/22, Scottish Government provided £3.474 million in funding to Family Fund Trust, including additional funds of £200,000 from the Get into Summer Programme, provided [CL19/108 - INQ000613803] and £300,000 from the Winter Support Fund, provided [CL19/109 - INQ000613804]. This supported 8,026 families to buy items which they could not otherwise afford. Additionally, in February 2021, Family Fund also delivered 55 iPads or Chromebooks and 15 wireless internet connections as part of Scottish Government's Connecting Scotland programme, provided [CL19/110 - INQ000613805]
- Scottish Government also released specific guidance to local authorities and Health and Social Care Partnerships on 14 May 2020, on how to administer option one and option two of self-directed support during the pandemic period. The Social Care (Self-directed Support) (Scotland) Act 2013, Section 4 sets out the options; option one – the making of a direct payment by the local authority to the supported person for the provision of support, option two - the selection of support by the supported person, the making of arrangements for the provision of

it by the local authority on behalf of the supported person and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of that provision, option three - the selection of support for the supported person by the local authority, the making of arrangements for the provision of it by the authority and, where it is provided by someone other than the authority, the payment by the authority of the relevant amount in respect of the cost of that provision and option four – the selection by the supported person of Option 1, 2 or 3 for each type of support and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of the support. This guidance aimed to support local social care systems and services to continue to respond appropriately and flexibly, and to deliver coherence in the spirit and expectations of the Social Care (Self-directed Support) (Scotland) Act 2013 during the Covid-19 period. Frequently Asked Questions to accompany the above guidance were published on the Social Work Scotland website on 2 June 2020. They addressed issues voiced by people who used social care support, employers of personal assistants, personal assistants, independent advice and support organisations, providers of services and local authorities

- On 3 August 2020 a letter, provided [CL19/111 - INQ000613806], from the Cabinet Secretary for Health and Sport and the Minister for Children and Young People about the reopening of respite and day care services was published. This stated that:
  "respite support at home, outdoor activities and children's day care can all continue in line with existing infection control guidance. Non- statutory guidance for school age childcare providers in the local authority, private and third sectors was initially published on 3 July, and updated on 30 July, to support a safe reopening of these settings from 15 July onwards. Our guidance on how to administer option one and option two of self-directed support during the pandemic, issued on 14 May, also aims to support local social care systems and services to continue to respond appropriately and flexibly – including for alternative breaks and day support."
- On 23 September 2020 a further letter, provided [CL19/112 - INQ000613807], from the Cabinet Secretary for Health and Sport and the Minister for Children and Young People was issued providing an update on guidance to support the remobilisation of stand-alone residential respite/short break facilities for both children and adults

- On 2 October 2020 Coronavirus (Covid-19): residential and secure childcare guidance, provided [CL19/113 - INQ000613853], was updated to include a section on residential respite/short break services for children and young people taking account of local guidance and the public health guidance. Due to the variety and range of settings used as residential respite/short break services, individual services must identify and set out the capacity for their setting. This should be considered through the risk assessment for the service, taking account the full range of factors including, but not limited to: the size and layout of the setting; the clinical vulnerability of those attending the setting; the staffing profile; arrangements for hand hygiene facilities and environmental cleaning (careful consideration should be given to the cleaning regime of specialist equipment and sensory rooms); and the capacity and ability to maintain physical distancing. If there are particular concerns or difficulties e.g. large proportions of highly vulnerable individuals, then the local Health Protection team can be contacted for advice. This will need regular review over the course of the pandemic. Services may need to operate at reduced capacity compared to before Covid-19. It will therefore remain vital to maximise the availability of other forms of support alongside re-opening residential respite/short break services.

183. The Scottish Government developed a framework to support rational decision making on the use of NPIs. The Scottish Government's approach to assessing NPI options was against what became known as the 'four harms'. The four harms approach underpinned the assessment of risk and harm, development of options and restrictions and ability to make decisions based on a broad appreciation of the consequences of any actions. Harm 1 represented the direct impact of Covid-19, harm 2 focused on the indirect impact of Covid-19 on both health and social care services and wider impacts on public health, harm 3 overlapped to some extent with harm 2 with a focus on the wider physical and mental health impacts in society and harm 4 included the direct impact on the economy.

184. There was no routine data collection on this group of children, so the Scottish Government actively engaged with stakeholders to better understand the lived experiences of families affected by disability during the specified period. This included:

- Convening an extraordinary meeting on 7 May 2020 of the Disabled Children and Young People Advisory Group to gain the perspective of third sector organisations, health and social work
- Reviewing published reports on the impact of Covid-19 on disabled children, young people and their families. These early findings included:
    - Initial Findings of Inclusion Scotland's Covid-19 Survey, 30 April 2020, provided [CL19/114 - INQ000142275]
    - Health and Social Care Alliance Scotland Response to the Education and Skills Committee Inquiry, 15 May 2020, provided [CL19/115 – INQ000613810]
- Reviewing the findings of a number of surveys of families affected by disability on their experiences since the lockdown restrictions began such as:
    - The end of lockdown? The last six months in the lives of families raising disabled children, Family Fund, provided [CL19/116 - INQ000613811]
    - Life after lockdown - Survey Results - Cerebral Palsy Scotland, provided [CL19/117 - INQ000613812].

185. The Scottish Government were very aware, from this data and intelligence provided through stakeholder reports and engagement, of the ways that disabled children, young people and their families had been uniquely or disproportionately impacted by Covid-19.

186. The Children and Families CLG was established with the remit to review data, intelligence, research and policy to identify and respond to immediate concerns for children, young people and families with vulnerabilities during the pandemic. The CLG brought together national and local government and other partners to address these issues. This included developing a 10-point action plan covering issues such as access to services, child protection awareness and workforce resilience. The CLG was co-chaired by either the DCAF Director or Chief Social Work Advisor for the Scottish Government and a Local Authority Chief Executive for SOLACE. The CLG ran from May 2020 to November 2022.

187. This cross-cutting work included work to address challenges faced by families raising disabled children and young people, particularly at this difficult time. For example, at a meeting on 4 June 2020 some of the data and intelligence provided through the recent stakeholder surveys, and through our Disabled Children and

Young People Advisory Group illustrating the ways disabled children, young people and their families have been uniquely or disproportionately impacted by Covid-19 was considered by this group. The minutes from this meeting are provided [CL19/118 - INQ000613813]. A further discussion was held on 3 September 2020, minutes for this meeting are provided [CL19/119 - INQ000613814].

188. The CLG identified a number of areas for improvement, including respite and, as such, a short-life Respite Action Group was formed with membership of a number of stakeholders. The remit of this group was to mitigate the impact of the current situation by:

- Ensuring respite care, short breaks, respite foster care continued as long as it was safe to do so
- Working in tandem with the CERG Additional Support for Learning and Mental health working group.

189. This group met four times between February and March 2021, actions included reviewing a range of guidance to ensure clarity and collating information on the support available to disabled children and families including areas of good practice.

190. As detailed above, papers were taken to the CLG to discuss the findings of the report/surveys/engagement to consider and develop an action plan.

191. As detailed at paragraph 44 the Scottish Government published a series of six evidence summaries on the impact of Covid-19 on the wellbeing of children and families in Scotland. Copies of these summaries have been provided to the Inquiry previously as part of the Module 8, DG Education and Justice, Education statement provided to the Inquiry on 30 May 2025.

192. In addition, Coronavirus (COVID-19) - experiences of vulnerable children, young people, and parents: research provided, [CL19/120 - INQ000613815], was published on 27 July 2021. This report presented findings from qualitative research conducted with a range of children, young people and parents in vulnerable or seldom heard groups, carried out to explore their lived experiences during and throughout the Covid-19 pandemic. This included children and young people with additional support needs.

193. A survey of registered day and respite services undertaken by the Scottish Government Directorate for Social Care in February 2024, to understand the availability of respite services, included client age brackets for the first time to enable a better understanding of the current system around provision of respite care for disabled children, including those transitioning to adult services.

Immediate Action

194. Findings were taken to the CLG as detailed above for discussion and to develop an action plan. The CLG also undertook two "Lessons Learned" exercises in September 2020 and May 2021, provided [CL19/121 - INQ000530173] and [CL19/122 - INQ000613816]. These focused on overall issues rather than specifically political and administrative decision-making within the Scottish Government. Some of the policy decisions outlined above were also made in response to the findings.

Post Pandemic Action

195. On 24 March 2022 the Scottish Government published the second tackling child poverty delivery plan due under the Child Poverty (Scotland) Act 2017. Outlining action for the period 2022 to 2026. The Ministerial Foreword recognised that: *"The pandemic highlighted even more the disproportionate impact major events can have on some parts of society. It brought into sharp relief that our focus on tackling and reducing poverty and inequality in our society, alongside the ability for us to pull together as a nation and deliver the change needed, is absolutely the right one to have."*

196. This plan therefore remained firmly focused on supporting the six priority family types at greatest risk of poverty identified within the first Tackling Child Poverty Delivery Plan - this includes families with a disabled child or adult, provided [CL19/123 - INQ000569860].

197. The DCAF has continued to provide grant funding to the Family Fund Trust since 2022 to support families on a low income raising disabled or seriously ill children. Their mission is 'to provide items and services to all low-income families in the UK raising disabled or seriously ill children, that they could not otherwise afford or

access, and that help improve their quality of life, realise their rights, and remove some of the barriers they face'.

198. Through the Family Fund Trust grant scheme, each family has choice and control over what grant items they request, based on what they think would best help to meet their own family needs and improve their quality of life. Grants can be provided for essential items such as kitchen appliances, clothing, family breaks, computers and tablets, sensory equipment and more. Funding from the Scottish Government has continued to support over 6,000 families on low incomes raising disabled children in Scotland each year.

199. Since 2022, DCAF have also been delivering Whole Family Wellbeing Funding (WFWF) with the purpose of driving the system change needed at local level – primarily through local CSPPs - to transform the way they deliver holistic whole family support so that it is readily available to families that need it. To make sure that families are able to access the help they need, where and when they need it. This includes support to disabled children and their families where CSPPs have identified that as a focus for activity. More information, including examples can be found in the WFWF Programme Year 2 Process and Impact Evaluation Full Report, provided [CL19/124 - INQ000613822].

200. This complements the community-based mental health and wellbeing for children and young people which the Mental Health Directorate have promoted through the £65 million investment in local authorities since 2020. These services are focused on prevention and early intervention, promoting positive mental health and wellbeing, and tackling emotional distress. Supports and services are available in every local authority area, and more than 300 have been put in place across the country.

Children receiving inpatient mental health care

201. The Scottish Government did not undertake any separate analysis of the impact of any changes made to the treatment of children and young people receiving in-patient care for mental ill health.

202. At the initial onset of the Covid pandemic, health boards had taken their own steps regarding restricting visiting. This meant that a minimum standard for hospital

visiting was not in place at a national level. The Scottish Government, in discussion with NHS boards, developed a set of principles around hospital visiting to ensure that at least minimum standards were maintained throughout Scotland. Although restrictions were imposed very reluctantly, this was an essential temporary provision at the time to minimise the spread of Covid 19 and to keep patients, visitors and staff safe. The visiting principles were developed into hospital visiting guidance around this time.

203. In March 2020, the Minister for Mental Health issued a set of Directives to NHS Health Boards to ensure mental health services were being appropriately considered, as set out at paragraph 131.

204. From summer 2020 until spring 2021, there were at times significant differences in hospital visiting around Scotland, in line with the levels system in place at the time and in response to varying local circumstances. Visiting arrangements varied and were adjusted in accordance with the local level of restriction in any given place at any given time. This avoided unnecessary restrictions in areas or communities where prevalence was lower.

205. From 26 April 2021, in line with other restrictions being lifted, every patient in Scotland was able to have at least one visitor to provide support and connection while in hospital. The 20 April 2021 guidance on hospital visiting is provided, [CL19/125 - INQ000613823]. The section from this guidance specific to children states that:

> *"For the purposes of this guidance, a child or young person means every person below the age of 18 years of age as defined in the UN Convention of the Rights of the Child. This guidance covers all young people under the age of 18 regardless of whether they are in children or adult wards. Children are able to visit adults in hospital and every effort should be made for a child or young person to be able to visit their loved one in hospital safely – for example at end-of-life, when a parent or grandparent is a long-stay patient or has suffered a life-changing or traumatic event.*
>
> *Each situation should be approached in a person-centred, compassionate way with the benefits of visiting being given equal priority and balanced against the harm caused by separation or the risk of cross-infection.*

A child in hospital is entitled to have one or both parents or carers present to support them. A child in hospital should be allowed visits from siblings or other children.

While in nearly all circumstances it should be possible for a child or young person to visit a member of their family, there will be rare and specific clinical circumstances where visits are not possible. For example, when an individual is severely immunocompromised following organ donation or bone marrow transplantation, visits will be restricted as they would be in normal circumstances.

There are many circumstances in which it will be beneficial to a child in hospital's recovery and for the wellbeing of their siblings for them to have a visit from a brother or sister. Every effort should be made to accommodate visits by other children where that child has a significant relationship to the child in hospital and it is safe to visit."

The guidance also goes on to state, for all patients, that in relation to mental health, learning disability, neurodevelopment and addictions:

"The European Convention on Human Rights (ECHR), and in particular Article 8, which provides a right to respect for private and family life, is of particular relevance for people accessing mental health, learning disability, neurodevelopmental, addictions services where their stay in hospital is often lengthy. Given this, the ward is deemed to be their home during this period.

Many people with mental health issues may have fewer family members and friends that they are in regular contact with and can often feel socially isolated and disconnected from their local communities. It is therefore crucial that connections with their friends and family is supported to aid their recovery and to support their transition from being cared for in a hospital to managing their mental health condition after discharge.

Family and friends should be seen as partners in care, and crucial to the individual's treatment and recovery. The ward clinical team must take account of the evolving evidence about the possible harm posed from the COVID-19 virus, carefully balancing this with the evidence about the positive impact on

health and wellbeing from seeing family and loved ones on the individual's treatment and recovery plan.

An individual visiting plan should be discussed with the person, their next of kin and the ward clinical team. This could include a combination of both in person and virtual visiting. This will ensure:

- *the needs of the person are met,*
- *no blanket timelines for the duration of a visit,*
- *the family have been involved in thinking through how they can best arrange their day to meet the agreed visiting plan and to keep the rest of their family and friends connected to the person. This may include the use of virtual visiting approaches for wider family members and friends unable to visit in person, and*
- *the clinical team can manage the number of people in the clinical area at any one time to enable COVID safe precautions to be maintained.*
- *The plan should be reviewed on a regular basis to ensure the individual's needs are continuing to be met and that their family and friends are being supported to see their loved ones."*

206. From 9 August 2021 there was a further reduction in some restrictions in Scotland and all health boards were expected to have begun a gradual and cautious move back to full person-centred visiting. This was a phased process as there remained a need to maintain precautions and depending on local circumstances, temporary reintroduction of some restrictions was sometimes necessary for short periods. The guidance on the 29 August 2021 is provided [CL19/126 - INQ000613824]. All changes to guidance were applied across the board to all care settings unless there was an active infectious disease outbreak being managed.

207. The Omicron variant in late 2021 brought further challenges. However, the First Minister was clear that patients should not be denied visitors (this included children and young people), unless in circumstances where an active outbreak was being managed – in which case hospitals would be expected to introduce essential visits only for very specific, very time-limited periods. This was included in the First Ministers speech to Parliament on 14 December 2021, "Patients should not be denied visitors except in very short-term and specific circumstances, such as managing an on-going outbreak, in which case hospitals can put in place temporary

visiting restrictions. However, even when hospitals are managing an outbreak, we expect what we call essential visits to continue. A person with dementia is a clear example of someone we would expect to receive essential visits, even during an outbreak."

Detained Children

208. Information regarding the responsibility for Children and Young People in relation to custodial settings is contained within the Module 8 DG Education and Justice, Justice Statement provided to the Inquiry on 18 March 2025. The Mental Health Directorate had no responsibility for children detained in custodial settings this is the responsibility of Youth Justice within DG Education and Justice.

Clinically Vulnerable Children

209. Responsibility for the needs of clinically vulnerable children did not lie with Mental Health Directorate, but with the DCAF. The needs of clinically vulnerable children (or children living within clinically vulnerable families) are recognised within the Civil Contingencies Act 2004. Section 8 of the Care for Vulnerable People affected by Major incidents guidance, provided [CL19/010 - INQ000613845], includes 'Emergency response and recovery may require specific consideration of vulnerable people – those who 'are less able to help themselves in an emergency.' This includes people who are:

- under the age of 16
- of restricted physical ability because of age, disability, illness (including mental illness), pregnancy or other reason
- deaf, blind or have visual or hearing impairment.

210. Emergency preparedness has always been of paramount importance for the NHS in Scotland. Building upon that the Preparing for Emergencies - Guidance For Health Boards in Scotland published 24 September 2013, provided [CL19/008 - INQ000102971], in addition to meeting the requirements of the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 SSI 2005/494 and other relevant guidance documents, outlines further guidance to Health Boards including the requirement for them to have the capability to deal with all the specific incident scenarios and issues identified in the guidance such as chemical, biological,

radiological or nuclear, mass casualties, communicable diseases, burns injuries and meeting the needs of children, young and vulnerable people. There is a specific section set out in the guidance 'Care for Vulnerable People affected by Major Incidents' which includes a requirement for Territorial Health Boards to cooperate with other category 1 and 2 responders to plan for and meet the needs of those who may be vulnerable in times of emergency'. Category 1 responders are those organisations at the core of emergency response, and they are subject to the full set of civil protection duties. In a health context, this includes: all Territorial Health Boards, the Scottish Ambulance Service, and Integration Joint Boards (IJBs). Category 2 responder organisations are co-operating bodies that are placed under lesser obligations by the CCA than Category 1 responders. Primarily, their duties are to cooperate with and share relevant information with Category 1 and other Category 2 responders. They should be engaged in discussions where they can add value and they must respond to all reasonable requests. NHS National Services Scotland and Public Health Scotland are designated Category 2 responders. Section 3 – Legislation is provided, [CL19/010 - INQ000613845].

211. Scotland's Ministers were first approached to give authorisation to the broad approach to protecting those considered most vulnerable from Covid-19 in our society by officials, based on clinical advice from the Chief Medical Officer, on 21 March 2020, three weeks after the first confirmed case of Covid-19 in Scotland. The four UK CMOs jointly identified certain health conditions which could, based on risk from respiratory illnesses such as flu, mean someone was potentially at higher risk of negative outcomes if they contracted Covid-19.

212. It was the clear and stated policy intent from that point onwards to identify, protect and support people considered to be at highest risk of severe illness or death from Covid-19, including children and young people.

213. The four UK CMOs agreed the criteria for the cohorts that they assessed as 'may be most at risk of severe illness or death should they contract Covid-19'. These initial groups were as follows:

Group 1 – Solid organ transplant recipients

Group 2 – People with specific cancers

Group 3 – People with severe respiratory conditions

Group 4 – People with rare diseases

Group 5 – People on immunosuppression therapies which increase risk of infection

Group 6 – People who are pregnant and have significant heart disease.

214. Some individuals meet the criteria for inclusion in more than one group because of multiple health conditions. One nuance to the approach in Scotland was the inclusion of a seventh 'Clinician Identified' group, alongside the six groups specified by the four UK CMOs. This allowed clinicians, and GPs in particular, to exercise their own professional judgement in adding patients to the list who they felt were at risk, but who did not meet any of the stated criteria.

215. The initial crisis response Shielding Programme was a major exercise which ran from 26 March – 1 August 2020 involving collaboration amongst a range of stakeholders. Identifying the criteria for the Shielding List was based on expert clinical opinion provided by the Clinical Advisory Group for Scotland, chaired by Dr John Harden, Deputy National Clinical Director. The programme aimed to provide individuals with guidance to help minimise interaction between them and others and ultimately to reduce the risk of infection, severe illness, and death. The programme also sought to provide individuals with the necessary support to enable them to follow the Shielding guidance.

216. The Shielding List, later known as the Highest Risk List as policy moved away from the strict self-isolation of the first few weeks of the pandemic, was a list of people identified as having those health conditions through their medical records or by their GP or clinician. In total, approximately 136,000 people were originally identified and but the numbers on the list were not static and for most of its existence there were around 180,000 – 185,000 individuals on the list.

217. From the outset, the Scottish Government recognised that following a completely new health policy by asking people to self-isolate for a lengthy period would present them with significant challenges. The Deputy First Minister at the time, John Swinney, announced on 24 March 2020 that support would be offered as soon as possible through local Humanitarian Assistance Centres. These would help people to stay at home and protect them from detrimental effects, including disruption of crucial health and social care, and social isolation and loneliness.
Further support included:

- A letter from the CMO which acted as a sick note, indicating where someone could not work outside the home

- Regular communications with information about shielding, and a variety of support offers which varied during the course of the pandemic, including workplace risk assessments, information on testing, vaccination etc
- Provision of local support, led by Local Resilience Partnerships, which reached out to individuals to assess need and provide support
- Helplines to allow Local Authorities to respond to requests for assistance or information
- Access to deliveries of medicines
- Access to national food package deliveries, delivered by Brakes and Bidfood – to supply groceries to those most at risk, provided [CL19/127 - INQ000469983]. More than 50,000 individuals signed up for the deliveries and almost a million packages were delivered
- Access to priority supermarket delivery slots
- An SMS text messaging service which provided regular updates and information and allowed people to access services and further information directly
- Pages on gov.scot and mygov.scot with information and advice specifically for people at highest risk, provided [CL19/128 - INQ000470011]
- Delivery of Vitamin D supplies
- Priority access to LFD tests
- Community projects given £8 million to help combat isolation, provided [CL19/129 - INQ000469986].

218. According to PHS evaluation reports commissioned by the Scottish Government, provided [CL19/130 - INQ000202564], the Shielding List included more than 2,000 children under 16 and almost 4,000 people aged 16-24. This means that only 3% of shielding individuals were younger than 25. More than a quarter (27%) of the Scottish population as a whole is younger than 25.

219. The impact of the pandemic on this group of children were monitored by a number of means: through evidence gathered about the pandemic as a whole; through work done on the impacts of shielding; and through channels that sought to understand the impact of the pandemic on children more broadly.

220. There were multiple routes to understand the impacts of shielding, and children were identified as a distinct group within this work. Initial qualitative research was undertaken with service users to inform design and delivery of the Scottish

Government Shielding programme, to ensure that the service met their needs, focusing on understanding people's experience of shielding, what support people might need in the short and the long term, and gathering feedback on the service as it was set up in the early days of the pandemic. An insights report, which included references to children on the Shielding list and children in households of people who were shielding, was produced for internal use in May 2020, although it was also shared with some stakeholders to increase understanding and inform service improvements. Wider evidence gathering was undertaken throughout the pandemic, in addition to the PHS evaluations referenced above. Provided, [CL19/131 - INQ000613826]. An Impact Assessment was undertaken which set out an assessment of any differential impact on each of the protected characteristics of the decision to end Scotland's Covid Highest Risk List, formerly the Shielding List, provided [CL19/132 - INQ000285949]. The EQIA noted, in relation to children that:

- "There is strong evidence to show that vaccines are offering significant protection to people on the Highest Risk List from becoming severely ill, including children and young people. Clinicians are therefore of the view that removing the Highest Risk List will not significantly increase the risk for children and young people, including those who are immuno-suppressed or immuno-compromised"
- "There are potential positive impacts to removing these restrictions so that everyone, including children and young people on the Highest Risk List, can feel less restricted in how they go about their daily lives".

221. The Scottish Government Shielding/Covid Highest Risk Division was closely involved with providing advice to colleagues on guidance for early learning settings, schools and further education, workplaces, and prisons, as well as targeting specific professional or advisory areas. Three Equality Impact Assessments were carried out as part of the shielding programme, provided [CL19/154 - INQ000256754] [CL19/155 - INQ000147447] and [CL19/156 - INQ000147453]. They considered the groups most at risk of severe illness or death should they contract Covid-19, and children were included in these cohorts. The EQIAs were compiled in April and November 2020 and February 2022. In the November 2020 EQIA it was recognised that under 16s represented 2% (3,721 people) on the shielding list. None of them make specific references to the decision to remove children from the list in 2021, which is covered in more detail in the table below.

222. The Clinical Leads Advisory Group for Shielding (CLAGS) met virtually once a week. This was a group of clinicians from around Scotland whose specialities encompassed the conditions included within the Shielding List. This group provided practical and appropriate clinical advice to policy teams, including informing key decisions such as the development of policy guidance to support children and adults at highest clinical risk when schools re-opened.

223. The work of the Covid-19 Education Recovery Group and the Education Sub-Group informed the work on Shielding/Covid Highest risk. In addition, the Scottish Government policy teams working on Shielding / Covid Highest Risk were in frequent contact with colleagues in the Learning and Children and Families Directorates, who not only developed and shared impact assessments, developed guidance for schools that was adapted throughout the pandemic, but also engaged with stakeholders through a number of mechanisms and channels and who highlighted insightful resources and evidence being developed by partners, such as the Children's Parliament's work to capture children's experience of the pandemic. Provided, [CL19/133 - INQ000613828].

224. In addition to the regular updates and letters sent from the CMO to people on the Shielding / Highest Clinical Risk List, bespoke communications were sent out to parents and carers of children shielding at particular decision points. These included the entry of some parts of Scotland to Protection Level 4 on 20 November 2020, and the introduction of additional protective lockdown measures around going to school college or childcare in January 2021. The letter from the 5 January 2021 is provided, [CL19/134 - INQ000613829].

225. A chronology of shielding decisions, advice and guidance specific to children and young people is provided:

16 June 2020	Review of children and young people on the list in light of evidence showing low risk of poor outcomes from Covid. Royal College of Paediatrics and Child Health (RCPCH), along with specialist clinical expert groups, review new evidence of Covid-19 vulnerability in children. CMO writes to clinicians asking them to carry out a case-by-case review of approx. 3,940 children (under 16) on the shielding list. The CMO asks that individual discussions must take place with the patient, and where

	appropriate their family or care givers. Once discussions had taken place, and where appropriate, a letter is issued on 13 July 2020 to advise them that they no longer have to be on the shielding list. As a result, 2,106 children remained on the list on 31 August 2020.
21 December 2020	Following a change in the advice due to rising case numbers, a letter is sent from CMO advising that all of mainland Scotland will be placed in Level 4 from 12.01 am on Boxing Day. Provided, [CL19/135 - INQ000470021]. The letter acts as a fit note. At Level 4, general advice is that children and young people who are on the shielding list should not attend school, college or regulated childcare services such as nurseries. However, parents and carers are advised to consult their child's secondary care (hospital) clinical team who may advise that an individualised risk assessment could be undertaken with the school, college or nursery and arrangements put in place which may allow their child to continue to attend.
19 February 2021	Advice for people on the Shielding list on voting safely in May's Scottish Parliamentary Elections. Letter sent to everyone on the list from the Electoral Commission on voting options, including postal and by proxy. Two letter versions sent – one to over 16s and one to under 16s. Both letters are provided, [CL19/136 - INQ000470025] and [CL19/137 - INQ000470026].
22 March 2021	CMO letter issued which acts as a fit note to 30 June 2021, provided [CL19/138 - INQ000470027]. Encourages people to continue to follow the extra advice at each protection level, and indicates that from 26 April, we expect that people on the shielding list who are currently at Level 4 will be able to return to the workplace if they cannot work from home. College and university students and young people at school should also be able to return at this time. This is because, from this date, all areas now in Level 4 are anticipated to move down to Level 3 or lower.
26 April 2021	People on the shielding list who are currently at Level 4 advised they can return to the workplace if they cannot work from home. College and university students and young people at school are also able to return. A new section of guidance added to the website to support people on the Shielding List to return to the workplace after the Level 4 lockdown from

	January - April 2021. To add to employer responsibilities and individual risk assessments, additional steps that people can take.
6 May 2021	CMO letter issued to shielding cohort to let them know that their adult household contacts are being asked to come forward for their vaccination. Provided, [CL19/139 - INQ000470029].
15 July 2021	A decision is taken by the 4 CMOs after reviewing evidence presented by the UK Government to remove children from the Shielding list, provided [CL19/140 - INQ000470032], [CL19/157 - INQ000470033]. They decided that all children and young people under 16 should be removed on the basis of extremely low rates of serious disease or mortality in this age group. This was in line with Scotland moving to level 0 on 19 July whereby people on the Shielding list were asked to follow general population advice unless advised otherwise by their GP or specialist clinician. A small number of children may well be advised by their GP or clinician to shield, as they would have been pre-pandemic, but there would no longer be any central shielding advice for children and young people.
23 August 2021	Decision by the CMO for Scotland to pause the decision to remove children from Scotland's shielding list due to having better evidence about the risk of severe outcomes if those children and young people at highest risk are infected. This coincided with the high rates of Covid at that time in Scotland. Provided [CL19/141 - INQ000613830]. Cabinet Secretary for Health and Social Care agreed with advice from the CMO, that the rising number of cases at that point in time makes the message to remove children from the highest risk list harder to convey. Announcing the removal of children from the list at this point of the pandemic would send contradictory messages on current risks and compliance, as well as unsettle parents and children and young people. The proposal is to keep the evidence under review, however, and put up further advice to Ministers at a time when the CMO considers the trajectory of the pandemic to be more positive.
7 October 2021	Mr Yousaf (then Cabinet Secretary for Health and Social Care) approved the CMO's earlier recommendation to remove children and young people from the Highest Risk List. For simplicity, the plan was to co-ordinate the announcement of the change alongside the letters sent to eligible young

	persons about the offer of a vaccine. Provided, [CL19/142 - INQ000470036] and [CL19/143 - INQ000613831].
26 October 2021	Following discussions with the CMO, the decision was made to delay announcing removing children and young people from the Highest Risk List. This was done as a precautionary measure due to an anticipated move by the UK Government to move to level 4 of their Covid alert system (you must stay at home and only travel for work, education or other legally permitted reasons), meaning that an announcement may have seemed incongruous with the wider messaging around the status of the pandemic. Provided, [CL19/144 - INQ000470037].
22 December 2021	Access to antivirals and monoclonal antibodies to treat Covid-19 begins for those people who remain at a higher risk due to certain health conditions. A letter is sent out on the 31 December 2021 from the CMO to those who are eligible. Adults and children (aged 12 or over) who are a member of one of the patient groups considered at high risk from coronavirus with a clinical condition prioritised for treatment are eligible and are sent a letter advising them of this. These treatments are in addition to Covid-19 vaccinations - including boosters – and not a replacement but we hope they will help reduce the severity of illness in people who may fall ill even if they have been vaccinated. We have written to individuals who may be eligible to access these new treatments upon confirmation of a positive PCR result. If recommended for treatment, individuals may be invited to attend a day clinic at a hospital to receive a monoclonal antibody which is normally given by intravenous infusion. Alternatively, the assessing clinician may recommend an antiviral treatment to be taken orally.
2 March 2022	A representative from the head teachers' union queries if the line 'provided they are vaccinated' should be added to the schools guidance on children and young people returning to school. [CL19/158 - INQ000517258] John Harden advised that from a clinical point of view this should not be included as most children and young people will have been removed from the Highest Risk List by now.
27 April 2022	Developing online content for Children and Young people on mental health including the Aye Feel hub created by Young Scot to provide information on mental health and emotional wellbeing to support young

	people. Also promote access to counsellors now available through secondary schools across Scotland.

226. As of 21 February 2022, there were 1,384 people under 16 on the Highest Risk List, making up less than 1% of the overall list. In Scotland the Shielding list was ended on 31 May 2022.

Children with long covid

227. Territorial NHS boards are responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services. From the outset, assessment and initial investigation for any child or young person with symptoms consistent with long covid was provided by local primary care teams, who could give advice and guidance about the management of symptoms and any potential treatment options. Primary care clinicians could refer to occupational therapy and/or physiotherapy for further support where appropriate. In cases where referral to secondary care was required, children and young people may be referred for investigation and management.

228. The Directorate for Healthcare Quality and Improvement (now part of the Directorate for Chief Operating Officer, NHS Scotland) held policy responsibility for healthcare support for people living with long Covid. Activities led or supported by the Directorate on this issue included:

- May 2021 and February 2022 - The dissemination of a clinical guideline, provided [CL19/145 - INQ000613832], produced by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of General Practitioners (RCGP) to NHS Boards and GP practices in Scotland
- May 2021 and May 2022 - The development and dissemination of an accompanying 'Implementation Support Note' for clinicians providing additional information on the identification, assessment and management of long term effects of Covid-19, including in children and young people, the note is provided [CL19/146 - INQ000232014]
- July 2021 - commissioned NHS National Services Scotland (NSS) to conduct a mapping exercise of NHS Boards to identify how services were being delivered across Scotland to support people with long Covid, and associated support needs of NHS Boards. Led to the establishment (March 2022) of a National Strategic

Network for long Covid, managed by NSS and bringing together representatives of territorial NHS boards and relevant stakeholders. The Strategic Network has a dedicated working group (established April 2023, two months after the World Health Organization's publication of a clinical case definition for post Covid-19 condition in children and adolescents) focused on children and young people which has developed (June 2024) and disseminated to NHS boards a clinical pathway to support the appropriate assessment, referral and management of children and young people with long Covid symptoms. The timeline for the establishment of these mechanisms was influenced by a number of factors including but not limited to; analysis of mapping exercise returns and identification of required response, recruitment of Network members and capacity of participants to contribute alongside pre-existing commitments associated with their substantive roles, and review/revision of draft working group outputs and final approval through governance mechanisms of the Strategic Network

- September 2021 – The establishment of a £10 million 'Long COVID Support Fund' from which resource was allocated to Scotland's 14 territorial NHS boards from the financial year 2022-2023 onwards to support their responses to meeting the needs of adults, children and young people with the condition. These activities did not preclude the provision of assessment and support for children and young people with symptoms consistent with long Covid as outlined in paragraph 227.

229. As outlined at paragraph 151 it first became understood in Scotland that children might be at risk of developing long covid in October 2020 and the 'Long COVID Support Fund' was established to help support boards in their response.

230. The Directorate for Healthcare Quality and Improvement made available approximately £3 million per year from the Long Covid support Fund from the financial years 2022-23 onwards to support territorial NHS Board's responses to meeting the healthcare needs of adults, children and young people with the condition.

231. HSCA monitored the ongoing prevalence of long Covid in the population using the ONS Covid Infection Survey (CIS), with estimates published monthly between April 2021 – March 2023. This included self-reported prevalence data for Scotland and the other devolved administrations. The 30 March 2023 dataset is provided as an example, [CL19/147 - INQ000272181].

232. Briefings to Scottish Ministers included indicative age estimates for Scotland based on UK estimates published by ONS. The CIS data reported on activity limitation among adults but not among children.

Scottish Government indicative Age Estimates for Scotland based on UK estimates provided by ONS: September 2022

233. In September 2022, indicative age estimates for Scotland were included in the CIS monthly briefing sent to Scottish Ministers by HSCA. The estimates were calculated by Scottish Government analysts by applying the UK-level percentage estimates to National Records of Scotland (NRS) Scottish population estimates to create indicative calculations. Population estimates used in this calculation included individuals outside the private residential population, whereas the ONS estimates pertain to the private residential population only. These estimates assumed that prevalence by age group in Scotland reflected prevalence by age group at UK-level. The uncertainties around these estimates meant that they were not published.

The findings for children are shown below:

Long Covid estimates for the 4-week period ending 31 July 2022				
Age Group	**Estimated percentage of people in private households self-reporting long COVID of any duration, UK**	**Scottish population total for age group**	**UK central prevalence estimates applied to Scottish population totals, unweighted (indicative calculation)**	**UK central prevalence estimates applied to Scottish population totals, weighted to sum to Scotland estimate (indicative calculation)**
2 to 11	0.52%	582,951	3,000	4,000
12 to 16	1.43%	290,025	4,000	5,000

234. In January 2023 this analysis was updated for internal use, drawing on the most recent ONS data (for the 4-week period ending on 4 December 2022). The findings for children are shown below:

Long Covid estimates for the 4-week period ending 4 December 2022			
Age Group	**Estimated percentage of people living in private households with self-reported long COVID**	**Scottish population total for age group (NRS 2021 mid-year population estimates)**	**UK central prevalence estimates applied to Scottish population totals, weighted to sum to**

	of any duration in the UK (ONS)		Scotland estimate (indicative estimates)
2 to 11	0.34%	576,183	2,000
12 to 16	1.11%	296,820	3,000

Scottish Health Survey (SHeS): findings from 2021 and 2023 surveys

235. In 2021 questions about self-reported long Covid were added to the Scottish Health Survey, an annual survey of private households. Percentage prevalence rates are reported for children ages 0-15, with more detailed breakdowns available within this age range. Parents or carers report on behalf of children.

- 2021 survey (findings published in November 2022). The survey used the same questions as those used in the ONS CIS, i.e.: respondents who had had Covid-19 were asked whether they would describe themselves as currently having long Covid: that is, they were still experiencing symptoms more than 4 weeks after they first had Covid-19, which were not explained by something else
- 2022 survey (findings published in December 2023). The questions used in this survey did not ask explicitly about long Covid, and it was subsequently assessed that they might not have been clear to respondents. The findings are therefore not directly comparable to those in 2021 and 2023 and are not shown here
- 2023 survey (findings published in November 2024). This survey reverted to the questions asked in the 2021 survey, asking explicitly about self-reported long Covid.

The findings from 2021 and 2023 are shown below:

Scottish Health Survey findings for the years 2021 and 2023		
Self-Reported % Prevalence	**2021**	**2023**
Children (age 0-15)	1%	2%
age 0-3	1%	
age 4-7	1%	
age 8-11	3%	
age 12-15	1%	

NB:

- All percentages are rounded and derive from small numbers
- 2023 detailed age group percentages have not been published.

Scottish Government analysis of ONS CIS data: for the 4-week period ending 5 March 2023

236. In September 2024, the Scottish Government published an official statistics report covering new and previously published estimates of self-reported long Covid prevalence in Scotland, and plans for future reporting, provided [CL19/148 - INQ000590810]. The new estimates presented for Scotland derived from secondary analysis of ONS CIS data for the four-week period ending 5 March 2023 (the final monthly CIS survey). This work was commissioned in part because of the limitations of the unpublished indicative age estimates described above.

237. The report presented long Covid prevalence estimates for Scotland for a range of demographics, including age, which had previously only been available for the UK as a whole.

The findings for children are shown below:

ONS CIS Survey data for Scotland for the 4-week period ending 5 March 2023	
Self-Reported Prevalence	**Estimated Number of People**
Children (age 0-15)	4,000

Child Deaths

238. The Mental Health Directorate has not undertaken any separate work in relation to reviews about child deaths or serious harm done to a child in Scotland during the pandemic.

Part J - Children with access to and using social media and online resources

239. No separate assessments were undertaken by the Mental Health Directorate. It is noted that, alongside generally recognised risks, being online could have some protective benefits in terms of contact with friends, school and other activities such as seeking advice and information during a time of limited in person social interaction.

240. Further details regarding online resources and access are included in the Module 8, DG Education and Justice, Online Lives statement provided to the Inquiry on 22 July 2025.

Evidence from the Health Behaviours in School-aged Children (HBSC) Study 2022

241. HBSC 2022 showed that around one-third (35%) of adolescents reported that they had online contact with close friends almost all the time throughout the day, which is described as 'intense' contact.

242. HBSC started collecting data on intensity of electronic communication in 2018. There has not been a significant change in intense online contact since 2018 (33%).

243. Adolescents were asked nine questions about their social media use. Combined, these items were used to create a measure of problematic social media use. Use of social media was classified as problematic if they responded 'yes' to 6 or more of the questions. According to this classification, in 2022, almost one in seven (14%) adolescents reported problematic social media use. Gender differences were observed at ages 13 and 15, with girls more likely to report problematic social media use than boys (at age 13, 22% for girls and 7% for boys and at age 15, 21% for girls and 8% for boys).

244. HBSC started collecting data on problematic social media use in 2018. Between 2018 and 2022, there was an increase in problematic social media use among girls in all age groups, but not among boys. For example, 11% of 13-year-old girls reported problematic social media use in 2018 compared with 22% in 2022.

245. The Mental Health Directorate did, and still does, have resources to support healthy social media use. The Directorate has worked with Scottish Youth Parliament to fund the development of 'Mind Yer Time' provided, [CL19/149 - INQ000613836]. This is a web resource, which launched in April 2020, specifically designed to give children and young people advice on social media use, screen time, sleep and the impacts of these things on body image and mental wellbeing. The Directorate also provided access to online mental wellbeing advice and information at Aye Feel, provided [CL19/150 - INQ000613837] and also information on Parent Club.

Assessment of Impact

246. Data from the HBSC 2022 was published by the WHO in September 2024 in the "Teens, screens and mental health" report. Results were gathered from across 44 countries and regions in Europe, central Asia and Canada in 2022. The study revealed a sharp rise in problematic social media use among adolescents, with rates increasing from 7% in 2018 to 11% in 2022.

247. England, Scotland and Wales all recorded figures above that average. For Scotland, almost one in seven (14%) adolescents reported levels of social media use that were defined by the study as being problematic.

248. Whilst the general conclusions from the "Teens, screens and mental health" report that follow here do not single out Scotland, they are still relevant in broad terms. The report also notes that "...social media can have both positive and negative consequences on the health and well-being of adolescents" and goes on to cite the importance of good digital literacy education.

249. The report notes that "...[the increase in problematic social media use], coupled with findings that 12% of adolescents are at risk of problematic gaming, raises urgent concerns about the impact of digital technology on the mental health and well-being of young people."

250. The report defines problematic social media use as "...a pattern of behaviour characterized by addiction-like symptoms. These include an inability to control social media usage, experiencing withdrawal when not using it, neglecting other activities in favour of social media, and facing negative consequences in daily life due to excessive use."

251. "Previous research has found that problematic social media users also reported lower mental and social well-being and higher levels of substance use compared to non-problematic users and non-users. This trend, if continued, could have far-reaching consequences for adolescent development and long-term health outcomes. Moreover, problematic social media use has been associated with less sleep and later bedtimes, potentially impacting adolescents' overall health and academic performance." The previous research is provided, [CL19/151 - INQ000613838].

252. The DCAF helps to ensure that effective protection procedures are in place wherever there is a risk of a child coming to harm. This includes publishing national child protection guidance for all people and organisations who work with or come into contact with children; working with a range of partners including Police Scotland and Child Protection Committees Scotland to prevent and tackle child sexual abuse and criminal exploitation including online abuse; helping to develop training and support for people likely to be the first to notice a child is at risk, such as teachers and health professionals; develop better care and support for better care and support for children who have experienced trauma through the Bairns' Hoose initiative; and work with other Scottish Government Directorates, local areas and national bodies to develop appropriate support for unaccompanied asylum seeking children and end child trafficking.

253. During the pandemic, DCAF worked with Police Scotland, Child Protection Committees Scotland and other partners to increase parents and carers' awareness of child protection issues including online safety and combat perpetrators/potential perpetrators. The National Crime Agency's threat analysis indicated that individuals and groups were using the pandemic as an opportunity for criminal or sexual exploitation of children, both online and in the community. In order to help keep children safe online, the Scottish Government and its partners undertook the following actions:

During May/June 2020

- Scottish and UK partners and agencies issued public messaging highlighting risks to children. This included Child Protection Committees Scotland and Police Scotland's messaging urging the public to play their part in keeping children safe and Police Scotland's 'Get Help or Get Caught' online child sexual abuse campaign
- Chief Social Work Officers, The National Society for the Prevention of Cruelty to Children (NSPCC) Scotland, Child Protection Committees Scotland (CPCS) and Police Scotland called for a Scottish Government national awareness raising campaign to highlight the risk of harm to children arising from the pandemic and encourage members of the public to report concerns that a child may be at risk of harm to their local social work departments or to the police, to complement partner messaging
- The Children and Families CLG supported a proposal to develop a Scottish Government funded campaign with an intended launch date of 19 June 2020.

However, there were concerns from some CLG members and stakeholder organisations (Fiona Duncan, Children 1st, Aberlour) about the campaign's tone, targeting and creative execution. Other CLG members and stakeholder organisations (Police Scotland, NSPCC and Child Protection Committees Scotland, StopitNow Scotland) continued to strongly support. Views differed in the extent to which the campaign successfully balanced the need for messaging that was sufficiently clear and impactful for the public to respond to, alongside the need to avoid giving the impression that all children were at risk, stigmatise families or reduce the likelihood that they would ask for help. The decision was subsequently taken not to proceed with a national campaign, with social media channels instead used to highlight sources of support.

From February to August 2021

- Police Scotland, Scottish Children's Reporter Administration (SCRA) and Social Work Scotland (SWS) reported concerns of increased volume of referrals relating to online child abuse and exploitation. In response, as part of CLG's 10-point action plan to support children and families in vulnerable situations, Scottish Government, CPCS and Police Scotland undertook complementary communications campaigns. The Scottish Government re-ran messaging from its 2016 *CSEthesigns* awareness raising campaign through social media channels aimed at parents of 11-17 year olds. CPCS's *Keeping Kids Safe* online campaign encouraged parents and carers to be actively interested in their children's online activity. Police Scotland ran *Stop It Now* a perpetrator-focused campaign. The campaign was a joint campaign between 'Stop it Now! Scotland' (SINS) and Police Scotland, with SINS being part of the UK wide 'Stop It Now' charity.
- Evaluation reports focused on the metrics for all three campaigns were undertaken and the overall results reported to CLG. In relation to the Scottish Government campaign, the campaign resulted in a 75% increase in traffic to *CSEthesigns.scot* with 21,100 site visits by 18,425 users. 82% of those surveyed for the evaluation report said they took action as a result
- CPCS reported that their campaign increased traffic to their website by 2,700 users. The reach of campaign content on social media channels include 180,000 views on Facebook, 226,000 on Twitter and Instagram posts seen 6,000 times. The success in reach and increased traffic to webpages demonstrates the CPC Scotland campaign having delivered extraordinary value for money, considering the very limited budget and short lead-in time. CPCS proposed that an increased

budget and longer lead-in time would enable them to create a new online abuse awareness campaign directed specifically at children and young people

- Police Scotland reported an estimated reach of 10 million impressions and increase in visits to the *Stop It Now* website.

254. Vulnerable Children and Adult Public Protection data monitoring was set up in April 2020 to understand and monitor on a weekly basis the impact of the pandemic and lockdown on vulnerable children (and adults) in Scotland, and how services were responding. Data was submitted to Scottish Government by local authorities (including in relation to the child protection register, looked after children, and on contact between children with a child protection or multi-agency plan and professionals), and by Police Scotland (relating to child concern reports, Inter-agency Referral Discussions (IRDs) and missing person investigations) each week (this changed to every two weeks in late 2021, then every four weeks from August 2022). Summaries of each updated dataset were shared by Scottish Government with Ministers and key stakeholder groups from the outset.

255. The Scottish Government assessed the impact of the pandemic on children experiencing harm/at risk of harm and the impact of ongoing mitigating actions in partnership with local areas and national partners and in conjunction with a range of fora and groups. Chief Officer Groups, comprised of Local Authority and NHS Health Board Chief Executives and Police Scotland Divisional Commanders, oversee local public protection arrangements and the assessment and response to risk, vulnerability and protection across the 32 local partnership areas.

256. The Scottish Government's initial focus was to respond to the issues identified by local partnerships and support these evolving approaches through provisions in the Coronavirus (Scotland) Act 2020 and Coronavirus (Covid-19): supplementary national child protection guidance. This guidance was developed in consultation with a range of stakeholders including COSLA, SWS and Police Scotland. These actions were designed to improve capacity and flexibility of local child protection processes and prioritisation of children at greatest risk.

257. Partnerships quickly reviewed and adapted their responses to risk in line with Covid child protection legislative provisions and supplementary child protection guidance. Officials assessed pandemic risks and the impact of adaptations through several routes, such as:

- Regular discussions with national and local partners to review developments and share intelligence as the pandemic progressed. This included discussion of the legislative and practice changes introduced through the Coronavirus Act and Covid supplementary child protection guidance. This guidance was updated five times throughout the pandemic to reflect emerging issues, contingency arrangements and learning from earlier stages
- 4 nations official meetings to share intelligence and developing responses across the UK, meeting weekly in the first few months of the pandemic
- Participation in General Public Service Ministerial Implementation Group (GPSMIG) vulnerable children meetings
- Participation in the UK Council for Internet Safety (Department for Culture, Media and Sport, DfE and Home Office) Early Warnings System Group
- A child protection stocktake chaired by the Deputy First Minister and attended by core members of the Covid-19 Children and Families CLG
- Discussion at the Covid-19 Children and Families CLG
- Consideration of evidence and advice provided by the Covid-19 Advisory Subgroup on Education and Children's Issues.

Lessons Learned

258. The overall lessons learned for the Mental Health Directorate are:

- Ensure that promoting and improving mental health and wellbeing is an underpinning principle as strategic decisions are taken
- Ensure that evidence on the likely effects on mental health is specifically assessed as part of any future decision-making. The likely negative effects on mental health of any future protective measures will be weighed against the public health benefits of doing so
- Ensure that face-to-face mental health services, including group therapy and emotional support, are able to continue, as fully as possible, under any future protective measures that are required. Subject to any measures required for the safety of participants, we want services to continue to be as adaptable and flexible to best meet people's needs.

  Page 66 of the Strategic Covid Framework sets these out, provided [CL19/152 - INQ000147446].

259. Lessons learned in respect of children and young people's use of social media and online resources are included in the Module 8, DG Education and Justice, Online Lives statement provided to the Inquiry on 22 July 2025.

260. It is important that analysis of the mental health impacts is carried out before decision making to mitigate against any impact of a pandemic on the mental health and wellbeing of children and young people.

261. The Scottish Government published a new Physical Activity for Health Framework in October 2024, provided [CL19/153 - INQ000613839]. The Framework is based on global evidence of what works to increase levels of physical activity and address inequalities. The Framework includes actions focussed on children and young people. For example, this recommends the adoption of a 'Whole of School Approach' in schools including: a Physical Education curriculum that develops knowledge, confidence, competence, and motivation to be active; active classrooms and outdoor learning that incorporate movement into classroom and outdoor learning experiences across the curriculum; after school physical activity opportunities; supporting outdoor learning and active play; active travel to and from school.

262. Active Schools provides free opportunities to take part in sport and physical activity before, during, and after school, and develops effective pathways between schools and sports clubs in the local community. The Active Play Development Project provides children with the opportunity to develop physical skills in early years settings, to encourage a long-term, positive relationship with physical activity.

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: 30 July 2025