

Scottish COVID-19 Inquiry Witness Statement

Statement of Daljeet Dagon – Witness Number HSC0525

Statement taken at 1000 hours on Tuesday 13th February 2023

There were no legal representatives present.

Introduction

1. My name is Daljeet Dagon and my date of birth is **Personal Data**. My address is c/o **Irrelevant**.
2. I am a programme manager for Barnardo's. I manage 2 portfolios; our child exploitation service which works across a number of local authorities and our suite of family support services.
3. I am willing to provide a statement, have the information contained within reports and I am agreeable to this statement being published.
4. I am prepared to provide evidence at the Inquiry if required. **Irrelevant**
Irrelevant

Professional background

5. I completed my diploma in youth and community work shortly after leaving school. After the diploma, I worked in a residential facility that catered for young people dealing with homelessness in Glasgow. This work mostly involved engaging with young people from the age of 16-25, assisting them with their immediate situation and supporting them into appropriate accommodation.
6. From there I moved into a multi-agency team working in Glasgow city centre. This focused on children and young people who were repeatedly reported missing and were at risk of experiencing exploitation.
7. I began work at Barnardo's 26 years ago initially as a Team manager, then service manager then laterally as a programme manager. My career to date has focused on child exploitation and intensive family support services.

8. In the last 7 years I have also managed a team that undergoes independent parental capacity assessments on behalf of local authorities. We have been commissioned independently by local authorities to make recommendations on whether biological children should be returned to their parents or whether long term permanent measures should be put in place.
9. I have a registered manager award in terms of our family support services registered with the Care Inspectorate. I also have a child welfare and protection diploma.

Current responsibilities

10. I currently manage 2 office spaces, one in Glasgow and the other in Lennoxton. We are commissioned to provide 3 services in East Dunbartonshire;
 - a. An intensive family support service commissioned since 2011. This is primarily focused on supporting children to remain in their family home and if not possible, to support the transition to an alternative form of care
 - b. An independent parent capacity assessment service was commissioned in 2017. This is where children have already been removed from the home and we assist the Council in making permanent decisions.
 - c. We were also commissioned in 2023 to undertake a family group decision making service.
11. These services are co-located in one building and it is managed by the local authority. There are 7.5 workers plus team management and administration services.
12. The Glasgow based office space is where our Child exploitation services are located covering, Glasgow city, Renfrewshire and North Lanarkshire.
13. The services are different today to what was offered in 2020. In 2020, in addition to the above we also had a large intensive family support service operating out of our Glasgow based offices which had been in place since 2008. This service ceased to operate in September 2021. This service along with our intensive family support service in East Dunbartonshire is registered with the care inspectorate. We currently have and around 25 staff working across both sites.

14. Families, opposed to individual children, are referred to our intensive family support services and we work with the family as a whole. Where there are two parents, we offer support individually to each parent as well as together. Sometimes where there is shared care, we would offer support to that other person too often a grandparent. We conduct group work and activities to support the young people to socialise, build resilience and their self-esteem. Often the children we work with are on the Child Protection register and have been on it multiple times. Often every other form of intervention has been tried before families are referred into our services. In the last few years or so, we have found we are working with more children that had been accommodated but had been returned home after four or five years away. It can be really difficult when children are accommodated as toddlers and don't have relationships with family members, but local authorities were making these decisions.
15. In a summary the support we provide in our family support services incorporates individual support, family support, work around social skills, self-confidence, self esteem and building resilience.
16. All our referrals for the intensive family support service come from social work departments because it is a commissioned service. We were commissioned to provide 244 hours a week of support (in Glasgow). We provided a lot of support within the family home; support parents, supporting them to put routines and appropriate boundaries in place. We helped them with appropriate sanctions, consequences as well as taking time to assess what the home conditions are like. If a child is on the child protection register it is the social worker's responsibility to ensure they undertake child protection visits but we contribute to these assessments too as we often see families four or five times a week. The support we provide is pretty intensive; we were and are involved in statutory meetings, core groups, case conferences and protection planning as well as children's hearings. We undertook this work for both East Dumbartonshire and Glasgow prior to Covid.
17. The children we work with vary but they are all vulnerable. They could on the surface present as children who seem like they are simply not coping with school or failing to attend. It's the reasons behind that lack of coping or non-attendance that are important.
18. Social workers often identify children who are at risk of being accommodated because of family issues such as neglect, substance misuse or mental health problems. Sometimes we deal with families with children who have been accommodated and are returning to the family home and

there are some young people who are in unloving and unsafe environments where there has been domestic abuse or violence in the community. Often a lot of children will be placed on the child protection register for physical abuse or physical neglect or have parents who are identified as not engaging with services due to substance misuse or mental health issues.

19. Our age range is children between 0-18 years old. Our annual reports have consistently shown that on average we work primarily with children and families for a period of 10 months. . We worked with them for around 10 to 11 months. One of the changes we have seen since the COVID-19 pandemic is that we are working with families and young people a lot longer (circa 2 years) than we did before the pandemic.
20. To access our services, as they are commissioned from the local authority, social workers complete and submit a referral form to us. We would then ask if the parents/child have consented to the service and, if so, we would then undertake a joint visit with social work and explain our role. Families who work with us are under no illusions about what the worries and concerns are that have led them to a referral to our service. They are advised of what they should expect from us and what our expectations from them are. Working together, we then formulate a plan .
21. As time goes on, and we get to know the family, the original reasons for which social work may have referred them to us may have changed or additional issues might arise from our conversations or observations. We work with the families and young people to identify goals and work with them to contribute to the identification of milestones. Each family is assigned a key worker and the worker for the child would be different to the worker for the parent. It is important that all of the parties involved know that their key workers is there to support them as individuals. Throughout our engagement with the families, each of the key workers work together and have joint reviews to ensure there is a clear understanding of what everyone was doing and why. All work undertaken is underpinned by a high level of communication.
22. One of the most common criticisms that families make of social work is that they don't see their social worker often enough or that they are not doing enough to support them. We respond to that by saying that actually your social worker is so concerned with your situation that our entire service was commissioned to support and assist. We do not take on the social worker role but we do take on the responsibility for contact and supporting the family ensuring reporting back any concerns/issues to the social worker.

23. The service that we provide is focused on two main areas. The first is (where it is safe to do so) supporting children to stay at home and the second is supporting children, in the event that it is safe to do so, who are returning to communities and families. Most of our referrals are in connection with situations wherein we are trying to keep children at home but recently, within the last five years, we have increasingly received referrals for children who are already accommodated and returning home.
24. The initial decision about a child returning to their home is made by social work and our service is only involved once that decision has been taken. This can make the transition difficult because the necessary supports have not already been put in place. To minimise this, I intervened and suggested to social work colleagues that if these types of situations were going to become more common (when referring to our services), we needed to be involved in the decision-making and the transition process. After discussion and negotiation, we started to work with children who were still in their other place of residence to support the transition and attend all the relevant meetings. It also really helped to be able to explain to the child or young person what was happening, why it was happening and what they could expect to happen. This gave them a voice which is central.

Pandemic impact on children and families

25. We continued to see our families all the way through lockdown. We worked very hard to make sure our buildings were COVID secure and quickly. We had two buildings, one in East Dumbartonshire and the second in Glasgow city centre.
26. We didn't have control of the East Dumbartonshire building because the council didn't want people on the premises. This was problematic for us because we housed our parent capacity assessment service within that building and so, as a result, we had to pause some of that work for a time and moved a lot of that work online. With regards to our family support service (one of which was based in this local authority) we were still able to, with precautions, go into people's houses but this was only if they permitted us to be there. If we were to go into people's houses then we would have conditions in place which included the use of PPE and opening windows for ventilation. At the very least we conducted doorstep visits, garden visits, took children and young people for a walk, cycle, so as to ensure that we set eyes on them.
27. We made sure that our Glasgow premises were COVID secure and this allowed us to remain operational for a lot of our other services. In line with

guidance, we followed the rules and risk assessments, and our very robust risk assessments were reviewed every three weeks and we adhered strictly to that. We did, at times, have young people on our premises but we remained mindful of the regulations, and we would make sure it was only one child at a time (or a sibling group) and we would make sure all the rooms were COVID secure. This was undertaken both while they were on the premises and while supporting the young people while they were traveling to and from..

28. We also continued to do family visits, home visits, drop offs and doorway visits. We engaged in conversations with families through windows if we had to. We took young people for walks and bike rides. I would say we maintained high levels of interactions and communication with families and young people.
29. We tried not to move things online because we were conscious that initially we were not set up to operate in that manner but we also knew that we could not guarantee or ensure children's privacy online. We weren't able to tell who else was in the room or who else could be listening in. We tried as much as possible to see children with our own eyes. We did that with our Safer Choices (Child Exploitation) services too.
30. We have always had a robust risk assessment framework at Barnardo's. Even before COVID, where it was deemed appropriate, we risk assessed numerous routine activities. For example, using staff cars to drive young people s, using public transport during activities, being in office space with young people and facilitating supervised and unsupervised contact as well as undertaking activities such as going swimming, bowling etc. As we already had these systems in place, we used them as a basic framework and then adapted them to fit the purpose needed for the pandemic.
31. Our family support services are registered with the Care Inspectorate n and, because of this, we had the luxury of obtaining PPE very quickly and we got testing kits about 6 months before everyone (voluntary sector agencies who are not registered with the Care Inspectorate) else did.
32. We felt it was very important to continue to see families because many of them were on the child protection register. Families reported to us that they felt quite isolated and they often didn't have support networks around them. There were often multiple children in the home 24/7 and this caused stress and tensions above normal levels.
33. We observed more young people presenting to A&E with sexually transmitted infections due to more children having sex due to being

unsupervised. There was also an increase in the use of alcohol as more people were doing online shopping and so it was more available/accessible to children in the home.

34. There was an assumption that children and young people were breaching lockdown rules all the time but we were being told the opposite as some of the children and young people we were worked with told us that it was beneficial to them to have to stay inside their homes. The lockdown gave them an excuse to stay in and, as a result, it meant they could avoid harms (such as sexual exploitation) that they were experiencing outside of their homes.
35. The unfortunate thing is offenders are always able to adapt to unusual circumstances. Parents and carers through lockdown would encourage children and young people to go out for their hour's exercise and, because of this, it would allow the harm to continue to happen during that time, as offenders would advise children "you're allowed out for an hour, so you can meet me."
36. In addition to this, the lockdown made it more difficult for children, who were experiencing difficulties, to find someone to tell that something was happening to them simply because there were less people around to talk to. Protective environments such as school, simply didn't exist.
37. Our staff were willing to continue working closely with families and this reduced anxiety to a degree. We did have some staff who required to shield so we didn't have 100% staffing levels. I made sure I was visible and so did our e team managers. We weren't working from home so we were in the office and available.
38. There were some families that wouldn't let us in to their homes due to COVID concerns but it became obvious to us that these were families who were already resistant to our (and statutory) help. It was difficult to discern between genuine COVID worry and those using it as an excuse not to engage or let someone into the home. However, we were patient and tried lots of different manners of engagement. We continued to turn up and persevered; we didn't just accept what families said and continued to do our jobs. We invested in activity packs and left them on doorsteps which included things like crossword puzzles, word searches, fidget toys, colouring books and pens.
39. We used funding from the Scottish Government to do shopping for at least 30 families every single week. The shopping would be tailored to exactly

what each family wanted and needed. It could be items such as bread, milk and jam but also things that people couldn't necessarily afford but would like to have, such as chocolate and other treats. We made a point of remembering people's birthdays and marking occasions such as Easter, Halloween, Eid, Divali and Christmas. We felt it was important to offer practical as well as emotional support and tried very hard to do this.

40. For our child exploitation services we specifically put together nurture bags with the view to reduce tension and stress and these included things such as fidget toys and massage oils. By doing things like this we realised that it was beneficial to the young people because they knew that we were keeping them in our mind and thinking about them. This also enabled them to develop coping strategies in the absence of receiving therapeutic care and interventions.
41. Although the staff had their own list of young people they were working with, everyone worked as a team. This allowed for, if one member of staff was off for any reason, then another staff member would take over supporting those families. We were aware of the most vulnerable families as we were in communication with social work and other partners. This communication allowed us to prioritise.
42. Our referrals primarily came from social work for families and often they would ask us to deliver food parcels or activity packs to families that we weren't working with as well.
43. We also provided mobile phones, iPads and laptops to support families where we could. We provided bikes and trampolines to ensure there were safe outdoor activities where needed but there were a lot of children that we worked with who did not have access to a garden and were cooped up in the house. We tried to be as creative as possible and also balance the young people that we took out to ensure that those who weren't capable of getting fresh air or formal exercise were prioritised.
44. As we were working with our families throughout the pandemic it ensured that we built and maintained relationships. This was especially important in relation to our exploitation services. This work is centred on trying to understand the risk of harm to young people and how to reduce or minimise it. In addition, it is vital that we try and understand the disruptive behaviours of adults who are inflicting the harms. With regard to our exploitation services, unfortunately we were not really able to carry out a lot of the therapeutic work simply because, a lot of the time, it was not appropriate or safe to do so. We still continued to engage with the young

people though and tried to maintain contact and build relationships where we were able to.

45. One area which I do not think worked well during the pandemic was supporting new referrals to our services. We obviously had not previously met the families and we did not have any prior relationship with them. Because of this it was really quite difficult to get those families to trust us, to want to engage and meet with us. Simply because the relationships between us and them did not exist before lockdown it was hard to build trust with them. We did persevere but we did find that those were the families who were most likely to drop off the radar.
46. Digital deprivation was widespread. A lot of families didn't have wi-fi or mobile phones. Another example is that, in families where there was an iPad, this was often shared between the whole family which could be between a large number of children.
47. In 2021 the prices of laptops increased substantially. I think they were as much as £300 more than they had been the previous year and, because of this, they became difficult to afford/buy. We were able to source laptops from a partner of a colleague who worked in IT at cost however it continued to become more difficult to source them as time went on. This was a significant disadvantage given that children's education was online, as was there primary source of communication with friends and social groups.
48. Also, during the pandemic, many children did not have access, or only had partial access, to technology. What I mean by partial access is that there could be multiple children sharing one laptop in the family home so they only got small snippets of their education throughout the day rather than being fully engaged throughout the day. This was also coupled with reduced supervision because a lot more parents were working from home and unable to supervise their children's education.
49. It was difficult for children to complete their education online for a number of reasons. One such reason is that, everyone has different learning styles and, because of this, some children are simply not suited to online learning. As a result of this, it wasn't always a simple fix of getting access to devices but also ensure that there were safe ways of engaging with online education.
50. There were education hubs for vulnerable young people and some accessed them but the vast majority in our experience didn't. One of the biggest issues for us was that education departments wouldn't let us into schools. I couldn't understand why, we could have assisted in facilitating children's

attendance and/or their ability to stay in attendance. We had engaged pre-pandemic with schools and with children who struggled to maintain attendance and to help them participate in classes. As very few children attended the hubs, lots of the children we deal with disengaged and found it a real struggle with education. This has continued for many, with many of the teenagers that we support not fully returning to education. Some struggled with practical reasons but also not going into school and not seeing friends or interacting with them made the experience abnormal. It didn't feel like something they could engage with.

51. The lack of interaction with friends had a huge impact on young people and, in turn, their ability to cope with education. We were not aware of schools doing anything to get children who had disengaged back online or into hubs.
52. From our experience there was little attempt made to get children to engage in online education. It was reported to us that it was repetitive and that the young people didn't feel like they were learning anything.
53. The transition between primary and high school was particularly difficult. Before the pandemic, there was a lot of support provided to children who were going through the transition to high school but during the pandemic this support was not really there for a lot of children. This meant that going into the big school environment was scary and many didn't know how to manage or navigate it.
54. As an organisation we were told very early on that we couldn't use Zoom because of security concerns. We initially used Google Meets but not everyone (children and families) was able to access this platform. We used this platform in a number of ways where we could. For example, we shared recipes with families using Google Meets and we would then observe people cooking if we were unable to enter the house. For us it wasn't about getting access to devices but more about how we could engage with people once they had them.

Staff impacts

55. I made sure that staff living on their own were able to come into the office on a regular occasion so I could have eyes on them for wellbeing purposes. Reflecting back, I think that those staff who lived on their own adapted better to the COVID conditions and beyond, as a result of this. Being in the office also meant that staff weren't constantly watching the newsreels at home and increasing their own anxiety. Staff were out, being seen by

families and doing something meaningful for them and this contributed to wellbeing.

56. Our Glasgow based managers met online on a daily basis with our senior managers and this helped us support each other through the pandemic. It also gave us the ability to identify themes and trends in our work. We had weekly internal manager meetings and a weekly team meeting to check in on staff. These meetings were also used to update on COVID regulations, risk assessments. It was also a critical and important way to stay in touch with those shielding too to ensure that they were kept informed, didn't feel guilty (about being at home) and to could figure out how/where they could help their colleagues. For instance, one of our workers who was shielding (as she was pregnant) identified all the resources for the activity packs.
57. We did not furlough any staff.
58. As I mentioned earlier, we are registered with the Care Inspectorate who, during the pandemic, asked for every registered service to do a weekly return. We also had to do a weekly return for Barnardo's and for each local authority we worked with so for us this was Glasgow, Renfrewshire and East Dunbartonshire. In total I was responsible for five returns each week. I used to find myself prepping the completion of these returns every Sunday night. As a result, my role did have an increase in administrative tasks over that period. There was no feed back obtained from these returns and so it became quite cumbersome when you are trying to complete these every week in all different formats (as of course, all the returns and the expectations were different).
59. We still do weekly returns for the Care Inspectorate even now in 2024 which is an increased burden that didn't exist before the Pandemic.
60. The reasoning behind the weekly return for the organisation was to keep a risk register of who was working, who had access to PPE or who was shielding to identify themes and trends.
61. Prior to COVID, the Care Inspectorate would come and look over case files, meet with staff, parents and young people in the community which was really good. On occasions, these inspections could take place over 4 days and the results were meaningful because of the communication and engagement rather than replying, solely on being in an office and reading casefiles.

62. We didn't have any inspections during the pandemic. The only visits we got were from our own health and safety advisor who came in and checked that the offices were COVID secure and that all the appropriate guidelines had been put in place. The organisation was very clear about what activities we were undertaking and that we had the relevant risk assessments in place and they were being reviewed.
63. Recruitment had to be conducted online and there have been difficulties in terms of the calibre of candidates and that has continued post-COVID. We didn't have the same level of expertise applying for jobs. There has also been an overall drop in the numbers of people applying for posts and those that do apply are less experienced.
64. Interviews were conducted online and we found that some people just did not turn up for interviews. One thing we did do was have a follow up face to face meeting with successful candidates. It wasn't an interview per se more of an informal conversation that you can't have online. We are not all used to conducting things online but at the time it felt unusual, and some people were unnerved about being online.
65. We did lose some staff during the pandemic. Most of the staff we lost moved on to other jobs and I would say that none of them have been replaced like for like. We have found ourselves in the position of having to replace experienced workers with those who are fresh out of education, completely new to the field or who are undertaking a career change. What this means is that a lot of the people we are hiring tend to be coming to us with very limited experience.
66. We recruited 3 people to our Safer Choices team during the COVID Period. When recruiting in the past our panels would have included an external colleague but during COVID that wasn't possible.
67. I think some have taken a fairly conscious decision to step out of the social care industry and I think it's tricky to ascertain the reasons for this. For a lot of the people I have worked with, the decision has come usually on the back of the death of a loved one or they are just trying to make different choices about their lives following the pandemic.
68. One of the challenges included Scottish Government recompensing staff (legally identified as key workers), which for us meant those who were working in services that were registered with the Care Inspectorate. Whilst welcomed, this created unnecessary division with those staff who worked throughout the pandemic but were not entitled to such a payment by dint of working in a service not registered with the Care Inspectorate.

69. Financial remuneration was, and still is, an issue. During the first year of the pandemic, we did not get an annual cost of living increase and in the second year we were awarded 1%. This is in stark contrast to those working within the public sector. This was really hard for staff especially because in 2020 Glasgow City Council announced they were going to retender our PACe service (based in Glasgow city). We didn't win the tender and, as a result, we lost a significant amount of staff. This has been difficult and meant that our staff have felt devalued despite giving their all during a global pandemic.
70. One of the things that has been challenging is now job applicants routinely ask, as part of the interview, about how many days they can work from home. Unfortunately, it shows a lack of understanding of the job because the fundamental nature of the job involves being in front of a child and it simply cannot be done from home. We have also found that students are particularly reluctant with face-to-face placements. I think this was a result of many university courses being online and therefore there was an assumption that their placements would be too. We initially refused to take on social work students because of their expectation to work from home for significant periods.
71. As already mentioned, our staff were still going into families homes and meeting people as much as possible. However, it was a bit difficult for us because there were a large number of voluntary sector agencies who asked their staff to down tools, sending their staff to work from home and not to have any contact with children and families at all. We were one of the few organisations across Scotland that continued to engage with children and families as much as we possibly could. Losing our family support service was a massive kick in the teeth, especially given the lengths that our staff went to, to ensure families were supported.
72. There have been some other challenges around working habits. For example, people got used to taking their children to school, which required them starting work later, finishing earlier and then logging on in the evenings. While this can work for some roles, it is not much good for us because they aren't engaging with any of the core aspects of our work between the hours of 6pm and 8pm. There are just more additional factors now that impact recruitment and employment, so recruitment has been a massive challenge.
73. Integration was difficult during the pandemic too because of working conditions. Despite us having, what I believed to be, high levels of communication, and a high presence in the office, one of my staff members

told me it took her a full 6 months to meet everyone in the team which was a huge surprise to me. It just shows that despite the efforts to integrate it wasn't always possible. Online contact obscured reality.

74. We have had some staff suffer from Long COVID and this is especially true in our Parent Capacity Assessment service. We have also had staff who had underlying health conditions who contracted covid and since then have been off repeatedly. For example, if they caught a common cold, in the past they might be off for a couple days, but now it would be a week or two. This has been quite hard to manage across the whole service and has an effect on our income (as we are often paid per hour of direct delivery) and our ability to facilitate our services. Absences across the board have also increased significantly.
75. Bringing work home was another issue - especially for me. It was difficult to have certain conversations from the spare room because of the lack of separation and boundary. Having graphic or difficult conversations in your home didn't feel right and I wasn't prepared for that.
76. Another issue, was that not all staff had their own transportation and I, for example, don't drive. I had to use public transportation throughout the whole pandemic and that brought its own challenges.

Interaction with local authorities

77. We did communicate with local authorities but we never saw them. We found there were less meetings in terms of the core groups such as Child Protection Conferences and Children's Hearings. Initially everything went on the phone and then it moved online. This was difficult and I remember doing a Child Protection Conference on the phone and the mum was someone I hadn't met before. I had no idea who was with her and she was a mother who had experienced high levels of domestic abuse. I didn't know if her partner was in the room with her, if she understood what was being said or agreed and we totally lost the voice of the child. All in all, it felt a very unsafe conversation to be having.
78. Children were rarely present on online meetings and their views rarely ascertained as a result. Many Local Authorities have continued with online meetings and, for me, this is a source of anxiety. It is a worry to me that local authorities think that online meetings and telephone meetings are positive and productive. I think this might be, in part, because there have been reduced levels of hostility from families and young people on these

types of meeting. However, I think this is because they are quite controlled and managed rather than being participatory, inclusive and consultative.

79. I sit on the East Dunbartonshire Child Protection Committee and that continues to be online although hybrid is also now available, which is okay but I have recently been doing development days in person and I found these really useful because I was meeting people for the first time.
80. I would say that, throughout the pandemic, our engagement with local authorities was strong even though it was online. We did struggle to see any social workers on the ground though and, if we had worries or concerns, we weren't getting social workers who were doing visits or willing to join visits with us. We found it hard to convince people to come out. A lot of social workers complained about not having PPE and that being their main resistance. We often supplied PPE to social workers on joint visits where needed.
81. The level of social work visits fell during the pandemic because of PPE but they had other issues to contend with because they were working from home and didn't interact with their colleagues. This lessened the opportunity to collaborate and bounce ideas off one another. I also understand they weren't having regular contact with their managers and that individuals were very much on their own and this led to them being either unwilling or unable to make decisions. I also noticed that a lot of emails that I was receiving from social workers were increasingly timed after 10pm at night

The Children's Hearing System

82. The online Children's Hearing System was awful. It was rare for a child to be there and when they were, it was impossible to assess if a child was engaging as often family members would switch their camera's off. It was also impossible to know who was in the room with them. Those who were chairing the meeting would sometimes ask for cameras to be switched on but people would say they were unable to or their internet connection was unstable. We were unable to tell if this was true or not.
83. We found that children didn't enjoy participating in online Hearings and often chose not to engage or attend as a result. This was concerning as they weren't fully engaging with a system that was deciding their future without their input.

84. It took quite a bit of time for the Hearings System to catch up with everybody else. I don't think there were any hearings for about a year. It took a very long time to get online and even then it was using systems that not everyone could access.
85. There were assumptions made that families had internet access when they didn't and there were no alternatives. Even when you had families who had a device, this device was often used by others (for something else) at the same time. It was impossible for a child to be able to speak freely (and without their parent/carer being present) as the one device was often used for multiple people to use that and engage. Something I was quite vocal about pre-covid was children's ability to speak to the panel members on their own without anyone else present. That was just not possible online without separate meetings being set up and this was rarely offered or even considered.

Financial challenges

86. Generally, the financial constraints on us, and our programmes of work didn't change through COVID. The councils continued to pay and they also provided additional COVID funds. Our PACe service (in Glasgow and East Dunbartonshire) was a cost and volume contract and as such during COVID we were not able to invoice the same hours because staff were shielding on and off but they still needed to be paid. We were encouraged to apply for COVID Money which we did. Our funding request was based on a direct comparison of the hours that we would have completed (and did so, the previous year, for the exact same time period) In the last couple of months, Glasgow City Council have recently asked for the money that we received back because we didn't spend it all. They have requested the whole amount to be returned which we have done so. This just happened in the last three months. We had made a loss in 2021 and 2022 but it made no difference. The pay back amounted to £27,000.

Impact on Mental Health and relationships

87. Prior to COVID, our PACe service routinely worked with children for an average of 10 months. In this service, we are now routinely working with children and families for more than 2 years. In our Safer Choices service, I have a member of staff who was recruited in October 2020 and who is still working with the same young people she started with in her first month.

88. The children we work with for the longest amount of time are often those have experienced child exploitation and, in particular, sexual exploitation. We start working with these young people around the age of 12 and now some of them are 15 or 16. I think one of the reasons for this is that our partner agencies haven't set eyes on these young people. We tend to be a lone voice identifying issues, concerns and worries and these have not supported by other people.
89. In the past there has always been power dynamics at play in multi-agency meetings but often we would find that schools or another partner agency would support our point of view and what we were saying. However, this was not the case during COVID. There were not other agencies attending at family homes who were able to identify or corroborate the conditions we were highlighting both in terms of physical conditions or in terms of the parent and child relationship. School staff were also not able to reference presentation/behaviours at school and whether there had been any changes to this.
90. Once we start to work with a child, especially in our exploitation service, we may identify that, in some cases, further work or a different approach is required. In these cases, we would ask for other support services to come on board to help with that family but that also did not happen during COVID. This was because they either didn't exist, weren't coming on board, or they were taking far longer to come on board and, in the meantime, whatever the situation was had deteriorated.
91. We found that, where parent and child relationships deteriorated, children were more at risk of being exposed to exploitation online. Prior to COVID young people were primarily at risk in their physical environment. Where these risks increased, it created a difficulty for us around how we supported that young person. Often, when young people are worried/concerned, , they would lean on a circle of friends through school but, during the pandemic there was no school, and so they subsequently made more contact with people online and some of those people were older and not necessarily individuals you would want the young person to have a social relationship with.
92. The lack of information networks for children has had an impact. Our work actually took a lot longer because, as explained previously, a lot of our early work with families is about building relationships rather than actually getting into the details of concerns.
93. Because of the lockdown restrictions, and people were not able to leave their house unless it was necessary, we did think at the time that young

people were coming to less harm in some areas. Some harms that existed prior to the COVID pandemic were minimised and young people were telling us that they weren't exposed to harm because they weren't actually allowed to go out.

94. I have noticed that, from my perspective, young people that I now work with it is becoming the case that their development age and chronological age do not match. I think this is because they haven't been exposed to those normal developmental experiences that they would have had growing up. I think this is particularly true of those aged 11 to 13 who were transitioning between primary and secondary school. I think this is probably true of 16 and 17 year olds as well because of the different experiences they had during the pandemic and that transition between leaving school and transitioning into college/university/training and or work. This has led to socialisation difficulties and increased reliance on engagement online.
95. The protocol for emergency situations in the pandemic did not change and, in any emergency situation, we are required to call the police or social work. I do think the harms were different or, at least some of these harms, were more hidden prior to COVID and these were coming to the forefront during the pandemic. This is particularly demonstrated in situations that we experienced such as higher incidences (or reporting of) domestic abuse and sexual abuse between siblings became more prevalent. Drug and alcohol use also seemed higher during the pandemic. There was also more young people experiencing criminal exploitation – coercion into drug dealing, in particular. Some exploitation was obviously more visible simply due to their being less people out and about on the streets and this made it much harder to be invisible.
96. With young people, some of them have been living in environments where other people have had emotional wellbeing issues, and, as a result, it is hard for them not to have some of that behaviour projected onto them. Often in these environments they require to take on additional responsibilities, either caring or with trying to hide what is going on in the family home. This has definitely had an impact on children and because of the pandemic they haven't had the same emotional outlets as they would have done before the pandemic.
97. As staff we were exposed to more violence. This wasn't by the families we worked with but by random people on the street. For example, one of my staff members was approached by a man outside Queens Street station while having a cigarette who became very aggressive with him and he was violently assaulted. I think it was because people were becoming more

desperate as there were less people on the streets to ask for money. Some of these people found themselves in desperate situations as a result of needing money and it was taking them far long to acquire the necessary funds needed, whether for a bed for the night or for something else. This level of aggression is unusual. The city centre as a whole felt far more nervy and you had to watch your back quite a lot due to less people being around. There were fewer places to run and hide which made you feel like more of a target.

98. I think mental health is difficult because I think we are dealing with the fall out from COVID more now than during the pandemic itself. In terms of our employees, for example, our staff have accessed our employee assistance programme more than ever before. We have probably had a 500% increase in use of that. It has now become quite routine for people to access it and use it multiple times where this wasn't the case prior to the pandemic.
99. Some staff have been diagnosed with mental health issues directly attributable to the pandemic such as obsessive compulsive disorder and that has had a direct impact on their ability to work or to work productively. It is very common for managers such as myself to do wellness action plans with staff. Before COVID it was more a supervised history and an agreement but now we would undertake a wellness action plan too.
100. I do think that a positive of this is that people do speak about their mental health or about emotional wellbeing issues far more. This is true of staff and for our children and young people.

Impact felt on referrals today

101. The referral levels to our services between the pandemic and now have gone through the roof and I would say we are at capacity. For example, in Renfrewshire, we can't give a timeline for when we can take cases whereas in the past I was able to say 2 weeks, 4 weeks but now I can't. We are also receiving more referrals for return discussions than ever before and again can't keep up with the demand. We resist having a waiting list as an organisation because it perpetuates the impression that something might happen soon thus preventing others from providing support meantime. We now say very clearly that local authorities should go and find an alternative source because we can't say when we can provide the service or even if we can. Primary reason for this is because we are holding onto families longer as well as referrals being off the scale.

102. During the pandemic, many of our partner organisations were not seeing families as often as they would have liked and, as I said earlier, schools which were normally one of the primary sources in terms of raising concerns for children and young people were not operating as normal. For example, when children hadn't been at school, or were not attending regularly, it was noticed by teachers, and this would usually lead to some action being taken or information being passed on. However, because the children may not now have the same relationships with teachers and staff as before, things have maybe gone on unnoticed and for longer. So, when a referral is made, the situation is at a higher threshold than it previously would have been.

Guidance

103. We got a lot of guidance with a specific framework that all of our services adopted from Barnardo's but also from the Scottish Government and their road map. I would say Nicola Sturgeon was mentioned every week in our team meetings in terms of what the latest guidance was and when we would hear about changes. However, our main guidance, we took from Barnardo's.

104. We were able to adapt quite well and, as a team, we worked hard to think about what the guidance and rules meant for individual children or families. We would take in the blanket message about risk assessment and adapt working practices accordingly. This was in line with our usual practice.

105. Our greatest issue with the guidance was when it assumed the notion that children could stay contained in one environment. This was unrealistic and was underpinned by an assumption that the environment the children were living in was safe. This was certainly not always true and especially not with the demographic of children and young people we were work engaging with.

106. Young people we worked with were routinely picked up, and charged, by the police for breaching COVID rules. I remember having a conversation with the police, trying to get them to have a better understanding of why children were out and about, rather than giving them into trouble for it. There was an assumption that they would be safer being inside than being outside but that wasn't always true and there were unrealistic expectations of a child's ability to stay in.

107. Most of guidance from Barnardo's was provided to us in written email form. We did risk assessments with all the staff that required to shield, and these

were reviewed regularly. Staff still got their regular supervisions, and some were given more regular ones depending on their situation. We had very high levels of communication throughout the organisation.

108. We got child friendly materials to try and explain what Covid was and why the restrictions were put in place to try and help young people understand.
109. We found that families whose first language wasn't English sometimes struggled to read even though they could speak English quite well. We would spend a significant amount of time trying to explain the rules to these families and why the rules were in place.
110. There was an assumption that, if the rules were translated into their own first language, that it could be read but this was not always true as some individuals were not able to read their own language. Lots of the parents we were working with through this period had literacy issues. We needed to repeat information multiple times and try different ways of explaining things to get those messages across.

Final thoughts and hopes for the Inquiry

111. I was quite glad we were based in Scotland during the pandemic but that isn't to say that mistakes haven't been made because clearly there have been. However, I think it is important to recognise that we were dealing with a situation that none of us had ever experienced in terms of a global pandemic.
112. From my perspective, I felt that messages were clear and regular, and we set up systems and structures to make sure those we worked with were included. All the information was communicated (written and verbal) regularly and often repeated I don't think there were right or wrong ways of doing things but we were able to adapt to individuals and be respectful. I do think there were lots of communities and individual groups whose needs were not considered. For example, those with strong faiths, and the consequence of that loss of social support. Community and social interaction is really important and I think we have seen a lot of people deteriorate in emotional wellbeing as well as their social skills because of that period of time. I think it's really important to recognise that we need to enable people to recover and move on from the pandemic. I do think that might take a generation to do.
113. We recognise that the risk of Covid was high but it shouldn't override everything else in society and the risk of harm to a child (within the

environment that they were living in) was in some cases higher than the risk of covid. Our staff wanted to work because they knew the risks to children, if they didn't see them and they found ways to remain in contact with families because we knew that lots of them wouldn't know what to do and would have no support.

114. There was a sense of relief once staff were able to get vaccinated. We had been working under very difficult conditions and really worried about COVID. Getting the vaccine really mattered and made the staff feel valued and cared for. It did feel like a matter of life and death to some of them. I think there was an emotional relief from it. We felt it was a recognition that what we were doing was valuable and we were being considered and taken care of.
115. Going forward we need young people and adults to feel safe in whatever environment they are living in or experiencing without being forced to do something. It should be recognised that it was safer for some children to stay in the home, and it was safer for others to be outside. Individual needs and situations require to be understood rather than applying a blanket approach. I think that is the main thing I would like to be considered given that the chances of another pandemic are quite significant.
116. I do think it is really important now to take the time to actually think about our future approach and taking into account the impact of that approach on individual groups of people. It is important that we have the voices of children and young people as part of that in terms of how they experienced COVID and their voices in helping us to consider what worked well but also what they would want us to do differently.
117. There were some positive aspects for children and young people as well as the negatives. Recording people's experiences and thinking about how we use their voices going forward in terms of making decisions is really important. If this does happen again, we can't be dealing with things on the crisis level all the time, we need to have a far more planned and prepared approach where possible.

Signed: D Dagon (*via email*)

Date: 18 March 2024