Witness Name: Ruth Allen

Statement: No 1

Exhibits: 74

Dated 7 February 2025

UK COVID-19 INQUIRY

Witness Statement of Ruth Allen on behalf of the British Association of Social Workers

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I, Dr **Ruth Allen**, of British Association of Social Workers (BASW), Wellesley House, 37 Waterloo St, Birmingham, B2 5PP will say as follows: -

Introduction

1. I am the Chief Executive Officer (CEO) of the British Association of Social Workers (BASW).

2. I make this statement in response to the request for evidence, under Rule 9 of the Inquiry Rules 2006, in module 6 of the Covid-19 Inquiry. I will be providing BASW's view on the impact of the Covid-19 pandemic on social workers in the adult care sector in the United Kingdom. I have been CEO of BASW since 2016 and consequently was in post for the duration of the pandemic. As CEO I am responsible to the Board for all aspects of the organisation. I make this statement on behalf of BASW, and I confirm that I am duly authorised to do so.

3. The facts and matters contained within this statement are within my knowledge unless otherwise stated, and I believe them to be true. Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

4. This witness statement is based on records of the organisation consisting of public statements by BASW, materials such as guidance produced by BASW, correspondence, emails, contemporaneous notes and member surveys covering the period 1 March 2020 – 28 June 2022. BASW conducted two large-scale surveys of social workers during 2020. The first was a rolling survey, opened to respondents on 16 March 2020 and

closed in August 2020 (RA/01, INQ000509533). It collected both quantitative data and qualitative comments about social workers' experiences of practising during the first wave of the pandemic. 2281 responses were received in total. The second survey focused on collecting more quantitative data (RA/02, INQ000509534). It was open from 30 November 2020 to 31 December 2020. Questions took a broad overview of different aspects of social work practice and also asked whether certain issues, such as access to Personal Protective Equipment (PPE) has improved over time. The survey had 1119 respondents. Both surveys were hosted on the BASW website and promoted via BASW members bulletins and BASW social media channels.

5. Before I proceed, I would like to pay tribute to those social workers who undertook their duties to the public throughout the period of the pandemic.

A brief description of BASW

6. BASW is the professional association for social work and social workers. BASW provides information, advice on policy and practice, training, advocacy and representation to its members as well as lobbying for social work and social workers with key stakeholders. At the time of the pandemic, BASW had up to 22,000 members. While precise membership numbers fluctuate, as of 10 June 2020 the distribution of members was as follows: England, 17 613; Northern Ireland, 719; Scotland, 1 401; and Wales 1 224, totalling 20, 957. Many of our members choose not to complete all sections of the membership record so I am not able to give precise demographics on our membership but, as a rough heuristic, we estimate that some 40% of our members are working either in adult social care or adult mental health services. Unlike some professional bodies, membership of the professional association is not a requirement for practice.

7. As a UK wide organisation our national organisations are branded to reflect the realities of devolution: SASW (the Scottish Association of Social Work), BASW Cymru (Wales), BASW Northern Ireland and BASW England. However, we are one sole legal entity with leadership and governance determined by one UK Board.

The role of social workers

8. Since 2003, all new social workers entering the profession have been required to qualify at graduate or post-graduate level. The term 'social worker' is a protected title. This means that an individual cannot call themselves a social worker or be employed in a role with 'social work' in the job title, without being qualified and registered with one of the

four national social work regulators. Unlike some other professional bodies that control access to their respective profession through examination and registration, access to the status of social worker, as well as on-going registration as a social worker, is dependent upon the regulator.

9. Most recent figures suggest there are just over 122,000 registered social workers in the UK. Re-registration is a regular occurrence. Social workers who fail to re-register, or who are not able to demonstrate appropriate continuous professional development, are removed from the register. Consequently, the statistic of 122,000 social workers is up to date and broadly reflects the number of individuals delivering some aspect of social work. The registration data collected can vary between the four jurisdictions of the UK but again, as an estimate, around 40% of all registered social workers work either in adult social care or adult mental health services.

10. Social work is a devolved 'competence', that is the legislation, statutory guidance and policy varies between the four jurisdictions (England, Scotland, Northern Ireland and Wales) but the legislative functions and duties of social work are broadly the same. Most social workers are employed by local authorities in England, Wales and Scotland and by Health and Social Care Trusts in Northern Ireland. Much smaller numbers work directly for the NHS, the voluntary sector, and other sectors (for example, higher education).

11. Over time, social workers have acquired significant responsibilities in law (for example, under the Care Act 2014 in England, and legislation covering similar functions in Scotland, Wales and Northern Ireland). Key responsibilities in adult social care include:

    - adult social care assessment and review (of vulnerable older people, people with a physical disability or learning disability, people with severe autism),
    - adult safeguarding (protection in Scotland), assessing decision-making capacity and making decisions in an individual's best interests,
    - arranging hospital discharges,
    - undertaking Best Interests Assessments; and
    - working in the area of compulsory detention in a mental health setting (for example, the Mental Health Act 1983).

12. A social care assessment involves establishing an individual's social care needs through meeting with the person being assessed but also with any partner (who may also be their primary carer), any other relevant family member and the gathering of information from

relevant professionals. This enables a judgement to be made on the level of support they require and that can then be made available to them. This may include signposting to other services, changes and adaptations to existing living arrangements and/or life patterns or commencing a specific service. Undertaking such an assessment will vary in complexity and, while some of this work can be done without a home visit, for example, a phone call with a family member, others cannot. A key purpose of social care is to support individuals to maintain as much independence as possible, for as long as possible, whether in their own homes or other settings. It is also significant that what prompts an assessment in the first place is that the individual is, or is thought to be, vulnerable. Given these realities it is virtually impossible to assess the extent to which an individual is managing day-to-day life without the social worker visiting where the person lives and seeing their living arrangements. For example, if the person has mobility problems, the practicalities of accessing the property, the layout of the property, whether the individual has enough food and of what kind, and access to and use of washing and toilet facilities will require consideration during the assessment.

13. Individuals' social care needs can change over time – physical or cognitive decline can occur, or 'Informal' support may no longer be available (for example, a family carer may no longer be available because they themselves are too frail) – which will prompt a review. A review will establish whether the original assessment (and any service provided) is still fit for purpose or whether it needs adapting. While some reviews can be undertaken remotely, it is often the case that reviews need to involve a home visit for the reasons described above.

14. Mental frailty, physical disability, or learning disability can make adults more likely to be victims of abuse. Often abuse can be perpetrated by a family member, 'friend' or paid carer. Both because of an individual's vulnerability and the fact that the perpetrator may be close to them (indeed, they may rely on the perpetrator for day-to-day needs) individuals who are at risk are less likely to pick up the phone and inform the police that a crime is taking place. Where there are safeguarding concerns, a safeguarding assessment by a social worker will necessitate a home visit to speak to the vulnerable person alone (a condition that cannot be guaranteed when a conversation takes place via phone or video call). The nature of the allegation can also be explored at the home visit: money going missing may require establishing who might have access to the person's money, any potential neglect is best observed by physically seeing both the person and their circumstances. It is also important to note that abuse and neglect can

take place in institutional settings, for example, care homes and this too would necessitate an in-person visit by the social worker.

15. The vast majority of hospital discharges will take place without the involvement of a social worker. For a number of hospital discharges, individuals may need additional support from a social worker because of their vulnerability and/or their home circumstances. This support may be temporary or longer term. There are no national protocols in place as to who might qualify for additional support from a social worker at the point of discharge, decisions are made by ward staff in conjunction with the social worker. To speed up hospital discharge a process known in England as 'discharge to assess' is in place. The discharge takes place with the assessment following. My understanding is that during the pandemic the process of discharge was accelerated. While I have seen no figures it seems reasonable to assume that the rate of 'discharge to assess' was increased too.

16. Social work has increasingly intersected with human rights issues and legislation. For example, the powers relating to compulsory detention under the Mental Health Act 1983 (England and Wales) and duties in relation to Deprivation of Liberties Safeguards (DoLS) under the Mental Capacity Act 2005 (England and Wales) (MCA) engage Article 5 of the Human Rights Act 1998. This has given rise to additional roles such as Best Interests Assessors (BIAs), in the context of DoLS under the MCA 2005, and Approved Mental Health Professionals (AMHPs), in the context of the Mental Health Act framework, that are constructed in such a way that a range of professionals can be accredited to undertake them (for example, psychologists). However, the reality is that they are almost exclusively staffed by social workers. The roles of BIA and AMHP exist in England and Wales. Scotland has Mental Health Officers (MHOs), and Northern Ireland Approved Social Workers (ASWs) conducting some similar tasks.

17. Using England and Wales as an example, BIAs undergo specialist training and are tasked with establishing whether the care arrangements for an individual in a care home or a hospital, which constitute a deprivation of their liberty, are in their best interests. For example, such an assessment may be carried out for an elderly person with advanced dementia placed in a residential home which requires the external door to be locked from the inside to prevent wandering, In England and Wales, applying the principles and provisions set out in the MCA 2005, BIAs will assess the individual's mental, or decision-making, capacity. If the individual is assessed to lack such capacity, they will determine whether the care arrangements are in their best interests by considering

whether they are necessary and proportionate and if possible, they will recommend less restrictive alternatives. The seriousness of the relevant decision requires that DoLS assessments need to be undertaken by the BIA in person: both to understand the needs of the person, and the physical circumstances of their accommodation and the relevant care and treatment arrangements.

18. Unlike other services that are effectively universal in scope for the UK public (for example, the NHS, schools), social work services have always focussed on the most vulnerable in society. As such, the majority of the UK public will not have experienced a social work service. Since 2010, this inbuilt tendency has been exacerbated by the period known as 'austerity' meaning that local authorities, and the social workers that they employ have worked increasingly, almost exclusively, with the most vulnerable and the most 'at risk'. Many of these individuals are also the most economically poor. In contrast, there will be individuals who have adult social care needs, and economic capital, who will frequently bypass adult social care services provided by the state and make their own private arrangements. Examples of this might include families purchasing care in the home for an elderly parent.

19. Despite this, the numbers of people involved in the social work aspects of adult social care are significant. As an indicator of scale, Skills for Care estimated that some 23,000 social workers worked in adult social care in England (RA/02b, INQ000532326). A recent statistic also showed that an estimated 332,455 applications for DoLS were received during 2023-24. This is an increase of 11% similar to the previous year.

20. The actual locus of the *practice* of social work differs significantly from other professions. For the reasons explained in paragraphs 11 and 12, social workers will go routinely into people's homes or other accommodation for example, residential care accommodation, often several times in a day, and may visit on a routine basis thereafter. In contrast, other professions may require the service user to come to them, for example, a doctor will expect the patient to come to the clinic, a teacher will expect a child to be at the school. Even where other professionals do enter people's homes this will usually be a one-off event (for example, a paramedic) or for a time limited series of appointments (for example, a district nurse). Many aspects of social work require a physical inspection of the setting (for example, a DoLS visit) or unencumbered access to the service user (for example, adult safeguarding). This means that many social work duties cannot easily be undertaken using remote video technology. Visiting a series of people's homes has important implications both for PPE and the spread of infection.

BASW's role during the Covid-19 pandemic

21. BASW interacts on a regular basis with the relevant parts of four governments and legislatures (the UK Parliament which holds responsibility for England, the Scottish Parliament, the Welsh Senedd and the Northern Ireland Assembly). At the time, other than Wales, each government has its own Chief Social Worker, or equivalent; England has two, one for adults and one for children. Since social work services are delivered primarily by local authorities, their role is advisory both to the government and to the sector. BASW will have regular interaction with the respective Chief Social Workers of each of the four governments.

22. BASW also regularly interacts with the four national social work workforce regulators (Social Work England, Social Care Wales, Scottish Social Services Council, Northern Ireland Social Services Council), associations of adult social services directors (e.g. Association of Directors of Adult Social Services (ADASS)) and collective local authority bodies (for example, the Local Government Association). as part of ongoing communication between stakeholders within the sector.

23. In addition, BASW liaises with university courses who provide Bachelor's and Master's degrees in social work on a range of specific matters. BASW also liaises with work-based training schemes such as apprenticeships.

24. The following represents a list of individuals and organisations that BASW contacted, lobbied or worked with during the relevant period:
    - UK Prime Minister
    - Department of Health and Social Care (DHSC)
    - Clara Swinson, Director General for Global and Public Health, DHSC
    - Professor Yvonne Doyle, Public Health England (PHE)
    - The workforce regulators – Social Work England, Social Care Wales, Scottish Social Services Council, Northern Ireland Social Care Council
    - The Chief Social Worker for Adults (England), Chief Social Worker (Scotland), Chief Social Work Officer (Northern Ireland)
    - Welsh Cabinet Secretary for Health and Social Care, Vaughan Gething MS
    - Welsh Deputy Minister for Health and Social Services, Julie Morgan MS
    - Northern Ireland Health Minister, Robin Swann MLA
    - Scottish Cabinet Secretary for Health and Sport, Jeanne Freeman MSP

- Higher Education Institutes providing social work courses
- The Approved Mental Health Professional (AMHP) leads network, England – survey of AMHPs
- Social Workers Union (SWU)
- University of Durham – analysis of first BASW survey (March-August 2020)
- London Emergency Duty Team Manager's Forum – survey of EDT staff
- UK Parliament Joint Committee on Human Rights
- Social Work Scotland (SWS)– submission to Scottish Parliament's Equalities and Human Rights committee
- Association of Directors of Adult Social Services (England); Association of Directors of Social Services (Wales); Chair of the Association of Executive Directors of Social Work Northern Ireland
- Local Government Association, Welsh Local Government Association, Convention of Scottish Local Authorities, Northern Ireland Health and Care Trusts
- Rhun ap Iorwerth MS, then Health and Social spokesperson of Plaid Cymru
- Northern Ireland Assembly Committee for Health
- Social Care Institute for Excellence (SCIE)
- Adult social care charities, providers and other organisations (open letter)

List of submissions and representations.

25. The following represents a list of submissions and representations made by BASW during the relevant period in chronological order):

- BASW NI Letters concerning Covid-19 to social work leaders, 11 March 2020 (RA/03, INQ000509535)

- BASW NI response to consultation on emergency legislation concerning the Covid-19 pandemic, 25 March 2020, (RA/04 INQ000509536)

- SASW open letter to Scottish Government, 30 March 2020 (RA/05 INQ000509537)

- BASW Chair and CEO issue letter to Prime Minister to support social workers in Covid, 1 April 2020 (RA/06 INQ000509538)

- Letter to Clara Swinson, Director General for Public and Global Health, DHSC, 6 April 2020 (RA/07, INQ000509539)

- BASW Cymru/SWU open letter to Welsh Minister for Health and Social Services, 29 April 2020 (RA/08 INQ000509540)

- BASW England Open letter to Professor Yvonne Doyle, Medical Director and Director of Health Protection, Public Health England, 4 May 2020 (summary) (RA/09 INQ000509541)

- BASW NI Briefing to the Northern Ireland Assembly Committee for Health, 7 May 2020; written briefing (RA/10, INQ000509542)

- Response from Professor Yvonne Doyle, Public Health England, 11 May 2020 (RA/11, INQ000509543)

- Covid-19 response from Clara Swinson (Director General for Public and Global Health, DHSC), letter dated 4 May 2020 and shared with members on 13 May 2020 (RA/12 INQ000509544)

- BASW letter to adult social care charities, providers and other organisations across the UK, to express pledges of support for the sector, 31 July 2020, (RA/13 INQ000509545)

- BASW Cymru urges Welsh Government to recognise social workers as professional visitors in national guidance, 11 November 2020 (RA/14, INQ000509546)

- BASW England submission to Joint Committee on Human Rights (Jan 2021), 13 January 2021, (RA/15, INQ000509547)

- SASW/Social Work Scotland: The impact of the COVID-19 pandemic on equalities and human rights; Joint submission from Social Work Scotland and Scottish Association of Social Work to the Scottish Parliament's Equalities and Human Rights Committee inquiry, 13 January 2021 (RA/16, INQ000509548)

- Letter to Health Minister calling for Covid vaccination of all frontline social workers, 26 February 2021, Northern Ireland (RA/17, INQ000509549)

Pre-pandemic capacity of the sector

26. Many of those with whom social workers work were at particular risk during the pandemic. For example, the frail elderly, people with physical disability, people with learning disabilities and people with severe autism. This heightened risk was at least in part due to circumstances that existed pre-pandemic, with factors including poverty, poor housing, and the poorer health outcomes associated with both. A lack of investment in services and infrastructure (for example, decent affordable housing) also meant that many of these people, families and communities were more exposed going into the pandemic (RA018, INQ000509550).

27. Before the pandemic, a lack of resources meant that local authorities had become increasingly focused only on the delivery of statutory responsibilities. There were a lack of preventive services and people were increasingly presenting at crisis point. This context, combined with the lack of a viable sustainable reform of Adult Social Care (ASC) policy and funding, particularly in England, meant that the adult social care sector was in a markedly weakened state that impaired its ability to respond to the pandemic (RA018a, INQ000532323; RA018b, INQ000108847).

28. Although social care policy is a devolved competence, the impact of UK Government decisions taken on the amount of spending for England has implications for the block grant available to the devolved administrations (DAs), which placed limits on the ability of the DAs to fund social care as funding in real terms was reduced by the UK Government.

29. The problems of pay and conditions for the broader social care workforce are well-known. With regard to the composition of the social work workforce, we know that it was, and is, an ageing workforce with problems of recruitment and retention. The vacancy rate for social work jobs in local authority adult social service departments in England in 2019 was 8.3%. The average age of a social worker in Wales in 2020 was 46. The workforce is predominantly female. Combined with the age profile, this means many social workers are 'sandwich carers': meaning they have caring duties for both children and older parents. This demographic composition and the level of vacancies went on to have implications for staffing availability under subsequent pandemic restrictions.

30. These factors laid the foundation for what one BASW report called the "chaos of the initial stage" (RA/01, INQ000509533). The pandemic exacerbated existing inequalities

and exposed the fragility of the system and a sector in which funding had fallen in real terms over the previous decade.

31. It should also be noted, in reference to the provisional scope of the module, that adults with learning disabilities and autistic adults had worse mental and physical health outcomes when compared with the rest of the population. In England, there had been a repeated failure to discharge individuals from institutional settings over the previous decade in the wake of persistent abuse scandals, despite repeated UK Government promises to do so. The Winterbourne View inquiry in 2011 reported on the institutional abuse of people with learning disabilities and autistic people in private hospital and care home settings. It led to calls for reducing the number of people with learning disabilities and autistic people being placed in Assessment and Treatment Units (ATUs) and discharging them to more appropriate living arrangements. However, since that time, there has been little progress in this respect. At the end of March 2024, just over 2000 people were still living in ATUs, with NHS England and UK Government targets having been missed in 2019, 2020 and 2024. This may have also had implications for the poor outcomes experienced by this part of the population during the pandemic.

A lack of government guidance

32. The pandemic brought already problematic issues into sharp relief. From the outset, BASW raised concerns regarding gaps in pandemic preparedness in general, but particularly the lack of understanding of the role and requirements of social workers in such an emergency as well as the contribution they can make to the health and wellbeing of many members of the community if supported appropriately (RA/19, INQ000509551). It was felt that there was a lack of recognition and support of the profession at the national level.

33. BASW recognised at an early stage a number of the challenges that social workers would face as they practised during the pandemic. In an article shared on BASW's website on 12 March 2020, a list was provided for members framing needs, expectations, challenges and best practice. The list contained prompts for questions that needed to be resolved in the workplace, relating to safety and the prioritisation of work, including management of home visits and assessments (RA/20, INQ000509552). It also emphasised the importance of staying in contact with colleagues. Subsequent survey work by BASW has demonstrated that 'peer support' is one of the most important positive factors in workplace experience (RA/21, INQ000509553). The importance of

joining with colleagues to ask employers for clarity about immediate plans for safety and prioritising work was emphasised.

34. The ability to conduct a number of these roles, including care assessments, capacity and best interests assessments, assessments under the Mental Health Act 1983 and adult safeguarding visits were severely curtailed by lockdown restrictions, with no immediate (i.e. pre-prepared) guidance in place that could be operationalised. The fact that BASW was prompting members to hold such discussions and giving them key areas of concern where decisions needed to be made as a matter of urgency illustrates that the general experience was a lack of preparedness for the reality of a pandemic, in particular one caused by a highly contagious respiratory infection.

35. Multiple requests were made for specific guidance for social workers in the first lockdown by BASW (RA/03, INQ000509535; RA/05, INQ000509537; RA/06, INQ000509538; RA/07, INQ000509539; RA/08, INQ000509540, RA/09, INQ000509541). It was felt that the specific nature of a social worker's role in the broader social care sector and in national public health strategy had not been recognised, despite the number of statutory responsibilities that have accrued to the role over time. However, no guidance specific to social workers was subsequently published by the government. Many social workers and employers had to manage changes and devise local protocols themselves in the absence of comprehensive national plans (RA/022, INQ000509554).

Key decisions made by UK Government and the Devolved Administrations (DAs)

36. BASW understood the need for exceptional powers and arrangements during the pandemic (RA/019, INQ000509551). However, there was also a belief that better preparedness could have reduced haste and improved the process of enactment for the Coronavirus Act 2020. Concerns were raised that the measures contained therein risked both disproportionality and over-extension (RA/019, INQ000509551; RA/023, INQ000509555; RA/024, INQ000509556). The timing of decisions left social workers and employers rushing to devise their own local protocols and policies.

37. A particular area of concern was the prospect of 'easements' to the Care Act 2014 and the Social Services and Wellbeing (Wales) Act 2014. Once the Coronavirus Act had become law, it was argued that there was a need for further advice and guidance, as elements of the legal framework remained unclear (RA/025, INQ000509557; RA/024, INQ000509556). In particular, concerns were raised about how operational consistency

and transparency would be ensured, and the implications of these provisions on the rights protected under the European Convention on Human Rights (ECHR). Questions remained as to how Government would ensure local authorities were prioritising needs appropriately if easements were 'switched on' and how monitoring and transparency would be assured. A further source of concern was that there was an unclear threshold for the commencement of the most concerning changes, such as changing the legal rights to assessment and therefore the rights to services. BASW felt it was not clear when, and under what circumstances, this provision in the Bill would be activated (RA/024, INQ000509556).

38. There was also potential for the emergence of inconsistencies with decisions being taken on a local level, as outlined in a position statement of the BASW England Adults social work group. It was noted that the Care Act easements guidance advised local authorities on decisions around whether to apply easements in circumstances such as significantly depleted workforce (RA/025, INQ000509557). BASW advocated for as little change as possible from the fundamental rights and entitlements to assessment, care and support enshrined in law (RA/026, INQ000509558). BASW was part of the group of sector leaders which advised the Interim Co-Chief Social Workers in England on the ethical and practical implications of the easements and helped to draft the Ethical Guidance for adult social care. Whilst in the end, formal easements were not introduced, the concerns at the time as to what this meant for people in receipt of care and support were very real.

39. Whilst there were no changes to safeguarding duties under the Act, there were a number of challenges created by the lockdown restrictions, creating concerns about restricted access and what may be happening 'behind closed doors'. SASW, responding to what became the Coronavirus (Recovery and Reform) (Scotland) Bill consultation in 2022, argued that any government which had the power to enact strict lockdown measures had a responsibility to fully risk assess and take into account the wide-ranging impact of enforcing its provisions (RA/027, INQ000509559). Concern was raised that the provisions were likely to discriminate against certain groups and undermine their access to rights, entitlements and key safeguarding measures.

40. A further concern that was raised was the dominant focus on healthcare and the consequences this was having, and would have, for social care and social work (RA/028, INQ000509560). Social workers often play a key role in the discharge from hospital of the most vulnerable and isolated. As an example, the revoking of the requirement to undertake Continuing Healthcare (CHC) assessment of patients being returned home to

reduce pressure on the health service was troubling at the time as it risked reducing the quality and effectiveness of care for those who did not receive their CHC assessment and raising risks of a deterioration in their condition or re-admission. The reason this requirement had been introduced was to prevent 'revolving door' admissions (RA/023, INQ000509555). However, there was concern that removing it would increase the risk that people who did not receive the CHC assessment would be re-admitted to hospital, rather than reducing pressures. Whilst the overall number of emergence re-admissions within 30 days dropped during 2020-21, it cannot be determined how many re-admissions had not received a CHC assessment upon prior discharge.

41. Hospital social work changed as a result of Covid-19. Many social work teams were moved out of hospitals. In a number of cases, they have not returned. Social workers reported different experiences with those who remained on site maintaining better access to service users and maintaining continuity of their roles. Those who were moved off site or worked for local authorities found accessing service users more challenging (RA/02a, INQ000532325).

42. Social workers also required greater clarity about the implications for their registration if restrictions meant they were unable to meet duties, timescales or the usual legal requirement for compliance (RA/028, INQ000509560). There was great anxiety about operating in new circumstances because of the serious consequences this would entail for the individual. A lack of easy-read and accessible information was also a concern in the early months of the pandemic (RA/09, INQ000509541).

43. Lockdown restrictions impacted on the ability of social workers to undertake safeguarding duties, to arrange mental health assessments and, if necessary, admissions, and to undertake mental capacity and best interest assessments which often relate to the deprivation of an individual's liberty. Social workers were unable to access care settings and were refused access to domestic homes, especially in the absence of clear Infection Prevention Control (IPC) and Personal Protective Equipment (PPE) guidelines and the lack of clear public messaging and government guidance concerning the social work role as a key worker role. Social workers were concerned about the lack of oversight without access to these settings. They reported being concerned that it was difficult to conduct legally compliant assessments (RA/015, INQ000509547).

44. Face-to-face meetings and visits are an important element of social work, particularly in the areas of mental capacity, safeguarding, and working with adults with learning

disabilities and autistic adults. Communication is more than just verbal, and social workers receive a lot of information from witnessing body language and being able to see a person's environment. Face-to-face meetings also reduce the likelihood of coercion or control as social workers are able to see who else is in the room or setting and the nature of any interactions with the person with whom the social worker is meeting.

45. Working in the pandemic also raised new and unexpected ethical dilemmas and challenges for social workers. They had to work out how to fulfil their legal and professional duties and overcome challenges in service provision. A key aspect of a social worker's role is weighing up relative risks and the Covid-19 pandemic often changed the balance of pre-existing risks and introduced new ones. For example:

    - new concerns around the risk of contracting infections tipped the balance of risk for informal carers who also worked and social workers needed to consider how to resolve these conflicting interests;
    - whether a home visit should be carried out, especially when IPC and availability of PPE was poor which carried risks around spreading the virus to vulnerable individuals as well as introducing the virus into their own homes;
    - the non-verbal cues and information they may miss by shifting appointments and meetings online, which also raised concerns about privacy and confidentiality, especially if working from home and having children out of school.

    Inevitably, the process of constantly weighing up such concerns and risks placed an increased emotional burden on social workers, in addition to the physical risks (RA/01, INQ000509533). Whilst BASW produced its own ethical guidance for social workers, in part as a response to the lack of official (DHSC in England and equivalents in other nations) guidance, it also argued that there was a need for clear ethical guidance for social workers from government on carrying out any changes to duties triggered by the Coronavirus Acts. The ethical guidance produced by the DHSC (for England) was for the broader social care sector. This meant it did not specifically address the particular nature of the ethical challenges faced by social workers, particularly the discharge of their statutory duties, their role in upholding human rights and their need to weigh up relative risk. (RA/029, INQ000509561). No ethical guidance specific to social work was produced by the devolved governments.

46. With regard to instructions for shielding, the demographic profile of the profession created challenges. As previously noted, many social work teams were already

understaffed prior to the pandemic. Instructions regarding shielding meant that there were social workers who had to shield themselves due to underlying health conditions or living with someone who was required to shield. The age profile meant that these numbers may have been proportionately higher than in some other professions. In addition, those social workers who were shielding, whilst often redeployed to roles that didn't require face-to-face work, felt guilt at the pressure this placed on non-shielding colleagues who were picking up the additional workload.

47. From BASW's perspective, consultation on government decisions with the care sector was limited. BASW made repeated calls for the governments across all four nations to take into account the impact of their decisions on the wider social care sector. This included the guidance that was issued and the access that was given to PPE. BASW appreciated the need to move with speed, but from an external perspective, there appears to have been limited consultation/communication with the profession.

48. BASW was involved in a number of important statutory forums. For example, we met regularly with both Interim Chief Social Workers (CSWs), who covered the Office of the CSW during the main phases of the pandemic, the workforce regulator in England, and participated in the group advising the Interim CSWs for Adults on the Care Act easements and ethical guidance. We were also in feedback and dialogue meetings with the Minister for Social Care in England and care providers. It is our understanding that the Office of the CSW for Adults in England was included and able to raise social work issues in some coordinating structures through meetings with the Chief Medical Officer and Chief Nurse, through social care sector meetings with the then Social Care Minister, Helen Whately, and later in 2020, in a DHSC social care task force. However, it is my view that the representation of social work was not as extensive or as impactful throughout the pandemic as that for key professions such as medicine and nursing, despite the vital risk management, statutory safeguarding and home-based support responsibilities of social workers. It is notable that there was no social work representation in the SAGE structure (RA/030 INQ000509562).

Guidance for social work during the pandemic

49. As outlined above, there was a lack of appropriate government guidance that was social work specific. Much of the guidance that was produced was felt to fall short in terms of recognising the unique functions of social workers, for example their movement between multiple settings over the course of a working day, as this letter from BASW Northern Ireland to Social Work leaders demonstrates (RA/03, INQ000509535).

50. One frustration with guidance was the underlying assumption that communication with people using or needing services, and their families, was straightforward and that an individual, or someone speaking on their behalf, would be able to inform the social worker if that person had tested positive or had symptoms. That was felt to be unrealistic for some social work activities (RA/07, INQ000509539).

51. BASW made repeated requests to governments and regulators for social-work specific guidance. Social workers were forced to refer to multiple pieces of guidance for the latest public health guidance and initially, these were largely targeted at healthcare settings, as well as being tailored for those who stayed on one site. There was a lack of guidance for some of the more community-oriented settings in which social workers also practice.

52. Applying to register or re-register as a social worker requires demonstrating an appropriate qualification and placement hours (for a newly qualified social worker) or continuing professional development (CPD) (for those applying to re-register). The exact requirements vary slightly between the four workforce regulators. There were two areas of concern with regard to the workforce regulators and higher education institutions (HEIs). Firstly, there was a need for clarity for those returning to practice, as former social workers were being encouraged to do, and whether there would be flexibility in meeting the usual requirements for registration (RA/031, INQ000509563). It was also considered that support from the workforce regulator and employers would be required in terms of induction, practice supervision and training opportunities, given the new considerations of practising during a pandemic. Secondly, with regard to students, there was variation in the approaches of different HEIs and a lack of clear guidance from the regulators for those students who were on placements. These gaps in information left students concerned about the implications for qualifying as a social worker and their future career progression (RA/032, INQ000509564).

53. The lack of practice guidance for social workers was a clear problem in the first few months of the pandemic and was raised by BASW repeatedly. By the end of April, BASW had produced its own suite of professional practice guidance in an attempt to fill that gap and answer the questions that social workers were raising, and this had been downloaded thousands of times by the beginning of May (RA/033, INQ000509565).

54. On 3 April 2020, BASW issued professional practice guidance for home visits, produced in consultation with practitioners, managers and sector leaders (this was subsequently

updated on 30 November 2020). This document was produced in response to the need for consistent guidance and was generic for all social workers across the UK to keep themselves and others safe whilst fulfilling their duties. It highlights circumstances in which home visits are necessary and provides a risk assessment framework to facilitate informed decision-making where possible (RA/034, INQ000509566).

55. BASW also produced professional practice guidance for hospital social work with adults. Again, this was updated on 30 November 2020 (RA/035, INQ000509567). The updated version noted:

> "*Throughout the pandemic it has become clear that social workers have not always been admitted or had the necessary PPE or interagency agreements and protocols to access facilities such as care homes and hospitals – or people's homes – to ensure safety and wellbeing. BASW is working across the four nations of the UK to ensure social workers are recognised as essential professional visitors, particularly in their safeguarding roles, and are therefore always given priority for testing and PPE (and a vaccine in the future) to enable them to fulfil their safeguarding role*."

56. This document provided a risk assessment framework for those involved in hospital social work with adults. It is not a comprehensive guide to hospital social work but rather is focused on planning for and managing risk in hospital social work visits during the pandemic. It notes that visits should be facilitated when the social worker judges them to be necessary. This reflected the ongoing concerns about access, with social workers not having been admitted or lacking the necessary PPE. It also noted that there was no specific public health guidance for the use of PPE by social workers in hospitals, or other settings, and referred readers to public health guidance for healthcare workers by secondary clinical context.

57. Professional practice guidance for end of life social work during the pandemic was also published by BASW to help social workers to think through the specific considerations around practice in this area (RA/036, INQ000509568). It notes that social work has an important role in delivering meaningful palliative, end of life and bereavement care. Some social workers specialise as palliative care social workers and work with people living with a terminal illness, as well as those closest to them, forming part of a multi-disciplinary team which links health and social care and provides support (RA/036, INQ000509568). As with other social workers working with adults, they may engage in a wide range of support and advocacy activities but may also have a role in therapeutic work or helping someone prepare for end of life, for example through advance care

planning. As with the other professional guidance, BASW's guidance document did not replace official public health, regulatory or employer guidance, but noted the lack of specific public health guidance for use of PPE by social workers in any settings. The document made a particular note that the social worker should ensure any Do Not Attempt Cardio-Pulmonary Resuscitation/Do Not Resuscitate (DNACPR/DNR) decisions have been made legally in accordance with good practice guidance and principles of advance care planning.

58. UK-wide professional practice guidance for social workers in multi-disciplinary and multi-agency contexts during the Covid-19 pandemic was also produced by BASW to provide a framework to allow social workers to continue to exercise their professional judgement in these contexts. Much of the content reflected that in the other professional practice guidance documents. Emphasis was again placed on access to settings and PPE and ensuring that social workers were not stopped from carrying out home visits without good legal or practice reasons. In addition, the guidance highlighted factors enabling effective multi-disciplinary team working during the pandemic, for example the importance of communication, organisational support and enabling social workers to utilise their particular profession-specific capabilities (RA/037, INQ000509569).

59. Professional practice guidance on safeguarding adults highlighted a range of concerns raised by social workers with regard to their capacity to safeguard ('protect' in Scotland) and the barriers they faced in doing so effectively during the pandemic. Where safeguarding concerns are raised, it is essential that social workers have access to the person who is believed to be at risk of abuse and/or neglect (see para 11-14). Thus, one of the first barriers in the context of the pandemic was the safety of home visits, access to PPE and maintaining social distancing, which could be challenging in many buildings. The risk of asymptomatic transmission was a further consideration. A raft of other specific barriers also emerged, including: a reduction of referrals and available information during periods of lockdown, including as a result of reduced contact for individuals with outside networks and organisations; very limited opportunities for face-to-face contact; difficulties contacting people with limited access to, or ability to use, technology; reduction in trust without regular contact; staffing shortages and difficulties accessing support from other agencies that would have been available pre-pandemic (RA/038, INQ000509570).

60. An addendum to the safeguarding guidance was published specifically in relation to safeguarding adults in placements (RA/039, INQ000509571). This included registered

care and nursing homes as well as non-registered placements such as supported living. The addendum focused on the additional risks that are often faced by adults in placements and how heightened difficulties had arisen as a consequence of the pandemic. It also explained important considerations for fulfilling the safeguarding role and how they were best supported by their employers.

61. The professional practice guidance was taken up and endorsed or promoted by other bodies. For example, the Principal Social Workers in England endorsed the professional practice guidance on home visits and the Northern Ireland regulator shared BASW's ethical guidance.

62. There was also concern about a lack of guidance on the duty to apply the European Convention on Human Rights (RA/025, INQ000509557). These human rights are applicable in UK law through the Human Rights Act 1998. A number of the provisions contained within the Coronavirus Acts had the potential to undermine these rights, most specifically Article 5 (the right to liberty and security of the person) and Article 8 (the right to respect for private and family life). This was also true of other restrictions such as 'blanket' bans on visiting. A number of social work responsibilities involve balancing the different rights of individuals and also balancing the rights of individuals and the rights of those around them. Although Article 5 is a procedural right and Article 8 a qualified right (as opposed to fundamental rights), explicit guidance was required to ensure a clear understanding of the duty to apply the ECHR during the pandemic.

63. In addition, BASW produced a statement on Upholding Human Rights during Covid 19 on 27 April 2020 (RA/040, INQ000509572) and ethical guidance for social workers which was first published on 1 April 2020 and updated on 30 November 2020 (RA/026, INQ000509558. SASW also produced a practice guide on domestic abuse (RA/041, INQ000509573). A checklist for face-to-face visits was produced (RA/042, INQ000509574) and together with the Social Care Institute for Excellence (SCIE), BASW launched a digital capabilities framework and resources for social workers, employers and educators on 27 March 2020 (RA/043, INQ000509575).

64. BASW's ethical guidance (RA/026, INQ000509558) aimed to respond to the very specific circumstances generated by the disruption Covid-19 was causing to health, care, safeguarding and support services. It recognised that practitioners were facing choices and decisions beyond the bounds of usual ethics and practice e.g. the lack of available support and the need for more stringent prioritisation. It also addressed the challenges

created by not being able to maintain the levels of contact that would normally be expected and advised on how to deal with both practical and emotional challenges.

65. BASW also produced a Staff Risk Assessment Flowchart (RA/044, INQ000509576), designed to encourage employers to tailor risk assessments for those from backgrounds disproportionately affected by the pandemic, for example those from minoritised ethnic groups or with underlying health conditions.

66. There was a lack of guidance for Approved Mental Health Professionals (AMHPs) on what constituted conducting an assessment "in a suitable manner", which is a crucial part of their practice, with regard to the appropriateness or otherwise of video calls as a way of conducting their work. It was unclear whether video call assessments could be deemed to have been conducted "in a suitable manner" and, as a result of their serious doubts, AMHPs made very limited use of these in their work (RA/045, INQ000509577; RA/046, INQ000509578).

67. There was also a lack of clarity on what constituted essential and non-essential work. A letter from Clara Swinson, then Director for Global and Public Health at DHSC, directed social workers to carry out their statutory responsibilities (RA/012, INQ000509544) but this still covers a wide range of activities, and it was unclear when home visits should be prioritised. Social workers were concerned about how to carry out their statutory duties in the face of mass isolation (RA/028, INQ000509560). The question of essential and non-essential work could also have been affected if easements had been triggered, although the thresholds for triggering these was unclear.

Management of the pandemic in Adult Social Care

Limitations on social work

68. Some members reported to us that they had been hampered in safeguarding people in care (RA/022, INQ000509554) with access being restricted, and in some cases prevented (RA/015, INQ000509547). There were instances of social workers not being admitted to hospital wards (RA/035, INQ000509567). This lack of access meant that social workers, especially BIAs, felt that they were struggling to carry out mental capacity and best interest assessments effectively, as they were unable to gather complete information without face-to-face access. For many of those who require mental capacity or best interest assessments, communication is more than just verbal and a social

worker learns a lot from being face-to-face with them and by watching body language and observing the environment around the person.

69. BASW acknowledges that many staff in health settings and wider adult social care were working extremely hard to provide care and to facilitate contact. However, with the use of digital technology as a replacement for face-to-face communication, a number of challenges could, and did, arise. These included people being unable to use technology, either because they did not have access to it or because they were unable to understand how to use the technology. One social worker gave an example of a person with dementia lifting the tablet to their ear like a phone so that the social worker was unable to see anything (RA/047, INQ000509579). There was also the impact of sensory impairments with people being unable to see the screen, for example, which could lead to frustration and distress. With regard to safeguarding duties, there is also the concern of what may be happening, or who may be out of sight from the video call, leading to concerns about missing signs of coercion.

70. Digital challenges could also be true for family members and friends who may not have access to the appropriate hardware, communication platforms or connectivity to make contact, with either the social worker or the person receiving care. In some instances, social workers were also having to deal with the emotional distress of friends and family unable to see the person in care. For example, relatives were often emotionally distressed during phone calls due to the pain of separation from their loved ones, often elderly parents. One adult son found that all of his mother's friends, who she sat with at mealtimes, had died, meaning she now spent most of her time alone. A daughter recalled her father with dementia threatening to harm himself while they were speaking on the phone as he was unable to understand why she could not visit. Other examples included people with dementia being confused or frightened by face masks, damaging relationships with family members (RA/047, INQ000509579).

71. Where social workers were unable to have access to a person, there were concerns both about the ability to build relationships, trust and rapport, which is a core element of social work. In addition, they were having to make decisions that were potentially life-altering based on what they feared could be incomplete information that was received from third party sources, rather than witnessed and gathered by the social workers themselves. This provoked further concerns about decisions made being open to challenge, including legal challenge (RA/015, INQ000509547).

72. Under mental health legislation across the UK, concerns were also raised about the travelling required to conduct assessments. For example, in Northern Ireland, the legislation is set up in such a way that assessment of a person in a detention across Trust boundaries has to be conducted by an Approved Social Worker (ASW) from the Health and Social Care Trust where the person is usually resident, not necessarily where they are currently. It was considered this could lead to travel that was unnecessary when locally based ASWs were available. In their response to the consultation on emergency legislation concerning the Covid-19 pandemic, BASW NI urged the Trusts to reach a regional agreement on this issue (RA/04, INQ000509536).

73. As highlighted previously, without access to settings where a person is resident, social workers have concerns about whether they are making the appropriate best interests decision and concerns about what may be happening out of sight. Reports received from members indicate that social workers struggled to gain access to a wide range of settings, including hospital wards, care homes and people's own homes. People would refuse access to their own homes out of fear of infection, especially when PPE was limited. On occasion, if there was a perpetrator of coercion, refusal of access could be justified by claiming fear of the virus.

74. Social workers were thus unable to oversee the quality of provider care and address risk issues for people in 'placements' in the same way that they would without lockdown restrictions (RA/019, INQ000509551). This led to concerns that rights were not being upheld and also concerns that mental capacity frameworks and best interests decisions were being applied by people who did not truly understand the guiding principles behind the frameworks. As one social worker noted:

> "*My team and I have huge concerns regarding the legality of MCAs and BI decisions being made. We are told frequently that someone lacks capacity and those assessments appear to be undertaken by individuals who don't understand the legal framework. There are too many occasions where an individual has expressed a wish to go home, they have been assessed as lacking capacity, whereas if they had agreed to go to a care home, they are reported as having capacity.*" (RA/015, INQ000509547).

75. It was reported to BASW that the inter-agency agreements and protocols for visits to hospital settings were not always in place (RA/035, INQ000509567). In addition, there were greater difficulties in accessing MHA admission beds and reduced availability of

section 12 doctors, as well as, in some areas, reduced support from ambulance services for transport of mental health patients (RA/046, INQ000509578).

76. Both AMHPs and members of Emergency Duty Teams (EDT) in England reported an increase in referrals that either did not require a full assessment or were otherwise inappropriate. It was suggested that this may have been the result of these teams being one of a small number of services that were still seeing people face-to-face and therefore referrals were received so that a person got seen in some capacity (RA/046, INQ000509578).

77. In BASW's survey of social workers during the pandemic in December 2020, 78.7% of all respondents reported that they had more difficulties in accessing essential support services for the people with whom they were working (RA/02, INQ000509534). In a survey of EDT members in England, problems were experienced with the availability of placements, with 78.3% experiencing issues with placements refusing to accept clients (RA/048, INQ000509580). In Northern Ireland, ASWs had reported facing resistance, and sometimes hostility, at the point of admission in the early stages of the pandemic, as was highlighted in BASW NI's response to the consultation on emergency legislation (RA/04, INQ000509536).

Visits by loved ones

78. In November 2020, as both vaccinations and lateral flow testing were becoming available, BASW Cymru and BASW England launched a joint campaign entitled #TestAccessRights to try and improve access for both friends and family members and also social workers as professional visitors (for more information on this campaign, see paragraphs 129-132). The need for this campaign reflected the problems of access that were created by often blanket restrictions both on visitors going into settings, and residents being allowed out of settings. Banning contact had an extensive and detrimental impact on residents/patients and on their family members. In BASW's view, it was an avoidable breach of people's rights.

79. The importance of relationships and social contact to physical, mental and emotional wellbeing is well documented. The abrupt ending of visits, and the uncertainty over whether they would resume, caused disruption, confusion and emotional distress, especially for those who were unable to comprehend why such restrictions had been implemented (RA/015, INQ000509547).

80. On a practical level, it also meant reduced support for some, either from paid care workers or informal carers. Visits to care and health settings were severely limited and often prevented during the periods of lockdown restrictions. The inability of friends and family to visit also meant the loss of an additional channel of oversight of a person's care and wellbeing. For those living in care homes or other settings with staff support, visits form informal carers often ceased completely. The disruption this caused to routines, which are often very important for those in these settings, can be confusing and distressing. For those living at home, there are examples of domiciliary care worker visits being reduced or cut entirely (RA/051a, INQ000474761).

81. The impact of the 'digital divide' has already been mentioned, with this inequality becoming more starkly evident in the impact on those who did not have access to the necessary technology or were unable to use it. As part of the #TestAccessRights campaign, there was a case study of a young adult with a Traumatic Brain Injury who became more distressed when family tried to use video calls to communicate with him. Increases in agitation and distressed behaviour were not unusual in such circumstances, leading to more emotional distress for friends and families and more work and emotional burden for social work and social care staff.

82. Many of the range of options proposed in guidance for visiting arrangements in care homes in England in November 2020 were viewed as unrealistic, expensive or time consuming when regular repeat testing would have been more proportionate. Such options included visits taking place outside during winter, building visiting pods outside (to mitigate the winter weather) or plastic screens being installed to keep visitors and residents apart and, as noted by one dementia charity, potentially 'creating the impression of prison visiting'. It was unclear how such proposals took account of those who were bed-bound, were susceptible to the cold or had dementia. It was also expected that the cost of implementing such measures would fall on the care providers (RA/049, INQ000509581). This was less of an issue in the summer, when visits could be held outside, although even then, social distancing and PPE could still trigger distress.

83. The inability to visit created particular emotional challenges for those receiving end of life or palliative care and their friends and families. There were instances of creative solutions, but often the chance to say 'goodbye' was not permitted (RA/050, INQ000509582).

End of Life Care

84. BASW's Professional Practice Guidance on End of Life Care (RA/036, INQ000509568) states:

> *Ensure any decisions about… (DNACPR or just 'DNR') designation have been made legally in accordance with good practice guidance and principles of advanced care planning.*

This reflects concerns about the reported blanket use of DNACPR notices.

85. BASW's position was informed by the findings of the English Learning Disabilities Mortality Review (the LeDeR programme) which was established in 2015 (RA/015, INQ000509547). The programme is notified of, and then reviews, deaths of people with learning disabilities. The annual report of the LeDeR programme for 2020 contains analysis of all 3035 deaths of adults notified to LeDeR. Of these, 718 (24%) were from Covid-19. Reviews of 476 (66%) had been completed by the end of 2020. The proportion of deaths from Covid-19 notified to the LeDeR programme was greater than the proportion of deaths in the general population. Analysis showed that living in a nursing home (twice the likelihood), living in a supported living setting (1.7 times the likelihood) and living in a residential care home (1.5 times the likelihood), increased the likelihood for a person with learning disabilities of dying from Covid-19, compared to living on their own or in a family home. Of the deaths reviewed, 81% (385) of those who died of Covid-19 had a DNACPR, compared to 72% of those who died from other causes.

86. Of the 385, 69% of the decisions were found to have been correctly completed. In other cases, reviewers raised concerns about the rationale given, such as frailty or 'learning disabilities'. Concerns were raised about how and by whom such decisions had been signed and whether effective decision-specific capacity assessments had been conducted. Reviewers also noted cases where the decision-making process had not adhered to the MCA framework (RA/050a, INQ000532327). This led to calls to monitor the use of DNACPR decisions and the initiation of palliative/end of life care to ensure adults with learning disabilities were not being disadvantaged. It was also noted that there was a lack of equivalent figures for autistic adults.

87. In response to press reports in April 2020 of blanket use of DNACPRs, BASW urged that each decision must be based on the circumstances of the individual and encouraged

members to raise any concerns they had through the local safeguarding process (RA/051, INQ000509583).

88. A webinar hosted by BASW in June/July 2020 provided a report from Inclusion London as a resource to support the webinar discussions (RA051a, INQ000474761). This report featured several respondents to a survey who had been asked to sign DNR notices and reported feeling pressured and having had little or no consultation. This led to fears that Disabled people were being discriminated against. This was a feeling further contributed to by concerns amongst respondents about the failure of government to produce guidance on how doctors would decide which patients would receive life-saving treatment.

89. As noted above, some social workers specialise in palliative care social work (RA/036, INQ000509568). However, all social workers working with adults encounter people experiencing end of life, loss, bereavement and grief, especially during the pandemic, and who require ethical and emotional support. There is a need to be able to help people maximise wellbeing at end of life and ensure that families, friends and carers get support. This was especially challenging at a time when many services were shut or transformed.

90. Lack of contact between those at the end of life during the pandemic, whether as a consequence of a Covid infection or another terminal illness, was extremely distressing for everyone involved. There were some creative solutions in some settings, but there were more often blanket bans, causing additional trauma (RA/050, INQ000509582).

Changes to regulatory inspection regime

91. Regulatory inspection plays a key role in ensuring the quality of care provided in regulated settings. It provides oversight and scrutiny for the delivery of care and the conditions in which people are living within those settings. During the first wave of the pandemic, routine inspections were suspended.

92. The main concern relating to the impact of changes to the regulatory inspection regime was that it contributed to a lack of external scrutiny and monitoring of conditions for, and experiences of, recipients of care, as raised in BASW's Professional Practice Guidance Addendum on Safeguarding Adults in Placement (RA/039, INQ000509571).

93. In this respect, concerns were raised about the risks of developing "closed cultures" in institutions which could amplify the risk of institutional abuse, something of which there had been horrifying examples in the pre-pandemic period, such as Winterbourne View.

94. There were also concerns about a lack of monitoring for example in respect of DoLS decisions and best interests assessments which risked undermining the rights of individuals. Appropriate use of DNACPRs could also have been scrutinised.

95. The changes to regulatory inspection regimes compounded the concerns of social workers over their own lack of access and ability to scrutinise and provide oversight of care provision.

96. In a statement published on 7 October 2020, writing in response to the release of the Amnesty International report "As if Expendable" on the experience of care homes during the Covid-19 pandemic, I noted:

> *The highly centralised and NHS-focused approach of government to pandemic response particularly in England has largely persisted, sidelining social care, local coordination and local public health initiatives, and failing to recognise and the safeguarding and welfare oversight roles of local authorities, social workers and the Care Quality Commission*. (RA/052, INQ000509584)

Infection Prevention and Control (IPC)

97. Given the problems of access to many settings where care was being provided, there are some specific issues, such as ventilation, upon which BASW does not feel in a position to contribute. However, writing in response to the Amnesty International report 'As if Expendable', I wrote:

> *Since early in the pandemic, BASW has identified failings in national guidance and resourcing leading to excessive risks and scandalously high death rates amongst people in residential homes, particularly (but not exclusively) older people and people with learning disabilities*. (RA/052 INQ000509584)

98. Issues identified included a largely untested workforce of poorly paid and poorly treated staff, often without access to PPE and working long shifts at multiple sites (RA/052, INQ000509584). In a BASW England statement responding to the release of the Public Accounts Committee report "Readying the NHS and social care for the Covid-19 peak", it was noted that adult social care had not been protected in the same way as the NHS

(RA/053, INQ000509585). The statement commended the incredible dedication, contribution and hard work of social care and health staff. It noted that following a period of funding cuts and reduced resources, the sector then had to respond to 25,000 adults being discharged from hospitals to care homes without being tested for Covid-19 in addition to having staff who were not being systematically tested at that time. It reiterated BASW's calls for all social care staff to have access to PPE, including training and safe use, storage and disposals of PPE.

99. Lack of access to PPE and lack of guidance on using PPE and IPC was a significant theme in BASW's activities during the first year of the pandemic. It was a theme that arose repeatedly, including in a letter to the UK Prime Minister dated 1 April 2020 (RA/06, INQ000509538). BASW's concerns extended beyond social workers to raise the issue of suitable PPE being available for the social care workforce.

100. BASW also noted repeatedly that there was no guidance specific to social workers on either PPE or IPC. Much of BASW's own professional practice guidance, produced in April 2020, refers readers to different pieces of public health guidance for a range of different settings, mainly aimed at healthcare professionals. There appeared to have been limited or no recognition of the fact that social workers, as a profession, would usually access a range of different settings over the course of a week, with seeing people in their homes being central to the task. The need to link to multiple documents reflected that there was no single source addressing the particularities of the social work role (RA/04, INQ000509536). Guidance on PPE was viewed as confusing, incomplete and late (RA/054, INQ000509586).

101. Social workers reported having anxiety that without awareness of, and training in, appropriate IPC measures, without the necessary equipment for IPC and without appropriate PPE, they may inadvertently spread the infection between different settings and between work and their own families. The picture with regard to availability of PPE, how appropriate it was, and guidance on IPC, was very varied across the UK, with different teams having different experiences even within the same Trust or authority (RA/010, INQ000509542).

102. There were further concerns that students were not prioritised in terms of access to appropriate training, the safe use (including disposal) and access to PPE (RA/032, INQ000509564). In addition, for some social workers, such as those in EDTs, the nature of their role meant it was not always possible to complete risk assessments before a

visit. Training was generally considered to be lacking. In a survey completed by 136 EDT members, 64.6% of EDT members said they did not receive training on how to correctly use PPE (RA/048, INQ000509580).

103. A specific problem that was raised with the guidance in a letter to the Director General for Global Public Health at the DHSC (RA/07, INQ000509539) was the assumption that a person could easily communicate whether they had tested positive or had symptoms of Covid or had someone who was able to do this on their behalf. The reality for social work is that this is often not the case, and BASW considered that these instances should always be considered as high-risk scenarios. BASW also had concerns in the early stages of the pandemic about the lack of attention being paid to the possibility of asymptomatic transmission. A key fear of social workers was that they were putting their own health at risk and risking the spread of the virus to both the people with whom they were working and their own families.

104. In the early stages of the pandemic, it was clear that many social workers did not have access to PPE or did not have access to sufficient or appropriate PPE. With movement between settings, multiple items of PPE would often have been required. A lack of hand sanitiser and other IPC measures were also reported, with many resorting to 'DIY protection kits'. There were some reports of social workers lacking PPE in situations whether other professionals all had it, for example from Northern Ireland (RA/04, INQ000509536). Conversely, there were also reports of other professions not using PPE appropriately and thus increasing the risk of spread – in a survey conducted of AMHPs in England, approximately half reported concerns about other professionals not complying with PPE requirements (RA/046, INQ000509578).

105. There were calls for access to guidance, PPE and testing across the services, including for AMHPs, Mental Health Officers (Scotland), ASWs and members of EDTs (all of whom may need to attend settings within the Provisional Scope). Many inconsistencies in the availability and application of IPC measures were reported. For example, AMHP teams that were more closely linked to an NHS Trust appeared more able to access PPE than those within local authorities (RA/046, INQ000509578).

106. Mental health assessments were a particular challenge for health and safety. In normal circumstances, there would be four people in a room, one of whom would often be in distress. In such situations, trying to ensure social distancing would be exceptionally challenging. There were also reports of PPE being seen to act as a barrier,

especially to communication, or increasing the distress of someone who was being assessed (RA/046, INQ000509578). 67.4% of EDT members in England reported that PPE hindered their ability to communicate effectively (RA/048, INQ000509580). The wearing of masks, if visors were unavailable, also hindered communication with those with hearing impairments, although visors could also increase distress.

107. Indeed, calls for access to testing, on behalf of social workers, social care workers and friends and families of those resident in care homes, were also a recurrent theme in BASW's communications with government and other bodies (for example RA/055, INQ000509587; RA/06, INQ000509538; RA/056, INQ000509588). In the initial stages of the pandemic, there was a lack of availability of testing leading to concerns about spread, especially with asymptomatic infections. Again, many inconsistencies in availability and access were experienced.

108. In November 2020, the BASW England and Cymru teams had launched a Test, Safe Access, Rights campaign to seek changes to national guidance to allow social workers regular and safe access to health and care settings and supported living, so that they could carry out statutory duties on behalf of public bodies and protect the human rights of citizens in care. There was a call for a three week repeat testing cycle and discharge from hospital to care homes based on the Scottish model which required two negative tests prior to discharge to a care home, or one negative test if in hospital for a reason other than Covid infection (RA/013, INQ000509545). More information on the #TestAccessRights campaign is available at paragraphs 129-132.

Impact of the pandemic

On adults receiving care

109. The pandemic and associated lockdown restrictions had significant secondary impact and those most affected were often the least advantaged. Such extreme measures had social implications. The pandemic further exposed existing inequalities, with some groups being disproportionately affected. It rapidly became apparent that people from minoritised ethnic groups were disproportionately at risk of poor outcomes and BASW called for further investigation into why this was the case and what could be done to mitigate the risk (RA/057, INQ000509589). In BASW's view there was a need to take into consideration the role of wider social factors in poor outcomes.

110. Risks associated with loneliness and isolation were well documented prior to the pandemic. People with conditions other than Covid were also unable to access physical health treatment in a timely manner, leading to conditions worsening or illnesses that may have been treatable becoming terminal.

111. Mental health services were already stretched, but social workers anticipated post-lockdown surges in the number of individuals suffering from anxiety, depression and PTSD. A particular concern was the number of people coming into contact with mental health services for the first time. For example, AMHPs in England reported a surge in the number of first-time presentations (RA/046, INQ000509578). The impact on carrying out mental capacity, best interests assessments and reaching DoLS decisions has been covered above. Reduced access to services caused disruption to routine for many and created greater pressure on unpaid carers. Social workers were concerned about the impact on people with lower-level support needs as a consequence as the withdrawal of low-level support may mean more intense needs for support developing when access to other resources was limited (RA/026, INQ000509558; RA/016, INQ000509548).

112. BASW ran a series of webinars with colleagues from the Royal College of Nursing and the Royal College of Psychiatry for family carers in the mental health context and these provided some solidarity and drew out both the innovation of carers and carers' organisations, and the experience of being left wholly alone suddenly as services stopped. For other carers their situation was worsened by the fact that families could not visit family members in residential services and the impact that had for instance on people with mental health issues, learning disabilities and/or autism.

113. Services were disrupted and where services moved online this made them inaccessible to some who struggled with digital poverty or struggled to use the technology. Referral rates were also disrupted, dropping initially, especially in situations where individuals were not being seen as regularly as they had been previously, and then climbing (RA/058, INQ000509590). The restrictions also led to increased domestic pressures and stress which saw increases in incidences of domestic violence and abuse. As social work encompasses a range of statutory obligations under different legislative frameworks across the UK, there is not an overall 'referral rate' statistic upon which to draw. However, by way of example, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) in England reported that safeguarding concerns were being reported later, with more severe consequences and demonstrated a trend of decreasing during lockdowns and then increasing when

restrictions were lifted. Rates ranged from 58-79 per 100 000 adults (18 plus) in 2019 to a peak of 97 per 100 000 by June 2021, having declined in March and April 2020 (RA058a, INQ000532329).

114. For people with learning disabilities and autistic adults, restrictions were placed on daily living, leading to changes in routine and the delivery of support which were confusing, worrying and distressing (RA/059, INQ000509591). A particular concern for those living in institutional settings was that restricted access meant there was less protection from the potential for abuse or neglect. These individuals also suffered from unequal access to treatment to sustain life and unequal and devastating death rates.

115. On 25 March 2020, BASW released a joint statement with the Social Care Institute for Excellence (SCIE) on supporting autistic adults and adults with learning disabilities during the coronavirus outbreak, outlining the impact that daily restrictions were likely to have on these individuals, emphasising the vital role of social workers in advocacy and support, and linking to the two BASW England capabilities statements on social work with autistic adults and adults with learning disabilities for additional information and practical advice (RA/059, INQ000509591). The capabilities statements, made for DHSC by BASW England, were not pandemic-specific. Their aim is to provide guidance for social workers on how best to support adults with learning disabilities and/or autism.

On social workers

116. Social workers themselves are a very diverse group and thus face a multitude of different personal and professional challenges. There are growing numbers of social workers who qualified overseas living in the UK who were effectively cut off from family and connections in other countries. This led to further isolation and lack of support in what is already known to be a challenging experience of conducting social work in a different country to the one where someone trained.

117. As mentioned elsewhere, those from minoritised ethnic groups were disproportionately affected by the virus, and this was likely also the case for social workers. BASW's Staff Risk Assessment Flow Chart (RA/044, INQ000509576) highlighted ethnic background as a particular risk factor for social workers and BASW pushed for bespoke risk assessments for front line staff. In particular, this group are over-represented as agency social workers and concerns were reported by some agency or temporary staff that they felt as though they were being used as cover for full-time employees and being sent into higher-risk situations. However, the more precarious

nature of their own employment made it more difficult to complain (RA/060, INQ000509592). BASW was also concerned about the disproportionate impact on all social care staff from minoritised ethnic groups (RA/013, INQ000509545).

118. The mental health of social workers was a key concern during the pandemic period. Alongside anxiety over transmission, those who were shielding and removed from front-line duties felt guilt about the impact on colleagues and staffing levels. Those who were not shielding saw higher workloads which also led to them having to engage more frequently face-to-face. The survey conducted by BASW in December 2020 (RA/02, INQ000509534) reflects this impact on mental health with 58.8% of respondents reporting a negative impact on their mental health and 68.3% of respondents reporting that it was harder to 'switch off' when working from home. There were also concerns about the implications of working from home in respect of providing confidentiality and privacy to people with whom they were working and protecting their own families, especially children, from the difficult emotional nature of their work.

119. BASW strongly encouraged members to stay in touch with their teams, recognising the importance of peer support in enabling social workers to do the work they do. Nevertheless, we know that workforce morale was considered to be negatively impacted – 71.5% of respondents in the December 2020 survey agreed or strongly agreed.

120. We also know that some social workers felt under pressure to work when they felt unwell, with 30.7% of respondents to the December 2020 survey reporting that they agreed/strongly agreed with this statement. The survey question did not specify that they were unwell with Covid, nor did it specify the source of the pressure, whether it came from employers or whether they were placing themselves under pressure because of their own awareness of the strains of the situation. Nevertheless, they were unlikely to be able to do their job effectively in such circumstances.

121. Following the initial drop in referrals, there were the anticipated increases in workload. A workforce that had been suffering from insufficient staffing levels prior to the pandemic was now dealing with more cases and often cases involving higher levels of risk than before because of the lack of oversight and earlier intervention resulting from the restrictions.

122. Social workers also reported instances of moral distress and moral injury, which is considered to occur when they are forced to make decisions or witness decisions or acts

that are in conflict with their professional ethics. As with other professions such as medicine and law, social work is deeply rooted in professional ethics (RA/061, INQ000509593). In the first BASW Annual Survey, conducted in December 2021, 55.38 % reported that they had experienced more moral distress in relation to their ability to work with and support people during the pandemic (RA/021, INQ000553).

123. While surveys were the main tool used by BASW during this period to provide an overview of the health and wellbeing of members, the Association then moved to offer them guidance and support. This included:

- Moving branch meetings and other groups online at the very start of the pandemic with staff support to provide a sense of community, support and space for discussion. BASW also increased and diversified the types of online support for social workers in different contexts, such as independent social workers.
- Providing additional support for independent social workers. Independent social workers had a dedicated webpage from 26 March, including guidance and employment information. We held webinars on transition to practice and business resilience at the end of April. The discussion forums continued throughout (RA/062, INQ000509594).
- Launching the Social Worker Wellbeing and Working Conditions – Good Practice Toolkit in June 2020 (RA/022, INQ000509554). Whilst this work had been in progress by BASW prior to the pandemic, to address problems of wellbeing and retention, it was updated in light of the pandemic to take account of new challenges that had been presented.
- BASW produced, and updated, guidance on tackling ethical dilemmas and challenges, with a view to minimising moral distress for social workers (RA/026, INQ000509558).
- In July 2020, BASW launched a new Social Work Professional Support Service to provide supportive mentoring and coaching for members, initially as a response to the challenges and isolation of practising in the pandemic. This was funded initially by the Covid Healthcare Support Appeal overseen by the Royal College of Nursing. Since the pandemic, the service has received funding from the governments in Scotland, Wales and Northern Ireland and has been made available to all social workers in those countries, not just BASW members, although no equivalent agreement has been reached in England.
- BASW's Advice and Representation service, delivered in conjunction with the Social Workers Union (SWU), continued to operate throughout this period, providing a list of

Frequently Asked Questions by early April 2020 as many questions arose about safe working.

- In conjunction with SWU, BASW also provided guidance on health and safety in the workplace and on Long Covid and the workplace (RA/063, INQ000509595).

BASW surveys and campaigns

Surveys

124. BASW set up a first survey on 16 March 2020 and this ran on a rolling basis until August 2020. The survey was updated once, in May 2020, to introduce new questions around ethical challenges. This survey was used to inform the development of policy and position statements and discussions with relevant stakeholders in the sector. The survey was open to social worker respondents from across the UK. In total, 2281 responses were received (respondents were able to complete the survey more than once). Of those, 578 respondents reported working in 'Adults' (adult social services) and a further 225 respondents worked in Mental Health services.

125. An analysis was conducted by BASW and colleagues from the University of Durham, which was published on 27 May 2021: Research Report – Social Work during Covid-19: Learning for the Future (RA/01, INQ000509533). The report represents an analysis of the entire dataset (not Adult Social Care specific) and identifies three phases of social workers' experiences: March – Chaotic change vs business as usual; April/May – Doing proper social work?; and June-August – Transforming Social Work vs settling for the 'new normal'.

126. The findings of this survey are reflected throughout the questions and issues that BASW were raising as an organisation on behalf of the profession: access to PPE and testing; access to settings; the prospect of easements and their impact on the rights of people with whom social workers worked; the impact of restrictions on people unable to understand them; the inflexibility of blanket procedures to the detriment of individuals; ethical challenges; the intensification of risk and the balancing of those risks; and the impact of social inequalities.

127. A second, more quantitative survey, was conducted between 30 November and 31 December 2020 (RA/02, INQ000509534). 1119 responses were received from across the UK and across all areas of social work. The survey looked at the impact of restrictions implemented to control the pandemic, whether the working situation had improved and

what were the challenges and areas of concern. 28.7% of respondents worked in adult social care; and a further 12% in Mental Health. 77.7% of the total sample agreed or strongly agreed that they had increased concerns about their capacity to safeguard/protect. 63.5% agreed that they had encountered more ethical and moral dilemmas. 78.7% agreed or strongly agreed that they had encountered more difficulties in accessing essential support services. 69.7% agreed or strongly agreed that they had experienced more difficulties in communicating with service users because of their digital exclusion.

128. In addition to the rolling survey and the December survey. BASW members were also invited to participate in an International Federation of Social Work (IFSW) survey on ethics in May 2020. There was also a survey of AMHPs commissioned by BASW England and the DHSC (RA/046, INQ000509578) and a survey of members of EDTs in England that was published in collaboration with the London Emergency Duty Team Manager's Forum (RA/048, INQ000509580) which have been referenced in the course of this statement.

Campaigns

129. The key public campaign conducted by BASW during this period was #TestAccessRights, which was launched by BASW England and BASW Cymru on 4 November 2020 (RA/056, INQ000509588). The campaign aimed to change national guidelines to enable social workers to carry out their statutory duties effectively. Core calls of the campaign included access to testing for care home visitors and recognition of social workers as professional visitors to enable them to be tested regularly and consequently gain access to care home settings and support the rights of those receiving care. The campaign called for safe access, based on priority access, testing, rigorous use of IPC and access to PPE.

130. The campaign made quicker progress in Wales than in England. BASW Cymru, working with Rhun ap Iorwerth MS, who was at the time the Health and Social Care spokesperson for Plaid Cymru, urged Welsh Government to recognise social workers as professional visitors in the national guidance (RA/014, INQ000509546). The Welsh Government responded to BASW Cymru on 23 November 2020, confirming that social workers should be recognised as professional visitors. The response pointed out that there had been no definitive list of professional visitors, but that the essential nature of social work should be recognised and that the use of Lateral Flow Tests (LFTs) was being explored in order to facilitate access. This was followed on 11 December 2020 by

the Welsh Government confirming that, as of 14 December 2020, social workers in Wales would be able to access Covid-19 testing twice a week in order to enter care settings, and that national guidance would be updated accordingly (RA/064, INQ000509596).

131. A BASW blog written by a BASW professional officer in February 2021 made the case that testing was just as important as vaccines for safe visiting and noted that the #TestAccessRights campaign had been receiving mixed reports about access to testing and subsequent access to care settings. Some of those in contact with the campaign reported family visits being supported with only a nominated visitor having access to regular testing. Others reported continued blanket bans, or having no access to testing. One family member reported that when they enquired about access to testing, it was refused. Some social workers also reported that they were not being offered testing. (RA/065, INQ000509597). It was also noted that the 2 December 2020 guidance on visitor testing had only addressed end of life care and placed the onus on individual providers. No explicit reference to social workers had been made and different arrangements were in place for access to testing for extra care and supported living settings, once again highlighting the inconsistencies in approach.

132. On 19 March 2021, revised guidance on testing for professional visitors was issued in England to take effect from 22 March 2021 (RA/066, INQ000509598). Again, there was no explicit reference made to social workers who were subsequently reporting that access to testing remained variable and that there were continued difficulties in gaining access even when lateral flow testing was in place.

133. Another issue on which BASW England campaigned, alongside a number of other organisations, was to call for adults with less severe learning disabilities and autistic adults to be given vaccine priority status in light of their disproportionately poor outcomes with Covid and also the impact that isolation and restrictions were having on them. Changes to the vaccine priority list were made in February 2021 to prioritise this group. This represented a continuation of work on this area, with calls having previously been made for more support for people with learning disabilities and autistic people during the pandemic (RA/067, INQ000509599).

Conclusions

Preparedness

134. The failure of successive governments over many years to develop, adopt and fund a comprehensive plan on adult social care, exacerbated by increasing inequalities in society, meant that the adult social care system was already approaching collapse before the pandemic struck. The pandemic exacerbated these shortfalls and further exposed the most vulnerable. The impact was not simply around clinical health outcomes. Many of the most vulnerable experienced a loss, or significant diminution, of other key services including accommodation, practical support, social support and likely adult safeguarding too. Many aspects of this involved issues that are foundational to human rights, for example, DoLS and assessments for compulsory detention under the mental health legislation. A further human rights issue arose from people being unable to meet loved ones in care homes despite a technical solution (testing, PPE, clinically safe spaces) often being possible. Practising during the pandemic had a significant impact on social workers and other colleagues: the distress, uncertainty, lack of guidance, feeling invisible while carrying enormous responsibilities, as well as the impact on workforce for the longer term. Social workers continued to deliver services, but practice was affected and risks were not well managed especially early on due to the lack of preparedness.

Legislation & Government Guidance

135. There were a lot of actual and potential changes to legislation in the highly fluid and uncertain situation that related to adult social care. Whilst an urgent response was undoubtedly necessary, little attention appeared to have been paid to how social workers would and could continue to discharge their legislative responsibilities safely, effectively and in a manner that would allow the interests of service users to be best met. Successive pieces of legislation have created a unique role to protect the most vulnerable in society under the legally protected title of 'social worker', yet this reality appears to have been repeatedly overlooked or misunderstood.

136. Many of the changes introduced by the Coronavirus Act 2020 and the Coronavirus (Scotland) Act 2020 had the effect of weakening the rights and entitlements of those that needed them most. This was most acute in the field of DNACPR. Concerns were raised about how and by whom such decisions had been signed and whether effective decision-specific capacity assessments had been conducted.

137. Blanket restrictions are incompatible with the protection and promotion of the full range of legally enshrined human rights. In addition, blanket bans on access are incompatible with the discharge of many of a social worker's statutory responsibilities. Being unable to undertake a face-to-face visit, for example, as a BIA, left social workers

trying to make potentially life-changing decisions with incomplete information received from third parties.

138. Lockdown restrictions combined with blanket bans on access to settings caused huge emotional distress for those receiving care and their friends and family. It raises questions about whether the negative impact on those moving towards – but not at – the end of life was necessary and proportionate.

National coordination

139. An effective response to national emergency involves a range of national functions being effectively coordinated and supported. The role of the social work profession – and the contribution that it can make during an emergency – does not appear to have been well understood, leaving the profession to feel that it lacked the recognition and support received by other professions, even though social workers were also key workers protecting people on the frontline.

140. The approach to IPC and PPE for the adult social work sector was lacking, leaving many of the social work workforces untrained, scared, unsafe and without both appropriate equipment and relevant guidance, particularly during the first wave of the pandemic. This had profound implications for the delivery of adult care services to the most vulnerable.

141. It is inevitable that in the first few weeks of a national emergency responses take time to 'gear up' and then move to national scale. However, specific guidance for social workers continued to be unavailable and if there were improvements, they were developed by local agencies. I have detailed at some length in my statement the contribution that BASW made to the development of policy and practice guidance. BASW is proud to have made such a contribution both to the profession and to those who use social work adult care services. BASW would do so again. But it does beg the question that given the significant legislative responsibilities held by the profession, what would have happened in the absence of BASW.

Scrutiny

142. Adult safeguarding is a key responsibility of social workers. Scrutiny of provision is key for vulnerable adults. It optimises the chances that services are provided to the necessary standard, and in the worst scenarios, it helps protect against abuse and

neglect. Scrutiny by a range of partners: social workers, family and friends and the regulator are complementary in this task of ensuring visibility.

143. Lockdown restrictions and blanket bans on access undermined oversight of the quality of care being provided by external observers, whether that was social workers, friends and family or the regulators.

144. Lockdown restrictions and the reduced capacity for face-to-face visits increased concerns about the ability to safeguard and the extent of deterioration or damage that may be passing unseen.

Digital and other inequalities

145. Key assumptions were made that went unchallenged, for example, that vulnerable adults and their families can pivot to digital services and have the technical capability and economic capacity to do so.

146. The pandemic exposed the harsh reality of a digital divide as many services moved online, for those who were unable, for whatever reason, to use digital communications technology. Many social work employers were unprepared for the shift, leading to inconsistency in the availability of devices and access to specific platforms for social workers who were remote working/working from home.

147. The pandemic brought to the fore the inequalities of society, with the least advantaged suffering the most. Despite growing knowledge of the disproportionate impact of the pandemic on minoritised ethnic groups, there appears to have been a lack of mitigation and research on this issue. The same is also true for adults with physical disabilities, learning disabilities and autistic adults.

Recommendations

148. Reflecting on the experiences of the social work profession during the Covid-19 pandemic, I would like to put forward the following recommendations for future preparedness:

- Social work is part of the wider adult care sector. There has been a developing crisis in adult social care over many years. Successive governments have failed to resolve this. The pandemic added intolerable pressure to a system already at breaking point. A failure to work towards resolving the adult care crisis merely sets up a situation where the next pandemic will again threaten to overwhelm adult social care.

- There should be a greater degree of focus on the readiness of the adult social care sector to deal with any future pandemic. This needs to take account of the fact that social care provision is much more fragmented than healthcare provision. It also needs to take account of broader wellbeing outcomes and the protection and promotion of human rights, not just clinical health outcomes.
- There must be better preparation to avoid the loss of support services to the greatest possible extent. Support is more than clinical health care. This includes recognition of the reality of digital poverty and the fact that not every support service, nor every person being supported, is able to access and use digital platforms for service delivery.
- Government preparations for future pandemics, and other national emergencies, must not only place greater emphasis on the readiness of the social care sector, they must also recognise the unique nature of the statutory responsibilities of the social work profession. These are responsibilities that successive governments have placed upon social workers.
- In future, pandemic specific guidance should be issued to social workers from the relevant government departments reflecting their distinct role and legislative responsibilities.
- Guidance must take account of the fact that social workers regularly move between different settings when considering issues such as distribution of, access to and training on IPC and PPE. Whilst BASW provided extensive practice guidance during the Covid-19 pandemic, this was a clear gap in both pandemic preparedness and the response of the UK government and the DAs.
- Social workers are a significant national resource. Social work expertise should be represented in national-level resilience planning, advisory groups and local health resilience partnerships as well as local resilience forums (and their devolved equivalents). This would allow recognition of, and the ability to draw on insight from, social workers in emergencies and disasters as well as their knowledge of social care legislation, the rights and entitlements of the less advantaged and the possible disproportionate impact of the proposed countermeasures on different social groups.
- Consideration must be given to the need to avoid weakening rights and entitlements as far as possible in any future pandemic. The weakening of rights and entitlements inevitably impacts upon those who are already most disadvantaged in society who were further marginalised by the pandemic response. More broadly, addressing inequalities in society must be given greater attention.
- Blanket visiting restrictions should be avoided wherever possible. This relates to the need to take a more balanced approach to well-being outcomes, rather than an

exclusive focus on the biomedical model. Further, social workers, as key workers with statutory responsibilities, must be exempt from blanket visiting restrictions at settings such as residential care homes when their professional judgement deems that an in-person visit is required in order to address safeguarding issues, to meet responsibilities under mental capacity legislation, or to provide appropriate scrutiny and oversight of care delivery.

- Where evidence of disproportionate impact during a pandemic emerges – as it did during the Covid-19 pandemic with those from minoritised ethnic groups or autistic adults or adults with learning disabilities – prompt action must be taken to address that impact as rapidly as possible to minimise potentially avoidable mortality and morbidity.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: PD

Dated: 7 February 2025