

Witness Name: Maree Todd

Statement No.: 2

Exhibits: MT3/01 - MT3/04

Dated: 01 August 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MAREE TODD

In relation to the issues raised by the Rule 9 request dated 30 May 2025 in connection with Module 8, I, Maree Todd, will say as follows:

Introduction

1. I am Maree Todd of the Scottish Parliament, Edinburgh EH99 1SP. I am currently the Minister for Drug and Alcohol Policy and Sport within the Scottish Government. I have been in that position since June 2025.
2. I have prepared this statement myself by reference to records and material provided to me by the Scottish Government. I have also received assistance from the Scottish Government Covid Inquiry Information Governance Division to enable the statement to be completed.
3. Unless stated otherwise, the facts stated in this witness statement are within my own knowledge and are true. Where they are not within my own knowledge, they are derived from sources to which I refer and are true to the best of my knowledge and belief.
4. References to exhibits in this statement are in the form [MT3/NUMBER - INQ000000].

Background

5. I was first elected as a Member of Scottish Parliament in 2016. I have been part of the Scottish Government since November 2017 when I was appointed as the Minister for Childcare and Early Years. I was in that role from 08 November 2017 until 26 June 2018, at which point I became the Minister for Children and Young People. I remained in that role until 19 May 2021. The change from being Minister for Childcare and Early Years to being Minister for Children and Young People was a change in name only – my role and responsibilities remained the same throughout. The areas that were covered by my portfolio in these roles included childcare, early years, child protection, adoption and fostering.
6. In May 2021, I was appointed as the Minister for Public Health, Women's Health and Sport. I was in that role from 19 May 2021 until 29 March 2023. The areas that were covered by my portfolio in that role included sport, physical activity, healthy working life, Covid-19 testing, and alcohol use and recovery.
7. In March 2023, I was appointed as the Minister for Social Care, Mental Wellbeing and Sport. I was in that role from 29 March 2023 until 11 June 2025. The areas that were covered by my portfolio in that role included sport, physical activity, social care and integration, the National Care Service, mental health and wellbeing, and the Care Inspectorate.
8. On 11 June 2025, I was appointed to my current position.

Part A: Roles and responsibilities

9. As noted above, I was the Scottish Government's Minister for Children and Young People from 26 June 2018 until 19 May 2021. In that role, I was fully and actively involved in a range of matters, including: children's social care (including children in need, child protection, safeguarding, children in care, adoption, and care leavers); early years and childcare; childcare entitlements

and wraparound childcare; food provision in the context of early learning and childcare (“ELC”), which was an integral, universal part of our ELC offering; and adverse childhood experiences (“ACES”) work.

10. I was involved to a lesser extent in other matters, including: some work relating to socio-economically disadvantaged and vulnerable children (Best Start grants and food, but primary responsibility in this area sat with the Cabinet Secretary for Social Security and Older People, Shirley-Anne Somerville); children’s and young people’s physical and mental health, specifically maternal and infant / under-fives health (primary responsibility for this issue sat with health Ministers); and limited aspects of online safety (preventing bullying in schools was within the remit of the Cabinet Secretary for Education and Skills, John Swinney).
11. Beyond the foregoing, I had no responsibility in relation to additional learning needs and alternative provision or free school meals, responsibility for both of which sat with the Cabinet Secretary for Education.
12. During my time as the Minister for Children and Young People, Scottish Government turned to face the pandemic. We closed all education settings, set up key worker childcare, and delayed the delivery of the expansion of early learning and childcare to 1,140 hours. There was an awful lot of things we couldn’t continue to do. As such, the focus of my role changed but I don’t think the breadth changed very much. I still had responsibility for all of the same things, but the focus and priority given to things changed slightly. The Children and Families Directorate (“the Directorate”) was organised in a different way: for example, people who were very senior and crucial in the Directorate before the pandemic hit moved into health teams; the Chief Social Work Advisor, Iona Colvin, became the interim head of the Directorate (in addition, as I understand it, to retaining her role as Chief Social Work Advisor), which I thought was a masterstroke.
13. My focus went significantly more into operational issues and getting into the detail of matters than it would have done before the pandemic, when it was

more strategic. For example, we were very worried that we didn't have sight of what was happening to vulnerable children in Scotland so we were trying hard to get intelligence and insight into that. There was lots and lots of debate about transmission amongst children, and our scientific understanding of that process evolved over time.

14. The pandemic meant that Ministers were required to work from home, which took a little bit of time to set up because nobody was used to working that way – prior to the pandemic we were very much focused on in-person meetings. The days were long and busy, and I was aware that there were people working 24 hours a day, seven days a week to generate advice. I was also aware that there were lots of meetings between officials happening outside of Ministerial meetings and regular Cabinet-level decision-making. By the time I changed post in May 2021 we were 'in the rhythm' of that way of working, including in relation to meetings with groups of stakeholders that didn't happen initially in the emergency situation – it took some time to set up the structures for meetings with multiple attendees, although one-to-one calls still happened in the early stages. I found the changes to how we made legislation quite astonishing: that had to happen at home, so I got a printer in order to print legislation off and put my wet signature on it. I would take a photo of the signed and dated legislation, and then hand the paper in when I could, which in the early period of the pandemic was months later. The way that we worked was completely different, but we still got the work of government done.
15. In terms of contact with stakeholders, some existing structures were able to be repurposed. For example, I already had regular meetings with COSLA about the delivery of increased early learning and childcare. New forums, such as the Covid-19 Education Recovery Group ("CERG") were also created to reflect that decisions were being taken in a less siloed way than before the pandemic: we needed to take a whole-school approach and a whole-child approach and a whole-family approach, so there were some structures that needed to be set up to facilitate that and to make sure that people were able to say their piece.

16. We had a lot more contact with health colleagues than ever before, as every department in the government did, from a very early stage. We were thinking about more than the direct health impact of the virus: in relation to vulnerable children, we knew there would be less close contact with them and a chance of fewer eyes being on them. The support that can be offered to all children through education is really important, and for some children it was vital. We in the Scottish Government were attuned to child development and knew that some of the measures that were being taken to address the pandemic could potentially harm children at different key developmental stages, but thought they would be less harmful than letting the virus run wild. Even before the Four Harms framework came into being and we started formally considering those at every step, we were already thinking that way as a government that was attuned to child development and safeguarding.
17. I was a member of the Covid-19 Education Recovery Group ("CERG"), which was chaired by the Cabinet Secretary for Education and Skills and established to support the overall Government response to the pandemic. Papers that I have reviewed whilst preparing this statement confirm that in May 2020 I was sent advice on the proposed future leadership and approach for the Directorate to support children, young people and families across Scotland during the pandemic. I approved that approach, which led to the establishment of the Children and Families Collective Leadership Group ("CLG"); that group had a 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. I do not recall instituting any other new structures that related to the Directorate's response to the pandemic.
18. When I became Minister for Public Health, Women's Health and Sport in May 2021, in relation to children and young people's physical and mental health there was a degree of overlap between my role, the Minister with responsibility for mental health and the Minister for Children and Young People because the public health remit extends to the whole of Scotland's population. We took a public health approach to mental health, too. I do not

recall making any specific decisions about children's physical and mental health, however, because at the time I took up that role the public health focus was largely on infection control, vaccines and testing.

Part B: Pre-pandemic planning

19. At paragraph 17 of my Module 2A witness statement [MT3/001 - INQ000346267] I said,

“As a Junior Education Minister (Minister for Children and Young People) I was involved in discussions about school and ELC closure. My recollection is that we interrogated the evidence and advice given and assessed options. Decisions were made by Cabinet. Because of the 1140hours expansion, I was having regular meetings with SOLACE and COSLA through the ELC joint delivery board. The emerging threat of Covid-19 was discussed at these meetings.”

20. I don't think anyone initially anticipated schools closing, because doing so was unprecedented. It was more that we expected schools to stay open and thought about how to manage the infection rather than planning for schools closing. I do not recall there being any specific proposals about, for example, the format of schooling, because it was a new virus and we didn't know what the non-pharmaceutical measures were going to be that might be useful in preventing its spread. However, at the same time as those decisions might have been made to try to keep the school open, there was a recognition that people were voting with their feet and not attending school. I think over the course of mid-February to mid-March 2020, there was a realisation that there was going to have to be a pause of normal activity on all fronts once we began hearing that people were staying away from school and attendance was really low.
21. The focus initially was on trying to understand the virus, but because it was unknown it was almost inevitable that there was going to have to be a shutdown.

22. I do not recall the specifics of planning to close schools and early years care. I did not attend all the Scottish Government Resilience Room ("SGoRR") emergency response meetings, at which those plans might have been discussed, because the then-Cabinet Secretary for Education, John Swinney, went to all of those meetings.
23. I do not recall the specifics of planning to maintain the provision of children's services like social work during the pandemic. We were of course worried about the children who we had in our care and would have been looking at how to maintain service in children's homes and secure care. We were also thinking about the children who were vulnerable but not in our care, and how to maintain links with them and their families and support for them and their families. Scottish Government had, pre-Covid, carried out pandemic planning exercises. Similarly there were contingency plans already in place in relation to secure care; however, such plans would have been specific to each individual facility and would have related to localised disruptions rather than a global pandemic that would cause widespread disruption across the whole of society. Furthermore, there were lots of children in care in settings other than secure care. Those other settings may have had contingency plans, as there would be in any institution.
24. Looked-after children are in a variety of different settings, from the most institutional – like secure care – right down to kinship care, and they are all overseen by the state to different levels. I thought of them as a kind of whole, even though we have more direct responsibility for secure care and institutional foster care in children's homes. In my mind we clearly had a responsibility to consider foster care – and there were all sorts of complexities such as questions of family contact in that situation – and kinship care, be it formal or informal.
25. Children in foster and kinship care were in a very specific situation. I recall having discussions with Jeane Freeman, later in the pandemic, about getting

vaccines for foster carers at a time when they hadn't been considered because they weren't counted as social care workers.

26. Most alarming in my list of worries were the children and young people who were vulnerable but who weren't in one of the cohorts I've described above, and who we only had 'eyes on'. I worried because we suddenly no longer had eyes on them if they weren't coming into school, and they might be living in an environment with issues like domestic abuse or drug addiction. If they had a challenging home before the pandemic, it was likely to become even more challenging during the pandemic. Although we wanted to maintain contact with such children, which would have been considered in Scottish Government's overarching pre-Covid pandemic planning, I do not recall pre-Covid-19 there being a specific plan for them that anticipated the scale of disruption that Covid-19 caused. With hindsight, I think we foresaw there we would have some oversight of institutions because we could expect in a pandemic to have to take steps to prevent an infectious virus from running rife through an institution, but I don't think that anyone quite imagined we would ever be in the situation where we would close society down.
27. Before the pandemic we had systems for child protection and protecting children's welfare and safety, and we largely knew who the vulnerable children were. I remember in the beginning hearing stories about heroics performed by individual social workers, but those were on an individual basis rather than as part of our strategy to look after vulnerable children because I don't think there was planning for doing that in a situation precisely like the Covid-19 pandemic. Although, as noted earlier in this statement, Scottish Government had carried out pandemic planning exercises pre-Covid, I don't think that we ever foresaw a situation where everything would shut down. That's not to say that planning was inadequate, but rather that it could never have foreseen every possible scenario.

Part C: Significant decisions

28. During the pandemic, in my opinion Scottish Government received a lot of high-quality scientific advice. However, there were limits to what we knew at each stage. We could have the best scientific advice in the world, but knowledge and understanding evolved as we went through the situation.
29. I recall the Covid-19 Children and Families Collective Leadership Group (“CLG”) creating an action plan that related to concerns that existed about children and young people.
30. We recognised that we needed to understand the needs of children at different ages and key stages of development, and think about the impact that what we were asking the population to do would have on them. For example, babies had to rely entirely on their parents for everything, which is not a natural state to be in: babies generally have a whole community around them, interacting with them, responding to them, helping them to develop their language and social skills, and supporting their parents. As we thought about the impact that what we were asking the population to do would have on such groups, we were looking to child development experts and education specialists. For the under-fives, it was about child development; for children aged five and over it was about education; for teenage children, it was back to thinking about child development. The key developments that young people experience during their teenage years are growing independence and forming their own identities; those were impacted by not mixing with peers and largely staying at home with family. We thought about what was normal at those key developmental stages, and how harmful it would be to prevent those things from happening. We took our understanding of child development and our understanding of the virus, and tried to develop activities that would meet children's developmental needs without creating a viral risk. An example of that can be found in our efforts to encourage children and young people to engage in activities and play, such as the ‘Get Into Summer’ campaign that supported children and young people to socialise, play and reconnect over the summer break of 2021.

31. We already had some pretty well-established experts that we went to, because before the pandemic we were already very interested in issues of child development and education and supporting families. We found new experts as well where we thought we'd need their input and where we thought there were gaps in our understanding. We looked at things from different perspectives. Very primary in my mind and in many Ministers' minds were the children who were most vulnerable in Scotland, but we didn't ever take our eyes off the fact that all children were facing harm from what we were asking the population to do. Some of the decisions that were made about how to support families, like how to get free school meals and how to get money into people's pockets, were informed by the good advice we received about what policy decision would have the best impact.

The decision to close schools: attendance of vulnerable children

32. As I recall, I was not personally involved in decisions, ahead of the Prime Minister's announcement of 18 March 2020, about the identification of which children ought to be able to continue to attend school in the event that schools were closed to most children. On 16 March 2020 I attended a SGoRR meeting, at which the UK Government's Commonly Recognised Information Picture ("CRIP") was circulated. The CRIP noted "no change recommended for now" in respect of school closures in England. However, that meeting predated the announcement by the Prime Minister.
33. My recollection is that the question of which children ought to be able to attend school, if schools were to close, was controversial. There was a really serious attempt within the Scottish Government to understand who couldn't work from home and needed to go to work and whose children would consequently have to continue to attend school, which other children inherently needed the support that education would offer them, and whether we could bring them together. I'm not sure it worked well on the ground.
34. As I recall, we always had contingency plans in place for all sorts of eventualities that might happen, including a pandemic, but that happened in

the background because it was something that everybody had to prepare for, but it wasn't something we actively anticipated.

35. Vulnerable children were always high in this Government's priorities, so they would be at the forefront of our thinking and decision-making as a Government. I do not now recall the detail of our planning in this regard, but remember feeling as though over the course of a few days the realisation hit that we were going to have to close the schools. To me, that didn't feel like a realistic prospect until it became an absolute reality. It's something we had theoretically planned for and thought about, but I genuinely didn't think that would happen.
36. In early 2020, the Scottish Government engaged regularly with the Convention of Scottish Local Authorities ("COSLA"), local authorities, the Association of Directors of Education in Scotland ("ADES") and the Society of Local Authority Chief Executives and Senior Managers ("SOLACE") in relation to the impact of Covid-19 and the potential for school closures. My focus was on children under five, and later in the pandemic we set up groups to help us work through the pandemic; earlier in the pandemic, contact was mostly with local authorities and the other bodies listed above. We also had the Early Learning and Childcare Joint Delivery Board, which was the joint delivery board for the 1,140 expansion, that I jointly chaired. That group met on 17 March 2020; we discussed the impact that the pandemic was likely to have on the expansion of early learning and childcare, and how we should communicate with parents and the wider workforce about that.
37. The majority of advice as to which children ought to be eligible to attend school was, as I understand it, copied to me as an education Minister, however engagement and decisions were for John Swinney as the Cabinet Secretary [MT3/002 – INQ000569856]. I was often informed, and was encouraged to interrogate the information we had and to give a view, but decisions were made collectively at Cabinet level. I remember discussions around the fact that some families would be tipped into vulnerability: some

families who weren't vulnerable before the pandemic would rapidly become vulnerable, for example single parents might get sick.

38. The definition of vulnerable children and young people agreed with COSLA, SOLACE and ADES in March 2020 included children and young people from pre-birth to 18 years in the following three (not mutually exclusive) categories:
- i. at risk and receiving support from more than one agency – approximately 97,000 children and young people. That included: 16,900 children and young people who had a child protection investigation in 2018/19 and might be deemed to be either in care or 'on the edge of' care; 2,600 children on the child protection register; and 14,000 looked-after children, of which 3,500 were looked after at home;
 - ii. with complex additional support needs; and
 - iii. affected by poverty and deprivation (including receipt of free school meals).

This definition was used to determine eligibility for attendance at education hubs and other supports.

39. Stakeholders subsequently suggested that a broader definition of vulnerability would be helpful, and some indicated that the definition agreed in March 2020 may have been contributing to the exclusion of some children from services. That prompted CLG to endorse an updated definition, which officials were confident would be helpful in continuing to manage access to the education hubs. The updated definition was agreed with COSLA, SOLACE, ADES and Social Work Scotland, and on 26 May 2020 the Cabinet Secretary for Education and Skills agreed to the use of the new definition. It stated:

“Children and young people may be vulnerable because of factors related to their personal development, features of their family life, or because of wider influences that impact on them within their community.

Those children who were considered to be vulnerable prior to the pandemic should have been known to services, and are likely to have had a child's plan.

Where a child requires co-ordinated support from more than one agency, this is likely to suggest greater vulnerability, and the plan would be co-ordinated by a lead professional. This would include a range of children and young people, such as those:

- at risk of significant harm, with a child protection plan;*
- looked after at home, or away from home;*
- '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.*

Children and families may also experience adversity because of the impact of poverty and disadvantage (including entitlement to free school meals), and many will be facing this because of the necessary measures to respond to the pandemic. This will include families with loss of income, experiencing social isolation, or otherwise struggling because of the lockdown.

Local authorities and health boards, working with partners including Police Scotland and third sector organisations, will either know or be able to identify the children and families within their areas who are

potentially at risk and therefore need additional support. The need for additional support can be identified prior to birth, so this should include help for pregnant women.

Crucially, vulnerability is not an exclusive concept, but should take account of all of these factors and others, that mean that a child and family may need additional support. The judgement of the children's sector professionals – critically those working most closely with the family – will be paramount in assessing vulnerability."

40. Monitoring of attendance at hubs was established immediately upon schools being closed. We used to get data about who was going to hubs and where, and we could see that some local authorities had no vulnerable children – just key-worker children. We could see the variation around the country and interrogate that; as I recall, it was discussed in fora such as SGoRR and CERG. I also discussed that data in my regular meetings with Iona Colvin.
41. Once the definition of vulnerable children and young people had been agreed, it was for local authorities to identify vulnerable children. I do not recall ever personally intervening with local authorities in relation to the processes they followed to identify vulnerable children.
42. We had some concerns about vulnerable families, sometimes called 'hard to reach' families. We found that they weren't attending hubs. People didn't want to be identified as vulnerable, and we were worried about not having sight of these children. Some families were deliberately avoiding the scrutiny of public services, and some kids didn't want to go to school because it singled them out. I recall that there was a lot of discussion around that. There was also a lot of discussion around food and how to get meals to those children, so the free school meal entitlement was really important for some children. We discussed how to make sure that that continued without the risks carried by taking everyone to a canteen and feeding them at the same time. It was very difficult to ensure that every part of the country settled on giving money to parents as a solution. That 'money-first' solution seemed to be quite difficult to

implement. These were local authority decisions so there was variation between Scotland's 32 different local authorities, and that group was crucial to ensure learning and understanding took place and a more national approach was taken rather than an individual, local approach.

43. Another issue that really vexed us in the beginning was the concern around domestic abuse and violence. We knew that there would be children for whom home was not a safe place, and we knew that there would be an increase in exposure to domestic abuse and violence, and probably a decrease in reporting. From what we saw, I don't think any less of it happened but we were just less able to spot it. There was real concern that more of it would happen and, as I recall, there was international evidence of that. Under massive pressure, if everyone is in the same house levels of abuse and violence were going to increase.
44. As I recall, we worked through these sorts of situations. If we weren't seeing these children and young people in the education system, how else could we see them? How could we make sure that social workers attended those families? The Chief Social Work Advisor was really vital in that situation and making sure that for the really dangerous situations that children might be in they were still able to work out ways to make sure that social work could get access to those children and make sure they were safe. Our thinking on this topic was complemented by work that was being done by the CLG, who also considered the impact of domestic abuse on children and young people and the issues that needed to be addressed.[MT3/003 – INQ000651700]
45. In terms of how we anticipated local authorities or schools would identify those children that met the criteria for vulnerability or ought to be regarded as vulnerable for the purpose of attending schools, they probably had a starting point in the form of the child protection register. I presume there would have been a level of interpretation and local knowledge applied as well. I think that worked well in some situations and less well in others.

46. I do not recall whether I was ever provided with advice about the maximum number or percentage of children who could attend school without risking the aim of reducing transmission. We did receive data about the number of children attending school, which was sometimes incomplete data in that not all local authorities would provide it. I do recall that the numbers actually attending school were always significantly lower than we expected. In the discussions we had around that, we recognised that there were vulnerable children who were choosing not to attend, sometimes for very good reasons, but sometimes because it meant they could slip the surveillance net. We also received SAGE analysis that suggested that school closures were unlikely to contain an outbreak on their own, and that their potential effectiveness in reducing the peak of an outbreak was probably 10 to 20%. Prior to receiving that SAGE analysis, the Scottish Government's position was that schools and early learning and wider childcare settings should be kept open as long as possible.
47. Some children attended only for a meal in the first few weeks: we didn't know how to deliver food to them but they needed food, so what happened immediately was that would go and get their lunch or take a packed lunch away. We had to think of a different way to do that, but, as mentioned earlier in this statement, it was very difficult to persuade every local authority that the best thing to do was to give the families money.
48. As I recall, we were provided with data by local authorities about the number of children who were identified as vulnerable, and with information on the number of key workers who had school-aged children, but I do not recall what those figures were.
49. In terms of the Scottish Government assessing the number of children who local authorities and schools might use their discretion to deem vulnerable, I do not recall the focus being on numbers but rather on need. I would describe the approach as being rights-based. We were thinking about the needs and rights of these children rather than setting an arbitrary cap on how many could attend, and were trying to help our local authority colleagues identify the right

children. Even if we had calculated a maximum number of children who could attend school, the reality, particularly in the early days, was that we were struggling to get people in to school and were not turning people away.

50. Communication efforts were made in March 2020 to encourage the carers of vulnerable children to send them to school. There were the children who could die of the virus, whose parents were fiercely protecting them. There were children who were vulnerable because of their parents: children live in families, and often the vulnerabilities that they experience relate to mental health or addiction or domestic abuse issues within their family. There was also always the issue of stigmatising, because just the use of the word “vulnerable” can be stigmatising – we know that people don't like to think of themselves as vulnerable, and pre-pandemic we would in some situations use the word “eligible” rather than “vulnerable”. I suspect our communication efforts were not sufficient to overcome all of that, in the emergency situation we were in. I think the reality is that those parents and carers recognised the unique vulnerability of those children, so the likelihood of communication efforts being sufficient to overcome their concerns is, with hindsight, doubtful.
51. I do not recall being personally involved in contact with local authorities about the attendance of vulnerable children at school or about communications to the families of those children, nor with any work by the Directorate relating to authorising or providing suggested text to local authorities about who should be encouraged to take places in schools. I do not know whether officials would have had such contact.
52. In relation to school attendance, the children of key workers were identified as a priority group from the early stages of planning and in engagement with local authorities and related guidance, but in my view there was no pressure on the Directorate in that regard. As the pandemic progressed, parents wanted to be identified as key workers because they wanted to get back to work and they wanted their children to be able to access in-person education.

53. As I understand it, the Chief Social Work Advisor and her office were working with social workers in each local authority area to make sure that there were contingency plans in place for social workers to be able to continue their vital work whilst education, which is a key point of service in terms of having eyes on children and keeping them safe, was 'out of the mix'. I believe that the Chief Social Work Advisor was issuing guidance to social workers around that. There was a clear understanding of what the risks of children not being in education would be, and that some families that weren't already vulnerable would become vulnerable because of the pandemic. As I recall there was also evidence from other national crises that the incidence of domestic abuse spikes in a national crisis. I think the risks that vulnerable children, or children who might become vulnerable, could be exposed to were well-recognised and well-anticipated.
54. I recall discussions taking place about the number of eligible children who were attending education settings. When it became clear that fewer children than were eligible were attending education settings, I think there probably was individual interaction with the local authorities because there was variation across local authority areas. The numbers attending by June were low but significantly higher than had attended since the Easter break, so numbers had grown over a couple of months. I think support may have been offered from government to individual local authorities to make sure that they were identifying and reaching out the vulnerable families.
55. As I recall, efforts to increase the number of children attending education settings involved both local authority social workers contacting families, and using the relationships between the teachers and the families. Reliance would have been placed on relationships and ways of working that were already in place. These issues are local authority statutory duties. If there is a concern about whether they are fulfilling their statutory duty well or to the expected level, then individual support is provided on an individual basis with the relevant local authority. That's what we do now: we look at what is provided and, if it's wildly different from other parts of the country, we step in and try and understand that and provide individual, flexible support. I think that's the

sort of thing that would have been happening at the time, but I don't know how well that will have been formally recorded. It will have been largely social work-led, but education may well have been involved too.

56. The strategy to increase the number of children attending education settings would, I think, have been individual interactions and work done with individual local authorities. I'm not sure there would have been a formal policy developed – it will have been about trying to understand the situation. Issues like this often fed into the national communication, such as the First Minister standing up every day and speaking to the nation.
57. There were ongoing concerns about messaging to the carers of vulnerable children about attending education settings. I think there was always concern about whether the communication was reaching the population that it needed to, and whether they were getting those children into education. That remained a concern and a high priority throughout the pandemic.
58. From March to summer 2020, work undertaken to address barriers and increase the numbers of eligible children attending education settings included scrutinising the attendance data referred to earlier in this statement. There will have been points that were identified for inclusion in national communications, and I think there were letters going back and forth between government and education. I would have been involved in discussions about these issues, but decision-making at that time would have been at Cabinet level.

Child Protection and the Amendment of Regulations

59. I do not recall my officials conducting assessments during the period around 18 March 2020 relating to the impact of school closures or the national lockdown upon children in need, subject to protection plans, in local authority care, or who were vulnerable for any other reason. Impact assessments would have been carried out in due course, but in mid-March, although the

vulnerability of these children and young people was very high in our minds, I don't think we had time to do any assessments in advance.

60. I do not recall the Scottish Government conducting a specific assessment of how many eligible vulnerable children would actually attend school, but I had absolute confidence that we had the right people in the right decision-making roles in relation to our response, who well understood the situation for these vulnerable families and how things operate on the ground. That was pragmatism: there is nobody who understands vulnerable families better than the social workers who work with them all day, every day. The reality with which we were faced and our recognition of that is one of the reasons we had a social worker leading the Directorate. Also crucial to our response was the recognition that we would need to get it right for these vulnerable children and their families.
61. During March 2020, I did not personally have any 'one-to-one' meetings with local authorities or representative organisations to consider any challenges local authorities were facing in providing children with social care services or child protection, or which they would face if rates of infection increased. I attended an ELC joint delivery board meeting, along with members of COSLA and ADES, on 17 March, but the focus of that meeting was the impact that the pandemic might have on ELC expansion.
62. The National Child Protection Leadership Group ("NCPLG"), which was created to oversee aspects of child protection, was stepped down during the acute response to the pandemic because it was subsumed into the CLG. It started again once the acute stage of the emergency had passed.
63. I do not recall whether I was given specific advice about the likely impact on children and young people of decisions to make changes, via legislation introduced to help address the pandemic, to the delivery of children's social care in order to assess the risk to them of the changes proposed. We did however discuss the changes to the ways of working, the risks that children might be exposed to, and the mitigations that we were able to put in place to

rise to those new gaps that appeared for them. The reality was that we were in an imperfect situation. My sense at the time was, and still is, that we were doing the best job we could with the fullest of information available. We went in with our eyes wide open as to the risks amid what we thought were the best decisions.

64. There was a constant flow of information back and forth. As soon as the pandemic hit, I started to hear a great deal more about what was actually happening on the front line. As Minister, I was one step removed but at the height of this I absolutely understood what people were facing on a daily basis. I did understand that I was being given rich information about what people were doing and the lengths they were going to in order to safely work in a new way.
65. The Children's Commissioner for Scotland is a very trusted stakeholder. We heard a lot from that office over my time as Minister for Children and Young People. I was meeting with him before the pandemic because, as I recall, we were working on a piece of legislation to incorporate into law the United Nations Convention on the Rights of the Child which was all about children's rights.
66. The NCPLG and the CLG assisted with our analysis of the data about how the flexibilities permitted by legislation were being used by local authorities. We looked at data but we also heard stories from the front line and engaged with various stakeholders, so I think we did receive a good amount of information about what was happening on the ground. I certainly felt as if I knew a great deal more about what was happening on the ground in the emergency situation than I would have in normal times. As noted earlier in this statement, the relevant statutory duties sat with of local authorities so we, as Scottish Government, would have been one step removed.

Social work

67. We did have concerns about the effectiveness of using remote technology to conduct children's social work visits and of assessments that were socially distanced or not conducted with children's own homes. We were concerned about whether social workers would be able to get the information they required in order to make good decisions. This was a completely new way of working in an emergency situation where children were vulnerable, and people had to completely change the way that they were working to one with which they were unfamiliar. There would have been variable skill levels out there in terms of extracting the information that was needed in a virtual setting as opposed to a hands-on setting, so of course there were concerns. However, we collectively worked through those concerns with the assistance of professional guidance from the Chief Social Work Advisor.
68. Certain trends were identified in the document 'The impact of COVID-19 on children and families in Scotland: understanding needs and services through local social work data', dated July 2021 [MT3/004 - INQ000223009]:
- "The source of child protection referrals changed with more referrals coming from Police Scotland and the community, while referrals from education reducing when schools were operating remotely or via hubs." (page 4)
 - "The changing numbers of child protection concerns and IRDs were the subject of local scrutiny and the local areas found that a higher proportion of the concerns and IRDs required a Child Protection investigation. To explain, a number of cases were increasingly complex and could not be immediately screened out at IRD or Multi-Agency Screening / Safeguarding Hub" (page 5)
 - "However, there was an increase in the recorded number of deaths of young people in throughcare and aftercare, from 4-7 in 2016-18 to 12 in 2019 and 15 in 2020" (page 14)
69. We were aware of these trends. We knew that the safety net from education was gone or at least seriously weakened if schools were closed, and we did

expect there to be far fewer referrals from education. Education is a really important means of supporting vulnerable children and supporting their families, and it is a very important part of having eyes on vulnerable families. So, when schools closed we did see the number of referrals through schools reduce, but that was inevitable. The number of referrals increasing from the police in the community was also an inevitable, predictable response.

70. In relation to the increase in the recorded number of deaths of young people in throughcare and aftercare: before the pandemic, there was a better grasp of who was entitled to throughcare and aftercare and there were more children and young people accessing it, so even before the pandemic hit that trend was upwards. That was partly because these young people were being identified and supported to access what was their rights, so I cannot say whether the increase from 12 deaths in 2019 to 15 deaths in 2020 would be attributable entirely to the pandemic. We were watching very carefully and were very concerned about things like deaths by suicide, and increases in drug and alcohol deaths. We had real concerns about how vulnerable young people and adults in society might respond to the emergency situation that they were in, and the changes to the ways they were able to access support. I don't think there was ever a time where there was no support available to people, but they had to access it in a different way and we knew that that would inevitably make them more vulnerable.
71. In terms of the impact that changes to the practice of children's social work during the pandemic had on children and young people, I would say that having to change the way that a service is delivered at the height of an emergency situation is inevitably going to be difficult for everyone involved, including both the professionals delivering the service and the people they're serving. There will be impacts, and that applies in relation to children's social work during the pandemic.
72. Some social workers were on the front lines of where they needed to be – amongst families. Where the situation was really critical, things happened as

they normally did. Children were still taken into care during the pandemic, removed from dangerous situations.

73. It was inevitable that these changes would have an impact on the level of care and support that children and young people were receiving, but I believe that what they received was still adequate and was as good as it could be in the emergency situation that we were in. It was very, very difficult to deliver services safely. I think that to not have ongoing contact with social work services in the usual way would have been difficult for children. Some of the children being supported were very young so remote interaction wouldn't work well for them.
74. In relation to the experience of care leavers, it is my understanding that we introduced flexibility that meant they could stay on for longer, and they didn't have to leave during the height of the pandemic.
75. In relation to the experiences of young carers, the pandemic will have been difficult for them. The experience of all carers was difficult and young carers will have found themselves shouldering much more responsibility than they should have when all the statutory care was withdrawn.

Children's hearings

76. Changes had to be made to the legislation that governs children's hearings in order for them to be held virtually during the pandemic. The legislation had to be looked at on a fairly regular basis so that an emergency service could be provided, because as I recall prior to the pandemic the legislation was quite prescriptive about what could happen at a children's hearing and how it could happen. I recall, in the later stages of the pandemic, that there was reflection on some of the potential positives that might come from this different way of working, and thinking about how children used to be removed from school and taken to a strange environment for a hearing. Our response during the pandemic showed that we could actually have a kinder, more child-centred

response using virtual systems, and I presume that that fed into the some of the improvements that are coming to the children's hearing system now.

77. On 12 June 2020 I met with representatives from the Scottish Children's Reporter Administration and Children's Hearings Scotland to discuss their approaches and experiences of the pandemic, proposals for a return to face-to-face hearings, and any key issues.
78. I think that one change the pandemic precipitated in terms of children's hearings was the development of a sense of shared endeavour. Rather than the system being confrontational, it definitely became more collaborative and creative as efforts were made to find ways to make things work. There previously a power imbalance between the people running a hearing and the family at the heart of the hearing, and participating remotely or virtually shifted that power balance. That had a positive impact. Something similar happened in the NHS with the use of NHS Near Me services.

Overall

79. I do not consider that there were any flaws overall in the adoption of policies regarding the relaxation of statutory provisions associated with children's social care and children's hearings. My sense at the time was that things were pretty dynamic: we were doing things in response to the emergency situation that we were in, and then we were going back and checking if they had worked or if there were any problems that were apparent with doing things in new ways. We were reflecting and adapting as we went along as far as possible. If we identified something that ought to have been done differently, we then started doing it differently as we went along. A lot of people have described the situation we were in as being like building a plane when you're flying it: we were making decisions in real time to alter processes because the way that they had been done traditionally just wasn't possible in the new world that we were in. We made decisions to change the way we did things, but we were constantly going back to check that it was working well – we didn't wait until the pandemic had passed to look back and evaluate.

80. That process of ongoing evaluation was assisted by the various for we participated in, such as the CLG and public services delivery groups: we were able to identify variations in approach across the country, and stakeholders were able to identify and share best practice. That engagement and ongoing evaluation was particularly important as we worked to come out of lockdowns because we weren't yet out of danger so had to take very careful steps – at the end of the first lockdown, we still didn't have a vaccine.

Childcare and early years: March 2020

81. In relation to the closure, opening, and other attendance restrictions regarding childcare and early years settings, I was aware of some of the information that was being discussed and I certainly had sight of some of the papers and interrogated information. However, as I recall, decisions were generally made by the Cabinet Secretary or at Cabinet level. The information and advice that we were receiving, for example in relation to the decision to close schools, was changing daily. I do not remember being actively involved in the decision to close schools in March 2020. I was, however, involved in the decisions around reopening and key worker childcare. I was particularly involved whilst we tried to set something up to provide early learning and childcare, and would have been focused on the under-fives with the Cabinet Secretary focussing on schools. There was an emergency provision at the outset, and then there was a lot of interrogation of data and information as we tried to reopen after lockdown.
82. In the early stages of the pandemic, we were in a very reactive situation. We had to adapt to new ways of working, including things like there being a limit on how much interaction we could have with colleagues and how many people could meet to discuss issues and make decisions. We initially had to have meetings by telephone, and in some cases, such as SGoRR meetings, there could be hundreds of people on a call. As time progressed, we settled into a new rhythm of working and soon started thinking about how we were going to reopen schools and early years settings. Our focus in summer 2020

was on trying to reopen as fully as possible after summer holidays and getting things up and running. We received input from various different bodies, and there was a good information flow from the scientists, including those who specialised in areas such as human behaviour and child development. There was a difference between the emergency response in March 2020 and how we approached the reopening, which was much more collaborative and consultative. We reached views together about what we were going to do, why we were going to do it, and how we were going to do it. That was very different from the early days of the pandemic when there was a very small number of people having to make terrible decisions.

83. I did not personally shape the move towards the more collaborative approach we adopted when making decisions about reopening – I didn't have to, because we as a government were already very child-focussed before the pandemic. The big thing that we were working on before the pandemic hit was the expansion of early learning and childcare, which was absolutely child-centred at its heart and was aimed at closing the attainment gap for children and providing a high-quality, enriching learning environment for children. We weren't looking at early learning and childcare solely as something that was a good investment for the economy because it would allow their parents to go out and work: we came at it with a view to improving the life chances of many children in Scotland. That was already how the Directorate and Scottish Government was working. In relation to the pandemic, that meant that when the time came to think about reopening we already had a child-focussed mindset. It also meant that we had experts in areas like child development and play pedagogy on hand to help us, although new experts, such as Devi Sridhar and Linda Bauld, came to the fore, too. We were very focused on the early-years experience and what it is that goes into the early years that enables children to learn and flourish later on.
84. In the initial, emergency phase of the pandemic when the decision was made to close schools, there wasn't time to consult on and assess the impact that such decisions would have on children. Children and young people were in everyone's mind, though. I remember walking to the chamber in the Scottish

Parliament with Ministerial colleagues as we went to close the schools feeling shock that we – a western, developed country – had been forced by a virus to take that unprecedented action. I remember looking around me at my colleagues and thinking, “At least these guys know how to run a country.”. The Scottish Government was experienced, they had been in government for a long time. They worked together as a team. They knew what levers could be pulled and how things needed to be done. I remember thinking that was comforting in the early stages of the pandemic, and that it contrasted with the UK government, which was a brand new government. They had cleared out all their experienced Ministers and the Cabinet had been formed on the basis of whether people were you for or against the UK’s exit from the EU.

85. I also remember sitting next to John Swinney in the chamber as he closed the schools, and thinking very, very clearly about a kinship care family that I had met in the preceding weeks. A granny who was looking after five grandchildren in a three-bedroomed house had detailed to me how difficult that was for her: she had to share a bedroom with a toddler, and the eldest grandchild was 14 or 15 and was trying to study for exams in an overcrowded house. There was nowhere quiet in the house where that child could go to study. Ministers were not unconnected to the communities that we represented, and we knew that certain groups were likely to find the situation significantly harder than others. Those groups were very much in our mind. We knew that the decisions that we were making would harm children but we believed, on balance, that our decisions were less harmful than the alternative. That's an awful situation to be in.
86. The process of decision making was very different once the initial period had passed. As mentioned earlier in this statement, we engaged with stakeholders and groups and we got into a rhythm of working by summer 2020. I don't think anybody ever got particularly comfortable with the way we had to work or thought that it was perfect, but we did learn to work that way.
87. The challenges we were experiencing were not unique to Scotland: they were happening across the UK and all over the world. We participated in fora that

helped us understand what was happening across the four nations and elsewhere in the world

88. I do not generally recall the details of liaison or engagement that I had with ministers from UK Government or the other Devolved Administrations. However, I do recall corresponding with Vicky Ford (former Parliamentary Under-Secretary for the UK Government Department of Education) about funding for early learning and childcare during closures and the alarm caused within the childcare sector in Scotland by UK Government guidance relating to the Coronavirus Jobs Retention Scheme. UK guidance causing concern amongst stakeholders in Scotland was a common occurrence.
89. I also remember having some meetings with ministerial counterparts and that there was a lot of work going on between officials. There was a huge amount of collaboration across the four nations amongst the medical advisors, such as the Chief Medical Officers and the National Clinical Directors. Some of that interaction will have been looking at school reopening, including issues like guidance on how people should flow around school buildings and mask-wearing. I don't recall having discussions with my counterpart on those specific points.
90. I do not think that permitting the attendance of vulnerable children was effective in mitigating the impact of the closure of early years centres, because I don't think we ever got the attendance of those children that we would have hoped for. There were a number of vulnerable children not attending, and although we worked hard at it attendance throughout was lower than we would have hoped. The situation was also complicated by the fact that some children and families who were not considered vulnerable before the pandemic became vulnerable during it, for various reasons, so there was never one fixed group of children whose attendance we were trying to support.
91. One important policy that was implemented to mitigate the impact that closing early years care setting had on the learning and development of young

children was the introduction of childcare hubs. We also prioritised the reopening of early learning and childcare, which happened from June 2020 – before the schools reopened. As I recall, we also tried to put out resources to parents. We used Parent Club (which is a government website that provides all sorts of information about activities, play, behaviour, childcare, children's rights, development, etc.) to share resources that we thought would be helpful to parents.

Children's access to food

92. Measures to provide food or vouchers to children and families during the school terms and holidays would largely have been overseen by the Cabinet Secretary, John Swinney, because the largest number of children affected were school-aged. However, I do recall it being very difficult. Quite quickly we realised that the best way to get food for the children who needed it was to give money to their parents. As I understand it, there wasn't an easy, simple mechanism for that so in the early stages children were going to school just to collect meals. We tried to encourage access to money rather than food, because we thought that was more effective.
93. The approach to food in early learning centres was, prior to the pandemic, different to that in schools: all children who were attending early learning and childcare were fed there, due to measures implemented in the Scottish Government's pre-pandemic expansion of early learning and childcare; for most school-aged children, in order to qualify for free school meals certain criteria had to be satisfied ("school meals criteria"). During the pandemic, the universal offering of food for children in ELC was paused, but ELC-aged children who met the school meals criteria were still able to access free food. Local authorities and ELC settings were required to continue to provide free lunches or reasonable alternatives for eligible children, even when they weren't able to attend an ELC setting.
94. As we progressed through the pandemic, we made the policy decision that it would be better for people to be able to get money in their pockets than to be

given handouts of food at school, so we tried to encourage that. Those measures certainly positively supported the children and young people who were accessing them, but we were always concerned about the children who weren't accessing them and I don't think we ever achieved 100% uptake. We made efforts through education to increase uptake, and worked with particular charities who were right alongside some of the most vulnerable children and families in Scotland to get money to those families.

95. In my view, providing money was better than providing food. Scottish Government's approach to addressing food insecurity and financial hardship is a 'cash first' approach, rather than giving people food that they can't make use of, for example giving families food that doesn't meet their dietary needs and that they're not going to eat. There's a recognition that a universal offering like that just doesn't work for some individual families, so quite quickly we came to the understanding that cash first was best even in the emergency situation we were in. There's also the question of dignity and respect: if people can be given money to put a meal for their family onto the table, that's got to be better than providing packed lunches to each of the children in the family. It's really important that people have autonomy, choice and control. I'm very much in favour of that independence. If I were relying on the state, I would far rather have the money to buy what I want to feed my family than to be given a meal that might not be suitable and I might not be able to use. It's partly about not being negative about people who are in poverty as well. There is, I think, a presumption in giving people food rather than money that they won't spend money wisely. My experience as Minister for Children and Young People was that even people who are in real difficulty are generally trying really hard to look after their families, and that when you treat people with dignity they live up to your expectations. We obviously worried a lot about children who were in families that could harm them and I'm not suggesting that none of that happens, but largely the vast majority of families in Scotland are trying their best to look after themselves and just need a bit of support at various times.

Children's Mental Health and Wellbeing

96. Children's mental health was primarily the responsibility of health Ministers; my job as Minister for Children and Young People was to approach issues from a child development perspective and think about how to nurture the best child development, rather than thinking about issues from a purely mental health or mental wellbeing perspective. However, we did try to understand what children were feeling and sought to understand how children and families were coping. As I recall, we regularly conducted surveys to ask people how they were managing. We also received anecdotal information from MSPs' casework, participants in stakeholder groups and our own friends and families, and had pre-pandemic structures in place to support the population with 'normal' threats.
97. It wasn't until I became the Minister for Mental Wellbeing, in March 2023, that I fully understood some of the mental health impacts that the pandemic had had. For example, at that time I became explicitly aware of a rise in the prevalence of eating disorders. By that time there was a general understanding that there had been a rise in the number of diagnoses of eating disorders. There was, I think, also an understanding that the severity and complexity of those conditions had increased. When I became Mental Wellbeing Minister, there was an understanding that we had a different psychiatric inpatient population in terms of children and young people than we had prior to the pandemic. It's rare for children and young people to be admitted to psychiatric hospitals, but in that population there was an over-representation of severe and complex eating disorders compared to the pre-pandemic period. I worked in mental health for 20 years before I became a politician, and I know that eating disorders are very hard to understand. One of the ways to understand them is to recognise them as being, in very many cases, a means of coping with anxiety. When you feel a sense of things being out of control or feel that you cannot control anything in your life, which is what causes anxiety, you can control what goes into your mouth. If that's how eating disorders develop in response to stress and anxiety and things being out of control, then you would expect to see a higher number in a pandemic.

98. It's a universal truth that it takes a village to raise a child. Children generally require responsive interaction with lots and lots of different people, and particularly their primary caregiver, but it's very difficult for a child to develop normally with only attention from one person. We now have a generation of under-fives who had such restricted mixing in society, who didn't have the attention of their grandparents, and didn't have the experience of going out in the street and people speaking to them and interacting with that is so essential to their development. They didn't acquire language in the way that children pre-pandemic acquired language, and language acquisition is absolutely vital for mental health because it relates to being able to express yourself and describe your emotions. That's all really important for self-regulation. There are key links between missing out on aspects of development and your likelihood of developing mental health problems later on. Teenagers need their independence and to learn about boundaries, so everything that happens during teenage years is really important for normal development into adulthood, but during the pandemic they were stuck in the house with their mums and dads. Many of them missed out on lots of these things.
99. We had people advising us of about all of these issues, so we could reflect on that when we were trying to put in place guidance about things like how many children could interact and meet outdoors. We were trying hard to make sure that we were recognising the important things for child development, because a good understanding of child development is how you prevent mental illness in many cases.
100. Some of that understanding was already there within the Scottish Government: for example in relation to speech and language acquisition, we had a variety of programmes like Bookbug (Scotland's universal early-years book gifting programme that supports families with free bags of books and resources to all children at different stages from birth to Primary 1, and Bookbug sessions in libraries and community spaces where families can read together). We were aware throughout the pandemic that there would be an impact on children's speech and language acquisition because we knew that

families weren't going to Bookbug sessions and didn't necessarily have all the community around them speaking to them and interacting with them that they would normally have had. (Although in-person Bookbug sessions were suspended from March 2020, a live online alternative was delivered weekly to support families who were isolating at home. Audience figures for the live sessions were on average between 600 and 1,000 weekly, but many more families made use of the 'watch again' facility and the total number of follow-up views for the year 2020-21 were 127,900.) I recall Devi Sridhar giving us advice, and the setting up of the Scientific Advisory Sub-Group on Education and Children's Issues (a sub-group of the Covid-19 Advisory Group) that was trying to look particularly at interpreting the science and the virus and trying to do what we could so that children could get maximal freedom from restrictions to try to counter some of these issues. There was an understanding that restrictions and social distancing that we were asking adults to observe were more harmful to children. As we worked through the pandemic, there was a general sense that we had to try and impose the least possible restrictions for children and young people in order to try to avoid some of the impacts later on.

101. I do not recall there being a 'crystalising point' at which it became clear that school closures and the lockdown were impacting upon children's mental health. Everybody knew that school was an important part of maintaining children's mental health.
102. People were immediately glad that schools closed because they were frightened of the virus, but as time went on people would contact us with concerns about things like masks and schools reopening. Very often they would mention mental health in that context.
103. In terms of assessing the impact school closures were having upon children's mental health, those of us in government lived through the pandemic in the same way that everyone did: all our friends and families were having this experience as well as all of the citizens of Scotland. Experience within our own families and within our own communities fed into our understanding of

the impact of the pandemic, as did our experience of being an MSP and hearing from our constituents. We had various routes through which we heard from the population. Children weren't at school, so that route of hearing from teachers about the health of the nation was closed. However, my sense is that we found other ways to hear from people, including the social attitude survey that Stephen Reicher conducted. He would regularly look at how people were feeling about the pandemic, and a great deal of work was done to monitor and interpret those findings and other such information. Although everything had changed, we tried to still hear from the 'coal face' what it felt like to go through this. At the time we worried a lot about children and how the interruption of normal community life would impact on normal childhood development and some of the challenges that that might bring, but we didn't know straight away what all of those impacts would be. For example, as I mentioned earlier in this statement, I only became aware of the rising prevalence of eating disorders once I became the Minister for Mental Wellbeing.

104. There will have been lots of pieces of work going on that helped us to analyse the impact of the pandemic on children's mental health, to understand what was happening on the ground, and to put it all together, but I not recall the specifics of such analysis. We did hear directly from young people: for example, there was a school-aged boy who was a member of CERG. The Scottish Government was aware of the issues children and young people were facing, and we're a government that likes to hear about lived experience so we already had mechanisms in place to hear from parts of the population that wouldn't normally be heard by government. That stood us in good stead in relation to children and young people, because we heard from them through people who advocate on their behalf, such as the Children's Commissioner and teachers.
105. We had mechanisms in place to try to understand the impacts of the pandemic on children's mental health. We recognised the links with school closure, and the increase in domestic violence during a national emergency when you're asking everyone to stay home. It was very difficult, however, to understand the effectiveness of work that was done to address the causes

and consequences of a decline in children's mental health. A lot of the work being done will have been focussed on trying to understand what was happening. We worked in an agile, collaborative way to try to address challenges as they arose and facilitate reflection in action rather than spending a long time analysing a problem after the emergency had passed in order to come up with some sort of a solution. When we started to learn how that was playing out, I was no longer the Minister for Children and Young People. I was not involved with the work done by the Mental Health in Education Action Group, which I understand would have fallen within the remit of health Ministers, so am unable to comment on work that it carried out.

The decision to keep schools closed in January 2021

106. The challenge we had as we approached the second period of school closures was that we had a reasonable understanding of the impacts that the first period of school closures had had on the safety, protection, health and wellbeing of children, but we still did not have a vaccine deployed into the entirety of the population. We had some things up and running, such as virtual education and key worker early learning and childcare, and we had quite a lot more of the vulnerable children attending schools. We had increased confidence in the alternative ways of doing things but we didn't have a widely-deployed pharmaceutical solution, just non-pharmaceutical interventions such as social distancing and not mixing. We understood some of the impacts, but had to balance that with the fact that we couldn't let the virus run wild through the population.
107. We received statistics and data about mortality and crime, but it is never particularly easy for the state to be aware of harm that is occurring inside someone's home – that's a pretty sensitive thing to be aware of. By autumn 2020 for vulnerable young people we had the usual various mechanisms back in place to try and pick up on domestic abuse and domestic violence: attending school, seeing health professionals in person. By then we knew that there were some children we needed to see face-to-face. The thresholds for safely managing the needs of vulnerable people changed: it became easier

for people to access care and for visitors to visit. The thresholds changed according to the level of risk that we were facing. The approach was not a 'blanket' one but rather a targeted one. Prior to that, the online interactions that teachers, healthcare professionals and social workers had with young people were a source of intelligence and information about harm. In particular, teachers would have known on the day schools closed who in their class was vulnerable – the strong relationship between teachers and their pupils is an important protective one.

108. We didn't know at the end of the first closure of schools that a second closure lay ahead – we hoped that was it and no further closures or disruption would be needed – so I do not recall thinking that the first part was over and assessing what we would or should do differently next time. The experience was one of heightened anxiety, during which we tried to understand what was going on, to learn about the virus, to understand what we were facing, and then to navigate it as best we could.
109. By January 2021, we knew some of the limits in education. We knew that some kids were doing brilliantly, for example many neurodivergent children were coping remarkably well outside of the school environment, but many other learners were really struggling with self-directed learning and what was required of them. Children were all missing their friends. By that time it had been almost a whole year, which is a quarter of a four-year-old's life during which they haven't been able to mix with other toddlers and their parents hadn't had support from other parents in the way they had previously.
110. Within the Scottish Government, we were fairly confident from day one that the pandemic and measures put in place to respond to it would result in harmful experiences for children and young people, including in terms of 'hidden harm' (i.e. harm that would not come to light nor be reported nor be picked up by professionals). Getting things like child health reviews, health visitor pathways, and the vaccination programmes up and running again as quickly as possible was very important in this context because we recognised that a universal healthcare offering is a really important aspect of support.

Where families were known and there were known vulnerabilities, there will have been a triaging of how much support was needed and could safely be offered. There was less information flowing from the education system to child protection systems, but much more coming from the police and there were already systems in place for supporting the police to perform that role to the best of their ability.

111. There is a well-being survey that's done at school, which is one of the routine tools we have to help us understand how healthy the nation is and what it's like to grow up in Scotland. It includes information about how often children are drinking and how early they are having sex – all kinds of things that give insight into whether they are vulnerable to exploitation by adults.
112. I recall seeing data about Child Protection Concerns and Inter-agency Referral discussions during the pandemic. I regularly received updates on this and had discussions around trying to understand what might be happening. We were aware that a number of referrals would normally come from within the education system, and that with schools and other settings closed the number of referrals would likely fluctuate. That fluctuation is demonstrated by figure 1 at page 2 of [MT3/004 - INQ000223009]. I am confident that despite those fluctuations, those who were most vulnerable were still being reached by the relevant services.
113. In terms of applying learning from the first period of school closures during the second period of closures, our understanding of the impact of the first lockdown had not yet been analysed, understood, banked and formulated into lessons learned by the time of second school closures. We were not yet in a position to definitively say what we could and would do differently. As mentioned earlier in this statement, throughout the pandemic we were constantly reflecting and thinking in a dynamic way as we went along. We tried to understand what challenges we were facing each day, and to rise to those challenges and meet them a way that caused minimal harm. We were really disappointed about having to close the schools again, because by then our concerns about the impact were not just theoretical: we knew by then

what the consequences were. We tried to minimise the impact: there would have been discussions about what options we had, whether we could extend school holidays, whether we could prioritise getting certain school years back where we thought it was really important to do so, how we could get schools partially open rather than using the hub model.

114. There were a lot more children coming into education in the second set of closures than in the first, for a number of reasons. In March 2020, we were collectively turning to face this mortal threat: people weren't willing to go out of their houses at that point, they didn't want to go to school, and teachers didn't want to go to work. Over time, their confidence built in their ability to manage in and navigate the new world they were in. We saw an increase in school attendance during the first closures, too: papers that I have reviewed whilst preparing this statement show that by June 2020 there were twice as many children and young people attending school as there had been in April (the largest number in April was 10,685, and the largest number in June was 19,411); in the second lockdown there was typically between 6% and 8% of school-aged pupils attending each day (between 42,000 and 56,000 pupils), and between 4,000 and 8,000 children attended childcare settings in this period. It is estimated that the total number of children and young people attending education settings during the second lockdown was between 45,000 and 65,000 per day.
115. The increase in attendance during the second period of closure will also be partly attributable to the fact that we changed our approach: rather than relying on an emergency hub model, more schools were opened and more teachers were available in the classroom. That meant that children had something that more closely resembled what they were used to, even for those who were learning from home.
116. We regularly received data reports from local authorities about how many children were at school, and on vulnerable children and adults. Data was provided by local authorities and that was collated into reports by government officials. That provided us with an indication of what was happening all over

Scotland. I had very regular discussions about those reports with the Chief Social Worker Advisor, who, as mentioned earlier in this statement, became the head of the Directorate during the pandemic. She interacted with local authorities and would give professional practice guidance to social workers. Local authorities are largely statutorily responsible for child and vulnerable adult protection, so the Chief Social Work Adviser was well aware of all of those structures and used to looking at what was happening around the country, analysing information, and providing guidance.

117. The data sets we received gave us an idea of what was happening where and in doing so allowed us to monitor what local authorities were doing. We also received information anecdotally and via various means that we had for going out and talking to local authorities and for local authorities to come and talk to us. There was regular interaction between the Scottish Government and local authorities.
118. The longer the pandemic went on, the more stretched people's resources were. People across the country had faced the threat of Covid-19 relentlessly for a year by spring 2021, and although lots of people can cope pretty well in an emergency situation if needed, keeping up that effort without your usual support mechanisms in place for a sustained period gets a bit hard for families. There was a lot of progress in the early days on things like tech solutions: where I live in the Highlands, there were lots of people who didn't have good quality internet when the pandemic hit, and within a couple of months many of them had a good connection. However, there were pockets of people who didn't have their connection improved, or didn't have the necessary equipment or skills to take advantage of that connexion; those people were just left behind.
119. The challenges that some children experienced with self-directed learning, whilst perhaps not having a quiet place to study, also became more of a strain as time went on.

120. By spring of 2021, we were aware of a number of incidents in which children had been exposed to increased harms within the home because of school closures and lockdowns, but we would not have fully understood them: much of the harm that children experience within the family home does not become apparent until those children become adults. We were aware that harm was happening, but may not at that point have known whether those incidents represented an increased level of harm. We may still not know that for definite, because there's a general under-reporting of harm experienced in the home.

Part D: Children's rights

121. I believe that the fact that the Scottish Government was working on legislation to incorporate the United Nations Convention on the Rights of the Child into the law in Scotland and make children's rights justiciable did make a difference to the way decisions were made concerning children and young people during the pandemic, because we were already on a path to taking a human rights-based to putting children's rights at the centre of our decision making. That inevitably will have influenced our approach in Scotland because we were aware of the impact that decisions we took in government would have on children and young people, and whether there might be unintended consequences.
122. That experience and way of working will have impacted on the Scottish Government's 'Four Harms' approach to the pandemic, because it is an earlier example of our recognition of the fact that there is more than one way to approach a problem. That involved listening to lived and living experience, and putting people's rights at the centre of things rather than simply saying, "Here's what we have. Take it." and accepting that some people wouldn't have their rights upheld. A lot of the work that we had done and the path that we were on in relation to children's rights stood us in good stead in terms of our approach to the pandemic, although that's not to say that it was perfect – it wasn't, and nobody imagined otherwise.

123. One example of how that approach impacted our response to the pandemic is that we understood that children have a right to education. Children don't have a right to go to school, but they do have a right to education. As such, one question that was very much in our minds was, "How can we deliver education to all of these children if they cannot go to school?". Similarly children have a right to family life, but very early on in the pandemic it became apparent that in situations where the families didn't all live together under the same roof it was going to be very hard for them to maintain family contact. As a result, we put a lot of thought and effort into how those families could maintain family life despite the restrictions that were in place.

Part E: Lessons Learned

124. In my view, the decision to appoint Iona Colvin, Chief Social Work Advisor, to lead the Directorate during the pandemic was instrumental in ensuring that Scottish Government understood the impact that decisions and actions it took would have on children and young people. The Chief Social Work Advisor had an innate understanding of the vulnerabilities that are experienced by children and young people, knew the issues very well, and had a detailed understanding of how our responsibilities were carried out. Those factors meant that she was very well positioned to support our efforts to reduce, as far as possible, the negative impacts of the pandemic on children and young people.
125. Throughout and beyond the pandemic, I spent a great deal of time reflecting on and questioning how we could best protect the people of Scotland, in particular children and young people, from its devastating effects. Whilst steps can be taken 'in the moment' to seek to address issues as and when they arise, I am fundamentally of the view that the way a government cares for its citizens in 'peace time' is crucial to its ability to support them during a crisis. In anticipation of a future pandemic, it is vital that governments strive to ensure that their citizens are as well-positioned as possible to cope with the challenges we now know to expect. For children and young people, that

means tackling poverty and taking a child-focussed, rights-based approach to decision-making.

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:

01 August 2025
