OPUS 2

Scottish Covid-19 Inquiry

Day 31

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(9.44 am)

THE CHAIR: Good morning, Ms Trainer.

MS TRAINER: Good morning, my Lord.

THE CHAIR: When you're ready, Ms Trainer.

MS TRAINER: Thank you.

MR MARTIN CREWE (called)

Questions by MS TRAINER

MS TRAINER: Good morning. I wonder if you can begin by stating your full name.

A. Yes, my name is Martin Crewe and I'm the director of Barnardo's Scotland.

Q. Thank you, Mr Crewe. For the purposes of today, you have provided a statement to the Inquiry, I think some time ago ——

A. Yeah.

Q. —— in August of last year and you also provided some supporting documentation. For our benefit, the reference for that statement is SCI—WT0429—000001. You should understand for the purposes of today that all of that information will form part of the evidence that the Inquiry will consider.

I wonder if I could start by asking you how long you've been in your current role.

A. I've been 17 years as director.

Q. Barnardo's might be familiar to many of us but are you able to give us an overview as to the objective of the organisation?

A. Yeah, so Barnardo's is a large UK social care charity and we operate across all four nations of the UK, basically working with disadvantage for children and young people, roughly aged zero to 25, covering just about every aspect of disadvantage.

Q. In terms of fulfilling that objective, what services do you provide, what range of services?

A. We provide well over 100 services across Scotland: residential care, youth justice, substance misuse, children leaving care, children with disabilities —— just about everything.

Q. Do you also provide things like fostering and adoption support?

A. Yes. Yes, we also provide fostering and adoption support and employment support.

Q. Employment support for children and young people?

A. Yeah.

Q. It might be obvious, but are you able to give us an overview about the range of the service users that you fulfil?

A. Yes, so, as I said, the age range is sort of zero to 25. Some of our services at the upper end of that haven't

got a hard cut—off at 25, so, you know, we'll still support young people as long as they need it. Basically it's children and young people who need support, whatever that looks like, and that extends to very much sort of family support as well.

Q. Can I take it from what you're saying that part of that role then also is supporting potential carers for those children as well as the children themselves?

A. Yes, very much so.

Q. Your statement highlights a number of aspects of the service which were impacted by the pandemic and which I wanted to explore further with you. But before perhaps we discuss the specific services that you highlight, you say generally I think that the main short—term effect when you were told that the country was going into lockdown in March 2020 was effectively you had to make pragmatic decisions about, "What can we keep doing and what must we stop doing?". Can you tell me a little bit about that process?

A. Yeah, I think going back to March 2020, things were happening very quickly. As well as the social care work Barnardo's does, we also have a substantial set of charity shops with —— around 80 shops in Scotland alone and 700 across the UK. Those had to close immediately as part of the lockdown and obviously that had a big

impact on our income and what we were able to do.

On the service side, it was really working out what we could still do safely and not let down the children, young people and families who we were supporting. And the —— certain parts of the system just had to stop and it was —— you know, it was very hard on a lot of the —— particularly the young people we were supporting, you know, to suddenly have to be very isolated and, you know, not know where the support was coming from.

Q. You then, I think, go on to discuss that the organisation was seeing families who had immediate needs and the pressure at that time for some people that you were working with was quite extreme. I think you say. Are you able to tell us about those needs that you were seeing immediately?

A. Yeah. I think again, you know, going back to that time, because the economic impact was so sudden, a lot of companies took very immediate decisions about what to do with the workforce and some companies were brilliant about that but some made people redundant straightaway, and I think it's important to remember that, although the furlough scheme came in, that there was quite —— you know, there was quite a gap between those initial decisions. So some of the families we were working with, you know, who were getting by, suddenly had lost

all their income and, you know, they weren't signed on to benefits or anything, so that sudden impact was extreme for some of the families we were working with.
Q. You also give a sense throughout your statement that it's important to have flexible support ——
A. Yeah.
Q. —— and you, as an organisation, were able to provide that quite quickly. Can you explain what you mean by that?
A. Yeah. I think you can have all the plans in the world but, once this happened, you know, those went out the window and the important thing was that we responded really quickly and I think getting help direct to families who needed it, who had simply run out of money, was really important. So we were as flexible as possible with Barnardo's resources, but also, early on, we lobbied the Scottish Government to say, "Look, you know, we can get money out the door. If you trust us and allow us to allocate this money to families, we will do it responsibly".
Q. That leads me on I think to ask about the various funds that you raise within your statement.
A. Yeah.
Q. And I think there are three funds which you mention specifically .

A. Yeah.
Q. The first is a fund which is termed the "Immediate Priorities Fund". Can you tell me a bit about that and the application of it?
A. Yeah. So when COVID first hit, as I say, the impact was very immediate and we worked closely with Action for Children, which is another big children's charity, and basically we approached Government and said, "Look, you know, if you could allocate some money, we can get it out the door. We won't charge anything for that. We will simply distribute the money". And, you know, we went to them and said, "Can you give us, you know, a reasonable amount of money to distribute on that basis?". So that was the first allocation, and for Barnardo's it was £448,000, which was basically March till June in 2020, and that was very much that immediate support.
Q. You say I think that that, in your view, communicated a really positive message to your service users, that you were able to go out and say, if you see something —— a family that needs something, then you're able to just respond to that. I wonder how that's different to what you were doing before.
A. The process before was, wherever possible, if a family was in difficulties , you would try and direct them to

a source of funding that might be able to help, and it varies across different local authorities, and although we would be a safety net in the end on that process, it was more based on, "There's systems and there's processes to help you". I think during COVID the problem was that a lot of those systems just seized up and people just needed very immediate support.
I think it's important to say this wasn't just our Barnardo's workers. We also work in partnership particularly with, like, schools and if a headteacher said to us, "We know this family is struggling. We're finding it difficult through the local authority to access support quickly. Can you help?", basically, if it was a trusted partner, we would help with that as well. And I think the other important thing to say is that we had our financial systems in order. We've got a terrific finance team who are very can—do about how can you actually get money out in a safe and secure way to the families who really need it.
Q. Are you able to give us a flavour or a general idea about the immediate needs that you were seeing very early on?
A. I've got one example which I can mention, if you like. So there was a young person who was a new mum, so sort of a teenager, and she had a baby who was under one year

old and she was very anxious during COVID —— a lot of people were, of course —— and she found it really anxiety—provoking to go to a supermarket. What we did was we allowed —— you know, we gave her a bit more money to do her shopping and what she did then was shop locally in smaller stores, which she found less stressful , and she could actually cope with shopping for her and her baby then which —— the thought of going to a big supermarket, which might be slightly cheaper but was just so anxiety—provoking that she couldn't do that. So I think there's some kind of non—obvious benefits of how we used the well—being fund. But most of —— particularly in the early days, one of the big things was technology, you know, because when the schools closed, a lot of kids didn't have access to their own tablet or computer and their living conditions —— you know, they're often sharing very close quarters and so gearing up the technology side of it was quite important as well.
Q. Can I take it from that that you were able to provide funds to assist with purchasing those items?
A. Yeah. I mean, there were national shortages of some tech as well and we had a partnership with Vodafone at the time which was really helpful in terms of actually accessing kit as well.

Q. You then go on to discuss another one of the discrete funds which you set up. I think the Immediate Priorities Fund was, as it's termed, immediate ——
A. Yeah, yeah.
Q. —— straight after the lockdown period in 2020, but then there was a Winter Support Fund both in 2020 into 2021 and 2021 into 2022. Can you tell us what that was utilised for?
A. Yeah. So obviously the COVID period, the dynamics changed sort of from the immediate sort of lockdown through the summer, which was, you know, very difficult for a lot of people, into the autumn, and I think what we and others realised was that the winter was going to be a really hard time for people. So again we spoke to the Scottish Government and said, "Look, you know, can we —— to some extent, you know, you've been very helpful on the immediate priorities, but we're anticipating, particularly on the food side, a big impact over winter". And, you know, what they said to us was, you know, "How much do you think you need?", and so on that basis we were able to go —— as you say, it operated both winter 2020/2021 and the following year, and over the two years our total distribution on behalf of the Scottish Government was 645,000 and we added Barnardo's money to that, so, together with the Immediate

Priorities Fund, you know, we distributed well over £1 million direct to children and young people —— well, mostly families.
Q. The last fund which you narrate within your statement is something which is termed the "Summer Wellbeing Recovery Fund of 2021". Again, can you tell me about that?
A. Yeah. I think that was a lovely thing because, again, you know, if you cast your mind back, how hard it had been —— because people did work with the immediate priorities and the impact and loads of people, not just Barnardo's, really stepped up, but by the summer of 2021 a lot of families hadn't had a break and, again, you know, what we were able to do was talk to the Government about, "A relatively small amount of money could make a big difference for some of these families", and, again, we were granted funding. So we had 274,000 of money for the sort of Get Into Summer programmes and the feedback from the families was fantastic.
Q. Are these programmes where children and young people are able to spend some time outwith family and outwith the home and do some safe activities in the summertime?
A. Yeah, I mean a lot of it was going to the beach, going into areas of natural beauty. We worked across 24 local authority areas across Scotland and just basically did lots of fun stuff. And I think, because of what people

had been through with COVID, rediscovering that fun element with families just made a huge difference.
Q. I wanted to move on to discuss the impact that you, as an organisation, saw on the children and young people and also the families that you're serving. You say in your statement, I think, that you were engaged quite closely with the Communities Secretary in relation to communicating that impact and having a dialogue about it. I wonder, what type of things were you reporting that you were seeing?
A. Yeah, I mean, one of the other things that I would say to the Scottish Government's credit was that they —— when they were allocating these funds out to us, there was a lot of trust and the —— we weren't required to do heavy monitoring and reporting back. So the reports that we produced for Scottish Government were actually full of quotes and things from young people themselves, from families, and so, yes, it was anecdotal but it captured some of the actual spirit of what had happened rather than, you know, just the figures and, you know, being due diligence. You know, one of the reasons that I was keen that Barnardo's gave evidence to the COVID Inquiry was that I think we did some brilliant work over that period. It was a horrible period but what we did, how we engaged with families, I think, you

know, really made the difference to a lot of people.
Q. And at the time where you had a dialogue with the Scottish Government, were you able to report what you were seeing and what were you reporting that you were seeing in these families?
A. I think we were —— one of the things that was really helpful was that we were able to report things very quickly in terms of —— as I say, you know, that first round of redundancies when we went into the first lockdown was very sudden, was very big impact and I think we were able to communicate some of that.
I think the differential impact on different groups was really important as well. So some of the young people we work with can be sort of quite chaotic in their lifestyle so having all of the COVID rules and sticking to them was a real challenge and —— you know, so how do you make a system that still upholds children's and young people's rights but allows everybody to be safe?
You know, I have to say, my experience with ministers —— we worked particularly closely with Aileen Campbell but also others —— I think people were genuinely trying to get it right. It was difficult, it was changing every day, but we were working hard to do that. As I say, you know, I think being a sort of

front—line organisation, being able to say to ministers, you know, that this is what's happening on the ground I think was very helpful to them.
Q. You mentioned there about some of the young people that you serve being quite chaotic ——
A. Yeah.
Q. —— in their lives. You mention I think in your statement that your observation was that perhaps looked after children and young people particularly were disproportionately affected by things like fines and policing of lockdown regulations. I wonder if you can tell me a little bit about that.
A. Yeah. I mean, one of the things we did early on was produce a whole series of reports on a weekly basis of what we were doing to respond to COVID, and we called these reports "In This Together", and over —— sorry, I'll just get the period right —— so between April and July 2020 we produced ten of these reports actually describing what it was we were doing. Quite a lot of those referred back to how we were using the Government funds to support families and I think one of the really important ones we did was around children's rights. As I say, getting that balance between safety but still upholding children's rights —— because a lot of the systems, children's hearings system, a lot of the

systems that allow children to progress from care, you know, basically stopped for a period and that had a big impact. As you say, I think one of the areas we were particularly concerned about for young people was the fixed penalty notices, and that was very unevenly enforced across Scotland and, you know, some of our young people were served with fixed penalty notices which we felt was harsh.
Q. You I think observe that the pandemic meant that a lot of things moved online, naturally, and your view, as you say in your statement, was that perhaps there was an assumption that children and young people would deal quite well with that because they're typically online, but in your experience it wasn't that straightforward. I wonder if you can tell me more about that.
A. Yeah. I think one of the themes through all of this is —— you know, it's been said many times we were all in the same storm but we were in very different boats, and I just think that is very true. You know, for some families, they actually coped quite well with the restrictions and the lockdowns and things. Other families found it extremely difficult and their circumstances were really difficult. And children and young people are all different. You know, sometimes actually being able to do online support in the evening

suited families better than coming —— you know, than what they had previously of coming somewhere during the day. But you have to be really flexible and, obviously, if you're working online and you're trying to pick up not just the straightforward sort of interaction but what's going on below it, how does —— you know, how does the family feel together, you know, if you're doing a home visit, what's the environment like, all of those things are lost when you're working in two dimensions.
Q. In your statement you discuss something which was called "The Wee Hub" which you set up.
A. Yeah.
Q. I wonder if you can tell me what that's for and what impact did it have?
A. Yeah. So going back to my theme about flexible support, one of the things we looked at straightaway was what Barnardo's resources are there that we could use in whatever way. We've got an office in Oxgangs in Edinburgh and that was used as both a sort of administrative office but we also had some services there. Obviously, during lockdown, the number of people who could work from anywhere was heavily restricted and what we did was repurposed the whole building to say, "Okay, well, there are some families who are finding it difficult to access services for various reasons", and

we set up The Wee Hub in that environment to work with, you know, a number of families who were kind of falling through the cracks. So we worked with the local authority to try and identify those families who they were finding it most difficult to give support to and, as I say, we set it up. And it was often around people with other caring responsibilities or if they were key workers, how do their children get support. You know, the feedback we got on that was fantastic.
Q. And when you say perhaps families who were falling through the cracks or between services, what sort of issues were they having at that time?
A. Well, some of it was about loss of routine. So, you know, it was very difficult to keep all the balls in the air and I think —— I can remember one of the things with my staff team was people's caring responsibilities were so different and everybody was affected differently, and that —— during lockdown, you know, how you coped with that, where your family was at in terms of your children's age and stage and what their needs were. So there wasn't one pattern, but The Wee Hub gave an opportunity for a break, so, you know, the families could drop off the children into a COVID—safe environment, do activities. We've got an outdoor space in Oxgangs, so they could come and do some fun things

and actually, you know, give the parents a bit of a break.

Q. I'm curious, did you find during the pandemic that the organisation was serving users who perhaps would never have been referred to the service before?

A. Yeah, yeah, and I think this was one of the -- it's hard to sort of capture the essence of it now, but one of the things that was so good was how we worked with local authority colleagues, with other charities, to say, "How can we make sure that no family falls through the net?" and "It almost doesn't matter who picks them up, but let's make sure, if somebody doesn't fit into one service, that there's something else for them". I think to some extent, you know, The Wee Hub was at sort of the bottom of the net. So if people didn't fit into something else for whatever reason, you know, if the family was really anxious about a child going back to school or whatever, you know, we could provide that support.

Q. Did a lot of the services you're describing require the family to come to you rather than you coming to the family or how did the referral system work?

A. I think what I'd say was it was multi-channel. So, you know, there's a phrase "no wrong door". So if the family came to us direct, we would try and respond. If

the family came via the local authority or via a headteacher, I think there was that spirit at the time of, "How can we respond best to families, whoever?". And we tried to make sure that, if they came to us, that they got a response, and, you know, if there was somebody else who could do it better than us, fine, but the principle was that no family went away without the support they needed.

Q. I think you used the term "safety net" or "dropping through the system" and I wondered if you, as an organisation, felt any safeguarding implications or child protection considerations in relation to the service users that you perhaps didn't before.

A. Yeah, I mean, there was some positives, but, you know, we've also got to remember that for some families, particularly during the lockdown period -- you know, if you'd got the family all together in a small space with very, very limited activities and often pressure of finance, et cetera, not surprisingly in some cases, you know, domestic abuse increased and a lot of the normal checks and balances -- particularly when the schools were closed, you know, you didn't have eyes on the child in the same way that you would have done under normal circumstances. So, yes, we did have safeguarding concerns. But I think there were also examples where it

went the other way and children paradoxically were safer. I mean, I can mention an example if you like.

Q. Yes, of course.

A. So we have some specialist child sexual abuse services and, during lockdown, one of them was aware of a 13-year-old girl who was going missing from her family on a frequent basis. She was actually sort of staying with a 17-year-old male who was sexually exploiting her, and police and social work had tried to make some changes but she kept on running back to him. What happened during lockdown was that she was then stuck with her family so she then spent more time in the care of her parents and what happened was that she was able to make that break with the young man who was exploiting her. And because of that enforced period of having to work -- you know, having to be at home, she disclosed to her mum and dad that she'd been sexually assaulted and they responded with care and love. And what happened was very positive, that she renewed her connection with her parents and managed to break out of an abusive relationship. So COVID was mixed in its impact and I'm not saying that, you know, everything was good about those sort of lockdown arrangements, but there are examples like that which, you know, enabled children to break out of abusive relationships.

Q. Perhaps you're describing a situation where the external difficulties and negative influences might go away but if there is internal within the home, then those might increase?

A. Yeah, yeah.

Q. You say generally, I think, in your statement that child sexual abuse and child exploitation risks certainly increased during the pandemic. Can you explain a bit about that?

A. Yeah. I mean, you know, for simplicity, you know, if we're talking about exploitation, you know, it tends to be sort of outside the family, so those opportunities might have somewhat decreased in some ways. But within families, the stresses were higher, people were on top of each other and so the risks of abuse within families unfortunately increased. But it's also quite a complex mix because, particularly around exploitation, there's a relationship with drugs often, and one of the impacts of all the lockdown activity was that a lot of drug supply units became more problematic, so in some places there were less drugs in the system which kind of helped as well. So there were all sorts of complex dynamics going on at the time.

THE CHAIR: Are there any meaningful statistics available in relation to the increase in child sexual abuse during

the pandemic?
A. I haven't seen any.
THE CHAIR: Thank you.
A. It might be possible to assess those now, you know. It takes some time for the stats to come through.
THE CHAIR: I can see that. Thank you. We might think about that.
MS TRAINER: You also discuss, I think, one of the potential issues or an issue that you saw or the service saw being rural isolation, particularly with rural families but also rural foster placements or care placements. Can you tell me a little bit about that?
A. Yeah, so obviously travel became more problematic during the various lockdowns and I think, you know, the young people we work with are often in sort of quite isolated areas. If you're -- quite a lot of our foster carers are rural-based and just getting out and doing other activities, you know, college activities and things, were disrupted. So I think it was just a general impact.
Q. You also discuss, I think, children -- generally children and young people spending more time online and that coming with perhaps a safety risk to them that maybe wasn't focused on as much because of the immediate need. Can you tell me what the service saw about that?

A. Yeah. I think again one of the things that happened for some families was a bit of a loss of structure during lockdowns as well, particularly when the schools were closed. You know, the sort of playing games into the night became more common, and one of the things we're very aware of is, you know, the opportunities for exploitation online, not just through, you know, sort of chats and things but also related to gaming and things like that. So potentially the risks to children were increased. Going back to your earlier point, I think we would struggle to find stats on that, but I think what I'd say is that risk during this period moved in different ways for different families and some of the impacts were kind of non-obvious at the time but were picked up later.
Q. I'll take the opportunity, but are there any other risks which were non-obvious at the time that you can immediately think of as now having come to light?
A. I think it was in the evidence we provided. There was a -- we did a summary of the impacts on different aspects of the UN Convention on the Rights of the Child, so I think, you know, in very brief detail, we pulled out impacts on education, on views of children -- I think that was one of the things which was quite difficult to get right at the time. Because the

processes were geared to how do we keep each other safe, the decision-making which we might have wanted children and young people to be involved in, realistically a lot of those decisions were made by adults without any reference to children and young people's preferences. And I think some of the decisions about putting things online, for instance, it made a lot of sense for adults and it kept some systems running, but actually, for some young people, they found that extremely difficult, whether they didn't have the tech or, you know, didn't have the ability to engage with that.

So a lot of decisions were made for the right reasons pragmatically but I think the impact was sometimes a bit disempowering for children and young people. You know, things were happening to them. There was a lot of heightened anxiety. You know, all of the communications were about risk and keeping safe and everything, and of course that impacts on -- well, it impacted on all of us but it impacts particularly on children.
Q. When you talk about children's views, in what context are you talking about decisions being made for them? Is it children's hearings or --
A. Yeah, I mean, children's hearings is probably one of the most obvious areas, where, in an ideal world, decisions

on the changes made to processes should have been, you know, engaged and got views on and, not surprisingly, decisions had to be made very quickly about what was feasible and what wasn't. But that -- you know, that's not the only area of activity. I think quite a few bits of the sort of children's system, if you like, became significantly more difficult. So, you know, if you're assessing foster carers, for instance, you know, that was impacted. If young people were planning to leave residential care, that was impacted. If people were in temporary flats which might not have been kitted out because they're only intended to be there for a couple of nights, suddenly they were there for weeks. You know, just those -- because particularly the first lockdown happened so suddenly, all of the system was impacted, and in an ideal world we'd have planned for that and, you know, we could have said, "Well, on balance, it would have been better to do this or that". Everybody was making instant decisions.
Q. Those processes that you just discussed, are those typically processes which, prior to the pandemic, would involve a discussion with the child to get their views?
A. Yeah, and I think, to be honest, we're usually quite good at that. You know, we try and take children's views into account and in the better processes it's

a rights-based approach to say children have a right, have a say about how they leave care, for instance, you know, what's going to be good for them, give them an opportunity to try something out to see if it's going to work. It's a very big step, you know.

Q. And that essentially was a process which perhaps you said decisions were being made about them rather than involving them?

A. Yeah, and I think to some -- I come back to my point. It's very difficult to get the balance right because the situation demanded quick decision-making and I think I was -- I was reviewing how we operated during this period and it was just so incredibly fast-moving. I would have a meeting with my team at 8.30 every morning to plan what we were going to do and communicated out to all staff in the afternoon every day because literally things were changing day by day in terms of guidance on all the social distancing, in terms of how we access PPE for some of our services, what was allowed and what wasn't. You know, there were just so many confusing messages at the time that I think we -- that the danger I think for reviewing everything now is to take a very logical lens on it and to say, you know, "Well, on balance, we should have done more of this or that". You know, things were changing day by day.

Q. In terms of the changing messages, did your organisation feel like you had a role or a duty to assist in communicating that to the children and young people that you were involved with?

A. Yeah, I think we did our best. I mean, the way Barnardo's operates is through a number -- through over a hundred fairly discrete services, so what was right for one service wasn't right for another. But I think one of the things which I learnt in terms of how do you manage in this sort of situation is you have to let go. You know, to some extent your instinct is to try to pull decision-making into a sort of central point but actually that's the opposite of what you should do. You've got to trust people to make the right decisions and we actually loosened the purse strings on things. So if people identified that they needed to do something not just for a family but if there was things that they needed at a service level, I tried to just make it as easy as possible for people to do the right thing.

Q. I think you say in your statement that, in reflecting on that process, your experience was that, when people are in those kind of times of crisis, actually they don't take advantage and they don't flood the system.

A. Yeah.

Q. I wonder if you can tell me more about that.

A. Yeah. I think we can be a bit sort of over-cautious about setting up systems to avoid them being exploited and our experience, I have to say, you know, generally but also during COVID, is that the vast, vast majority of families are not trying to exploit the system and, if you have too many checks and balances, you actually inhibit what you're trying to achieve. You know, families often have to clear so many hurdles to get support. It's really our job to help them access money and support rather than to put in place processes to hinder them.

THE CHAIR: Can I ask a cheeky question? Have you gone back to the old ways since the pandemic has receded?

A. That's a very good question and, unfortunately, to some extent, yes, we have.

THE CHAIR: I didn't mean that in an impertinent way, but it's interesting, isn't it?

A. Yeah, yeah. I think some of us particularly in the charity world have said, "How can we capture that spirit?", because, for all the awfulness of COVID, that spirit of "How can we help people?" just really -- you know, not just from charities, but I think there was a community spirit and it's a real shame if we lose that again.

THE CHAIR: Thank you for your candour.

MS TRAINER: You mentioned the children's rights aspect of your role as an organisation and in particular I wanted to explore that in relation to looked after children and young people which your service has experience of. You mention I think specifically in your statement a briefing that you put together in March of 2020 seeking assurances from the Scottish Government. Can you explain a bit about that briefing and why you felt it was necessary at the time?

A. Yeah. I think the -- again, it goes back to this point about how do you get the balance right. So children's rights are hard won and what we were trying to communicate to Government was, "Yes, you're making these pragmatic decisions, but can you also think carefully about the decisions you're making?". And, you know, the looked after children, particularly those in residential care, the impact was very immediate and organisations like ours had to decide how we were going to respond to that and -- you know, I think you're going to take evidence from one of my colleagues who was managing one of the residential units at the time and the impacts on those young people.

Q. You say, I think, in that briefing that you would like assurances that looked after children and care leavers would receive the same level of support despite the fact

that local authorities perhaps were relaxing in their role a little bit. In terms of the local authorities relaxing in their role, how did that manifest?

A. Well, I think I would preface my sort of comments on this by saying (a) they're a bit anecdotal and (b) it varied a lot. I mean, some of the local authority colleagues we worked with were magnificent and really stepped up and worked in very much the same spirit as ourselves, but I think local authorities have processes and it took some of them a bit of time to work out how you get beyond -- the initial reaction is that COVID just stopped you doing stuff, so, as I already mentioned, you know, if you were -- at the end of March, you were a young person who was planning to move out into a flat on 1 April, suddenly that wasn't going to happen, so how do you manage that process as well as possible? And also try and look creatively at what's still possible rather than just saying, "Well, you can't move because of COVID and that's it".

One of the challenges is always getting parts of the system to join up in the best interests of children and young people and, you know, you've got a lot of moving parts. You've got the social work side of it, you've got the housing side of it, you know, you may have other supports in place around a college place or whatever,

and trying to make sure that all of that works together, keeping that young person at the centre rather than just, you know, housing saying "Well, we can't do this", you know.

Q. And in putting out that message and seeking those assurances from the Government effectively and local authorities, can I take from that that you thought perhaps that looked after children and young people might be lost in everything that was going on?

A. Yeah, yeah.

Q. You say within your statement:

"It is difficult to say what the Scottish Government could have done differently ... [but] what is yet to become clear is whether the ongoing support and recognition of the impact of lockdown on [particularly] young people's development is being adequately resourced or taken [care] of."

Do you have a sense of that now, as to what that impact has been?

A. Yeah. I mean, we work with over 400 schools across Scotland and we did a quick survey of the staff working in those schools, and the biggest immediate impact that we saw was a huge rise in children's anxiety levels and I think that has continued.

If you look at the numbers of children who

disengaged from school during the pandemic and have struggled to re-engage, I think those rates have increased in terms of the number of children who are either outwith school completely or, you know, are less than high attendance -- you know, not 100%, but those who are sort of not attending all the time. I think some of that sort of bond was broken during COVID for some of those children around, you know, "The school's there. It's where you go every day. You know, that's what your normal life is". And I think for some kids that became a source of anxiety and, you know, sometimes that was related to parental anxiety as well. We have to -- if you remember at the time, it was such a stressful period, and that impacts on children's mental health.

I think one of the other aspects was how it impacted the exam system. So, you know, obviously, for the exams that were taking place in the summer or spring and summer of 2020, it had a very immediate impact, but for other children there was that impact on their learning and how could schools respond to that in a way that was supportive but also try and help them catch up with the learning they'd missed. So there were a lot of dynamics I think in schools and to some extent they all handled it differently.

Q. Does the organisation generally have a sense of how children and young people's mental health has been affected?

A. Yeah, we're very concerned. The current response on children's mental health is out of all proportion to the challenge that's there. At the moment, you know, the Child and Adolescent Mental Health Service, CAMHS, is where a lot of referrals go to because there's nowhere else, but CAMHS isn't designed to deal with the volume of activity that is around now because of the mental health concerns. So if you're a parent who is concerned about your child's mental health, the reality is that it's very hard to get that support and certainly in a timely way.

There's a lot of concentration on CAMHS waiting lists, but actually one of the issues is that, even if you get to the top of the list, you may then find that your child's needs don't fit what CAMHS can provide. And some of that is around, "Are your child's needs significant enough?", but paradoxically it can also be that your child's needs are too much because, if your child is kind of in a chaotic state that they're not going to respond to the mental health support, then they may not fit the criteria either. I think we've got to have a much more serious conversation in Scotland about

how do we support the mental health of children when we know that, you know, something like a quarter of children have got mental health needs that need support.
Q. It might be said that children's mental health was an issue before the pandemic. In your experience, is it now more significant?
A. Yeah. I think it was increasing before the pandemic and the pandemic has given it a boost. So I think a lot of schools are really struggling to deal with, as I say, anxiety particularly but a lot of related mental health challenges in the mix as well.
Q. I wonder specifically about looked after children and their specific needs. How they were impacted by the pandemic relative to just young people and children generally?
A. I think it's difficult to generalise because, as you know, looked after children covers a lot of different categories and, you know, for children who are in foster care, if it's a stable placement, probably their experience was not that different to a birth family. We've already talked a bit about the impact of children in residential care, where a lot of activities and things were cut off, and I think that was —— if I'm thinking about some of the young people we support, you know, sort of later teenagers, a lot of their mental

health is tied up with being able to see friends and to actually sort of take part in activities that help them regulate and deal with maybe mental health issues which would surface otherwise. And I think that's the concern that —— you know, how —— if you take away those supportive factors, you then sort of have more problems.
Q. You mention in your statement that, in your view, the processes which were put in place that allowed young people to leave and were essential for kids to come in —— to the system I think you mean —— a lot of that got a bit stuck.
A. Yeah.
Q. I wonder if you've got any experiences or anecdotes about that.
A. Yeah, I was going to say straightaway, it is a bit anecdotal and it's also kind of difficult to —— you know, it's the absence of something happening. So children would —— you know, if there were concerns, children would come into care, and a lot of those processes were inhibited by COVID restrictions and so therefore the children who we might have seen come into care didn't. So on the one hand that creates more —— you know, potentially more difficulties within the family because, if they were going to be moving out in a planned way, that would hopefully ease the stress of

a situation, but, in other cases, we'd obviously try and support the family to maintain their child.
Q. Towards the end of your statement you go on to discuss lessons to be learned and you say that, in your view —— we've spoken about this already a little bit —— that charities are not subject to the same constraints as statutory bodies and so they can move quicker, they can be more flexible and that, in your view, has been an advantageous lesson to be learned. You've already said that in some processes that's rolled back a little bit to what it previously was. Are you able to tell us just generally whether the systems have continued to be implemented in the same way as in the pandemic or what has changed in terms of the organisation?
A. Yeah. I mean, I think probably the biggest change perhaps that's been continuing has been a shift in balance towards online activity and support, and some of that is good because actually what —— you know, what we've all realised is you don't have to do everything face to face and online can —— in its right place can be really effective. I think one of the things we've learnt in terms of our support to families in particular is that actually support online in an evening could be more effective than saying, "Well, can we meet up during the day?", and making all those arrangements. So there

are some positives.
I think we've also stepped up the technology. I think we —— there's a danger that we forget how clunky things were. You know, trying to set up a video meeting pre—pandemic was usually fraught with difficulties in my experience and we've moved to the position where, you know, you just put out a reference on —— you know, "This is the Teams link" or whatever, and you just expect people to be able to access that.
So I think some of the external liaison is easier now than it was, potentially, but you do, on the other hand, lose that sense of relationships and, you know, how do you work effectively with partners, and particularly if you're making difficult decisions around things like children's hearings, you know, how do you get that to work really effectively and get that balance right.
Q. The last issue that I wanted to raise with you is that your statement in general terms and your evidence today has been relatively positive in relation to the impact on your organisation. I wondered if that is truly your view and your experience.
A. I think, you know, it's been quite sobering for me to sort of re—read a lot of the stuff that we produced at the time and it already feels quite a long time ago.

I think it was an awful situation, but a lot of people really stepped up and did their absolute best under the circumstances, and that's the bit that I'm really proud of, you know. There's probably loads of stuff which never came to me that was just people in our services going out, saying, "How best can we support families?", and what I tried to do as director was to have systems in place that allowed them to do that. And it's a small point, but, you know, things like the financial systems, it's the boring stuff, but you have to get it right so that when we say to a family, "Yeah, we'll get you a payment today", that we can actually do that, rather than say, "I can see you really need the money now. I'll put in a request that we get that to you by next week". It's things like that which really make a difference.

And I think we don't always need all of the checks and balances that we've put in place. You know, trust -- the cost of that is significant and, if we had more trust in the system to say -- actually, as the Scottish Government did with us during the pandemic -- "We trust you to distribute quite large amounts of money that come from the public purse and do good with it", that you can actually do that and that people will respond positively to that.

So, yes, I think in a peculiar way it was a very positive period for us and I think we -- some of the families we worked with, I think that message of, "We're genuinely here for you", rather than, "It's just another set of people who are paid to be in our lives to make it more difficult sometimes" -- you know, we really tried to get alongside people and help them.

Q. Those are all the questions that I have for you, but I wondered if there was anything which we haven't covered which you thought it was important that we raise today.

A. That feels quite comprehensive to me.

MS TRAINER: Well, thank you very much for your time.

A. Okay, thank you.

THE CHAIR: I'm very grateful, Mr Crewe. Thank you very much indeed.

A. Thank you.

THE CHAIR: Very good. We're about ten minutes ahead of schedule. I don't know if the next witness is available, but if they are, shall we say about five past? If not, it will be a bit later. Thank you.

(10.48 am)

(A short break)

(11.15 am)

THE CHAIR: Good morning again, Ms Bahrami, Mr Culley.

Ms Bahrami.

MS BAHRAMI: Thank you, my Lord.

MR RONALD JAMES HECTOR CULLEY (called)

Questions by MS BAHRAMI

MS BAHRAMI: Good morning.

Your full name is Ronald James Hector Culley; is that correct?

A. That's correct.

Q. And you're the CEO of Quarriers?

A. Yeah.

Q. You previously gave a statement to the Inquiry, and for the record the reference for the statement is SCI-WT0441-00001. Are you content for that statement to form part of your evidence along with your oral testimony today?

A. I am.

Q. Thank you. Could you please tell us a bit about your own background to start?

A. Sure. So I've been the chief executive of Quarriers for the last four years, almost to the day. Previous to that I spent five years working as the director the Health and Social Care Partnership in the Western Isles and was in that post for around five years and before that I worked for the local Government body, COSLA, for the best part of a decade.

Q. Thank you. Could you tell us a bit about the background of Quarriers and the range of activities it carries out?

A. Sure. So Quarriers is one of Scotland's oldest charities, actually, over 150 years old, and our roots go back to the philanthropic work of William Quarrier himself, who founded the organisation in Victorian Glasgow, ostensibly to support orphan children who were living on the streets of Glasgow at the time. His initial endeavours were focused on supporting those children in the Glasgow area but he soon happened upon an idea to establish a village within which he would be able to look after a larger number of children without parents and undertook to establish a village sourcing funding from other philanthropists across Scotland at the time, and that led to the creation of Quarriers Village. And for the best part of the 150 or so years that we've been in existence, Quarriers operated essentially as a provider of residential childcare, initially for children who were orphaned, but latterly children who for one reason or another required the support of the care system.

By the 1980s that model of care and support had really fallen out of fashion and at that point the organisation had to do -- to diversify, and since then the organisation has been on a journey of

diversification which has led to the development of a large number of services which we provide right across Scotland now, so actually very few services remain in the traditional Quarriers Village.

Most of the work that we do is across Scotland and we do a huge variety of work. So we work with children and young people in various settings, in schools, we provide youth homelessness services, we provide fostering and family support services, but we also work with adults in the social care system, principally adults with learning disabilities who we provide housing support to, to allow them to live independently in the community. We provide drug/alcohol recovery services as well, for example, and we also provide healthcare. So, unusually in Scotland, we have a hospital that is specifically designed to support people with epilepsy, and that's delivered in partnership by the NHS, so the NHS funds us to deliver that care and support. So we have a rich tapestry of services that we deliver across Scotland, across 17 different local authority areas, and we have a staff group of about 1,600 people.

Q. Thank you. I want to initially look at the impact on the various groups that you support, starting with adults with learning disabilities and autism living in their own homes. Could you tell us more about the

impact -- the main impacts on that group both in terms of physical and mental health?

A. Sure. I mean, obviously everything I'm about to say is general and the needs of every individual we support are specific to that person and so the experience of every person will have been different during the pandemic. But in general terms we have a large number of services that are designed to support people to live independently in their own homes. Sometimes they will be on their own -- they will have a tenancy on their own and we will provide occasional support; sometimes they will live with other people within that household and we'll provide a service to those individuals as well. So there's a variety of settings within which we operate.

The circumstances of the pandemic were often felt acutely by those individuals. Clearly, if you have a learning disability, you have an intellectual disability, and oftentimes that means that you need additional support to be able to understand changes in the world round about you. That was certainly true of the pandemic, and it was often accompanied by a level of fear for -- with some of the people that we supported. And our staff did a tremendous job actually of trying to explain why liberties were being restricted, why changes

were having to be introduced into the daily lives and routines of the people we support. And that was hard because, when you're supporting somebody with a learning disability, oftentimes consistency of support and routine can be extremely important. And initially, if those rhythms of daily life were interrupted, it could be quite challenging and that could sometimes lead to distressed behaviours. But we have a very skilled staff team and I think one of the things that we did remarkably well is that we tried to recreate some of the certainties in people's lives that they would otherwise have connected with in the ordinary course of events. So some of our staff would recreate coffee shops within the household or have discos and so on, and that allowed us to move through that period of lockdown in particular to create focus and a level of normality for the people that we support. As I say, every individual will have experienced it differently.

In respect of the population of adults with learning disability that we support, some will have greater intellectual capacity than others. In some cases we will support some of them without capacity and the ability to make decisions, and that can come with its own complications as well. But we navigated through that period effectively, always drawing down on guidance

from various Government departments and institutions around about how best to provide care and support in those environments, the Mental Welfare Commission, the Care Inspectorate and so on. So we were always very aware of the importance of following the guidance that was emerging at that time.

But, yeah, that was the experience we had in terms of supporting people in their own homes. Clearly, as we emerged out of lockdown, strangely enough, it created a different set of challenges for us because, once you get into the routine of essentially staying in your own home and not really going outside, actually the routine suited a lot of people, and when that lifted, when lockdown lifted, going back to what had been normal life was in itself challenging. For some people there was a level of apprehension and, because there wasn't always a full understanding of the virus and what it meant, that was often accompanied by anxiety as well. So that could be a slow process and one in which we had to take care to ensure that that transmission was safe and effective for the people we supported.

Q. Thank you. Now presumably any support that those individuals had from allied health professionals was suspended for a while. Were Quarriers staff able to carry out any of those support functions that

physiotherapists or occupational therapists and the like would have supported them with, maybe by giving instructions on exercises that could be done? Were you able to mitigate the loss of those services in any way?
A. So I think there's a couple of things to say about that. Firstly, we're always very careful about professional boundaries. So our support workers are wonderful at what they do but they are not physiotherapists and not nurses in the main and, even if they are qualified in that way, they are not employed to do that work. So there's a limit to how far into the territory of other professions we can go.
In the main, I think there was good inter—agency working around about how support could be given. Clearly at the time most of the conversation that we had with health professionals was in relation to those individuals that actually contracted the virus, and that was a concern. And, you know, thinking back to the early days of the pandemic, there was a lot of uncertainty and there was a lot of worry actually at that time, and yet the staff were always, always focused on the well—being of the people that they supported. And I think I remember a number of the people that support really going the extra mile, way beyond what you would ever expect in terms of a normal employer/employee

relationship to support the people that they had been working with.
As a case in point, I remember a colleague of ours who had a family of her own —— I think she has in fact six children —— and despite her own obligations, her own worries, the person that she supported took unwell with COVID, she also contracted COVID and, following a conversation with Public Health, undertook to actually live with the individual for the period that that virus had been contracted so that that person had consistency in their lives, so that there was a familiar face, so that holistic care and support could be provided. And that was at her risk. You know, obviously we risk—assessed the situation with Public Health, but it's an illustration I think just of how far people were prepared to go in the fulfillment of their duties.
Q. Thank you. I want to move on to the support that you provide to people with learning difficulties and autism living in residential care homes, which I understand includes children and adults.
A. That's correct.
Q. Is that all within Quarriers care homes or do you also provide support to people in other care homes?
A. No. We —— at the time, during the pandemic, we operated six residential care homes for adults with learning

disabilities and other disabilities and another residential home for children with disabilities. We also provide a number of respite services, which we may or may not come on to separately, but they have a care home registration with the Care Inspectorate. But, yeah, so we operate those care homes.
I think the thing for the Inquiry to note about the care homes that we operated at that time is that they stand in contrast, I think, to what we would ordinarily understand an older people's care home to be, for example. Often those care homes support 50 to 100 people at any one time. Our care homes are small. They support around about six individuals. It varies from home to home, but about six people. We have a very participative model so the people that we support in those care homes will participate in the daily running of those care homes, the preparation of food, you know, maintaining a tidy and clean environment, and we think that that's a really good model of care and support to adopt because it provides purpose and focus for the individuals that we support and provides a sense of contribution on their part.
And so the model —— that participative model stands in contrast, I think, to what we might ordinarily understand a care home experience to be. One of my

observations is that, in trying to navigate our way through national guidance, it was often written with those kind of larger older people's care homes in mind and not really with the support arrangements that we had in place in mind, so we were able to offer a highly personalised service. Because the people that we support were often involved in the daily running and maintenance of those care home environments, some of the guidance around infection control was less relevant and actually harder to abide by in that context because we didn't have domiciliary care workers ordinarily, for example. That would be a collective responsibility of the staff working with the people that we support just to maintain the overall integrity of the care home.
So that could be challenging and I think sometimes the national guidance didn't have the nuance that was required. And the reason for that, I think it goes back in part to Care Inspectorate registrations, which are very binary. If you're registered as a care home, you're registered as a care home, and as soon as that's the case, then you have to abide by national regulation guidance and so on. And that was a stiff challenge for us to meet.
We then had challenges around about the day—to—day issues that would emerge in respect of things like

social distancing. Again, that could be quite difficult if you're working with a person with a learning disability. They won't always be able to maintain, for example, a 2-metre distance. Some of the people that we support were intolerant of the face masks and particularly the more significant personal protective equipment, like visors and so on. That could be distressing for some individuals and so there would have to be an accommodation made in those circumstances.

So one of the things that we did really well was work within the parameters of guidance and regulation right across the pandemic, but, inevitably, if you have a person-centred focus, there has to be a recognition that the well-being of the person that you're supporting has primacy.

Q. Yes. So does that mean that at times you interpreted the guidance in a way to allow those activities to continue, so, for example, the residents gathering in the kitchen to prepare food together or carrying out other daily activities?

A. We would start from the point of view that we have to acknowledge and implement the guidance and I think, in truth, that was one of the things that we did very well across the pandemic within the organisation. But the reality of the world of care and support is that you've

got a kind of -- a pure model, a theoretical model, which you want to try and deliver against, and then you've got the realities of people -- supporting people with individual behaviours and desires, and that can be the challenge.

We would always risk-assess. So the case in point that I was mentioning around the visor is an example, where you think, "Well, this individual won't tolerate the person, the support worker, wearing the visor. What is the consequence if we operate without that level of protection? Is there an ability to deploy other techniques which would have the same effect perhaps in terms of keeping the employee safe while not distressing the individual that we're supporting?". So having that ability to risk-assess in the context of the guidance was really important.

Q. Thank you. When it came to infection control measures such as cleaning surfaces and other things like that, is cleaning really something that usually the residents would have taken care of and, if so, during the pandemic, with the need for increased cleaning and using perhaps more abrasive substances to disinfect, is that something they were able to continue or did you have to get more staff to aid with that?

A. Yeah, my memory is that that model that we prefer had to

be curtailed somewhat during the pandemic for obvious reasons. My memory is that at the time we actually had to introduce new arrangements around about domiciliary care which we wouldn't ordinarily have deployed in ordinary times. So, as I said, we would normally have a participative model where our support workers will work alongside people we support to undertake cleaning duties, cooking duties and so on, and -- but during the teeth of the pandemic, I think we had more stringent arrangements around about infection control. So it meant that we had to adapt to a regime that was in some senses alien to us, but we understood why the guidance was written in that way. Infection control was obviously a primary responsibility for any and all organisations working in health and social care at the time and so we took that responsibility seriously.

Q. Thank you. Now, within the residential setting does Quarriers provide therapies and/or education to children or young adults or therapies to older adults as well?

A. So for our children, they would ordinarily go to school and obviously that was then a challenge when the schools closed and we did our best in that environment to maintain educational activities. Clearly, up and down the country, there were families in those circumstances trying their very best to maintain educational input but

there are limits to that.

In terms of the adult population, around there, the learning and development that they have, much of that required in ordinary times those individuals to be supported outside of the care home environment and, again, that was difficult -- well, at some points during the pandemic it was literally impossible obviously with lockdown measures in place.

So that could be hard and it could also, I think, elicit behaviours from some of the people that we supported which in other times wouldn't have been an issue because they would have been able to deploy their energies and attention to the activities that they would ordinarily be undertaking, whether that was in relation to college, whether it was leisure pursuits, whether it was going out for a drive. I mean, there was a much more stringent environment and that's where it could be difficult for sure.

Q. Are you aware of anyone sort of regressing in their abilities because the external therapies and supports stopped?

A. "Regressing" is maybe not how I would describe it. I think that some of the people that we support lacked the stimulation they might otherwise have experienced in ordinary times and that can have an impact on mental

health and well—being in particular, and even indeed physical health, the inability to get out as much was a factor. Some of the challenges around about maintaining family relationships could also have a profound impact on the people that we support. So I wouldn't describe it as "regression" but I would absolutely agree that there was an impact as a result of the measures that had to be put in place.

Q. We've had evidence from others in relation to, for example, physiotherapy and the support it can offer to those with respiratory conditions or other things and that, in the absence of those, of physio, for example, people had more difficulty in breathing.

A. Hmm—hmm.

Q. I take it the people you support don't have such issues that then the lack of that kind of therapy would cause those difficulties, that then they would have to work harder to get back to where they were?

A. I mean, it's an interesting question and the short answer is, yes, we do have people who will have comorbidities and will have health challenges that they need to manage in their lives. Those will be challenges whether or not there's a pandemic and will often require active management. So in the circumstances of the pandemic it required us to adapt, to change our patterns

of communication. Obviously there was less access to healthcare professionals. At times we had individuals who would nonetheless find themselves requiring hospital care. That was always a concern for us because, to state the obvious, if you are supporting a person in hospital to address a particular health issue, you obviously are opening yourself to the prospect of infection from COVID—19, and that was hard. And yet —— and again this is testament to the dedication of the staff that Quarriers have and had —— oftentimes our staff would accompany them on those journeys into, through and back out of hospital again, even at risk to their own health and well—being. And, you know, when you hear about colleagues who are supporting a person through that journey who then contract COVID themselves, I mean, it does leave an impact. But I think it's a demonstration of how far our staff went to maintain the health and well—being of the people that we support.

Q. Thank you. Could you tell us about the impact of restrictions on visitation in your adult residential settings?

A. Hmm—hmm. Well, as I mentioned, I mean, clearly it is all experienced at the level of the individual, but there is no doubt it was hard —— hard for many of the people that we support at an intellectual level

sometimes to understand why these restrictions were all of a sudden in place. It was difficult in terms of maintaining those family relationships which were hugely important to them. Oftentimes Quarriers will have supported a person across their adult life and so there's a longstanding relationship there, not just with the individual but with their family. So that was really, really difficult. And when it comes to having conversations through windows or in the garden, you know, those were highly unusual times and there's no doubt that it impacted on the health and well—being of everyone concerned, not just the people we support but their family members and indeed staff because, in that situation, you know, people we supported would often be distressed by the lack of a normal family relationship that they were used to across their lives, and that could be difficult.

We always sought to maintain a person—centred approach and to hold on to our humanity, and I remember one of my colleagues telling me about an occasion where the mother of a person that we support had died and the brother of the person didn't want to have to tell that individual over a phone call or in an impersonal way. So we very carefully choreographed an arrangement where that was possible to happen in a socially distanced

environment in one of our office spaces, where the brother of the individual was able to share that tragic news with the person that we supported and to do that in an environment where, you know, they were sitting face to face, albeit socially distanced. It's those things that I think are hugely important and, in the circumstances of a pandemic, clearly it's correct that decisions have to be taken around individual liberty and so on, but you need to hold on to your humanity through that period and I think we managed that, and that's an illustration of the sort of circumstances in which you have to do that.

Q. Thank you. Could you tell us about the impact of visitation in your children's residential settings? Was there greater flexibility there for children to see their parents or siblings or for children to go home briefly with their parents?

A. Whether there was greater flexibility —— I'm trying to think back to the guidance. What I do know is that that was a very difficult time for the young people that we supported in our residential unit in Quarriers Village because clearly for all children, including the children we support, there is a support network there, and that's certainly true of the people that we support, the children that we support. You know, it's not just about

the support workers that provide the day—to—day care in our environment, it's the family, it's the usual school environment, it's the network of friends and peers, siblings, as you say, and there's no doubt about it that that was thrown up in the air. And I think that was extremely difficult for the young people that we supported at the time and that would often be manifest in terms of their behaviours as well and you could see the stress and distress that they were experiencing as a result of these changed arrangements. So, yes, of course we did everything in our power to ensure that those family relationships, peer relationships, were maintained, but there were nonetheless restrictions that we had to apply.

Q. If there wasn't greater flexibility in relation to visitation for children, do you think there should have been, particularly younger children? You know, I'm talking about maybe under —— is it from 12 years old they start in your residential home or is it younger as well?

A. It can be younger, but the children that we have in our residential unit were at the time and are older than that. But, yeah, I think that the primacy of those family relationships are crucial and I know that, as we went through the pandemic, governments across the UK,

UK Government, Scottish Government, started to introduce family bubbles, for example. I wonder whether more could have been made of those sorts of arrangements earlier on in the pandemic because I think at that point you're creating a more empowering environment for people while also recognising the importance of good public health measures. But if you can contain the level of exposure that you have to a limited number of people, then I think that there's an accommodation that perhaps could and should have been made earlier.

Q. Thank you. Were you able to, in the residential settings, make use of remote virtual means of communication? Was that possible with the types of learning disabilities that the people you support have?

A. Yeah, yeah, and not just in residential settings, actually right across the organisation. We made really good use of digital technology, in particular the dissemination of tablets across a wide variety of service and support arrangements that we have. So, yes, certainly in the residential setting but not exclusively so.

In fact in other settings it could be just as important, perhaps even more important. So, for example, I remember speaking to colleagues at the time —— we provide an outreach service to people with

epilepsy and one of the characteristics of epilepsy is that, relative to the general population, you are more likely to be socially isolated, to have poor mental health, perhaps live on your own, so the provision of electronic means to maintain not just relationships within your own life, with family members and so on, but actually with some of the support arrangements that we have in place were often crucial actually to the well—being of those individuals. So, yeah, it was a really important facet of the approach to providing support that we could provide.

Q. Thank you. I want to ask you about, in the residential care setting, the impact on the work and mental health of staff both from the increase in requirements of infection prevention and control and also the lack of visitation. Presumably, when families attend, they also carry out some work so support the work of your staff to some extent?

A. Hmm—hmm.

Q. In the absence of that and the rise in requirements for cleaning and things, what was the impact on their work and mental health?

A. I think there was a huge impact across the period of the pandemic. Again, it's not unique to residential care, but you're right to say that there were additional

factors that had to be considered in that context. Changing routines and practices particularly around infection control, I think oftentimes staff were frustrated that that felt imposed, often slightly —— almost random at times, some of the requirements that were being asked of them by colleagues from a regulatory point of view. You know, I remember conversations about particular products being used. So I think oftentimes staff found that frustrating. And it's that contrast, I think, that we were continually having to juggle, between, on the one hand, maintaining a safe and sterile environment and, on the other hand, recognising that this is people's homes and, although when you're living in a group environment you clearly have exposure to a virus in a way that you might not in another circumstance, we always wanted to maintain a clear line of sight to the fact that people lived in their homes and that we had an obligation to ensure that they felt comfortable there and that they were empowered to live as they wanted, as families up and down the country would have.

So that was a balance that was undoubtedly tough for staff to manage on a daily basis. I think it is true to say that there were impacts on the health and well—being of staff. The virus obviously —— and, you know, we have

a big staff team across the organisation and we were carrying on any given day -- it depended on where we were in the cycle of the virus obviously, in the pandemic -- but that could be quite significant numbers of staff that we had off work because they were self-isolating or because they had contracted the virus.

The tough thing about that is it was often in those circumstances where we would have a conversation along the lines of, "Your colleague just told us that they've tested positive or they're self-isolating. Is there any way that you can stay on and do another shift?". That was a very common request. And to put ourselves in the shoes of those individuals for a moment, you know, they've got a family to go home to oftentimes, they maybe had kids that they needed to see. There was undoubtedly a recognition that, when you were working in a care and support environment, you had an exposure to the virus that you wouldn't ordinarily have in other circumstances. So we were always aware that, when those questions were asked, it was a big ask, but invariably staff would respond. I think that's the thing more than anything else that was pretty humbling during that time, that staff would always respond positively, to say "Yes" or an accommodation could be found. I think that contributed in a very challenging way to the health and

well-being of staff.

There's a psychological contract between an employer and employees which is, "Here are the arrangements within which we expect you to work", and when, as an employer, you go outside of that and you start to ask for special requests, favours almost, that can erode that psychological contract. But I think at the time people recognised that we were living in such exceptional circumstances and, because of the focus that our staff had to the health and well-being of the people that they supported, it amazes me just how frequently people said, "Yes, of course, I'll stay on" or "I can do that next shift the day after tomorrow" or whatever. It was remarkable.

I think in the end there has been a longer-term impact in terms of -- it's an overused expression -- but burnout because the cumulative impact of working in that environment across the pandemic I think did erode the energy levels of our staff, for sure.

Q. I'd like to move on to the people you support who are recovering from drug and alcohol dependency.

A. Hmm-hmm.

Q. You mention in your statement that it was difficult for them to source medication. Could you expand on that? Was the medication not available in pharmacies or what

was the reason?

A. Yeah, I guess what we remember from that time is that access to everything in life was curtailed, and I think what is true of our support arrangements for people on that recovery journey is that oftentimes there will be a lack of structure in the lives of those individuals and so having access to the right support at the right time is crucial and, if there's a variation to that, then that can be impactful in terms of their recovery journey. So it's not that, you know, medications were withdrawn or that there was a complete absence of an ability to access those, but there's no doubt that patterns changed in terms of how we were able to provide care and support across the pandemic.

And I think the other thing for that population group that changed quite radically is the level of peer support that they often relied on changed because, although they may be able to maintain a relationship with a health professional or with one of our support workers, they may not have been able to maintain relationships with other people on that recovery journey and actually, for people in that circumstance, that can be really, really important. So I think for that population group in particular the pandemic was really quite tough.

Now, we did our very best to adapt, as we did with every service. So, for example, we have a cafe up in Elgin which is used to really support the development and recovery of people who experience substance misuse and we had to re-imagine how that cafe could be used. So rather than that being part of the recovery process, we used it to essentially dispense food across the community, and that in itself allowed us to maintain those relationships with people we support but actually provide a wider community benefit as well. So that's some of the ways in which, you know, we changed and adapted as a result of the pandemic.

Q. Thank you. I do want to speak more about the peer groups, but in terms of medication, how was it provided before and what did -- how did the provision change during the pandemic?

A. I would probably need to come back to you with more information on that. Essentially there is an arrangement which is managed both through the NHS and our own services about how to maintain the health and well-being of the individuals that we support. The access to that medication, as I said, may have been provided differently, but I'm happy to come back with more particular information around about that.

Q. Thank you. Now, in relation to the peer support groups,

were they able to move online or is this a group that's somewhat digitally excluded?
A. I think both of those things are true, if that doesn't sound like a contradiction in terms. So, yes, we would always seek to use technology to support as best we could alternatives to our normal working practices. But it's also true to say that that population group will often be digitally excluded, may not always access digital devices, and so there were certainly challenges maintaining those arrangements for that population group in terms of accessing peer support. Clearly there's a temptation, isn't there, to think about the pandemic as one homogenous block, but the reality of course is that our individual liberties were more expansive or less at different points in that journey. So it was certainly the case that at some points we were able to maintain something more approximate to our usual operating arrangements but there were other times where it was extremely difficult, particularly in the hard lockdown eras.
Q. Thank you. Then moving on to the families you support from disadvantaged neighbourhoods who struggle with their mental health, as you've set out, what were the main impacts on those people? I understand some live in small houses or flats with no garden space. How did

that impact the children and their parents or carers?
A. The provision of family support was really quite challenging over the course of the pandemic. To offer you a case in point, let me describe to you one of the services that we operate in Ruchazie in Glasgow. It's a brilliant service which provides an early years nursery environment but it also provides wider family support. So we're able to give structured care and support to young children, often who live in precarious environments, but we're also able to work with the parents of those individual children to provide support around their health and well-being, dealing with some quite difficult issues oftentimes; domestic violence, for example, poor mental health, suicidal ideation. So really families that have often experienced quite a lot of trauma in their lives and, as you might imagine, in those circumstances those children can often find themselves in vulnerable positions, and one of the great things about the support that we provide is that, through the nursery, we're able to give that structure and a pathway to something that's much more positive.
In the circumstances where you have the closure of nursery, it's difficult to maintain that level of safeguarding, so oftentimes what we would seek to do on that basis would be to develop more of an outreach

model, where we would have reached out to individual family members, and we would -- for example, Quarriers, as an organisation during that time, also did quite significant fundraising work with a view to supporting families and others who, like all of us, were experiencing life under a pandemic but whose lives were -- perhaps had greater challenges than the general population.
And whether it was dropping off a food parcel or a gift or something that allowed us to maintain contact, even if it was in a garden space or outside, it meant that we could essentially retain that relationship and actually just assure ourselves that some of the well-being and welfare issues that may be present in the lives of the children within those family environments were in good order. So child protection during the pandemic was a difficult thing to get right, but I think through the ingenuity and the proactivity of our support workers, we were often able to put eyes on the children that would otherwise be in the nursery, just to make sure that they were healthy and well.
I think that contact was also hugely appreciated by the families that we support, the parents. As was implicit in your question, many of them experienced quite significant isolation. Some of them lived in

a home environment where they were in a flat, it might not have had access to garden space and that could be a pressure cooker environment. And so even a phone call was often enough just to give somebody that sense that they weren't on their own, that there was somebody prepared to listen to them, that if they needed more help or different help, then there was a pathway to that. So that was crucial and I think many of the families that we support really appreciated our involvement in that way.
Q. Thank you. In relation to the child welfare matters that you raised, were there ever occasions where things weren't in order and what action did staff take then?
A. So we've got really robust internal processes. I think one of the things that we probably experienced during that time was a fragmentation of the normal system of support that surrounds a child in a formal sense and particularly accessing social work input could be tricky.
In the early days of the pandemic, it felt that professionals dispersed across from their normal environments to a new way of working, oftentimes that was remote for obvious reasons, but it meant that access to the sort of integrated, holistic discussion and decision-making that would often happen around a child

was much, much more difficult. You know, conference calls were really difficult to administer —— I mean, really challenging. And this is, I suppose, in the early days in the pandemic in particular, when we didn't have robust or reliable video conferencing arrangements. Sometimes you would have mechanisms by which you would try and contact social work through a local authority and you would find yourself in a labyrinth, trying to find your way to the social worker that you wanted to speak to. So there were challenges there for sure. Health professionals were still present to some degree, health visitors, but again, even there —— everybody's routines were changed.

So the idea of having a robust and reliable network of support and advocacy around a child I think definitely frayed during that period. All of that said, when push came to shove, where we were ever concerned about the welfare of a child, we would always make sure that that was communicated to the appropriate parties. Even though it was harder, we never once and never would ever think that, simply because something was hard to do, that you then give up on that. So we would always make sure that the right people knew.

Q. I'd like to move on to unpaid carers.

A. Yeah.

Q. Do you support only adult unpaid carers or do you also support child unpaid carers?

A. Yeah, we support young carers as well.

Q. As well. Okay. I'd like to ask you about how each of those age groups were affected. So for the child carers, presumably they were in education.

A. Hmm—hmm.

Q. What was the impact on them of managing their education, home—schooling themselves essentially, and looking after a parent or other relative?

A. I mean, I guess my starting point on that one is the life of a young carer is hard enough anyway, without a pandemic over the top of it, and undoubtedly there were challenges there. I think again it's a testament to our staff, to our support workers, that we re—imagined how we could provide that support. And I remember speaking, for example, to colleagues in our care and support service up in Moray about how they would provide an outlet for some of the young carers. Maybe they would go on a walk with them to ensure that they were able to spend time out of the family environment where they could unpack the issues that they were trying to work through, whether that was around education, whether that was around their carer obligations in the home. So, like anything else, we

adapted and we made sure that the children and young people that we supported in that environment had an outlet and had somebody to talk to.

We would often, again, use technologies in ways which we might not have done previous to the pandemic, communication devices and so on, just to check in on people, and, again, I think that helped to provide an extra layer of support.

Q. Thank you. And of course at certain points respite services had stopped and Quarriers provides respite services, but presumably those services as well had stopped. For the adult population as well, did you seek to join them for walks and for other activities that the rules permitted instead or ...?

A. Well, not all respite services stopped, and indeed one of the things that we're very proud of as an organisation is that we provide continuity of support across all our services right across Scotland. Many of those services were inhibited in terms of the normal operating circumstances and our respite care facilities are a case in point, so we couldn't operate at full capacity. And I think that stemmed from a recognition that, in contradistinction perhaps to care home environments where these are people's homes, oftentimes within a short breaks environment somebody will come for

a defined period of time. So there was a question I suppose that was discussed nationally about the necessity of that.

What we undertook to do was to ensure that our respite services operated across the period but with quite significant restrictions in terms of social distancing and numbers. So our capacity changed over that period, but we did operate, precisely for the reasons that you might imagine, which is that we didn't consider this to be a nice—to—have. This is fundamental to the welfare and well—being of unpaid carers. To have an opportunity to have time for yourself and to be able to withdraw temporarily from your caring responsibilities is crucial.

Nonetheless it is true to say that, in terms of the support arrangements available to unpaid carers across Scotland, that changed radically over the period of the pandemic. In particular, what we saw was day support services —— and we don't provide any day support services, but many of the people that we support, the carers and families that we support, no longer had access to those sorts of arrangements, in a children's environment, they no longer had access to school, and in that circumstance that could be extremely difficult. So I think it is true to say that the population of unpaid

carers in Scotland had a particularly tough time during the pandemic. Now, it was tough for everyone, but I think it's fair to say that unpaid carers had a layer of responsibility and an intensity to the experience of caring for their loved ones which would have been extremely difficult in some circumstances to manage.

Q. And presumably even more difficult for the child carers, given their ages, of course?

A. Yeah, precisely. Now, we tried to ensure that the individuals were well supported. I mentioned the use of technologies. Oftentimes old-fashioned technology like phone calls, just checking in on people, making sure that people were okay, exploring what we could do, drawing down on the fundraising that we had done to make sure that people had little gifts or whatever, just to make sure that they recognised -- or they were aware that there were people thinking about them and giving them support. So we did our best to maintain those relationships across that period.

Q. Thank you. Do you know whether unpaid carers were able to get the medical supplies, medication, medical appointments or referrals that the people they cared for required? Was there any disruption to medical supplies?

A. Again, I would need to come back to you on that. My sense is that it was a highly variable experience

depending on locality, which health professionals were involved, but I don't have any specific examples that I could offer you to tell you one way or the other.

Q. Thank you. I'd like to move on to foster carers, kinship carers and shared lives carers.

A. Yeah.

Q. Firstly, could you explain what's meant by "kinship carers" and "shared lives carers", please?

A. So kinship carers are members of an individual's family, a child's family who -- where they don't live with their direct parents but may live with a member of the extended family, and that person will often be remunerated to maintain those parental responsibilities, as it were.

Shared lives is slightly different. That is where typically you will have an adult with -- in need of support, oftentimes with a disability, who will live within a family environment and the individuals will provide love and care for that individual, but, again, there will be remuneration involved for that. And foster care is obviously being similar but for children.

Q. Yes, thank you.

Can you tell us, were new care placements able to take place throughout the pandemic or were there periods where a new placement couldn't start because of

restrictions?

A. The whole system slowed. I'm not aware of any formal cessation of the process because life moves on and needs need to be met, but the whole system slowed. There's no doubt about that. It was harder to arrange meetings, to co-ordinate, to have discussions, and that had an obvious impact in terms of the responsiveness of the wider social care system to people's needs. But I think it would be wrong to characterise it as completely closing down.

Q. Were the main impacts on children and adults and carers in these situations similar to the impacts you've already discussed or were there any particular challenges in this setting, perhaps at the start of establishing a relationship?

A. I think they were broadly similar. In fact, I remember having discussions with foster carers that we support and indeed shared lives carers about their experience and the impact of the withdrawal of key support mechanisms in the lives of the foster child or shared lives individual. That could have really quite a profound impact on the kind of rhythms of family life and the strains on family life and the degree of support that people had. Oftentimes there was frustration, sometimes even anger I think, around about an experience

where, if not feeling abandoned, certainly feeling that the sort of mechanisms that were necessary to support the well-being of their loved one, the person that they supported, had radically changed and altered.

Q. Thank you.

THE CHAIR: 15 minutes, Ms Bahrami.

MS BAHRAMI: Thank you, my Lord.

I want to turn to the impact on young people aged 12 to 15 that you support.

A. Hmm-hmm.

Q. Firstly, why do you cover that age range?

A. Well, 12 to 15 was probably too specific in terms of the evidence that I provided. We support young people in a variety of ways. There's two key areas that I suppose are worth mentioning. One is around youth homelessness and one is around about the work that we do in schools, and I'm really keen to speak about the latter. But in respect of youth homelessness first of all, we will support young adults. They tend to be an older age group actually. They tend to be the kind of 16 to 25 age group who are transitioning out of childhood into adulthood and for whom, in the absence of our support, may find themselves homeless. I think that was a really tough experience for those young people. There was a very variable understanding of restrictions that were

in place across the pandemic. For some young people they were almost oblivious, I think. Many of the people that we support in that circumstance have quite complex lives anyway, live with high levels of risk anyway, so the prospect of a virus out there wasn't something that would stop them necessarily from doing what they were wanting to do.

By contrast, other young people in that same population group would be terrified to go out and would be isolated, sometimes at home, and tensions could emerge, particularly in group environments, where young people had —— were differently disposed towards how to manage that risk, some young people being super—cautious, others quite brazen, and that conflict could manifest itself in behaviour. So there were definitely challenges around about how we supported young people in that environment.

I also did want to talk about the work that we do in schools, though, because I think one of the profound and lasting legacies of the pandemic has been around about how young people access education. And we provide a range of services across Scotland in this area, but just yesterday I was speaking with a colleague who manages our services down in Scottish Borders and she was able to provide quite a detailed account to me of

the experience that they had.

They provide support to children in school environments around about their emotional well—being and their resilience, and we had had a footprint in schools for a couple of years prior to the pandemic and so we were known and we had trusting relationships. But the speed at which they were then able to move to a digital footprint and mechanism for maintaining those relationships was remarkable. We delivered across the period 14,500 sessions with children and young people virtually. We opened up our caseload, we reduced a number of appointments where children and young people didn't turn up and actually what we managed to achieve over that period was remarkable.

The bit we found toughest was when the schools opened up again and yet there were still restrictions on our support workers accessing the schools because they were deemed to be non—essential staff. In hindsight, that was a mistake because the emotional well—being of those children was absolutely the priority or should have been the priority at that point as they made their way back into the education system, and I think, as a country, we probably didn't pay enough attention to that. So, far from being a nice—to—have, my own colleagues in those circumstances and to my mind, it's

absolutely essential to the well—being of those individual young people.

I think the other thing to say about that is that there were particular sub—groups within the school age population which were quite profoundly affected, particularly children who are neurodiverse, children who perhaps have autism, who had experienced the pandemic perhaps counter—intuitively as a way in which they could advance their education but not having to endure school. I use that word very deliberately because, for many young people in that circumstance, school does feel like it is an experience that has to be endured. And so the drop—off that we've seen in terms of school attendance over the course of the pandemic has been quite remarkable. I think there's been a 50% increase in school non—attendance.

Some of the best work that we do as an organisation now is with those school children to encourage them back into a more robust educational experience, where they're more comfortable again in schools, where we're working with them in some of the mental health and well—being issues that they are experiencing as they reintegrate into the school environment. It's hugely important work and I think we need to do more of it as an organisation but also a country because we probably went too fast

back into a mindset of educational attainment and not enough focus on the psychological well—being of the children that we support in the education setting.

So we need to do more work on that. We've got some terrific examples. I mentioned Scottish Borders. We've got equally great examples in Glasgow, where we are now reaching out to those kids, to those young people, to try and re—integrate them into the school environment and it's hugely important work.

Q. Thank you. Moving on briefly to people with epilepsy, you state that you moved to an online outreach programme but that it became difficult to pick up on the usual cues that support workers might detect in a home visit. There, are you talking about cues that a seizure might be imminent or what kind of cues are you ...?

A. Possibly but not really. One of the defining characteristics of epilepsy actually is it's often difficult to determine whether seizures happen and indeed that very fact is one of the reasons that people with epilepsy are often more socially isolated because they can't control when —— if their epilepsy is uncontrolled, when a seizure might happen.

What I suppose I did mean by that is that, if you have a relationship with an individual which is managed digitally, then you're confronted with a screen in front

of you where you see a person's head. You don't really see much more. If, by contrast, you're in a support relationship which is face to face, you might visit somebody in their own home, you might see, for example, that they haven't been able to look after themselves. There can be other tell—tale signs around about in the household which some of the skilled support workers that we have will be able to pick up on and use that to explore these in conversation with the individual about how their life is going and about some of the challenges that they might be experiencing. So in the absence of those visual cues, you're often reliant on that individual sharing with you the challenges that they're experiencing and, as we all know, not every individual is equally amenable to opening up about the experience that they're having emotionally, psychologically and so on.

So although the development of these digital mechanisms were really crucial and far better than the absence of —— of not having that relationship, it's not as good as face to face, and that's just the reality. And across all of our services, to have those support arrangements —— they'll tell me the same thing —— that there's nothing quite like having that face—to—face relationship. Digital adds another layer, another

string to your bow, but the crucial face—to—face relationship is so important.

Q. Thank you. Now, we just have over five minutes left so I want to ask you about a couple of comments you make in your statement. Firstly, at paragraph 53, you say:

"Undoubtedly, the Scottish Government got the balance wrong at times when weighing infection control measures against people's human rights."

And then you say:

"More generally, the interests of the people we support were not always adequately considered when decisions about the response to the COVID—19 pandemic were made by the Scottish Government. However, we do accept that some decisions were having to be made within the context of a public health emergency."

Could you expand on that and give examples of what you're alluding to there?

A. So in terms of human rights, we all have a right to a family life and, if you're living in a residential care home, you don't surrender that right when you choose to live there or when you walk through that door. Now, for understandable reasons, governments across the world, not just the Scottish Government, introduced restrictions to our liberties and we all understand the rationale behind that, but there's always a balance to

be struck about other rights that people have, and that right to a family life is so fundamental that I think sometimes we got that wrong; in other words, what I would say is that oftentimes the right to a family life was experienced differently by the wider population as against those living in a care home environment, and I don't know that that always sits comfortably with me. I don't deny the difficulty of making these calls and of managing that tension, but I think sometimes the public health priority perhaps lost sight of some of those really crucial rights that people have.

I guess that's what I also mean in terms of the degree to which the Scottish Government then considered the experience of individuals in that environment. There was a lot of Government investment at the time and conversations with health and social care professionals and there was discussion, I know, about whether that balance was right, and it's always going to be difficult to answer that in the abstract, but I think there were times where we should perhaps have been more sensitive to and sympathetic to the rights of individuals to pursue that family life.

Q. Thank you. At paragraph 50 you say that:

"The reliance on multi—agency conference calls early in the pandemic was a sub—optimal way of communicating.

Conversations were difficult to follow and participate in."

Do you have views on a better way of —— a better system that could have been in place?

A. Yeah. I mean, actually one of the things that happened quite quickly in the pandemic, certainly within our organisation, was that we became accustomed to using, in our case, Microsoft Teams —— for others, Zoom was also commonly used —— and that provided a structured environment within which to have a conversation, and that ranged from one—to—one conversations through to very large audiences. In that circumstance, there are visual cues when somebody wants to speak and it was altogether a more effective way of managing those conversations.

The conference calls were impossible. Nobody knew who was going to be speaking when because there was no visual mechanism there. And actually I remember —— I actually came into my job right at the beginning of the pandemic, so the tail end of my last job is as a director of health and social care. It was oftentimes using these multi—agency conference calls and it was grim. I mean, it was really grim. And I —— you often came away more confused than anything else.

So as it happens, the advancement of technologies

were such that the use of Microsoft Teams was, for us as an organisation in Quarriers, crucial to our ability to manage the pandemic, to essentially effect good communication within the organisation and to ensure that we were able to continue functioning as we did do across the period. And had the pandemic happened ten years prior to that, when that technology didn't exist, I think it would have been a wholly different experience.

Q. Thank you. Is there anything we've not covered today that you would like to comment on?

A. No, other than to say I think it's incumbent on me to say thank you to all of the staff and volunteers at Quarriers across that period. To deliver care and support without missing a beat and to put yourself in a position where you were often exposed to more danger than you would otherwise have been, to do all of the additional work that was asked of you, in which you always rose to the occasion, I think is really quite special and I think it's probably important for me to note in this formal environment the contribution that those individuals made.

MS BAHRAMI: Thank you very much.

THE CHAIR: Yes, thank you, Mr Culley.

A. Thank you, my Lord.

THE CHAIR: Right. I'm just checking my times. 1.30. Thank you.

(12.31 pm)

(The short adjournment)

(1.30 pm)

THE CHAIR: Ms Trainer.

MS TRAINER: Good afternoon, my Lord.

MS ANNE WHYTE (called)

Questions by MS TRAINER

MS TRAINER: Good afternoon. I wonder if you could begin by telling us your full name.

A. My name is Anne Whyte.

Q. And you're here, I think, in your capacity as assistant head of business in family placement at Barnardo's Scotland.

A. That's correct, yes.

Q. You have provided a statement for the Inquiry and for our purposes the reference number for that statement is SCI-WT0247-000001. You should understand that that statement has been read and will be available to the Inquiry to use as evidence.

I wonder if you could start by telling us how long you've been in your current role for.

A. I've been in my current role with Barnardo's since early March 2021.

Q. And before that I think we see from your statement, just at paragraph 7, that you were the registered manager of an independent fostering service prior to your role with Barnardo's; is that right?

A. That's correct, yes.

Q. Is that role similar and in a similar sector to the role that you currently hold?

A. Yes, the same sector and a similar role, covering all of Scotland.

Q. In your current role, are you able to give us an overview as to what that involves and what your responsibilities are?

A. Yes, my role is to oversee the statutory services and implementation of standards for the fostering and adoption of children and young people across Scotland, and that includes the recruitment of foster carers and also the safety and welfare and standards for children and young people placed in foster and adoption homes.

Q. Are you involved in essentially matching children to adoptive placements that you identify and run?

A. Yes. A large part of our work is matching those children and young people referred to our services to those foster carers who are part of our Barnardo's fostering service.

Q. Are you able to give us a sense of how many placements

in children and young people that you're currently dealing with in foster care and adoptive placements?

A. Yeah, we currently support about 170 children and young people across our Scotland services and we also have 19 approved adoptive families in our adoption service, and that includes the children and young people who -- 12 children and young people who are placed with those adoptive families. We have an adoption support service and our adoption support service currently supports around 160 adoptive families, and that could be adoptees or adopters or birth families.

Q. The services that you've described in terms of fostering and adoption, are they overseen by the Care Inspectorate?

A. They are, yes.

Q. And in your role, can I presume that you effectively manage teams which work directly with carers, children and young people?

A. Carers, children and young people and work in collaboration with our local authorities.

Q. In your statement -- I think it's at paragraph 34 -- you say that Barnardo's specialise in securing placements for children who, if the placement were perhaps to be sourced by the local authority, they might wait the longest. What do you mean by that?

A. Barnardo's specialises in those children that wait the longest, so those children could be children who have experienced placement breakdown, so several moves from fostering homes, or children with additional needs, particularly for children who are placed for adoption. So we specialise in trying to match and place those children who perhaps wait the longest.
Q. One of the other things I think you mention in terms of that might be larger sibling groups; is that right?
A. Yes. Predominantly our referrals from local authority have taken the trend of larger sibling groups, and it could be sibling groups, brothers and sisters, up to five, where we would try and place in close proximity with their foster carers so that we can maintain that connection with the families, and also, you know, children and young people who perhaps are a sibling group of three, who can be placed together in a fostering home or in an adoptive home.
Q. And another thing I think you very briefly mention is perhaps children from different ethnic and cultural backgrounds that might be difficult to place in local authority placements.
A. Yes, that's correct.
Q. In your statement you tell us about various ways in which your service was impacted by the pandemic and

I wondered if it might make sense to start with the issue of the recruitment of both foster carers and adoptive carers. First of all, are you able to give us a general idea as to how prospective foster carers were recruited prior to the pandemic?
A. We would have a number of ways that we would try and recruit our foster carers, and that could be advertising online, through social media, but it's also about being in local communities and local venues, looking at -- it could be schools, it could be fairs, it could be local -- just local amenities, where we would offer the opportunity for people to come forward to enquire a little bit more about fostering or adoption, but largely face to face prior to COVID.
Q. And I presume from you saying that that the usual course of recruitment perhaps changed following the pandemic and, particularly in March, the lockdown. Can you tell me how it changed?
A. It changed significantly because we were no longer able to be invisible [sic] out in the community so we had to rely very heavily on the internet, we had to rely very heavily on social media, to put the same information and to try and give that relevant information to anyone who may want to enquire to become a foster carer or an adoptive parent. So everything had to change to be

online and to be advertised through social media.
Q. I think you express within your statement that perhaps that created a particular challenge in connecting with people who are -- might be less confident in using the internet.
A. Yes.
Q. Are you able to expand on that?
A. Yes, I think a lot of our local communities, sometimes their internet is not -- they don't have good connection, so -- you know, people are also less likely to get the information in that face-to-face connection, to understand what fostering entails, rather than reading something online, so those people that -- you know, you're correct in saying that are perhaps not as confident in using the internet, we're unable to reach those people, who may then have come forward and may have talked to us on a face-to-face event or outwith in the local community.
Q. You go on, at the beginning, I think -- at paragraph 64 in your statement you really identify a number of trends which the service has seen throughout and then perhaps since the pandemic, and you say that the number of foster care enquiries "decreased significantly". Are you aware, first of all, whether that continues to be the case and also perhaps the reasons for that?

A. There's a continued decline in the number of enquiries coming forward to be foster carers, and that's been across a period of four years, so we've seen a steady decline year on year. That could be about change in lifestyle, it could be about financial circumstances, it could be lack of awareness and understanding of what fostering actually entails. Conversely, the number of adoptive enquiries increased.
Q. I wonder if I could ask you further about adoption in a moment, but you also indicate, I think, that the number of resignations of current foster carers during the pandemic increased.
A. Yes, that's right. We had a high number of foster carers, particularly during 2021 and 2022, who tendered their resignation. Some of that was due to retirement but some of that was due to feeling unable to continue in their role as foster carers, either returning to full-time work or actually more of a caring responsibility for their own families and feeling unable to care for another child in their home.
Q. Can I presume from the fact that you've put it in this statement that you attribute that to the pandemic rather than other factors?
A. Yes, I think people -- when we gathered the information, we -- when foster carers wish to resign, we will talk to

foster carers to try to gather the reasons for that and the majority of the reasons, whilst they're varied, were about change in lifestyle, about want —— about financial circumstances, but also wanted to take their life and their circumstances in a different direction.

Q. You say relative to foster placements that there are perhaps different needs now and one of the things that you identify is that there is a greater need for larger sibling groups than previously. I wonder if you can expand on that.

A. We've seen an increasing trend and I think predominantly the introduction of The Promise is the important —— places the importance on giving brothers and sisters the opportunity to stay together, and so the number of referrals to our service has increased for sibling groups, as I said previously, for three or four and it could be five in some circumstances, so varying ages of children.

Q. Are we to understand from your reference to The Promise, then, that you don't necessarily think that that's attributable to the pandemic?

A. I don't think it's directly related to the pandemic.

Q. You go on, and you've mentioned it in your evidence already, that there was —— the number of adoption enquiries increased and I think you say increased

hugely.

A. Yes.

Q. The increase was very much looking for babies and much younger children. I wonder if you can tell us about that.

A. It's very hard to understand fully the picture of why adoption enquiries have increased, but IVF, for instance, had stopped. There was no longer the opportunity to explore that for parents or for prospective parents. Again, I think change in lifestyle and people taking stock of their life and where it was at that moment in time, wishing to then become a family and to adopt children.

Q. These changes and general trends in terms of recruiting both foster carers and adoptive carers, are they changes which you saw over a relatively short period or do they persist to this day?

A. The number of reduction of enquiries for foster carers continues to decline, as I said previously, so we've seen a steady decline over the last four years, and that's across the social sector. That's not particular to Barnardo's. The number of adoptive enquiries has slowed, but we are quite particular in Barnardo's about adopters who we would want to take through and support, and that's in relation to those children's needs that

are placed on the adoption register. We would try to match them very closely.

Q. That leads I think to another area which I wanted to explore with you, that being the process of assessing and training the carers that you recruit. Firstly, am I right in thinking that Barnardo's completes —— actually yourselves as an organisation complete the initial assessments of prospective carers?

A. That's correct, yes.

Q. And why are those assessments and perhaps the quality of those so important?

A. It's hugely important that people have a good awareness and an understanding of the role of a foster carer or the role of an adoptive parent and some of the challenges that that may bring with children within their home, and so it has to be scrutinised and assessed quite carefully and it can be quite intrusive for people coming forward, which in the main they understand and they understand the reasons why the assessment has to be so in depth and so carefully managed throughout that assessment journey.

Q. You mentioned there about the in—depth nature and perhaps even intrusive nature as to the assessments. I think within your statement, particularly at paragraph 21, you go on to say that the local authority

stopped assessments of new carers and new placements, but conversely you carried on.

A. Yeah.

Q. Why was that?

A. We continued to look at different ways that we could recruit and assess our foster carers and adopters, and predominantly Barnardo's, as a charity, all our income comes from our local authorities, who would refer children and young people to our service and, if we don't have the foster carers or indeed the adopters to match for those children that need those placements, we really don't have an income. But the need for —— sorry, the need for —— I think the continued need for children and young people and being aware of the need of those children waiting was a driver for Barnardo's to continue those assessments.

Q. Are you aware or did you manage to get a sense of why others, including local authorities, might have stopped doing the assessments?

A. I think it's quite difficult to understand and it's quite difficult to comment on the exact reasons that they ceased. It could have been about methods that they used or methods that wasn't available to them, that we were able to act on quicker, so online methods and the way of connecting with those families who wanted to come

forward. Not all local authorities stopped but some did, and perhaps with adoption that may have increased the number of enquiries to our service because we continued to do those assessments and carry out those assessments.
Q. Just in brief terms, are you able to outline the differences between the assessment process before the pandemic and then the assessment process when the lockdown occurred?
A. Prior to the pandemic, we would visit initially and we would have that face to face. We would then continue to have at least 12/14 visits to that family as well as —— if they were a couple, we would continue to do those individual visits and assessments to make sure that they had the opportunity to talk to us on a one—to—one basis. We were unable to do that during the pandemic. We still continued to do some visits. That was because we really needed to see the home. It's very difficult to see that on an online platform. So we had to visit the home to try and still get a feel for the home and for the couple or the person that was coming forward to be a foster carer or adopter. So predominantly it moved to online and the checks I think all had to move to online. So GP checks and disclosure checks, they all took a little longer because all systems slowed down.

Q. Do you think that the changes that you required to implement had any impact on the quality of the assessment?
A. We continued to follow the assessment process but I think it is fair to say that there were, for some people, differences in how they expected and how they envisaged fostering, predominantly fostering would be for them and having another child into their home. So for some couples and for some people they were not approved for very long or didn't have a child in their care for very long before we —— before they either resigned or we had to —— we had to take them back to look at whether they could continue to be registered because the expectations of what fostering would be like was not the same.
Q. Can I take it from that, then, that perhaps you have seen an impact on fosterers who were assessed during that period subsequently perhaps —— I think you say in your statement —— not appearing fostering—ready?
A. Yes, because everything was online. The training was online; the opportunity to talk with other foster carers, to meet with other foster carers as part of that training, which is assessed as part of how people interact with a group, was unable to be assessed face to face and all had to be done online. So I think that's

fair to say it had an impact.
Q. And you indicated there perhaps expectations of foster carers were different ——
A. Yes.
Q. —— during that period.
A. Yes. The lived experience of having a child in their home to care for did not match what their view was about what it would be like.
Q. You mentioned, I think very briefly there, that there were also training processes which happened online, so ongoing training of carers rather than just simply the initial assessment.
A. Yes.
Q. Again I have a similar question. Do you think that those moving online affected the quality of the training that the carers received?
A. It changed the quality. I'm not sure about the impact of the difference and whether it was less or not. We implemented the same training, but the group work that we could do that required people to be face to face had to change. So it was very different and it was a different experience for those carers pre—pandemic to during pandemic.
Q. Within your statement I think you also do identify some benefits to that. I wonder if you can tell us briefly

the benefits to it, perhaps some of the training moving online.
A. The ongoing training has benefits. If people are a couple, usually one person is working full—time or is working and one person is in the home, so it gave us a greater opportunity and it gave the couples or the person a greater opportunity to navigate that whilst they were either working from home, to be online and to reduce the travel —— to attend the training.
Q. Are there aspects of that which have continued since matters have returned somewhat to normal?
A. Yes, we've continued with some online training. We do have face—to—face training and we also have adopted some hybrid training, where we will have our adopters or we will have our foster carers come together in a group with a facilitator and the other facilitator can be online. So it reduces the travel for the foster carers or the adopters whilst maintaining that —— the online, but they still have that connection with one another.
Q. One of the aspects which you indicate is important to the ongoing assessment of a placement is unannounced visits. I wonder, did that at all stop during the pandemic or was that always a feature, that unannounced visits took place?
A. Yeah, we adopted online unannounced visits, and that was

very different, where we would call -- we would have a video call and the foster carer or -- the foster carer would take us through the home. That's very different to being face to face on unannounced visits, but we then had to change quite quickly to making sure that we could do it within the safe parameters and within the restrictions that we had. So, for instance, we would -- our staff would drive to the foster carer's home and have a call with them outside to say that they were sitting outside, to make sure that there was safety -- you know, safety measures within the home, so people had PPE equipment to allow and enable our social workers to come in and carry out an unannounced visit, which is a regulatory requirement of fostering services.

Q. You say I think at paragraph 74 of your statement:

"A lot of social work is face-to-face intuition ... and being able to read situations ..."

Can I take it from that that your view is really it's essential to have an aspect of these assessments and training and check-ups that are face to face?

A. Absolutely. Whilst we have to be able to read reactions to questions, reactions to situations -- and so that takes into account body language, facial expressions -- so our training and experience is about understanding those reactions in people to some of the questions that

we would have to ask, and it's very difficult to do that online when you can't read the body cues and you can't see as well facial expressions or pick up on those anxieties.

Q. You also narrate that the organisation has a support service available for foster carers and adoptive carers and that comprises, I think, of an online aspect and also a helpline.

A. That's right.

Q. At paragraph 59 you say that foster carers relied on support from your team more during the pandemic than previously. Can you tell me more about that?

A. Yeah. We operate a 24/7 helpline. It is a helpline as opposed to an emergency line because we still rely on the local authority duty out of hours system. It's manned by two qualified social workers and it's the opportunity for foster carers or adopters to let us know of any crisis or anything that we would class as a notifiable incident that we have to report to our care inspector. The support systems that were around for foster carers, which is a huge part of the success of a fostering family, so family, friends, other foster carers, was no longer there and it was all online. So they heavily relied on our social work support and some of that support, whilst it may not be crisis, it was

crisis for them where they required additional assistance and additional help and to talk to someone, their social worker.

Q. Has that continued post-pandemic or is that now something which has returned to the previous levels?

A. It's beginning to return to the previous levels but it has taken some time. It's taken some time to renew those connections with those foster carers and for that relationship to be re-established. Family, not so much. Family was easier and the support from family was easier. But maintaining those connections and re-establishing those connections with foster carer supports and also our therapeutic support was a little bit more time-consuming and challenging, so that takes time.

Q. You discuss the implications which the pandemic had on the safeguarding responsibilities that Barnardo's felt, I think at paragraphs 77 to 79 of your statement, and you say that your team were required to take on more of a safeguarding role than they had previously. I wonder if you can expand on that.

A. I think it was very difficult for local authorities and also for ourselves, where we work -- we work in geographical areas predominantly so a lot of our social workers would support foster carers in close

vicinity to where they live. So any safeguarding concerns or any statutory visits, we had to limit the amount of people that were in the home but we also had to undertake the safeguarding visits to ensure the welfare of the children and young people, particularly where there were allegations. And at times local authority either didn't have the staff or the staff weren't in the geographical area or due to sickness or absence, so we worked in collaboration with them to carry out those statutory requirements, to make sure that the safeguarding was still in place.

Q. And from that are you able to give us a sense of perhaps what the safeguarding concerns were during that time and how they might have been different to prior to the pandemic?

A. Safeguarding concerns could be anything from an allegation, a child making a disclosure against a foster carer, where we would need to visit to ensure the safety of the child or young person, or it could be about a child or young person who had gone missing or left the family home without consent. It could be about an incident within the home where young people's behaviour had become so challenging that, you know, it involved physical or -- physical violence towards the foster carers. So any of those would be required to have

a visit and we would respond to that.
Q. Was there anything that you were seeing more of?
A. Some of the behaviours of our children and young people were really challenging for our foster carers and I think those behaviours increased because the foster carers were also teachers, they had to be family members, they had to manage the family time with their birth family, and that can be quite difficult for a child in their care to understand the differences between those boundaries and so some of the boundaries became blurred. That had undoubtedly impacted on the behaviours for the children and young people.
Q. Within your statement you also raise the issue that the service was under an increased burden of reporting. By that I think you mean reporting to the Care Inspectorate; is that right?
A. Yes, that's right.
Q. And what was that increased burden?
A. That was about the number of children and young people who had contracted COVID, and if you had four or three children within that fostering home, it required each —— a separate report for each of those children but it also included our foster carers and our staff. So managers within our service had an increased responsibility to report that and we had time constraints in which to

report that, so it did mean some after—hours reporting to the Care Inspectorate, which is an online service as well.
Q. Are those reporting obligations still in place?
A. Some are. So the reporting for —— if staffing falls below a certain level, we have to report that to the inspectors, but the remainder of that has returned to pre—COVID so we don't have the same reporting responsibilities as we did.
Q. I think you say in turn that that increased responsibility to do all those things perhaps impacted on already a diminished number of staff who were continuing to provide a service.
A. Yes.
Q. You also discuss, of course, in your statement, the impact that you saw on looked after children and young people and, in particular, the systems which took place in order effectively to implement a child's plan.
I wonder, first of all, can you tell us what you mean by a "child's plan"?
A. A child's plan is —— when a child comes into our care, we need to understand what the plan for that child is. At times they could be placed with our foster carers on an emergency basis and we have very little information, or an interim basis, which is up to a year, or they

could be placed on a permanent basis, which is anything over two years.
And so it's very difficult I think to map and assist and support that child or young person when we don't have a clear plan and when those clear plans are discussed and agreed through looked after children's reviews or children's planned reviews through our children's hearings system, and when that all slowed and stopped, the plans slowed and stopped. So children's care plans that perhaps would have been agreed and implemented over a period of six to twelve months then took much longer. So a child being placed in interim care with our foster carers could be over the two years because the plans hadn't been agreed or hadn't been implemented because no looked after review was able to take place.
Q. So, in your experience, did looked after and accommodated children reviews stop taking place?
A. They drifted. They didn't stop altogether but they did drift.
Q. I think you use that language "drifted" in relation to various aspects of the systems, one of which is the children's hearings system.
A. Yes.
Q. I think you indicate that initially that stopped for

a period and then it took place via other means, telephone and then online.
A. Yes.
Q. You talk a bit about the impact that that has had on the children and young people who are subject to the hearings and at paragraph 55 you say:
"We almost assume at times that young people are very used to being online and working with online ... but not in meetings like this."
A. That's right. It's really different, the way that young people connect online. We were then asking them to attend formal —— almost formal meetings through a children's hearings system online, but not only that, that was in the safety of their foster home, and to have that meeting and to almost have that sense of safety taken away, where something is being discussed in your place of safety, was a real challenge for our children and young people and indeed for our foster carers.
Q. So almost a sense of intrusion into their own personal space?
A. Yes.
Q. You also say within that paragraph that "The meetings were not particularly child centric", and I wondered what you meant by that.
A. Some of the language used —— we have to be very careful

about some of the language used. We have to make sure that the child or young person understands. And indeed, in the implementation of The Promise, a lot of that is about language and making sure that we're implementing those views of what the young people are telling us about the language that's used. So some of those formal meetings where the language is used must have been very difficult for them to understand and is then heavily reliant either on the social worker or the foster carer to explain that to the child or young person.

Q. How did you see that manifesting? Were you, for example, as a service, hearing from young people that they were finding these hearings really difficult?

A. Yes. They wouldn't so much tell us that it was difficult but their behaviour would say that. So they wouldn't want to attend the meetings, to say they didn't want to come, they didn't want to know what was happening and that we could tell them afterwards or refusal to attend completely. So you could see the anxiety level and some of that is recorded. We record it quite clearly within our either carer diary of a child's journey or children and young person's record, so it can be quite clearly captured about some of the issues and anxieties and upset that they were facing either prior to a hearing or prior to a meeting or

a formal meeting and then afterwards.

Q. Did you get a sense of any way that the procedure might be improved to allow young people to express their views in a way that might be more comfortable for them even if it wasn't a face—to—face meeting?

A. I think what we tried very hard to do was try to get the young person's views so that we could advocate their voices and their views on their behalf without them actually being present, either in the hearing or being present within their review. I think we do like to hear from children and young people, we do like to see children and young people, but we need to understand better the pressures that that places on them and there's a variety of ways that we do that.

Again, children and young people are telling us, "You ask us too much", so we need to be able to understand and observe that over a period of time so that we're able to give their views accurately without asking them at every hearing or at every meeting what their views are with regards to their plan or with regards to their future.

Q. Moving on from children's hearings to talk a bit about more formal orders that were granted by courts. At paragraph 118 you talk about permanence orders ——

A. Hmm—hmm.

Q. —— and you say that that process drifted like the other processes did but it's still significantly delayed. Does that continue to be your experience as a service?

A. Yes, not in all cases but in some cases. Some are significantly delayed. That is about systems, it is about courts, it can be about staffing, it can be about the staffing changes, so staffing changes within local authority, and if one person leaves, somebody else has to take up the permanency order to lodge that in court, to make sure that everything goes through, and that's hugely difficult but it holds up the system. But the impact of that on our children and young people is profound.

Q. And that has slowed, in your view, because of the pandemic?

A. Yes, because the courts were —— that no longer took priority within the courts but also those plans are agreed prior to a permanency order being lodged, so those looked after children review meetings that drifted were unable to make those recommendations and decisions for the child and young person's future, so everything drifted.

THE CHAIR: We should be able to get times for the courts' delays because times are logged for how long —— they have times, as you know, to get through the court

system ——

A. Yes.

THE CHAIR: —— which —— well, Ms Trainer will know better even than I do —— are not always adhered to ——

MS TRAINER: No.

THE CHAIR: —— but we do keep records of them.

MS TRAINER: Yes.

THE CHAIR: We had better get those records, I think, Ms Trainer.

MS TRAINER: Yes.

You mentioned that has a —— effectively all of the individual processes drifting and that potentially culminating in a court order having taken a lot longer to get to that process, you mention that had a profound impact on children and young people. What do you mean by that and can you explain that a little bit further?

A. If a child or young person is an interim foster home and those foster carers may not wish to become permanent foster carers for those children —— because some foster carers want to come forward to assist children and young people and to help them move on to their permanent or forever home or reunification with their birth family —— so that's part of our in—depth assessment, to understand those needs for those foster carers. So, for instance, if a child or young person was placed with an interim

foster carer, that could drift, and because -- if you're looking for permanent foster carers, that's a different assessment that we have to -- and different matching that we have to look for and, you know, if we don't know, we can't predict or we can't look to search and match for that permanent foster home for that child or young person. So, in effect, that child or young person is living in limbo, you know, not knowing -- "Where am I going to be next year? Where am I going to be?". And all we can do and all the foster carers can do, to try to reassure them that for now they're wanted and they belong here, but we can't tell them what's going to happen in the future, and that does have an impact on behaviours, thoughts, mental health.

Q. Can I take it from what you're saying that your experience has been that children perhaps can end up in what were interim placements for a lot longer than what was intended initially?

A. Yeah, that's correct. That's correct. Then we, as part of our process and part of our regulatory requirements, would need to assess and take our foster carers back to a fostering panel to vary their approval. So if they're approved as an interim foster carer, we would need to take them back and vary them for a long-term foster home or as long-term foster carers.

Q. We've discussed the impact on children and young people but you might imagine, perhaps, that that might have an impact on the carers themselves and their expectations as to the placement not coming to fruition. Has it had an impact on foster carers and essentially their willingness to offer placements?

A. Yes, and I think perhaps that could be some of the reasons why fostering or foster carers have decided to resign and no longer continue to be foster carers. And also it could be about those foster carers coming forward and enquiring to be foster carers, just because of the uncertainty of it. So, you know, we have seen a decline, as I mentioned earlier, in the number of foster carers coming forward but also an increase in fostering resignations.

Q. Moving on to adoption, you say, I think at paragraph 45 of your statement, that before COVID a rough approximation is that it could take three to six months from matching an adoptive family to the court process being finalised and then say that, when COVID hit, adoption orders have been taking a year, sometimes two years.

A. Yeah. Adoption orders are a little bit complicated. It really just depends if the birth family are contesting that adoption, and so that can take some time to make

sure that the views of the birth family are understood and that they're given their right to appeal. So, you know, some of it can be that, but some of it is the court process and also the children's hearings, so that comes into that whole regulatory process, where the children's hearing cannot move a child or young person into an adoptive home unless that adopter has been approved and matched to that child. So some of that can take a little bit longer.

Q. So I think essentially all of the drift ends up in a lot of uncertainty?

A. Yes.

Q. You discuss -- at paragraph 52, you relate I think some of that drift to an impact on what you call "family time". I think family time is now what we call "contact with birth parents".

A. That's right.

Q. You say that that delay and that drift impacted on that family time. Do we take it to mean that it negatively impacted on that time that birth families could spend with their children and young people?

A. Yes, I think it did have an impact in those fractured connections. It was very difficult during lockdown and during the restrictions to manage any connections or any family time or contact, as it is commonly known, between

children and young people and their birth family. The children's hearing, for instance, does have the position to be able to say that that contact needs to take place and stipulates how often that needs to take place and that can then impact on the foster home or it could then impact on the contact if that child is about to be placed in an adoptive home.

Q. In your experience, was it ever the case that direct contact was stopped simply because of the lockdown restrictions and people being prevented from having face-to-face contact?

A. It was done differently, so it was never stopped but we had to be very careful with those restrictions that were in place. So face-to-face time is very -- you know, you can't do face-to-face time with a child or young person and expect that child or young person not to make physical contact with their birth family, so that was hugely difficult to manage. You had fostering homes who perhaps had an underlying health issue or had anxieties about catching COVID and if that was -- the child or young person was then mixing with their birth family, you know, could they have contracted it and could they take it back into the foster home? And that all impacted on -- I think it all impacted on, you know, how often and the willingness of, one, the child or young

person and the willingness of the foster carers to continue to manage that contact.
Q. Is it the case that some of the contact moved to online effectively?
A. Yes.
Q. And in your experience how did children and young people manage that transition?
A. That was really hard for children and young people. Children and young people, we know -- I think children don't connect very well over the phones at times and there's a lot of distractions in the family home. There's a lot of distractions in the foster home which could be equally challenging and difficult for the birth family to see. So their reactions to young people -- their birth children not engaging with them because there was other distractions in the family home was huge and the implications of that on how they then managed the remainder of that time impacted on the child or young person but also on the foster carers. And, again, it's connecting in that safe foster home where the young person or -- the child or young person feels safe, and having someone FaceTime or having someone on the phone can impact on that.
Q. I suppose usually contact takes place outwith the foster home in a different venue, either at a social work

centre or at another kind of neutral venue?
A. Yeah.
Q. That contact I suppose is -- what you're saying is -- then being brought into the home?
A. Yes, that's right.
Q. And you saw that being difficult for young people?
A. Yes, it was difficult for young people. It was also difficult for foster carers. Foster carers almost have -- they have a very important role in managing the conflict between the birth family and the Social Work Department and so they're almost like the middleman. So they try to -- our foster carers try as hard as possible to build up a positive relationship because that has a positive impact on the children and young people and, if there's conflict, whether it was online or whether it was contact socially distanced and face to face, if the foster carer had to step in, that then blurs that role and boundary again for the birth family but also for the child or young person.
Q. What difficulties did you see between birth families and foster carers? Are you able to give us any examples?
A. It could be inappropriate language. It could be, "You're coming home to me soon". It could be those conversations that you can't prevent but are said and the impact on that child and young person. Then, "Oh,

am I coming home soon?", so either being anxious about going home or having that hope of returning home is really challenging because at times and most of the time there is a social work either assistant or there's a social worker available who is able to manage that but, at times, because of the restrictions of the number of people, the foster carers had to manage that.
Q. We've spoken about contact between or family time between birth parents and children, but I wonder, do you have any experience about whether sibling contact continued to take place if children, for example, were in different placements?
A. We did try to maintain those connections, but, again, with the restrictions in place, it was very challenging. It was challenging to manage the anxieties of each of the foster homes where the children were in for fear of being infected with COVID and so we had to try and restrict those numbers. And perhaps if there was three children or three or four children who met and had the opportunity to come together, that had to be restricted, so that severed some of the connections and some of the brother and sister time that they had. It had to be managed individually and it had to be managed differently.
Q. You say generally within your statement overall that

there was less opportunity to have contact with parents and siblings. Can you tell us if you think this has had any lasting impact on children and young people who are placed in care?
A. I think it's fair to say that we don't fully know the impact that it's having or it's had on children and young people at this stage, but it's also fair to say I think that relationships have been fractured and that's really challenging to bring those relationships back together and it happens over time. As I said earlier, it's not something that can just happen overnight and it's something that has to be facilitated and something that has to be managed over time, but it did have an impact.
Q. You go on in your statement to discuss the issue of mental health, I think at paragraph 108. You narrate that there has effectively been an impact and that local authorities are responsible for CAMHS referrals so it's difficult for you, as a third sector, to champion for that, but you have employed yourselves child psychotherapists who have been able to assist. I wondered, through that resource, are you able to tell us what the experience has been in terms of impact on mental health?
A. Our -- we employed our child psychotherapists to work

with our foster carers and with our children and young people, so not so much one—to—one time with that child and young person but to try and understand the dynamics and the circumstances of what's happening within that family, if there's any areas of concern or if there's any areas of anxiety that perhaps could lead to a disruption. So the psychotherapists I think are beginning to build up that community and trust in our foster carers but also in our children and young people and in our social workers, and it's to ensure that we have a team around the child and a team around the foster carers to understand that. So it has assisted in that, but we don't at all times have one to one or would refer the child to our child psychotherapists.

I think what did impact was we had play therapists and art therapists and they were employed as part of our service previously. However, that one—to—one time —— because a lot of it is play, a lot of it is interaction —— couldn't happen and that had to cease. But trying to explain that to the child or young person was really hard to do, but also the impact on not being able to express themselves through play or through skilled Theraplay had an impact on the fostering —— had an impact on the behaviour which had an impact on their foster home and their foster parents.

Q. So those services I think that children were used to seeing and used to having ——

A. It didn't happen.

Q. —— and people they're used to seeing —— and they weren't able to see those people and your service users had to explain to them why that was taking place?

A. Yes. Yes, that's right.

Q. You mention that there was an immediate impact in terms of the lockdown on children and young people not having a connection with peers and I think you say teenagers don't necessarily always want to interact with their care—givers and that was an important support network for them.

A. Yeah.

Q. Can you tell us more about the impact on their mental health that that might have had, that you saw?

A. We saw adolescents, I think, teenagers, becoming more isolated, not wishing to interact, becoming more isolated in their rooms, having anxieties that they were unable to explain perhaps about COVID but also about where the future —— what the future plans were. And young people won't necessarily voice what their anxieties are but they tell us in other ways through their behaviour. They can tell us through observation. So —— and young people I think we see having more

challenges, running away, more self—harm, more instances of misuse of online platforms, so that has continued I think through lockdown and continued after lockdown. And we saw the number of disruptions increase during the lockdown period and as we came out, so the number of children and young people that had to be moved from their foster homes increased.

Q. Disruptions to placements?

A. To placements, yes.

Q. I wonder —— so the disruptions particularly, are you able to pin that down to the period during the pandemic, it being significantly different to both before and after?

A. The numbers are significantly different from during lockdown to pre—COVID and they have slowed down.

Q. So we're returning hopefully to less disruption?

A. Yes, yes.

Q. I'm interested in one of the comments that you make in paragraph 110. You talk about the impact on younger people, younger children, trying to re—adjust and be re—integrated and you say, "how do you play with other people your age?". Is that something that the service has experienced, that children are finding it difficult to interact with each other?

A. Yes. I think we're —— no school, no opportunity to be

in playgroups, no opportunity to be with other children from other foster homes during lockdown had an impact on, one, their feelings of isolation, but also, yes, how do they interact with other young people and how do they play, particularly younger ones. They became quite used to an adult world, so they would interact and they would have that connection and that attachment with old —— with their care—givers but less so with their peers because there was no community activities, because there was no schooling.

Q. And as an organisation were you able to support the carers in perhaps training or something else in order to deal with these immediate effects of isolation and perhaps reducing mental health in children?

A. We introduced a number of suggestions, a number of online platforms, a number of supports and supervisions through game play, through having family time. But, again, if you're predominantly a child with adults around you, how do you do that through play when there's no other children there to demonstrate and observe and assist that young person to learn how to play with someone of a similar age? So that can be quite challenging to do, but certainly our online training with regards to therapeutic parenting and parenting children through trauma takes a variety of different

platforms, through training, through game play, through —— just learning and understanding about the impact of trauma and how that can impact on children and young people.

Q. You get a sense within your statement that you really at the time I think were dealing with an environment which was changing quite quickly and I wondered how you, as an organisation, felt that that was dealt with and whether the guidance that you were given was sufficient to allow you to provide the service that you wanted to provide.

A. We very much interpreted the guidelines and the restrictions and the changes that were happening and tried to work our way around that alongside the local authority and alongside our Care Inspectorate, just to make sure that we were adhering to the needs of our children and young people and what they were telling us, balancing that with restrictions and also the risk of increasing disease and increasing COVID amongst families and households.

So it's quite difficult to say that the guidelines that were implemented were not adequate or not right. I think we adhered to that. It must have been very difficult to administer restrictions when there was so much disease and so much transmission of COVID versus the risks of children and young people, but what we did

try to do was balance the risks of the children and young people's welfare with those restrictions, and at times, yes, we did go into family homes. But what we did is document that quite clearly and the reasons for that, whether it was a child protection or a safeguarding visit.

Q. Did you feel as if the information that you were being given was specifically geared or even explicit about looked after children or did you require to interpret the guidelines for those circumstances?

A. No, it very much relied on our administrative and business services and safety teams interpreting that guidance and guidelines for us specifically to looked after children. And I think it was more general, looked after children —— it was more general children and young people —— sorry —— and the general public, rather than specifically looked after children or care—givers of looked after children.

Q. Do you recall there being any specific information given to you about relationships with birth families and siblings because that, to me, seems like the position that looked after children and young people are in which is very different from the general population in that they have an external family who they don't live with. Was there any information given to you about what you

should do about contact?

A. There was information through the children's hearing and from the Care Inspectorate that, where contact still had to take place or where it was important to take place —— so, for instance, if assessments were ongoing for a child to be reunited back to the birth family, there had to be a way to continue that. So we had to manage our way around making sure that the children or young person had that opportunity and the birth family had that opportunity to continue to meet. So it didn't stop altogether. It was very dependent on the plans for that child or young person. If they were placed on a permanent basis and perhaps contact with the birth family was limited, it may have been restricted or pulled back. But certainly where it was stipulated within the children's hearing, that continued and we continued to do that. And I think we worked in collaboration with our local authorities to make sure that we managed those risks quite carefully and continued with that contact.

Q. How did you, as an organisation, find disseminating the information to the users of your service, the potential carers and also the children and young people?

A. It certainly was a challenge. It was a challenge to distribute and communicate with carers online. We

couldn't assume that carers, one, were interpreting that guidance, so we had to follow that up and make sure that we were having that connection through a telephone call or, you know, whatever online method it was to make sure that they understood those new guidelines or those new restrictions that were coming in. We also had to understand —— we also had to help understand that there were some restrictions depending on the geographical area that you were living in, so, you know, perhaps Highland was different from Glasgow, and we had to make sure that that information went to each of our fostering families within their local authority area. But that was through online, it was through follow—up connections with telephone calls and in collaboration with our local authorities, to understand that we were on —— we were interpreting it the same.

Q. The last paragraph of your statement indicates that your hope for this Inquiry is that the experience of children and families during lockdown can be better understood and this can be used to inform future decision—making and ensuring children are properly supported.

A. Yeah.

Q. Have you had an opportunity to reflect on how that might manifest?

A. I think it's fair to say we will not know the lasting

impact for children and young people but particularly our looked after children and young people and their care—givers, and we may not know —— that might have a lasting impact for some time to come. So I think it's really important that we understand that and we don't necessarily focus on children and young people in general, but that we do have a focus for our looked after children and young people to make sure that the impact and lessons implement any future recommendations going forward, so that there are those supports there for our children and young people.

Q. Is there any way that your organisation is attempting to monitor those lasting impacts and perhaps learn lessons yourself about looked after children and young people during that time?

A. Barnardo's are championing, as all services are, The Promise. So that was hugely impacted because The Promise was circulated, was implemented and a week later we went into lockdown. So we're working behind to try and make sure that we uphold each of the requirements and responsibility for The Promise for our children and young people, but that has drifted again because of lockdown and because of our inability to do that. But we certainly will have connections with our MSPs and we continue to champion the needs for

children's mental health, for instance, and have those connections with our local authorities and also with MPs, to make sure that the looked after children population are —— their voices are heard.

Q. Those I think are all the questions that I have for you but I wondered if there was anything which we haven't covered which you might want to raise.

A. No, there's nothing, Sarah. I think all that I would say was about the drift and the challenge that there was for Barnardo's and for most local —— all local authorities, I would say, to uphold The Promise. And so, you know, that's hugely important for our children and young people who have expressed their voices, so it's really important that we continue to try and make up that lost time.

MS TRAINER: Thank you very much.

THE CHAIR: Yes, indeed. Thank you very much, Ms Whyte.

A. Thank you.

THE CHAIR: Very good. That's all for today. 9.45 tomorrow morning. Thank you.

(2.34 pm)

(The hearing adjourned until Thursday, 28 March 2024 at 9.45 am)

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