Tuesday, 30 September 2025

(10.00 am)

LADY HALLETT: Ms Cayoun.

MS CAYOUN: My Lady, may I call Dr Carol Homden, CBE.

DR CAROL HOMDEN CBE (affirmed)

LADY HALLETT: Dr Homden, thank you very much for coming to help us.

THE WITNESS: My pleasure.

Questions from COUNSEL TO THE INQUIRY

MS CAYOUN: Dr Homden, you have provided a witness statement for the Inquiry. I think it is in front of you. And our reference for it is INQ000588056. I think you signed that statement on 16 July 2025.

Can you confirm, please, that the contents of that statement are true to the best of your knowledge and belief?

A. I can so confirm.

Q. Thank you. Dr Homden, you are giving evidence today in your capacity as the chief executive of the Coram group of charities. I understand you have held that position since 2007; is that correct?

A. That is correct.

Q. Thank you. And Dr Homden, the Coram Group works across a range of activities related to children's lives and prospects, and in your statement you have described the

various ways in which the group does this. Would it be accurate to say, in summary, that Coram provides adoption, fostering, kinship, therapy, legal and advocacy services for children and families involved with child protection processes, immigration processes, and education law? And that it also provides life skills, reading, and drama programmes in schools, including specialist provisions for children with special educational needs and disabilities, and works with social care professionals through CoramBAAF, and conducts research through the Coram Institute?

A. That would be correct.

Q. Thank you.

Dr Homden, to what extent does Coram operate in these areas across the whole of the UK in each of England, Wales, Scotland and Northern Ireland, please?

A. Thank you. Coram is distinctive for the fact that it has engagement with all of the local authorities in the whole of the United Kingdom. Our direct -- through our membership services and the provision of guidance, advice, and support to children's services professionals and organisations. But it is also the case that our direct delivery work may be more geographically constraint or limited dependent upon the particular kind of service that it is.

So we reach everywhere in breadth, and we're able to work in depth in particular geographical locations. It would be fair to say that most of that work is within England.

Q. Thank you. And given that breadth of work, there are a number of topics that I would like to ask you about during your evidence.

First, some of the challenges that you describe as having been prevalent in children's lives prior to the pandemic. Second, your overview of the impact of the pandemic on children and young people. Third, and in greater detail, your views of its impact on aspects of children's social care in areas of Coram's work, and specifically we'll focus on fostering and adoption. And fourth, your views of the pandemic's impact on children and young people in contact with the immigration system.

Beginning, then, with some of the challenges that you describe as having been prevalent in children's lives on the eve of the pandemic, if we may.

One challenge that you identify was the reduced access to education for children with special educational needs and disabilities. You highlight particular concerns about children losing out on support because of undiagnosed or unmet need, and you suggest that schools were struggling to provide necessary

services, and that this was a widespread issue.

Can you explain this, please: how prevalent was this issue prior to the pandemic, and what sort of impact did Coram identify that this was having on children and families?

A. This trend was already well established. So there was a significant increase in diagnosis, particularly of autism, and within the period immediately before the pandemic, the presentation of autism in education, health and care plans became the most prevalent for the first time, within a recognised period.

It is also the case that this growth in demand was leading to both delay in diagnosis and an under-fulfilment of the education, health and care plans that that might lead to, and it was also leading to significant pressures on schools to meet either undiagnosed needs or diagnosed needs in mainstream settings. So schools were already feeling under a great deal of pressure before the pandemic took hold, and local authorities were already struggling with the cost burden and the challenges that they faced in terms of fulfilling the needs of those children.

For families, this often meant that families were left alone to struggle with their children's needs, reflected in an already growing number of

self-exclusions from school, anxiety disorders which were prevalent in the wider population as well as amongst children with additional needs.

So, before the pandemic, we already had that circumstance occurring, and we already had a significant challenge in families, in children and families, getting access to justice. So the -- there is a significant shortage of specialist advice for children and families in these circumstances. That has continued and has deepened. Coram could see evidence of this through our helplines and through our own legal practice.

And there was already a significant growth in the number of cases being brought to the tribunal where children had waited a very long time and then actually their case was, in very substantial number -- percentage of cases -- was actually upheld. And for me, that is a particular indicator of a shortfall within our society to meet those children's needs in a timely way because those rulings were saying that those were cases of merit and one would expect that our local authority colleagues would have been able to anticipate that.

So, before the pandemic, that was already a critical issue. We know that for us going forwards, and of course there is SEND Review and an SEND White Paper expected in the autumn, and it's one of the biggest

conundrums and challenges that our infrastructure now faces, going forwards.

Q. Thank you, Dr Homden. You made the point a moment ago about self-exclusion.

A. Yes.

Q. And in your statement you said that prior to the pandemic, children with special educational needs and disabilities were seven times more likely than their peers to be included from school.

A. Yes.

Q. And you said that, more broadly across the general population, rates of suspension and permanent exclusion were high. Based on your work with children and families, what were the principal challenges they were facing in ensuring that children were able to continue attending and engaging with education prior to the pandemic?

A. That is a complex picture, of course, because when we describe special educational needs and disabilities, we're rarely very specific about what we mean in terms of the precise circumstances of a child. So I will focus on those additional needs for attending school and for participating in school, as opposed to medical needs, about which I'm much less well informed.

So, some of the challenges that were being faced are

high anxiety. So, particularly in the case of autistic children -- and I have an autistic son myself -- we have a combination of issues that are being faced where children feel that they are not welcome in school or they are not supported sufficiently in school, which leads to a cycle of behaviours for them to gain the attention and additional support that they need, and then to the risks of exclusion that those behaviours lead to.

So sometimes, however, the exclusion process itself feels, both to families and to the staff in schools, like that is the only trigger that is actually going to lead to the assessment that the child needs or to the additional support that is required for the education, health and care plan.

So, children who are feeling anxious are going to struggle to make it into school, and if you are a parent and your child is saying to you "I would rather die than go to school", these are the kinds of circumstances that families would be facing.

I remember being asked by an Ofsted inspector about progress and -- in a school context, and pointing out that one of the first challenges was for the child in a special school to actually have the confidence, security and support to get into the taxi and to then

get from the taxi through the school doors before we could actually embark upon building their educational learning and skills.

But most of these issues that I'm pointing to are the issues that lie in mainstream. It is relatively unusual for children to be excluded from school without a managed move process in the special schools, as they are known, but the issues fall for children who are struggling to cope with the burdens that they -- the additional burdens they face in mainstream. And it is worth us just thinking what those burdens are.

They exacerbate in secondary with the pressures upon children to move about from different classes, to engage in social exchange in corridors, often in very, very large and very noisy settings.

So these issues will affect those who are not just autistic but who are struggling to cope with social pressure.

The other thing we need to just reflect upon is the sheer scale of issues that are being faced by children in school. It is something up to a third children who say that they're afraid to go to school because of bullying. And one of the things that's really key that I want to draw attention to in our consideration of the impact of the pandemic is when it has occurred,

which is that it has occurred at a moment not only when social policy has led to a period of reductions in public spending, which fell particularly on youth services, but it came at a point when we were already experiencing the start of the impact of the shift to a digital-first generation, which is unique in history.

So children having access and living their lives through digital media with the high levels of contact time on screen and also the social media invasion into their lives which continues beyond the school borders in a way that it never used to, into their home, and is affecting their self-regulation and their developmental journey.

So it is really important that we note that this is when the occurrence took place, unique in history, for the closure of schools.

Q. Thank you, Dr Homden. You make that link in your statement between the digital-first generation and rates of mental health risks among children and young people --

A. That is right.

Q. -- prior to the pandemic. What was it in Coram's work that you were noticing that leads you to make that link?

A. Well, it's a really interesting question. We were observing it across all of our services, both directly

and indirectly. So the nature of perhaps calls to our helplines where there would be a factor of mental health issues, and remember, the mental health issues that we're seeing are not only those of the child themselves; they may actually be within the family of a parent, placing particular challenges.

So we were seeing it in our helplines. We do provide therapeutic services directly, small scale, but with a specialism in working with children who are adopted or on special guardianship orders. And we were seeing it coming out from various evidential reports, of course, that we were aware of, and through our work with local authority teams, who were talking about these issues well before the pandemic took hold.

Q. Thank you. And on the subject of local authorities, another trend that you identify in your statement is that in 2018 to 2019, so the year before the pandemic, there were record numbers of children in care in England and Wales. And you say there were 90 children entering the care system each day with 61% of them doing so because of abuse or neglect.

A. Yes.

Q. What did Coram observe to be the effect of this on the ability of the providers of children's social care to meet those children's needs?

A. Well, the providers of children's social care, and these are our local authority colleagues -- and I commend them for their work as the frontline, almost A&E, service for our children -- were experiencing profound pressures. They were facing the tension between increasing demand and constrained resources -- and also workforce challenges: depending on where children were in the country, of course, their experiences would be different.

So one of the things that again we need to note was already the case before the pandemic took hold, was that children's chances in life already depended on where they lived and who they lived with. And there's a significant variation, which indeed the Department for Education flagged up as one of the key circumstances that it needed to address as the pandemic took hold: the great variation between performance, access and quality and sufficiency between one local authority area and another.

So that was a double-whammy, a conundrum of growing demand and reduced access to resources, that makes it difficult for them to respond in a timely way.

Therefore, we would also see, and on our helplines we could see, delay is bad for children. And delay is experienced in increasing levels throughout this period,

throughout all of the services that children may need to access.

Q. Thank you, Dr Homden.

I'd like to turn, then, to the pandemic itself. And I think it is your analysis that the impact of school closures and lockdowns was to compound challenges for children across the country, and particularly for those living in difficult family circumstances.

We know from your statement that Coram had conducted a vulnerability report for the Children's Commissioner in 2019, and that you found that 2.3 million children were identified as potentially living with risk because of their family backgrounds.

You say of this in your statement, that:

"The wellbeing of these children is not a marginal issue."

What did you mean by that?

A. What I mean is that, as a society, if we have as many as 2.3 million children living with identified risks, then we cannot see this as anything other than a key priority for us as a society, because this is too substantial a number, but also is a key moral duty of society to prepare for the next generation of citizens. And of course, unless we do so, we will reap the consequences.

So sometimes there can be a tendency to become

familiar with trends and facts as if they are inevitable. It is not inevitable that this number of children should live in these circumstances in our society. There are actions that we can take in resourcing and in prioritisation in order to make that change, and that is our social policy imperative.

Q. Thank you.

One of the things that you say in your statement about the decision to close schools and to impose the first lockdown is that neither the UK Government nor any other government of the devolved nations consulted with Coram in respect of the potential impact of children on those decisions.

It may be said, Dr Homden, that the decision to close schools and to lock down was necessarily taken as an emergency decision, with very little, if any, time to consult with organisations outside of government.

First, what would you say to that? And second, what do you say are the consequences of that lack of consultation?

A. Right. Well, the first thing to say is that it is very important that we all accept the fact that this was an unprecedented circumstance, a national emergency and a global emergency. And therefore, the best possible informed decisions needed to be made and needed to be

made in a timely way by government, and I commend them for their service in making those difficult decisions.

It is -- I make it as a factual statement that Coram was not consulted. I would not have thought that it was particularly imperative for them to consult Coram per se, although I do think that there are particular ways in which both Coram and other parts of the third sector could have assisted government in its forward planning.

But in relation to the closure of schools, what I think is more pertinent is -- and I'm sure that they will have consulted with some of the larger teaching representative organisations, for example -- is to consult the Office of the Children's Commissioner, whose role is to stand by, for, and with our children in order just to anticipate what the issues and consequences of that closure may be.

The department did identify vulnerable children and the risk of harm to those children as a key priority in their planning, which they rightly should. But the criteria that they were using, it would appear from evidence given, was prioritising other factors to do with workforce sufficiency and potentially the risk of many more children having to come into care, rather than the needs and best interests of children in their lives

and in their everyday lives.

One of the key things that I would want to draw attention to for the whole of this Inquiry is that children's timescales are different. So for us, different stages of our adult life, six months may not seem a very long time. If you are six months old, it is your entire life. If decisions of the court are delayed and extended, you are losing moments for your neurological and physiological development which you don't get back, and unless you progress -- and you will have specialist evidence from child development experts, which I am not -- but I think we all know, as parents, that children need to move through their developmental stages, and if one of those is placed on "pause", they still have that journey to take.

And I say that because we are coming to your second point, which is, so what were the consequences? The consequences therefore were mostly predictable. And as I say, the department did predict the increased risk to children living in the most vulnerable circumstances. Whether our response to that was sufficient is a different question, but they did identify that consequence.

But the overarching issue for children was that they depend uniquely on access to school. Not just for the

fulfilment of their right to education, but for their social development, for their social and relational functioning, for learning skills that were already being placed at greater need because of living in the digital-first generation.

And what we have done is applied a very significant "pause" button to that which affected children at different ages and stages to different extent, but affected them all.

Children often require and depend upon school for respite from complex and difficult circumstances at home. They depend on it for food, if they are living in families which have very, very limited means. They depend upon it for the ability for them to take their first steps towards independence, to learn self-regulation and self-management. And therefore, all of those things were placed on hold.

Families with the greatest means would be able, perhaps, to compensate to the greatest levels, although I make no judgement upon any parent in any circumstance, and I commend them all for all of their work to love, nurture and support their children.

So these were the biggest consequences. There has never been a moment that I am aware of where we have closed schools, and what we did with that was that we

changed the social contract with our children at the very moment when the children perhaps needed the greatest consistency and regularity of access to school because of the changes that this generation was experiencing.

Q. Thank you, Dr Homden. I think, if I've understood correctly, that you have said that it was all the more important for this generation to be attending school because they are the digital-first generation. How so?

A. Well, firstly, because -- we've learned a lot more since the pandemic because these trends of course have accelerated and the pandemic was like a fast forward button that we pressed that led probably to trends that may well have developed in any case.

If you are spending a great deal of time on your screens, do you learn all of the ways of picking up upon physical cues? Do you learn how to navigate conflict in groups? Do you learn how to form effective and lasting friendships or does friendship get redefined as the number of people who are following your social media channel.

So the "How so" there is about the fact that there is a renegotiation going on, really, of the importance and need for school not only for learning skills to develop the skills of learning, but also to develop the

skills of social and relational functioning.

You will learn other things online, and we all need to recognise that our children live in a world that is unknown to us. Perhaps more than at any point in history. But the challenges that children were facing are following them into the home, and we crystallised that moment and made sure that that was what was happening, in terms of their social dynamics, with all the risks that that brings, following them into the bedroom at night, sleep dysregulation, lack of sleep, and compounded that with a lack of physical activity and what one would describe as the age-old benefits of play and outdoor life.

So it was compounded by those particular circumstances.

Q. Thank you. You point out in your statement that lost learning during the pandemic resulting from school closure and education disruption affected pupils who are already comparatively disadvantaged more than it affected others.

A. Yeah.

Q. And you say that it was equivalent to undoing a third of the progress made in the previous decade --

A. Yes.

Q. -- on closing the gap between disadvantaged pupils and

their peers in primary school. Can you explain to us, please, why you say it is particularly important to look at that attainment gap as opposed to looking at attainment on the whole?

A. Yes. There is an old saying which is that we are only as strong as our weakest link. And for all our children -- all our children have the same rights and entitlements and we cannot leave some of them behind because we have done better at the top end. That is not what a society that is committed to the health and wellbeing of all our children can accept. We already know that there is a very significant correlation between engagement and outcomes at school of parents with the engagement and outcomes at school of children.

We already know that living in poverty compounds the stress and difficulties of families and the engagement of children with school. We already know that unmet needs will lead to lower outcomes. We already know that, for children facing young carer duties, for example, that attendance at school means that -- the lack of attendance at school can compromise their outcomes.

So I'd just ask you to repeat the question to make sure that I answer exactly what it is that you are asking --

Q. Certainly.

A. -- because as far as I can see, we have a social and moral duty to ensure that all our children have the best possible chance in life.

Q. Thank you, Dr Homden. If it helps, I think you have answered the question.

A. Okay, thank you.

Q. With regard to our youngest children --

A. Yes.

Q. -- we know that nurseries and other early years settings were closed across the UK --

A. Yes.

Q. -- from 23 March through to around mid to late June, except for vulnerable children and those of key workers, and that whilst they were permitted to remain open at other times in the pandemic, attendance rates continued to be low.

A. Yes.

Q. I wonder if we can look, please, at page 160 of your statement, which is at pages 39 to 40. Thank you.

Dr Homden, I hope it's on the screen in front of you.

A. Oh, you're quite right, it is, thank you.

Q. We see there at paragraph 160 a reference to research undertaken by PACEY, and I think that is the

Professional Association of Childcare in Early Years, who are part of the Coram Group.

That research identified a decline in the mental health and wellbeing of children in the setting, and I understand that to be as compared to children prior to the pandemic?

A. Yes.

Q. And we see highlighted, please, at paragraphs 160.1 through to 160.5, the rates at which problems for those children, as identified by their care workers, had been observed.

Looking at this list, Dr Homden, what do you think it tells us about the effect of lockdown and the closure of settings on the youngest children?

A. Yes, that's a very important question, because infants do tend to get overlooked and yet the issues for them will and may last a lifetime.

So what we can observe from this is that there were benefits for children spending more time with their parents. And we know that. We know that infants may well benefit from time with their principal caregivers. But what we are seeing here is children then becoming increasingly -- increasingly struggling to access the support of other adults.

And we know that there are key moments when

children, for example, start school, when children need to have learned the skills around how to cope with separation, how to engage in a group. And what we have here is evidence from the largest body of childminders across the country, which therefore have a vast level of experience, in practice, of supporting young children in home-based care, and they are identifying for us that we have stored up some further developmental needs in the children that are the youngest in our population, by them not being able to attend their childminder or their nursery.

I was surprised to read that the decline in physical health was lower, because I think one of the key things that comes across from others in the evidence is the importance of physical play and physical development, but of course, for the youngest children, they are able, perhaps, to develop those with the support of their caregivers even in constrained spaces. But for older children that becomes increasingly important.

Q. Thank you. That can come down now.

Dr Homden, elsewhere in your statement -- we don't need to go there, but it's at paragraph 158 -- you describe some of the factors that you say affected children and young people's mental health. You say:

"One cause of the increase in distress and anxiety

among children during the pandemic was the sudden exposure to an environment characterised by illness and bereavement, and emotional, psychological, or financial strains."

A. Yeah.

Q. "The impact on children of these challenges is starker and more harmful to their wellbeing than for adults. In particular, such exposures potentially have long-term impacts on neurological development in infants."

And I think you've just been referring to that.

A. Yes.

Q. Can you just explain, please, a little more why you say those exposures are different for children and perhaps particularly young children.

A. Yes. We know that children are affected by adult stress and by adult mental health issues. They are remarkably attuned to environmental factors of that kind. But what happened in the lockdown was that they were right up front, right up close, with those issues, and in circumstances where their family might well have been experiencing much more family tensions, much higher levels of anxiety, perhaps about the health of other relatives that they couldn't see, and also financially they may have been under considerable strain through, for example, whether individuals had been furloughed or

not furloughed and so on.

So children were right up close with the adult concerns in a way that most parents try to protect their children from. And that has an effect on them. They take on those burdens.

We see in some of the evidence provided the -- not only the burden on young carers, which became extreme during this period, but also on other children, trying to help, being worried about their grandparents.

You know, most children will live their lives relatively insulated from these stresses as a general factor, and when the news is on every day talking about the number of people who are dying, that is, again, a unique moment, because we don't every year publicise how many people are dying, for example, from the latest flu occurrence, but in this case it was saturation experience. And for children who haven't developed -- depending on their age and stage -- who haven't yet been exposed to those issues, or have fragilities and worries of their own already, then that places a significant burden on them, and a large number of children have been left with the consequences of that, in terms of a heightened likelihood of anxiety and a struggle to be resilient, particularly in relation to issues that they feel are outside of their control.

And we're seeing that constantly you have children talking about whether their voices are heard and what the adult world is deciding, which they may feel that they do not have agency over. Children who have agency in their lives, who feel consulted, who feel that they can express their wishes and feelings, are healthier than those who cannot.

Q. Thank you, Dr Homden.

I'd like to move now to our third topic and to ask you about some specific measures which were taken during the pandemic which impacted groups of children whom Coram particularly work with.

First of all, some aspects of children's social services.

A. Yes.

Q. Would you agree, Dr Homden, that one of the most fundamental changes to the way that children and young people experienced social care during the pandemic was that it became harder for children and families to interact with social workers face to face?

You're nodding.

A. Yes, this was of course inevitable in circumstances of social distance management. It was, however, uneven, and the lack of clarity in terms of guidance and the variation of interpretation certainly means that

children in different places or different points on the children's social care spectrum may have struggled more or less. I suspect that that was inevitable, although I would call for, in future, more decisive clarity and guidance to our social workers.

One of the things that Coram sought to do because of our extensive work at the heart of that community of practice was to provide guidance. For example, we continued to run activity days for adoption, and managed to do so applying social distance measures to ensure that children didn't lose their chance of adoption. They age out, they couldn't wait a lot longer.

But we would find that there was challenges for social workers from different local authorities in knowing whether they could engage in those events and what the rules were locally, in addition to, of course, perhaps, considerations of their own personal circumstances, anxieties and health needs.

So I do feel that one of the learnings here is that organisations like Coram could assist the department for us to at least narrow the variation in our approaches so that children could depend, and families, could depend upon a more consistent set of responses.

It's understood that this was a very dynamic circumstance, but we can move in consort with each

other, bearing in mind that the challenges that were faced were common to every local authority, even if their circumstances were different.

So yes, it meant that there was less face-to-face engagement and contact, particularly at particular periods. The children that are closest to my worry in that circumstance were those that the department had already identified, those who were already known to social services for potential risk of harm, and the ones who were not yet known who might not get to be known in their timescale, because schools are not just the place of learning, social development and food; they are also the eyes and advocates for a child who will make very many referrals. And the same is true also of charitable organisations providing other forms of support to vulnerable families, and that was disrupted, as well.

However, the evidence is mixed because for some young people, children and young people, but particularly those with -- those who have special educational needs and education, health and care plans, in my experience, the connectivity with school was often stronger, because there was more remote access and more emphasis on communication and constant double -- dual planning. And for those who were in care and leaving care, the remote access to social workers and to their

personal advisers may in fact have been better and more reliable than it was before, and also perhaps more attuned to the preferences and communication styles of older young people.

Q. Thank you, Dr Homden. I'd like to pick up on some of those issues now in a bit more detail, please.

You have referred to the services that Coram provides in the field of adoption, and if we can look, please, at paragraph 107 of your witness statement, that's at page 29.

A. Yes.

Q. These are, as you have referred to, passages about Coram's Adoption Activity Days. And we can see, if we can look, please, at paragraphs 107 through to 111, that -- you referred a moment ago to being able to maintain some of that service.

A. Yes.

Q. I think you tell us in your statement that at times it was necessary to cancel those.

A. Yes.

Q. First of all, I think it would be right, would it, to say that those days are quite personal occasions. They're about bringing families and children and social workers together to meet in a room, and you tell us that between March and June 2020 you had to cancel these

events due to restrictions; that staff were furloughed whilst others worked on developing an online linking service; that between July and September 2020, the rules allowed family finding to occur as an essential service subject to social distancing.

And at paragraph 110 you tell us that a further lockdown period prevented events from November 2020 to March 2021 continuing.

A. Hmm.

Q. And you tell us at paragraph 111 that because these events did not take place at the same frequency or scale during the specified period, there are children who aged out of adoption and therefore lost their chance of a permanent loving home.

Can you just expand on that for us, please? What does it mean to "age out" of adoption and what is the impact of that on a child?

A. Yes. The vast majority of children who are adopted in this country are adopted under the age of five. And it becomes increasingly challenging to find the potential adoptive home for children as they enter their school-age years. That is partly -- it's a longstanding issue and trend, partly because, of course, potential adopters want to be in the lives of their child, what will become their child, for as long as possible. And

we also want children who have often been taken into care in infancy and received an adoption placement order in infancy not to be waiting for a long period before they get that permanent stability.

And of course, we have to remember, in these circumstances, that the alternative to achieving that placement will be long-term foster care and potentially many moves, which is not good for children's neurological attachment and development.

So what this literally means is that if there's a six-month delay then a child will have less chance. It's not more complicated than that.

The adoption activity days I would describe as a child's best last chance, because those tend to be focused on the children who have been waiting the longest, where our agency colleagues in local authorities have not yet managed to find an adopter and they are wishing to work with us to see whether, across different geographical boundaries, they are able to find adopters before the child runs out of age chances and that they have to make other plans.

Now, there are some very important factors that we need to identify within this. The first to say is that children -- that the waiting times for children were already extending before the pandemic. Court delays

were already systematic. I mean, the timescale of the court does not match the timescale of the child, even in the best of times, but if there are court delays, then the child may not even have the decision that they need, and so they may age out even before the process of matching begins.

Q. And if I may, Dr Homden, ask you, in connection with that, to look, please, at INQ000541118. This is the --

A. Is that going to come up?

Q. It is going to come up, yes.

A. That's the department's evidence?

Q. It is, yes. This is the Department for Education's report for the year 2021 --

A. Indeed.

Q. -- called "Children looked after in England including adoptions", and this is, I think, page 15 of it. And we see that it says:

"The number of CLA ..."

And that means children looked after, doesn't it? So children who are in local authority care:

"... who were adopted fell by 18% in 2021. The large decrease in CLA adopted this year is likely a result of the impact on court proceedings during the pandemic, where cases progressed more slowly or were paused."

Do you agree, then, Dr Homden, with what is said here: that the primary reason for that reduction is in court delays?

A. It was an additional reason.

Q. What other factors -- (overspeaking) --

A. So I think that, as I have said, any delay in court process compromises the speed of decision that is needed for a child and that will have significant consequences for them. And it is certainly the case that the pandemic period led to a significant lengthening of that time. However, I would draw attention to the fact that the number of adoptions was already falling, and that is worthy of a moment of exploration, which is that I am always interested to read what the comparator trend is setting in terms of the timescale, but I draw your attention to the fact that the baseline average of adoptions over many, many years was around 3,500. Adoption is a service for children, and it is for the few rather than the many. That has always been true. But in the adoption reform programme that followed 2011, there was a huge effort to ensure that children who had been waiting for quite a long time in the adoption service -- in the adoption system, were matched, and that led to a very significant apparent increase in adoptions, which was an increase in our success in

achieving adoptions that were already there, rather than an increase in orders.

And then we talk about the fall since that exceptional peak. So it's really important to look at these trends. The number of adoptions was down and it was down correlating with a period of structural reform of the organisation of adoption into regional agencies. That kind of structural reform might also lead to additional delays, in addition to which there is the supply of potential adopters to consider.

And the sadness here in this figure is that the initial enquiries for -- from people interested and prepared to adopt went up. So it was almost as if the focus on the importance of family life and the time that people had to reflect was leading to them thinking that they would consider adoption. And it's particularly sad therefore that the combination of issues of lack of access to matching services, to delays in the court, and to structural reforms did not lead to more children getting their chance.

I also draw attention to the fact that there was previously an adoption register for England that had matched a significant number of children, around 150-plus each year, which had been suspended in the period before the pandemic, and had that still been in

place, there would have been the opportunity for a great deal more remote matching and proactive matching for children.

Q. Thank you.

If we can look, please, at INQ000541149, and specifically at page 22 of that, please.

These are the updated figures. This is the most recent report. And we see in that larger paragraph towards the top, and particularly starting from the middle:

"There was a further fall in 2021 during the pandemic, which was a result of the impact on court proceedings during the pandemic where cases progressed more slowly or were paused, however since then the number of adoptions has remained at or just under 3,000 each year."

So we see that, in fact, these numbers haven't recovered.

A. No.

Q. Should we understand, Dr Homden, that to be an enduring impact of the pandemic, or is it, as you have said, a complex combination of other factors?

A. Yes. It is a longer-term trend that we are experiencing, but most certainly it is true that it has not recovered to the historic baseline level, which

would have been more like 3,500 or so since the pandemic. And we are now facing a particular further challenge in that we have a very significant insufficiency of adopters. So the enquiries went up with the start of the pandemic but the number of approvals of adopters has fallen.

You can't adopt children unless you have adopters. So in fact the key consideration -- there have been efforts in recruitment campaigns and so on, but as a society, we need to consider what we're doing to ensure that everyone who can potentially care for our most vulnerable children are enabled to do so by timely decision making, by reliability of access to support, and ongoing support, if that is needed.

And we need to consider the continuum of care that children need. We should not pit one form of order against another. So, adoption, fostering, respite care, residential care, kinship care, are all part of the same spectrum of care that we need, as a society, to ensure that we can give the children that we owe the duty to the reliable, timely and sufficient loving home that they deserve.

We have a lot of work to do. It is on the social policy agenda --

LADY HALLETT: Sorry to interrupt, Doctor, and I know this

is terribly important and obviously a great passion of yours, I do understand, but I've got to bring you back to the pandemic.

A. Of course.

LADY HALLETT: I can't change the overall system, much as I might like to. I did a fair bit of children work in my time so I know how important it is, but I've got to bring you back to the pandemic.

A. Yes, apologies. There were children we could have matched in the pandemic that we didn't match because we didn't use all the available tools.

MS CAYOUN: Thank you.

And the statistics we have been looking at are from England.

A. Yes.

Q. But are you aware from Coram's work throughout the UK of whether there are similar trends in the devolved nations, or are you unable to say?

A. I don't have the figures at my disposal. What I would say to you is that in the United Kingdom the majority of adoption is in England, because of the distribution of children, and also that the three nations retained their adoption registers.

Q. Thank you.

I'd like to turn, then, to some of the changes made

during the pandemic that affected children who were fostered, and we know that some changes made through the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 meant that some children in private foster care arrangements would wait longer for their social worker to visit their placement, and that some children in temporary or emergency foster care may be in that arrangement for longer than usual before they were visited --

A. Yes.

Q. -- by a social worker.

From the point of view of Coram's experience in working in this field, what were your concerns about the impact of these changes on children in foster care placements?

A. Well, our concerns were always whether children's experiences and needs were being met and prioritised and how you know whether they are. And so delays in access to social workers or assessments weakens the way in which we can ensure that children have the support that they need.

Having said that, the changes were almost certainly necessary in order to, overall, manage the challenges of the pandemic and of workforce availability, and these were part of the difficult decisions that government

needed to make, was to look -- private fostering arrangements do tend to lack the focus and attention that they might justify generally, but I think that it was almost certainly inevitable that there were such delays. And as I've said before, delays weaken our accountability to children.

Q. Would you have any particular concerns about children in temporary or emergency foster care placements perhaps being in those placements for longer than usual before they were visited?

A. Yes, of course, because we need to ensure that temporary and emergency arrangements are sufficient. However, I would point out that our social workers are making a decision that emergency and temporary arrangements are in the child's best interest. And I think my bigger concern throughout the whole of the considerations of the pandemic is what was happening for children who were not in the care system. In fact, it's the children in need, the children that were previously subject to concern, but not to new arrangements, who will have missed out to the greatest extent.

And as the department had flagged up in its planning, that they might be subject to further harm by remaining in circumstances which were then under greater stress.

So my concern is more for them, whilst of course understanding that for any individual child there may have been consequences for an extended stay in an arrangement that would not normally have been considered for the longer term.

Q. Thank you. I think you made the point earlier about there being, or about you querying whether there was an adequate amount of guidance associated with social work practice perhaps under the regulations.

A. Yes.

Q. Were you satisfied that social workers had enough guidance or had the guidance that they needed to make those decisions that you have just described about whether or not they needed to visit, for example, an emergency foster placement?

A. I think there's always room for more clarity and more guidance. Of course, social workers are operating within a supervised arrangement, environment, with their local authority leaders who are there to support them. Many of them were telephoning and utilising the CoramBAAF arrangements and helplines that could help problem solve, because some of this would be around timeliness and problem solving in a very dynamic situation. But as I have said before, I think that there was a lost opportunity to work with organisations

like CoramBAAF to support the ADCS and local government colleagues, and indeed the charitable sector, which -- often working closely with them, to have more consistent guidance. That if one waits for a situation in which you know all that you might possibly wish to know, you will usually have delayed the decision longer than was helpful.

And in this circumstance, it wasn't possible to know. So clear guidance that says "at present do this" and consistently addressing some of the circumstances, we, for example, gave guidance on introductions, on whether children who needed to move should be moved, and what the considerations should be on that. Because most things that needed to be done potentially could be done; it would be the question of what arrangements and what resourcing would be required and whether there was access to the testing equipment, for example, and that would allow for self-isolation and so on to take place.

So always room for more guidance, and more organisations potentially could help to support the consistency of support to social workers facing these very difficult decisions.

Q. Thank you. So, in that connection, can I ask you, please, to look at paragraph 222 of your statement which is at the bottom of page 53.

A. Yes.
Q. This is why you make the point I think that you've just been describing, that:
"The Department for Education could have mobilised pre-existing structures ..."
A. Yes.
Q. "... such as CoramBAAF or the Adoption and Special Guardianship Leadership Board ..."
You say:
"Ultimately, in the absence of clear leadership, a group of experts in the field, namely representatives of CoramBAAF, the Royal College of Paediatrics, the NHS England lead for children in care, and the National Network of Designated Healthcare Professionals for Children consulted with each other and developed guidance on issues such as the conduct of medical and health assessments for children going through the process of being placed."
So do I understand it to be your suggestion that, in future, there ought to be formal mechanisms for organisations such as Coram to provide that sort of guidance, where the Department for Education hasn't yet been able to?
A. That would be my recommendation. In a circumstance of national emergency, we all need to marshal and mobilise

the infrastructure and expertise that we have in service of our children. The Department for Education should not have to stand alone in that task.
So, therefore, it is my view that we could be foresighted in establishing those mechanisms. And perhaps proactively bodies such as these that I have cited could come together with the -- perhaps with at least a mandate from the department to anticipate what types of circumstances we might face in a future emergency, and stand ready to assist by mobilising the infrastructure, trust and confidence that we have amongst the professionals of different disciplines.
Q. Thank you. And just before we move on from that, I think I understand from paragraph 223 that a further example of that was the use, for example, of virtual adoption panels; is that right?
A. That's correct.
Q. Thank you, Dr Homden.
We also know that the Adoption and Children (Coronavirus) (Amendment) Regulations had the potential to impact young people who were leaving care, or who had recently left care. And Coram Voice, I understand, undertook research with care leavers in England to ascertain their experiences of the pandemic, and I think you've already referred to that in your evidence. You

said that, to paraphrase, some of the findings were actually that communication had improved.
If you want to look at them, Dr Homden, they are at paragraphs 212 to 213 of your statement.
So would it be right then -- thank you, if we could please highlight the findings under paragraph 213 -- that whilst these are framed in negative terms, so for example, "not all care leavers had consistent leaving care workers", your view was actually that there were positive and negative impact on care leavers from the pandemic.
A. Yes, indeed. I think what this is showing is that our baseline for comparison isn't good enough, that actually, as a society, we want to lift that up in terms of the experience and expectation of our care leavers generally. But in the pandemic, the situation did not worsen. Local authorities prioritised -- and this is broadly, an individual child may have experienced more difficulty, but broadly, it was prioritised. Local authorities and government did understand these, the issues that are faced in terms of loneliness, in terms of the need for emotional support and financial pressures, and actions were taken.
So it does show that prioritisation made a difference. And did actually potentially mitigate

what could have been a deepening of these negative trends. And it did not.
Q. Thank you very much, Dr Homden.
I'd like now to come to, I think, our fourth topic, another aspect of Coram's specialist work: and that is the experience of children and young people who are in contact with the immigration system.
A. Yes.
Q. First of all, Dr Homden, as a principle, why are there fundamental differences between the needs of children in contact with the immigration system and those of adults in contact with the immigration system? Why is there a need to consider them differently?
A. Well, I think the first thing we need to note is that children are children first, before they may experience any other circumstances, and therefore, that we have a duty to consider their best interests, given their age and vulnerability.
So that's the main reason why we need to consider the adult population and child population differently, is that we as a society define our duties to children distinctly, and those duties apply to this population of children just as they apply to any other child within the nation. So we need to consider therefore, in the context of the pandemic, some of the experiences for

children who were involved in the immigration system were the same as the other circumstances that we've described. Children were already waiting in families, or alone, with a very long period of time indeed before being able to feel a sense of security, to know what their situation was, and to be able to get their life back on track, and that was worsened considerably.

We also have children, uniquely, without recourse to public funds, a unique category of children, and we also have the experience of children, uniquely, in the pandemic, being housed in hotels, which, when we consider the clear criteria for safety and wellbeing of children, could not be met by such a circumstance.

Q. Thank you. We will come to that specific issue in a moment.

I think you have had the opportunity to consider a witness statement from Sir Matthew Rycroft on behalf of the Home Office, and we know from that witness statement that on the -- from 27 February 2020, the advice from Public Health England to local authorities was that they should assume that all children with uncertain travel histories had travelled through countries that were potentially sources of infection --

A. Mm.

Q. -- and should therefore we required to self-isolate.

A. Yeah.

Q. We will be hearing from Sir Matthew later in these hearings, and I want to ask you really about the implications of that for the children and young people concerned.

If we can look, please, at INQ000518555.

This is an email that was passing between officials at the Home Office and the Department for Education on 9 March 2020, so at a time when that guidance that I've just described was in force.

We read about details of:

"... instances where LAs [that's local authorities] have pushed back following a request to provide support for UASC [and that's unaccompanied asylum-seeking children, isn't it?] from our operational teams in IE [I think that is immigration enforcement] and UKVI."

And what we see is that unaccompanied asylum-seeking children in Humberside were identified, four minors, on 7 March 2020, that:

"Humberside Police are currently running [an operation] whereby any illegal entrants ... have a medical assessment. Following examination at A&E, they were advised to self-isolate for 14 days. None of the individuals presented any COVID-19 symptoms, and it is believed that that advice was given due to the travel

route to the UK.

"Children's Services were contacted who said that they would not age assess or house the minors. NCCU, working with the Police, were required to push back hard on Children's Services involving several conversations before Children's Services eventually agreed to house the minors and conduct age assessments ..."

And first of all, before I ask about the experiences of those individuals, we see what appears to be an element of confusion between different branches of government about whose responsibility it would have been to look after individuals.

From your work in this space, does that surprise you?

A. Sadly, it does not surprise me. It is a constant occurrence that there will be pushback by local authorities in housing unaccompanied children who are seeking asylum, because of the pressures and burdens upon them. That's particularly true that -- I mean, I commend our colleagues in Kent and other areas who have so -- usually, so nobly stepped forward to support children. But that does not surprise me in the least bit. It is not acceptable and it must not recur.

In fact, the responsibilities are clear and the department wrote, as we saw in other evidence, to

clarify the responsibility.

That does not, however, remove the complexity or challenges in the face of a very significant increase in the number of children needing such accommodation. And if there is to be a duty, then we actually do need to plan for and resource the fulfilment of that duty, and the absence -- it was predictable that there would continue to be this need. Obviously, exactly where it might occur might be much more difficult to identify, although that was -- I'm not an expert in that, in the travel circumstances, but nonetheless, a great deal is known about those pathways.

So we do have to step up our planning and provision. What I would also say is just imagine being one of those young people, not speaking the language, arriving in such circumstances, and then having to be alone in a room with no one to support you for 14 days.

Q. Yes, I think it is that aspect of that that I particularly want to ask you about. You have spoken about complexity in the system in terms of whose responsibility it is. Would you agree that it is all the more complicated if actually what's required is the provision of presumably accommodation and support for 14 days of self-isolation?

A. Yes, I would. And clearly, these were unprecedented

circumstances for us all. I mean, the whole country was struggling with the issues, needs and compliances with 14 days' self-isolation, even when we were, you know, within our own home or, you know, in circumstances where we were not alone and afraid, we had others that we could connect to. But I come back to the fact that the needs of the young people are entirely understood and predictable. The question is: do we plan, resource and equip to meet those needs?

So having sufficient and appropriate accommodation, and having a workforce that is equipped and trained to support those young people, is a general need. And in this circumstance, it required intensive, joined-up working to problem solve in the particular circumstance that has occurred.

What, of course, we don't know is whether these young people actually went on to develop Covid, and I suspect that they didn't, in which case there is a different lesson there about -- which did change in the course of the pandemic, in terms of testing and identifying when symptomatic, because that would have made an enormous difference in this particular circumstance.

Q. And, Dr Homden, do you draw any lesson about policies of self-isolation for young children or even older

children, particularly in circumstances where they are unaccompanied?

A. Yeah, no child should be unseen or alone. The idea that a child could spent 14 days alone, even if they are in the older age of childhood, that is a burden we would all seek to prevent and avoid. And it is most likely, in my mind, that preventing and avoiding it could have been perhaps problem solved if we had thought about this issue more clearly.

What have we done since to identify that it's not only the pandemic? It's not only that particular infection, there are protocols for other forms of self-isolation to be required, are the lessons that we could learn from that. But in everything that we do, we need to put the child first and remember that children are children first, and if they suffer the additional difficulties of lack of language, lack of understanding of the system or delays in decision making, then the consequences to them are more extreme than they might be to other members of the population.

Q. Thank you, Dr Homden.

I'd just like to ask you to look at one more document before we take our break, please. It is INQ000587936.

This is the Children and Young People Voices report

undertaken for this Inquiry. And if we can look, please, at page 205. And this is in the section of the report that is about the experiences of young people who arrived in the UK --

A. Yes.

Q. -- during lockdown, and many of them highlighted feelings of isolation and fear, as well as specific challenges.

Can I ask you, please, to look at the first complete quote at the top of that page.

"When I came it was like in the beginning or the middle of Covid-19; I had to stay I think it was 15 days alone without contact. Because I came to the UK without no one, like I was alone, I was sad because I was missing people. You feel lonely, sometimes depressed and yeah ... I was scared."

And it continues.

From the work that Coram undertakes with young people in this position, is that an account that you recognise?

A. I absolutely recognise it. And, as ever, the voice of the -- of young people speaks truth to power. That is the experience of all too many young people, every day. Not the 15 days of isolation for medical emergency, but the feelings of sadness, of loneliness, of confusion and

of anxiety, a lack of understanding of what the process is going to follow, not knowing who to trust. These are the experiences of young people every day in these circumstances.

So there was a significant difference, and it comes across in the testimony of this excellent report that has been produced for the Inquiry, that clearly if you were already in the UK, or you had arrived and you were in a different circumstance, you potentially had access to more, slightly more, networks of support than if you were a new arrival.

That is predictable. We can see that if there is another national emergency, that needs to be planned for, and the needs of the young people put first. Particularly in relation to their safety in the accommodation that they are placed in; we cannot have children mixed in with adults and left in environments with potentially under-resourced or underskilled adults to support and protect them. And I can see no reason why the teaching of English could not have been taking place by some means, even during that period.

MS CAYOUN: Thank you very much, Dr Homden. We will come to some of those issues after the break.

LADY HALLETT: Thank you. We shall take a break now. I shall return at 11.30.

(11.15 am)

(A short break)

(11.31 am)

LADY HALLETT: Ms Cayoun.

MS CAYOUN: Thank you, my Lady.

Dr Homden, before the break you had just referred to children in contact with the immigration system living in hotels and unregulated placements. And we know, Dr Homden, that in 2020 a situation arose in which a significant number of unaccompanied asylum-seeking children were housed in hotels, particularly after having entered the UK in Kent. And we will hear more about the reasons that that happened in due course, particularly from our witnesses who are attending from the Home Office and Kent County Council.

I want to understand what you think the effect of those circumstances would have been on those children and young people to help us understand that evidence when we get there.

One of the things that you say in your statement about this is that children who are housed by the Home Office in hotels, were not accessing local authority care that they would have been entitled to, had they been accommodated by the local authority; is that right?

A. Yes.

Q. -- what would it be that they wouldn't be getting that they would be entitled to if they were in local authority care, that matters particularly in the circumstances of a pandemic?

A. As I understand it, and I'm not a technical specialist on the legal parameters for that, it is basically the social work entitlement. So it is to having the professional whose interests are the best interests and welfare of the child, ensuring that access is provided to the other resources, and particularly access to education.

So we've heard in the evidence that children, young people, were not getting access to education, and in that, perhaps they were surprisingly similar to other vulnerable children who were not attending school in circumstances, in the lockdown where they didn't have access to digital devices or to adults around them who were able to support their education and learning.

So I think that was one of the main gaps, but there were certainly going to be other gaps that would emerge in terms of their social and emotional development, and practical support that they might need to navigate the system and understand what is going on, and access to legal advice is all too scarce.

A. That's correct, yes.

Q. Thank you. And I'd like to understand, please, what you say that would mean for those children. What would it be that they were entitled to, for example, in respect of education that they would get if they were accommodated by the local authority which they're not entitled to if they're being accommodated by the Home Office, please?

A. Well, I think the first thing to say is that our duty to safeguarding is paramount and whatever the emergency, that remains, and that hotel accommodation will always struggle to -- not only to provide for that duty but also for the developmental needs of children and young people as you have sufficient evidence to testify.

In the event that a child is accommodated by the local authority, they get the full force of the local authority's capacity and capability. So they have the entitlement to social work support, and to all the provisions that have been made within our statutory framework.

When there are not those eyes, when there is not that person standing by the side of the child, then the child is much less likely to access them.

Q. Thank you, and can I ask you specifically during the pandemic --

Q. Thank you. And another point that you make in your statement is that there was evidence to show that large numbers of children who were accommodated in hotels went missing during the pandemic.

A. Yes, I mean, this is particularly concerning, yes.

Q. And what is specific about that to the pandemic that concerns you, please?

A. Well, I think any child who goes missing is a problem for us in the fulfilment of our duties, but in this circumstance, we had much less ability to, or capacity and capability, to actually identify where those children have gone. So there are still children we don't know where they are, what happened to them. Their risks of criminal and sexual exploitation are already understood to be significantly higher from their vulnerability and the nature of their accommodation, and so I don't think we've even begun, really, to understand what has happened to those children, and are we really looking now to plan to ensure -- this is hundreds of children, this isn't one or two, this is hundreds of children who went missing. Have we understood how that could occur, and have we understood how it could be prevented?

One of the things that leads children to go missing is because they have no one that they can talk to,

depend upon or trust. They have no familiarity with their support needs in terms of their emotional and cultural support. So they may run away in order to seek to find that with some form of extended community or diaspora, but the fear is that they are being lured away, and having to remain under the sway or to become under the sway of those who are seeking to exploit them.

So I would rather ask a question, and I hope the Inquiry will help me to understand, how could that have occurred, and what are we doing to prevent it occurring again?

Q. Understood. Thank you, Dr Homden.

I would like to ask you now about some of your conclusions overall.

A. Yes.

Q. One of the things that you have identified during the course of your evidence today, and you do so also in your statement, is that in the future you say children must be explicitly accounted for in all levels of emergency planning.

A. Yes.

Q. And that this must included mechanisms to address the impact of decisions on children.

A. Yes.

Q. One of the mechanisms I think you have suggested during

your evidence is for organisations such as Coram specifically to be commissioned to undertake, for example, pieces of specialist guidance where necessary.

A. Yes.

Q. What other particular mechanisms would you suggest would help in terms of, first, assessing impact of decisions?

A. Well, we should have a systematic approach to child impact assessments. We do not -- we potentially could do that without the adoption of the United Nations Convention in English law but certainly that would have the effect of dictating and amplifying that commitment. So we certainly should do so.

Consultation with the Office of the Children's Commissioner is absolutely an absolute requirement for future pandemics, but we have also made some other key recommendations, one of which is that there could be a dedicated cabinet minister for children. And I reflect upon the fact that had there been such a cabinet minister, the questions would get asked at a different level and more systematically across all aspects of multi-governmental decision making. Where are the children in Health? Where are the children in the Home Office? Where are the children -- it's not only the DfE who actually did act as a champion for children. And I commend them for that. They, you know,

they made the case, they attempted forward planning within the parameters being set to them, they liberated more resources, they adapted guidance, and so we had that benefit and, as I say, we thank them for their right work.

But if we're to do better next time, then greater forward planning, greater use of structural bodies to anticipate that planning, and greater mobilisation, a much clearer pathway to the impact assessment of those scenarios, which would be enshrined by the incorporation of the UNCRC and a cabinet minister to hold government to account for the children in our society whose democratic voices are otherwise not heard.

MS CAYOUN: Thank you very much indeed, Dr Homden. Those are all my questions.

My Lady, do you have any questions?

LADY HALLETT: Thank you very much indeed, Doctor, a grand note to finish on, and obviously consistent with the great passion you've shown for a very worthy cause.

Thank you very much indeed for your help to the Inquiry, and thank you to your organisation for participating so fully with the Inquiry. Thank you very much indeed.

THE WITNESS: Thank you my Lady, thank you.

LADY HALLETT: Mr Lee.

MR LEE: My Lady the next witness is Mr Charlie Taylor.

MR CHARLIE TAYLOR (sworn)

MR LEE: My Lady, may I please call Mr Charlie Taylor.

Questions from COUNSEL TO THE INQUIRY

LADY HALLETT: I hope we haven't kept you waiting too long, Mr Taylor. I promise you, we will finish you by lunchtime.

THE WITNESS: Thank you.

MR LEE: Thank you, Mr Taylor.

You have provided a witness statement to this Inquiry dated 25 June 2025, and the reference we have for that is INQ000649961.

Can you confirm, please, that the contents of that statement are true to the best of your knowledge and belief.

A. I can indeed.

Q. Mr Taylor, you are the current Chief Inspector of His Majesty's Inspectorate of Prisons. You've been in this role since 1 November 2020. And before that, and during the first wave of the pandemic, you were the Chair of the Youth Justice Board; is that correct?

A. I left the Youth Justice Board at the beginning of March 2020.

Q. If we can start, please, with roles and responsibilities. His Majesty's Inspectorate of Prisons

is an independent inspectorate for prisons in England and Wales, and is required to report accurately, impartially and publicly, concerning the treatment and conditions of detainees. This would include inspections of prisons that held children, these being young offender institutions and secure training centres; is that correct?

A. Yes.

Q. And can I just be clear, His Majesty's Inspectorate of Prisons is an inspectorate and not a regulator?

A. That is right.

Q. And so, in short, you do not have the power to shut down a prison?

A. We don't, indeed.

Q. Your role is simply to report on findings of what is happening --

A. Very simply -- or the exam question is: what's it like to be a prisoner in HMP X?

Q. Mr Taylor, can you explain, please, the vulnerabilities of children that are at the detained in prison?

A. Well, we know that children who end up in prison are overrepresented in certain ways, particularly involvement with the care system. So we think about a third, roughly, have experienced the care system in some shape or another. We know that there are high

levels of learning difficulties. Many of them have had a very chequered educational past. Many have been brought up in homes where there is substance misuse, family breakdown, poverty. And often their time, both in school and at home, their housing arrangements, have been very disrupted throughout their childhoods.

Q. Mr Taylor, I want to now jump forward to January 2020, and ask you about the principal challenges that children's prisons faced on the eve of the pandemic by reference to what was recorded in His Majesty's Chief Inspectorate of Prisons 2019 to 2020 --

A. Mm.

Q. -- annual report. And in that report, when discussing children's prisons, the report states that the outcome for many children had been appalling.

Please can you help us and tell us why.

A. During the -- really, for many years, the inspectorate has been very concerned about the treatment of children in prison, particularly the lack of time that they spent out of their cells, the poor quality of education that was on offer for them, and the levels of violence to which they and also staff members were often subjected, the limitations on things like visits, fresh air, and the opportunities for genuinely rehabilitative activity.

Q. And can I just be clear, please, was that the position

in January 2020?

A. Yes.

Q. Mr Taylor, given everything you have told the Inquiry about the vulnerabilities of children and the challenges facing children's prisons, can you explain, please, what led to the decision to suspend inspections of young offender institutions on 17 March 2020?

A. Yes, we were actually mid-inspection when we initially made that decision. This was in the time of my predecessor, Peter Clarke. They were inspecting Wetherby, and at the time, the number of Covid cases in the jail suddenly went through the roof and therefore there was a decision taken to suspend that inspection.

Then on 17 March, a decision was made to stop inspections as, across the board, prisons were beginning to lock down in anticipation of the final lockdown decision which came, I think, the following week.

Q. Can you help us why that decision was made to suspend inspections, please?

A. Because I think at the time there was such a concern about the risk of Covid, the lack of understanding about the dangers of the virus, and also the potential that we, as inspectors, could be coming into places of custody and be spreaders of the virus ourselves, and also that we'd already seen in Italy where one prison

got hit very hard quite early on, and a number of prisons -- a large number of prisoners caught the virus and sadly some died.

Q. Mr Taylor, that deals with the suspension of inspections for young offender institutions. Can I just be clear, in terms of secure training centre inspections? Am I right in saying that His Majesty's Inspectorate of Prisons carries out joint inspections of secure training centres with Ofsted and the Care Quality Commission?

A. Yes, with Ofsted being the lead on those.

Q. And given Ofsted lead those inspections, was the decision therefore to suspend inspections of secure training centres in March 2020 a decision for Ofsted, as opposed to a decision for His Majesty's Inspectorate of Prisons?

A. It was.

Q. Mr Taylor, on 24 March 2020, the day after the Prime Minister announced the first national lockdown, His Majesty's Prison and Probation Service, HMPPS, issued Covid-19 operational guidance which directed governors across the whole of the prison estates with immediate effect to stop all non-essential activities involving groups. Is it right that it was this guidance that led to a significant change in the prison regime?

A. Yes, it was.

Q. Mr Taylor, I now want to go and ask you what life was like for children in prison during the pandemic from March -- sorry, 24 March 2020. What impact did this operational guidance and change to prison regimes have on the time that children were spending in their cells?

A. Well, we went back to a shortened version of inspection just slightly less than a month later. So we visited the first three establishments holding children in April 2020, and what we were finding already, then, was that there were very high levels of lock-up for children. So they were behind their doors for up to 23 hours a day, that the amount of time they were getting outside was very limited. They weren't getting to education, they weren't getting -- able to socialise in any way, and any sort of rehabilitative exercises weren't happening, so they were basically locked in their cells.

Q. You mentioned that you carried out inspections of three different establishments; was that consistent across the board?

A. Yes, we didn't describe them as inspections because we weren't going in with the same level of depth that we were -- that we would normally have done with an inspection, and the idea was that we would do a lighter touch initially whilst Covid was going on so that we

reduced the risk of us bringing the virus in and we were in the prison for as short as possible. So we described them as visits, scrutiny visits, short scrutiny visits, rather than as inspections.

Q. Mr Taylor, I want to ask you specifically about Secure Training Centre Rainsbrook. The Inquiry understands that you conducted an assurance visit of Secure Training Centre Rainsbrook in October 2020 --

A. Mm.

Q. -- and found conditions that raised concerns. What were your most significant concerns following the assurance visit?

A. The real issue was the lack of imagination, I suppose, when it came to what were called reverse cohorting operations. So the idea was that when a new child came into the prison, that they would be isolated for a period of time to test whether they had the virus, and then they could be introduced more widely into the prison community.

But what we found at Rainsbrook was that rather than being a little bit more creative about this, as they were in some of the YOIs, which was young offender institutions, which was to, when three or four children arrived, to then put them into a bubble together and at least then unlock those children and allow them to

socialise, what was going on at Rainsbrook was children were coming into the jail, they were being locked behind their door for initially two weeks, having very little human interaction and in some cases barely getting out of their cell at all.

Q. Mr Taylor, I think it's right, isn't it, that during the visits you found that some children were locked in their cells for 23-and-a-half-hours a day?

A. That's right.

Q. And one girl had been forced to spend 48 consecutive hours in a cell?

A. Yeah.

Q. You've set out to the Inquiry why that is concerning to you. Who did you notify about those concerns following the October 2020 visit?

A. We and our colleagues at Ofsted produced a report which was then circulated to the ministers, to the Prison Service, as all our reports were, and with the expectation that actually Rainsbrook was getting this badly wrong and that we would return to the centre and expect there to be some fairly rapid change.

Q. And you returned to Secure Training Centre Rainsbrook in December 2020. Had conditions improved?

A. Astonishingly, our expectations around the reverse cohorting and those arrangements had barely changed at

all, and this was despite us having raised this with the Prison Service, having raised this with the centre itself, and also, the Prison Service having its own monitors on site within the centre. So for whatever reason, that work simply wasn't done and children were continuing to be locked up for far too long.

LADY HALLETT: Did they give you an explanation as to why they'd ignored?

A. It was astonishing. It was almost as if no one was really checking. It was very early when, when I'd just started at the Inspectorate and we'd just assumed that going in there and writing the initial report that we'd written saying that for goodness sake, you know, there are ways of doing this in a more creative -- we know it's difficult but there are ways of doing this more creatively. And it was just really astonishing that monitors, leaders, the Youth Custody Service, none of these people had picked it up.

MR LEE: And Mr Taylor, following the December assurance visit, the Inquiry understands that His Majesty's Inspectorate of Prisons issued what you referred to as an urgent notification.

A. Mm.

Q. Can you provide a very brief summary of what an urgent notification is, please?

A. Yes. This is a power that the Inspectorate of Prisons has, which is whereby I can write to the Secretary of State if we find conditions so serious within an establishment that we think something needs to be done urgently. So normally there's a lag between us producing -- inspecting the jail and producing a report. With an urgent notification, we will tell the Secretary of State within three days that we have these concerns, and there is an expectation that he or she will write back to us within 28 days with an action plan but what they're going to do.

Q. Did Secure Training Centre Rainsbrook accept your findings?

A. To some extent, it's not an issue for us whether people accept our findings or not. Those were the findings. That was what we expected ministers and Rainsbrook to act on.

Q. And Mr Taylor, if we can now move on to the provision of education, please.

A. Mm.

Q. Can you tell us what happened to education for children detained in prison following 24 March 2020?

A. Well, in the four public sector young offender institutions, Wetherby, Werrington, Feltham, and Cookham Wood, education stopped and only began to ramp up again

in the summer. The only place where education continued was at Parc YOI, a G4S-run establishment in South Wales where, within a week of the lockdown starting, they were putting education -- they had put education back on. They had kids out of their cells for three hours a day and quite quickly that returned to the sorts of levels at that establishment that we'd seen pre-pandemic, so about ten hours a day, later on that year.

Q. And you tell us in your report from your visit in April 2020 that the children in Parc Young Offenders Institution were receiving at least three hours of purposeful time --

A. Yeah.

Q. -- out of their cell and that included two-and-a-half hours of face-to-face education. Can you help us with how they were able to offer that, in light of what was happening at the public sector prisons?

A. Yeah, I think it was number of things. The first was that Parc was operating effectively -- was operating more effectively before Covid in the first place.

The second thing, advantage that Parc had, was that the education service within the YOI was also run by G4S, the provider. So there was no negotiation to be done between the provider and the jail itself.

The third thing, I think, was the leadership within

the jail. There was a very experienced leader of -- Parc YOI sits within a very big South Wales prison and there was a very experienced leader, Janet Wallsgrove, who was determined, and had always been determined, to keep services as positive as they could for children.

And then finally, I think, what we thought probably was the way in which they couched the question to Public Health Wales, which was rather than "How do we stop Covid having an effect on the jail", it was "How can we continue to run services while keeping our staff and prisoners safe from the effects of Covid?"

And I think, as a result of management determination, the general culture of the place, the contracting arrangements and the way in which they worked with Public Health Wales, very quickly they got to a much better situation than what we found in England.

Q. And just on the topic of leaders in children's prisons, you say in your statement that, following the cancellation of education in children's prisons in March 2020, governors at Cookham Wood and Wetherby had wanted to introduce some face-to-face education at the start of the pandemic, however these efforts were undermined by HMPPS's decisions nationally to treat children in the same way as prisoners held in the adult

estate.

Mr Taylor, what do you mean when you say that "efforts were undermined"? Was it the case that governors were ready to bring back face-to-face education?

A. Yes. And this was two things. First of all, as I understand it, the trade union for the education providers had decided to withdraw members from those prisons. But it was also the directive. As we saw often during the pandemic, was that directives were about prisoners generally and the needs of children were an afterthought, very often, here, and you'll see some of the correspondence from my predecessor, Peter Clarke, about that. But the result was that a guillotine was put on education. And attempts to reopen education quite quickly -- and nothing really got going until we were going back in the summer, later on in the summer.

Q. Mr Taylor, just on that point about staff being pulled from prisons, it might be suggested that the provision of education in children's prisons was lacking because providers and unions were opposed to providing classroom-based activities. You've mentioned that instance. Did you find any evidence of that throughout the young offenders institutions and secure training centres that you inspected or visited?

A. Yes, we did. Yeah.
Q. Mr Taylor, in light of that, was there an alternative approach that could have been adopted to provide education?
A. Well, Parc were managing to do it, and I think that showed what was possible. And there was an ambition in that establishment very quickly to get education back on. They understood the importance of education but also the potential effect on stability and the effect of being locked up in their -- children being locked up in their cells for long periods of time.

So there was a model that we could point to to say, "Look, this is how you could make it work", but sadly, despite efforts in the community to get vulnerable children into education, that wasn't happening in YOIs.
Q. Mr Taylor, did you raise that with anybody or any decision maker about what approach could be adopted to help been back education?
A. We consistently flagged up, from our short scrutiny visits and then from our scrutiny visits, both in Peter Clarke's last annual report, which came out in -- around the time that -- in July -- sorry, September 2020, and then in my subsequent annual report, which came out in July the following year, we flagged up the fact that prisoners, and particularly children, were

spending far too long locked behind their doors with nothing meaningful to do.
Q. The Inquiry understands that when education was stopped in March 2020 that education packs were provided to children in prison. Can you help us with that?
A. Look, these are kids who haven't been in school much. You know, they're not massively motivated by the idea of someone shoving a folder under their door with some learning in that they might get marked a day or two later. So I think the effect of those education packs -- I mean, some of them contain things like word searches, which help to pass the time -- but in terms of actual learning, in terms of any meaningful progress with children's learning, I think it was pretty negligible.
Q. Mr Taylor, if we could now turn to social visits. What impact did the suspension of social and official visits from 24 March 2020 have on children detained in prison?
A. Well, there were some advantages in that telephone credit was extended to children and they were able to make more phone calls than they were previously. They also had in-cell telephony as well, which meant that they were able to make calls. But not being able to see family members face-to-face between March and June that year was incredibly concerning, from our point of view,

particularly where you've got young children who are vulnerable, whose relationships with their parents are absolutely essential to their progression within the jail, that those weren't going ahead was a real concern for us.

We understood early on, because those were the rules that we were all subjected to, but over the course of time it seemed that, as ever with the Prison Service in Covid, that the restrictions in the prison service took far longer than they did to be lifted in the community.
Q. Again, Mr Taylor, did you raise that point about restrictions not matching what was being applied in the community to decision makers or via inspection reports?
A. Again, we highlighted the effect of, for example, prisoners weren't -- there was no social contact. You could only have people from certain -- you couldn't have mixed visits from people from different -- sorry, I can't remember the -- different Covid bubbles coming in and meeting. So, for example, if you had a family that was split up. So this was something that we were concerned about and we continued to raise both at the time but also in my subsequent annual report as well.
Q. If we can now turn to the provision for new arrivals, you've dealt with this secure training centre --
A. Yeah.

Q. -- arrangement, but, Mr Taylor, I want to ask that -- in your statement you say that arriving in prison for the first time -- and this is in relation to children --
A. Yeah.
Q. -- during the pandemic, that those children received far less support to deal with this new experience. And you go on to say that the regimes for new arrivals were worse than for any other children. Can you explain why, please.
A. Yes. So what YOIs and STCs were -- secure training centres -- were trying to do was to stop newcomers coming into the jail and spreading the virus around the prison, which was not an unreasonable thing to do. But what it meant was that, rather than mixing with the general population, these children were kept isolated.

Now, what we saw in Rainsbrook was an absurd gold-plating of those arrangements, where children were locked up not only from staff, from their peers, even if their peers had only recently arrived in the jail.

What more sensible -- and I think we commented this on -- in the SV at -- no, the SSV, at the short scrutiny visit of Feltham in July, was that actually they were being a bit more creative about if -- if three or four children come in over the course of the week, we'll at least put them into a bubble together, and at least

therefore, then, there is an opportunity for those children to be able to socialise a bit and to be able to do activities together.

But nevertheless, you know, that was dependent on whether you got on with those people, whether they -- you -- they might have been different ages, they might have that different abilities and interests and -- and all sorts of things. But it was at least an attempt to try to sensibly interpret the regulations.

Q. Mr Taylor, just on the topic of regimes, you've set out the regime restrictions across the children's prisons. Can I ask a general point as to whether the regimes were applied consistently as a whole?

A. The more the prison was -- the more the prisons are locked down, the more consistent the regime is, ie, what we found was where prisoners were locked up for 23 hours a day, they would tend to get the entitlement, whatever it was they were supposed to get, a shower and a chance to go outside, in the hour that was left. By the time we returned in 2021, regimes had expanded, but we still found with things like the effect of Covid spreading amongst things like staff, that there was inevitably a bit of fickleness when it came to the delivery of regimes.

Q. And Mr Taylor, as you know, the Inquiry wants to focus

on prison conditions during the pandemic. So from March 2020 to June 2022, we know that the community started to open up.

A. Mm.

Q. Was that reflected in prison regimes?

A. Nothing like at the rate that we would have expected to have seen. I mean, when we -- before we went to -- before Covid happened, we were regularly seeing children unlocked for, kind of, seven or eight hours a day, not nearly enough, but seven or eight hours a day in public sector YOIs, about ten to twelve hours a day in Parc.

A year later, even during the pandemic and then towards the end of the pandemic, we were still seeing children locked up behind their doors for 20 hours a day. So getting out for not much more than four, and, if they're lucky, five. And sadly, now, we don't see children in public sector YOIs getting out for seven hours a day except -- on average in any establishment, apart from Parc.

Q. Mr Taylor, if we can now turn to decision making.

A. Mm.

Q. You've alluded to this throughout your evidence this morning, and you explain in your statement that at the start of the pandemic His Majesty's Prison and Probation Service gave too little attention to the distinct needs

of children in custody. Why do you take that view?

A. Well, because the needs of children are different, and yet there was a blanket application of the rules. The ordinance came down that prisons would lock down and they would look down in a certain way and that children were simply swept up in that, rather than thinking more particularly about the needs of children.

Q. You also raised concerns in your statement that children in young offender institutions were being subjected to the same regime as adults, and that follows on, Mr Taylor, to the point that you have just made.

A. Indeed.

Q. And as the Inquiry knows, the restrictions that were implemented on 24 March 2020 were applied across the board.

A. Yeah.

Q. So that included adult prisons and children's prisons. What were your principal concerns about HMPPS taking this approach and not making that distinction?

A. Well, look, we understood -- the Inspectorate understood that -- very early on that there was a huge concern about the effect of the pandemic and we were all worried about the level of risk. So initially, very early on, the first couple of weeks of lockdown, one can understand what was going on. But then, as prisons

themselves wanted to try and open things up more, where they wanted to get the education offer improved, where the ordinance from the centre was that, actually, you can't do this, that was when we began to get frustrated. So if you look at the short scrutiny visits we did, the first was on 21 April and we were critical but not very critical of the regimes. By the time we went back and did our second lot of short scrutiny visits, we were very critical of the paucity of the regimes that we were finding within children's establishments.

Q. And what responses were you getting from decision makers, the people that were running prisons, the government, when you were raising these concerns and later on into the pandemic?

A. Lots of talk about ambition and, you know, "this is something we'd like to do", but very little in terms of action in terms of actual change.

Q. You also reported on inspection concerns raised in respect of autonomy of establishments at local level. Can you expand, please, on these concerns and explain why you deemed having autonomy to make decisions at governor level was important during the pandemic?

A. Well, I think because prisons, the way prisons are set up vary so much. So I mean, for example, a jail like Feltham has very separate units, separate units of about

60 beds, and the potential for how you will be able to run that versus something like Werrington or Wetherby would feel much more like a very traditional type of prison design, meant that actually, the governors in those two different jails could have been able to make arrangements, but they would have been quite different arrangements because of the nature of the building, because of the amount of staff they had, because of the nature of the staff, because of the facilities that they had on offer.

So that was our sense that actually giving governors parameters under which to operate, but giving them the flexibility to be able to do things in a way that was in the best interests of their children and staff, felt sensible to us, but sadly there was a yank on the reins from the centre, a yank, I would say, that has never been entirely released, even now.

Q. Mr Taylor, I started off asking you about the conditions and your principal concerns about the challenges facing children's prisons in January 2020. What overall impact did the pandemic have on those pre-existing challenges?

A. Well, interestingly, and unsurprisingly, perhaps, levels of violence reduced within young offender institutions. If children are locked behind their door for 23 hours a day and they're only unlocked with a couple of other,

two or three other children, then the opportunities for conflict were reduced. So what we saw initially was levels of violence actually went down, that staff, because only a few children were unlocked at any one time -- actually, what some of the children told us was that relationships with staff had actually got better to some extent because rather than a wing of 60 being unlocked, there were just a handful of children being unlocked at any one time.

But what we've seen subsequently, as the pandemic went on, was that actually these arrangements were fomenters of further violence, as prisons began to open up, because what were bored children doing who were locked up in their cells for 23 hours a day? Well, they started winding each other up through their cell doors, that these bubbles began to identify in sort of gang-like behaviour. And what we then saw was that when they then tried to unlock larger numbers of children, there was already a lot of latent conflict that we then saw play out in levels of violence that continued to be the highest of any part of the prison system.

Q. Mr Taylor, finally, having reflected on what happened during the pandemic, what can be done to better protect the rights of children and the conditions in prisons in the event of a future pandemic?

A. Well, I think the first thing is maintaining independent inspection, and I think it's a great credit to my predecessor, Peter Clarke, to the Inspectorate of Prisons, and also to the Prison Service that actually we maintained, with only a short break, we maintained our presence within prisons and a great credit to governors who worked with us during that time as well. But I do think that is critical: to maintain at least some level of independent scrutiny, particularly of places that are inevitably covered up behind a wall.

But I think also considering children differently, considering -- thinking of children as different from adult prisoners and I think there was a failure to do that.

And I think, thirdly, was about trying as much as possible to replicate the freedoms that were granted over time, or the reduction in restrictions over time, so that -- within the community to reflect that within prisons. And what we saw was the lag was far too slow in being able to do that, particularly with -- when it came to the provision of education, which was clearly stipulated that vulnerable children should be receiving an education in the community and they shouldn't be locked out of schools and yet in prisons these children were locked out of schools for very long periods of

time.

LADY HALLETT: Can I go back to your first point, Mr Taylor. You said maintaining oversight, and I totally understand the importance of that, but what is the point of all of your staff going in, putting themselves at risk, putting other people at risk, coming up with instances of good practice and bad practice, and then no one doing anything?

A. Because I think the fact that we were highlighting it in the first place I think is important. And I think the fact that we were able to -- I mean ultimately, for example, Rainsbrook, we issued an urgent notification. Okay, nothing got done initially, but finally, conditions at Rainsbrook did begin to improve -- when it came to the reverse cohorting arrangements. They fell off a cliff in other ways later on and the place was closed. But, you know, it is a frustration of everybody who has held this job that we can't make people do things, but we can at least shine light and provide oxygen into places of custody that the public don't always see and don't always know about.

So if nothing else, I think we stopped things from getting worse. But on a good day I think we helped things to get better.

MR LEE: Mr Taylor, those are all my questions.

My Lady, do you have any further questions?

LADY HALLETT: Not at the moment, but Mr Broach does.

Behind you, I'm afraid, Mr Taylor. If you could make sure your voice keeps going into the microphone.

THE WITNESS: I will.

LADY HALLETT: Thank you.

Questions from MR BROACH KC

MR BROACH: My Lady, I'm grateful.

Good afternoon, Mr Taylor. I represent the Children's Rights Organisations, and I want to ask you about continued restrictions imposed on children in custody once lockdown restrictions were lifted generally, and the enduring impact of this on children and the youth estate.

You say at paragraph 205 of your statement that even today, that being late June 2025:

"... many YOIs are still operating restricted regimes and access to education remains reduced ..."

And you give examples in the previous paragraph of restrictions, including excessive amounts of time in cell, far too many children having less than two hours out of their cell a day, and very poor access to and provision of education and other purposeful activity.

Can I ask what explanation was provided to you as to why children in custody continued to face significant

restrictions long after restrictions on the general public had been lifted?

A. Well, I think one of the issues was the effect, actually, of the Covid bubbles that were created. So actually, what you find with children coming into prison is sometimes they have affiliations to do with postcodes or to do with gangs, and that can be a cause of conflict. And what we see is sometimes, quite sensibly, certain children are kept separate from each other, if they're serving relatively short sentences.

But what we found as a result of Covid was not only you had these normal postcode -- what we called "keep-aparts", but what we were finding as a result of this was actually keep-aparts were being created by the prison system itself, so it was actually compounding the kind of gang-type behaviour. It wasn't gang behaviour but gang-type behaviour and affiliations that children were having to people within their bubble. And YOIs really struggled with breaking down the barriers between some of these groups of children, partly because staff weren't experienced, partly because behaviour management continues to be an issue that's poor, partly because incentives aren't good enough, partly because the quality of education isn't good enough as another incentive.

So what we've continued to see is these spiderwebs of keep-apart lists, where X can't be with Y, who can't be with A, who can't be with B, who can't be with X, who can be with Y. Meaning that, at times, what we're seeing on some wings is the prison operating three and, I think, even four different regimes at any one time.

Now, if you can only unlock -- if you're having to divide your day between four, what it means is the amount of time that it is possible for children to be unlocked is much reduced. So it's partly a result of these Covid bubbles and it's partly a result of poor behaviour management, a lack of real leadership drive within the Youth Custody Service and the Prison Service to break down and to deal with some of these conflict issues, and to actually motivate children to behave and to be successful in education.

Now, these are difficult challenges and I absolutely recognise that children are coming into prison and some of them are very challenging but nevertheless what we're seeing now is that the standard of education, the amount of time out of cell that children are getting, is considerably worse, apart from in Parc YOI, is considerably worse than what we saw at the beginning of the pandemic and standards of education just have not improved.

MR BROACH: Thank you very much.

Thank you, my Lady.

LADY HALLETT: On that point, Mr Taylor, you've mentioned a lot about standards of education, I think you're a little bit familiar with the world of education.

THE WITNESS: Indeed, I was a former head teacher of a special school.

LADY HALLETT: It's just important to me that you do know what you're talking about --

THE WITNESS: Thank you.

LADY HALLETT: -- obviously you do, but education being one of your particular skills.

THE WITNESS: Thank you, my Lady.

LADY HALLETT: Thank you very much indeed, Mr Taylor, I'm really grateful to you for your help, both obviously in providing the report, and I will be going through -- if there's something in the written report, your written statement, don't worry, I will be bearing everything in mind but thank you for coming along today and all your help.

THE WITNESS: Thank you. My pleasure, my Lady.

LADY HALLETT: I think we've got a problem with the witness not being here until 1.30, so we have to have an early lunch. So I shall return at 1.30. Thank you, Mr Taylor.

(12.22 pm)

(The Short Adjournment)

(1.30 pm)

LADY HALLETT: Ms Cayoun.

MS CAYOUN: Thank you, my Lady. May I please call Ms Alice Ferguson.

MS ALICE FERGUSON (affirmed)

Questions from COUNSEL TO THE INQUIRY

LADY HALLETT: Ms Ferguson, thank you for coming along today to help us.

THE WITNESS: Thank you.

MS CAYOUN: Thank you, Ms Ferguson. You have provided a witness statement for the Inquiry, I think it's in front of you, and the reference that we have for it is INQ000588036.

You signed that statement on 5 August 2025. Are the contents of that statement true to the best of your knowledge and belief?

A. Yes, they are.

Q. Thank you. Ms Ferguson, you are the founding director of Playing Out, an organisation that campaigns and advocates for children's rights to play out in their environment; is that right?

A. Yes, that's right.

Q. Thank you. And in terms, briefly, of the work that you

undertook in that role during the pandemic, you campaigned and advocated for children to be able to continue to play outdoors, liaised with the Children's Commissioner, academics, and other organisations in the play sector to raise these issues and you conducted grassroots work engaging with parents and families who were worried about their children's ability to play and socialise.

Is that a fair summary?

A. Yes, that's right.

Q. Thank you. Ms Ferguson, you have told us throughout your statement about why you say it is so important that children are able to play.

If we can look, please, at paragraph 129 of your statement -- thank you very much -- you refer there to a research paper by Professors Wendy Russell and Alison Stenning, who in April 2020, just under a month into the first lockdown, wrote as we see there at paragraph 130:

"... whilst in the current crisis there is a necessary focus on essential activities ... play is also an essential activity. It is fundamental to children's wellbeing, resilience, and development; and it is mostly how they exercise. In their play, children take aspects of their everyday life and turn them upside down to create new worlds that are less boring ..."

And so on.

Ms Ferguson, in addition to that, in your statement you appear to place emphasis on outdoor physical play in particular.

A. Mm.

Q. Can you tell us why that is, please?

A. Well, I mean, it's impossible to overstate the importance of play for children in general, but I think particularly outdoor, active play with other children is where children get their everyday physical activity, and where they develop social skills and just get a huge amount of other benefits that they don't get from, for example, adult-led organised activities. It's just fundamental for children's health, wellbeing, their development in all areas, that they have that opportunity to play and particularly to play outside with other children.

Q. Thank you, Ms Ferguson.

We know that when the then Prime Minister Boris Johnson delivered his speech on 23 March asking the population to stay home, he said it would be permissible for people to leave their home for "one form of exercise a day".

A. Yes.

Q. And the examples he gave were a run, walk or cycle.

I understand that you argue that there was a problem with this because children's exercise looks different to adult's exercise. Can you explain that, please?

A. Yeah, I mean play is the main way that children are physically active, Sport England say that, and it's because children just naturally do that. They play because they enjoy playing. They don't need to be told how to do it.

And even in the current climate where children's play opportunities have been reduced, it's still a really important way that they get that everyday physical activity, but it's not very well understood that play is physical activity for children. So by not explicitly mentioning children and play in those guidelines and in those rules, the Prime Minister gave the impression that only really adult forms of exercise were permitted, things like walking, cycling, running. You just don't see children going out for a run very often.

So it did kind of create this understanding -- this wide understanding, including amongst police, councils, parents and the wider public, that children playing out was not a permitted activity and it's something that we raised right at the beginning with the government and a lot of other organisations raised, and it didn't

change throughout the whole pandemic.
Q. Thank you. Yes, you published an article at the time, we won't go to it, but in that article you said, part of the problem was that:
"... play does look like fun, and that doesn't fit with the seriousness of the guidelines. But for children, play is serious."
And you said:
"... the general public is also absorbing the idea that only adult forms of exercise are ok."
And was it your view that that was the result of the messaging about "reasonable excuse"?
A. Definitely, and we saw a lot of examples. So we heard from parents that their children were being sent indoors when they were just playing out in the park, kicking a ball about, even in their family groups, because police or councils saw that as being outside of the guidelines.
We were also getting emails from residents complaining about seeing children playing outside in public space and feeling like that was in breach of the rules, and a lot of emails and phone calls from parents who were really stressed about the situation, and really unclear what was allowed and what wasn't allowed, and feeling that, you know, they couldn't just let their

children play out as they would normally.
Q. One of the things you say in your statement is that:
"Some parents did allow children to play out on the street as their daily exercise or took them for a kick-about in the local park. But these families tended to be who felt more confident about interpreting the rules, who were less afraid of authority or being judged by others ..."
As far as you were aware, was there anything in public messaging that cleared up that confusion that parents had?
A. No. I mean, we raised this repeatedly with the government and we never got the sense that they understood that. So they would say things like "Well, we know that play is exercise for children", but they weren't communicating that clearly to the public. And -- yeah, and we know that it was probably the more affluent families that were feeling more confident to interpret and bend the rules and do things like taking their children to the park, and it was families who were already more, you know, unequally impacted by all of it, maybe those who were living in flats with no gardens, with less access to safe outdoor space, who were particularly fearful of the consequences of breaking the rules and things like even being fined. We did hear

about parents being fined for letting children play -- play outside.
Q. And on that point of inequality, you draw attention in your statement to the Born in Bradford study, which found that one third of children asked between May and July 2020 about their physical activity levels said they did not usually leave the home at all.
And you quote the author of that study, Dr John Wright, who said that:
"Children from poorer and ethnic minority backgrounds (and there is a big overlap between the two groups in Bradford) were particularly likely to be getting insufficient exercise."
Was it your experience, then, that perhaps disadvantaged communities had a lower level of confidence about interpreting the rules to include play as exercise?
A. Yeah, absolutely. And on top of that, we know that there's strong overlap between families facing disadvantage and families who don't have access to gardens and other safe space. So they were, sort of, doubly impacted by all of it.
LADY HALLETT: You're talking about England in the UK. Do you happen to know what happened in the rest of the United Kingdom?

A. A bit, yeah. So, in Scotland, the First Minister, I think in July 2020, said very clearly: children under the ages of 12 should be able to play out freely with -- with their friends, because it's so key to their health and wellbeing. So they exempted children under the age of 12 from the social distancing rules outside at that point. And, yeah, very clearly, sort of, sent a message that it was important and good for children to play out.
And I know in Wales similar messages were put out by the government. And both countries have incorporated the UNCRC, both countries have a play strategy and more specific play policies. So there's that sort of underpinning and understanding in the governments there that play is important for children, and that came through in their messaging.
So, in Wales, it was less -- that didn't get interpreted into the rules in quite the same way. I think there was still probably a reluctance in the Welsh Government to veer too far from the UK Government guidelines and rules, but it did create more of a climate of children playing out being acceptable and legitimate.
MS CAYOUN: We will come to look in some detail in a moment at some specific Welsh guidance. Just before we do, I want to pick up on your comment a moment ago about

police.

In some of the examples that you give in your statement of about families who did take a view that the rules permitted their children to play outdoors, the examples that you give are of parents whose children were stopped by police from climbing trees, from paddling in a river, and from building a snowman. And in each of those examples, it was the police who told families to stop their children from playing.

A. Mm.

Q. From your experience of your discussions with those families, and perhaps others in similar circumstances, what was the impact on children of having been told to stop by the police, particularly?

A. Yeah, it was huge. And actually we spoke to the dad of -- so the snowman story was particularly shocking because these were two brothers who lived in high-rise flats in central London, had no garden, no access to outside space, who came out when it had snowed, so in January 2021, and were building a snowman together and the police came and told them off and told them to go inside and that they were breaking the law. And we spoke to the dad again fairly recently and he said the impact of that and the whole stress of the pandemic for those children being trapped inside their home, was

ongoing, that one of his sons in particular hadn't really recovered and was still socially anxious and had kind of lost his confidence about going out and being social.

Q. Thank you, Ms Ferguson.

I would like now to turn to the issue of children's access to public play spaces and particularly playgrounds. Just in terms of the chronology and taking England first, we know that from 23 March 2020, outdoor playgrounds were closed; from 12 May, key services were allowed to open but playgrounds remained closed; from 15 June, non-essential shops were allowed to open but playgrounds remained closed; on 26 June, the Ministry of Housing, Communities and Local Government published guidance to owners and operators of playgrounds advising them to undertake risk assessments in advance of reopening; and from 4 July, playgrounds were allowed to reopen but at the discretion of those playground owners and operators, subject to that guidance. From that date, pubs and restaurants were also allowed to reopen.

I want to look, please, at that guidance that was published on 26 June. It's at INQ000626091.

And if we look at page 6 of that guidance, we will see what the government recommended to the owners and operators of playgrounds.

The first point was that they recommended that they should identify an advisory limit on the maximum number of users able to use a playground at any one time and use signs to communicate this. Second, that they implement a booking system so that users could book a slot to use equipment. Third, that limiting the number of users able to use a particular piece of equipment would minimise the transmission risk of Covid-19, and potential measures included using signs and limiting the available number of seats on equipment or numbers of swings available, to promote social distancing.

Now, we won't go through the entire document, but other guidance, for example, included regimes about cleaning play equipment, signage to encourage the use of hand sanitisers and banning eating and drinking in playgrounds.

Just pausing there, can I ask you, please, about the potential for this guidance to impact children if it was implemented.

So would it be safe to assume, for example, that it would limit a child's ability to play freely in a playground if equipment was roped off or swings were removed?

A. I think -- can I just say a little bit about the wider

context, why this matters, because I think the pandemic and the situation around children's play in the pandemic did highlight quite a lot of wider problems, but one was the fact that children's spaces for play have become very limited. So whereas it used to be that children would play out in the wider environment, in streets and in public space, playgrounds have become almost the one place where children now feel safe and allowed to play, explicitly allowed to play. So it meant that, in the pandemic, these very limited small spaces became hugely pressured, and there was a sort of sense of fear and risk about that -- the number of people, you know, using these limited spaces.

And also, I suppose, the closure of these spaces for a lot of children meant the removal of even that limited space that they had to play. So there was no alternative.

But in terms of the -- this guidance that the government put out to local authorities -- I mean, I've read reports from the LGA that said local authority said it was completely unworkable, and it was, like, the "straw that broke the camel's back", was a quote from a -- from one council.

Q. Yes.

A. Just the amount of pressure that it put on councils to

try to manage something that wasn't manageable, and they were talking about parents being so desperate to let their children play that they were climbing, you know -- lifting their children over the gates and trying to sort of break into places. So I think it's really clear that it wasn't a workable or realistic approach, and it did have a huge impact on children.

Q. Thank you.

A. And sorry, just to say as well, it kind of added to this sense that play in general was not a permitted activity.

LADY HALLETT: I'd love to know how you would do a booking system for an outdoor playground.

THE WITNESS: Exactly. I know.

MS CAYOUN: If we can look, please, at INQ000588537.

This is the Equalities Impact Assessment that was undertaken in respect of that guidance. There was no Child Rights Impact Assessment. And I'd like to look, please, at page 2 of that. We see under "Analysis" the actual analysis taken, and under "Age" the analysis in respect of the protected characteristic of age.

If we look at paragraph 3 of that -- thank you very much -- this is, I think, the analysis of the part of the guidance that we were just looking at.

A. Mm.

Q. And it says:

"The reduction of seating in playgrounds and surrounding areas to facilitate social distancing, suggested by the guidance, may cause issues for older age groups by removing areas where they may rest. We are aware that older age groups may use outdoor gym equipment or may accompany grandchildren to playgrounds."

Do you consider that that is a fair and adequate analysis of the impact on children --

A. No. I think it's really telling. I mean, what it shows is the Equality Act does not protect children as a group under the age characteristic. It actually excludes -- it explicitly excludes children from being considered under the characteristic of age.

So yeah, I read that report and it's -- they talk about, you know, the impact on all the adult equality groups and not the impact on children and, you know, it just exposes this sort of bigger problem that we've got in this country, where there's no mechanism to ensure that children as a group are considered, and that the impact of decisions on children as a group are taken into account.

Q. Yes. And this may seem a rather obvious question in light of what you've just said, but in your statement you say that there ought to be greater use of the Child

Rights Impact Assessments. Is this is an occasion where you say that should have been used?

A. Yeah, definitely.

Q. Thank you.

Can we bring up now, please, INQ000349722. This is a ministerial advice to the First Minister of Wales. I said a moment ago that we would come to look at some of the Welsh decision making. It's dated 16 July 2020 and it's ministerial advice about draft guidance for reopening playground and play areas for children in Wales. If we can look at page 2, please. We see at paragraphs 6 and 7 how the Welsh Government went about a very similar decision. It says:

"Prior to recommendation to re-open playgrounds, we shared the guidance in relation to England with key stakeholders, seeking their views on what additional information, if any, they would require."

We can see that the Welsh Local Government Association was consulted, and we see from paragraph 7 that the guidance was also shared with the Children's Commissioner for Wales -- and Play Wales, I'm sorry, I wanted to point out as well -- was consulted, we see from paragraph 6.

Can we look now, please, at page 3, paragraph 12 of this guidance.

We see here in the ministerial advice an emphasis on the child's right to play under Article 31 of the UNCRC.

And at paragraph 13, and I won't read it out because it's rather long, but we see a paragraph about how important play is as an activity for children.

Would you agree, Ms Ferguson, that it seems from this ministerial advice that the Welsh Government were taking into account children's rights and the importance of play in their decision making about reopening playgrounds?

A. Yeah, definitely, and I think like I've already said, the fact that the Welsh Government have incorporated the UNCRC, including children's right to play into its domestic law is, I think, really significant and the fact that the UK Government hasn't done that is also really significant in its approach to children in the pandemic.

And yeah, I think, like I said, it seems like the Welsh Government maybe had limited scope to sort of do things very differently from the UK Government, but they did in small ways. They did definitely give the message, including to councils, that children's play should be prioritised.

Q. Yes. I'd like to look at exactly that, please, because if we look next at the guidance that the Welsh

Government published following this advice, and that is at INQ -- I beg your pardon. Let me just locate that reference.

Yes, I'm sorry, INQ000081308, please. Thank you.

This is the Welsh guidance and if we look briefly at page 4, please, we see in the middle of that page again an emphasis on the importance of children's play.

And then if we can, and I think this is exactly the text that was in the Ministerial Advice, but if we look next at page 7, please, we see that in substance the ingredients of the guidance that was published are very similar in fact to the English guidance.

A. Mm.

Q. So signage to maintain social distancing, a maximum number of users, limiting number of seats or swings available to promote social distancing. And again, we won't read the whole document but the guidance in substance was indeed very similar.

A. Mm.

Q. So may I ask, Ms Ferguson, even if the Welsh approach to decision making was rights based and the language used in the guidance perhaps emphasizing the importance of play more, if the outcome is not so much different in terms of substance, do you say a rights-based analysis is still valuable in itself?

A. I would, yeah, because I think we talked to Play Wales as well who were -- who do have a close relationship with the Welsh Assembly and were advising and feeding in that -- I think the fact that the UK Government had a sort of leading role in setting the tone for Covid law and guidance is a really important factor. So I think it's really hard to say what would have happened, you know, in Wales had that not been the case, had they just had autonomy to develop their own laws and guidance.

And I think -- but even the words that they used, I think, are significant even if it didn't, unfortunately, translate into very different rules on the ground. Just saying things like, in their guidance they said, "While there are many options in terms of what stays open, what is closed, blah, blah, blah, children's rights must factor in the decision-making process. We should remember that for every child in Wales, this is their only childhood, this is the only childhood they will have."

And so I think just saying things like that, you know, if we'd heard words like that coming from the UK Government it would have made a big difference, I think, to how children and parents felt in the pandemic.

Q. Thank you. Can we look, please, at INQ000546957.

This is the result of the Local Government Association survey that I think you referred to a moment ago. If we can look, please, at page 163 of that.

This is the return of the survey to the question about what proportion of councils with the power to do so restricted children's access to outdoor play spaces. We see that it was 74 in England and 73% in Wales, so very similar indeed, and the overwhelming majority.

Is that figure of roughly three-quarters of regions closing or limiting access to playgrounds consistent with your experience?

A. Yeah, I mean, we were not so focused on playground closures. There were other play organisations who were more focused on that particular aspect. Playing Out's remit is more about children's wider right to play, and the wider built environment. But from what I was seeing and what we were hearing, it seemed like the majority of playgrounds were closed for quite long periods of time.

Q. Thank you. And just before we leave this if we can look over the page, please, at page 164, this is the response from the local government survey to the question:

"Did the local authority carry out any form of analysis of the impact on children of restricting access to ... spaces?"

Now, we saw or heard from the guidance that the

owners and operators of playgrounds were required to carry out a risk assessment of opening, but it seems here that only 6% in England and 5% of councils in Wales carried out an impact assessment of keeping them closed.

What do you make of that in terms of an approach to decision making?

A. I mean, I think there wasn't a risk-benefit approach to decision making around children's spaces and access to play. I mean, fairly early on in the pandemic there was strong evidence that the risk of outdoor transmission, particularly amongst children, was very, very low and experts were strongly advising governments that they should take note of that and balance that low risk with the high risk of negative effects for children's health of not being able to play outside, you know, and all the positive benefits of having more outdoor play, social contact, physical activity, and it is clear from the decisions that were made that that risk-benefit approach wasn't taken, even though organisations were urging the government to do that.

And in the government's own guidance they refer to the Health and Safety Executive's risk-benefit approach and advised councils to use that but they didn't appear to use that themselves.

Q. Thank you. And just one last document and one last

question about playgrounds, please.

If we can pull up INQ000649867.

This is an exhibit to your statement and it is a media report. I'm not sure you can see the date of it there but it's dated 9 July, and we can see that, even after playgrounds were allowed to open on 4 July, subject to the guidance, as you say, in practice the result was that, whilst pubs were opening, many playgrounds remained closed?

In your experience, from the grassroots work of Playing Out at this time, how were children and families responding to that sequencing of things opening up --

A. Yeah, I think people were just baffled by it, and incredibly frustrated, because it was clear that that wasn't -- that sequencing wasn't based on the relative risk or benefit of those things; it was just based on bureaucracy and, you know, all the red tape that councils were meant to go through in order to reopen playgrounds.

But it wasn't just playgrounds. It was, you know, grassroots sports, outdoor activities for children, even play streets, which is our sort of bread and butter, were still not allowed, whilst pubs and other indoor spaces for adults were reopening.

So it just felt incredibly unfair, and unjust, and

I think just added to this sort of sense that parents and children had that they were being forgotten and that they weren't a priority.

Q. Thank you, Ms Ferguson.

I'd like to ask you now briefly about social distancing rules for children. We know that children in England were not exempted from rules about social distancing, and the ways in which those decisions were made we will have the opportunity to ask Sir Chris Whitty and Baroness Longfield about.

I wonder if I could ask you, please, about the position that was different in Wales and to look briefly at INQ000048910.

This was a children's rights impact assessment conducted by the Welsh Government dated 7 November 2020, and it assessed the impact on children and young people in Wales of the various alert levels and restrictions that were due to be put in place regionally from December.

It's 17 pages long and we won't look at all of it, but if we can look, please, at page 3 over to page 4.

Thank you. If we could scoot down to the table, thank you.

This is a table that summarised the restrictions on gatherings at various levels, and we can see that it was

being proposed that under 11s would be excluded from levels 1, 2 and 3 of risk.

And if we can carry on scrolling down, please, to the bottom to the text under this table, please.

We see that this was informed by the top three things that young people were telling the Welsh Government in the 'Coronavirus and Me' survey, about the 'Stay at Home' rules, and that those were that they were most impacted by "not being able to spent time with friends", "not being able to visit family members", and "school or college closing".

In your opinion, Ms Ferguson, when it came to rules about social distancing, did the rights-based approach in Wales mean that the Welsh Government reached a different conclusion?

A. It seems like it, from -- yeah, from what I've read and what I've seen. I mean, children in England were saying exactly the same things, so the Children's -- the new Children's Commissioner, Rachel de Souza, when she came in, she did a big survey, and one of the top -- I think the top thing that children said they wanted was more time outside with friends. So it's just clear that the government weren't really even listening to the Children's Commissioner about what children wanted and needed at that point.

Q. Thank you. I'd like to ask you just briefly about the cumulative impact of all of these different measures on children. So about confusion, as you say, about whether they could go outside to play at all, loss of access to play spaces, loss of other children to play with through social distancing, and of course that happening in the context of school closures.

What were families telling you about the cumulative impact of these aspects of the pandemic on their children?

A. So -- do you mean just the overall?

Q. Yeah.

A. The sort of all of it added up together?

Q. Yes, thank you.

A. So I think, firstly, it really impacted children's physical health. It really impacted children's ability to just be active and get the exercise that they needed. Just through all of the different things, the general sense that play wasn't permitted but also the specific rules.

Are you going to ask me about the specific rules or shall I ...

So, um -- so a particular example is the one to one rule in England allowed one person from one household to meet one person from another household outside, and

children from the age 5 and over were not exempted from that rule. So it meant a parent with a 5-year-old couldn't go out and meet another parent with a 5-year-old. And any child that was still too young to go out independently couldn't go out and meet another friend to play.

So we raised this with the government at the time as actually being discriminatory towards children, along with the Children's Rights Alliance for England, and we didn't really get a response. But -- so there were specific rules that actually exacerbated the situation for children and meant they had even less freedom to go out than adults did.

And the impact of it, yeah, was huge. So, physical activity, we know children's physical activity levels fell even further during the pandemic and still haven't fully recovered. Child obesity went even further up during the pandemic and is still higher than it was pre-pandemic.

The impact on children's mental health was huge. So, you know, anxiety, stress, isolation, loneliness. And a lot of experts have written about it and reported about it.

Q. Yes, thank you very much, Ms Ferguson.

Coming then, finally, to your lessons learned and

your recommendations. I think one recommendation that you make clearly in your statement is that you say there should be a greater recognition of children's rights under the UNCRC. How, practically, do you say that should happen? Through what measures?

A. Sorry, can you just ask the question again?

Q. Yes. You say in your statement that there should be greater recognition of children's rights under the UNCRC.

A. Mm.

Q. How do you say that should happen?

A. I mean, ideally, the UNCRC becomes law in the UK, as it is already in Scotland and Wales. And that would, you know, automatically mean there was a mechanism for decisions to have to legally consider children, and for any discrimination or breach of those rights to be challenged in court.

Also, I think you mentioned children's rights impact assessments, you know, just bringing that in as a matter of course, and again, I know we've signed up to an amendment recently that proposes that in a Bill going through Parliament at the moment.

Also, maybe just looking again at the Equality Act and why children are not included as a group, as an equality group, under that, and what the impact of that

is on decisions that impact children.

And I think the overarching thing that would make a big difference would be having a cabinet member, a cabinet minister for children who had play and children's wellbeing within their remit. I mean, I just note that it was really clear through all our campaigning through the pandemic there was nobody to go to within government with this huge problem that was impacting children. And we just, you know, we got passed around from department to department. There was no one department or senior government person who felt it was their responsibility and their remit to look into this and -- yeah, so I think all of those things would make a huge difference.

MS CAYOUN: Yes, thank you very much indeed, Ms Ferguson.

Those are all my questions.

My Lady, do you have any questions?

Questions from THE CHAIR

LADY HALLETT: Thank you very much. How did you get into this? I appreciate you're a parent.

A. Yes.

LADY HALLETT: Was it seeing your own children -- how did you --

A. Yeah.

LADY HALLETT: -- was it your own experience in the built

environment?

A. Yeah, I mean, both actually. So yeah, I did work in sort of built environment stuff before, but then as a parent of young children -- my children have now grown up so I've been doing this for a whole childhood.

It was just that strong feeling that things were wrong for children and -- not just my own children but children more widely and particularly children who were facing inequality already and other disadvantage, and just a strong feeling that, you know, of injustice that children were not well considered across, you know, all decision making. And children have just been let down, I think, by our society for a long time. And I just felt, you know, with other parents who we started Playing Out with, that this wasn't right and that we wanted to do something to try and change it.

LADY HALLETT: Fantastic. Well done. I mean, there are many worthwhile causes that I've been hearing about during the course of the Inquiry, but this is one that particularly strikes home for me. I mean, they're all obviously important but -- because I remember seeing the interviews of people who lived in high-rise blocks and the impact on the carer.

A. Yeah.

LADY HALLETT: So you had the impact on the children and

then you had the impact on the carer and then of course a greater impact on the children because their carer was stressed.

A. Exactly.

LADY HALLETT: It's all a double-whammy. A triple whammy.

A. Yeah, exactly, and I think we've probably only seen the tip of the iceberg, as well, you know, we've just heard those individual stories. But, you know, I think the impact is probably even bigger than we can imagine. So ...

LADY HALLETT: Thank you very much indeed for your help. Really grateful to you.

THE WITNESS: Thank you very much for having me.

MS CAYOUN: Thank you, my Lady.

LADY HALLETT: Thank you, Ms Cayoun.

MS DOBBIN: My Lady, may I call the next witness, please, Professor Catherine Davies.

PROFESSOR CATHERINE DAVIES (affirmed)

LADY HALLETT: I hope we haven't kept you waiting too long, Professor.

THE WITNESS: It's okay, thank you. I've been well looked after.

LADY HALLETT: Thank you.

Ms Dobbin.

Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 8

MS DOBBIN: Can I ask you to give the Inquiry your full name, please.

A. Yes, my name is Catherine Davies.

Q. And Professor Davies, do you have a report in front of you, and I think it should bear the number INQ000587957.

A. That's right.

Q. And can you confirm, please, that that's an expert report that you prepared for the purposes of this Inquiry?

A. Yeah, that's right. So I prepared it with a co-author, Ivana La Valle, and we were supported by Cecilia Zuniga-Montanez who brought together some 300 sources of evidence, so I'd like to thank them right now as well.

Q. Thank you, I'll come on to that in just a second. If I can just ask you, please, if you can confirm that any facts that have been stated in that report are true to the best of your knowledge and belief?

A. Yes, I can confirm that.

Q. And can you also confirm, please, that any opinions you've stated in that report represent your true and complete professional opinion as well?

A. That's right.

Q. I'm grateful to you.

Professor, I think it's right that you're a Professor of Language Development and the Dean, as

well, of Research Culture at Leeds University; is that correct?

A. I've just stepped down from that management position, actually, after four years in role, but I am Professor of Language Development, yes.

Q. I'm glad I got that right at least. And you set up within Leeds University the specialist Child Development Unit, as well; is that correct?

A. That's right.

Q. And is that a unit that undertakes research, then, into children's development and the sorts of issues that arise in modern child development, as well?

A. Yeah, that's right, it's the centre for child-led research at Leeds. It's a base for families to come in and take part in our studies and it's a collection, a collaboration of many academic colleagues who use that facility.

Q. And I think that your background and your interest is in children's language and literacy?

A. Yeah.

Q. But that you have gone on to develop a research interest in Covid-related issues, as well; is that correct?

A. That's right, yeah, from 2020 we won a series of funding pots to follow families throughout the pandemic and beyond.

Q. And as you've mentioned, you co-wrote this report with Ms Ivana La Valle and I think it's right that she was previously the Director of Research at the National Children's Bureau and was the Director of the Families and Children's group at the National Research for Social Research, as well; is that correct?

A. That's right.

Q. And I think it's right that she also has a background, then, in research in social issues that affect children's lives?

A. Indeed.

Q. And I think she has a particular specialisation when it comes to education and schools; have I got that right?

A. Yeah, maybe broader as well, so children's services. So around early education, health visiting and social care.

Q. Thank you for clarifying that. And as you've touched on, I think there were a number of experts in different parts of the United Kingdom who also assisted you in the preparation of this report; is that correct?

A. Yes. So according to the brief, we were really keen to represent the four nations as fully as possible and to do that we drafted the report and then sought feedback and amendment from Heather Douglas in Scotland, David Dallimore in Wales, Dr Jessica Laimann in Wales and Dr Glenda Walsh in Belfast.

Q. All right. So I think you've already answered my point, which is an important one, but this is a report that reflects issues related to Covid and children in different parts of the United Kingdom as well?
A. That's right. Where the data are available, we reflect the circumstances there.
Q. Yes, I'm going to come and touch on the data and what's available and what's not in just a second. And I think probably before we go any further, it's just important to establish that when we're discussing children in the context of this report, we're talking about children who are between birth and 5 years of age; is that correct?
A. That's right, yes, that's the focused age range. Some of the data sources are a little bit older than that and in some of those older sources it's not always that easy to segregate that age group from a longer sample -- a bigger sample. But, yes, I would say 95% of the sources are focused on children from birth until age 5 or 6 really, that transition from Reception to Year 1.
Q. I just want to start then by focusing on children's vulnerability, and you make the point at paragraph 116 of your report -- I don't think you need to go to it -- that children of this age are more likely to be on a child protection plan than older children; is that right?

A. Yes.
Q. Two questions I think follow. Is that a reflection of the fact that children of this age are just inherently more at risk than older children?
A. That's right. These children -- younger children are, of course, more vulnerable, less experienced with the world, less able to assert what they need or, you know, flag discomfort or problems or anxieties around them.

But I think broader than that, young children, the under fives, are particularly vulnerable, because they are so -- well, first of all, so dependent on the care of adults, so dependent on that kind of rich environment, stimulating environment around them for healthy development, dependent on services such as early education, that we'll hopefully go on to talk about. Their brains are going through a rapid period of growth and they are extremely, kind of, reliant and vulnerable to that environment that they're growing up in.

So, for a range of reasons, this age group are different. They are particularly vulnerable.
Q. I'm going to tease out each one of those, but just focusing, I think, on the thing that you said last, which was about their vulnerability, I think, to environment.
A. Mm-hm.

Q. One of the things that you've also said in your report is that they're highly responsive to their environment, and I just wanted to make sure that I'd understood what you meant by that.
A. They're responsive to their environment, yes. So, given a rich environment, children will thrive. Any child can thrive given the right environment.

Now, that may be tailored to their particular needs, in the case of children with additional needs, for example, but to provide that kind of warm, nurturing, interactive space is what a young child needs to develop well, to develop healthily: access to outdoor space, to play facilities, which can be very simple, access to the wider village, it's sometimes known as, you know, that wider system of social support, that might be through extended family.

And there is a critical period, a sensitive period, for that development. So if those conditions are not provided at a certain point in early life, it's extremely difficult, not impossible but it's extremely difficult for the community, for families and services to make up for those lost opportunities.
Q. All right. I think you've probably hit on one of the most important points in your evidence. So I just want to pause and draw that out. I think in this Inquiry

we'll be asking the question of whether or not there are children who were at very specific points in their development that rendered them more vulnerable to longer-term harm.
A. Mm-hm.
Q. So I think the first question is, should we proceed on that basis in relation to children who are between 0 and 5?
A. Sorry just to clarify, should we proceed on the assumption ...
Q. Should be proceed on the assumption that these are children who are a highly sensitive period in their development and therefore need to be given very distinct consideration --
A. Absolutely.
Q. -- when it comes to pandemic-related issues?
A. Yes, I do think that children -- I mean, basically need to be considered in social policy, but as I've talked about already, that they should be thought about differently because of these vulnerabilities susceptibilities, dependencies, the critical period that we've talked about. I'm not sure if I'm sort of overanalysing --
Q. No, you're not, and it's -- I didn't -- forgive me, I probably didn't ask the question very well.

I think one of the key things that you may have said is that with children this age, if you miss something, or if they're exposed to something during this period, it might be harder and possibly very difficult to remediate, and that's why this might be such a key period and something that really needs to be thought about in the future when we're considering pandemic planning or how to mitigate the impacts of a pandemic?

A. That's right. So, children from 0-5 will grow, mature, develop through a number of different, sort of, domains so that might be their physical development, their language and communication, other types of cognitive development, and by that I mean being able to kind of regulate themselves, being able to pay attention to certain things -- so what have I said? Communication and language -- so, socioemotional development, their understanding of how they feel and, ultimately, how others feel. They go through development within their problem solving, within their literacy, a little bit later on within maths and numeracy.

And all of those skills are, first of all, interrelated, you can't actually access those other domains without good language, for example, but they will build on, very early, kind of fundamental skills, often something that we're not aware of.

So, for example, to develop good language, children need to be able to share joint attention with somebody. So, an adult is -- sort of like a triangle: an adult and a child looking at the same thing and maybe talking about it. That's a sort of -- it needn't be a verbal thing, it's a kind of pre-linguistic thing, but to develop that joint attention capacity -- gesturing as well, pointing and responding to points, all of these things are prerequisites for good language.

So it's not that it's a fixed schedule. It's not even that it's a kind of rigid order, but if those foundational skills are not laid down, then they will not be able to develop the more sophisticated skills later on.

Q. All right, I'm sure we'll come back to this as we go through your evidence, but I just wanted to establish how important this period might be, really, from the outset of your evidence.

And I think, just going back to this point about children being highly responsive to their environments, and you've mentioned being responsive to a rich environment, but can I ask you about the flip side of that, then, and children's responsiveness or their sensitivity to stress or anxiety in adults, or difficult circumstances within the family home. What's the

evidence about that, please?

A. Yeah, so we know that children -- so the first 1,000 days of life we often talk about as being that sort of critical period for development, and children who are exposed to high levels of parental mental health or family stress, insecure housing, poverty, a range of different adverse circumstances tipping over into abuse and neglect in some cases, sadly, then this has long or can have long-lived effects. And, you know, I'm not a neurological developmental psychologist, but this can have impacts on brain development and certainly, I think, on children's abilities to cope with stress later on, and to be able to, sort of, have the resources to focus on that kind of healthy development.

If I can -- I'm quite a concrete thinker, I'll give you an example if that's okay. So, again in my domain of expertise, in language development, we know that warm, responsive interactions help children to develop richer vocabulary, and we actually ran a study during the pandemic looking at how various markers of warmth and high-quality interactions in families. They sent us videos, they were fantastic contributors to that research, the families in our study, and yes, we did find a strong correlation between how warm and interactive those responses were and the children's

vocabulary development during the pandemic.

Interestingly, we didn't see a difference socioeconomically within that sample, but if you take away that warm, nurturing environment, yes, you would see the opposite: that that would limit or stymie their language development.

Q. So I think what you say in your report is that in families where there is tension or anxiety or depression --

A. Yes.

Q. -- that maybe the quality of those interactions changes and that that is the thing that has the impact on the child; is that right?

A. Exactly, yes. So parents or carers who are dealing with multiple adverse circumstances simply would not have the resource to engage in those rich interactions and so may default to other ways, I suppose, of the baby or child spending their time. They might resolve more to more screen use than they would ideally like. The child may not be exposed to, you know, just -- just different types of enriching environments, because of those financial stresses that parents are busy, I guess, thinking about.

Q. I'm going to come back to screens, because I think it's an important point in your evidence, but again, just

going back to some very basic points, do you think it's right, then, or it should be a starting position for Module 8 of this Inquiry, that anything like a pandemic or a national emergency that generally puts -- may generally put families under pressure, for example, is likely to have an impact on the very youngest children in society -- without more, before we go into the other consequences -- that those sorts of events can have?

A. Absolutely. I think what was one of the things that was interesting about the pandemic is that all of the factors which we know are essential for good development, a lot of the factors that are essential for good development, were limited or even taken away. So, you know, it was obviously something unexpected, but to see all of those known facilitators of development being affected negatively, we knew the effect it would have.

Q. Yes. I'm going to -- that's a question I am going to come on to ask you about, about the predictability of some of these consequences.

A. Yes.

Q. I just want to finish this bit of evidence off, if I may, before we go to that.

A. Sure.

Q. In fact I'm going to go back to something that was happening before the pandemic which you've set out in

your evidence but I think what you say is that before the pandemic, the rates of children who were receiving statutory services were in fact increasing --

A. Mm.

Q. -- across the UK.

A. Yeah.

Q. And do you think that that's relevant context and something we should bear in mind when we come to your evidence about the impacts on services across the board?

A. Yeah, I do think we need to widen our window of interest to the years leading up to the pandemic and looking at what was happening in those services for children. And as you've said, according to some of the data in the report, use of interventions in social care, whether that's a protection plan or children being taken into care were increasing prior to the pandemic.

There are multiple and interacting reasons for that. I mean, one train of thought is that it's because of disinvestment in some of the services that supported children, the kind of early intervention or more sort of low threshold kind of services like Sure Start, for example. Because of the dismantling of those early intervention approaches, then that left the social care sector really with fewer options than to refer them to more expensive, more stressful, more intrusive and, you

know, yeah, heavier -- that's the word I'm looking for -- heavier interventions, and that's, as I've said before, the protection plan or the looked after status.

Q. All right, I just want to test that in terms of the pandemic --

A. Right.

Q. -- but I think -- I mean, does it broadly demonstrate that families may have been under more pressure in the years leading up to the pandemic?

A. That's right.

Q. And equally, that services may have been under more pressure too, leading up to the pandemic?

A. Indeed, yes.

Q. And that may have impacted the choices that services were able to make.

A. That's right, yes. As I've mentioned, that disinvestment in early education, in health visiting, in social care, and allied services such as speech and language therapy, physiotherapy, for example. There were fewer options, as I've said, and also, I think, there was a little bit of kind of sharing of responsibilities amongst those services. So whereas, you know, a fully-funded and fully functional social care service might pick up these early kind of concerns, without that kind of safety net, then it was going into,

say, early education to do those sort of referrals instead. So not only were services dealing with their speciality, but they were picking up some of the gaps that were left in allied services.

Q. I'm just going to come back, and I want to deal with a UK point before I move on. You've made the point in your report that children were being cared for at a higher level prior to the pandemic in Scotland and Wales. And I think you go on to make the point that no one -- it's not really clear why that's the case.

Can I just check with you, because I think it might be important for us, that evidence doesn't mean that children were at risk of more harm in those parts of the UK, does it? It's much more complicated than that.

A. Indeed, yes. There are some disparities between -- in data availability between the four nations. So the Scottish Government deserve particular recognition, I think, for the transparency that they share data. And on the other end of the scale, there are quite a lot of gaps, from Northern Ireland in particular, not just the -- making the data available but even the collection of data in early classroom settings, for example.

So yes, that is part of the story behind the data. It's about data availability.

Q. I'll come to data more generally. It was really just

that very specific point about children being taken into care, more children being taken into care in the parts of the UK, and I think you say at paragraph 120 that there are lots of different reasons for that, and that it's not necessarily why it's clear. And I think I really just wanted to test that point: that it's not that the children in Scotland or in Wales are in a very different position from children in England or Northern Ireland.

A. That's right --

Q. Would that be right?

A. That's right. And I think to really understand that, those differences, we would need to look at the time running up to the period of interest and looking at investment in those services between the four nations. So with the devolved nations, for example, that kind of funding model, there may be more or less control over where those budgets are spent and I think that is part of the explanation for the differences between the nations, but I agree that those differences are not due to, you know, simply living in Northern Ireland.

Q. Yes. All right. Just again, I'm just staying, as it were, with the United Kingdom focus. I think it's correct, when we go on to consider early years education, that each part of the UK has its own specific

framework for measuring children's milestones; is that right?

A. That's right.

Q. And can I just check with you that -- these names will be familiar to each -- to people in the UK, but in England it's the Early Years Foundation stage?

A. Yeah.

Q. In Scotland, Being Me; Wales, Early Childhood Play; in Northern Ireland the Learning to Play policy framework. Are those frameworks in any way distinctly different from each other or are they all measuring roughly the same milestones?

A. They are broadly similar. They each look at broadly similar domains of development, so around language and communication, around physical development, that can be gross motor, like running and jumping, fine motor like picking up a pencil, socioemotional development, literacy, cognitive development. So yes, broadly similar domains.

I think my Scottish colleagues would like me to point out that a big difference that they would characterise between the Scottish and English frameworks is that the Scottish -- and, actually, to an extent the Welsh, as well -- really looks at kind of a holistic development, looking at children on their own journey,

their own developmental path, rather than hitting sort of pre-determined milestones which is sometimes how the English EYFSP, the Early Years Foundation Stage Profile is interpreted.

Q. Okay, but I think when we come to look at Scotland, we can see that they do measure some very specific things --

A. Sure.

Q. -- that in fact have provided you with a rich source of data about the impacts of the pandemic which we'll come to.

A. Sure.

Q. Another question that I just wanted to ask you, I think the answer to this is broadly the same, that in each part of the UK, in terms of early years provision, there's a universal offer so that 3 and 4-year-olds get free early years provision. Is that broadly right across the UK?

A. Yeah, there are some subtle differences between the nations in terms of eligibility or when children come online to receive the entitlements, or how these entitlements are delivered and for exactly how many hours, but broadly speaking, they are comparable that wherever a child is living in the UK, at 3 to 4, they can expect a universal entitlement to a considerable

number of hours in early years education. At 2, as well, although this is where we start to see more differences in eligibility around how many hours parents need to be working, for example, and as you'll know, the offer was expanded to nine months in England quite recently.

Q. Just -- there's an important point in this that I just wanted to get to. You make the point in your report that universal entitlement is popular across the UK.

A. Mm-hm.

Q. When the offer is made to all children, it tends to get taken up across society; is that right?

A. Yeah, yeah.

Q. Whereas if the offer is made specifically for disadvantaged children, it's taken up less; is that right? And you give the 2-year-old offer as an example of that?

A. That's right. But I want to be clear that the take-up there again has many factors, explanatory factors. I'll go through a few. So --

Q. I might ask you to pause because I just -- I'm asking you for a specific pandemic-related reason.

A. Mm.

Q. Because obviously we will go on in your evidence to consider the vulnerable child policy but it sounds like

there is no clear-cut view that offering universal provision means that people will take it up as compared to -- you seem to be suggesting it's much more complicated than that.

A. Yes, that's right. That's right. But without going into too much detail, I don't want to be characterised as implying that disadvantaged families don't take up their entitlement just because they don't want to take part. There are some barriers there.

Q. Okay. So, for example, that might be in relation to 2-year-olds that you might have to pay a top-up fee, for example, and that's the barrier?

A. That's right.

Q. So it's not as straightforward --

A. Yeah, yeah.

Q. -- thank you.

A. And there are some nurseries who are not able to provide the additional learning support, for example, for certain young children, so there are cases where parents have been declined a place despite having the entitlement.

Q. And another very basic point, you make the point throughout your report, I think, about the importance of attendance at early years setting in helping children's development; correct?

A. Yeah.

Q. Is that because attendance at early years settings helps parents to be able to work, and that has a positive bearing on children's development, or is it attendance per se at an early years setting that has the advantage or that confers the benefits?

A. The latter.

Q. Yeah.

A. So being in a group-based, centre-based early education and care setting will provide interactions with a range of different types of people. It's how children come to learn to share, to negotiate, to assert themselves, to sit and wait, would be exposed to a different range of foods, for example, have access to play equipment.

So, yeah, these -- early years education I would characterise as warm, nurturing environments that enable the development of children's language, cognitive, social, physical development. And, by the way, allows their parents to work.

Q. Thank you. And I think in your evidence, as well, it follows that two of the groups of children for whom it has particular value are children from a socio disadvantaged background and children who have additional needs, as well; is that right?

A. That's right, yes. Yeah, one of our own studies from

quite early in the pandemic that -- we followed close to 300 families throughout the UK, looked at those children who were and weren't accessing nursery, and found that those who were, later on were doing better on their language growth and on their cognitive development as well. And with the language, that effect was solely driven by the disadvantaged families. So those families do stand to gain more by attending.

Q. Okay. And I just want to touch on a couple of other basics before we move on, but one of the services that you deal with in your report is health visiting, and that's a service, a nursing service, that's also provided throughout the United Kingdom as well; correct?

A. Yeah.

Q. And I think the main difference that you draw out in your evidence about that is that healthcare numbers have declined quite significantly in England but not in the rest of the United Kingdom?

A. That's right.

Q. So that's a difference; correct?

A. That's right, yes. The number of health visitors has sharply declined in England but not in the other three nations of the UK.

Q. And in terms of differences throughout the UK, the other provision that you point to as well is that Wales and

Northern Ireland both have a form of integrated child services as well?

A. Mm-hm.

Q. So I think that's Flying Start in Wales?

A. **(Witness nodded)**

Q. And Sure Start in Northern Ireland; correct?

A. That's right, yes.

Q. And the main, I think, positive that you say about those services is that they bring lots of different services together to, sort of, provide a form of universal service to individual children, but particularly in deprived areas; is that right?

A. That's right. So these are community hubs that can provide early childcare and education, referrals to a specialist provision, whether that's medical health, educational needs, for example, provide the families with financial advice or signposting to other forms of support, and are a really valuable form of social support as well, where parents can meet other parents in similar positions. And yes, those hubs are placed in areas of disadvantage.

Q. And I think it follows, then, that that provision doesn't exist, as it were, throughout England --

A. No.

Q. -- in the same way?

A. That's right.
Q. And does it also follow that it doesn't exist in Scotland either?
A. Yes, that's right. Yeah. So they were in England, as you'll know, as Sure Start centres, that were -- started to reduce and then disappear after 2010.
Q. Yes. But I think there has been some provision made in England, hasn't there, for an alternative form of service; is that correct?
A. Yes, that's right. There's the Best Start Hubs that do incredible work but are nowhere near as numerous as the preceding Sure Start centres.
Q. All right, so that's the key difference?
A. Yes.
Q. Thank you. I'm going to go on, then, in your evidence to consider some of the impacts of the pandemic. But before I do, in your opinion, is there a particular decision that you would point to that had the most impact on children in their early years or which has had the most consequences? Or is the picture far more complex than that?
A. I think I can pick two out. And one would be the disclosure or the restriction, sorry -- no, schools were not closed, schools were restricted. So the restrictions to early years -- early years education,

and then the redeployment of health visitors, as well, I would pick those out.

With the first for all of the reasons we've talked about already, in terms of providing provision of that rich environment. But for both, they are, as has been summarised in the evidence from the Children's Commissioner, which I was also asked to consider, they are both routes for referral, for flagging vulnerable children, children who may be at risk of abuse or neglect or other kind of harmful circumstances. So both of those had that kind of function as well.

And in the absence of that continued contact in the same way -- so health visiting again wasn't stopped but it was reduced and largely moved to online. That meant that families -- children who were at risk, there were much fewer referrals going through.

Q. All right. We'll come to the statistics on that, but I think that goes back to the point that you made at the very outset, then: what was reduced was the opportunity to pick up on these issues that might be critical for the child's development?
A. Yes.
Q. And potentially lasting into their childhood as well?
A. Yeah. Just to add to my previous comment, not just around safeguarding but also the early identification of

developmental needs.
Q. Yes. And I just want to go back to something that you said at the outset as well, I think, which was that you could foretell that there would be some of the consequences that you have found in your report; is that right?
A. That's right. I mean, given decades of academic research, and of course practitioner expertise, they know what children need to thrive, so in the absence of that, it was predictable what the likely outcomes would be, and that's specifically about the socioeconomic -- the inequities in those effects. And it wasn't just predictable but it was predicted. So if we look back at a couple of -- the minutes from meetings of SAGE in 2020 and 2021, they flagged the potential risks to -- the risks of closing these services or restricting these services. I think UNICEF, as well, flagged this.

There were, yeah, a number of national, international organisations, committees of experts, who did flag the need to acknowledge, monitor, some of the harms that were playing out for our children as well as monitoring infection -- infection rates through the pandemic.
Q. I -- really what I had in mind when I was asking you the question was at an earlier point, do you think that it

is predictable that if you close provision, early years provision to most children, that that will have the sorts of impacts that you detect or that you have found in your report? Or do you think that the outcomes, which we'll go on to, that you found, are surprising?
A. No, they were highly predictable. And they were differential. So not all children suffered those harms. We have got some data around families who enjoyed the time together, dads who were spending more time with their kids, for example. You know, given enough resource, some families did okay through lockdowns. But more families did not do okay, because of the removal of those services. And ordinarily, when one service is restricted, limited, taken away, the other services might come into compensate, but the thing about the pandemic was that almost all of those services and informal support, as well, around extended family, baby groups, music groups, these kinds of things, they were all restricted simultaneously.
Q. All right. So I think your answer is a refined one, predictable for specific groups of children in society?
A. Yes.
Q. All right. I'm going to on then, if I may, to just asking you some of the very specific findings that you made and I think you will need your witness --

LADY HALLETT: Do you want to have a break?
MS DOBBIN: Oh, is it break time? I was so interested.
LADY HALLETT: I can see. We take a break for everyone's benefit, Professor, so forgive us, but we will finish your evidence this afternoon. I shall return at 3.05.
(2.49 pm)
(A short break)
(3.04 pm)
LADY HALLETT: Ms Dobbin.
MS DOBBIN: Thank you, my Lady.
Professor Davies, we're going to look at some of the data, particularly about two -- children around the age of 2 and children around the age of 4, but before I ask you about that, I think it's right that there are some significant data gaps across the UK when we come to look at children of these ages; is that right?
A. Yeah, there are a few that I have highlighted in the report. So around the 2-year-old data in Wales; in Northern Ireland there was no 2-year-old progress data, and the same at 4 or 5 years of age, as well.
Are we just talking about the 2-year-old data at this point?
Q. In fact I was talking about both. I think for Northern Ireland it's right that you didn't -- there were no datasets for 2-year-olds or 4-year-olds.

A. That's right.
Q. Is that correct?
A. Yes, that's right.
Q. And is that because Northern Ireland has chosen not to make that data public or is it because they don't collect it?
A. I believe there was a change in their framework and they don't collect it.
Q. Right. And do you think that of itself is significant, that that data isn't collected?
A. Yes, it does limit what we can say about the impact of the pandemic in each of the four nations, and wider than that, I think practitioners would appeal for greater data collection and sharing to be able to track progress in general, but it's really critical, after the pandemic, to really see how those children are doing as they age through school, and also what interventions worked for which children.
Q. All right. So I think one lesson potentially here is that having the sorts of data gaps that exist in Northern Ireland is a significant impediment to understanding precisely what is going on with --
A. That's right.
Q. -- children of that age.
A. Yeah.

Q. Thank you. So it's correct, across the UK, children are assessed at 2 years; yes?
A. Mm-hm.
Q. And I think people might be familiar with that check. I think that's the one that's done by a health visitor; yes?
A. That's right, yes. So, ordinarily, parents will be contacted by the health visitor when children are 2 to 2 and a half years, to undergo their health and development check. So this is an integrated check which monitors whether children are growing healthily, whether they are developing in ways we would expect, to provide guidance and advice for parents, and to check how the parents and caregivers are doing as well.
Q. All right. And there's probably, I imagine, an important difference between the check that's done at 2, and what might be apparent when a child is 2, and what might be apparent when they're 4, if they have any additional needs; is that right?
A. That's right, yes. So certain developmental disorders may be starting to emerge as early as 2. Others may take a while to actually be picked up, certainly around maybe speech and language, for example. So, yeah, the focus at 2 really is about growth and development. At 4/5, that is happening within school, at the end of

reception year, to track children's readiness for Year 1.
Q. All right, and we'll come on to school readiness as well, but if we pick up your report at paragraph 144.
A. Mm-hm.
Q. I think that's where you set out your findings or your analysis about the assessment of 2-year-olds. Do you have that?
A. Yes.
Q. And I think what you set out there, if you have a look at it, I think that's your analysis about what has happened between the years 2020 to 2023; correct?
A. Yes.
Q. And then to 2024?
A. Mm-hm.
Q. And I think your overall conclusion is that there hasn't -- the difference in children meeting those milestones is just slightly lower than it was between pre-pandemic levels; correct?
A. Yes, that's right.
Q. And that sounds as though that's something to be optimistic about when it comes to 2-year-olds. Should we look at it in that way?
A. These are -- this is the overall dataset.
Q. Yes.

A. So all children sort of averaged together who underwent their progress check at 2.

Now, what this average masks is differences between groups. There's high variability underneath those figures, and we can see -- so I've mentioned in paragraph 146 that this varies by region. I've just pulled out one example there, where 75% of 2-year-olds in London were reaching a good level of development, compared to 86 in Yorkshire and the Humber. So that 11 percentage point gap there.

And I think crucially for our purposes, when we look at those attainment gaps, those differences between those different groups of children, they are widening over the course of the pandemic.

Q. All right, so we'll come back and look at some to your overall conclusions that you've reached, but if we just maybe look at a bit more -- in a bit more detail at the data from Scotland.

A. Mm-hm.

Q. And can I just ask you about whether or not it's right, because we're about to look at a whole lot of data from Scotland, that Scotland seems to be just a lot better at gathering this data; is that correct?

A. Gathering and sharing, yes.

Q. So if we look, for example, at paragraph 149 -- and

I think if we can please bring up figure 3 on page 45 -- this is helpful because it allows us to look in more detail, doesn't it, at three age groups in Scotland, and the pattern in terms of developmental trends as well, both before and after the pandemic?

A. Yeah. So just to walk you through this chart, this shows percentage of children with a developmental concern. So this is where the professional running the assessment would have flagged a concern in one or more areas of development. So high is not what we want, in this graph.

So you can see it's an incomplete dataset for the bottom two lines -- so, again, just to walk you through, the top line is 2-year-olds, the middle one is 4-year-olds, and the bottom one is 1-year-olds, roughly. There is incomplete data for at 4 and at 1, but at age 2 you can see there quite a clear U-shaped curve, so where we see a decline in concerns, so children doing better in the years leading up to the pandemic, and then after 2020, 2021, you start to see quite a sharp rise in concerns at age 2. And that is mirrored -- not in the U shape, because we don't have the preceding data, but certainly in the rise in concerns at both other age ranges as well, in Scotland.

Q. All right. And I think if we go on to the next figure,

which is figure 4 on page 46.

And I think this is helpful, again. Looks complicated, but I think this is actually telling us quite useful information about the types of concern; is that right?

A. That's right. So you can see from the blue line, that's the one at the top, that again, we have this sort of U-shaped curve, so an increase in concerns after 2020 in speech, language and communication, and that that line is elevated relative to other domains of development.

So the next one down is emotional/behavioural, personal/social in green, and then quite a low number of concerns for the others.

And I think that's interesting. It's striking to me that speech and language is such a concern. I mean, it's striking but not surprising, given what we've said about the importance of that rich home language and home literacy environment for children that was curtailed during the pandemic.

Q. Can I ask you about that, because some people might think, well, children are at home and maybe parents are reading to them, or parents are furloughed so they're talking to children, and they might be surprised, actually, that this is the concern that has gone up the most.

A. Yeah.

Q. Does it tell us something maybe a bit deeper about what was going on?

A. That's right. I think the picture that you briefly paint there would be under ideal circumstances --

Q. Yes.

A. -- that certain families indeed were engaging in a lot more, you know, playing games, et cetera. But for the majority of the family where parents were juggling working from home, perhaps homeschooling an older child, dealing with financial issues, housing insecurity, all of the things that we were dealing during the pandemic, leaves very little time and opportunity and energy for these rich, stimulating environments.

As well as, you know, quite a lot often vocabulary will come from being out, being out in nature, doing different things, pointing out puddles and leaves and different things, which, you know, we didn't have the same access to. So there's that. And also the restricted number of speakers in the home.

So, you know, we may be talking about lone parents, for example, or just, you know, smaller families. Families with however many siblings. They're not seeing grandma, they're not seeing the shopkeeper, they're not seeing their key worker at nursery. So those different

types of interaction were just not available for them, and we know that that helps speech and language.
Q. And I think the other thing that seems to go up, but please -- you're the expert, so please do say if I'm wrong about this, but there seems to be a leap in terms of emotional and behavioural concerns as well; is that correct?
A. Yeah, so I think you're talking about that difference between 2020, 2021 --
Q. Yes?
A. -- and the following year? Yeah, there's quite a steep rise there as well. And again, not surprising, children learn to regulate their emotions, to cooperate through early education, through hanging out with their friends and extended family.
Q. All right. So, again, that doesn't surprise you --
A. No.
Q. -- as an expert in this field?
A. No.
Q. And I think if we could, please, then, go to figure 5. And I think this is the graph which you used to demonstrate that there are persistent inequalities as well; is that right, in terms of the children who have developmental concerns as well; is that right?
A. That's right. So this focuses in on children during

the 2 to 2-and-a-half month (sic) review. This time the data are split by Scottish indices of multiple deprivation quintiles, so these are indicators of socioeconomic advantage or disadvantage, so the top fifth and the bottom fifth, and those in between.

So we can see there's consistency between the quintiles here, so the least deprived group have the least amount of concerns about them, as you might expect. And that's fairly regular. That's one thing we can pick out.

We see the U-shaped curve, as well, to show that there was a decline in concerns before the pandemic, actually across all quintiles, with a reversal of that trend after 2020.

What concerns me, I guess, in this graph, as well, is if you look at the least deprived lines, so those bottom two lines, you can see some good recovery after 2021, so those concerns are reducing again for our advantaged families. In the most deprived quintile, the top line there, that is continuing to rise. So I think we've got the pandemic here compounding these previous inequalities and we're also seeing the most deprived groups struggling the most to recover.
Q. Thank you.

And I think as well, what you go on to say, which

might be important in this regard, as well, is that there's an attainment gap across all developmental concerns but most pronounced in problem solving at 13 to 15 months, but also speech, language and communication at 27 to 30 months and emotional -- sorry, emotional and behavioural domain at 4 to 5 years; yes?
A. Yes, so that's quite a spread of the domains there --
Q. Yes.
A. -- across the age groups.
Q. And is there anything that we should take from that, or that you think is important about that?
A. I think that primacy of speech and language at 2 is really concerning. As I said earlier, children need that solid grounding in language to be able to access the rest of the curriculum. We might see this -- the emotional behavioural penalty playing out at school entry for a reason, as well, I think at that stage in a child's development, actually quite a lot is demanded of them in terms of emotional regulation and behaviour as they've got to get to grips with school regimes.
Q. Okay. And that's probably an important point and links to the next topic which is actually those very specific -- well, very specific assessments that are done then --
A. Mm-hm.

Q. -- when children go to school, and I think it's slightly different across the UK, isn't it, but broadly speaking, those tests or those assessments are done at 4 and 5; is that right?
A. Yes, broadly the same.
Q. So I think -- is it largely the same, then, at the first -- at the end of what's reception year in England and the equivalents across the UK?
A. That's right. So it'll be done in the year that the child turns 5.
Q. Now, can you help us then, because obviously during 2020 many children wouldn't have been in reception or they would have had their reception year interfered with if they'd started school in September 2019?
A. Yeah.
Q. And maybe wouldn't have started at all -- or may have started in September 2020 but school may have been a bit disrupted at that point. Does that affect the data collection for this cohort?
A. Yes, that's right. So those children who would have started school in September 2019, of course they did their first five or six months, and then we had the first lockdown in March 2020. The following cohort, who would have started in September 2020, would have got to January 2021 and then we were locked down. So yes, lots

of disruptions at a time when children should have been making friends, learning the rules, understanding how school works. I may have deviated from the question.

Q. No, don't worry, I think it's just important to establish the data maybe isn't quite the same.

A. Yeah.

Q. But you did have data that you could work with in order to understand?

A. Yeah, this brings us back, I guess, to your question earlier about data gaps. So this is another example of a data gap where EYFS data in England wasn't collected because the children largely weren't there. I think, also, the government recognised that the toll, the burden on teachers just in doing their regular jobs and everything else, their enhanced work that they had to do during this time, this was a case of taking this away from them.

So yes, we don't have the full national dataset for the years 2019 or 2020 here. There's an added complication, actually, that the EYFSP, the methodology was changed, as was planned, actually, in 2021, so that also compromises our ability to compare pre- and post-pandemic. But academic statisticians are very resourceful and so a team led by Louise Tracey and funded by the EEF worked with schools who were

continuing to collect this data for their own internal purposes. It's a small subsample of the national dataset, of course.

Yes, so 3,200 children were in Tracey et al's dataset, but they were able to take teachers' estimation of children's EYFS scores at the time when they would normally have taken those national tests.

So that's very, very useful for us, and also what's useful from that team is that they did a full analysis splitting the data down by children living with disadvantage, of certain ethnicities, with English as an additional language, with special educational needs. So we see a real rich kind of analysis there at the 4- to 5-year progress point.

Q. And do we pick that up at paragraph 160 of your report, then?

A. Mm-hm. Yes, so that report found that children who were reaching a good level of development, so again, this is kind of a little bit of terminology, so good level of development, or GLD, is children reaching their age expectations in the core domains of the curriculum.

What this report found was that pre-pandemic, 72% of children were reaching GLD but in 2021 that had dropped to 59% in this sample.

Q. All right. And if we just stay with the Tracey study,

I think, again, we can pick it up at paragraph 163, as well, you set out that 76% of schools in that sample reported that children starting school in September needed more support. Correct?

A. That's right, yeah. The report uses rich quantitative data as well as qualitative data, so it included a survey of teachers and those working with children and there were a lot of these concerns about development that were -- that complemented the quant data.

Q. All right. So that's dealing with an early point, as it were. I think we can -- there's further analysis that you've been able to carry out looking at a wider spread of time.

A. Mm-hm.

Q. And I think we can pick that up if we look at paragraph 164, that there are key datasets going up to 2025, is that right, that have been available to you?

A. Yeah, so this is the other approach to that missing data. So this is a really valuable set of analyses run by the Education Policy Institute, they publish it as an annual report, and they -- I think part of their data which is very compelling is looking at the attainment gap. So that's the difference between different groups of children hitting their expected milestones here at 4 and 5 years of age, and they publish this data in terms

of an attainment gap. So how far behind certain groups are than their peers in hitting those targets.

So I'd find figure 6 --

Q. Yes, if we could just -- sorry to interrupt you. If we could just go to figure 6 on page 51, please.

A. Okay. So this is showing the disadvantage gap in terms of months, so how far behind pupils were who were classed as disadvantaged and the measure for this was whether they were eligible for free school meals or not. It's a binary split between eligible and ineligible for free school meals.

And what's useful, I think, in this data as well is that it takes quite a long window of analysis leading up to the pandemic. So we see in 2013, disadvantaged children were over five months behind their advantaged peers.

That was followed by quite a steep fall in the gap -- sorry, a narrowing of the gap. So at 2017 they were just four months behind. So that was quite a steeps fall in the right direction there. There are reasons for that. So 2013 is when funded early education for disadvantaged 2-year-olds was brought in, and there was a focus on early years literacy and numeracy in the curriculum.

That progress kind of stalled around 2017 and then

we start to see a slow kind of rise, a widening of the attainment gap between rich and poor children, to put it bluntly. So in 2019 it was -- they were 4.2 months behind in progress. We then have a data gap here, between 2020 and 2021.

Q. Forgive me for interrupting you. I know this is probably very obvious, but that data gap is the dotted line, correct?

A. That's right, yes, thanks for clarifying.

So the first time that these data were analysed again in 2022, that gap had widened again to 4.8 months between the rich and poor children. The following year it fell but then that fall hasn't been maintained. So in 2024 we've got a gap of 4.7 months and that remains higher than pre-pandemic, so 2019, where it was 4.2.

Q. So in other words, just another U-shaped graph that we can see?

A. Yeah.

Q. And then the real issue, and the concern, then, is where has that ended up following a period of recovery?

A. That's right.

Q. Where has it gone to? And perhaps we can pick that up when you draw your overall conclusions --

A. Yeah.

Q. -- about what the data shows in terms of the most

up-to-date position?

A. Sure.

Q. But just looking at paragraph 167, you pick up there, and I just want to go into slightly more detail, about some of the subsets of children.

Sorry, that can come down. Thank you.

But this is dealing with children with special educational needs; correct?

A. Yes.

Q. And you set out here the position as regards those children and the gap which now exists in relation to them; yes?

A. That's right, yes.

Q. Can you just explain what you found.

A. Yeah, so, again, this is the EPI data rather than our own analysis, but children who were receiving special educational needs support were 12.4 months behind their peers in 2023. I think there is a figure actually showing this later on, yes. So figure 10 ...

Q. I think that's page 59, if it's possible to show that.

A. Thank you. So it's that bottom line we're interested in. These are our early years kids. We can see, after a period of stability actually in the gap between children with and without special educational needs, we're seeing a rise after the pandemic at age 5. That

gap is still smaller than it is at older age points, so at key stage 2 and 4, but those stages are actually falling in terms of the gap, and our youngest children, that gap is widening.

Q. All right, I'll come back to some of the overall conclusions that you draw but I think, just going back to the point you've just made, that might be important, do these gaps follow children and get wider, then, as they get older? Is that something we also need to bear in mind?

A. Yes, absolutely. And I was thinking about this when you asked me a question earlier on about, you know, where do the harms come between 2 and 5? I think, you know, every period is important for different reasons, but as children age, there will be an accumulation of disadvantage and barriers and difficulties that kind of stack up. So there's a phrase that a colleague of mine uses, that risk factors hunt in packs, and so where you have a child who is living in disadvantage, they are more likely to also, kind of, intersect with having special educational needs or living in poverty, et cetera.

So, yes, those risk factors do stack up and that's where we see the widening gap as children get older.

LADY HALLETT: Sorry, it's my fault, I'm sure I'm being

slow. Dotted line means we don't have the data.

A. Sure.

LADY HALLETT: We're looking at the pale blue line at the bottom?

A. Yeah.

LADY HALLETT: So how do we know it's widening? It's gone from 11.8 to 12.4, but we don't actually have the data.

A. Right, so we don't know really what's happened in the interim, so we're just taking those two points that we do have data for, yeah.

MS DOBBIN: So, to be clear, we have data for 2022 --

A. Yes.

MS DOBBIN: -- and that allows you to plot the line from 2019?

LADY HALLETT: Ah, that's what I hadn't got. Thank you.

MS DOBBIN: I'd written "Explain" beside that because I wasn't sure either, so you've reminded me.

The other important figure, I think, that you mention, just going back to paragraph 167, you've mentioned children with additional needs but children who have an education, health and care plan are in a different position again; is that correct?

A. Yeah, that's right. So children with an EHCP, these are children with more complex needs, and this gives them legal entitlement to certain provisions for their

development. So the gap there is -- I can't spot it now. It's around 20 months --

Q. I think it's 20.1 months --

A. Yeah, behind their peers. Yes.

Q. Thank you. And I think if we just move on again to paragraph 123, I think this is the same point that you've already made but the development outcomes were lowest in the most deprived areas; yes?

A. That's right.

Q. Then if we move on to consider the position in Scotland, I think what you've said there, and we've got that at paragraph 175, and we've just touched on this briefly, I think, by reference to one of the figures we looked at before, but the concern there is in relation to the rise in one area of development being raised as a concern; correct?

A. Yeah, that's right. And this is interesting relative to the 2-year-old data that we looked at from Scotland in the same way. Remember that one had the blue line for speech and language elevated amongst -- above most of this the others. Here, at 5, we see emotional and behavioural concerns spiking -- actually greater than speech, language and communication, but very, very similarly. So I think this might be, yeah, a reflection of this kind of stacking up of difficulties as children

age up. And again, to make the point that I made earlier, those domains that require rich interactions, speech and emotional and behavioural, that children weren't getting through early years education, are showing that elevated set of concerns later on.

Q. And that position in Scotland, are you able to say whether that is broadly similar throughout the UK, or that you -- in your opinion, it's probably the same across the UK?

A. Yeah, so I don't have the quant data but certainly from the extensive survey data that we've pulled together through this report, we're finding that early years practitioners, parents, other professionals that will come into contact with the children repeatedly point to speech and language and emotional and behavioural development as being particular areas of concern.

So I would take still a data-informed conclusion to that, even though it's not in the numbers, but in the insights that these professionals are giving us that it's likely to be very similar.

Q. All right. And again, that's probably something very important when considering the future and future pandemic planning, for example, that these are the vulnerabilities for children of this age?

A. Indeed.

Q. Right.

And I think just to finish off the data picture, you do know something about Wales in relation to this.

A. Yeah.

Q. This is at paragraph 178. And I think you set out there again that data wasn't collected in 2020 and 2021; yes?

A. Yeah.

Q. And then in 2022, that was the same position, but I think you are able to say that more children were performing lower than their age expectations than before; is that right?

A. Yeah. So, most children, their expected age expectations are in outcome 2, and you can see across the different domains of development -- apologies for all the acronyms, they are deciphered underneath in that table -- there is a reduction in children reaching their age-related expectations in all areas of development between 2019 and 2022.

Q. Thank you. And maybe if we could just bring that up for completeness -- sorry, the table on page 55.

This is fiendishly complicated but you might be able to ...

A. Yeah. So we have personal and social development in blue, language in English, language in Welsh -- that's the red and the green lines -- maths in purple and

physical development in blue.

You can see in outcome 2 particularly, everything sort of clusters together; so fewer pupils are reaching their age-related expectation in all domains. In Welsh, that drop is steeper, so there are fewer children reaching those expectations in Welsh.

And that may be a product of being in English-speaking families at home and not getting that Welsh exposure through school.

Q. And then the patterns that we see for outcome 3+, the downward trends, those are the drops --

A. Yeah.

Q. -- in attainment?

A. Yeah.

Q. Thank you.

A. So what's causing those drops at outcome 2 are both a drop in outcome 3, but also the other side of that is an increase in outcome 1, so there are more children who are not reaching their age-related expectations as shown in that outcome 1 column.

Q. All right.

Then finally, in respect of Northern Ireland, at paragraph 179 you say there isn't any data.

A. Mm-hm.

Q. But qualitative research or information available

suggests that the position is probably the same; is that accurate?
A. Yes, so there were widespread concerns by parents, as I've reported here, on participation in online learning and then resultant concerns about development from parents.
Q. So I think we can move away from data now to a qualitative consideration, which is the concept of school readiness.
A. Mm.
Q. And I think you've set out the definition of that at paragraph 180. I won't ask you to go to it. You've described it as:
"... the full range of developmental abilities that children need on starting school. In addition to more 'academic' attainment measures, for example counting to 10, it includes wider communication and socioemotional abilities such as responding to instructions and eating independently."
A. Yes.
Q. Is that right?
A. Yes, that's right.
Q. So that's what we're talking about here when you set out the evidence on school readiness.
You deal with that from paragraph 183 onwards in

your report. But I wanted to pick up, if I can, at paragraph 185 -- you're referring here to survey evidence that was carried out by the charity Kindred Squared; correct?
A. Mm-hm.
Q. And they have surveyed parents and teachers --
A. Mm-hm.
Q. -- since 2020 --
A. Yes, annually.
Q. -- to try to ascertain school readiness. And could you just explain what you found at paragraph 185.
A. Yeah, so this is 2023. So actually outside of our defined period, I think, for the Inquiry but it's, I think, a critical question to see how kids have been doing since then.
So, absolutely the impacts were still being felt. Parents felt that their children had missed out on nursery time which would have helped with their school readiness. Teachers saying that children were unable to respond to basic instruction and cited the enduring impact of Covid. And what's interesting, I think, in the evolution of Kindred Squared's reports is that in those earlier reports during the pandemic, the data were kind of similar at first blush so teachers and parents, put simply, were concerned about school readiness. When

probed as to their reasons why, when we were closer to the defined period, those adults were pointing to things like parks being closed or, you know, not being able to see extended family, for example.
As we move away from lockdowns, and, you know, life, sort of, as it was, kind of began again, they cited that lack of school readiness as being due to broader systemic problems like access to early years services, and then a -- sort of elevated levels of screen time which didn't reduce.
Q. Yes, that's what I wanted to pick up on. This is, I think, the first time that screen time is then mentioned as --
A. Yes.
Q. -- something which is thought to be impacting --
A. Yeah.
Q. -- on the ability of children to -- or their readiness to go to school. And I think that's something you pick up on later in your report, but perhaps I can ask you a bit about that now.
I think this is probably an area of special interest to you but is it your opinion that children's increased use of devices or screen time during the pandemic has had a longer-term impact on them?
A. This is a really nuanced topic. And we need to be

cautious of interpreting, you know, the time that children spend on screen as having a direct causal link to these developmental data that we've been discussing.
We really need to think about what children are doing on screens rather than demonising screens in general.
Q. Yes.
A. So if children are on interactive apps with a parent or an adult, over around 3 years of age, you know, we can maybe see some good educational impacts of these kinds of apps. And parents also were clearly able to discriminate between what they saw as good screen time and bad screen time, so the latter being kind of passive YouTube or TV watching while the parents were doing something else.
The data is really, really mixed on screen use. It's a live issue, but I think what I've concluded in my report, after looking at several meta analyses pre-pandemic largely, is that what screens are doing negatively is taking children away from other activities. So it's the opportunity costs that are brought about by increased screen use around socialising with friends, playing football, et cetera. It's not screens per se.
Q. I think in one part of your report you refer to recent

evidence that points to some children in this age group being on screens for around three hours a day; is that correct?
A. Mm-hm, yeah.
Q. And is that really what you mean? If children, if small children are on a screen for that period of time, what needs to be thought about is what they're not doing?
A. Exactly, yes, yeah. So the data is showing that children of this age group -- remember these children are still quite little -- they -- their daily screen use was going up by between 30 and 60 minutes a day through the pandemic.
Q. All right. So just stepping back, then, from all of the data and all of the evidence in your report, and just drawing out, then, what your main conclusions are as to the impact that the pandemic had on the development of children under 5, can I just ask you, then, what are the principal impacts or what are the principal concerns that the Inquiry needs to take away?
A. Mm, so this is coming away from screen time?
Q. Yes, sorry.
A. Yeah, sure. So we've seen from some of the statutory data, so these progress checks, that a larger proportion of children are not reaching their developmental milestones that we would expect at 2 and at 5. That is

likely to be due to, well, a constellation of factors, but prominent ones will be their access to early education, rich environments provided by their parents that they weren't able to deliver due to pandemic-related stress; raised anxiety, I think. We hear a lot about that in older children but I do think around mental health, as well, we are seeing children who are not able to self-regulate as well as before the pandemic, who are not able to sit on the carpet and listen to a story at school, for example.

So it's those kind of cognitive/concentration kind of skills that have also been harmed.

Q. And then in relation, I think, to the specific groups of children as you've already said, some gaps that have opened up specifically in relation to children with additional needs --
A. Mm.
Q. -- correct?
A. That's right, yeah, and frustratingly, this -- the pandemic brought about a reversal of previous progress in narrowing those gaps. For certain age groups and certain measures we were heading in the right direction, as shown from some of that Scottish data we discussed earlier, but the pandemic really kind of disrupted that progress in the wrong direction.

Q. All right. I'm going to move away from that now, if I may, on to a different topic, which is to just look at some of the causal factors in terms of schools being closed to most children and how that occurred. So I wanted to ask you, first of all, about the policy of vulnerable children being able to attend school, because in theory, many of the children who you've given evidence about might have been entitled to attend an early years setting --
A. Yeah.
Q. -- in the first schools lockdown; is that right?
A. That's right, yeah. They would have been classed as vulnerable and therefore entitled to take up their place even during the first lockdown when those eligibility criteria were pretty stringent.
Q. And I think, if we go, please, to the table that's on page 87 -- thank you -- these are the attendance figures for England at early years settings.
A. Mm-hm.
Q. And I think that if we look at the very first bar, that obviously gives us an indication to the early part of the pandemic, and then allows us to see where attendance has risen, yes?
A. Mm-hm.
Q. Including into autumn 2020 --

A. Mm-hm.
Q. -- and then when we come into spring 2021, we can see that second period of school closures but it's important to say that elder years settings were permitted to open during that period.
A. Yes.
Q. Correct?
A. Yes.
Q. And do we know why, during that latter period, when schools were permitted or early settings were permitted to open, that attendance went down?
A. Mm.
Q. What helps to understand that?
A. Yeah. Um, so specifically, as you say, in spring 2021, this is when schools were not open to most children, but early years settings were, parents probably kept their youngest children at home in line with their older children who wouldn't have been able to go to school. Some parents may have not needed the place any more, if they were continuing to be furloughed, for example. Fears around infection. You know, different parents would have different reasons for that, but I do think the, sort of, sibling effect, older sibling effect, is probably strongly driving this trend.
Q. All right. But just looking, then, at April and May and

June 2020, and in fact, I suppose, all through that summer term, I mean, I think -- can we tell from that that those children who were entitled to attend, so vulnerable children and the children of critical workers, in fact attended in very low numbers?

A. Yeah, so you're talking sort of less than 10%, really, more like around 5% of those who would normally be expected to attend nursery did so.

So the take-up amongst those vulnerable or otherwise eligible children was very, very low. Again, a range of factors, but in many places it may have been that the places were not really available. So nursery -- early education staff would have been going off sick or shielding -- not shielding -- um, having to not go into work due to infection elsewhere in their family around that time. So nurseries were really struggling to keep the doors open around that time, so it may be that certain children -- certain families wanted their children to attend, but the places weren't available due to nurseries opening and closing.

Q. All right. So I think we probably need to say here these figures are just in relation to England?

A. Yeah.

Q. Correct?

A. Yeah.

Q. And nursery provision is a bit different in England as well; is that right?

A. Mm.

Q. It's more -- the provision is amongst largely private providers; correct?

A. That's right, yeah, relative to the other nations where it's largely local authority driven.

Q. All right. And may that have had a bearing on the number of settings that were open as well during this period? Or if that's something you can't say, please don't worry.

A. Yeah, I don't know about the private nature of the settings. I'm not sure about that, exactly, but we do know that there were fewer places and settings available in more deprived communities.

Q. Thank you. And I think it's also right you've set out in your report at paragraph 150 that the data from Wales was similar to the data in England, in terms of attendance; yes?

A. Yes, that's right.

Q. And also a key difference, if we're looking across the United Kingdom, is that early year settings were closed during the second period of school closures in Scotland; is that also correct?

A. Yes, they were closed for longer, that's right.

Q. One of the groups of children who were eligible to attend school in England were those children who had an education, health and care plan.

You make a point in your report that that may have been less relevant to children in early years settings because they don't tend to have those plans at such early a stage in their lives; is that correct?

A. That's right.

Q. And another point I think that you make as well, and I'm just looking at paragraph 363, of your report, that settings also had a discretion to allow children they deemed vulnerable to attend; is that right?

A. Yeah, that's right. So beyond the reasons set out for vulnerability, certain settings and local authorities would broaden the eligibility criteria for those children who they had concerns about or needed the provision that nurseries could provide for additional needs. So around children using Makaton or certain pictorial communication systems, they would -- those children may not have had an EHCP but the nurseries largely accommodated them where they could.

And we think about children with developmental disorders, or neurodiversities in particular, who really rely on predictable routines, and, you know, these days were extremely unpredictable day to day, week to week,

the transition of taking children into nursery was very different. Parents had to, sort of, stand back and not take them in.

So there were -- you know, if we dig into the different types of additional needs, you're going to have different effects depending on what the children looked like at that time.

Q. All right. I think what you say at 363 is that research with local authorities suggested that there was quite a lot of local variation; is that right?

A. Yeah, that's right.

Q. Does that men, then, that possibly different settings were interpreting that guidance in different ways?

A. That's right, yes. Which would have been, I think, quite confusing for professionals working in nurseries and also for families. I know in Leeds, for example, where I live, because of the skeleton staff at that time, the different settings amongst the local authority provision were -- so staff were kind of concentrated amongst fewer settings, which would mean that certain families would have to travel quite a long way to reach their nearest open setting, so may not have been able to get there.

Q. All right, so other barriers that might have impeded attendance as well?

A. Yes.
Q. And another point you make is that -- and this is at paragraph 364 -- there was also confusing advice to families who were shielding --
A. Mm.
Q. -- about whether or not children should attend early years settings, as well; is that right?
A. Yes, that's right.
Q. So again, potential inconsistency as well; yes?
A. Yes. And then ultimately it was -- families felt, I think I say in the report, abandoned or alone or isolated in making those decisions in the absence of clear guidance.
Q. I think that word "abandoned" is a word that you used at paragraph 158 of your statement because you were describing research about the families of children with special educational needs at that point in time, and in fact I was going to ask you if you could develop that.
Is that because so many of the services that might have been available to those families were disrupted? We're not just talking about school here.
A. Mm, that's right, yes. So children who may have been waiting for an assessment or a diagnosis, who needed access to speech and language therapists. Again, as I said earlier, you know, even very early on in

a child's life the parents' access to postnatal support, you know, either went away or looked very, very different. Health visiting appointments pivoted to online provision, which, when you're looking for breastfeeding support, for example, is really not ideal.
So I think there was a huge range of different circumstances in which the families felt abandoned because of the disappearance or change amongst those services.
Q. I think the net result, then, may have been that during certainly the first stages of the pandemic, then, vulnerable, small children were at home --
A. Mm-hm.
Q. -- and including some of those children who may have been at most risk.
A. Yeah.
Q. Is that correct?
A. Yes.
Q. And can I just ask you then, I think returning to the point you made at the outset, I mean, in your view, would those children have been exposed to additional risks during those periods of the pandemic?
A. Yes, yes. We know they were. There was an increase in serious incident notifications during that time. Children would have had more access to -- would have

been at risk of injury or poisoning or, you know, DIY incidents, I was reading about as well, just from being at home and not fully supervised, because parents were otherwise occupied. So yeah, not having -- having a greater risk within the home, and also added to that, as I mentioned earlier, the removal of common or typical referral pathways, so where a neighbour or an early years practitioner or an extended family member might raise a flag on concerns for a child, they were not able to see that, those children were quite invisible.
Q. All right. So exposure to additional risks on the one hand and fewer services available to intervene on the other; yes.
A. That's right.
Q. What about the visibility of these children as well? Is that an additional cause for concern?
A. That's right, yes. I think often infants are less visible or less prominent in social policy but certainly during the pandemic when their usual contacts just weren't happening, the stay and play, the music groups, the walks in the park, they were just at home and therefore not visible to others and services.
Q. All right. I'm going to come to those services in a second but just picking up your report at paragraph 285, you refer to a report that was

commissioned by the first thousand day report -- sorry, The First 1000 Days movement, yes?
A. Yes, 28 ...?
Q. 285. And I think that set out, didn't it, some of the factors that might increase children of this age's exposure --
A. Yes.
Q. -- to harm in the home. Yes?
A. Yes.
Q. So those were -- I'm just looking at each of the findings -- an exposure to traumatic experience; yes?
A. Mm-hm.
Q. The indirect health risk from not being able to go outside; correct?
A. Mm-hm.
Q. And would that include, for example, because of the condition of some small children's housing, for example?
A. Yes, that's right. If children were in a flat or, you know, without access to any private outdoor space, which affected many, many children, then they wouldn't have been able to have that kind of physical challenge and physical exercise.
Just going back to factor (a) in the list you started to read out there, so that increased likelihood of exposure to domestic violence within the home,

everybody was in all the time. Alcoholism, other forms of addiction within the home, that child would have been around observing in a way that they might not have been if they were at nursery or at school.

Q. Then just coming to (d) then, risk of increased parental stress --

A. Mm.

Q. -- which I think is probably what that might relate to?

A. Yes.

Q. And less responsive parenting, yes?

A. Yes.

Q. And that's one of the things you touched on at the start of your evidence. And then the increase, it says here as well, to hunger and material deprivation as well?

A. Mm, yes, that's right, yeah. So, I mean, in any case younger children are more likely to be in families experiencing poverty, and specifically during the pandemic, before any kind of help came, with delivering shopping or food vouchers -- that took a little while, I think, to mobilise -- then those children would have missed out there.

If we think about children with lone parents who just couldn't go out to the supermarket and leave their child, there was a real struggle to get those material needs very early on in the pandemic, and it's something

that early years staff actually scrambled to provide, along with other community support groups, faith groups for example, who provided those kind of food drop-offs early on. But it was not a very sort of sustainable or reliable system.

Q. All right. And I think this is in the context, again -- something you touched on at the start of your evidence -- certainly in England, of reduced health visitor capacity as well; is that correct?

A. Yes.

Q. And I think we can pick that up in your report from paragraph 342 onwards; correct?

A. Yes.

Q. And I think if we could go to the table on page 93, please.

I think this is a helpful indication, isn't it, of how health visiting changed or didn't change --

A. Yeah.

Q. -- around different parts of the UK. Yes?

A. Yeah, so quite a stark difference here. Well, let's take it by nation.

So England and Northern Ireland particularly saw a drop pre and during the pandemic at the 1-year check, so going from 82% coverage to 66 in England, and 82% coverage to 52 in Northern Ireland, and that also

spreads into the 2-year check in Northern Ireland, from 90 to 68.

The other nations are doing okay at maintaining those health visitor visits or appointments, but yeah, we specifically see that reduction at the 12-month check.

Q. Yes.

Thank you, that can come down.

So we see a reduction in actual contact then in England and Northern Ireland.

A. Yeah.

Q. And I think -- but what changes I think throughout the United Kingdom, from what you say at paragraph 344, is the parents having face-to-face contact --

A. Yes.

Q. -- with a health visitor?

A. Yes.

Q. So is that the really significant change, then, that affects almost everyone?

A. Yeah. I mean, there are some compounding factors here. So we mentioned earlier health visiting was reduced in number in England in the years up to the pandemic. Then health visitors -- some health visitors were redeployed into frontline services, reducing the capacity for these kind of home visits or checks. And then the bulk of

their caseload -- their rather enormous caseload I should say as well -- pivoted to online.

And an online check or meeting is clearly not optimal for reviewing a child's progress or reviewing how parents were doing or feeling. There was a digital divide here as well. So some parents may not have had access to a laptop or enough data to actually have the appointments. Others felt more, kind of, vulnerable or just unable to express communication in the way that they would normally do in a face-to-face environment.

And then concerns around safeguarding here as well, it was felt that in a remote appointment, a family would, if they had cause to, curate the appointment in a way that they would not be able to do if health visitors were sitting in their lounge.

Q. I think you've got some specific evidence about that that you refer to at paragraph 352?

A. Mm-hm.

Q. In fact you refer to it at 347 and 352.

A. Yeah.

Q. So I think what you've said at 347 is that health visitors thought that remote visits impeded identification of needs and risks; is that correct?

A. That's right, yes. And two-thirds of them said that video contacts were unsatisfactory.

Q. Then you go on at paragraph 352 to say: in England, 42% of respondents to this survey of health visitors thought that they couldn't do enough to safeguard babies; correct?
A. Yes.
Q. I'm going to ask you a bit about remote visits, but I wanted to do so in the context of social care as well, because you go on, don't you, at paragraph 367, to also discuss that in relation to social care or social work visits as well. Yes?
A. Mm-hm.
Q. So I wanted to just ask you first of all, about paragraph 367, because you point to a very, very early iteration of some of the safeguarding guidance that was provided to social workers. Do you have that?
A. Mm-hm.
Q. And you said that this was a source of -- or this was found to be particularly difficult; yes?
A. Yes, that's right. So the guidance was felt by social workers and social workers' groups and organisations to be lagging, actually, on what the social workers were doing. So, often social workers and organisations might, you know, decide themselves on how they were going to complete their work safely, and then the guidance might then ask them: well, the guidance may

then emerge by saying -- by kind of confirming what they were doing was the right thing to do. So they really didn't feel like they were given integrated, expert, coordinated guidance at that time for safe completion of their duties.
Q. And was the issue about this guidance that it was saying on the one hand "We know you'll want to meet your statutory duties, but you might not be able to"?
A. Yeah.
Q. And that is the problem, that that was just felt not to be terribly helpful or adequate?
A. No.
Q. Yeah.
A. No, it, I guess, comes across as a sort of reflection of reality, but stops short of giving any instruction.
Q. Yes, all right.

Then just going on to paragraph 369, and that's where you refer to some social work being done remotely during the pandemic; correct?
A. Mm-hm, yeah.
Q. And I think you make the point that there isn't a data source that allows us to say "This is the percentage to visits that were done remotely"?
A. No.
Q. Is that right?

A. That's right.
Q. But what you do go on to say is that research with social workers demonstrated that there was concern on their part about their ability to assess the needs of children in the context of a remote visit.
A. Yes.
Q. Is that right?
A. Yeah, that's right.
Q. And I just wanted to ask you about this particularly in respect of babies and very small children, whether or not that is a very specific challenge in relation to them, trying to see how they're doing online as maybe even children who are slightly older and able to speak?
A. Mm, this is a little bit outside of my area, in particular your question on what is it -- anything specific to babies. I think, more generally, they talk about the lack of being able to pick up on non-verbal cues or to see who else is in the house. I suppose not being there in person, not being able to feel the temperature of the room or the, you know, the physical condition of the room. Babies are more vulnerable to those kinds of changes. But yeah, as I say, it's a little bit outside --
Q. I won't ask you any more about it because we will hear from others who might be able to speak to that in a bit

more detail, but just to conclude this part of your evidence I think you go on to point, and this is at, if we start with paragraph 380, that the demand for statutory interventions -- and this is not the position in Scotland, but certainly in terms of the rest of the United Kingdom -- that that has been increasing since the pandemic; is that right?
A. Yeah, that's right. So these charts run from 2020 to last year, and we see an increase in statutory interventions in the three other nations so that's both rates of children with a protection plan and those who are taken into care.
Q. I think you've said that's not the position in Scotland, so the trends are different in Scotland, but I think, going back to your evidence at the start, is the starting point higher in Scotland and coming down?
A. Certainly for rates of children looked after -- oh, actually no, across both, statutory interventions. Yes, you're right.
Q. And I think, if I can just explore this with you as regards your opinion as to why that might have happened, is your evidence that that was -- that that's because of an interplay of factors, and it's not necessarily the pandemic of itself that has led to this increase?
A. That's right. That's right. So looking into this data

and some of the qualitative data behind it, people with insight into this would cite that kind of restriction about the kind of more informal or low-threshold or earlier interventions that might have prevented these latest statutory interventions later on.

Q. I want to come, then, to the final point, if I may, to ask you, first of all, about what you think could be done differently in any future pandemic to protect the youngest of children in our society?

A. Mm ... I mean, as with so many of these questions, it's about balance, isn't it? But I would strongly recommend that children be taken into consideration -- when we talk about harms of Covid-19 or any future pandemic, it is not just the number of cases, it is not just the infection rate, it's all of the harms and the risks we've talked about in our session today around children's development and children's welfare. And I would love to see some good data tracking, not just of cases of infection, but regular updates on how many appointments were being upheld, how many serious incident notifications have happened, you know, on a -- on as regular a basis as possible, and to really kind of monitor both of those indices of the pandemic, as we go along, to calibrate interventions.

So if we have a spike in welfare risks to children,

we may need to tighten or loosen certain infection control measures.

I would like to see rapid impact evaluations of interventions that are done during the pandemic. Has this worked? Where is the infection? If, you know, extra parenting support is provided, or early education is able to open up with adequate physical protections for workers, do we then see an impact on both infection and on children's wellbeing and welfare statistics?

Q. One of the issues that has been raised, and I think we can see that in the data you've referred to, that there doesn't appear to be any specific data about children, for example, who have chronic illnesses being tracked from birth?

A. No.

Q. First of all, is that right, that it doesn't exist?

A. I wasn't able to find it, no.

Q. And is there data about children who live in families who have a family member with a chronic illness?

A. I wasn't able to find that.

Q. And do you think that that is potentially an important gap and that we should know more about very small children who are living in those sorts of situations --

A. Absolutely.

Q. -- in the event of a future pandemic?

A. Today, and in the report, you know, we've really focused on vulnerabilities that are well known about. So that's socioeconomic disadvantage, special educational needs, certain minoritised ethnic backgrounds, for example, and we haven't really mentioned the clinically extremely vulnerable children, whether themselves or members of their family. Those children will have experienced much longer isolation, higher anxiety, a lack of specific guidance.

So, yes, I would really welcome and encourage more data tracking, more advocacy for those groups of what is quite a specific set of circumstances during the pandemic.

Q. Thank you, Professor Davies.

Can I just ask you as well, in terms of decision making, in any future pandemic or national emergency, do you think that better account needs to be taken of the fact that any sort of intervention that interrupts the lives of very small children might have a very long tail indeed, and might need to be factored in, as it were, to the risks or the potential consequences of implementing those sorts of measures?

A. Yeah, I mean, based on the evidence that we've amassed for this exercise and this Inquiry, it's my view that children's services should have remained accessible as

an essential service, because of the extreme vulnerabilities that we've talked about and because of that long shadow and that unequal shadow in the years following the pandemic.

If we look at Year 6 SATs, so those children who were very, very young during the pandemic, those figures have not recovered, even at a national average rate. So we can expect the drastic changes and those restrictions and deficits that children experienced in their earliest years to continue to have negative impacts as they age.

Q. All right, and that's something that needs to be taken into account in the future, that these very long -- very long-term consequences might follow?

A. Absolutely. Absolutely. And I understand that it is a balance of risk, but I think providing -- in terms of the messaging -- stop me if this is not my job, but in terms of the messaging, I would have really welcomed messaging around what these services provide or can provide for your children, what safeguards could be put in place around ventilation, for example, in early years education. And if parents still feel that their child would be safer at home, then the flexibility is up to them. But I think more information about advantages and mitigations would change things for -- would make things better for children.

MS DOBBIN: Thank you, Professor Davies.

If you'd like to remain there, I think there are some more questions for you.

Thank you.

LADY HALLETT: Thank you, Ms Dobbin.

Mr Broach.

Mr Broach is behind you. If you could make sure you keep your voice going into the microphone.

Questions from MR BROACH KC

MR BROACH: Thank you, my Lady.

Good afternoon, Professor. In your report at paragraphs 432-452 you make a number of general recommendations, including on the need for a long-term cross-governmental strategy for children and for long-term investment with ringfenced funding to support child development.

In what ways would implementing those recommendations assist in ensuring the government's response to future pandemics better respects children's rights.

A. Thank you for asking that question.

Indeed, I do appeal for a properly funded national strategy. We know that multi-agency integrated services work best for children, drawing across welfare, education, health. And to have those services linked

up, through data and through good communication between those agencies, would enable -- well, would prevent those most vulnerable children falling through the gaps, would be best for all children, but certainly would allow those children who stand to gain the most to access the services that can really target their vulnerabilities.

MR BROACH: Thank you very much.

Thank you, my Lady.

LADY HALLETT: Thank you, Mr Broach.

Mr Wagner, who is that way.

Questions from MR WAGNER KC

MR WAGNER: Good afternoon, I am at the end, just to give you the good news.

My name is Adam Wagner and I act for Clinically Vulnerable Families which, as you can probably guess, represents the interests of clinically vulnerable, clinically extremely vulnerable, and immunocompromised children and families.

One of the very final points you made was about encouraging more data tracking and for advocacy for clinically vulnerable children and that's music to my clients' ears, so thank you for that.

I just want to ask you about paragraph 456 of your report, and I'll let you get there but you were actually

just -- you just mentioned it at the very end of your oral evidence, and it relates to the point you make about there should be clearer guidance for parents on how to decide if it's safe to send a child to a setting and how to balance the health risk of infection with the risk of developmental impacts when children miss early education. And then in that passage of oral evidence that you just gave at the very end, you expanded on that and said you would have appreciated seeing more information on, for example, mitigations that might be put around ventilation and other measures that would allow parents to make those choices.

A. Mm-hm.

Q. And just expand on that. Would it be -- would it also be reasonable to twin that with a recommendation to encourage education settings to put in more of those safety measures so that it would be not just about the balancing from the parents' perspective but also a responsibility from the setting, the educational settings perspective?

A. Are you talking about in non-pandemic times here?

Q. Well, for clinically vulnerable children, it matters not whether there's an epidemic or pandemic, because they're still going to be very vulnerable to a pathogen that's circulating, whether it's a norovirus or Covid or

whatever, in that child's setting. So would you also recommend that some sort of emphasis put on childcare providers to put in place those safety measures as well as explaining them?

A. This question should be more straightforward, and I hesitate just because of the funding challenges that education providers are facing already. So absolutely, I agree with you that those adaptations to make education settings accessible and safer for all of our children should absolutely be recommended. That sounds great, but in order to do that it's got to be properly funded and sustainable. So yes, with the caveat that the government funding is sufficient to allow them to do that.

Q. Okay.

May I ask just one very brief follow-up question? And I'm guessing that's a "yes"?

LADY HALLETT: It is.

MR WAGNER: Thank you.

Would it also be fair to say that some of the measures that could be put in place might not cost very much at all; just, you know, going outside more, for example?

A. Yes, yes. I mean, children will have different requirements, of course, but there may be some more

accessible ways to do that.

What I haven't mentioned is sort of online provision as well. And I'm not saying that should be the entirely of a child's educational experience, but where those nurseries were providing appropriate online content for very young children, and that's not easy, but particularly for those who are clinically extremely vulnerable, we can see greater confidence in those early years practitioners and greater engagement by those children. So I would recommend a sort of mixed provision, I suppose, of different ways of educating and stimulating all of our children safely.

MR WAGNER: Thank you.

LADY HALLETT: Thank you, Mr Wagner.

That completes the questions we have for you, Professor. Thank you very much indeed for your help. You certainly engaged me, and you can see you engaged Ms Dobbin quite considerably, so thank you very much for what you've done, and please thank your colleagues for their help in preparing your report.

THE WITNESS: I will. And thank you for the opportunity, my Lady.

LADY HALLETT: Thank you. 10.00 tomorrow, please.

(4.22 pm)

(The hearing adjourned until 10.00 am the following day)

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