Scottish COVID-19 Inquiry

Witness Statement

Statement taken at 1300 hours on Monday 11th December 2023. Witness Number HSC0039 refers.

Witness interviewed by Witness Statement Taker Irrelevant Statement noted by Witness Statement Taker Irrelevant Witness interviewed online via Microsoft Teams platform.

Statement of **SallyAnn Simmons Kelly**

Background

1. My name is **SallyAnn Simmons Kelly.** I am the Chief Executive Officer (CEO) for the Aberlour Childcare Trust. I am 58 years of age, and my date of birth is Personal Data I stay at my home address at Personal Data Personal Data

2. My normal place of work is at my office with the Trust, which is based at Kintail House, Forthside Way, Stirling, FK8 1QZ.

3. I am willing to provide a statement, have my information contained within reports and to have my statement published. I have signed the Inquiry consent form showing my agreement to all of this.

4. I am prepared to give evidence at the Inquiry and I'm aware that I can withdraw consent at any time. I have agreed to the recording of my statement today.

5. If I was to be called as a witness in February or March 2024, I would be available to do so. I can be contacted through my email address with Aberlour which is Personal Data

Personal background

6. I qualified as a social worker in 1990 and I then worked in local authorities for about 18 years. In 2008, I moved to Barnardo's as their Director of Operations and then, in 2014, I took up the role of Aberlour CEO.

Aberlour Childcare Trust

7. Aberlour (Childcare Trust) is 148 years old and started off as an orphanage for children located in the northeast of Scotland. The orphanage was in the village of Aberlour. Since then, we have developed into Scotland's largest children's charity. The orphanage itself closed in 1971.

8. We are a charitable organisation, and a Trust, and we provide support services across Scotland. We have a focus on supporting children who live in poverty, and we campaign against poverty. We also look after children in care, and we offer foster care services and residential services to them. We further provide short break services, and residential services, to children affected by disability. We also have extensive family support services.

9. That's the main thrust of what we do as an organisation.

Referral mechanism, support services and locations.

10. Referrals to Aberlour for residential and fostering come mainly from local authority social work departments. We have what we call a 'Sycamore Service' based in Fife and can take referrals from all over Scotland for residential care. That service caters for children who are demonstrating fairly high levels of distress and may have been through numerous different placements. The same is true of our foster placements which are specialist placements for children with high levels of distress.

11. Aberlour also has specific houses in both the Highlands and in Tayside. These are only for children from each of those areas. The children we look after in these houses can be up to 18 years of age, and beyond. Wherever possible, we would try to avoid the prospect of very young children going into a residential care setting.

12. Our 'Articles of Association', allow us to support children through their childhood into adulthood, if they have been supported by us as children.

13. Families can also access Aberlour family support directly from us, or through other avenues such as social work, health services or education, and so we get a lot of referrals from them. It may also be through other bodies such as the police, who might have contact with a family and see that they are having difficulty in some aspect of life.

14. We also provide the country's only advocacy service for unaccompanied children who come to Scotland, which is our Guardianship service that we run in partnership with the Scottish Refugee Council. These can be asylum seekers or children who have been trafficked to Scotland.

15. In addition, we have a whole host of family support services that are based in communities across Scotland, and they would offer input around issues that might involve child protection or mental health or addiction.

16. Our disability service includes a service in Ayrshire for parents with learning disabilities who have contact with the social work system.

17. We also have a Mother and Baby Recovery house, which opened post Covid, where we support women with addiction problems and their babies, as a way of trying to keep families together.

18. We also offer youth work services and have a couple of locations in Glasgow, and in Moray, where we work with young people who are either struggling in school or who are involved in anti-social behaviour in the community, or a combination of both and we do that as a way of getting that young person back on track.

19. Overall, our main operating areas would be Fife, Moray, Glasgow, Falkirk, the Scottish Borders, Ayrshire and Highland. We are pretty well dispersed across Scotland.

20. Our ethos is about getting alongside families where the parents may be experiencing significant difficulties, and we try and understand what is going on with them. We have a very conscious approach about how we elicit the views of families and that then allows them to enter the policy arena of our work. We also want to do as much as we can to give support to families before they get to the point of crisis.

21. Another way that we help, is through what we call the Urgent Assistance Fund (UAF), which is a Scotland wide financial support to families and that is accessed through a sponsor, such as a social worker, priest or a minister or a health visitor or a teacher. Basically, anybody who knows a family in urgent need can make a referral and we can then give them grants for specific purposes.

Structure and funding

22. Aberlour is formed of a Board of Trustees and an Executive team. The Board can be up to 12 people and the Executive team is led by me as the CEO. My team comprise functional directors in areas of Children's Services, People and Quality, IT and Digital, Growth and Marketing, and Finance and Resources.

23. In terms of staffing, we have around 700 of a head count with about 400 who are full time equivalent. The workforce is a combination of full and part time staff. We also have a pool of between 200 and 300 volunteers who are operating at any one point in time.

24. The trust has an annual income of just over £27 million. The vast majority of our funding comes from local authorities either through contracts or through spot purchase.

25. We also get funding from Scottish Government for our Guardianship service and for other initiatives that we are involved in, such as the Mother and Baby Recovery House which I previously mentioned. We get a very small amount from health, almost negligible in terms of the overall income, and from trust funds and other charitable organisations. On top of that, Aberlour has reserves that it utilises on an annual basis whereby we take a yearly income from an investment portfolio, and we also have fundraising campaigns with the public.

    The Urgent Assistance Fund was used extensively during Covid. At the outset of the pandemic, we built up that fund and got money from a number of sources on the basis that we said we could take the money in and be able to use it right away, and we could give it to the families who needed it within 72 hours.

    During the COVID period between **March 2020 and March 2022** Aberlour **distributed £2.188m in awards** directly to families and more than **6.6k families** were supported.

26. The Urgent Assistance investment fund currently sits at around £1.4 million pounds we take income from the fund but we try not to reduce the value of the fund overall. Depending on how the investments perform, we can realise somewhere between £50k and £70k per year, and we can then give grants as needed. We take a small administration fee, but we then raise money to further augment the fund through donations from a range of organisations, public donations and Scottish Government. 100% of donations from the public are given directly to families.

Aberlour – Pre-pandemic

27. Aberlour had been in a period of growth since about 2015. We were an organisation that was already providing the range of services that I have described, but we were on a trajectory of growth whereby we were opening new services and reaching more communities. We managed to open services during the pandemic itself. Our policy work is very much about an anti-poverty message for children in Scotland, because the poverty levels continue to rise.

28. Before the pandemic, we had around 40 services functioning across Scotland and most of that was on a face-to-face basis. In terms of our

core interaction with children and families, we probably didn't use technology that much, albeit we were starting a process of looking at how we could use technology and digital applications better in our face to face work with families. We were modernising all of our IT systems to support the infrastructure of the organisation.

29. Overall, we were in a good place around funding and structure.

Entering the pandemic

30. It would be fair to say that we didn't have any sort of emergency plan in place for a global pandemic. We did have a set of contingency plans – an organisational one and one within each of our services that would cope with things like a server going down and other infrastructure failures, or where access to the building was lost or restricted, but we were not ready for a pandemic.

31. A lot of our preparedness for what we could see was happening with the disease was based on what people were interpreting from various sources. We actually took the decision to close down our central offices and send everybody home around the 16th of March (2020), which was ahead of the national lockdown.

32. Before all of this, my role as CEO meant I was much more engaged in getting out and about, and I would find myself travelling across the country visiting services and being front facing in terms of the operations. I also attended a lot of external meetings with Government and other organisations and very few of them would have been online as everything at that time was face-to-face.

33. My 'typical day' changed suddenly when Covid came along, as I found myself much more confined and doing a lot of business online. As the CEO, I was part of leading the crisis response through the increased use of technology and was getting the information I needed from people who were using the same technology.

34. As lockdown hit us, we had to immediately think about how we could continue to provide support across the various services, especially as a lot of the support from the state was no longer available. That was something that had been withdrawn virtually overnight as lockdown was announced.

35. We were fortunate in that Aberlour does not have fixed computers and that our laptop distribution was such that we could go to remote working for non service based staff quite quickly. If we found staff who didn't have

a laptop, but needed one, then we were able to get it to them without too much delay.

36. I had good contact with the Board, and I set up a WhatsApp group with them so that if I needed anything, I could get in touch at any time, and they would come back quite quickly. They were very supportive.

37. As a leader, I was clear that we would not be losing contact with families and I said to my team that if they considered themselves essential to a family support structure before the pandemic, then they were essential when it came about. I made sure that we were putting in place the right working arrangements so that the risk to staff of contracting, or passing on this virus, was minimal.

38. Every morning we would have a Covid meeting with my team. We needed a daily update on what the guidance was telling us and what it meant for the services, as well as any notice regarding Covid illnesses that we might have had, and a whole range of other things. This was on top of a personal life that had its own issues with teenage children in the house, a father taken into care, and a partner initially working from home where you are competing for access to space and technology, and so forth. I don't say that for dramatic effect, as I don't think my experience was hugely different to a lot of other people, but I say it because it has a layering effect, and we would see that in our workforce and in the people we were trying to support.

39. From a personal point of view, I was feeling a combination of being bemused by all of this, a sense of being scared but also a real sense of clarity about the need to protect our people and families and keep the organisation functioning. I had seen pictures coming from Italy and how bad it was there.

40. At one point I thought I might have had an underlying health condition because of what was being put out about underlying health conditions and that made me think and say to my people that if they had any of the conditions being talked about, and they need to be shielding, then they should. I also said to them, they shouldn't feel that they can't shield if that was coming from a financial perspective, because I committed to telling them they would not lose pay and that their jobs would be safe.

41. I also acknowledged them all by saying that I knew people would be scared and that this would bring risk to us all, but I wanted them to be able to feel safe and look after themselves and their families. With that said, we had a commitment to families that needed support and I said to my staff that they would be expected to be at work in whatever capacity that then meant and we could carry on with that support in a manner that minimised risk.

Impact on families and services

42. The key for us was maintaining contact and support with our families and young people in communities through digital means in some cases and we said that we would use technology as much as we could. One of the challenges that we faced was in the fact that a lot of our families, whilst they may have had a smart phone, may not have had a lot of data allowance. That meant that we were giving money to families to help them stay online and remain in contact with us. Some of that was used through mobile phones and some of it meant that we would be getting a device into families and making sure that they had data to support the contact needed with us.

43. That same principle of ensuring data was available, was also important when it came to schools providing devices to children so that they could be taught at home. Without sufficient data, they would not be able to take advantage of the home schooling that was being provided. It's also important to say that a lot of the children we support didn't get a device from the schools they were at. Even with the ones that did have them, we know that a lot of the families did not have internet and so that was useless to them.

44. We also wanted to maintain some degree of face-to-face contact as needed, and so we would arrange garden visits and have safe discussions with families.

45. We said to families that if they were in crisis then they need to contact us so that we could assess and help as needed.

46. One of the interesting things that some families fed back to us, was that lockdown was not something that was different for them. By that, I mean that these families were not, before the pandemic, going out for tea or going to the cinema or going on trips. In effect, the restrictions of lockdown didn't make much of a difference to them as they didn't have the means by which to enjoy all those things that the rest of us took for granted but could now no longer do.

47. The other thing that we were told by some families, and by our children in care, was that they learned more, and did well academically during Covid, because they didn't have to navigate the education system. What they were saying was that they felt less stressed, and less distressed, because they were not in a classroom having to work through relationships and routines that they just couldn't manage. They could sit with their key worker and do homework in the house, and they could learn much more than if they were in the classroom.

48. While the idea of some children learning more outside of the school environment was a bit of an eyeopener for me, our main concern was for those families living in poverty where their children did not have the same access to learning, and they were just in and around the house all day. We recognised that and had a campaign with Children 1st to try and get laptops into families' homes.

Guidance

49. I do remember, in the early stages, that we seemed to be scrambling about for information and we were learning as we went.

50. Except from what we were seeing on the news, we didn't get specific guidance from Scottish Government initially. The source that we relied on was the Coalition of Care and Support Providers in Scotland (CCPS). The CCPS were included in briefing with Scottish Government, and we then had regular meetings with CCPS to learn what was being said. I didn't have any personal input to the development of guidance or policy, though I did offer our support to the Scottish Government on guidance for children in residential care, but it was not taken up.

51. We also signed up for updates from public health, but I recall, in one weekend, we had four changes to guidance as we tried to support our children in care. We were also getting contradictory information from national helplines compared to what we were being told from public health locally, and so it was difficult to navigate. Most guidance was very adult focussed so not immediately translatable to a children's context.

52. I recall that I wrote emails to Scottish Government, on more than one occasion in the first few weeks of the pandemic, asking them to be more explicit about children in care and children with disability and how the guidelines are supposed to impact on them, because there was no clarity on that.

53. The information we got from the CCPS was used to inform our staff. I have a Head of Quality and Safeguarding and it was that person's job to constantly seek out updates, guidance, alerts and so on, and we would advise our teams at the morning meetings and give them whatever they needed for their areas of work.

54. I would say that we had to be proactive in getting the information we needed, and then looking at it and interpreting what it meant for us.

55. Our working practices also meant that we would bring our teams together from across different local authorities, so that they could share what was happening and how they were being asked to apply things. We tried to keep abreast of it all, but there were times where we couldn't get clarity

and we just had to make decisions based on what we were being told and apply good practice principles and get on with it.

Impact on staff

56. The impact of all this was a lot of hard work for everyone, and that included me, as I needed to stay in a managed state to keep us going and look after everyone. Personally, this was just an exhausting time and that wasn't just about work, but about family circumstances too.

57. When I spoke to staff and checked in with them, they were equally anxious about themselves and their families, but they were appreciative of how supportive Aberlour was being to them.

58. Some of my staff felt really frustrated at the lack of guidance or contradictory guidance. They also felt vulnerable and further frustrated because they, as social care workers, were still out there looking after families when qualified social workers were at home. Our staff went above and beyond throughout the pandemic – changing their focus as required and making sure they were still available to those we support.

59. There was also additional work in terms of cleaning regimes as we needed to comply with all of the guidance within the houses, and that added to the duties that staff already had.

60. The matter of testing was also a consideration, and it was a constant struggle to try and find out what we needed to do in the event of Covid being in the house or a care setting. It was also a worry about how we would manage self-isolation in these houses because a number of our children struggle to self regulate. We were fortunate in that we didn't have a Covid outbreak until quite late on in the pandemic, and it only involved a couple of the children, neither of whom were that unwell.

61. On several fronts, policy and guidance was unclear around children's services and that went on for too long, and this created uncertainty around how we best look after the children. That included PPE, testing, the matter of family visiting, day to day management, and so on. All of this, together with the increased meeting schedule and the researching and interpretation of guidance, had an impact on the staff and their workloads and demand did increase.

Impact on children

62. We asked for feedback on how children in our care were feeling about all of what was happening, and it was quite an interesting time. Some of the children were distressed about not seeing their parents, and there was a

real lack of clarity concerning the rules on family contact time in the children's houses.

63. What people were also telling us was that, during Covid, the houses were more settled than they had ever been and that the levels of distress that were there pre-Covid had become insignificant. The children basically hunkered down with the staff and didn't get involved in some of the conflicts and distressed behaviours that they had been in previously.

64. That time allowed us to continue work with the children and ask them how we could do our best to keep them safe. An example of this is the work we did on reducing restraint. We were able to really progress the work with the children and staff during COVID to the point where we almost eradicated the need for physical interventions. That has persisted, and we are now in a position where we have nearly stopped restraining children altogether. We have done work with the Promise and a report is available on this area of our work.

Impact on families

65. As we have children in residential care, Covid meant that parent contact could not happen in the same way as normal. That was an issue and we had to address that by using technology.

66. For families in the community, their main concerns were about their children, or them, catching Covid, but also struggling with the prospect of losing income. We knew that a lot of the parents were working in precarious employment, such as retail or hospitality, and with Covid, that presented a real problem for them. We had to ensure that we were supporting them dealing with their financial concerns.

67. One of the things that some parents and families liked, was that they were not having to cope with a number of organisations keeping in touch with them and didn't have to deal with multiple visits from eg health visitors and social workers and family support workers, and they felt that just dealing with Aberlour staff was better for them.

68. A downside of all of this was that there was a real sense of isolation from networks and their peers as well. While they may not have experienced the same sense of loss that others in the middle-class grouping might have done around accessing sport, or other social activities, this was an isolating experience. For people that have mental health problems, or addiction problems, this was especially difficult and would have an impact on their mental wellbeing.

69. For the same group of parents, they found themselves with children at home and they would realise that, even though the child might have a laptop and internet access, they may feel guilty about not being able to help the child due to their own learning being impacted. That would be a stressful issue as they could not give the same support to their children that a teacher could.

Impact as CEO

70. As CEO, I am very fortunate to have a great Board and a great senior team around me, so I never see this as a single endeavour by me. I need to lead the organisation, but I know when I need to lean into something or help somebody by way of intelligence or skills set.

71. Where I come from in terms of Covid, is no different from before Covid. We are an organisation that deals with people, and I didn't change because of Covid. All the principles we have as an organisation, and the values that we have, were all at play within the Covid pandemic time and our leadership of that is how we are as humans, and so we don't step into a space where we reconstruct ourselves. As human beings, we are going to make mistakes and we are going to get some things right, and as long as we stay open with each other, and we communicate with each other, and we follow the evidence as we have it, then we will have done what we could.

72. The other thing that helped me was my professional training as I know I don't get bent out of shape with things. I acknowledge feelings like fear, and I feel it and I can see it when others feel it, and I know it is a perfectly normal human emotion.

73. For me, there was an element of learning on the job because things were changing so quickly, but I said to my staff that if we hold the children and the families at the centre of what we are doing, and we act as human beings, then we will get there.

Impact on foster care services

74. Our foster care service is not of a large scale, and we only have around 30 or so placements. The important thing with them is that they are long term placements and so we were not affected by disruption to short term care issues like some others might have been.

75. As foster care is a family setting, that actual environment during Covid would not be much different from any other family. Foster parents were

worried about the children they were looking after, and making sure they didn't get Covid and were minimising their own social contacts. We had no placement disruptions directly linked to covid.

76. The educational aspect of the children being at home was significant for them (foster parents), but a lot of foster carers probably feel more skilled in assisting with education than many of the biological parents.

77. One of the things that did affect us at the time was a delay in assessing potential carers. We wanted to grow our service in foster care, and the onset of Covid meant that we had to be less ambitious about the speed of that, but that didn't affect those children that were already in placements.

Impact on residential care

78. The issues in residential care included the learning whilst not in school. As I mentioned, some of the children said that they were far more able to learn outside of school, but there were also cases where the children struggled a bit depending on where they were in the school curriculum, and the exam routine that went with those stages.

79. Not having contact with families was also a feature as that routine was disrupted and travel across regions would have been difficult. The staffing and rotas had to be adapted a lot to meet the needs of the children, and the running of the homes they were in. That included taking measures to reduce the footfall in the houses and bringing in more beds for the staff to stay over a longer period.

80. It was also in the residential settings that we found ourselves struggling to understand a lot of the public health guidance around the use of PPE in children's homes and the lack of clarity about how adult focussed guidance applied to children.

81. Another aspect, more so in regard to our houses in Fife, was the isolation that the children were feeling. Our houses are quite close together in Fife, and that meant the children saw a lot of each other and would play with each other, but the restrictions prevented that.

Impact on those with disability

82. This is the area where we had the biggest level of concern for the longest time. We had a house with about four or five children, or young adults, with a range of complex needs such as learning disabilities, physical disabilities, health needs and so on, and there were issues for us about how those additional needs were being assessed in the context of Covid for children and young people.

83. Our managers were linking in with local public health and trying to do their best, but it took us a while to get the government to understand that the rules for children affected by disability in this context, had to be different from the rules for children in children's houses who did not have the same needs. The wearing of masks by the care home staff would be an example of this, where communication with the children became more difficult.

84. Another aspect of these services was in regard to respite support for children. Here again, there was a lack of clarity. Our disability services felt uncertain on this because local authorities took different positions on it and we found that they might go ahead with the arrangements and we planned for that or, if they didn't, there was a question around would they pay the providers even if the children didn't go to respite. This lack of certainty had an impact because we were not sure if we could keep our disability services open at that time.

85. Where we couldn't be of help to families where disability support was needed around respite care, we did manage to keep in touch with them through phone or by WhatsApp and we worked with local authorities to try and make sure we didn't see a family breakdown, because there were no short breaks.

86. It was important to us that we were able to support emergency needs, but otherwise, a lot of what we were doing was shut down on a temporary basis.

Within some Local Authorities we saw planning which did not seem to register the vulnerability of these groups of disabled children and their families. Focus was targeted around those on the Child Protection Register or those looked after at home or within other care arrangements. It seems the risks around for these young people, in terms of risk to self and risk to others, was not consistently reflected or articulated within planning for Covid responses around high-risk groups. There was also exclusion or a lack of consideration for support of members of these communities due to a perceived unacceptable risk to staff groups within statutory services. This was due to care needs and the requirement of care management around bodily fluids.

The impact of Covid has been longer standing for these groups of children and young adults. The care crisis continues to impact access to supportive services and the longer term impact to the provision of daytime care centres.

On reflection as restrictions were lifted there was little thought to the significant changes in the psychological needs of these children and their families. Whilst the rest of the country has moved forward and returned to a level of normality, in many ways these are the group of children which Covid has left behind.

Impact on those affected by addiction in the family

87. We provide support to a number of families where addiction is an issue and we operate in several areas including Dundee, Glasgow and the Dumfries and Galloway region.

88. The main impact for these families was isolation. Adults didn't have the same peer groups or networks and they were also having to manage the education needs for their children at home. That was exacerbated by issues of poverty, change in substance use to manage cravings.

89. What we saw was patterns, whereby there was an increased use of alcohol in some families as the route to access the substances they had been using, was disrupted.

90. We observed an escalation in mental health issues among families affected by addiction, and also increases in domestic abuse as well. The domestic abuse trend was not just found in this group, but it happened more generally among families.

91. For the children who live in families where there is an addiction problem, they missed out on the opportunities that took them away from the house where they would be able to experience a social connection and have peer group engagement that was apart from the addiction.

92. Digital access was also a big issue for families with addiction, and this was to do with poverty related matters as addiction means that they will make different choices around where money would be spent. The consequence of that might mean that they don't have access to the internet, so we had to make sure we could get that for them.

93. That access was especially important as a lot of information on how to manage the pandemic, and keep safe, was available online. Even though they might have a mobile phone, it was difficult to keep up with all of what was happening on a small device, so we had to ensure that they had electronic tablets. We also had to keep in touch with them, and to help them do that, we had to walk alongside them because a lot of these families can't engage well in meetings and that was made worse when it was online.

94. The other thing for these families was that there was a lot of redeployment in health care staff to help with the Covid response, and the people that they were used to working with through their addiction contacts, were not readily available to them. This was especially the case for women who were having to retell stories of trauma and abuse to people they didn't know and to do this online in ways that are quite triggering for them in terms of their mental health.

95. It was really important to us that we were reaching out to these families and keeping in contact, as some of the bigger risks can then be felt by the children. We did this in any way we could and used phone calls, video calls, we did garden visits, we went for walks with them, and we used WhatsApp.

Impact on those seeking asylum with no responsible adult to offer support.

96. We work with about 800 children and young people of various age ranges, who are unaccompanied. For the younger children, they would tend to be in foster placements or in residential placements. The placements are not provided by us, but we do the advocacy role for the children and young people. For the older children and young people, you find that they are in supported accommodation or in their own flats and they were very isolated.

97. When these young people come here, they rely on access to education and that was restricted. We usually find these are highly motivated, but a lot of them have trauma because they may have been trafficked and will have had very difficult experiences.

98. We knew we had to provide support to them, and so we did that remotely, and in person when we could. The sort of things we were doing was making sure that they had advice regarding their legal position in the UK, including engagement with the Home Office.

99. The advocacy role often means that we are the only contact or support that the young person has. The other thing is that many of them don't have English as a first language and so we relied on interpreters to assist us. These young people were having difficulty accessing and understanding the public health information and we needed to provide translated guidance for them. We put together some video recorded messages in key languages, and we sent them out.

100. A lot of these children applied to the Urgent Assistance Fund, and that allowed them to do things like get laptops and be more connected. Some

of them also continued with online English classes, because a lot of that had stopped.

101. The other thing about these children is that many of them suffer poor mental health and they have a lack of cultural awareness of the UK, and a lack of understanding about health services, because they come from countries that don't have the same infrastructure that we have and they can be very untrusting of some adults and organisations. An example of this is the Covid vaccine, where we had to do a lot of work with these children and young people encouraging them to engage with the programme. One of the ways we did this was by getting groups of them to go together so that they had the idea that they were protecting each other.

Impact on those living in their own families who are in need of additional support and/or protection.

102. The whole approach to supporting families in communities was about us being where they are, and so that was disrupted for a while. As I mentioned earlier, some children benefited from not being at school and not dealing with the pressures, but for others, it was the opposite. It was all dependent on the family circumstances and we had to understand the situation with each family, so that we could help them as best we could.

103. For many families, digital access was a problem as they didn't have a laptop or internet connectivity. It was something we raised with the government, and for some it was a very slow process before they got that sort of help. For our part, we reshaped what we did, and we took them out for walks, we did garden visits and we used technology.

104. Overall, there was a feeling in some places across the country that our services were the only ones operating to keep these families going. Even some charities had shut down and didn't do face-to-face engagement. We were committed to keeping our face-to-face contact going as best we could, and we knew we had to work alongside these families to help them through.

Government Decisions - Impact on emotional wellbeing

105. In the first few weeks of Covid, I formed the view that generally the Scottish Government messaging on television was quite reassuring, and that there was a commitment to communicating directly around the physical and emotional wellbeing of citizens.

106. I think that decisions being taken around guidance however, caused confusion, and when you are confused your emotional wellbeing can be affected.

107. In terms of my work, I have a view that the children's social care sector was not given the attention it should have had, in the sense that this had been framed as a pandemic that affected older people and did not pose huge risks to children. In the round, I don't think that children were properly acknowledged, whether that be in terms of shutting schools or having them confined in houses, and that undoubtedly had an impact on their wellbeing.

108. There were other things that happened which had an impact on the social care workforce. The Covid bonus payment was, in my mind, payable to people within residential care and other places, but we were left with people working in the same workplace where some of them qualified for it, and some of them didn't. It was hugely divisive, and again, I think it played out the message that the government were saying, 'protect the NHS' over social care, and that social care was an afterthought. I think especially of the care home sector, and I had personal experience of this when my dad went into a nursing home from hospital in June 2020, before vaccine roll out - not knowing if anybody in there had Covid, and not knowing if anybody would be discharged into that nursing home with Covid.

109. In terms of the Aberlour staff, we know that people were affected because their circumstances changed significantly in that they were now having to manage work, and manage home and children, all from home, and so we said that we wanted them to look after themselves and do what they can, from where they are. We also said that they shouldn't worry about being off work, and that we were not going to be punitive in any way. It is clear to me that our staff went above and beyond and that their commitment to children and families during this time was clear.

110. What can be said is that it was thought children generally had more protection from Covid, but it wasn't because of decisions made by government, rather, it was because generally the virus didn't impact children in the same way. What was impacted, however, was their emotional wellbeing. There was also different considerations for children with some complex disabilities that were not properly addressed. Many of the children with disabilities and/or complex health needs were not provided with additional guidance or support and many were left without support.

Government Decisions - Impact on isolation

111. Some of the challenges that children experienced included the sense of isolation. Not being able to go to nursery or to school would have an impact on their social learning and development, but I think there may be a range of outcomes in this area because, as I said, some children in our

care coped better, and did better, without school. The key issue from that is how we reflect on that experience and learn how to fully integrate these children educationally.

112. I also think of the members of our workforce who are relatively young and still staying with parents, and they were spending all day in their bedrooms on their bed because they perhaps didn't have a desk to do their work, and that would also be isolating. We had to address this and make arrangements for some of those people to have access to office space and for home based work station assessments to be done for many others.

113. Overall, isolation was hard to navigate but in different ways and in different contexts. I'd say it was dependent on the relational health that is around a person, and in the care and family settings that we were involved in. These could vary considerably.

Government Decisions - Impact on self-harm

114. Where you have a mental health issue, and you add to that a sense of isolation and a sense of hopelessness, we have testimonies from parents who have said that the thought of self-harm was something they had to deal with.

Government Decisions - Access to health and social care services

115. Access to health and social care services varied across the country, but what I wanted our teams to be doing, was to link in with the local emergency response and be part of the overall solution.

116. Where we were providing support to families in communities, we continued to do that but based on what the local plan was. In some areas, that worked really well but in others it was less robust, so I think it depended on where you were.

117. There was a good example in Dumfries and Galloway where we had people with a bit of capacity, and they had asked the local authority if they could assist in other ways, and they were asked to help older people - which they did. I thought that was right in the context of a pandemic, as we should be flexible to meet the needs of the local community when experiencing something as significant as COVID.

118. In terms of access to GPs, our services encountered the same difficulty as others, where there were challenges in getting a response. We are fortunate however, in that the children in our children's houses tend to be

physically well and there is little need to seek a GP appointment or consultation. If there was a need for medication, and that isn't common, we never had any reports of delays at any point. The health needs in our services for children with complex disability are quite different and there were concerns about the responses to these children and young people throughout the pandemic.

119. I think access to health across the country became restricted and problematic for the general population– problems accessing GPs and messages about not going to accident and emergency. I think we are still in a position where health hasn't normalised its response to the public post pandemic emergency.

120. For some of our families, that lack of contact with the state alleviated some of the stressors in everyday life because they didn't have to worry about social work or health at the door, and they were happy to deal with one person over WhatsApp or in the garden. For others, that access to support services has become so routine in their lives, that not having access was a problem.

121. A lot of our staff have raised concerns about the lack of social work presence and visiting to families including families under statutory child protection measures and us then completing reports based on our assessments that social workers, for example, then sent to the children's panel, because they had not had the contact with the family.

122. At the start of and throughout the pandemic, we approached the government on our concerns for children's services, and I would say that they were responsive to the crisis and that Ministers acknowledged that we were in a critical or urgent situation, and they wanted to be able to help us in a way that meets the needs of the communities.

123. It seemed relatively easy to get support from Ministers and civil servants for financial assistance to families however specific guidance for children's services was problematic. A good example of a rapid response is the Urgent Assistance Fund, where we said that we needed to get support out to communities as quickly as possible and they were able to give funding towards that. As I recall, I think we got all that we asked for, and we were able to use it right away to help people.

PPE

124. Initially, we struggled to get all of the PPE we needed and also the hand sanitiser we needed. We basically had a situation where we thought that those with a critical need got it, but there was also a lack of clarity about exactly what we did need in children's services. As an organisation we

sourced items needed via the internet and high streets often at increased prices.

125. In the first few weeks of the pandemic, we were doing a lot of phone rounds to try and get PPE. We also did manage to get sanitiser through a company that changed their manufacturing processes from alcohol to sanitiser. We were reliant on a donation from that company for that.

Inspections

126. Aberlour has a number of regulated services that are inspected, and these are on a statutory footing. The body overseeing that is the Care Inspectorate. Their approach to inspection is based on an assessment by them, of how often they need to come back and inspect a specific service. Our children's houses, our disability services, our playschemes, and some of our family support services are inspected.

127. Inspections can be announced or unannounced, and that follows a self-evaluation that they ask us to complete. We also undertake a range of reporting into the Care Inspectorate on our services.

128. I don't think we had any inspections during Covid, but we did continue to complete our annual returns and additional weekly returns on staffing and the impact of covid.

129. We have had recent inspections, but have not had any requirements for action, just recommendations. Generally, we achieve a grading of four or a five, and we have a management performance indicator that we will not fall below a four, which equates to 'good'.

Aberlour – Post Covid

130. I think Aberlour has emerged strongly from Covid, and in fact, we opened new services during that period. These were already planned, but the fact that Covid didn't disrupt us was a real positive.

131. We also took the Urgent Assistance Fund to a completely new level, and it continues to serve us well. We have not got it at Covid levels, but with a cost-of-living crisis straight after Covid, we see it at near that point, and we continue to support families from it. Our public donations and our trust funders are part of that funding.

132. From a staff perspective, I would say that our people went above and beyond during Covid, and that did have an impact on them, as we saw an increase in stress related absence during the pandemic. That seems to

have gone back to normal now and we are sitting with an absence level of below five percent.

133. I think we can reflect on how we treated our staff and can say we did well. Examples would include, no furlough, strong messaging about their health, their job security, and how we would protect them. We also gave small thank you cash rewards during Covid, and, over the last two years, we have given winter payments to our lowest paid staff, and our staff satisfaction levels are positive. All of this stood us in good stead as we recovered from Covid, but we had started the journey before Covid.

134. I think we have learned a lot from Covid, and there are things we will keep doing in relation to residential care. It has made us very thoughtful about the whole education component and how we could potentially develop that for our children. That realisation around the learning of some of our children during Covid had allowed us to speak to teachers to see what we can do to keep that up and think about what we can do differently.

135. As part of a restructure of residential care we also have thoughts about moving into smaller houses and more therapeutic environments. It would be fair to say that I think we have emerged very well, and we have kept doing what was possible.

136. One of the things that was accelerated because of Covid, was an increased use of technology and that has become a constant. We are conscious of not losing the face-to-face contact as we recognise that people need the connection, whether that be within the workforce or in the families and communities we work in. Technology helps, but it is not a replacement for what we do, and that is the ability to walk alongside families, children and young people.

137. We also gained a window into how people lead their lives and the realisation that, for some families, Covid restrictions made no difference to how they normally live. That helps us to understand that they are not in a position to enjoy the freedoms that we all take for granted around access to social activities, outings, shopping and so forth because they live in or on the edges of poverty. That has been really useful for us in helping people, and how we can support them both in our family support services and through the urgent assistance fund.

138. I'm especially pleased with the UAF, as that has helped us in the current cost of living crisis and, I think, we would never have been able to ramp up that funding just because of the cost-of-living crisis alone. Covid was different, because we were all part of that, and it helped people understand that others needed help and that we were able to give it.

People who gave us that money, are now confident that we will do the right thing with it, and that has improved our reputation in the sector.

139. All of these experiences are important to us as we are now in a position to support more families and children, because demand has grown and may continue to grow.

Lessons to be Learned

140. I think that one of the key lessons has to be that we as a nation, or a union of nations, prepare for these national events in the future. That preparation should take account of the different economic and social circumstances people live in and how that might impact on their vulnerability. This includes having an awareness of the impact of disability, health inequalities and how trauma, adversity and living in poverty impacts on opportunities and needs.

141. I also feel that we need to value the relationships between human beings and how we enable and maintain these relationships, even in times of crisis. I talk about my father in this regard, where I didn't see him for four months after he entered a care home, but the same applies to families who did not see their children.

142. Our experience of maximising the impact of the Urgent Assistance Fund using a cash first approach should also form part of the learning. This approach meant that we could get the right help to the people that needed it quickly and efficiently.

143. We also need to learn from the adept manner in which much of the third sector provided support during the pandemic and the examples from the public sector when they were able to respond swiftly and nimbly and deconstruct bureaucratic approaches to make sure people were supported. How do we make sure that we do not return to examples of overly bureaucratic processes of the pre pandemic period?

Hopes for the Inquiry

144. My hope is that we use our experiences to inform our future response in a way that has people, compassion and care at the centre of it.

Statement Concludes

Signed …………………………………………………….

Date ………………………………………………………..