Witness Name: Dr Joanne McClean
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF JOANNE MCCLEAN

I, Dr Joanne McClean of the Public Health Agency for Northern Ireland will say as follows:

1. This statement is made on behalf of the Public Health Agency (PHA) in response to a request for evidence by the Inquiry pursuant to Rule 9 of the Inquiry Rules 2006. There are 37 Exhibits produced with my statement. This is my first statement in relation to Module 8 of the UK Covid-19 Inquiry.

2. I was appointed as Director of Public Health (DPH) for the PHA in July 2022 and took up post on 1 September 2022. I hold a primary medical degree (MBBCh BAO) awarded by Queen's University Belfast (QUB) in July 1999. I also hold a Master's degree in Public Health awarded by the University of Manchester. I am a member of the Faculty of Public Health of the Royal College of Physicians and secured membership by passing the membership examinations. I am a registered doctor with a license to practice and am on the General Medical Council specialist register for public health medicine.

3. After graduation I worked in junior doctor training posts in clinical medicine. I joined the Northern Ireland (NI) higher specialist training scheme for public health medicine in August 2004. I completed training and was appointed to a consultant post in the Service Development and Screening Division of the PHA in January 2011. Between my appointment and January 2020, the focus of my work was on providing public health input to the commissioning of health services for children. I continued to maintain knowledge and skills relating to health protection and provided support to the health protection service when required, including providing consultant cover for

the health protection on call service when the service faced staffing challenges during this period.

4. At the onset of the Covid-19 pandemic, my main focus was on ensuring paediatric services were ready for the expected wave of infection. Since it was evident early on that children were not as severely affected as adults, my focus was on ensuring paediatric services were configured to ensure continued provision of acute and inpatient care in the face of high levels of staff sickness and a huge increase in demand for adult care.

5. In April 2020, I was asked to provide input to the management of Covid-19 in the care home sector. This included working with colleagues to develop a plan to support the sector. From late August 2020, I took on lead PHA responsibility for supporting schools and the education sector via a dedicated cell on which further information is set out within the body of this statement. I continued in this role until June 2021 when I was seconded to the Department of Health (DoH) as an Associate Deputy Chief Medical Officer, a role I remained in until taking up the DPH post within the PHA. Given that I did not take on the role of DPH until September 2022, I am not able to provide a first-hand account for some aspects of this statement. I have spoken to and received information from my predecessors and other colleagues, some retired, to gather the required information.

Overview of the PHA

6. The PHA was established as the Regional Agency for Public Health and Social Well-being under Section 12(1) of the Health & Social Care (Reform) Act (NI) 2009. The PHA subsumed the Health Promotion Agency which had been established in 1990 to advise the DoH on health promotion matters, sponsor research/evaluation and prepare publishable material relative to health promotion. The PHA was also to have several other functions as set out below which were subsumed on a regional basis following the dissolution of NI's four health boards (Eastern Board, Northern Board, Southern Board, Western Board) in April 2009.

7. The PHA function can be summarised under three broad headings:

    - Improvement in health and social well-being – with the aim of influencing wider service commissioning, securing the provision of specific programmes and supporting research and development initiatives designed to improve the

health and social well-being and reduce health inequalities in the population of NI;

- Health protection – with the aim of protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being, including dangers arising from environmental hazards. The PHA also has a lead role in the public health response to major incidents and other emergencies;
- Service development – working with the Strategic Performance and Planning Group (SPPG) with the aim of providing professional public health input to the commissioning of health and social care services that meet established safety and quality standards and support innovation. Working with the SPPG, the PHA has an important role to play in providing professional leadership to the HSC. To note that the SPPG was formed in April 2022, prior to that, the Health and Social Care Board (HSCB) was the main body responsible for commissioning services from the Health and Social Care (HSC) Trusts and managing the performance of the HSC Trusts against various targets and performance indicators.

8. The PHA also facilitates research and development across the HSC. To do this the Agency co-ordinates a wide range of research programmes and supports capacity to undertake research across the health service by funding research infrastructure in HSC organisations.

9. The Health & Social Care (Reform) Act (NI) 2009 sets out requirements for the Agency's officers, remuneration, committees, accounts and annual report. The Reform Act imposed a statutory duty of involvement on certain HSC bodies. This means that they must, by law, involve and consult patients, service users, families, carers and local communities on the planning, delivery and evaluation of services. The PHA has the responsibility for leading implementation of Personal and Public Involvement policy across the HSC and has team dedicated to this work.

10. Additionally, there are a number of other pieces of primary and secondary legislation under which the PHA operates. The key legislation includes:

    - The Public Health Act (NI) 1967 - sets out the statutory requirements on medical practitioners in NI to inform the DPH about notifiable diseases (Covid-19 was declared a notifiable disease on the 5 March 2020). To note,

that the DoH published a review of the Act following a public consultation and in 2024 undertook a further consultation on the policy to underpin a new Public Health Bill. It is anticipated that an updated list of notifiable diseases will be included in the new Bill;

- The Health and Personal Social Services Order (NI) 1972 - sets out requirements, roles and functions of various bodies in the HSC system in NI. The Act provided for the establishment of local boards (now HSC Trusts) with the responsibility for both health and social services in their area. The Act also set out a duty for local boards to co-operate with other public bodies such as councils to 'secure and advance' the health and social welfare of the people of NI;
- The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 - places a statutory duty of quality on HSC bodies in the delivery of their services and allows the regional regulator (the Regulation and Quality Improvement Authority) to review and inspect these services in order to evaluate the quality of them;
- The Health and Social Care Act (NI) 2022 which dissolved the HSCB.

11. Prior to the pandemic, the Agency was structured under four directorates:

- Public Health;
- Nursing, Midwifery and Allied Health professionals;
- Operations;
- HSC Quality Improvement.

An organisational organogram reflecting the Agency's leadership structure at that time is included (Exhibit PHA/01 [INQ000650832]).

12. As DPH, I lead the Public Health Directorate and have overall responsibility for its functions. Although the role is multifaceted, it can be divided into two main areas: the first is overseeing the professional public health function and the second is the operational management of the Directorate. As stated, the role of the DPH Is specifically mentioned in the Public Health Act 1967 in connection with the control of communicable disease. I am responsible for the delivery of other aspects of the public health function: specifically, health improvement, service development, screening and service development.

13. As relevant to the scope of this Module, the role of the Directorate of Nursing, Midwifery and Allied Health Professionals extended into the following areas:

    - Children and Young People's Nursing (incorporating maternity, paediatrics, health visiting, family nurse partnership, school nursing and child safeguarding);
    - Children, Young People and Families Allied Health Professionals (AHP) (incorporating paediatric AHP services at a uni and multi-disciplinary level alongside AHP input for children with Special Educational Needs and Disabilities (SEND) and Sure Start);
    - Mental Health and Learning Disability.

14. As part of the pandemic response, the Agency established a new Directorate of Contact Tracing in December 2020. With the closure of the Contact Tracing Service in June 2022, the Agency reverted to its pre-existing structure which remained in place until 2024 when a number of structural changes were enacted as part of the Agency's Reshape and Refresh reform programme (Exhibit PHA/02 [INQ000650833]) (Exhibit PHA/03 [INQ000650834]).

Roles and responsibilities of the PHA in relation to children and young people

15. The NI Executive, through the DoH, is ultimately responsible for child protection in NI, setting out policy, legislation and statutory guidance.

16. The role of the Agency is to support the laying of a foundation for a healthy life for children within NI from pre-birth, infancy, early years, childhood and into adolescent years. As set out in the Agency's Corporate Plan (Exhibit PHA/04 [INQ000650835]), the priorities of the Agency in relation to children and young people during the period to which this Modules relates where to:

    - improve the health and wellbeing of all children and young people by strengthening universal services, building a sustainable workforce and embedding early intervention approaches;
    - introduce and develop antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees;
    - promote and secure the best outcomes for children and young people through implementation of a range of evidence-based/ informed programmes;

- implement a range of interventions and programmes that support parents and carers to provide a safe and nurturing home environment, and address issues that adversely impact on children and young people;
- protect the health of children and young people through vaccination and immunisation programmes and working with nurseries, pre-schools and schools to prevent spread of infection in those settings.

17. In 2025, the PHA through a process of internal and external engagement, launched a new Corporate Plan setting out the Agency's strategic direction for the period 2025-2030. Consistent with the previous Corporate Plan is the Agency's ambition that all children and families in NI have the healthiest start in life (Exhibit PHA/05 [INQ000650836]).

18. In relation to children's physical and mental health services, the Agency takes the regional lead on a number of promotion campaigns, develops and provides funding for evidence-based initiatives and collaborates with education partners, community organisations and statutory agencies to deliver support where it is needed.

19. In relation to children's public health, the Agency plays a lead role in antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees. The Agency also protects the health of children through vaccination programmes and working with nurseries, pre-schools and schools to prevent the spread of infection in those settings.

20. In relation to children with SEND, the Agency promotes inclusive health services that are accessible to children with disabilities, supporting early intervention strategies and developmental assessments alongside the HSC Trusts and other key stakeholders.

21. In relation to children's safeguarding, under a Memorandum of Understanding established by the DoH, the PHA acts as a corporate host for the Safeguarding Board for Northern Ireland (SBNI) which co-ordinates and ensures the effectiveness of work to protect and promote the welfare of children within NI. The PHA is accountable to the DoH for the discharge of its corporate host obligations to SBNI but it is not accountable for how the SBNI discharges its own statutory objective, functions and duties.

22. The PHA is also a member agency of the SBNI and in that role, must fulfil the requirements of the Safeguarding Board Act (2011) which places a requirement on all member bodies to work together to safeguard and promote the welfare of children. The Children's Services Co-operation Act (NI) 2015 strengthens this by providing a statutory duty for public authorities to co-operate in order to contribute to the well-being of children and young people.

23. The PHA has a designated Nurse for Safeguarding Children and Young People which is a requirement of the Safeguarding Board Act. The postholder Chairs the NI Regional Safeguarding Children Nursing, Midwifery & Allied Health Professionals Forum which was established to support and develop the effective contribution of nurses, midwives and allied health professionals to safeguarding children and young people (Exhibit PHA/06 [INQ000650837]).

24. With the exception of the Agency's membership of the SBNI as already set out, the Agency has no other formal role in relation to policy and oversight of children's social care, adoption and fostering services and children who are detained in NI.

25. Aidan Dawson, the Chief Executive of the PHA, currently chairs the Children and Young People's Strategic Partnership (CYPSP) having taken on the role during 2022. The PHA are one of 12 statutory agencies who are represented at CYPSP alongside a number of voluntary and community sector organisations. CYPSP provides an opportunity for agencies, as members, to come together with each other to make sure that individual efforts to support children and young people link up with and work well with other supports and services within NI (Exhibit PHA/07 [INQ000650838]). CYPSP produced a number of reports relating to the impact of the pandemic on children, young people and their families. Further detail on this is set out later in this statement.

26. In relation to children within the immigration system, the PHA working in collaboration with the Belfast HSC Trust and the Southern HSC Trust, provides funding and support for the Northern Ireland New Entrants Service (NINES). NINES is a nurse-led initiative focused on supporting the health and social well-being of new immigrants, including children as they settle into NI. The service aims to provide holistic assessments, address health and social needs, facilitate access to healthcare and promote integration into mainstream services. Family health assessments for new entrant children are also undertaken by HSC Trust Health Visiting services in

line with the requirements of the Healthy Child, Healthy Future Framework (Exhibit PHA/08 [INQ000583075]).

27. In addition, to the legislation already set out in this statement, the Agency's legislative responsibility in relation to children and young people is governed by the following Acts:

- The Children's (NI) Order 1995 - provides the legislative framework for the care, protection and welfare of children in NI. It places a statutory duty on public bodies, such as the PHA, to safeguard and promote the welfare of children in need. The Act necessitates that the PHA works in partnership with other agencies to ensure services are planned, commissioned and delivered in a manner that upholds children's rights, protects them from harm and supports their health and wellbeing.
- The Education (NI) Order 1996 - outlines the statutory framework for education services in NI, including the promotion of pupil's physical and mental wellbeing. Although this Order is primarily directed at education bodies, it does support inter-agency collaboration.
- Mental Health (NI) Order 1986 - establishes the legal framework for the assessment, treatment, and care of individuals with mental health needs, including children and young people. The Order places responsibilities on HSC bodies to ensure appropriate services are available for those with mental disorders. In line with this, the PHA is required to provide public health input aligned to the development and coordination of mental health services for children and young people in collaboration with other statutory partners.
- Mental Capacity Act (NI) 2016 - provides a statutory framework for supporting individuals aged 16 and over who may lack capacity to make decisions. Through the Act, the PHA, working in partnership with other agencies, provides public health related advice in relation to services that protect the rights and well-being of young people lacking capacity.
- Special Educational Needs and Disability Act (NI) 2016 - strengthens the rights of children and young people with SEND to receive appropriate support. It places legal duties on educational bodies and relevant health authorities to collaborate in the identification, assessment, and provision of SEND support. The Act aims to ensure that children and young people with SEND can fully participate in education, enjoy equal opportunities, and achieve their potential. It promotes a person-centred, joined-up approach to support planning.

28. Although the Agency does not hold a definitive list, the following ministers and senior civil servants held key roles in relation to children and young people within NI during the pandemic:

- Robin Swann, Minister for Health, January 2020 - October 2022
- Richard Pengelly, Permanent Secretary (Health), July 2014 - April 2022
- Peter May, Permanent Secretary (Health), April 2022 - March 2025
- Peter Weir, Minister for Education, Jan 2020 to June 2021
- Michelle McIlveen, Minister for Education, June 2021 - October 2022
- Derek Baker, Permanent Secretary (Education), until November 2021
- **Name Redacted** Permanent Secretary (Education), November 2020 - February 2021
- Mark Browne, Permanent Secretary (Education), March 2021 - present
- Charlotte McArdle, Chief Nursing Officer, until October 2021
- Linda Kelly, Chief Nursing Officer, November 2021 - March 2022
- Maria McIlgorm, Chief Nursing Officer, March 2022 - present
- Michael McBride, Chief Medical Officer, September 2006 - present
- Ian Young, Chief Scientific Advisor, November 2015 - early 2022
- Sean Holland, Chief Social Worker, July 2010 - October 2022

29. As set out in the PHA's witness statement prepared for Module 2 of the Inquiry, in the early stages of the pandemic a number of cell management groups were created within NI, one of which being the Covid-19 Infection Prevention Control (IPC) Cell. This regional cell, chaired by the PHA, provided a forum to discuss, develop and provide input to IPC guidance, arrangements and policies across the region (Exhibit PHA/09 [INQ000381508]). Through its work, the cell would have provided advice and guidance to the education section. With the exception of the Education Cell, there was no dedicated cell created in relation to children and young people on the basis that their needs would be taken into account across other cells which dealt with the population of NI as a whole. On reflection, there would have been value in having a dedicated cell considering the needs of children and young people.

30. In April 2020, staff from the PHA's Research and Development Division convened a Behavioural Change Group to provide evidence-based insights and knowledge to the Chief Medical Officer (CMO) and the DoH on best practice approaches to behavioural interventions in relation to the pandemic response. The group contained

representation from both QUB, the University of Ulster and the Northern Ireland Statistics and Research Agency (NISRA) (Exhibit PHA/10 [INQ000325971]). Although the work of the group was wide, a number of reports were prepared in relation to children and young people, details of which are set out later in this statement.

31. In May 2020, following approval at HSC Gold Command, it was agreed that a Joint Health and Education Oversight Group (JHEOG) would be established as a means to ensure effective integrated planning was in place for vulnerable children and their families throughout the pandemic. The group was Chaired by the PHA until December 2021, when the role was taken on by the Department of Education (DE). Throughout its period of operation, the group contained representation from senior staff from both the PHA, the DoH, the DE, the Education Authority (EA) and the SPPG (Exhibit PHA/11 [INQ000650842]).

32. In support of the JHEOG, there were also local and professional forums in place to support children and their families at all stages of the pandemic. The PHA was a member of the Strategic Special School Planning Group which supported planning and discussions with school leaders throughout the period in relation to special schools. The PHA also established and Chaired an Aerosol Generating Procedure Complex Needs in School Children Group which worked to support the safe return to school for those children considering aspects such as personal protective equipment requirements, FIT testing and transport. The PHA, alongside a large number of other statutory organisations, was also represented at the Communication Forum for Covid-19 Related Issues for Children's Residential Care and Children's Specialist Facilities. This forum was Chaired by the then HSCB and was established to ensure effective communication, engagement, support and advice was in place in relation to children's services across each HSC Trust and relevant partner organisations.

33. In late summer 2020, the PHA established a working relationship with the EA and the DE to support the pending return of pupils to classrooms. The PHA established an Education Cell at the beginning of September 2020 to coordinate contact tracing and the provision of advice to school principals who were notified of positive cases of Covid-19 in staff or students. PHA staff also joined twice weekly meetings with the DoH, the EA and the DE to discuss strategic and operational issues.

34. The PHA Education Cell operated 7 days a week from September 2020, communicating up to date NI guidance on testing and isolation direct to schools. The main focus was to enable the rapid identification of close contacts of positive cases and reduce chains of transmission of Covid-19 within school communities. The Education Cell developed, and updated as required, operational guidance for schools during the pandemic response which was disseminated to all schools via EA. This included information on general measures to mitigate risks such as social distancing, the use of face coverings and specific information on managing positive cases and close contacts within education settings. The team also worked closely with the EA to support an EA led phone line for Covid-19 related queries.

35. PHA staff delivered training, webinars and attended a range of stakeholder meetings to support the sector. By way of example, in February 2020, the PHA, alongside the CMO and staff from the DE and the EA, participated in a teleconference with school principals to discuss contemporary guidance, IPC and the wider support available.

36. Staff from the Education Cell worked closely with the DE and the EA to develop school Covid-19 testing programmes, ensuring that regular asymptomatic home testing using lateral flow devices was made available to pupils and staff. Supported through the Expert Advisory Group on Testing which was Chaired by a member of staff from the PHA and reported directly to the CMO, weekly Loop-mediated Isothermal Amplification (LAMP) testing was introduced for all special school staff and students starting in February 2021, as this method of testing avoided the need to take repeated swabs from children with special needs. The use of LAMP tests aimed to reduce the rate of infections in special schools by identifying cases either before they were symptomatic, or asymptomatic cases, allowing immediate self-isolation, thereby reducing potential for wider transmission, both within the school and in the contact groups of pupils and staff. NI was the only part of the UK to provide this service to all its special schools. The LAMP service was discontinued in March 2022.

37. Throughout the period to which the Module relates, the Agency, alongside other regional partners, worked to identify and mitigate the impact of the pandemic on children and young people, by:

Minimising Direct Harm

- Undertook vaccination planning for children where appropriate, identifying and effectively supporting children and young people with complex needs to enable them to return to school.

Reducing Indirect Health Impacts

- Where possible, worked to maintain the delivery of essential child health services such as childhood immunisations and developmental checks.
- Supported the development of contingency plans for HSC Trust, school and EA staff.
- Supported the development of contingency plans for HSC Trust's for the delivery of universal, targeted and specialist services for children, young people and families (Exhibit PHA/12 [INQ000650843]).

Addressing Societal Harms

- Worked closely with the EA to flag the risks of school closures on safeguarding and offered support to mitigate risks.
- Worked with education, social care, and voluntary sector partners to promote mental health and wellbeing resources for children, parents and family support hubs. By way of example, the PHA worked in partnership with the DoH, the DE and other key stakeholders to develop a Framework for Children & Young People's Emotional Health and Wellbeing in Education (Exhibit PHA/13 [INQ000596313]). Through the Framework, the PHA led the introduction of the 'Text A Nurse Service' in February 2021. The Service was available to pupils attending post primary schools across NI and provided young people with a secure confidential platform through which they could seek advice and support from a school nurse. Through the implementation of the framework the PHA also led on the expansion of Regional Integrated Support for Education (RISE) service. RISE supports children in mainstream schools by working closely with parents and education staff to help children develop the foundation skills for learning.

Acknowledging Economic Impact on Child Health

- Used data and health intelligence information to identify at-risk populations for targeted intervention.
- Collaborated with community partners to support food access, parenting advice and outreach in deprived areas.

38. During the pandemic, the vast majority of the Agency's work was redirected to the Covid-19 response. While children and young people were plainly not spared from the impact of Covid-19, it was evident early on that children were not as severely affected as adults. Given the same, much of the Agency's work was targeted towards mitigating harm in more vulnerable groups such as those in the care home sector as set out in the Agency's response to Module 6 of the Inquiry. In this context, it is the Agency's view that the structures, processes and support provided to other stakeholders in relation to children and young people were adequate.

Pre-pandemic planning in relation to children and young people

39. In the years prior to 2020, the PHA undertook a range of activities in relation to pandemic planning and further detail on emergency preparedness groups, roles and remits are covered in the PHA response to Modules One and Two of the Inquiry.

40. Specifically, in relation to children, the PHA worked alongside the then HSCB and the Business Services Organisation (BSO) through the Joint Emergency Planning Board to develop a Joint Response Emergency Plan (JREP). The JREP outlined the main arrangements for a joint response by the three bodies in an emergency, to ensure that the actions of each organisation would be co-ordinated and effectively managed. As part of the possible actions that might need to be undertaken during the implementation of an emergency response, the JREP identified children as a potentially vulnerable group and the possible need to consider school opening and closure requirements. Ultimately, planning for school closures as part of any pandemic response would however been a decision led by the DE and the EA.

41. The maintenance of children's services was addressed as part of the HSCB emergency preparedness response, through which it was the role of the then Social Care and Children's Directorate to minimise any disruption of services that may have arisen due to a major or sudden event. This response extended to ensuring that any interim arrangements did not breech safeguarding arrangements and also the provision of advice and guidance for other staff and agencies dealing with groups of vulnerable people (Exhibit PHA/14 [INQ000102841]).

Data and scientific advice about children and young people

42. Children and young people were considered as a distinct data group within the Agency although this was primarily aligned to work that was undertaken in relation to

schools. The Agency monitored the number of individual confirmed cases of Covid-19 and the number of incidents in school, that is the number of schools with a single case of Covid-19 and the number with two or more cases of Covid-19. Data was primarily aggregated by school type (primary, post primary, special) rather than the age of the data subject. Information was included in a number of reports for both internal and external consideration (Exhibit PHA/15 [INQ000650846) (Exhibit PHA/16 [INQ000650847]) (Exhibit PHA/17 [INQ000650848]).

43. The PHA did not receive any advice directly from the Scientific Advisory Group for Emergencies (SAGE) as it was not a member of that Group. Given this position, the PHA did not pose any questions of interest for consideration by SAGE and its subgroups about children and young people. NI would have been represented at SAGE by the Chief Scientific Officer for NI and his wider Deputies. The Agency would have been privy to information from SAGE through its membership of the Strategic Intelligence Group (SIG) although this group was not established until April 2020. As set out in its terms of reference (Exhibit PHA/18 [INQ000183441]) the remit of SIG was to:

- Interpret SAGE, SPI-M and SPI-B outputs and other emerging scientific and epidemiological evidence in the context of NI;
- Provide information to support decision making regarding stepdown of social distancing measures and/or other interventions as the evidence evolves;
- Provide a two-way flow of relevant information and questions between the DoH and SAGE/SPI-M/SPI-B/others; and
- Advise the Modelling Cell, and Data Analysis and Insights workstream on strategic approach to identifying, accessing and using data to support our understanding and response to Covid-19 in NI.

44. The PHA did not directly seek any evidence from international sources about the impact of the pandemic or counter-measures in respect of children and young people in particular. The impact of Covid-19 on children and young people in both a local and international basis was discussed at SIG on a number of occasions with several papers tabled to members. Further detail on SIG including copy minutes are contained on the DoH website Strategic Intelligence Group | Department of Health (health-ni.gov.uk)

45. Through its participation in SIG, the Agency would have been privy to advice coming to the four nations from SAGE and other appropriate sources, including the Republic of Ireland (RoI). Following a review of the SIG minutes, it appears that in the early stages of the pandemic a number of papers relating to the international response where tabled and their content, where appropriate, would have contributed to decision making in relation to the NI response (Exhibit PHA/19 [INQ000347373]) (Exhibit PHA/20 [INQ000347393]).

Monitoring

46. In May 2020, the PHA Health Intelligence Team undertook an evidence review in relation to the envisaged impact of Covid-19 on health inequalities. The review highlighted a number of surveys, studies and articles which had identified children and young people as an adversely affected group (Exhibit PHA/21 [INQ000325791]). The review piece was shared with the DoH and used alongside other available information to inform policy at that time.

47. Through the work of the Behavioural Change Group the following reports were prepared in relation to young people:

- Exploring the facilitators and barriers to following Covid-19 guidelines on social distancing among young people in NI and RoI (Exhibit PHA/22 [INQ000650854])
- Transmission Prevention Behaviours in Young People from NI/RoI (Exhibit PHA/23 [INQ000430837])
- Covid-19 vaccine perceptions and intentions among young people and adults in NI/RoI (Exhibit PHA/24 [INQ000650856])

48. The PHA did not undertake any monitoring or assessment during the Specified Period of the impact on children and young people of the decisions made and any potential measures in response in relation to:

- the effectiveness of remote education;
- the impact of changes in patterns of use of the internet on children;
- children's whose parents did not live in the same household;
- children with post-viral conditions;
- young carers.

49. The PHA did become aware early in the pandemic, that there was a notable reduction in child protection referrals and work was undertaken to support the development of a statement that was issued by SBNI across NI during April 2020 (Exhibit PHA/25 [INQ000650857]).

Healthcare, development and general wellbeing

50. Children's health services in NI are delivered through an integrated health and social care system, overseen by the DoH. By way of a brief outline, until the 31 March 2022, the PHA worked in partnership with the HSCB to plan and commission services, for onward delivery by five regional HSC Trusts. Services include universal programmes such as immunisations and health visiting, as well as targeted and specialist services for children with additional health or developmental needs. The system is designed to ensure coordinated, multidisciplinary care that supports the health and well-being of all children and young people. As already set out, in April 2022, the HSCB was dissolved and replaced by the SPPG. The SPPG is responsible for discharging all functions previously carried out by the HSCB.

51. During the pandemic, the Agency supported the providers of commissioned services to be adapted so that they continued to meet the needs of vulnerable infants, children, young people and their families - in practice this largely resulted in services being delivered online. The Agency also developed a series of blogs many of which were aimed at children, young people and their families. The blogs covered a variety of topics linked to children's emotional wellbeing, supportive relationships and the use of digital technology (Exhibit PHA/26 [INQ000650858]) (Exhibit PHA/27 [INQ000650859]) (Exhibit PHA/28 [INQ000650860]).

52. At the outset of the pandemic, NI's entire health and social care service, to include children's services, was already under considerable pressure due to longstanding workforce shortages, limited capacity and growing demand. Although the Agency would not have been privy to any decision making in the space during the period to which this Module relates, I am aware key areas such as child and adolescent mental health services would have had large waiting lists and any difficulties in service provision would undoubtedly have been exacerbated by the pandemic.

53. The prevalence of mental health conditions among children in NI prior to the pandemic was captured in a survey commissioned by the HSCB in 2020. The survey and accompanying report was compiled by QUB, the University of Ulster and the

Mental Health Foundation over 18 months, relying on data from more than 3,000 children and young people in NI and on more than 2,800 parents and caregivers. Among its outcomes, the report found that rates of anxiety and depression were approximately 25% higher in NI's child and youth population in comparison to other UK nations. This reflected a similar trend in the adult population in NI (Exhibit PHA/29 [INQ000396857]). Beyond the outcomes of the survey exercise, as far as I am aware, there are no robust systems in place to monitor changes in the prevalence of the various mental health conditions within the children's population.

54. In respect of children's mental health services, the PHA commissions the Lifeline Crisis Helpline and the Self Harm Intervention Programme (SHIP) which are accessible to all age groups aged 11 and over. Both services were able to respond to all referrals received prior to the pandemic although during the pandemic, referrals to the SHIP service reduced somewhat. This may have been a consequence of the reduced attendances at SHIP referral services such as mental health professionals in primary or secondary care or mental health professionals following an individual's Emergency Department attendance.

55. The PHA was represented on the Mental Health and Emotional Wellbeing Surge Cell, which was convened in April 2020 by the then HSCB to provide evidence to the DoH in relation to key areas of mental health and emotional wellbeing. Through the cell, a Rapid Review was carried out on the mental health impact of the Covid-19 pandemic in NI. The review did look at the direct and indirect impact on the mental health of children and adolescents in NI and children with an intellectual disability (Exhibit PHA/30 [INQ000325175).

56. In respect of the physical health of children and young people, there is limited information available as to what impact the pandemic had. Although NIRSA did undertake a Young Person's Behaviour and Attitudes Survey during both 2019 and 2022, there was no discernible change between the percentage of young people who considered their health to be good or very good between those survey points (Exhibit PHA/31 [INQ000650863]) (Exhibit PHA/32 [INQ000650864]).

Significant decisions which affected children during the pandemic

57. The PHA does not hold a definitive chronology setting out the decision making in relation to the health, development and general wellbeing of children in NI during the

period to which this Module relates beyond the dates set out below in relation to schools and the national lockdown.

Lead-up to school closures

58. The PHA did not have any role in relation to the lead up to the decision to close schools to most children as announced on 19 March 2020 and as commenced from 23 March 2020.

59. The PHA was not provided with any expert advice between January and mid-March 2020 as to the potential impact that closing schools might have had on the transmission of Covid-19 in the community. Had it been received, information from SAGE would have been conveyed to the PHA via the Chief Scientific Officer or his wider Deputies until the formation of SIG in April 2020.

60. No work was undertaken within the PHA between January and mid-March 2020 in relation to the potential impact of school closures on children within NI. Decision making in relation to school closures was progressed at a departmental level within the NI Executive in conjunction with UK counterparts.

61. The PHA did not send or receive any communications between itself and the NI Executive in relation to the lead up to school closures in 2020.

62. Although I have not been able to ascertain the exact date, based on the opinions of senior colleagues, it is my understanding that the Agency would have become aware that the closure of schools was one of the possible options for reducing transmission in mid-March 2020 as part of a wider societal lock down.

63. With the exception of the RoI and their decision to close schools in March 2020, the PHA did not monitor the steps that were being taken in other countries either to close schools or to keep schools open.

The announcement of 19 March 2020 that schools would close

64. The PHA was not involved in any decision making aligned to the March announcement by the UK Government that schools would close (to most children) from 23 March. The PHA did not have any contact with the UK Department of Health and Social Care in relation to the decision.

65. The PHA did not have any contact with the NI Executive in the lead up to the decision to close schools (to most children) in NI in March 2020. The Agency was also not privy to any consideration that may or may not have taken place between senior officials in relation to keeping schools open to more pupils than ultimately permitted.

66. Although the PHA was not part of the decision making, based on the period in question, the closure of schools was taken primarily as a means through which rising infection levels could be tackled. School closures were seen as a means to protect vulnerable individuals and those with underlying health conditions.

67. Although the PHA was not part of the decision making in relation to which children were able to continue to attend school, there would have been a need to keep the number of pupils coming into schools to a minimum whilst still offering provision for children deemed vulnerable and the children of key workers whose roles involved maintaining essential public services during the pandemic response. Information in relation to the March 2020 closures was set out in a letter from the Minister of Education which was issued to schools on the 19 March 2020 (Exhibit PHA/33 [INQ000617121]).

68. In relation to what children would be deemed as 'vulnerable', the definition that was adhered to was set out in the Covid-19 Vulnerable Children and Young People's Plan, which was produced on a cross-departmental basis (Exhibit PHA/34 [INQ000544917]).

69. The Agency did not contribute to any discussions in relation to their being a compulsory requirement for parents to send children deemed vulnerable to school. Based on the guidance issued by the DE, the position was that vulnerable children should be sent to school if it was in their best interests. This determination would have been made on a child by child basis following discussion between the school, parent/carer, the EA and where relevant social services. Through its participation in the JHEOG, the Agency is aware that a number of parents/carers of vulnerable children and young people did refuse to agree to a school return - these issues were managed by the EA.

The announcement of 18 March 2020 that schools would close

70. The PHA did not provide advice nor was asked to provide advice to the NI Executive about the effect that closing schools might have. Decision making in relation to

school closures was progressed at a departmental level within the NI Executive in conjunction with UK counterparts based upon advice from SAGE. No work was undertaken within the Agency to plan for closures.

71. In relation to the Agency's awareness that the UK Government was to close schools, based on the opinions of senior colleagues who worked in the space, it is my understanding that this would have been conveyed to the Agency on the same day as the announcement was made, namely the 18 March 2020. In the absence of any formal record, it is my assumption that the decision would have been conveyed to the Agency via senior colleagues within the DoH.

Impact Assessments

72. The PHA did not carry out any impact assessments in relation to the decision to close schools within NI.

The first national lockdown

73. The PHA were not party to any decision making related to the announcement or imposition of the March 2020 national lockdown. The Agency was not asked to contribute to any assessments undertaken by the UK government or any other statutory organisations in relation to the envisaged impact of lockdown on children.

Monitoring and assessment of the impact of the closure of schools upon children

74. The Agency did not lead on any work to monitor or assess the impact that the first set of school closures had upon children. Similarly, the Agency did not undertake any 'lessons learned' process or any other reviews in relation to the first set of school closures. The Agency had little capacity to undertake any such work given the fact that the PHA, like that of all other public health bodies at the time, faced significant and sustained pressure to respond to the immediate demands of the pandemic. Even had capacity existed, the Agency may not have been the most appropriate body to conduct this work and other bodies like that of the CYPSP may have been better placed in the sector.

Monitoring and assessment of the impact of the first national lockdown upon children

75. The Agency did not undertake any work in relation to the impact of the first national lockdown upon children. Similarly, the Agency did not undertake any 'lessons learned' process or any other reviews in relation to the first national lockdown upon children. As set out in the preceding paragraph, even had capacity existed, the Agency may not have been the most appropriate body to conduct this work. By way

of example, the CYPSP did publish a report in August 2020 in relation to the impact of the Covid-19 lockdown on children, young people and their families (Exhibit PHA/35 [INQ000498639]).

The closure of schools in January 2021

76. The PHA did not provide or receive any advice as to whether schools should remain closed after the Christmas holiday period in December 2020/January 2021. Decisions about school closures in NI were made by the NI Executive in conjunction with UK counterparts based upon advice from SAGE.

77. The Agency did not undertake any work to monitor or assess the impact of the January 2021 school closures within NI. As already set out, the Agency had limited capacity to undertake this task and it was a space in which other organisations where undertaking work. I am aware of a number of reports being undertaken by the Institute of Public Health in Ireland at the request of the CMO.

The decision to reopen schools

78. The PHA did not provide any advice about the re-opening of schools in 2021. Decisions made by the NI Executive would have been based on the advice from SAGE.

Overall assessment of the impact of the pandemic on children

79. At the point of writing, it is probably the case that the long-term impact of the pandemic on both children and young people's lives is yet to be fully understood. During the pandemic, the Agency did however start to collate surveys, reports and research publications in academic journals on the impact of the pandemic on children and young people into a single repository and wider summary paper. Key themes identified across the summary paper were the negative impacts that the pandemic had on children's:

- Education and learning;
- Mental health / emotional health and wellbeing;
- Physical/medical health;
- Physical activity;
- Family unit including financial considerations;
- Safety.

80. The summary paper also noted the disproportionate impact the pandemic had on children and young people with pre-existing health inequalities or those already

deemed to be vulnerable or disadvantaged (Exhibit PHA/36 [INQ000612923]). The Agency has recently commissioned the National Children's Bureau to appraise the summary of key evidence, the outworking's of which will be used to inform future decision-making, service planning and emergency planning (Exhibit PHA/37 [INQ000650869]). The Agency expects a finalised copy of the National Children's Bureau report to be available in early September 2025.

81. The PHA has not yet been involved in any work to assess the impact that the pandemic has had on the longer-term development of babies born during the pandemic or those children who were pre-school during the pandemic.

Lessons Learned

82. Through the course of the pandemic, the work of the PHA was redirected to the immediacies of the pandemic response. Early in the pandemic, it became evident that children in general were experiencing milder symptoms and given the same the Agency's response was targeted towards at risk groups like the care home population. While the Agency did work alongside other statutory partners to address the impacts of the pandemic in respect of children, it may have been prudent for there to have been a single Children's and Young Peoples Cell through which the entirety of the response in the PHA could have been co-ordinated.

83. Although the long-term impacts of the pandemic on children and young people are not yet fully understood, it is undoubtedly the case that the pandemic would have exacerbated many pre-existing issues and concerns in place. It is certainly the case that more needs to be done to understand and address the impact of Covid-19 on children and young people and it is my hope that the work the Agency has commissioned with the National Children's Bureau will form a part of that response.

84. As mentioned earlier in this statement, the Agency is also implementing a programme of operational reform (Reshape and Refresh) through which a renewed focus will be placed on children and young people as part of a life course approach. NI also has a number of contemporary strategies and associated action plans in place related to children and young people like that of Making Life Better to which the PHA is a lead agency. Through the progression of this work, it is my hope that the Agency can work to realise its ambition that all children and families in NI have the healthiest start in life.

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: 21 August 2025