OPUS2

Scottish Covid-19 Inquiry

Day 31

March 27, 2024

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1   Wednesday, 27 March 2024
2   (9.44 am)
3   THE CHAIR: Good morning, Ms Trainer.
4   MS TRAINER: Good morning, my Lord.
5   THE CHAIR: When you're ready, Ms Trainer.
6   MS TRAINER: Thank you.
7   MR MARTIN CREWE (called)
8   Questions by MS TRAINER
9   MS TRAINER: Good morning. I wonder if you can begin by
10   stating your full name.
11 A. Yes, my name is Martin Crewe and I'm the director of
12   Barnardo's Scotland.
13 Q. Thank you, Mr Crewe. For the purposes of today, you
14   have provided a statement to the Inquiry, I think some
15   time ago ——
16 A. Yeah.
17 Q. —— in August of last year and you also provided some
18   supporting documentation. For our benefit, the
19   reference for that statement is SCI—WT0429—000001. You
20   should understand for the purposes of today that all of
21   that information will form part of the evidence that the
22   Inquiry will consider.
23   I wonder if I could start by asking you how long
24   you've been in your current role.
25 A. I've been 17 years as director.

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1   Q. Barnardo's might be familiar to many of us but are you
2   able to give us an overview as to the objective of the
3   organisation?
4   A. Yeah, so Barnardo's is a large UK social care charity
5   and we operate across all four nations of the UK,
6   basically working with disadvantage for children and
7   young people, roughly aged zero to 25, covering just
8   about every aspect of disadvantage.
9   Q. In terms of fulfilling that objective, what services
10   do you provide, what range of services?
11 A. We provide well over 100 services across Scotland:
12   residential care, youth justice, substance misuse,
13   children leaving care, children with disabilities ——
14   just about everything.
15 Q. Do you also provide things like fostering and adoption
16   support?
17 A. Yes. Yes, we also provide fostering and adoption
18   support and employment support.
19 Q. Employment support for children and young people?
20 A. Yeah.
21 Q. It might be obvious, but are you able to give us an
22   overview about the range of the service users that you
23   fulfil?
24 A. Yes, so, as I said, the age range is sort of zero to 25.
25   Some of our services at the upper end of that haven't

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1   got a hard cut—off at 25, so, you know, we'll still
2   support young people as long as they need it. Basically
3   it's children and young people who need support,
4   whatever that looks like, and that extends to very much
5   sort of family support as well.
6   Q. Can I take it from what you're saying that part of that
7   role then also is supporting potential carers for those
8   children as well as the children themselves?
9   A. Yes, very much so.
10 Q. Your statement highlights a number of aspects of the
11   service which were impacted by the pandemic and which
12   I wanted to explore further with you. But before
13   perhaps we discuss the specific services that you
14   highlight, you say generally I think that the main
15   short—term effect when you were told that the country
16   was going into lockdown in March 2020 was effectively
17   you had to make pragmatic decisions about, "What can we
18   keep doing and what must we stop doing?". Can you tell
19   me a little bit about that process?
20 A. Yeah, I think going back to March 2020, things were
21   happening very quickly. As well as the social care work
22   Barnardo's does, we also have a substantial set of
23   charity shops with —— around 80 shops in Scotland alone
24   and 700 across the UK. Those had to close immediately
25   as part of the lockdown and obviously that had a big

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1   impact on our income and what we were able to do.
2   On the service side, it was really working out what
3   we could still do safely and not let down the children,
4   young people and families who we were supporting. And
5   the —— certain parts of the system just had to stop and
6   it was —— you know, it was very hard on a lot of the ——
7   particularly the young people we were supporting, you
8   know, to suddenly have to be very isolated and, you
9   know, not know where the support was coming from.
10 Q. You then, I think, go on to discuss that the
11   organisation was seeing families who had immediate needs
12   and the pressure at that time for some people that you
13   were working with was quite extreme. I think you say.
14   Are you able to tell us about those needs that you were
15   seeing immediately?
16 A. Yeah. I think again, you know, going back to that time,
17   because the economic impact was so sudden, a lot of
18   companies took very immediate decisions about what to do
19   with the workforce and some companies were brilliant
20   about that but some made people redundant straightaway,
21   and I think it's important to remember that, although
22   the furlough scheme came in, that there was quite —— you
23   know, there was quite a gap between those initial
24   decisions. So some of the families we were working
25   with, you know, who were getting by, suddenly had lost

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

5

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

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

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

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

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1   Priorities Fund, you know, we distributed well over
2   £1 million direct to children and young people —— well,
3   mostly families.
4 Q. The last fund which you narrate within your statement is
5   something which is termed the "Summer Wellbeing Recovery
6   Fund of 2021". Again, can you tell me about that?
7 A. Yeah. I think that was a lovely thing because, again,
8   you know, if you cast your mind back, how hard it had
9   been —— because people did work with the immediate
10   priorities and the impact and loads of people, not just
11   Barnardo's, really stepped up, but by the summer of 2021
12   a lot of families hadn't had a break and, again, you
13   know, what we were able to do was talk to the Government
14   about, "A relatively small amount of money could make
15   a big difference for some of these families", and,
16   again, we were granted funding. So we had 274,000 of
17   money for the sort of Get Into Summer programmes and the
18   feedback from the families was fantastic.
19 Q. Are these programmes where children and young people are
20   able to spend some time outwith family and outwith the
21   home and do some safe activities in the summertime?
22 A. Yeah, I mean a lot of it was going to the beach, going
23   into areas of natural beauty. We worked across 24 local
24   authority areas across Scotland and just basically did
25   lots of fun stuff. And I think, because of what people

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

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

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

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

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

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

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1 and actually, you know, give the parents a bit of
2 a break.
3 Q. I'm curious, did you find during the pandemic that the
4   organisation was serving users who perhaps would never
5   have been referred to the service before?
6 A. Yeah, yeah, and I think this was one of the —— it's hard
7   to sort of capture the essence of it now, but one of the
8   things that was so good was how we worked with local
9   authority colleagues, with other charities, to say, "How
10   can we make sure that no family falls through the net?"
11   and "It almost doesn't matter who picks them up, but
12   let's make sure, if somebody doesn't fit into one
13   service, that there's something else for them". I think
14   to some extent, you know, The Wee Hub was at sort of the
15   bottom of the net. So if people didn't fit into
16   something else for whatever reason, you know, if the
17   family was really anxious about a child going back to
18   school or whatever, you know, we could provide that
19   support.
20 Q. Did a lot of the services you're describing require the
21   family to come to you rather than you coming to the
22   family or how did the referral system work?
23 A. I think what I'd say was it was multi—channel. So, you
24   know, there's a phrase "no wrong door". So if the
25   family came to us direct, we would try and respond. If

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1   the family came via the local authority or via
2   a headteacher, I think there was that spirit at the time
3   of, "How can we respond best to families, whoever?".
4   And we tried to make sure that, if they came to us, that
5   they got a response, and, you know, if there was
6   somebody else who could do it better than us, fine, but
7   the principle was that no family went away without the
8   support they needed.
9 Q. I think you used the term "safety net" or "dropping
10   through the system" and I wondered if you, as an
11   organisation, felt any safeguarding implications or
12   child protection considerations in relation to the
13   service users that you perhaps didn't before.
14 A. Yeah, I mean, there was some positives, but, you know,
15   we've also got to remember that for some families,
16   particularly during the lockdown period —— you know, if
17   you'd got the family all together in a small space with
18   very, very limited activities and often pressure of
19   finance, et cetera, not surprisingly in some cases, you
20   know, domestic abuse increased and a lot of the normal
21   checks and balances —— particularly when the schools
22   were closed, you know, you didn't have eyes on the child
23   in the same way that you would have done under normal
24   circumstances. So, yes, we did have safeguarding
25   concerns. But I think there were also examples where it

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1   went the other way and children paradoxically were
2   safer. I mean, I can mention an example if you like.
3 Q. Yes, of course.
4 A. So we have some specialist child sexual abuse services
5   and, during lockdown, one of them was aware of
6   a 13—year—old girl who was going missing from her family
7   on a frequent basis. She was actually sort of staying
8   with a 17—year—old male who was sexually exploiting her,
9   and police and social work had tried to make some
10   changes but she kept on running back to him. What
11   happened during lockdown was that she was then stuck
12   with her family so she then spent more time in the care
13   of her parents and what happened was that she was able
14   to make that break with the young man who was exploiting
15   her. And because of that enforced period of having to
16   work —— you know, having to be at home, she disclosed to
17   her mum and dad that she'd been sexually assaulted and
18   they responded with care and love. And what happened
19   was very positive, that she renewed her connection with
20   her parents and managed to break out of an abusive
21   relationship. So COVID was mixed in its impact and I'm
22   not saying that, you know, everything was good about
23   those sort of lockdown arrangements, but there are
24   examples like that which, you know, enabled children to
25   break out of abusive relationships.

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1 Q. Perhaps you're describing a situation where the external
2   difficulties and negative influences might go away but
3   if there is internal within the home, then those might
4   increase?
5 A. Yeah, yeah.
6 Q. You say generally, I think, in your statement that child
7   sexual abuse and child exploitation risks certainly
8   increased during the pandemic. Can you explain a bit
9   about that?
10 A. Yeah. I mean, you know, for simplicity, you know, if
11   we're talking about exploitation, you know, it tends to
12   be sort of outside the family, so those opportunities
13   might have somewhat decreased in some ways. But within
14   families, the stresses were higher, people were on top
15   of each other and so the risks of abuse within families
16   unfortunately increased. But it's also quite a complex
17   mix because, particularly around exploitation, there's
18   a relationship with drugs often, and one of the impacts
19   of all the lockdown activity was that a lot of drug
20   supply units became more problematic, so in some places
21   there were less drugs in the system which kind of helped
22   as well. So there were all sorts of complex dynamics
23   going on at the time.
24 THE CHAIR: Are there any meaningful statistics available in
25   relation to the increase in child sexual abuse during

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

<center>21</center>

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

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1   processes were geared to how do we keep each other safe,
2   the decision—making which we might have wanted children
3   and young people to be involved in, realistically a lot
4   of those decisions were made by adults without any
5   reference to children and young people's preferences.
6   And I think some of the decisions about putting things
7   online, for instance, it made a lot of sense for adults
8   and it kept some systems running, but actually, for some
9   young people, they found that extremely difficult,
10   whether they didn't have the tech or, you know, didn't
11   have the ability to engage with that.
12   So a lot of decisions were made for the right
13   reasons pragmatically but I think the impact was
14   sometimes a bit disempowering for children and young
15   people. You know, things were happening to them. There
16   was a lot of heightened anxiety. You know, all of the
17   communications were about risk and keeping safe and
18   everything, and of course that impacts on —— well, it
19   impacted on all of us but it impacts particularly on
20   children.
21   Q. When you talk about children's views, in what context
22   are you talking about decisions being made for them?
23   Is it children's hearings or ——
24   A. Yeah, I mean, children's hearings is probably one of the
25   most obvious areas, where, in an ideal world, decisions

<center>23</center>

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

<center>24</center>

1 a rights—based approach to say children have a right,
2 have a say about how they leave care, for instance, you
3 know, what's going to be good for them, give them an
4 opportunity to try something out to see if it's going to
5 work. It's a very big step, you know.
6 Q. And that essentially was a process which perhaps you
7   said decisions were being made about them rather than
8   involving them?
9 A. Yeah, and I think to some —— I come back to my point.
10   It's very difficult to get the balance right because the
11   situation demanded quick decision—making and I think
12   I was —— I was reviewing how we operated during this
13   period and it was just so incredibly fast—moving.
14   I would have a meeting with my team at 8.30 every
15   morning to plan what we were going to do and
16   communicated out to all staff in the afternoon every day
17   because literally things were changing day by day in
18   terms of guidance on all the social distancing, in terms
19   of how we access PPE for some of our services, what was
20   allowed and what wasn't. You know, there were just so
21   many confusing messages at the time that I think we ——
22   that the danger I think for reviewing everything now is
23   to take a very logical lens on it and to say, you know,
24   "Well, on balance, we should have done more of this or
25   that". You know, things were changing day by day.

25

1 Q. In terms of the changing messages, did your organisation
2   feel like you had a role or a duty to assist in
3   communicating that to the children and young people that
4   you were involved with?
5 A. Yeah, I think we did our best. I mean, the way
6   Barnardo's operates is through a number —— through over
7   a hundred fairly discrete services, so what was right
8   for one service wasn't right for another. But I think
9   one of the things which I learnt in terms of how do you
10   manage in this sort of situation is you have to let go.
11   You know, to some extent your instinct is to try to pull
12   decision—making into a sort of central point but
13   actually that's the opposite of what you should do.
14   You've got to trust people to make the right decisions
15   and we actually loosened the purse strings on things.
16   So if people identified that they needed to do something
17   not just for a family but if there was things that they
18   needed at a service level, I tried to just make it as
19   easy as possible for people to do the right thing.
20 Q. I think you say in your statement that, in reflecting on
21   that process, your experience was that, when people are
22   in those kind of times of crisis, actually they don't
23   take advantage and they don't flood the system.
24 A. Yeah.
25 Q. I wonder if you can tell me more about that.

26

1 A. Yeah. I think we can be a bit sort of over—cautious
2   about setting up systems to avoid them being exploited
3   and our experience, I have to say, you know, generally
4   but also during COVID, is that the vast, vast majority
5   of families are not trying to exploit the system and, if
6   you have too many checks and balances, you actually
7   inhibit what you're trying to achieve. You know,
8   families often have to clear so many hurdles to get
9   support. It's really our job to help them access money
10   and support rather than to put in place processes to
11   hinder them.
12 THE CHAIR: Can I ask a cheeky question? Have you gone back
13   to the old ways since the pandemic has receded?
14 A. That's a very good question and, unfortunately, to some
15   extent, yes, we have.
16 THE CHAIR: I didn't mean that in an impertinent way, but
17   it's interesting, isn't it?
18 A. Yeah, yeah. I think some of us particularly in the
19   charity world have said, "How can we capture that
20   spirit?", because, for all the awfulness of COVID, that
21   spirit of "How can we help people?" just really —— you
22   know, not just from charities, but I think there was
23   a community spirit and it's a real shame if we lose that
24   again.
25 THE CHAIR: Thank you for your candour.

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1 MS TRAINER: You mentioned the children's rights aspect of
2   your role as an organisation and in particular I wanted
3   to explore that in relation to looked after children and
4   young people which your service has experience of. You
5   mention I think specifically in your statement
6   a briefing that you put together in March of 2020
7   seeking assurances from the Scottish Government. Can
8   you explain a bit about that briefing and why you felt
9   it was necessary at the time?
10 A. Yeah. I think the —— again, it goes back to this point
11   about how do you get the balance right. So children's
12   rights are hard won and what we were trying to
13   communicate to Government was, "Yes, you're making these
14   pragmatic decisions, but can you also think carefully
15   about the decisions you're making?". And, you know, the
16   looked after children, particularly those in residential
17   care, the impact was very immediate and organisations
18   like ours had to decide how we were going to respond to
19   that and —— you know, I think you're going to take
20   evidence from one of my colleagues who was managing one
21   of the residential units at the time and the impacts on
22   those young people.
23 Q. You say, I think, in that briefing that you would like
24   assurances that looked after children and care leavers
25   would receive the same level of support despite the fact

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1 that local authorities perhaps were relaxing in their
2 role a little bit. In terms of the local authorities
3 relaxing in their role, how did that manifest?
4 A. Well, I think I would preface my sort of comments on
5 this by saying (a) they're a bit anecdotal and (b) it
6 varied a lot. I mean, some of the local authority
7 colleagues we worked with were magnificent and really
8 stepped up and worked in very much the same spirit as
9 ourselves, but I think local authorities have processes
10 and it took some of them a bit of time to work out how
11 you get beyond —— the initial reaction is that COVID
12 just stopped you doing stuff, so, as I already
13 mentioned, you know, if you were —— at the end of March,
14 you were a young person who was planning to move out
15 into a flat on 1 April, suddenly that wasn't going to
16 happen, so how do you manage that process as well as
17 possible? And also try and look creatively at what's
18 still possible rather than just saying, "Well, you can't
19 move because of COVID and that's it".
20   One of the challenges is always getting parts of the
21 system to join up in the best interests of children and
22 young people and, you know, you've got a lot of moving
23 parts. You've got the social work side of it, you've
24 got the housing side of it, you know, you may have other
25 supports in place around a college place or whatever,

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1 and trying to make sure that all of that works together,
2 keeping that young person at the centre rather than
3 just, you know, housing saying "Well, we can't do this",
4 you know.
5 Q. And in putting out that message and seeking those
6 assurances from the Government effectively and local
7 authorities, can I take from that that you thought
8 perhaps that looked after children and young people
9 might be lost in everything that was going on?
10 A. Yeah, yeah.
11 Q. You say within your statement:
12   "It is difficult to say what the Scottish Government
13 could have done differently ... [but] what is yet to
14 become clear is whether the ongoing support and
15 recognition of the impact of lockdown on [particularly]
16 young people's development is being adequately resourced
17 or taken [care] of."
18   Do you have a sense of that now, as to what that
19 impact has been?
20 A. Yeah. I mean, we work with over 400 schools across
21 Scotland and we did a quick survey of the staff working
22 in those schools, and the biggest immediate impact that
23 we saw was a huge rise in children's anxiety levels and
24 I think that has continued.
25   If you look at the numbers of children who

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1 disengaged from school during the pandemic and have
2 struggled to re—engage, I think those rates have
3 increased in terms of the number of children who are
4 either outwith school completely or, you know, are less
5 than high attendance —— you know, not 100%, but those
6 who are sort of not attending all the time. I think
7 some of that sort of bond was broken during COVID for
8 some of those children around, you know, "The school's
9 there. It's where you go every day. You know, that's
10 what your normal life is". And I think for some kids
11 that became a source of anxiety and, you know, sometimes
12 that was related to parental anxiety as well. We have
13 to —— if you remember at the time, it was such
14 a stressful period, and that impacts on children's
15 mental health.
16   I think one of the other aspects was how it impacted
17 the exam system. So, you know, obviously, for the exams
18 that were taking place in the summer or spring and
19 summer of 2020, it had a very immediate impact, but for
20 other children there was that impact on their learning
21 and how could schools respond to that in a way that was
22 supportive but also try and help them catch up with the
23 learning they'd missed. So there were a lot of dynamics
24 I think in schools and to some extent they all handled
25 it differently.

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1 Q. Does the organisation generally have a sense of how
2 children and young people's mental health has been
3 affected?
4 A. Yeah, we're very concerned. The current response on
5 children's mental health is out of all proportion to the
6 challenge that's there. At the moment, you know, the
7 Child and Adolescent Mental Health Service, CAMHS, is
8 where a lot of referrals go to because there's nowhere
9 else, but CAMHS isn't designed to deal with the volume
10 of activity that is around now because of the mental
11 health concerns. So if you're a parent who is concerned
12 about your child's mental health, the reality is that
13 it's very hard to get that support and certainly in
14 a timely way.
15   There's a lot of concentration on CAMHS waiting
16 lists, but actually one of the issues is that, even if
17 you get to the top of the list, you may then find that
18 your child's needs don't fit what CAMHS can provide.
19 And some of that is around, "Are your child's needs
20 significant enough?", but paradoxically it can also be
21 that your child's needs are too much because, if your
22 child is kind of in a chaotic state that they're not
23 going to respond to the mental health support, then they
24 may not fit the criteria either. I think we've got to
25 have a much more serious conversation in Scotland about

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

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

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

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

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1 I think it was an awful situation, but a lot of people
2 really stepped up and did their absolute best under the
3 circumstances, and that's the bit that I'm really proud
4 of, you know. There's probably loads of stuff which
5 never came to me that was just people in our services
6 going out, saying, "How best can we support families?",
7 and what I tried to do as director was to have systems
8 in place that allowed them to do that. And it's a small
9 point, but, you know, things like the financial systems,
10 it's the boring stuff, but you have to get it right so
11 that when we say to a family, "Yeah, we'll get you
12 a payment today", that we can actually do that, rather
13 than say, "I can see you really need the money now.
14 I'll put in a request that we get that to you by next
15 week". It's things like that which really make
16 a difference.
17   And I think we don't always need all of the checks
18 and balances that we've put in place. You know,
19 trust —— the cost of that is significant and, if we had
20 more trust in the system to say —— actually, as the
21 Scottish Government did with us during the pandemic ——
22 "We trust you to distribute quite large amounts of money
23 that come from the public purse and do good with it",
24 that you can actually do that and that people will
25 respond positively to that.

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1   So, yes, I think in a peculiar way it was a very
2 positive period for us and I think we —— some of the
3 families we worked with, I think that message of, "We're
4 genuinely here for you", rather than, "It's just another
5 set of people who are paid to be in our lives to make it
6 more difficult sometimes" —— you know, we really tried
7 to get alongside people and help them.
8 Q. Those are all the questions that I have for you, but
9   I wondered if there was anything which we haven't
10   covered which you thought it was important that we raise
11   today.
12 A. That feels quite comprehensive to me.
13 MS TRAINER: Well, thank you very much for your time.
14 A. Okay, thank you.
15 THE CHAIR: I'm very grateful, Mr Crewe. Thank you very
16   much indeed.
17 A. Thank you.
18 THE CHAIR: Very good. We're about ten minutes ahead of
19   schedule. I don't know if the next witness is
20   available, but if they are, shall we say about five
21   past? If not, it will be a bit later. Thank you.
22 (10.48 am)
23   (A short break)
24 (11.15 am)
25 THE CHAIR: Good morning again, Ms Bahrami, Mr Culley.

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1   Ms Bahrami.
2 MS BAHRAMI: Thank you, my Lord.
3   MR RONALD JAMES HECTOR CULLEY (called)
4   Questions by MS BAHRAMI
5 MS BAHRAMI: Good morning.
6   Your full name is Ronald James Hector Culley; is
7   that correct?
8 A. That's correct.
9 Q. And you're the CEO of Quarriers?
10 A. Yeah.
11 Q. You previously gave a statement to the Inquiry, and for
12   the record the reference for the statement is
13   SCI—WT0441—00001. Are you content for that statement to
14   form part of your evidence along with your oral
15   testimony today?
16 A. I am.
17 Q. Thank you. Could you please tell us a bit about your
18   own background to start?
19 A. Sure. So I've been the chief executive of Quarriers for
20   the last four years, almost to the day. Previous to
21   that I spent five years working as the director the
22   Health and Social Care Partnership in the Western Isles
23   and was in that post for around five years and before
24   that I worked for the local Government body, COSLA, for
25   the best part of a decade.

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1 Q. Thank you. Could you tell us a bit about the background
2   of Quarriers and the range of activities it carries out?
3 A. Sure. So Quarriers is one of Scotland's oldest
4   charities, actually, over 150 years old, and our roots
5   go back to the philanthropic work of William Quarrier
6   himself, who founded the organisation in Victorian
7   Glasgow, ostensibly to support orphan children who were
8   living on the streets of Glasgow at the time. His
9   initial endeavours were focused on supporting those
10   children in the Glasgow area but he soon happened upon
11   an idea to establish a village within which he would be
12   able to look after a larger number of children without
13   parents and undertook to establish a village sourcing
14   funding from other philanthropists across Scotland at
15   the time, and that led to the creation of
16   Quarriers Village. And for the best part of the 150 or
17   so years that we've been in existence, Quarriers
18   operated essentially as a provider of residential
19   childcare, initially for children who were orphaned, but
20   latterly children who for one reason or another required
21   the support of the care system.
22   By the 1980s that model of care and support had
23   really fallen out of fashion and at that point the
24   organisation had to do —— to diversify, and since then
25   the organisation has been on a journey of

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1   diversification which has led to the development of
2   a large number of services which we provide right across
3   Scotland now, so actually very few services remain in
4   the traditional Quarriers Village.
5   Most of the work that we do is across Scotland and
6   we do a huge variety of work. So we work with children
7   and young people in various settings, in schools, we
8   provide youth homelessness services, we provide
9   fostering and family support services, but we also work
10   with adults in the social care system, principally
11   adults with learning disabilities who we provide housing
12   support to, to allow them to live independently in the
13   community. We provide drug/alcohol recovery services as
14   well, for example, and we also provide healthcare. So,
15   unusually in Scotland, we have a hospital that is
16   specifically designed to support people with epilepsy,
17   and that's delivered in partnership by the NHS, so the
18   NHS funds us to deliver that care and support. So we
19   have a rich tapestry of services that we deliver across
20   Scotland, across 17 different local authority areas, and
21   we have a staff group of about 1,600 people.
22 Q. Thank you. I want to initially look at the impact on
23   the various groups that you support, starting with
24   adults with learning disabilities and autism living in
25   their own homes. Could you tell us more about the

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1   impact —— the main impacts on that group both in terms
2   of physical and mental health?
3 A. Sure. I mean, obviously everything I'm about to say is
4   general and the needs of every individual we support are
5   specific to that person and so the experience of every
6   person will have been different during the pandemic.
7   But in general terms we have a large number of services
8   that are designed to support people to live
9   independently in their own homes. Sometimes they will
10   be on their own —— they will have a tenancy on their own
11   and we will provide occasional support; sometimes they
12   will live with other people within that household and
13   we'll provide a service to those individuals as well.
14   So there's a variety of settings within which we
15   operate.
16   The circumstances of the pandemic were often felt
17   acutely by those individuals. Clearly, if you have
18   a learning disability, you have an intellectual
19   disability, and oftentimes that means that you need
20   additional support to be able to understand changes in
21   the world round about you. That was certainly true of
22   the pandemic, and it was often accompanied by a level of
23   fear for —— with some of the people that we supported.
24   And our staff did a tremendous job actually of trying to
25   explain why liberties were being restricted, why changes

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1   were having to be introduced into the daily lives and
2   routines of the people we support. And that was hard
3   because, when you're supporting somebody with a learning
4   disability, oftentimes consistency of support and
5   routine can be extremely important. And initially, if
6   those rhythms of daily life were interrupted, it could
7   be quite challenging and that could sometimes lead to
8   distressed behaviours. But we have a very skilled staff
9   team and I think one of the things that we did
10   remarkably well is that we tried to recreate some of the
11   certainties in people's lives that they would otherwise
12   have connected with in the ordinary course of events.
13   So some of our staff would recreate coffee shops within
14   the household or have discos and so on, and that allowed
15   us to move through that period of lockdown in particular
16   to create focus and a level of normality for the people
17   that we support. As I say, every individual will have
18   experienced it differently.
19   In respect of the population of adults with learning
20   disability that we support, some will have greater
21   intellectual capacity than others. In some cases we
22   will support some of them without capacity and the
23   ability to make decisions, and that can come with its
24   own complications as well. But we navigated through
25   that period effectively, always drawing down on guidance

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1   from various Government departments and institutions
2   around about how best to provide care and support in
3   those environments, the Mental Welfare Commission, the
4   Care Inspectorate and so on. So we were always very
5   aware of the importance of following the guidance that
6   was emerging at that time.
7   But, yeah, that was the experience we had in terms
8   of supporting people in their own homes. Clearly, as we
9   emerged out of lockdown, strangely enough, it created
10   a different set of challenges for us because, once you
11   get into the routine of essentially staying in your own
12   home and not really going outside, actually the routine
13   suited a lot of people, and when that lifted, when
14   lockdown lifted, going back to what had been normal life
15   was in itself challenging. For some people there was
16   a level of apprehension and, because there wasn't always
17   a full understanding of the virus and what it meant,
18   that was often accompanied by anxiety as well. So that
19   could be a slow process and one in which we had to take
20   care to ensure that that transmission was safe and
21   effective for the people we supported.
22 Q. Thank you. Now presumably any support that those
23   individuals had from allied health professionals was
24   suspended for a while. Were Quarriers staff able to
25   carry out any of those support functions that

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

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

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

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

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1 social distancing. Again, that could be quite difficult
2 if you're working with a person with a learning
3 disability. They won't always be able to maintain, for
4 example, a 2—metre distance. Some of the people that we
5 support were intolerant of the face masks and
6 particularly the more significant personal protective
7 equipment, like visors and so on. That could be
8 distressing for some individuals and so there would have
9 to be an accommodation made in those circumstances.
10   So one of the things that we did really well was
11 work within the parameters of guidance and regulation
12 right across the pandemic, but, inevitably, if you have
13 a person—centred focus, there has to be a recognition
14 that the well—being of the person that you're supporting
15 has primacy.
16 Q. Yes. So does that mean that at times you interpreted
17   the guidance in a way to allow those activities to
18   continue, so, for example, the residents gathering in
19   the kitchen to prepare food together or carrying out
20   other daily activities?
21 A. We would start from the point of view that we have to
22   acknowledge and implement the guidance and I think, in
23   truth, that was one of the things that we did very well
24   across the pandemic within the organisation. But the
25   reality of the world of care and support is that you've

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1 got a kind of —— a pure model, a theoretical model,
2 which you want to try and deliver against, and then
3 you've got the realities of people —— supporting people
4 with individual behaviours and desires, and that can be
5 the challenge.
6   We would always risk—assess. So the case in point
7 that I was mentioning around the visor is an example,
8 where you think, "Well, this individual won't tolerate
9 the person, the support worker, wearing the visor. What
10 is the consequence if we operate without that level of
11 protection? Is there an ability to deploy other
12 techniques which would have the same effect perhaps in
13 terms of keeping the employee safe while not distressing
14 the individual that we're supporting?". So having that
15 ability to risk—assess in the context of the guidance
16 was really important.
17 Q. Thank you. When it came to infection control measures
18   such as cleaning surfaces and other things like that, is
19   cleaning really something that usually the residents
20   would have taken care of and, if so, during the
21   pandemic, with the need for increased cleaning and using
22   perhaps more abrasive substances to disinfect, is that
23   something they were able to continue or did you have to
24   get more staff to aid with that?
25 A. Yeah, my memory is that that model that we prefer had to

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1 be curtailed somewhat during the pandemic for obvious
2 reasons. My memory is that at the time we actually had
3 to introduce new arrangements around about domiciliary
4 care which we wouldn't ordinarily have deployed in
5 ordinary times. So, as I said, we would normally have
6 a participative model where our support workers will
7 work alongside people we support to undertake cleaning
8 duties, cooking duties and so on, and —— but during the
9 teeth of the pandemic, I think we had more stringent
10 arrangements around about infection control. So it
11 meant that we had to adapt to a regime that was in some
12 senses alien to us, but we understood why the guidance
13 was written in that way. Infection control was
14 obviously a primary responsibility for any and all
15 organisations working in health and social care at the
16 time and so we took that responsibility seriously.
17 Q. Thank you. Now, within the residential setting does
18   Quarriers provide therapies and/or education to children
19   or young adults or therapies to older adults as well?
20 A. So for our children, they would ordinarily go to school
21   and obviously that was then a challenge when the schools
22   closed and we did our best in that environment to
23   maintain educational activities. Clearly, up and down
24   the country, there were families in those circumstances
25   trying their very best to maintain educational input but

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1 there are limits to that.
2   In terms of the adult population, around there, the
3 learning and development that they have, much of that
4 required in ordinary times those individuals to be
5 supported outside of the care home environment and,
6 again, that was difficult —— well, at some points during
7 the pandemic it was literally impossible obviously with
8 lockdown measures in place.
9   So that could be hard and it could also, I think,
10 elicit behaviours from some of the people that we
11 supported which in other times wouldn't have been an
12 issue because they would have been able to deploy their
13 energies and attention to the activities that they would
14 ordinarily be undertaking, whether that was in relation
15 to college, whether it was leisure pursuits, whether it
16 was going out for a drive. I mean, there was a much
17 more stringent environment and that's where it could be
18 difficult for sure.
19 Q. Are you aware of anyone sort of regressing in their
20   abilities because the external therapies and supports
21   stopped?
22 A. "Regressing" is maybe not how I would describe it.
23   I think that some of the people that we support lacked
24   the stimulation they might otherwise have experienced in
25   ordinary times and that can have an impact on mental

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1 health and well—being in particular, and even indeed
2 physical health, the inability to get out as much was
3 a factor. Some of the challenges around about
4 maintaining family relationships could also have
5 a profound impact on the people that we support. So
6 I wouldn't describe it as "regression" but I would
7 absolutely agree that there was an impact as a result of
8 the measures that had to be put in place.
9 Q. We've had evidence from others in relation to, for
10 example, physiotherapy and the support it can offer to
11 those with respiratory conditions or other things and
12 that, in the absence of those, of physio, for example,
13 people had more difficulty in breathing.
14 A. Hmm—hmm.
15 Q. I take it the people you support don't have such issues
16 that then the lack of that kind of therapy would cause
17 those difficulties, that then they would have to work
18 harder to get back to where they were?
19 A. I mean, it's an interesting question and the short
20 answer is, yes, we do have people who will have
21 comorbidities and will have health challenges that they
22 need to manage in their lives. Those will be challenges
23 whether or not there's a pandemic and will often require
24 active management. So in the circumstances of the
25 pandemic it required us to adapt, to change our patterns

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1 of communication. Obviously there was less access to
2 healthcare professionals. At times we had individuals
3 who would nonetheless find themselves requiring hospital
4 care. That was always a concern for us because, to
5 state the obvious, if you are supporting a person in
6 hospital to address a particular health issue, you
7 obviously are opening yourself to the prospect of
8 infection from COVID—19, and that was hard. And yet ——
9 and again this is testament to the dedication of the
10 staff that Quarriers have and had —— oftentimes our
11 staff would accompany them on those journeys into,
12 through and back out of hospital again, even at risk to
13 their own health and well—being. And, you know, when
14 you hear about colleagues who are supporting a person
15 through that journey who then contract COVID themselves,
16 I mean, it does leave an impact. But I think it's
17 a demonstration of how far our staff went to maintain
18 the health and well—being of the people that we support.
19 Q. Thank you. Could you tell us about the impact of
20 restrictions on visitation in your adult residential
21 settings?
22 A. Hmm—hmm. Well, as I mentioned, I mean, clearly it is
23 all experienced at the level of the individual, but
24 there is no doubt it was hard —— hard for many of the
25 people that we support at an intellectual level

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1 sometimes to understand why these restrictions were all
2 of a sudden in place. It was difficult in terms of
3 maintaining those family relationships which were hugely
4 important to them. Oftentimes Quarriers will have
5 supported a person across their adult life and so
6 there's a longstanding relationship there, not just with
7 the individual but with their family. So that was
8 really, really difficult. And when it comes to having
9 conversations through windows or in the garden, you
10 know, those were highly unusual times and there's no
11 doubt that it impacted on the health and well—being of
12 everyone concerned, not just the people we support but
13 their family members and indeed staff because, in that
14 situation, you know, people we supported would often be
15 distressed by the lack of a normal family relationship
16 that they were used to across their lives, and that
17 could be difficult.
18   We always sought to maintain a person—centred
19 approach and to hold on to our humanity, and I remember
20 one of my colleagues telling me about an occasion where
21 the mother of a person that we support had died and the
22 brother of the person didn't want to have to tell that
23 individual over a phone call or in an impersonal way.
24 So we very carefully choreographed an arrangement where
25 that was possible to happen in a socially distanced

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1 environment in one of our office spaces, where the
2 brother of the individual was able to share that tragic
3 news with the person that we supported and to do that in
4 an environment where, you know, they were sitting face
5 to face, albeit socially distanced. It's those things
6 that I think are hugely important and, in the
7 circumstances of a pandemic, clearly it's correct that
8 decisions have to be taken around individual liberty and
9 so on, but you need to hold on to your humanity through
10 that period and I think we managed that, and that's an
11 illustration of the sort of circumstances in which you
12 have to do that.
13 Q. Thank you. Could you tell us about the impact of
14 visitation in your children's residential settings? Was
15 there greater flexibility there for children to see
16 their parents or siblings or for children to go home
17 briefly with their parents?
18 A. Whether there was greater flexibility —— I'm trying to
19 think back to the guidance. What I do know is that that
20 was a very difficult time for the young people that we
21 supported in our residential unit in Quarriers Village
22 because clearly for all children, including the children
23 we support, there is a support network there, and that's
24 certainly true of the people that we support, the
25 children that we support. You know, it's not just about

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1 the support workers that provide the day—to—day care in
2 our environment, it's the family, it's the usual school
3 environment, it's the network of friends and peers,
4 siblings, as you say, and there's no doubt about it that
5 that was thrown up in the air. And I think that was
6 extremely difficult for the young people that we
7 supported at the time and that would often be manifest
8 in terms of their behaviours as well and you could see
9 the stress and distress that they were experiencing as
10 a result of these changed arrangements. So, yes, of
11 course we did everything in our power to ensure that
12 those family relationships, peer relationships, were
13 maintained, but there were nonetheless restrictions that
14 we had to apply.
15 Q. If there wasn't greater flexibility in relation to
16   visitation for children, do you think there should have
17   been, particularly younger children? You know, I'm
18   talking about maybe under —— is it from 12 years old
19   they start in your residential home or is it younger as
20   well?
21 A. It can be younger, but the children that we have in our
22   residential unit were at the time and are older than
23   that. But, yeah, I think that the primacy of those
24   family relationships are crucial and I know that, as we
25   went through the pandemic, governments across the UK,

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1 UK Government, Scottish Government, started to introduce
2 family bubbles, for example. I wonder whether more
3 could have been made of those sorts of arrangements
4 earlier on in the pandemic because I think at that point
5 you're creating a more empowering environment for people
6 while also recognising the importance of good public
7 health measures. But if you can contain the level of
8 exposure that you have to a limited number of people,
9 then I think that there's an accommodation that perhaps
10 could and should have been made earlier.
11 Q. Thank you. Were you able to, in the residential
12   settings, make use of remote virtual means of
13   communication? Was that possible with the types of
14   learning disabilities that the people you support have?
15 A. Yeah, yeah, and not just in residential settings,
16   actually right across the organisation. We made really
17   good use of digital technology, in particular the
18   dissemination of tablets across a wide variety of
19   service and support arrangements that we have. So, yes,
20   certainly in the residential setting but not exclusively
21   so.
22   In fact in other settings it could be just as
23   important, perhaps even more important. So, for
24   example, I remember speaking to colleagues at the
25   time —— we provide an outreach service to people with

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1 epilepsy and one of the characteristics of epilepsy is
2 that, relative to the general population, you are more
3 likely to be socially isolated, to have poor mental
4 health, perhaps live on your own, so the provision of
5 electronic means to maintain not just relationships
6 within your own life, with family members and so on, but
7 actually with some of the support arrangements that we
8 have in place were often crucial actually to the
9 well—being of those individuals. So, yeah, it was
10 a really important facet of the approach to providing
11 support that we could provide.
12 Q. Thank you. I want to ask you about, in the residential
13   care setting, the impact on the work and mental health
14   of staff both from the increase in requirements of
15   infection prevention and control and also the lack of
16   visitation. Presumably, when families attend, they also
17   carry out some work so support the work of your staff to
18   some extent?
19 A. Hmm—hmm.
20 Q. In the absence of that and the rise in requirements for
21   cleaning and things, what was the impact on their work
22   and mental health?
23 A. I think there was a huge impact across the period of the
24   pandemic. Again, it's not unique to residential care,
25   but you're right to say that there were additional

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1 factors that had to be considered in that context.
2 Changing routines and practices particularly around
3 infection control, I think oftentimes staff were
4 frustrated that that felt imposed, often slightly ——
5 almost random at times, some of the requirements that
6 were being asked of them by colleagues from a regulatory
7 point of view. You know, I remember conversations about
8 particular products being used. So I think oftentimes
9 staff found that frustrating. And it's that contrast,
10 I think, that we were continually having to juggle,
11 between, on the one hand, maintaining a safe and sterile
12 environment and, on the other hand, recognising that
13 this is people's homes and, although when you're living
14 in a group environment you clearly have exposure to
15 a virus in a way that you might not in another
16 circumstance, we always wanted to maintain a clear line
17 of sight to the fact that people lived in their homes
18 and that we had an obligation to ensure that they felt
19 comfortable there and that they were empowered to live
20 as they wanted, as families up and down the country
21 would have.
22   So that was a balance that was undoubtedly tough for
23 staff to manage on a daily basis. I think it is true to
24 say that there were impacts on the health and well—being
25 of staff. The virus obviously —— and, you know, we have

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1 a big staff team across the organisation and we were
2 carrying on any given day —— it depended on where we
3 were in the cycle of the virus obviously, in the
4 pandemic —— but that could be quite significant numbers
5 of staff that we had off work because they were
6 self-isolating or because they had contracted the virus.
7   The tough thing about that is it was often in those
8 circumstances where we would have a conversation along
9 the lines of, "Your colleague just told us that they've
10 tested positive or they're self-isolating. Is there any
11 way that you can stay on and do another shift?". That
12 was a very common request. And to put ourselves in the
13 shoes of those individuals for a moment, you know,
14 they've got a family to go home to oftentimes, they
15 maybe had kids that they needed to see. There was
16 undoubtedly a recognition that, when you were working in
17 a care and support environment, you had an exposure to
18 the virus that you wouldn't ordinarily have in other
19 circumstances. So we were always aware that, when those
20 questions were asked, it was a big ask, but invariably
21 staff would respond. I think that's the thing more than
22 anything else that was pretty humbling during that time,
23 that staff would always respond positively, to say "Yes"
24 or an accommodation could be found. I think that
25 contributed in a very challenging way to the health and

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1 well-being of staff.
2   There's a psychological contract between an employer
3 and employees which is, "Here are the arrangements
4 within which we expect you to work", and when, as an
5 employer, you go outside of that and you start to ask
6 for special requests, favours almost, that can erode
7 that psychological contract. But I think at the time
8 people recognised that we were living in such
9 exceptional circumstances and, because of the focus that
10 our staff had to the health and well-being of the people
11 that they supported, it amazes me just how frequently
12 people said, "Yes, of course, I'll stay on" or "I can do
13 that next shift the day after tomorrow" or whatever. It
14 was remarkable.
15   I think in the end there has been a longer-term
16 impact in terms of —— it's an overused expression —— but
17 burnout because the cumulative impact of working in that
18 environment across the pandemic I think did erode the
19 energy levels of our staff, for sure.
20 Q. I'd like to move on to the people you support who are
21   recovering from drug and alcohol dependency.
22 A. Hmm-hmm.
23 Q. You mention in your statement that it was difficult for
24   them to source medication. Could you expand on that?
25   Was the medication not available in pharmacies or what

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1 was the reason?
2 A. Yeah, I guess what we remember from that time is that
3   access to everything in life was curtailed, and I think
4   what is true of our support arrangements for people on
5   that recovery journey is that oftentimes there will be
6   a lack of structure in the lives of those individuals
7   and so having access to the right support at the right
8   time is crucial and, if there's a variation to that,
9   then that can be impactful in terms of their recovery
10   journey. So it's not that, you know, medications were
11   withdrawn or that there was a complete absence of an
12   ability to access those, but there's no doubt that
13   patterns changed in terms of how we were able to provide
14   care and support across the pandemic.
15   And I think the other thing for that population
16   group that changed quite radically is the level of peer
17   support that they often relied on changed because,
18   although they may be able to maintain a relationship
19   with a health professional or with one of our support
20   workers, they may not have been able to maintain
21   relationships with other people on that recovery journey
22   and actually, for people in that circumstance, that can
23   be really, really important. So I think for that
24   population group in particular the pandemic was really
25   quite tough.

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1   Now, we did our very best to adapt, as we did with
2 every service. So, for example, we have a cafe up in
3 Elgin which is used to really support the development
4 and recovery of people who experience substance misuse
5 and we had to re-imagine how that cafe could be used.
6 So rather than that being part of the recovery process,
7 we used it to essentially dispense food across the
8 community, and that in itself allowed us to maintain
9 those relationships with people we support but actually
10 provide a wider community benefit as well. So that's
11 some of the ways in which, you know, we changed and
12 adapted as a result of the pandemic.
13 Q. Thank you. I do want to speak more about the peer
14   groups, but in terms of medication, how was it provided
15   before and what did —— how did the provision change
16   during the pandemic?
17 A. I would probably need to come back to you with more
18   information on that. Essentially there is an
19   arrangement which is managed both through the NHS and
20   our own services about how to maintain the health and
21   well-being of the individuals that we support. The
22   access to that medication, as I said, may have been
23   provided differently, but I'm happy to come back with
24   more particular information around about that.
25 Q. Thank you. Now, in relation to the peer support groups,

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

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

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

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

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1   was much, much more difficult. You know, conference
2   calls were really difficult to administer —— I mean,
3   really challenging. And this is, I suppose, in the
4   early days in the pandemic in particular, when we didn't
5   have robust or reliable video conferencing arrangements.
6   Sometimes you would have mechanisms by which you would
7   try and contact social work through a local authority
8   and you would find yourself in a labyrinth, trying to
9   find your way to the social worker that you wanted to
10 speak to. So there were challenges there for sure.
11 Health professionals were still present to some degree,
12 health visitors, but again, even there —— everybody's
13 routines were changed.
14   So the idea of having a robust and reliable network
15 of support and advocacy around a child I think
16 definitely frayed during that period. All of that said,
17 when push came to shove, where we were ever concerned
18 about the welfare of a child, we would always make sure
19 that that was communicated to the appropriate parties.
20 Even though it was harder, we never once and never would
21 ever think that, simply because something was hard to
22 do, that you then give up on that. So we would always
23 make sure that the right people knew.
24 Q. I'd like to move on to unpaid carers.
25 A. Yeah.

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1   Q. Do you support only adult unpaid carers or do you also
2   support child unpaid carers?
3   A. Yeah, we support young carers as well.
4   Q. As well. Okay. I'd like to ask you about how each of
5   those age groups were affected. So for the child
6   carers, presumably they were in education.
7   A. Hmm—hmm.
8   Q. What was the impact on them of managing their education,
9   home—schooling themselves essentially, and looking after
10   a parent or other relative?
11 A. I mean, I guess my starting point on that one is the
12   life of a young carer is hard enough anyway, without
13   a pandemic over the top of it, and undoubtedly there
14   were challenges there. I think again it's a testament
15   to our staff, to our support workers, that we
16   re—imagined how we could provide that support. And
17   I remember speaking, for example, to colleagues in our
18   care and support service up in Moray about how they
19   would provide an outlet for some of the young carers.
20   Maybe they would go on a walk with them to ensure that
21   they were able to spend time out of the family
22   environment where they could unpack the issues that they
23   were trying to work through, whether that was around
24   education, whether that was around their carer
25   obligations in the home. So, like anything else, we

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1   adapted and we made sure that the children and young
2   people that we supported in that environment had an
3   outlet and had somebody to talk to.
4   We would often, again, use technologies in ways
5   which we might not have done previous to the pandemic,
6   communication devices and so on, just to check in on
7   people, and, again, I think that helped to provide an
8   extra layer of support.
9   Q. Thank you. And of course at certain points respite
10   services had stopped and Quarriers provides respite
11   services, but presumably those services as well had
12   stopped. For the adult population as well, did you seek
13   to join them for walks and for other activities that the
14   rules permitted instead or ...?
15 A. Well, not all respite services stopped, and indeed one
16   of the things that we're very proud of as an
17   organisation is that we provide continuity of support
18   across all our services right across Scotland. Many of
19   those services were inhibited in terms of the normal
20   operating circumstances and our respite care facilities
21   are a case in point, so we couldn't operate at full
22   capacity. And I think that stemmed from a recognition
23   that, in contradistinction perhaps to care home
24   environments where these are people's homes, oftentimes
25   within a short breaks environment somebody will come for

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1   a defined period of time. So there was a question
2   I suppose that was discussed nationally about the
3   necessity of that.
4   What we undertook to do was to ensure that our
5   respite services operated across the period but with
6   quite significant restrictions in terms of social
7   distancing and numbers. So our capacity changed over
8   that period, but we did operate, precisely for the
9   reasons that you might imagine, which is that we didn't
10 consider this to be a nice—to—have. This is fundamental
11 to the welfare and well—being of unpaid carers. To have
12 an opportunity to have time for yourself and to be able
13 to withdraw temporarily from your caring
14 responsibilities is crucial.
15   Nonetheless it is true to say that, in terms of the
16 support arrangements available to unpaid carers across
17 Scotland, that changed radically over the period of the
18 pandemic. In particular, what we saw was day support
19 services —— and we don't provide any day support
20 services, but many of the people that we support, the
21 carers and families that we support, no longer had
22 access to those sorts of arrangements, in a children's
23 environment, they no longer had access to school, and in
24 that circumstance that could be extremely difficult. So
25 I think it is true to say that the population of unpaid

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1 carers in Scotland had a particularly tough time during
2 the pandemic. Now, it was tough for everyone, but
3 I think it's fair to say that unpaid carers had a layer
4 of responsibility and an intensity to the experience of
5 caring for their loved ones which would have been
6 extremely difficult in some circumstances to manage.
7 Q. And presumably even more difficult for the child carers,
8 given their ages, of course?
9 A. Yeah, precisely. Now, we tried to ensure that the
10 individuals were well supported. I mentioned the use of
11 technologies. Oftentimes old—fashioned technology like
12 phone calls, just checking in on people, making sure
13 that people were okay, exploring what we could do,
14 drawing down on the fundraising that we had done to make
15 sure that people had little gifts or whatever, just to
16 make sure that they recognised —— or they were aware
17 that there were people thinking about them and giving
18 them support. So we did our best to maintain those
19 relationships across that period.
20 Q. Thank you. Do you know whether unpaid carers were able
21 to get the medical supplies, medication, medical
22 appointments or referrals that the people they cared for
23 required? Was there any disruption to medical supplies?
24 A. Again, I would need to come back to you on that. My
25 sense is that it was a highly variable experience

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1 depending on locality, which health professionals were
2 involved, but I don't have any specific examples that
3 I could offer you to tell you one way or the other.
4 Q. Thank you. I'd like to move on to foster carers,
5 kinship carers and shared lives carers.
6 A. Yeah.
7 Q. Firstly, could you explain what's meant by "kinship
8 carers" and "shared lives carers", please?
9 A. So kinship carers are members of an individual's family,
10 a child's family who —— where they don't live with their
11 direct parents but may live with a member of the
12 extended family, and that person will often be
13 remunerated to maintain those parental responsibilities,
14 as it were.
15 Shared lives is slightly different. That is where
16 typically you will have an adult with —— in need of
17 support, oftentimes with a disability, who will live
18 within a family environment and the individuals will
19 provide love and care for that individual, but, again,
20 there will be remuneration involved for that. And
21 foster care is obviously being similar but for children.
22 Q. Yes, thank you.
23 Can you tell us, were new care placements able to
24 take place throughout the pandemic or were there periods
25 where a new placement couldn't start because of

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1 restrictions?
2 A. The whole system slowed. I'm not aware of any formal
3 cessation of the process because life moves on and needs
4 need to be met, but the whole system slowed. There's no
5 doubt about that. It was harder to arrange meetings, to
6 co—ordinate, to have discussions, and that had an
7 obvious impact in terms of the responsiveness of the
8 wider social care system to people's needs. But I think
9 it would be wrong to characterise it as completely
10 closing down.
11 Q. Were the main impacts on children and adults and carers
12 in these situations similar to the impacts you've
13 already discussed or were there any particular
14 challenges in this setting, perhaps at the start of
15 establishing a relationship?
16 A. I think they were broadly similar. In fact, I remember
17 having discussions with foster carers that we support
18 and indeed shared lives carers about their experience
19 and the impact of the withdrawal of key support
20 mechanisms in the lives of the foster child or shared
21 lives individual. That could have really quite
22 a profound impact on the kind of rhythms of family life
23 and the strains on family life and the degree of support
24 that people had. Oftentimes there was frustration,
25 sometimes even anger I think, around about an experience

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1 where, if not feeling abandoned, certainly feeling that
2 the sort of mechanisms that were necessary to support
3 the well—being of their loved one, the person that they
4 supported, had radically changed and altered.
5 Q. Thank you.
6 THE CHAIR: 15 minutes, Ms Bahrami.
7 MS BAHRAMI: Thank you, my Lord.
8 I want to turn to the impact on young people aged 12
9 to 15 that you support.
10 A. Hmm—hmm.
11 Q. Firstly, why do you cover that age range?
12 A. Well, 12 to 15 was probably too specific in terms of the
13 evidence that I provided. We support young people in
14 a variety of ways. There's two key areas that I suppose
15 are worth mentioning. One is around youth homelessness
16 and one is around about the work that we do in schools,
17 and I'm really keen to speak about the latter. But in
18 respect of youth homelessness first of all, we will
19 support young adults. They tend to be an older age
20 group actually. They tend to be the kind of 16 to
21 25 age group who are transitioning out of childhood into
22 adulthood and for whom, in the absence of our support,
23 may find themselves homeless. I think that was a really
24 tough experience for those young people. There was
25 a very variable understanding of restrictions that were

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

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

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

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the experience that they had.

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

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

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

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

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

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

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

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

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

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

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1   of you where you see a person's head. You don't really
2   see much more. If, by contrast, you're in a support
3   relationship which is face to face, you might visit
4   somebody in their own home, you might see, for example,
5   that they haven't been able to look after themselves.
6   There can be other tell—tale signs around about in the
7   household which some of the skilled support workers that
8   we have will be able to pick up on and use that to
9   explore these in conversation with the individual about
10 how their life is going and about some of the challenges
11 that they might be experiencing. So in the absence of
12 those visual cues, you're often reliant on that
13 individual sharing with you the challenges that they're
14 experiencing and, as we all know, not every individual
15 is equally amenable to opening up about the experience
16 that they're having emotionally, psychologically and so
17 on.
18   So although the development of these digital
19 mechanisms were really crucial and far better than the
20 absence of —— of not having that relationship, it's not
21 as good as face to face, and that's just the reality.
22 And across all of our services, to have those support
23 arrangements —— they'll tell me the same thing —— that
24 there's nothing quite like having that face—to—face
25 relationship. Digital adds another layer, another

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1   string to your bow, but the crucial face—to—face
2   relationship is so important.
3 Q. Thank you. Now, we just have over five minutes left so
4   I want to ask you about a couple of comments you make in
5   your statement. Firstly, at paragraph 53, you say:
6   "Undoubtedly, the Scottish Government got the
7   balance wrong at times when weighing infection control
8   measures against people's human rights."
9   And then you say:
10   "More generally, the interests of the people we
11   support were not always adequately considered when
12   decisions about the response to the COVID—19 pandemic
13   were made by the Scottish Government. However, we do
14   accept that some decisions were having to be made within
15   the context of a public health emergency."
16   Could you expand on that and give examples of what
17   you're alluding to there?
18 A. So in terms of human rights, we all have a right to
19   a family life and, if you're living in a residential
20   care home, you don't surrender that right when you
21   choose to live there or when you walk through that door.
22   Now, for understandable reasons, governments across the
23   world, not just the Scottish Government, introduced
24   restrictions to our liberties and we all understand the
25   rationale behind that, but there's always a balance to

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1   be struck about other rights that people have, and that
2   right to a family life is so fundamental that I think
3   sometimes we got that wrong; in other words, what
4   I would say is that oftentimes the right to a family
5   life was experienced differently by the wider population
6   as against those living in a care home environment, and
7   I don't know that that always sits comfortably with me.
8   I don't deny the difficulty of making these calls and of
9   managing that tension, but I think sometimes the
10 public health priority perhaps lost sight of some of
11 those really crucial rights that people have.
12   I guess that's what I also mean in terms of the
13 degree to which the Scottish Government then considered
14 the experience of individuals in that environment.
15 There was a lot of Government investment at the time and
16 conversations with health and social care professionals
17 and there was discussion, I know, about whether that
18 balance was right, and it's always going to be difficult
19 to answer that in the abstract, but I think there were
20 times where we should perhaps have been more sensitive
21 to and sympathetic to the rights of individuals to
22 pursue that family life.
23 Q. Thank you. At paragraph 50 you say that:
24   "The reliance on multi—agency conference calls early
25   in the pandemic was a sub—optimal way of communicating.

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1   Conversations were difficult to follow and participate
2   in."
3   Do you have views on a better way of —— a better
4   system that could have been in place?
5 A. Yeah. I mean, actually one of the things that happened
6   quite quickly in the pandemic, certainly within our
7   organisation, was that we became accustomed to using, in
8   our case, Microsoft Teams —— for others, Zoom was also
9   commonly used —— and that provided a structured
10   environment within which to have a conversation, and
11   that ranged from one—to—one conversations through to
12   very large audiences. In that circumstance, there are
13   visual cues when somebody wants to speak and it was
14   altogether a more effective way of managing those
15   conversations.
16   The conference calls were impossible. Nobody knew
17   who was going to be speaking when because there was no
18   visual mechanism there. And actually I remember ——
19   I actually came into my job right at the beginning of
20   the pandemic, so the tail end of my last job is as
21   a director of health and social care. It was oftentimes
22   using these multi—agency conference calls and it was
23   grim. I mean, it was really grim. And I —— you often
24   came away more confused than anything else.
25   So as it happens, the advancement of technologies

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1   were such that the use of Microsoft Teams was, for us as
2   an organisation in Quarriers, crucial to our ability to
3   manage the pandemic, to essentially effect good
4   communication within the organisation and to ensure that
5   we were able to continue functioning as we did do across
6   the period. And had the pandemic happened ten years
7   prior to that, when that technology didn't exist,
8   I think it would have been a wholly different
9   experience.
10   Q. Thank you. Is there anything we've not covered today
11   that you would like to comment on?
12   A. No, other than to say I think it's incumbent on me to
13   say thank you to all of the staff and volunteers at
14   Quarriers across that period. To deliver care and
15   support without missing a beat and to put yourself in
16   a position where you were often exposed to more danger
17   than you would otherwise have been, to do all of the
18   additional work that was asked of you, in which you
19   always rose to the occasion, I think is really quite
20   special and I think it's probably important for me to
21   note in this formal environment the contribution that
22   those individuals made.
23   MS BAHRAMI: Thank you very much.
24   THE CHAIR: Yes, thank you, Mr Culley.
25   A. Thank you, my Lord.

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1   THE CHAIR: Right. I'm just checking my times. 1.30.
2   Thank you.
3   (12.31 pm)
4   (The short adjournment)
5   (1.30 pm)
6   THE CHAIR: Ms Trainer.
7   MS TRAINER: Good afternoon, my Lord.
8   MS ANNE WHYTE (called)
9   Questions by MS TRAINER
10   MS TRAINER: Good afternoon. I wonder if you could begin by
11   telling us your full name.
12   A. My name is Anne Whyte.
13   Q. And you're here, I think, in your capacity as assistant
14   head of business in family placement at
15   Barnardo's Scotland.
16   A. That's correct, yes.
17   Q. You have provided a statement for the Inquiry and for
18   our purposes the reference number for that statement is
19   SCI—WT0247—000001. You should understand that that
20   statement has been read and will be available to the
21   Inquiry to use as evidence.
22   I wonder if you could start by telling us how long
23   you've been in your current role for.
24   A. I've been in my current role with Barnardo's since
25   early March 2021.

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1   Q. And before that I think we see from your statement, just
2   at paragraph 7, that you were the registered manager of
3   an independent fostering service prior to your role with
4   Barnardo's; is that right?
5   A. That's correct, yes.
6   Q. Is that role similar and in a similar sector to the role
7   that you currently hold?
8   A. Yes, the same sector and a similar role, covering all of
9   Scotland.
10   Q. In your current role, are you able to give us an
11   overview as to what that involves and what your
12   responsibilities are?
13   A. Yes, my role is to oversee the statutory services and
14   implementation of standards for the fostering and
15   adoption of children and young people across Scotland,
16   and that includes the recruitment of foster carers and
17   also the safety and welfare and standards for children
18   and young people placed in foster and adoption homes.
19   Q. Are you involved in essentially matching children to
20   adoptive placements that you identify and run?
21   A. Yes. A large part of our work is matching those
22   children and young people referred to our services to
23   those foster carers who are part of our Barnardo's
24   fostering service.
25   Q. Are you able to give us a sense of how many placements

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1   in children and young people that you're currently
2   dealing with in foster care and adoptive placements?
3   A. Yeah, we currently support about 170 children and young
4   people across our Scotland services and we also have
5   19 approved adoptive families in our adoption service,
6   and that includes the children and young people who ——
7   12 children and young people who are placed with those
8   adoptive families. We have an adoption support service
9   and our adoption support service currently supports
10   around 160 adoptive families, and that could be adoptees
11   or adopters or birth families.
12   Q. The services that you've described in terms of fostering
13   and adoption, are they overseen by the
14   Care Inspectorate?
15   A. They are, yes.
16   Q. And in your role, can I presume that you effectively
17   manage teams which work directly with carers, children
18   and young people?
19   A. Carers, children and young people and work in
20   collaboration with our local authorities.
21   Q. In your statement —— I think it's at paragraph 34 —— you
22   say that Barnardo's specialise in securing placements
23   for children who, if the placement were perhaps to be
24   sourced by the local authority, they might wait the
25   longest. What do you mean by that?

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

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

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

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

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1   foster carers to try to gather the reasons for that and
2   the majority of the reasons, whilst they're varied, were
3   about change in lifestyle, about want —— about financial
4   circumstances, but also wanted to take their life and
5   their circumstances in a different direction.
6 Q. You say relative to foster placements that there are
7   perhaps different needs now and one of the things that
8   you identify is that there is a greater need for larger
9   sibling groups than previously. I wonder if you can
10   expand on that.
11 A. We've seen an increasing trend and I think predominantly
12   the introduction of The Promise is the important ——
13   places the importance on giving brothers and sisters the
14   opportunity to stay together, and so the number of
15   referrals to our service has increased for sibling
16   groups, as I said previously, for three or four and it
17   could be five in some circumstances, so varying ages of
18   children.
19 Q. Are we to understand from your reference to The Promise,
20   then, that you don't necessarily think that that's
21   attributable to the pandemic?
22 A. I don't think it's directly related to the pandemic.
23 Q. You go on, and you've mentioned it in your evidence
24   already, that there was —— the number of adoption
25   enquiries increased and I think you say increased

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1   hugely.
2 A. Yes.
3 Q. The increase was very much looking for babies and much
4   younger children. I wonder if you can tell us about
5   that.
6 A. It's very hard to understand fully the picture of why
7   adoption enquiries have increased, but IVF, for
8   instance, had stopped. There was no longer the
9   opportunity to explore that for parents or for
10   prospective parents. Again, I think change in lifestyle
11   and people taking stock of their life and where it was
12   at that moment in time, wishing to then become a family
13   and to adopt children.
14 Q. These changes and general trends in terms of recruiting
15   both foster carers and adoptive carers, are they changes
16   which you saw over a relatively short period or do they
17   persist to this day?
18 A. The number of reduction of enquiries for foster carers
19   continues to decline, as I said previously, so we've
20   seen a steady decline over the last four years, and
21   that's across the social sector. That's not particular
22   to Barnardo's. The number of adoptive enquiries has
23   slowed, but we are quite particular in Barnardo's about
24   adopters who we would want to take through and support,
25   and that's in relation to those children's needs that

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1   are placed on the adoption register. We would try to
2   match them very closely.
3 Q. That leads I think to another area which I wanted to
4   explore with you, that being the process of assessing
5   and training the carers that you recruit. Firstly,
6   am I right in thinking that Barnardo's completes ——
7   actually yourselves as an organisation complete the
8   initial assessments of prospective carers?
9 A. That's correct, yes.
10 Q. And why are those assessments and perhaps the quality of
11   those so important?
12 A. It's hugely important that people have a good awareness
13   and an understanding of the role of a foster carer or
14   the role of an adoptive parent and some of the
15   challenges that that may bring with children within
16   their home, and so it has to be scrutinised and assessed
17   quite carefully and it can be quite intrusive for people
18   coming forward, which in the main they understand and
19   they understand the reasons why the assessment has to be
20   so in depth and so carefully managed throughout that
21   assessment journey.
22 Q. You mentioned there about the in—depth nature and
23   perhaps even intrusive nature as to the assessments.
24   I think within your statement, particularly at
25   paragraph 21, you go on to say that the local authority

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1   stopped assessments of new carers and new placements,
2   but conversely you carried on.
3 A. Yeah.
4 Q. Why was that?
5 A. We continued to look at different ways that we could
6   recruit and assess our foster carers and adopters, and
7   predominantly Barnardo's, as a charity, all our income
8   comes from our local authorities, who would refer
9   children and young people to our service and, if we
10   don't have the foster carers or indeed the adopters to
11   match for those children that need those placements, we
12   really don't have an income. But the need for —— sorry,
13   the need for —— I think the continued need for children
14   and young people and being aware of the need of those
15   children waiting was a driver for Barnardo's to continue
16   those assessments.
17 Q. Are you aware or did you manage to get a sense of why
18   others, including local authorities, might have stopped
19   doing the assessments?
20 A. I think it's quite difficult to understand and it's
21   quite difficult to comment on the exact reasons that
22   they ceased. It could have been about methods that they
23   used or methods that wasn't available to them, that we
24   were able to act on quicker, so online methods and the
25   way of connecting with those families who wanted to come

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

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

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

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

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1 very different , where we would call —— we would have
2 a video call and the foster carer or —— the foster carer
3 would take us through the home. That's very different
4 to being face to face on unannounced visits, but we then
5 had to change quite quickly to making sure that we could
6 do it within the safe parameters and within the
7 restrictions that we had. So, for instance, we would ——
8 our staff would drive to the foster carer's home and
9 have a call with them outside to say that they were
10 sitting outside, to make sure that there was safety ——
11 you know, safety measures within the home, so people had
12 PPE equipment to allow and enable our social workers to
13 come in and carry out an unannounced visit, which is
14 a regulatory requirement of fostering services .
15 Q. You say I think at paragraph 74 of your statement:
16   "A lot of social work is face—to—face intuition ...
17 and being able to read situations ... "
18   Can I take it from that that your view is really
19 it 's essential to have an aspect of these assessments
20 and training and check—ups that are face to face?
21 A. Absolutely. Whilst we have to be able to read reactions
22 to questions, reactions to situations —— and so that
23 takes into account body language, facial expressions ——
24 so our training and experience is about understanding
25 those reactions in people to some of the questions that

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1 we would have to ask, and it's very difficult to do that
2 online when you can't read the body cues and you can't
3 see as well facial expressions or pick up on those
4 anxieties .
5 Q. You also narrate that the organisation has a support
6 service available for foster carers and adoptive carers
7 and that comprises, I think, of an online aspect and
8 also a helpline .
9 A. That's right.
10 Q. At paragraph 59 you say that foster carers relied on
11 support from your team more during the pandemic than
12 previously . Can you tell me more about that?
13 A. Yeah. We operate a 24/7 helpline. It is a helpline as
14 opposed to an emergency line because we still rely on
15 the local authority duty out of hours system. It 's
16 manned by two qualified social workers and it's the
17 opportunity for foster carers or adopters to let us know
18 of any crisis or anything that we would class as
19 a notifiable incident that we have to report to our care
20 inspector . The support systems that were around for
21 foster carers, which is a huge part of the success of
22 a fostering family, so family, friends, other foster
23 carers, was no longer there and it was all online. So
24 they heavily relied on our social work support and some
25 of that support, whilst it may not be crisis, it was

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1 crisis for them where they required additional
2 assistance and additional help and to talk to someone,
3 their social worker.
4 Q. Has that continued post—pandemic or is that now
5 something which has returned to the previous levels?
6 A. It 's beginning to return to the previous levels but it
7 has taken some time. It's taken some time to renew
8 those connections with those foster carers and for that
9 relationship to be re—established. Family, not so much.
10 Family was easier and the support from family was
11 easier . But maintaining those connections and
12 re—establishing those connections with foster carer
13 supports and also our therapeutic support was a little
14 bit more time—consuming and challenging, so that takes
15 time.
16 Q. You discuss the implications which the pandemic had on
17 the safeguarding responsibilities that Barnardo's felt,
18 I think at paragraphs 77 to 79 of your statement, and
19 you say that your team were required to take on more of
20 a safeguarding role than they had previously. I wonder
21 if you can expand on that.
22 A. I think it was very difficult for local authorities and
23 also for ourselves, where we work —— we work in
24 geographical areas predominantly so a lot of our
25 social workers would support foster carers in close

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1 vicinity to where they live . So any safeguarding
2 concerns or any statutory visits , we had to limit the
3 amount of people that were in the home but we also had
4 to undertake the safeguarding visits to ensure the
5 welfare of the children and young people, particularly
6 where there were allegations . And at times local
7 authority either didn't have the staff or the staff
8 weren't in the geographical area or due to sickness or
9 absence, so we worked in collaboration with them to
10 carry out those statutory requirements, to make sure
11 that the safeguarding was still in place.
12 Q. And from that are you able to give us a sense of perhaps
13 what the safeguarding concerns were during that time and
14 how they might have been different to prior to the
15 pandemic?
16 A. Safeguarding concerns could be anything from an
17 allegation , a child making a disclosure against a foster
18 carer , where we would need to visit to ensure the safety
19 of the child or young person, or it could be about
20 a child or young person who had gone missing or left the
21 family home without consent. It could be about an
22 incident within the home where young people's behaviour
23 had become so challenging that, you know, it involved
24 physical or —— physical violence towards the foster
25 carers . So any of those would be required to have

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

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

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

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

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1   about some of the language used. We have to make sure
2   that the child or young person understands. And indeed,
3   in the implementation of The Promise, a lot of that is
4   about language and making sure that we're implementing
5   those views of what the young people are telling us
6   about the language that's used. So some of those formal
7   meetings where the language is used must have been very
8   difficult for them to understand and is then heavily
9   reliant either on the social worker or the foster carer
10   to explain that to the child or young person.
11 Q. How did you see that manifesting? Were you, for
12   example, as a service, hearing from young people that
13   they were finding these hearings really difficult?
14 A. Yes. They wouldn't so much tell us that it was
15   difficult but their behaviour would say that. So they
16   wouldn't want to attend the meetings, to say they didn't
17   want to come, they didn't want to know what was
18   happening and that we could tell them afterwards or
19   refusal to attend completely. So you could see the
20   anxiety level and some of that is recorded. We record
21   it quite clearly within our either carer diary of
22   a child's journey or children and young person's record,
23   so it can be quite clearly captured about some of the
24   issues and anxieties and upset that they were facing
25   either prior to a hearing or prior to a meeting or

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1   a formal meeting and then afterwards.
2 Q. Did you get a sense of any way that the procedure might
3   be improved to allow young people to express their views
4   in a way that might be more comfortable for them even if
5   it wasn't a face—to—face meeting?
6 A. I think what we tried very hard to do was try to get the
7   young person's views so that we could advocate their
8   voices and their views on their behalf without them
9   actually being present, either in the hearing or being
10   present within their review. I think we do like to hear
11   from children and young people, we do like to see
12   children and young people, but we need to understand
13   better the pressures that that places on them and
14   there's a variety of ways that we do that.
15   Again, children and young people are telling us,
16   "You ask us too much", so we need to be able to
17   understand and observe that over a period of time so
18   that we're able to give their views accurately without
19   asking them at every hearing or at every meeting what
20   their views are with regards to their plan or with
21   regards to their future.
22 Q. Moving on from children's hearings to talk a bit about
23   more formal orders that were granted by courts. At
24   paragraph 118 you talk about permanence orders ——
25 A. Hmm—hmm.

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1 Q. —— and you say that that process drifted like the other
2   processes did but it's still significantly delayed.
3   Does that continue to be your experience as a service?
4 A. Yes, not in all cases but in some cases. Some are
5   significantly delayed. That is about systems, it is
6   about courts, it can be about staffing, it can be about
7   the staffing changes, so staffing changes within local
8   authority, and if one person leaves, somebody else has
9   to take up the permanency order to lodge that in court,
10   to make sure that everything goes through, and that's
11   hugely difficult but it holds up the system. But the
12   impact of that on our children and young people is
13   profound.
14 Q. And that has slowed, in your view, because of the
15   pandemic?
16 A. Yes, because the courts were —— that no longer took
17   priority within the courts but also those plans are
18   agreed prior to a permanency order being lodged, so
19   those looked after children review meetings that drifted
20   were unable to make those recommendations and decisions
21   for the child and young person's future, so everything
22   drifted.
23 THE CHAIR: We should be able to get times for the courts'
24   delays because times are logged for how long —— they
25   have times, as you know, to get through the court

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1   system ——
2 A. Yes.
3 THE CHAIR: —— which —— well, Ms Trainer will know better
4   even than I do —— are not always adhered to ——
5 MS TRAINER: No.
6 THE CHAIR: —— but we do keep records of them.
7 MS TRAINER: Yes.
8 THE CHAIR: We had better get those records, I think,
9   Ms Trainer.
10 MS TRAINER: Yes.
11   You mentioned that has a —— effectively all of the
12   individual processes drifting and that potentially
13   culminating in a court order having taken a lot longer
14   to get to that process, you mention that had a profound
15   impact on children and young people. What do you mean
16   by that and can you explain that a little bit further?
17 A. If a child or young person is an interim foster home and
18   those foster carers may not wish to become permanent
19   foster carers for those children —— because some foster
20   carers want to come forward to assist children and young
21   people and to help them move on to their permanent or
22   forever home or reunification with their birth family ——
23   so that's part of our in—depth assessment, to understand
24   those needs for those foster carers. So, for instance,
25   if a child or young person was placed with an interim

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1 foster carer, that could drift, and because —— if you're
2 looking for permanent foster carers, that's a different
3 assessment that we have to —— and different matching
4 that we have to look for and, you know, if we don't
5 know, we can't predict or we can't look to search and
6 match for that permanent foster home for that child or
7 young person. So, in effect, that child or young person
8 is living in limbo, you know, not knowing —— "Where
9 am I going to be next year? Where am I going to be?".
10 And all we can do and all the foster carers can do, to
11 try to reassure them that for now they're wanted and
12 they belong here, but we can't tell them what's going to
13 happen in the future, and that does have an impact on
14 behaviours, thoughts, mental health.
15 Q. Can I take it from what you're saying that your
16   experience has been that children perhaps can end up in
17   what were interim placements for a lot longer than what
18   was intended initially?
19 A. Yeah, that's correct. That's correct. Then we, as part
20   of our process and part of our regulatory requirements,
21   would need to assess and take our foster carers back to
22   a fostering panel to vary their approval. So if they're
23   approved as an interim foster carer, we would need to
24   take them back and vary them for a long—term foster home
25   or as long—term foster carers.

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1 Q. We've discussed the impact on children and young people
2   but you might imagine, perhaps, that that might have an
3   impact on the carers themselves and their expectations
4   as to the placement not coming to fruition. Has it had
5   an impact on foster carers and essentially their
6   willingness to offer placements?
7 A. Yes, and I think perhaps that could be some of the
8   reasons why fostering or foster carers have decided to
9   resign and no longer continue to be foster carers. And
10   also it could be about those foster carers coming
11   forward and enquiring to be foster carers, just because
12   of the uncertainty of it. So, you know, we have seen
13   a decline, as I mentioned earlier, in the number of
14   foster carers coming forward but also an increase in
15   fostering resignations.
16 Q. Moving on to adoption, you say, I think at paragraph 45
17   of your statement, that before COVID a rough
18   approximation is that it could take three to six months
19   from matching an adoptive family to the court process
20   being finalised and then say that, when COVID hit,
21   adoption orders have been taking a year, sometimes two
22   years.
23 A. Yeah. Adoption orders are a little bit complicated. It
24   really just depends if the birth family are contesting
25   that adoption, and so that can take some time to make

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1 sure that the views of the birth family are understood
2 and that they're given their right to appeal. So, you
3 know, some of it can be that, but some of it is the
4 court process and also the children's hearings, so that
5 comes into that whole regulatory process, where the
6 children's hearing cannot move a child or young person
7 into an adoptive home unless that adopter has been
8 approved and matched to that child. So some of that can
9 take a little bit longer.
10 Q. So I think essentially all of the drift ends up in a lot
11   of uncertainty?
12 A. Yes.
13 Q. You discuss —— at paragraph 52, you relate I think some
14   of that drift to an impact on what you call "family
15   time". I think family time is now what we call "contact
16   with birth parents".
17 A. That's right.
18 Q. You say that that delay and that drift impacted on that
19   family time. Do we take it to mean that it negatively
20   impacted on that time that birth families could spend
21   with their children and young people?
22 A. Yes, I think it did have an impact in those fractured
23   connections. It was very difficult during lockdown and
24   during the restrictions to manage any connections or any
25   family time or contact, as it is commonly known, between

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1 children and young people and their birth family. The
2 children's hearing, for instance, does have the position
3 to be able to say that that contact needs to take place
4 and stipulates how often that needs to take place and
5 that can then impact on the foster home or it could then
6 impact on the contact if that child is about to be
7 placed in an adoptive home.
8 Q. In your experience, was it ever the case that direct
9   contact was stopped simply because of the lockdown
10   restrictions and people being prevented from having
11   face—to—face contact?
12 A. It was done differently, so it was never stopped but we
13   had to be very careful with those restrictions that were
14   in place. So face—to—face time is very —— you know, you
15   can't do face—to—face time with a child or young person
16   and expect that child or young person not to make
17   physical contact with their birth family, so that was
18   hugely difficult to manage. You had fostering homes who
19   perhaps had an underlying health issue or had anxieties
20   about catching COVID and if that was —— the child or
21   young person was then mixing with their birth family,
22   you know, could they have contracted it and could they
23   take it back into the foster home? And that all
24   impacted on —— I think it all impacted on, you know, how
25   often and the willingness of, one, the child or young

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

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

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

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

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1 with our foster carers and with our children and young
2 people, so not so much one—to—one time with that child
3 and young person but to try and understand the dynamics
4 and the circumstances of what's happening within that
5 family, if there's any areas of concern or if there's
6 any areas of anxiety that perhaps could lead to
7 a disruption. So the psychotherapists I think are
8 beginning to build up that community and trust in our
9 foster carers but also in our children and young people
10 and in our social workers, and it's to ensure that we
11 have a team around the child and a team around the
12 foster carers to understand that. So it has assisted in
13 that, but we don't at all times have one to one or would
14 refer the child to our child psychotherapists.
15   I think what did impact was we had play therapists
16 and art therapists and they were employed as part of our
17 service previously. However, that one—to—one time ——
18 because a lot of it is play, a lot of it is
19 interaction —— couldn't happen and that had to cease.
20 But trying to explain that to the child or young person
21 was really hard to do, but also the impact on not being
22 able to express themselves through play or through
23 skilled Theraplay had an impact on the fostering —— had
24 an impact on the behaviour which had an impact on their
25 foster home and their foster parents.

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1 Q. So those services I think that children were used to
2   seeing and used to having ——
3 A. It didn't happen.
4 Q. —— and people they're used to seeing —— and they weren't
5   able to see those people and your service users had to
6   explain to them why that was taking place?
7 A. Yes. Yes, that's right.
8 Q. You mention that there was an immediate impact in terms
9   of the lockdown on children and young people not having
10   a connection with peers and I think you say teenagers
11   don't necessarily always want to interact with their
12   care—givers and that was an important support network
13   for them.
14 A. Yeah.
15 Q. Can you tell us more about the impact on their mental
16   health that that might have had, that you saw?
17 A. We saw adolescents, I think, teenagers, becoming more
18   isolated, not wishing to interact, becoming more
19   isolated in their rooms, having anxieties that they were
20   unable to explain perhaps about COVID but also about
21   where the future —— what the future plans were. And
22   young people won't necessarily voice what their
23   anxieties are but they tell us in other ways through
24   their behaviour. They can tell us through observation.
25   So —— and young people I think we see having more

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1 challenges, running away, more self—harm, more instances
2 of misuse of online platforms, so that has continued
3 I think through lockdown and continued after lockdown.
4 And we saw the number of disruptions increase during the
5 lockdown period and as we came out, so the number of
6 children and young people that had to be moved from
7 their foster homes increased.
8 Q. Disruptions to placements?
9 A. To placements, yes.
10 Q. I wonder —— so the disruptions particularly, are you
11   able to pin that down to the period during the pandemic,
12   it being significantly different to both before and
13   after?
14 A. The numbers are significantly different from during
15   lockdown to pre—COVID and they have slowed down.
16 Q. So we're returning hopefully to less disruption?
17 A. Yes, yes.
18 Q. I'm interested in one of the comments that you make in
19   paragraph 110. You talk about the impact on younger
20   people, younger children, trying to re—adjust and be
21   re—integrated and you say, "how do you play with other
22   people your age?". Is that something that the service
23   has experienced, that children are finding it difficult
24   to interact with each other?
25 A. Yes. I think we're —— no school, no opportunity to be

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1 in playgroups, no opportunity to be with other children
2 from other foster homes during lockdown had an impact
3 on, one, their feelings of isolation, but also, yes, how
4 do they interact with other young people and how do they
5 play, particularly younger ones. They became quite used
6 to an adult world, so they would interact and they would
7 have that connection and that attachment with old ——
8 with their care—givers but less so with their peers
9 because there was no community activities, because there
10 was no schooling.
11 Q. And as an organisation were you able to support the
12   carers in perhaps training or something else in order to
13   deal with these immediate effects of isolation and
14   perhaps reducing mental health in children?
15 A. We introduced a number of suggestions, a number of
16   online platforms, a number of supports and supervisions
17   through game play, through having family time. But,
18   again, if you're predominantly a child with adults
19   around you, how do you do that through play when there's
20   no other children there to demonstrate and observe and
21   assist that young person to learn how to play with
22   someone of a similar age? So that can be quite
23   challenging to do, but certainly our online training
24   with regards to therapeutic parenting and parenting
25   children through trauma takes a variety of different

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1 platforms, through training, through game play,
2 through —— just learning and understanding about the
3 impact of trauma and how that can impact on children and
4 young people.
5 Q. You get a sense within your statement that you really at
6 the time I think were dealing with an environment which
7 was changing quite quickly and I wondered how you, as an
8 organisation, felt that that was dealt with and whether
9 the guidance that you were given was sufficient to allow
10 you to provide the service that you wanted to provide.
11 A. We very much interpreted the guidelines and the
12 restrictions and the changes that were happening and
13 tried to work our way around that alongside the local
14 authority and alongside our Care Inspectorate, just to
15 make sure that we were adhering to the needs of our
16 children and young people and what they were telling us,
17 balancing that with restrictions and also the risk of
18 increasing disease and increasing COVID amongst families
19 and households.
20   So it's quite difficult to say that the guidelines
21 that were implemented were not adequate or not right.
22 I think we adhered to that. It must have been very
23 difficult to administer restrictions when there was so
24 much disease and so much transmission of COVID versus
25 the risks of children and young people, but what we did

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1 try to do was balance the risks of the children and
2 young people's welfare with those restrictions, and at
3 times, yes, we did go into family homes. But what we
4 did is document that quite clearly and the reasons
5 for that, whether it was a child protection or
6 a safeguarding visit.
7 Q. Did you feel as if the information that you were being
8 given was specifically geared or even explicit about
9 looked after children or did you require to interpret
10 the guidelines for those circumstances?
11 A. No, it very much relied on our administrative and
12 business services and safety teams interpreting that
13 guidance and guidelines for us specifically to looked
14 after children. And I think it was more general, looked
15 after children —— it was more general children and young
16 people —— sorry —— and the general public, rather than
17 specifically looked after children or care—givers of
18 looked after children.
19 Q. Do you recall there being any specific information given
20 to you about relationships with birth families and
21 siblings because that, to me, seems like the position
22 that looked after children and young people are in which
23 is very different from the general population in that
24 they have an external family who they don't live with.
25 Was there any information given to you about what you

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1 should do about contact?
2 A. There was information through the children's hearing and
3 from the Care Inspectorate that, where contact still had
4 to take place or where it was important to take place ——
5 so, for instance, if assessments were ongoing for
6 a child to be reunited back to the birth family, there
7 had to be a way to continue that. So we had to manage
8 our way around making sure that the children or young
9 person had that opportunity and the birth family had
10 that opportunity to continue to meet. So it didn't stop
11 altogether. It was very dependent on the plans for that
12 child or young person. If they were placed on
13 a permanent basis and perhaps contact with the birth
14 family was limited, it may have been restricted or
15 pulled back. But certainly where it was stipulated
16 within the children's hearing, that continued and we
17 continued to do that. And I think we worked in
18 collaboration with our local authorities to make sure
19 that we managed those risks quite carefully and
20 continued with that contact.
21 Q. How did you, as an organisation, find disseminating the
22 information to the users of your service, the potential
23 carers and also the children and young people?
24 A. It certainly was a challenge. It was a challenge to
25 distribute and communicate with carers online. We

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1 couldn't assume that carers, one, were interpreting that
2 guidance, so we had to follow that up and make sure that
3 we were having that connection through a telephone call
4 or, you know, whatever online method it was to make sure
5 that they understood those new guidelines or those new
6 restrictions that were coming in. We also had to
7 understand —— we also had to help understand that there
8 were some restrictions depending on the geographical
9 area that you were living in, so, you know, perhaps
10 Highland was different from Glasgow, and we had to make
11 sure that that information went to each of our fostering
12 families within their local authority area. But that
13 was through online, it was through follow—up connections
14 with telephone calls and in collaboration with our local
15 authorities, to understand that we were on —— we were
16 interpreting it the same.
17 Q. The last paragraph of your statement indicates that your
18 hope for this Inquiry is that the experience of children
19 and families during lockdown can be better understood
20 and this can be used to inform future decision—making
21 and ensuring children are properly supported.
22 A. Yeah.
23 Q. Have you had an opportunity to reflect on how that might
24 manifest?
25 A. I think it's fair to say we will not know the lasting

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1   impact for children and young people but particularly
2   our looked after children and young people and their
3   care—givers, and we may not know —— that might have
4   a lasting impact for some time to come. So I think it's
5   really important that we understand that and we don't
6   necessarily focus on children and young people in
7   general, but that we do have a focus for our looked
8   after children and young people to make sure that the
9   impact and lessons implement any future recommendations
10   going forward, so that there are those supports there
11   for our children and young people.
12   Q. Is there any way that your organisation is attempting to
13   monitor those lasting impacts and perhaps learn lessons
14   yourself about looked after children and young people
15   during that time?
16   A. Barnardo's are championing, as all services are,
17   The Promise. So that was hugely impacted because
18   The Promise was circulated, was implemented and a week
19   later we went into lockdown. So we're working behind to
20   try and make sure that we uphold each of the
21   requirements and responsibility for The Promise for our
22   children and young people, but that has drifted again
23   because of lockdown and because of our inability to do
24   that. But we certainly will have connections with our
25   MSPs and we continue to champion the needs for

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1   children's mental health, for instance, and have those
2   connections with our local authorities and also with
3   MPs, to make sure that the looked after children
4   population are —— their voices are heard.
5   Q. Those I think are all the questions that I have for you
6   but I wondered if there was anything which we haven't
7   covered which you might want to raise.
8   A. No, there's nothing, Sarah. I think all that I would
9   say was about the drift and the challenge that there was
10   for Barnardo's and for most local —— all local
11   authorities, I would say, to uphold The Promise. And
12   so, you know, that's hugely important for our children
13   and young people who have expressed their voices, so
14   it's really important that we continue to try and make
15   up that lost time.
16   MS TRAINER: Thank you very much.
17   THE CHAIR: Yes, indeed. Thank you very much, Ms Whyte.
18   A. Thank you.
19   THE CHAIR: Very good. That's all for today. 9.45 tomorrow
20   morning. Thank you.
21   (2.34 pm)
22   (The hearing adjourned until
23   Thursday, 28 March 2024 at 9.45 am)
24
25

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