UK COVID-19 INQUIRY

WITNESS STATEMENT OF ANNA FEUCHTWANG

ON BEHALF OF THE NATIONAL CHILDREN's BUREAU

I, Anna Feuchtwang, will say as follows:-

INTRODUCTION

1. I am the Chief Executive of the National Children's Bureau (NCB) of 23 Mentmore Terrace, London E8 3PN. I am authorised by NCB to make this statement on its behalf in response to the Rule 9 Request for evidence dated 21 May 2025 issued under Rule 9 of the Inquiry Rules 2006 in relation to Module 8 concerning the impact of the Covid-19 pandemic on children and young people in England, Wales, Scotland and Northern Ireland.

2. This statement responds to the Inquiry's request for evidence provided to NCB on 21 May 2025 under Rule 9 of the Inquiry Rules 2006.

3. My statement is structured as follows:

    a. Part one: Key areas NCB worked in during the period covering, Safeguarding and child protection, child poverty, social security and housing, mental health, early years and education

    b. Part two: Contact with government

    c. Part three: Lessons learnt

    d. Appendix one: Exhibit schedule

    e. Appendix two: Table identifying responses to each rule 9 question

(i)   The basis of my evidence

4. My statement draws on collective evidence from across NCB with input from NCB employees. Where I deemed it appropriate, my statement also draws on

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wider evidence which I felt would was important for the inquiry to see. Further information can be supplied if requested.

(ii)   About NCB

5. The National Children's Bureau is a children's charity operating primarily in England and Northern Ireland. Our mission is to build a better childhood for every child, with a focus on narrowing inequalities and improving outcomes for the most disadvantaged and vulnerable.

6. We do this by

   a. Influencing policy development and local and national decision making and helping enshrine good practice in law

   b. Supporting the children's workforce to implement what we've learned from our research and from involving children and young people

   c. Improving the systems that support children and young people by using our frontline networks to bring people together to create a bigger voice and achieve a greater impact

   d. Identifying the areas and the issues most in need of focus and building sector understanding and informing best practice through evidence informed learning.

7. NCB also plays a key role in bringing people and organisations together. Our specialist membership groups (the 'NCB Family') draws external partners together to drive change in key areas where we need to make childhood better. While fully operating under NCB's formal governance structures, these specialist membership groups (SMGs) often have their own brand identities, steering groups, and external stakeholders. The primary SMGs for the purposes of this response are

   a. The Anti-Bullying Alliance

   b. The Childhood Bereavement Network

   c. The Schools Wellbeing Partnership

   d. The Council for Disabled Children

8. The Childhood Bereavement Network provides the secretariat for the National Bereavement Alliance, which NCB hosts alongside the SMGs. Please note that the newest member of the NCB Family, Research in Practice, joined NCB in 2024 and is therefore out of scope from the Inquiry's request.

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9. The nature of NCB's work can be summarised as follows:

   a. NCB carries out qualitative and quantitative research and evaluation.

   b. NCB disseminates the findings of research to practitioners and policy makers. This includes our own research and research carried out by academic partners.

   c. NCB draws on its values, the best available evidence, and the voice of children and families themselves to advocate for changes to policy and legislation.

   d. NCB works directly with children and young people to give them a voice in local and national decision making.

   e. NCB enables local systems to improve the way they understand and meet the needs of children and families through evidence-informed tools, training and development, and opportunities for collaboration.

   f. NCB provides training and development for professionals working with children and families.

   g. NCB convenes other organisations in the children's sector to establish consensus and represent that consensus through external influencing activities.

   h. NCB communicates its work, its impact and its advocacy positions through a range of digital channels, including website and social media.

10. NCB works across a range of areas, including early childhood development, special educational needs and disability, child poverty, bereavement, bullying, social care, and health and wellbeing.

11. NCB's principal areas of work and research that were undertaken in response to the pandemic can be summarised as follows:

    a. Research into the impact of the pandemic on particular groups of children – NCB carried out a number of pieces of formal and informal research into the impact of the pandemic on different groups of children and their families. Important examples of this include:

       - Insights into the impact of Covid-19 on children and young people with Special Educational Needs and Disabilities in Northern Ireland [See Exhibit AF/20 INQ000643655]. This report was based on interviews and focus groups conducted with disabled children and young people and those with special educational needs

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(SEN) aimed at understanding and tracking experiences through the pandemic.

- Pupil attainment, wellbeing and teacher practices during the pandemic: Findings from an evidence and gap map. See Exhibit AF/21 [INQ000617143]. This was a Department of Education-funded review of the evidence related to the impact of the pandemic and the associated interruption in schooling on teacher and pupil outcomes in the UK and Ireland.
- Bullying and the pandemic: a picture of how bullying has changed during Covid-19. See Exhibit AF/22 [INQ000648326]. This research was based on a survey – conducted in February 2021 – of pupils, school staff, parents and carers about bullying and relationships with friends during the lockdown.

b. Policy influencing and advocating – NCB played a key role in bringing organisations together during the pandemic to advocate for children's interests and give children a voice in the national conversation. This included:

- Leading the sector on calls to prioritise children during pandemic [See Exhibit AF/23 INQ000648327] and creating a set of principles and cross-government actions on a child-centred recovery. [See Exhibit AF/24 INQ000648328]. NCB also led major campaigning moments, including the Build Back Childhood campaign [See Exhibit AF/25 INQ000648329].
- Holding a virtual meeting of the All-Party Parliamentary Group for Children on recovery from the pandemic and children's experiences – with Parliamentarians, the Department for Education Director General and other Government representatives present.
- Supporting young people to present to the senior civil servants on the Vulnerable Children National Programme Board – attended by senior officials from the Department for Education, Ofsted and the NHS. See Exhibit AF/26 [INQ000648330] which contains a blog written by a young person about their experience.

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c. **Providing resources to children, young people and parents** – NCB provided online advice and guidance directly to children, young people and their families during the pandemic. This included:

- Keeping in touch when someone is seriously ill [See Exhibit AF/27 INQ000648331]. This guidance was for family members and friends who were separated from someone seriously ill in hospital, on ways of feeling close.
- Covid-19 Family Support Hub [See Exhibit AF/28 INQ000648332]. This resource provided disabled children and young people and those with SEN and their families with advice and guidance on how to continue to access services and educational provision through the pandemic. The page is regularly updated with the latest advice and guidance, including advice for Clinically Extremely Vulnerable (CEV) children and young people, vaccinations, and rules on isolation and close contacts.

d. **Supporting the workforce** – NCB provided information, advice and guidance to professionals working with children and young people during the pandemic. This included:

- Working as the Department for Education's Early Years Stakeholder Engagement Partner, providing up to date information and guidance from central government on how the early years sectors should adapt to the pandemic.
- Using NCB's online Designated Clinical Officers email forum for peer support and ideas sharing as their roles and responsibilities shifted and some were redeployed during the pandemic. [See webpage in Exhibit AF/29 INQ000648333].
- Providing an online hub for tips, guides and information to support bereavement services service through the pandemic. [See webpage in Exhibit AF/28 INQ000648332].

e. Adapting our Lambeth Early Action Partnership (LEAP) - funded by the National Lottery Community Fund as part of the national A Better Start programme, LEAP's mission was to support children aged 0-3 years in certain wards in Lambeth to have a better start in life. LEAP comprised over

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20 services which supported families throughout pregnancy and the early years of a child's life. In response to the national lockdown and social distancing measures, most LEAP services adapted their delivery from face-to-face to virtual to ensure the needs of the local community continued to be met. [See an overview of the work done in response to the pandemic in Exhibit AF/30 INQ000648335].

Part one

12. Prior to the pandemic there were concerns that the safeguarding system was 'overstretched and overwhelmed' and unable to meet the growing safeguarding pressures, brought about by: persistent cuts to local authority budgets – by £2.2 billion since 2010; increasing levels of hardship faced by families; growing understanding of, and responsiveness to, sexual and criminal exploitation of children; as well as increases in the number of adolescents with complex needs coming to the attention of services. This resulted in the most high-risk cases being prioritised, reduced availability of early intervention support for children and families and variations in support with an unevenness in practice and standards across local authority areas.

13. The Care Crisis Review (June 2018) concluded a culture of blame, shame and fear is inhibiting effective partnership working between the state and children and their families - an underlying principle of the Children Act 1989 - resulting in a rising number of children in the care system. The most recent triannual review of the serious case reviews (2022) also highlighted the pressures on the system of increasing complexity of caseloads and the impact of austerity on inability to provide consistent, relationship based social work.

14. As of 31 March 2019, prior to the pandemic, there were 52,260 children subject to a child protection plan in England, where a child protection conference has determined they are suffering, or are likely to suffer, significant harm. There were 399,500 Children in Need by 31 March 2019, requiring support in order to safeguard or promote their welfare. This includes children requiring help as a result of child or adult disabilities, parental mental ill health or the family experiencing financial or other stresses. 54% of Children in Need have been assessed as having experienced or being at risk of abuse or neglect from within their family or from exploitation outside the home, including by criminal gangs and organised crime groups.

15. During the pandemic there were multiple other groups of children who were at risk or vulnerable. This includes disabled children or those with special education needs (SEN) who were not known to social care services and who were shielding. Disabled children and young people and those with SEN whose

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access to community health services were impacted as a result of NHS guidance to deprioritise certain key services. [See letter issued by NHS England Exhibit AF/02 [INQ000269920]. This affected children reliant on clinical interventions to access education. In particular, aerosol generating procedures presented challenges in balancing the risk to staff and other children, while ensuring that children could continue to access education. NCB used various channels and programmes to share government guidance on using Personal Protective Equipment in education, childcare and children's social care settings. See NCB webpage Exhibit AF/01 [INQ000648313]. Further to this, children in residential settings including special schools were also at risk, for instance those children attending Hesley Group provision, where subsequent abuses were uncovered, as well as children who were no longer able to access short break or other community universal or targeted provision.

16. The pandemic increased the risk to children's safety in a number of ways. Health intervention (both universal and specialist) was delayed or did not happen, including assessment to understand a child's needs. The rapid shift to digital social work activity raised many issues for the workforce and for children and families with social work involvement in their lives. The pandemic also contributed to increased social isolation, with families under pressure in lockdown conditions. Crucially, school age children at risk of harm who would usually be in education settings being seen by professionals were out of sight and therefore less likely to be identified.

17. During the pandemic, vulnerable children were permitted to attend schools, however, Department for Education (DfE) data during this period highlighted that only 15% of all Children in Need were attending school. These children faced specific barriers to accessing school such as fear and anxiety for both children and parents who had been told to isolate due to posed health risks who were now being told to come into school, as well as a sense of stigma for being singled out in relation to this offer. As both school exclusion and non-attendance are common aspects of the lives of Children in Need this approach from government was bound to have limited uptake.

18. For children interacting with social services, the pandemic had a large impact on the support offered to them and their families. Face to face interaction was hugely limited and this extended to home visits, family contact time as well as all

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forms of assessment and planning. This meant there were delays in assessments and social workers faced challenges in generating full understanding of the safeguarding concern. Exhibit AF/03 [INQ000648315] is a consultation ran by the Council for Disabled Children with children and young people about the pandemic]

19. To try to overcome the issues caused by limited face to face contact time, social services used remote technologies to meet with children and families. Many of the interactive, tactile learning resources that practitioners would normally have access to were not available during online sessions – some felt that this made the sessions less engaging or accessible. Professionals also talked about the fact that they would normally build relationships with the young people through fun and informal activities, which was harder to do using remote technologies. This was particularly challenging for children or young people with communication needs or those who communicate non-verbally. This was also compounded by significant digital poverty that families experienced which impeded their capacity to engage in social care processes such as digital family court proceedings.

20. There were significantly reduced opportunities for children to be seen by professionals, this included the closure of face-to-face community and voluntary based support and therapeutic services that were limited in their ability to operate remotely due to practical and funding restraints. Additionally, opportunities for teachers and other professionals to identify and support children who were facing abuse, neglect, exploitation were also more limited. Nursery closures and reductions in health visiting services also meant that contact with early years professionals were diminished, or non-existent, creating risks for safety and wellbeing of 'hidden' 0-2- year-olds.

21. In relation to the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 (SI445) which the Inquiry has asked specifically about, the primary variation that NCB was concerned with at that time was the variation in thresholds for support. Through our work with All-Party Parliamentary Group for Children (APPGC), NCB had highlighted significant variations in children's social care services across England, leading to a 'postcode lottery' in support for vulnerable children and families. The variation in support levels created a situation where children in similar situations may receive very different levels of help based on

their geographic location. The inquiry also revealed that many children are not receiving support until they reach a crisis point, suggesting a need for earlier intervention and prevention service. Upon publication of the Regulations, NCB identified further specific concerns with how the regulations might affect particular areas of practice where there was already variation – children living away from home; disabled children taking short breaks; and quality of foster care recruitment.

22. In relation to the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 (SI445) NCB raised a number of concerns about the impact of the flexibilities. As set out in the document Exhibit AF/04 [INQ000648316] these concerns were:

    a. The impact on children living away from home receiving fewer social workers' visits to assess their safety and suitability of their accommodation. Children in children's homes can be restrained and deprived of their liberty if there is a risk of coronavirus transmission.

    b. The impact on disabled children taking short breaks. There is evidence that disabled children receiving care away from home are exceptionally vulnerable to all forms of abuse.

    c. The impact on foster care recruitment. The regulations made it easier for local authorities to approve emergency foster care for a longer period and changes to duties to visit children who are privately fostered. The conventional process to become a foster carer is intended to be rigorous to ensure carers are safe and committed.

    d. As set out in Exhibit AF/04 [INQ000648316], NCB broadly accepted the need for the relaxation of certain regulations given the unprecedented practical reality of the pandemic and government lockdowns.

(ii)   Child poverty, social security and housing

23. NCB uses the Department for Work and Pensions data to understand the number of children living in poverty through the Households Below Average Income Annual Report. The most common metric for measuring child poverty which is the one NCB uses predominantly is relative income after housing costs.

24. Prior to the pandemic there were 4.2 million children living in poverty, with many families already vulnerable to income shocks, following a decade of sustained

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cuts to social security support. The pandemic exacerbated the impacts of growing up in poverty and pushed many families to breaking point. This can be seen by the rising number of children in poverty during and after the pandemic. As the government, schools and communities attempted to support children and families through the crisis, issues emerged around the 'digital divide' and children's differential access to learning, the number of families living in unsuitable accommodation, and the already precarious financial situation of many families. All of which highlighted how deep levels of disadvantage run within our society.

25. The government acted quickly to protect people's livelihoods during the pandemic, through initiatives like the Coronavirus Job Retention Scheme and the Self-Employed Income Support Scheme, which helped to safeguard millions of people's jobs as well as the National Free School Voucher Scheme. However, as these schemes began to wind down more families turned to the social security system for support as they struggled with loss of earnings, school closures, potential threats of eviction and homelessness, and poor health.

26. The £20 uplift to Universal Credit was welcome, however, it did not take into account children living in the home and due to the two child -limit it often meant that families were still left struggling. This was particularly pertinent for children living in families with No Recourse to Public Funds (NRPF) as this condition stops them accessing essential support like Universal Credit, Tax Credits and Housing Benefit, therefore any improvements to social security were inaccessible to these children and families are they were left without support. Due to this, children living in households with NRPF were particularly vulnerable to the effects of poverty during the pandemic.

27. This was also the case for the expansion to Free Schools Meals. Although some temporary measures were implemented during the Covid-19 crisis as a result of litigation, generally children whose parents have a NRPF condition on their immigration status cannot access benefits-based Free School Meals (even if the child is British). Families with NRPF are more likely to be from Black and Global Majority communities and working in 'key worker' or frontline roles, including as NHS cleaners or in social care, and are more likely to be single-parent households.

28. Another group of children experiencing poverty during the pandemic that require attention are the children who were living in temporary accommodation. The number of children living in temporary accommodation stood at 128,340 at the end of 2019. This included children living in B&Bs, hostels, housing of multiple occupancy, converted office blocks on industrial estates private sector accommodation leased by local authorities and nightly paid, privately managed accommodation. Much of this accommodation was unsuitable and unsafe for children.

29. Covid-19 highlighted the dangers of overcrowded and insecure housing during a major public health emergency. The Lancet has highlighted the risks for children growing up in unsuitable and cramped living conditions, in terms of their health, safety, development and education, and their increased vulnerability and marginalisation due to Covid-19. The Covid-19 eviction ban between 26 March 2020 and 30 September 2021 was welcomed, after growing concerns that thousands of households could be evicted from their home if the eviction ban was lifted, as people faced job losses and rent arrears.

30. During and after the Covid-19 emergency, all families, including homeless families living in temporary accommodation and those with NRPF, needed to have been protected against eviction and have access to suitable self-contained accommodation. Children living in destitution and homelessness during the pandemic due to their migration status needed greater support, for instance, through suspending or scrapping the NRPF condition. This would have made a considerable difference to the children's lives, reducing public health risks and pressures on homelessness services by enabling vulnerable people to access welfare benefits.

31. The number of children living in poverty has continued to rise since the pandemic period, reaching 4.5 million this year, therefore strategic action is needed to tackle child poverty in the longer-term. Investing in social security is vital and the first step in that investment must be scrapping the two child limit and the benefit cap. Beyond social security investment, the government should also set legally binding child poverty reduction targets to ensure that this government and all future governments remain focused on tackling poverty and addressing the long term impacts of the pandemic, so that no child has to grow up living in destitution.

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32. Pandemic-related restrictions have had a significant impact on children and young people's mental health and wellbeing. Globally, multiple primary studies and systematic reviews have reported a high prevalence of anxiety disorders, depression, suicidal behaviour, eating disorders, sleep difficulties and other mental health problems during 2020-22 such as in *Impact of COVID-19 on the mental health of children and young people: an umbrella review* (2023) by Leonardo Bevilacqua and others, and *Global burden of mental health problems among children and adolescents during COVID-19 pandemic: An umbrella review* (2022) by Hossain and others. These reviews highlight findings from longitudinal studies showing a significant increase in mental health problems in children and young people over the course of the pandemic, particularly in girls and older adolescents. Difficulties were associated with staying home for longer, a lack of daily routine, and with pre-existing mental health difficulties. School closure was associated with a range of mental health difficulties, along with social distancing and social stigma. These difficulties have been attributed to social isolation, financial stress, physical health concerns, and anxiety and depression related to the pandemic.

33. Reviews such as *The impact of COVID-19 on young people's mental health, wellbeing and routine from a European perspective: A co-produced qualitative systematic review* (2024) by Drew and others found that children and young people across Europe reported the negative impact of pandemic information and restrictions on their wellbeing. They also reported the importance of social connection to prevent loneliness and disconnection, education and learning impact on their wellbeing, and emotional, lifestyle and behavioural changes. Including perceived low mood, stress, anxiety, worry and fear of the unknown, as well as boredom and being demotivated without routine. Young people described these feelings in relation to the point at which they were surveyed, but also in relation to their future life. But almost all studies painted a complex picture with change over time, and mixed experiences for individual children and young people.

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34. It is also important to consider the impacts of the pandemic on babies and young children's mental health and wellbeing. Promoting the development of positive mental health during early childhood is key to maximising wellbeing throughout a child's whole life. There is a vast body of strong evidence showing that experiences in the first 1001 days of a baby's life are crucial to later outcomes. During this period, the brain is developing more rapidly than at any other period in life and is particularly sensitive to outside influences. Positive nurture therefore lays the foundations for lifelong emotional and physical health, while adverse experiences at this early stage can have lasting consequences. Through improving infant mental health and strengthening infants' relationships with their caregivers, children are more likely to be on a positive developmental trajectory. The Parent Infant Foundation summarises evidence for a wide range of later outcomes that are supported by emotional wellbeing and high-quality relationships in infancy. See Parent Infant Foundation briefing in Exhibit AF/07 [INQ000648305].

35. During the pandemic, many maternity and early years services and settings were forced to close their doors in the early stages of lockdown. During this time, pregnant people and those with newborn/young infants had reduced access to face-to-face midwifery and health visiting services, reported to have negative effects for many. Many women and pregnant people experienced maternity and birth journeys that were not as planned – many were without partners in the early stages of labour and were only able to have company for birth and a short time after. This impacted maternal mental health, and increased anxiety, which as above, can impact negatively on infant wellbeing. These face-to-face appointments are also key opportunities for identification of challenges with breastfeeding, attachment and bonding and early intervention to be put in place.

36. NCB's Early Childhood Unit delivers Home Learning Environment programmes, training and working with Early Years professionals that deliver language and literacy development into the homes of children in disadvantaged areas. These programmes were forced to deliver remotely, with professionals feeding back to us their concerns about the negative impact on those with developmental delays that the remote delivery was having:

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a. Lack of opportunity for play and development, especially impacting physical development, communication and language development, and social and emotional development.

b. Lack of opportunity for parents to discuss 'low level' concerns with a professional.

37. A number of Covid-19 related restrictions impacted maternity care and early life experiences. A range of research reports, at the time and since, summarise the evidence on the impact on young children and families' wellbeing. Please see Babies in Lockdown: listening to parents to build back better Exhibit AF/08 [INQ000648306] and Life on Hold: children's wellbeing and Covid-19 Exhibit AF/09 [INQ000484791] and Covid-19 impacts: early years Exhibit AF/10 [INQ000617910].

38. Children under 5 experienced key challenges with their mental health and receiving appropriate support. As seen in the Sutton Trust report, see Exhibit AF/10 [INQ000617910], young children were unable to access the social opportunities available through early years settings, which impacted the development of social skills and speech, language and communication development – this development is supported by interaction with peers and with supporting adults outside of the family. They also lacked the space for physical play and exercise, which negatively impacted physical development.

39. Various sources report increased stress during lockdown for families with young children. Poverty was exacerbated and reported rates of domestic abuse grew. The increased need for access to foodbanks was well-documented. Many families were unable to access their support systems outside of the house (for example friends, extended families and social groups) and families were confined to often small spaces with home working and schooling. This increased stress within households and pressures on parents and carers, which negatively impacted infant mental health and wellbeing.

40. Overall, evidence shows that lockdown widened inequalities, with impacts seen for those already more vulnerable families. The Babies in lockdown report [See report in Exhibit AF/08 INQ000648306] found a bigger impact for Global Majority families, young parents and those with lower incomes. As many services switched to online/remote delivery, this further excluded many more vulnerable families from support if they did not have access to required technology to

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engage. It is also important to note that experiences differed – indeed, some families benefitted from having more time at home with new infants and both infants and parents thrived.

41. There are clear associations between attendance at school and mental health and wellbeing, with children with a mental health problem being seven times more likely to have missed at least 15 school days in the autumn term of 2022. See NHS survey in Exhibit AF/11 [INQ000484792]. It is more common for poor mental health to be cited as a risk factor for absence, than for attendance to be cited as a protective factor for mental health and wellbeing. However, attendance at school can contribute to children and young people's positive mental health and wellbeing through friendships and time spent with peers, self-determination and development, the acquisition of new skills and knowledge, a sense of mastery, and a sense of belonging. In the longer term, attendance at school helps children and young people to achieve, which increases their opportunities and life skills, assets for their mental health into adulthood. During the pandemic, children and young people reported missing the routine of school, as well as in-person support from staff and peers.

42. Conversely, young people may find experiences at school can contribute to worse mental health and poorer well-being, for example through bullying, isolation or a failure to meet their special educational needs. During the pandemic, some children and young people reported some benefits of not being in school, particularly those who were experiencing difficulties prior to the pandemic.

43. Many of the factors that contribute to the mental health and wellbeing of children under 16 are also relevant to older young people, at the level of the individual, family and community. However, support with the transition to adulthood becomes important to this group. This includes developing life skills and independence (including greater self-management of their mental health and wellbeing) independence and life skills, building relationships, identifying interests and taking up opportunities, and successfully making the transition to adulthood.

44. Adolescence is also a key period of vulnerability to the development of new mental health difficulties. For those whose difficulties emerge around the transition age there can be particular difficulties in accessing support, with some

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young people 'timing out' of Child and Adolescent Mental Health Services (CAMHS) support because they reach the age of 18 before, they reach the top of the waiting list. For those young people who do receive support from CAMHS services, the transition to adult mental health services can be challenging with different thresholds for support and different approaches to treatment, with parents and the wider system often less involved. Similar challenges exist for young people who have had particular health, care or social care needs during their childhood. Support is needed across transition points to help young people move successfully into adulthood in good mental health.

45. For children, the use of remote technologies to provide mental health support prior to the pandemic was shown to lead to positive outcomes including in reducing the severity of clinical symptoms, increased wellbeing, and reduced suicidality and stigma. These modes also improved accessibility to young people who struggled to access face-to-face support and may feel more accessible to a range of young people. [See rapid review of evidence on remote technologies in Exhibit AF/12 INQ000648310] detailing findings of a rapid review of research into remote interventions to support young people's mental health]. However, even before the pandemic, these interventions were not seen as suitable for all young people and were not recommended as a replacement for face-to-face services.

46. At least 16,700 children and young people were bereaved of one or more of their parents/carers through Covid-19 or excess deaths between March 2020 and December 2022 [See data produced by Imperial College London in Exhibit AF/36 INQ000648344]. Many thousands more were bereaved of grandparents and other extended family and friends. Lockdown restrictions meant that many children were separated from family members before their death, were unable to say goodbye to loved ones who died at home or in hospitals, could not gather as usual at funerals and be supported over the ensuing weeks and months by their wider family, friends and peers. Some children and young people's pre-existing mental health difficulties were exacerbated by bereavement during lockdown, while others experienced bereavement-associated trauma, distress and anxiety. School closures meant that they did not have the usual distraction from their grief, and referral routes into child bereavement services were severely disrupted. While many of these services pivoted their support to online delivery, this was not suitable for all, particularly for younger grieving children who are

typically supported through activity-based methods, and services struggled for lack of funding. See Covid-19: the response of voluntary sector bereavement services in Exhibit AF/37 [INQ000648345].

47. Our Schools Wellbeing Partnership worked with the Children and Young People's Mental Health Coalition to issue a joint statement in February 2021 on priorities for better mental health support within education settings. See joint statement in Exhibit AF/13 [INQ000648311]. This drew on consultations with our combined memberships of over 200 organisations. Our members shared challenges and concerns in relation to: rising mental health needs, difficulties with capacity and wellbeing among education staff, challenges for schools in navigating offers of support and resources, addressing inequalities and supporting those with additional vulnerabilities, tackling the digital divide, prioritising student well-being in national decisions about grades and assessments and rising rates of child poverty and Free School Meals.

48. As part of the government's response to the pandemic we called on them to:
    a. better align between mental health, behaviour and academic attainment agendas,
    b. develop a long-term and cross-government children and young people's mental health strategy, with a focus on prevention and early intervention,
    c. develop a children and young people's mental health workforce development plan, with a particular focus on the education sector and on staff wellbeing.

49. In January 2022, the Schools Wellbeing Partnership issued a further briefing paper with recommendations again jointly with the Children and Young People's Mental Health Coalition. See Exhibit AF/14 [INQ000648312]. These recommendations were organised under themes of leadership and communication, local systems and processes, and co-production and engagement, details of these recommendations are in the Exhibit AF/14 [INQ000648312].

50. Strategic response is needed to limit the long-term impacts of the pandemic on children and young people's mental health. The Schools Wellbeing Partnership is campaigning to ensure that education settings are a place where children can thrive.

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a. Review the Mental Health Support Team (MHST) model to address any limitations and learning from the current evaluation and other relevant evidence, including how the model could be adapted to meet the gap in need between MHSTs and specialist children and young people's mental health services. This review should inform the future roll out of the MHST programme.

b. Ensure that wellbeing is embedded in the curriculum, including using the review of RSE consultation to support this call and advocating for continued focus on mental health and wellbeing.

c. A commitment for consistent funding for all schools to have a dedicated Senior Mental Health Lead (SMHL) paid one day a fortnight to focus on strengthening mental health and wellbeing across the educational setting, including implementation of a whole school approach through to 2029 or within the 5-year spending review (whichever is the longest).

d. Inclusion of mental health and wellbeing within Initial Teacher Training, creating a workforce that supports Whole School Approaches, including leadership from Senior Mental Health Leads.

e. Reviewed and updated guidance to support parent and carer involvement in conversations around mental health and wellbeing, supporting the whole school approach.

f. Clear guidance for both education and health systems to ensure that services and settings are placed within the same health and wellbeing system.

g. Ensuring that Whole School Approach guidance reflects and supports important legislation for children and young people's rights, including but not limited to, the Equality Act.

h. Ofsted to commit to including mental health and wellbeing as part of the Ofsted framework and, if developed, a future Ofsted dashboard.

51. In addition, the Schools Wellbeing Partnership notes the additional requests from the Future Minds campaign which suggested that open access mental health services for children and young people through the Young Futures programme would be helpful, along with a plan for a children and young people's mental health workforce, and increased funding to support prevention and early intervention in local areas. These overlap neatly with the Health Policy

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Influencing Group roadmap recommendations which include that all national funding announcements made by the government must clearly specify the extent to which funding is allocated to children's health services. Likewise, ICBs must be required to report their spending on children's services specifically. See Health Policy Influencing Group's Roadmap in Exhibit AF/15 [INQ000648319]. Finally, DHSC must review the sufficiency and quality of the data that is available on child health and make recommendations for change and implement a single unique identifier that will help to identify trends as well as improving safeguarding.

(iv)   *Early Years*

52. NCB believe all children deserve the best start in life, because we know that the early years are the foundation on which their future life chances are built. The research shows that our brains develop most significantly in our youngest years. Brain development begins in utero, and by two years old much of this brain development has already taken place, with a two-year old's brain weighing 80% of an adult brain, and with the majority of key connections in the brain having already been formed [See Exhibit AF/16 INQ000648320]. The EPPSE study (2017) also outlines the long-term impact of the pre-school years on children's long term academic attainment, with the quality of the Early Years setting and the early Home Learning Environment being key indicators of later outcomes. Acknowledging that this significant development takes place at such a young age, NCB believe a focus on a child's experiences at this age is extremely important. The opportunities provided by the adults in a young child's life are crucial – whether by a parent, carer, health or education professional. NCB seeks to support, train and develop the adults involved in a child's life to ensure there is equity in opportunity in these youngest years.

53. Our research [See Exhibit AF/17 INQ000648321] with parents and practitioners in Lambeth indicates that the pandemic and subsequent lockdowns significantly impacted the needs of families with young children, the reach of LEAP and other early years services, and the way services offered provision. Limited access to such services has been highlighted as a risk factor in identifying children most at risk of safeguarding issues or poor health and development outcomes. Practitioners stated there had been an increased need for support around

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finances, housing, food insecurity, safeguarding and domestic abuse, and adult mental health. These findings largely reflect the increased need reported by parents in our research. Although some families experienced positive changes during the pandemic, such as spending more time with family, having time to learn something new, and spending more time outdoors, the overwhelming message from parents and practitioners was that the pandemic and subsequent lockdowns caused significant parental stress and worry.

54. A common theme across all of our surveys and interviews was the impact of social distancing measures and the move to digital service delivery. Both parents and practitioners highlighted the limitations of digital service delivery in meeting families' needs, especially those families with young children. In addition, the impact of social distancing measures on families' ability to be with other people in person also appears to have had a significantly detrimental effect on mental wellbeing for both parents and children.

55. A significant number of parents reported challenges with accessing services due to changes in service provision during the pandemic. Parents shared examples of delays in accessing health care due to the reduction of face-to-face services and long waiting lists caused by pandemic related service adaptations. Others stated that they found it hard to attend face-to-face appointments due to childcare difficulties or not feeling safe, accessing support that involved leaving their home due to the risk of contracting Covid-19. Practitioners highlighted that it was those families with limited digital resources and those already facing disadvantages whom they struggled to reach most during the pandemic.

56. NCB's Lambeth Early Action Project (LEAP) was active working with families who had very young children during Covid-19. The reduction in access to health services due to social distancing measures was of particular concern. The reduction in access to face-to-face postnatal professional support from key services such as midwifery and health visiting presented potential barriers to identifying and meeting families' needs. The more negative experiences included delays in accessing health services due to the reduction in home visits and difficulties getting appointments, "My son was born during lockdown. He lost a lot of weight due to an undiagnosed tongue tie which was not detected earlier due to lack of home visits after he was born."

57. The most frequent reason parents gave for support being harder to access was due to face-to-face services no longer being available (34 per cent). In addition, parents reported difficulties arranging childcare in order to attend appointments (16 per cent), having no or limited time (11 per cent) or not feeling able to access support that involves leaving their home (9 per cent). A small number of respondents stated that getting support was harder as they had no or limited access to the internet (4 per cent).

58. Families who speak English as an additional language (EAL) were a key group that engaged less, the main reason given was that these families find it hard to engage in digital sessions, whether that be online, phone calls, emails or texts, due to the language barrier. Families with additional needs were also highlighted as a group who have engaged less in services since the beginning of the pandemic. Practitioners reported that some parents with mental health difficulties, disabled children and children with SEND, safeguarding concerns or other vulnerabilities engaged less in services. One practitioner reported "I have found it harder to reach some of my clients with mental ill health, as they have disengaged from my visits."

59. From the evidence emerging through our programmes of work we have seen the impact of the pandemic on all core areas of development, disproportionately impacting those who were economically disadvantaged or had additional needs. In children's physical development, we have seen an increase in sedentary behaviours, including screentime, with decrease in outdoor time, this was due to the fact that during the pandemic playgrounds were out of use, and some children had no access to gardens. Through the Foundation Years work that we were contracted to do at the time, and through our convening of the National Quality Improvement Network, we are also aware that the way that children and families interacted with childcare and education changed. Drop-offs that happened quickly and 'at the door' had an impact on relationship building between parents and children and staff. We note that demand for speech and language services has increased markedly since the pandemic. Some of this relates to 'catch-up', but some may also relate to the deleterious impact of the pandemic on the home learning environment. During the pandemic, NHS England guidance issued 'deprioritising' certain children and young people's community health services and listing which should be paused or stopped. This

led to frontline health staff who delivered these services being redeployed into more acute all-age facing roles. See letter issued by NHS England Exhibit AF/02 [INQ000643320].

60. Despite the challenges, the early childcare and education sector did incredible work during a crisis time, often with little thanks or recognition. Parents were given very little in terms of flexibility to manage children at home. The feedback we heard at the time suggested there was a desire from the sector to have more direction from central government about how parents of very young children who were not able to access key worker childcare, health visiting teams or child development related healthcare could manage.

61. We are aware of the scale of unmet and undiagnosed needs, including speech and language and sensory needs, that still requires catch-up. Initiatives like Early Language Support for Every Child (ELSE) appear to have potential to help support early years practitioners, but it is likely that more support is required for those already in school who were very young during the pandemic. Children with a strong home learning environment were able to be supported in terms of curriculum-related development (e.g. maths), we know that existing inequalities in academic attainment have been magnified by the impact of the pandemic period.

(v) Education

62. Overall, the pandemic and associated school closures affected children and young people in an unequal way, often mirroring and exacerbating pre-existing inequalities. Those living in poverty, for example, clearly had to contend with more difficult conditions for picking up home learning. Similarly, although many children and families have been able to access much of the online and virtual support that has been made available, there have also been digital inequalities for families who have not been able to engage either through lack of equipment or connectivity. For disabled children and young people and those with SEN, many lost the support to their learning and development that was set out in their education, health and care plan (EHCP), or the tailored SEN support that their school was making for them if they had no plan. Combined with the loss of normal daily routines, this has had a significant impact on their wellbeing and behaviour and on the wider wellbeing of their family. For disabled children and

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those with SEN who rely on key interventions such as physiotherapy and speech and language therapy to manage or alleviate the impact of their condition, there has been an impact on their physical condition as well, with some children experiencing higher levels of pain in consequence. Crucially, delays in identifying needs have meant that some children and young people's needs may not have been properly assessed or even noticed. It is important to note, however, that for others, the weeks of remote learning were a welcome break from a school system which does not meet their needs, and from taxing social challenges and daily routines.

63. When schools were closed disabled children and young people and those with SEN were out of sight of safeguarding professionals, which posed risks to their safety. Ofsted's report from June 2021 [See Exhibit AF/18 INQ000621278] laid bare the extent to which the SEND system struggled to cope with the circumstances of the pandemic, coming as they did in the context of 'long standing issues'. The report is clear that post-pandemic, 'children and young people with SEND are now even more vulnerable than they were before.'

64. Please refer to ONS data. See Exhibit AF/06 [INQ000267960] which details the rates of domestic violence during the pandemic.

65. It seems clear that more could have been done, particularly in ensuring that those who require, and rely on, additional support as a matter of course, could continue to receive it, see the point above about EHCP provision. In addition, it was not always the case that the demands of remote learning were considered in respect of SEND. Many parents could not get their children to do the work that had been set - children refused to work at home which caused anxiety and frustration amongst parents. There were issues about some young people with SEND's ability to work independently and the support that they received to enable them to engage effectively in learning. It will be helpful to consider questions about the quality of education that was provided (e.g. the equipment, resources and support that is available) and the extent to which teachers can realistically deliver and meet needs through remote education while also teaching pupils face to face, i.e. there was a need for additional funding to enable schools to provide effective remote education to all.

66. While the evidence of the long-term impact of school closures and the pandemic is still emerging, it seems clear that we are seeing a legacy of challenge. We are

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still seeing very high numbers of school absences. We urge the DfE to provide a clear programme of support for children, young people and their families to re-engage with their school community. This support must be rooted in a rights-based approach, and for disabled children and young people linked to close adherence to the Equality Act 2010. The concept of belonging in schools has helpfully been recognised by policy makers; we recommend rolling out whole-school interventions to support pupils' sense of belonging, utilising best practice and robust data collection.

67. We are still seeing the long-term challenges associated with speech, language and communication needs. A RCSLT / SLUK report from February 2024 [See full report in Exhibit AF/19 INQ000648323] demonstrates that long-term challenges with developing children's spoken language and communication skills worsened following the pandemic and sets out a number of recommendations to begin addressing this. The experiences of the pandemic to sit in isolation, and to mitigate its effects, there is a need to reform the SEND system to ensure that children's needs are identified early and met in a consistent manner through high-quality teaching and an uncompromising approach to inclusion and implementation of equality legislation.

Part two: Contact with government

68. NCB was in regular contact with the government during the pandemic. My personal engagement was focused on two main areas:

   a. Regular meetings with Indra Morris, Director General for Children and Families at the Department for Education. These meetings were joint meetings with CEOs of Action for Children, Barnardo's, the Children's Society and NSPCC and addressed a wide range of issues relating to children. [See email and attachments in Exhibit AF/33 [INQ000648339] Exhibit AF/34 [INQ000648342], Exhibit AF/35 [INQ000648343].

   b. Attendance at the *National Board to support Vulnerable Children and Young People through C-19* convened by the Department for Education. [See Terms of Reference in Exhibit AF/05 [INQ000497845] and related email Exhibit AF/32 INQ000648337 and Exhibit AF/31 INQ000648336].

c. The purpose of the National Board was to provide a forum for education and care system leaders to support a coherent system wide response to support Vulnerable Children and Young People (VCYP) through the pandemic. The Terms of Reference for this Board are included in the evidence. Christine Lenehan, Director of the Council for Disabled Children and a Strategic Director at NCB also sat on this Board.

69. In addition to the above, NCB staff were in regular contact with a range of officials in the Department for Education and Department for Health and Social Care throughout the pandemic. This often related to contracts or grants that NCB delivered on behalf of government, including work that required us to communicate on behalf of central government to professionals.

70. The lines of communication with key government decision-makers that had responsibility for children were open and effective, particularly at the Department for Education. Conversely, there were no lines of communication with key government decision-makers who were making wider decisions about the pandemic response which affected children, but where children were not considered as an integral part of the process.

Part three: Lessons Learned

71. **Inadequate consideration of children's needs or perspectives**

The most fundamental lesson from the pandemic was that children's needs and welfare were not adequately considered at the highest levels in government during planning, initial decision-making and the ongoing response to this emergency situation. Decisions were made primarily through an adult lens, with children's specific vulnerabilities and requirements treated as secondary considerations rather than integral to decision-making. Where children were considered, the distinct needs of babies and young children, school-age children, adolescents and young adults were not differentiated, nor was the impact on children with particular characteristics (e.g. disabled children) fully considered until later. While those government departments with direct policy responsibility for children reacted quickly and decisively when given the opportunity to do so, it was wider government decision-making where this consideration of children was lacking.

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72. Linked to the above, children's views and perspectives were almost entirely absent from decision-making processes. Actively seeking the views of children will help develop emergency responses that meet the needs of children more effectively.

73. **Existing inequalities were magnified.** The pandemic response exposed and amplified existing inequalities among children. Vulnerable children faced increased risk factors at home (due to job losses, stress, isolation, and increased poverty) combined with the removal of protective factors (school contact, support networks, and community services). Disabled children lost access to vital therapies, respite care, and specialised support that were essential for their development and wellbeing. They also experienced what amounted to a much longer lockdown than their peers, often remaining isolated long after restrictions began lifting for others. Through our work on LEAP, we saw the disproportionate impact of the pandemic on Black and Global Majority communities and many of the families we worked with faced new and extremely difficult circumstances and likely to have different needs than we previously understood. A government response must in future build in an understanding and response to existing inequalities from the start

74. **Effect of school closures on education.** The closure of schools and disruption to education had lasting effects on children's learning and development, with a particular impact on disadvantaged children who lacked access to technology and support systems. While the government took steps to address this, there was no existing plan on how to deal with school closures.

75. Equally, while the pandemic was overall a time of great challenge and hardship for many, some aspects of the changed routines and practices during the periods of lockdown appeared to have benefited children and young people, including disabled children and young people and those with SEN. Flexibility around school uniforms and daily regimes; smaller class sizes; teacher-led assessments; closer links between parent/carers and school are all examples of such changes which merit considering as evidence, for more inclusive practice in addition to the need to reflect on the system's shortcomings.

76. **Need for Alternative Safeguarding Systems.** School closures also removed a key protective factor for children. While schools did reopen for 'vulnerable children', child protection referrals dropped sharply and children became less

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visible to the systems designed to protect them. This highlighted how interconnected safeguarding systems are, and how the failure of one element (like school attendance) can affect the entire protective network around a vulnerable child. Future emergency responses must include robust alternative ways to maintain contact with vulnerable children when normal protective systems (like schools) are disrupted. This includes innovative digital contact methods, prioritising vulnerable children for continued in-person services, and maintaining community-based support networks.

Statement of Truth

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

Personal Data

Signed:

Dated: 15 July 2025