

Witness Name: Ruth Allen

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UK COVID-19 INQUIRY

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

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 8 of the Covid-19 Inquiry. I will be providing BASW's view on the impact of the Covid-19 pandemic on social work with children and families 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 (RA2/01, 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 (RA2/02, 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 the social workers who undertook their duties to the public throughout the period of the pandemic.

BASW role and responsibilities

6. BASW is the professional association for social work and social workers. BASW provides information, advice on policy and practice, training, communicates with and informs the media on social work and specific social work issues and provides advocacy and representation to its members, as well as lobbying for social work and social workers with key stakeholders.
7. As a UK-wide association, 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 the leadership and governance determined by one UK Board.
8. Unlike some professional bodies, social workers do not need to be a member of BASW to practice, nor does BASW control entry to the profession or regulation. These functions are held by the social work regulators.
9. 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, 1401; and Wales, 1224, totalling 20,957.

10. Many of our members choose not to complete all sections of the membership record, so I am not able to give precise demographics of our membership but, as a rough heuristic, we estimate that some 60% of our members are working in children's and families' services.

Social work with children and families

11. Before describing the role of BASW in relation to social workers working in children and families social care, it is worth providing a brief introduction to social work with children and families more generally.
12. Social work is a graduate entry profession. The four social work regulators across England, Scotland, Northern Ireland and Wales accredit degree and post graduate degree courses to ensure qualifying candidates meet the criteria for registration. Qualification will require a certain number of days on practice placement which will be assessed. The regulators also monitor continuous professional development and professional standards. The term 'social worker' is a protected title in law.
13. Over an extended period, local authorities (Health and Social Care Trusts in Northern Ireland) have progressively acquired a range of statutory responsibilities for children and families, and these services are delivered by social workers. These responsibilities include child safeguarding, children in the care system, the recruitment and support of foster carers, and adoption. Additional responsibilities flowing from these duties include supporting unaccompanied asylum-seeking children (UASC) (accommodated and supported as children in 'voluntary care') and care leavers (people who are 18 and over and have previously been in the care system).
14. While many of these services are delivered through local authorities, other agencies are also involved both as not-for-profit and for-profit providers; for example independent foster care agencies.
15. It is worth commenting on 'children in need'. The term arises from section 17 of the Children Act 1989 and subsequently the Children (Scotland) Act 1995. The original framers of this concept envisaged a proactive multi-agency response, coordinated by the local authority, to all children who might be 'in need', with the term 'in need' being deliberately broadly drawn. In reality, successive rounds of reductions in public sector funding, and an ever-growing focus on child protection, have crowded out this understanding and too often this term becomes a shorthand for situations that may develop into safeguarding concerns.

Consequently, over time the term has come to be seen as a social work safeguarding responsibility.

16. The statutory responsibilities of child safeguarding, children in the care system, the recruitment and support of foster carers, and adoption are enunciated in a broad swathe of legislation across the four jurisdictions of the UK. Many of these duties intersect with Article 8 of the European Convention on Human Rights through the Human Rights Act 1998: the right to family life. It is difficult to imagine a more intrusive state intervention than one which removes your children, places them with another family and may restrict your access to them. I will return to the issue of human rights in my recommendations.
17. While the distinct populations of children the profession works with are numerically significant (for example, there are just over 80,000 children in the care system in England) they are small in proportion to the total population of all children (for example there are some 9,000,000 children in school in England of whom around 580,000 have Education, Health and Care (EHC) Plans).
18. Over an extended period, media and political concern initially around child safeguarding, but more recently around care leavers, have progressively driven more frequent legislative change. This is issued alongside supporting statutory guidance. For example, in England in the period 1989 – 2017, I estimate that at least six pieces of primary legislation relating to children's social care, punctuated by other government initiatives and associated statutory guidance, were handed down. As a result, over the last twenty-five years, social work with children and families has become progressively more legally prescriptive and proceduralised.
19. No child lives in isolation. A child may have siblings/half siblings and will have two biological parents. Mum (or Dad) may have a new partner creating a step-parent for the child. Social workers often refer to a child (or a group of siblings) as 'a case', the term recognising that while the needs of the child(ren) are paramount, they come with parents and wider families who are likely to have their own significant needs and also their own rights in law. Cases can be 'open' or 'closed'. An open case is one which has active social work involvement; a 'closed' case is where there has been previous social work involvement.
20. Working with other agencies is a key part of social work. For example, serious safeguarding issues need the involvement of both the police and health. An aspect which is often overlooked is the significance of schools. Alongside their educational functions

schools (1) act as an early warning system where there are concerns about a child (2) monitor the wellbeing of a child (which is particularly important if a child protection plan is in place) (3) provide direct support to the child (and often the parent too). Over an academic year, an average school will provide 190 days of direct contact with a child, far in excess of even the most assiduous social work visiting. Conversely, if a child is absent from school for an extended time that, in itself, may be sign of concern. Early years provision and alternative educational provision fulfil similar functions as schools.

21. The closure of schools and other educational facilities therefore had a profound impact on alerting agencies of concerns relating to children, as well as the monitoring and support of children and their families.
22. Many of the children the profession works with will have special educational needs and/or a disability (known as SEND in England and Northern Ireland, additional support needs (ASN) in Scotland and additional learning needs (ALN) in Wales) and a proportion of those will have this formally recognised in an Education, Health and Care (EHC) Plan or equivalent. However, to reiterate an earlier point, the number of children the profession works with at any one point will be just a small proportion of all children who have SEND/ASN/ALN.
23. Most parents benefit from, and appreciate having the space and time from, having their children in school. Foster parents care for children and teenagers who have specific needs, and these may be around behaviour. School is therefore a welcome respite. Foster parents can come under particular pressure if a child is temporarily excluded or permanently excluded from school. Indeed, foster parents may refuse a possible placement if the child is not 'on roll' at a school.
24. Residential care i.e. children who are cared for in group settings makes up a very small proportion of all children who are 'in care'. This reflects a general societal trend away from bringing up children in group settings (for example, boarding schools), and an active choice for family settings and cost reduction. Children who are detained in the criminal justice system (for example, 'secure training units') make up an even smaller proportion of children.
25. Unlike other children who are 'in care', UASC are often placed in 'supported hostel' accommodation. UASC are often aged 16+ when they come into care and are often highly independent reflecting their long journeys across the world and consequently can chafe

against the restrictions of 'normal' family life in a foster care setting. UASC children aged under 16 attend school, those who are 16+ should attend Further Education (FE) College, but this is much less certain.

26. Social workers 'follow the needs of [a] child'. They work alongside the 'core partners' such as schools, primary health services and police, but may need to engage with a wide range of other professionals and agencies including further education provision, courts, specialist doctors, child and adolescent mental health services (CAMHS) and others depending on the needs and circumstances of the child. Similarly, while broad online safety issues are addressed by foster carers and/or schools, if there are more serious issues social workers (and sometimes the police) may become directly involved.
27. Social workers are perhaps unusual among professionals in that they visit families' homes on a regular basis, often over a sustained period of time. Police and paramedics may visit once for a brief intervention, while health visitors and district nurses will visit for a short pre-determined period. It is difficult to overstate the importance of seeing the child in the home, for example, a great deal can be learned from catching a glimpse of sleeping arrangements through an open door, or the state of the kitchen. Being in the home also allows the social worker to establish how the child is being parented, the number of adults that might be present in the house, their relationship with each other and the relationship with the child(ren). All this contributes to understanding the situation of the child and then taking what action is necessary.
28. Social workers have no right of entry to someone's home other than persuasion. If a parent (or an older teenager) does not wish to engage with a social worker, a common occurrence is 'not being at home'. Experienced social workers will deal with this in a range of prosaic ways, for example, sitting in the car on the other side of the street until someone is seen through the window or someone comes out of the property. Similarly, if a reason of illness is given, and if the person does not appear unwell, it can be met by 'I'm sorry you don't feel well, I don't mind risking catching a cold, and I'll only be with you a short time....'. During the pandemic many of the families will have had Covid-19, or be shielding, and social workers will have to have made numerous judgements balancing their need to visit the child at home with the presence of Covid-19. The ubiquity of public discourse around Covid-19 is likely to have meant that it was easier to fall back on that as a convenient excuse not to engage with a social worker.

29. Families may not have WiFi installed in the house or own a laptop. As professionals most of us have learned incrementally how to use digital equipment because it was introduced at work or we have grown up with it in the house. So, digital capability is as much about having the skills and confidence as about having the equipment and infrastructure such as WiFi. Where virtual visits did occur, they were very limiting. The social worker only sees the 'curated' version of the child, the home and who might live there. This limitation creates risk.
30. BASW does not give advice to its members on specific cases. This is for both practical and legal reasons. Practically, it is impossible to know all the details of a case or the situation on the ground. Legally, statutory duties sit with the local authority and the social worker delivering them. BASW does provide general guidance.
31. This context helps explain BASW's role: to inform and lobby for change, especially around legislation and policy, to communicate and inform the media on social work and specific social work issues, to support our members through the provision of guidance and training and to provide our members with advice and representation.

BASW and the pre-pandemic period

Home visits

32. Prior to the pandemic, home visits to children who were on the child protection register ('open cases') were routine. As has been set out above, the process of seeing and monitoring the child in the home is central to the child safeguarding process. The frequency of these visits is determined both by the statutory guidance issued by, for example, the DfE for England and the specifics of the child protection plan. This home visiting is reinforced by activities undertaken by other professionals: for example, there may be a requirement that a younger child is taken for routine health checks or for older children that they attend early years provision, or school. During the pandemic neither of these options were available.
33. Prior to the pandemic, where the child(ren) were 'in care', home visits – this time to the homes of foster carers - were also routine. This is to ensure the wellbeing of the child(ren), to gather any relevant information from the foster carers and to support the foster carers in their task. The minimum frequency of these visits is again set out in statutory guidance issued by the DfE or devolved equivalent.

34. As well as these 'open cases', children who are not previously known come to the attention of the service. This may be presented explicitly as a safeguarding issue by the person making contact or meet concerns that this is potentially a safeguarding issue. The person making contact may be a concerned neighbour, or member of the public, or a professional. A careful gathering of information and assessment of risk then takes place. Again, the content of this risk assessment is driven by statutory guidance issued by the DfE or the devolved equivalent. If the risk meets a certain threshold, a home visit will take place by a social worker. Sometimes the home visit will allay any anxieties, and the case will be formally closed, or other services signposted. Occasionally, the home visit identifies and corroborates concerns and 'the case' is escalated to the next level. The next steps will depend upon the evaluation of the circumstances for example if the child requires immediate protection and urgent action is required, or the child is considered to be in need and therefore an assessment under section 17 of the Children Act 1989 should take place.
35. As I have described above, if the parent(s) do not wish to see a social worker, one strategy that may be adopted is of 'not being in'. Where the case is previously unknown to children's social care, and the visit is therefore an initial safeguarding check, parents are often not expecting the visit, so this option is not available. A point-blank refusal to give entry can usually be dealt with by 'if there are no concerns you won't mind letting me in.'
36. Where other illnesses such as chickenpox, mumps or measles were alleged, if the child was an 'open case' it would be expected that this could be corroborated (or not) by a health clinic or early years provision (for younger children) or by the school (for older children). In any event, even if there was a genuine case for any of these conditions, many adults (including social workers) have immunity to them and risk assessments would continue to weigh in favour of home visits.
37. All this illustrates that while home visiting should always be respectful – indeed it has to be since the social workers have no rights of entry – it does need to be proactive and sometimes insistent. Where there are fatal tragedies in child safeguarding, home visiting is often the element that is missing – the social workers did not see the child in the home setting either at all, or insufficiently frequently.

Social worker workforce

38. Recruitment and retention and workforce vacancies were ongoing problems in both children's and adults social services for a number of years predating the pandemic. According to statistics for England from the DfE, for example, the vacancy rate for children

and family social workers employed by local authorities was 16.4% in September 2019, or 6000 vacancies. Of these, around three quarters were being covered by agency workers in 2020. Of those employed by local authorities as of September 2020, one-third had been in service there for less than two years, with a total of 60% of full-time equivalent (FTE) children and family social workers having been in service at their current local authority for less than five years (RA2/03, INQ000643588). This suggests there is a high staff turnover in many local authorities and may also indicate a less experienced workforce in some places. In Wales, as of 1 April 2020, 42% of social workers had been in their current role for three years or less (RA2/04, INQ000501718).

39. The situation regarding recruitment and retention has not improved. In its 2023 State of the Nation report, Social Work England (SWE) identified recruitment and retention as the biggest pressure on the profession (RA2/05, INQ000643610). Recruitment and retention problems leave front-line practitioners covering additional tasks on top of their existing, often heavy, caseloads. It can result in changes of social worker for families, undermining the potential of building effective trust-based relationships which can improve the chances of positive outcomes. It creates difficulties for managers in allocating work to overstretched staff and can place departments in difficulty with regard to meeting their legal requirements. Using agency staff to cover vacancies has financial implications.
40. With regard to the composition of the social work workforce, we know that it was, and is, an ageing workforce. In 2020, the average age of a social worker in Wales, for example, was 46. The social work workforce is also predominantly female. Combined, these two factors mean many social workers are in fact 'sandwich carers', with caring responsibilities for both children and older parents. This demographic composition, added to the vacancy rate, had implications for staffing availability under subsequent pandemic restrictions.

Other pre-existing challenges

41. 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. Although social work and education are both devolved competences, the impact of UK Government decisions, on the amount of spending for England, has implications for the block grant available to the devolved administrations (DAs). This placed limits on the ability of the DAs to fund social care and education as funding in real terms was reduced by the UK Government.

42. Many of those with whom social workers work were at particular risk during the pandemic. 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, safe affordable housing) also meant that many families were more exposed going into the pandemic (RA2/06, INQ000509550).
43. Social work with children and families delivers a far broader range of activities than child protection. However, 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 families were increasingly presenting at crisis point. The sector was not appropriately resourced to respond to a national emergency (RA2/07, INQ000643632).
44. Whilst research into the role of social workers in emergencies and disasters has been, and continues to be, conducted no significant concerns had been raised in the UK with regard to a pandemic, with a greater focus at the time on natural and man-made disasters (such as Grenfell) (RA2/08, INQ000643635).
45. In many countries, social workers form a formal part of the emergency response system (RA2/09, INQ000643636). In the UK, health and social care staff are recognised as crucial responders under the 2004 Civil Contingencies Act. However, as is evident from the Inquiry's Module 1 report into preparedness, there is a general lack of awareness of the contribution that social workers can make in a time of crisis. In addition, the distinctive role and statutory responsibilities of the profession often appears to have been overlooked in guidance and policy decisions. Whilst BASW advocates on behalf of the profession on many issues, this does not always ensure the issues raised are taken into consideration, especially on such encompassing issues as emergency planning.

The work of BASW during the pandemic

46. BASW interacts on a regular basis with the relevant parts of the UK Government, Westminster Parliament, the devolved governments and their respective legislatures. At the time of the outbreak of the Covid-19 pandemic, other than Wales, each government had its own Chief Social Worker or equivalent. England had two, one for adults sitting within Department of Health and Social Care (DHSC) and one for children, sitting within Department for Education (DfE). Since social work services are delivered primarily by local

authorities, their role is advisory, both to the government and to the sector. BASW, through myself and the relevant national directors, will have regular interaction with the respective Chief Social Workers of each nation.

47. BASW also regularly interacts with the four national social work workforce regulators, associations of social services directors or leaders and collective local authority bodies as part of ongoing communication between stakeholders within the sector.

48. The following represents a list of individuals and organisations that BASW contacted, lobbied or worked with, of relevance to children and families' social services, during the relevant period:

- a. The UK Prime Minister;
- b. The Department for Education;
- c. Secretary of State for Education, Gavin Williamson;
- d. Department of Health and Social Care;
- e. Clara Swinson, Director General for Global and Public Health, DHSC;
- f. Professor Yvonne Doyle, Public Health England (PHE);
- g. The workforce regulators – Social Work England, Social Care Wales (SCW), Scottish Social Services Council (SSSC), Northern Ireland Social Care Council (NISCC);
- h. Isabelle Trowler, Chief Social Worker for Children (England); Iona Colvin, Chief Social Work Adviser (Scotland); Sean Holland, Chief Social Work Officer (Northern Ireland);
- i. Welsh Cabinet Secretary of State for Health and Social Care, Vaughan Gething MS;
- j. Welsh Deputy Minister for Health and Social Services, Julie Morgan MS;
- k. Northern Ireland Health Minister, Robin Swann MLA;
- l. Scottish Cabinet Secretary for Health and Sport, Jeanne Freeman, MSP;
- m. Scottish Minister for Community Safety, Ash Denham MSP (Ash Regan MSP);
- n. Higher Education Institutions providing social work courses;
- o. Social Workers Union (SWU);
- p. University of Durham – analysis of the first BASW Survey;
- q. UK Parliament Joint Committee on Human Rights ;
- r. Social Work Scotland (SWS) – joint submission to Scottish Parliament's Equalities and Human Rights Committee;

- s. Association of Directors of Children's Services (ADCS; England); Association of Directors of Social Services Cymru (ADSS Cymru; Wales); Chair of the Association of Executive Directors of Social Work Northern Ireland;
- t. Local Government Association (LGA; England); Welsh Local Government Association (WLGA); Convention of Scottish Local Authorities (COSLA); Northern Ireland Health and Care Trusts;
- u. Tulip Siddiq MP, then Shadow Minister for Children and Early Years;
- v. Rhun ap Iorwerth MS, then Health and Social Care Spokesperson for Plaid Cymru;
- w. Northern Ireland Assembly Committee for Health;
- x. Social Care Institute for Excellence (SCIE);
- y. Article 39 and other children's rights organisations.

49. BASW was involved in a number of important dialogues, for example regular telephone calls with the Chief Social Worker for Children in England (RA2/010, INQ000643567) and the workforce regulators. However, it is notable that there was no social work representation in the SAGE structure (RA2/011, INQ000509562). It is my view that the representation of the social work profession throughout government decision-making was not as extensive or as impactful as that of professions such as medicine and nursing. Better incorporation of the social work profession in high-level forums would have allowed members of the profession to contribute their knowledge and experience on vital issues such as risk management, the balancing of different rights, statutory safeguarding responsibilities and the potential disproportionate impact of decisions on the families and individuals with whom they work.

Impact of pandemic-related measures

50. Pandemic-related measures had a significant impact on the work of BASW's members. Lockdown restrictions created significant complications for carrying out statutory safeguarding duties. To reiterate the point made in paragraph 20, social workers are unusual among professionals in making regular home visits to a family and often visit different households on the same day. This had implications both for the social worker's health and the health of the families.

51. There were additional factors in risk assessments around in-person visits, such as whether PPE was available and what type of PPE was available, how to maintain social distancing or whether a visit could take place outside or on the doorstep. This had implications on confidentiality. Virtual appointments ran the risk of missing out on non-verbal communication which is central to visits and assessment. In addition, it was not always

possible to know if the child or young person was on their own in the room or to inspect their environment, for example for basic hygiene and food in the cupboards. In addition, not all families had access to suitable technology or data and some children are too young to use it alone. Not all social workers had access to appropriate technology or software. When a home visit was judged necessary, the need to try and maintain social distancing made it difficult to check wellbeing effectively and the need for infection control made touching surfaces, opening cupboards etc problematic (RA2/016, INQ000643573; RA2/017, INQ000643574).

52. Lockdown restrictions also had a 'pressure cooker' effect by amplifying existing stressors within households, increasing the potential risk of, for example, domestic abuse.
53. Concerns were raised about the dominant focus on healthcare and the consequences this was having, and would have, for social care and social work (RA2/012, INQ000509560). This included the ability to access PPE and testing, pressure to keep individuals out of hospitals, pressure to discharge as quickly as possible, including young people receiving mental health treatment, and the redeployment of health visitors. An assumption might be that the term 'healthcare' refers to 'clinical' concerns, transmission, treatment etc. I would argue that healthcare should be conceived of on a broader basis and in those terms, for example, safeguarding is a health issue as is mental wellbeing. These elements were equally important.
54. Despite this focus on the 'clinical' view of health, there was a lack of guidance on use of PPE that was specific to the nature of the social work role, for example, visits to multiple sites or families over the course of an average day. This was symptomatic of a tendency to overlook the importance and needs of the legislative duties of social work. This approach was also reflected in a lack of clarity over what constituted 'critical' and 'essential' social work and how to assess whether the work was 'critical' enough to warrant an in-person visit (RA2/07, INQ000643632).
55. A letter from Clara Swinson, then Director for Global and Public Health at DHSC directed social workers to carry out their statutory responsibilities (RA2/013, INQ000509544) but this covers a wide range of activities, and it was unclear when home visits should be prioritised. As was made clear in an open letter to the Scottish Cabinet Secretary for Health and Sport, Jeane Freeman MSP, social workers were concerned about how to carry out their statutory duties in the face of mass isolation (RA2/014, INQ000509537).

56. At the start of the pandemic, the initial decrease in referrals during the first lockdown raised concerns about what was being missed. A statement from SWU referred to the fact that although referral numbers had dropped, concerns about what was happening were multiplying (RA2/015, INQ000643572). The closure of schools and early years provision and the redeployment of health visitors meant that there were fewer professionals seeing children and young people. To reiterate a point made in paragraph 27, schools play a vital role in safeguarding. They act as an early warning system around potential concerns, they are part of the safeguarding process to monitor concerns, and they often provide direct support to children. Where the child is under 11, support is often provided to the parents too. The closure of early years provision and schools removed a 'safety net' and the facility for monitoring signs of potential neglect or abuse at an early stage.

57. Interviewed as part of a research project (RA2/018, INQ000643575), one social worker said:

"Children being safe is as important as Covid, I can't not go into houses. I can't not see children on their own."

58. Some visits took place on the doorstep. Some households were reluctant to allow professional visitors inside, being anxious about the virus. Doorstep visits again raised concerns about what might be missed inside the home, the inability to build up relationships with children and parents and the potential undermining of confidentiality. The challenge of confidentiality also applied to other outdoor meetings such as in gardens or, with young people, in parks.

59. Commenting in the first BASW survey on social work during Covid-19 (RA2/01, INQ000509533), one participant said:

"[we are] prioritising [and having] extreme concern about children in 'isolation' when there are concerns about neglect DV [domestic violence] or drug use. Some of our cases are on daily visits usually, due to risk – these visits are now having to be done on the doorstep, when families are isolating. These visits aren't really effective in safeguarding children."

60. Many of the children who have contact with social workers have special needs and/or disabilities. However, it is worth repeating that these are a small subset of the total number of children with special needs and disabilities. Lockdown restrictions also severely impacted those with special educational needs or additional learning or support needs. Routines, which are often a central part of maintaining wellbeing, were disrupted,

impacting on physical and mental health (RA2/019, INQ000643576). SASW, in a joint submission with Social Work Scotland to the Scottish Parliament on the impact of the Covid-19 pandemic on equalities and human rights (RA2/020, INQ000509548), noted that families with children who have complex physical or learning needs had been particularly impacted by the closure of education settings as they had to assume 24-hour responsibility for care and education. It went on to point out specific risks relating to isolation and burnout without opportunities for support and respite.

61. BASW England noted a need for further guidance on the tailoring of risk assessments and concerns that some vulnerable children were unable to use technology to access remote learning (RA2/07, INQ000643632). For some family carers, the lack of support from school and other services also had a negative impact. In a report from Inclusion London about the experiences of Disabled people during the first lockdown, one participant noted:

“My child with special needs has been unable to attend school for the duration of the lockdown, causing huge amount of anxiety and distress within the household. He has also had all external support and care removed.” (RA2/021, INQ000474761)

62. Economic poverty is a major issue for many of the families that social workers work with. This has an impact on whether families have the necessary digital infrastructure (for example, a WiFi network) or the necessary hardware (for example, a laptop) and the acquired skills to use this equipment. BASW members raised concerns about the impact of digital inequalities and the attainment gap with some children not having access to the necessary technology and/or data packages for remote learning. It was noted that this could be a particular issue for less well-off families or children and young people experiencing family homelessness. Inconsistencies in provision between different schools and different areas were also noted (RA2/07, INQ000643632).

63. BASW England also raised concerns that with court proceedings being delayed or placed on hold, children at risk of serious harm may have to remain in unsafe households longer than would normally be acceptable (RA2/07, INQ000643632). The SASW/SWS submission noted that there had been a disproportionate impact on children involved in the Children’s Hearing System and courts, with permanent decisions being delayed, existing Orders rolled forward without expiry date (meaning that families may risk being subject to state intervention for longer than necessary) and only priority cases being heard by Children’s Hearing Panels. These delays would have also meant that access to social work services may have been limited for some of those who needed it (RA2/020, INQ000509548).

64. Concerns about the availability of PPE were one of the most dominant themes raised by members in the early stages of the pandemic, alongside the impact of restrictions on the discharge of statutory duties (RA2/022, INQ000509538). BASW had particular concerns about the lack of attention being paid to the possibility of asymptomatic transmission. (RA2/023, INQ000509539).

65. It was clear that many social workers did not have access to PPE or did not have access to sufficient or appropriate PPE in the early stages of the pandemic. Due to their need to move between settings in the course of a day, 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' (RA2/014, INQ000509537).

66. One social worker who completed the first BASW survey (RA2/01 INQ000509533) noted:

"We have received no direction or guidance so far other than to wash our hands. No decisions have been made, despite growing concerns about how we prevent the spread of the virus through our home visits and meetings. People are calling in sick, meaning we have fewer staff in who can manage the statutory responsibilities."

Vulnerable children

67. I have previously noted that schools play a key role as an early warning system, in monitoring the wellbeing of children and providing direct support to children and parents. These are over and above the benefits of education and social interaction.

68. The majority of children assessed as being vulnerable often live in economically deprived areas. As I have noted above, many of the families that social workers work with are among the most economically poor. Similarly, schools in more deprived areas would play a greater role in overseeing the safety and wellbeing of children. However, the available evidence suggests that only 5% of 'vulnerable' children were attending schools when they were closed to the majority. Some schools were operating on limited hours (RA2/07, INQ000643632).

69. There was variation in experiences and serious concerns were raised about the capacity to monitor children effectively in these circumstances, with many families not sending children to school even when they were eligible to do so. The absence of children from schools reduced the number of people external to the household who were seeing them.

70. The lack of attendance of many vulnerable children in schools therefore raised concerns about a disproportionately negative impact on this group as direct contact was reduced. In working to safeguard, social workers sought to maintain direct contact (RA2/024, INQ000643582) but were aware that there were an unknown number of 'hidden' vulnerable children who remained unidentified. This led to concern about "stored up" harms that might be revealed upon the more widespread reopening of schools amongst children who had not been, or who had been less regularly, monitored by professionals (RA2/025, INQ000643583). Thus, there was a real challenge in identifying vulnerable children who were not already known to services, with concern for such children being amplified by the knowledge that many households were enduring additional stressors as a result of lockdown restrictions. These stressors included spending more time in close proximity at home and reduced household income.

A lack of guidance and BASW's response

71. There was no immediate pre-prepared guidance that could be operationalised for social workers. Consequently, guidance specific to social work and social workers was required, for example on appropriate use of PPE and home visits. During the pandemic, however, social workers were expected to refer to multiple pieces of public health guidance which only partially covered the realities of their work. This reflected a lack of understanding of their role, requirements and statutory responsibilities by decision makers outside the profession.

72. Multiple requests were made for specific guidance for social workers in the first lockdown by BASW (RA2/026, INQ000509535; RA2/019, INQ000643576; RA2/022, INQ000509538; RA2/023 INQ000509539; RA2/027, INQ000509540; RA2/028, INQ000509541). It was felt that the specific nature of a social worker's role in the broader social sector and in national public health guidance 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 (RA2/029, INQ000509554).

73. There was uncertainty amongst social workers about the requirements of their responsibilities (see para 78 on identifying 'essential' or 'critical' social work activities). The Scottish Government issued guidance on child protection for the relevant agencies at the end of March 2020 which made minimal changes to existing processes beyond some

virtual participation in meetings and streamlining of the reports submitted (RA2/030, INQ000528731). Expectations therefore appeared to be that duties would be discharged as 'normally' as possible. Ethically, the protection of the child and the child's rights is paramount, as this Scottish Government guidance demonstrated. However, the social work profession required support and guidance, for example on use of PPE, infection prevention and control, access to testing and risk management decisions on home visits, but this was either not produced or not tailored to social work's specific needs.

74. BASW responded by producing its own suite of guidance that was widely used. This included ethical guidance (RA2/031, INQ000509558), a checklist for home visits (RA2/032, INQ000509574), professional practice guidance for home visits (RA2/033, INQ000509566) and professional practice guidance for Children and Families Social Work during the Covid-19 pandemic (RA2/034, INQ000643593). The aim of this guidance was to help social workers think through the specific considerations around practice with children and families; help social workers consider the specific support they may need; and provide information about additional resources and support for children and families and their social workers. However, the guidance explicitly did not advise on how to manage statutory duties, noting that this was a role for statutory bodies based on the law.

75. BASW's Practice Guidance for Children and Families Social Work during Covid-19 (RA2/034, INQ000643593) notes that social workers shared their views with the Association, through the first survey or by contacting staff, that they needed consistent guidance to support professional practice with children and families.

76. Quoted in an article on child protection and children's services in The Guardian newspaper (RA2/035, INQ000643594), I said:

"Social workers needed specific guidance and support and so did their managers and organisations... [Without that, people] felt very exposed. One of the main concerns for social workers in statutory children's services was how they could fulfil their legal duties and obligations and feeling caught between their sense of what was safe for them and what they ethically wanted to be do."

77. Concerns were raised about DfE guidance for children's social care and social workers that stated, 'PPE is not required unless the people being visited are symptomatic of coronavirus (Covid-19) or have a confirmed diagnosis of coronavirus (Covid-19)'. BASW contested this early advice around asymptomatic transmission, advising that

asymptomatic risk was significant (RA2/034, INQ000643593). BASW also argued that many of those with whom social workers work might not know or may not be able to communicate whether or not they had the virus (RA2/023, INQ000509539).

78. In a statement issued on 24 April 2020, the BASW England Children and Families Group noted that practitioners had reported very uneven experiences, and that consistent advice around, for example, home visiting was lacking (RA2/036, INQ000643595). BASW England also noted the lack of guidance as to how to assess whether work was 'critical' enough to warrant an in-person visit and the need for further guidance on practice with disabled children and the tailoring of relevant risk assessments.

79. The issue of poverty impacting on the ability of families communicating with social workers through software such as Teams or Zoom meant that even if a family was willing and the social worker felt this appropriate, it might not be practically possible. Some social workers also felt that there was limited guidance on best practice in using technology in their work (RA2/07, INQ000643632).

80. A particular concern raised by BASW England was the lack of direction on what to do with families on child protection plans who state they are self-isolating due to Covid-19 symptoms when the social worker could not evidence that medical advice had been sought (RA2/07, INQ000643632).

The concerns expressed by social workers

81. Social workers were not just concerned about their own personal safety but also concerned that their role made them potential vectors of transmission or 'super spreaders'. One social worker reported how, in an emergency, they had to remove two children from a household using their own children's car seats (RA2/017, INQ000643574). Others reported that they would look at their list of visits and did visits to those most susceptible first (RA2/016, INQ000643573), to reduce the chances of inadvertently transmitting the virus to them.

82. Issues of workforce capacity were not new for social work. As highlighted in paragraph 38, vacancy rates were high going into the pandemic. These issues were then compounded by social workers who needed to shield, social workers who lived with someone who was shielding, and social workers who tested positive for Covid-19 or who were required to self-isolate having potentially been exposed to the virus.

83. Some of these issues are explored in a submission by Sui-Ting Kong, Catrin Noon (of Durham University) and Jane Shears (of BASW) to the Committee of Public Accounts, dated February 2021, for the Committee's inquiry into supporting the vulnerable during lockdown (RA2/037, INQ000643596), which drew on analysis from BASW's first Covid survey conducted by the authors (RA2/01, INQ000509533). The survey showed that both those who were shielding, or lived with someone who was, and their colleagues were affected by this measure. A respondent from the first BASW survey commented on

"Being in a high risk group so should be working from home but don't feel able to due to the current state of the team in and needing to support them and the families we work with."

84. The survey also showed that some of those shielding felt guilty about the implications for their team members who were having to conduct additional visits as a result, thus exposing themselves to greater risk of infection. Changes in availability also meant children and families had to deal with social workers they did not know and who were less familiar with the family's circumstances.

85. There was also recognition of short staffing around home visits. The effect was felt to be compounded by other services no longer undertaking home visiting or stopping face-to-face work. Some social workers also felt unsupported and expected to work 'as normal' despite the risk to themselves.

86. Despite the reduction in both home visits and referrals, workload was felt to increase, in part due to covering for shielding or sick colleagues. Moving many previously face-to-face meetings, especially with other professionals, online meant social workers were often taking part in meetings that were now scheduled more closely together as there was no need to allow for travel time. This could be both intense and draining. Some social workers reported having to work late into the night as they sought to balance additional workload and their own family and caring responsibilities (RA2/038, INQ000643597).

87. Losing other services, including health visitors, through either the cessation of home visits and face-to-face work or redeployment, meant the loss of important sources of referrals and safeguarding observations. The absence of preventive or early intervention services led to families presenting in a state of advanced crisis.

88. Children in infancy and early years can be highly vulnerable. Writing in July 2020, BASW England noted that 45% of all Serious Case Reviews in England involve a child under 1 and that children this age face around eight times the average risk of child homicide (RA2/07, INQ000643632). Given these figures, the absence of health visitors meant there were fewer people engaging with families who had children in this age category, making it more difficult to identify if something may be wrong at an early stage.
89. Research suggests that only one in ten parents of children under two saw a health visitor face-to-face during lockdown. If there were specific concerns about a young child, this left social workers often being the only professional going into homes. This meant that the risk was not seen as being evenly spread, causing some social workers to question why they were expected to enter homes when others were not (RA2/039, INQ000643598). However, BASW acknowledges redeployment meant health visitors were often placed in roles with a high risk of Covid-19 infection.
90. Children and young people were also being discharged from admissions for mental health treatment without community service support (RA2/07, INQ000643632). This led in some instances to social work involvement and social workers continued to work with young people with mental health issues in the absence of support from allied services (RA2/040, INQ000643600).
91. Many children and family social workers experienced an increase in referrals and/or caseload in autumn 2020. According to a Sky News/BASW poll conducted at the end of September/beginning of October 2020, 65% of those working in the field of child protection thought referrals were up compared to 2019, with one-fifth of these being related to domestic violence (RA2/041, INQ000643601). During this period, it started to become evident how children had been impacted and in what ways (RA2/042, INQ000643602). They were exposed to multi-faceted threats during lockdown, such as exposure to abuse and/or domestic violence and the impact of extreme poverty contributing to an increase in referrals.
92. This increased concerns about the level of needs that were not being met, and fears that it was not possible to meet the level of need with current resources and capacity (RA2/043, INQ000643603; RA2/044, INQ000643604). This was exacerbated by councils tabling emergency budgets. In an article from The Guardian, dated 4 September 2020, I said:

“With clear evidence of more domestic abuse, mental health pressures, rising unemployment and disruption to schooling in the pandemic, we should be reversing the real-time cuts seen over a decade in children’s social services.” (RA2/045, INQ000643605)

93. As ‘stored up harms’ started to show through, there were concerns that the referrals being received in autumn 2020 still did not reflect the true extent of the ‘invisible crisis’ that had played out in spring 2020 (RA2/046, INQ000643606). In news articles covering the increase in referrals, social workers were quoted as saying they had never seen services under so much pressure (RA2/047, INQ000643607). In addition, it can take time for children to become comfortable enough to share what they have experienced, which may mean that a rise in referrals is spread over time (RA2/042, INQ000643602).
94. In the second BASW survey on social work during the pandemic, 67.6% of respondents working in children’s services said they had seen an increase in referrals or caseload since the reopening of schools (RA2/02, INQ000509534). 77.7% of respondents from all parts of the profession reported concerns about their capacity to protect/safeguard children and adults.
95. In the BASW survey of December 2021, 37.13% of respondents from all parts of the profession said that they had seen an increase in the number of people they worked with since the beginning of Covid-19 restrictions which had yet to return to pre-pandemic levels. If the respondents who reported that this did not apply to their specific role are discounted (i.e. they were not involved in direct work), the percentage of those reporting such an increase rises to 48.5% (RA2/048, INQ000509553).
96. Data collected by Ofsted and NHS Digital also showed that children were struggling with their mental health (RA2/019, INQ000643576) as a consequence of living through the period of pandemic restrictions. This is an area that remains of considerable concern as in some instances the mental health issues generated by the pandemic will continue for the coming years in a situation where the necessary support services lack capacity and resource. Children were particularly affected by both disruption to education and a dramatic reduction in opportunities for all forms of socialisation and ‘informal learning’ (RA2/020, INQ000509548).

Changes in working practice

97. The degree of remote working varied from social worker to social worker, employer to employer and area to area. It will have been determined by a number of factors including: role; availability of appropriate technology and access to software and platforms; the nature of the activity or meeting (it remained common for multi-professional meetings to remain online); and local policies. One social worker in child protection estimated that her work was 70% virtual in the autumn of 2020. However, this is a single anecdote, and the experience is not generalisable (RA2/019, INQ000643576).
98. Availability of suitable technology often depended on what was provided by the employer, which left some social workers struggling to move to work online during periods of pandemic restrictions. Some organisations also restricted access to specific platforms, which could also make communication difficult (RA2/016, INQ000643573).
99. Hybrid working became the norm for many, as evidenced by BASW England's 80/20 campaign producing a 'Top Tips for Remote Working in Children's Social Work', to support direct work in hybrid practice in November 2021 (RA2/049, INQ000643609).
100. Post pandemic the primacy of physically seeing the child remains, reinforced by the statutory guidance. This includes home visits to families who are not known to children's services, children who are in fostering or residential settings, those in detention settings, and UASC. As the pandemic has receded, normal patterns of visiting have been re-established, but supplemented by digital communications (RA2/049, INQ000643609).
101. What has changed significantly is that many professional meetings are now held online, to reduce travel time. We have anecdotal reports that for some statutory meetings (for example, looked after children statutory reviews) children prefer the online option.
102. The extent to which social workers have continued to work remotely cannot be established with any certainty. Front-line practitioners who were not shielding continued with face-to-face work throughout the pandemic, including in its later stages. As highlighted in preceding paragraphs, social workers were highly aware of, and suffered anxiety around, their ability to undertake direct work remotely, especially in the area of child protection.
103. Remote work allowed families to curate what was visible. It was challenging, if not impossible, for social workers to read non-verbal cues, check surroundings or know who

else might be in the room or nearby. Social workers were aware that they might not be getting a true and realistic picture (RA2/051, INQ000643612) although creative work was done to overcome some of these challenges (RA2/052, INQ000643613).

104. As an example, one social worker had contact with a family via Zoom where the backdrop was always a blank wall. On one occasion, the computer was accidentally moved, allowing the social worker to see a child sleeping on a mattress on the floor. An emergency house call revealed extensive damp, broken windows, barely any furniture and the floor covered in animal excrement (RA2/050, INQ000643611).

105. There were also technology challenges on both sides. Families and children may not have access to suitable devices and/or data packages. Social workers also did not always have suitable devices and some experienced restrictions on which communication platforms they were able to use (RA2/016, INQ000643573).

Referral rates and the impact on the workforce

106. From the survey data available, it is not in fact clear that social workers were experiencing a lack of expected referrals during autumn 2020. In both the joint poll with Sky News and the December 2020 survey, around two-thirds of respondents reported having seen an increase in referrals. However, the number of referrals may not have reached as high a level as was feared in the period immediately preceding the reopening of schools in autumn 2020.

107. Three main areas of concern can be identified with regard to the level of referrals being lower than anticipated. Firstly, there was concerns about ongoing, unidentified and unmet need, especially amongst children who were still being kept out of school (RA2/019, INQ000643576). The second concern related to the longer-term implications for mental health that might not be immediately apparent. The third concern was around the medium to long-term impact on a sector that lacked capacity and resource as cases continued to emerge (RA2/040, INQ000643600).

108. It is also possible that there may have been genuine one-off safeguarding concerns that were not picked up and the family moved on. These issues will vary in severity. Some of these issues will then re-emerge later down the line, and/or in other ways.

109. During autumn 2020, the experience of frontline practitioners was that approximately two-thirds of social workers, in two separate surveys, reported an increase in referrals

and/or caseload. BASW continued to highlight issues of resource and capacity, and call for more support for the sector (RA2/019, INQ000643576), recognising that an increase in referrals would have long-lasting implications for the sector's ability to deliver support and undertaken interventions.

110. A number of factors can be identified in respect of what caused or contributed to the increase in complexity of referrals in the period following lockdown restrictions. Firstly, there was the 'pressure cooker' effect of lockdown restrictions, aggravating any existing tensions and introducing new stressors (RA2/019, INQ000643576; RA2/046, INQ000643606). There was a known increase in domestic violence (RA2/053, INQ000509573). Children and young people could be facing multi-factorial threats including parental mental health difficulties; substance and/or alcohol misuse, domestic violence, abuse, neglect and the effects of poverty.

111. Secondly, there was later presentation or identification. Having fewer professionals seeing children meant that potential difficulties were not picked up as early as may otherwise have been the case (RA2/019, INQ000643576). Protective factors were thus undermined, for example by children not being in school. In addition, social workers faced many challenges in seeing and working with children and young people who had already been identified as needing their support.

112. The move online also introduced new challenges or aggravated existing ones for children and young people. For some, more time on screen led to an increased risk of bullying, grooming, exploitation and access to misleading information (RA2/054, INQ000643615).

113. Challenges with workforce capacity predated the pandemic, were aggravated during the pandemic and remain an issue that has not been overcome. We know that during this period, social workers were struggling with their caseload and their workloads. In Community Care's annual caseload survey, carried out in March 2021, 23% of more than 800 respondents said their caseloads were "completely unmanageable" and 56% said they were "hard to manage".

114. One respondent was quoted as saying:

"Expectations and volumes of work are beyond any individual social worker's capacity. Number does not reflect the complexity of cases. Worried my team are operating at

harmful levels of stress. Staff are burning out despite the emotional support from management, I feel I have no long-term future in safeguarding children.” (RA2/055, INQ000643616)

115. In BASW’s survey of the profession from December 2021, 71.87% of respondents reported not being able to complete their workload within their contracted hours with 23.58% reporting that they completed ten or more hours in unpaid overtime in an average week, with a further 34.31% reporting that they completed between 5 and 10 hours of overtime in an average week. For the vast majority, 93.31%, any overtime was unpaid.
116. 55.38% of respondents said they were experiencing more moral distress as a result of the impact of the Covid-19 pandemic. Moral distress can be understood as the emotional and/or psychological impact of knowing what the ethical thing to do is but being unable to take that action. It can also be caused by seeing others take, or having to take, unethical actions (RA2/048, INQ000509553).
117. In another question on plans for the next three years, 12.14% said they planned to retire or take early retirement, 15.42% said they planned to leave the profession and a further 15.53% said they planned to work fewer hours. Thus, over two-fifths of respondents planned to either leave the profession entirely or reduce the number of hours worked.
118. A reduced workforce, with an already high vacancy rate, which faced spikes in staff sickness during this period, notably during October and November 2020 (RA2/056, INQ000643617), inevitably impacted the capacity to safeguard and support children and young people despite the best efforts of many practitioners.
119. Each individual case presents a range of difficulties and dilemmas. Each set of circumstances is unique. In the early phases of the pandemic, there was an increased instability of foster placements. The number of carers in the ‘high risk’ category who were no longer able to provide care also created a lack of emergency placements (RA2/07, INQ000643632). Instability of placements was compounded by growing complexity and there was already a lack of sufficient placements to deal with growing demand. We know that looking after children under lockdown restrictions affected kinship and foster carers who felt isolated and disconnected. There was also the impact of the closure of educational settings for those with physical or learning needs (RA2/020, INQ000509548).

120. Fostering and residential services are increasingly being delivered by private providers (both for profit and not-for-profit) as well as local authorities delivering these services 'in-house'. We are aware that a number of councils reported increases in weekly foster and residential costs. This included increased cost of foster care support packages during lockdown and increased placement costs for children with additional needs (RA2/057, INQ000643618). As many local authorities were overspending on their children's services budgets, cost increases also affected capacity in the sector.

Initial relaxations to statutory requirements

121. BASW members were not consulted on the changes proposed and made to the Coronavirus Act 2020 (namely the easements to the Care Act 2014 applied to young people between the ages of 18 and 25) and the Adoption and Children (Coronavirus) (Amendment) Regulations 2020. While social workers may have been consulted through other forums, I am not aware of any consultation on the Special Educational Needs and Disability (Coronavirus) (Amendment) Regulations 2020, that involved BASW.

122. BASW opposed the proposed change to the Children Act 1989, through the Coronavirus Act, which disapplied the duty of local authorities to support the transition of children with disabilities into adult care. This was felt to be unnecessary as provisions already existed for local authorities to exercise discretion on how to interpret the legislation, although it was argued that guidance on how to interpret the legislation would be helpful (RA2/058, INQ000643619).

123. There was also concern about children being impacted by the changes to adult social care, specifically the changes to the legal rights to assessment – and therefore services – for children who act as carers and children with a disability. BASW argued that this reversed rights that had been won over previous decades, and this aspect of legislation should remain unamended (RA2/058, INQ000643619).

124. BASW England was a co-signatory of Article 39's letter (RA2/059, INQ000176291) which challenged the guidance for local authorities on children's social care published by DfE on 3 April 2020. Signatories were concerned that the new guidance suggested local authority statutory duties could be dispensed with when in fact there had been no changes to legislation which would allow for this to happen. There were particular concerns around the relaxation of duties to care leavers, and the letter argued that all care leavers must continue to receive the full package of support to which they were entitled and have the

same frequency of contact with personal advisers and other professionals. DfE was strongly urged to amend its guidance as a matter of urgency and to clarify that local authorities must continue to fulfil their existing statutory duties to children and young people. Noting that the Department was also exploring ways to 'go further', the letter also called for a commitment to consult those directly affected by any such changes.

125. BASW England responded to the Adoption and Children (Coronavirus) (Amendment) Regulations which were published on 23 April 2020 and came into force on 24 April 2020. The statement noted the breadth of changes involved but focused in particular on changes to statutory visits and statutory reviews for 'looked after' children (the term referring to children in the care of a local authority). A particular concern related to the use of the phrase 'as soon as is reasonably practicable' in relation to conducting reviews of care arrangements. Whilst recognising the need for additional flexibility in the circumstances, there was concern about the lack of a fixed review period and the potential negative consequences for those involved if difficulties were emerging. There was further concern about the apparent similarity between some of the changes being introduced and proposals in the Children and Social Work Bill 2016/17 which had been opposed by many in the sector and rejected by Parliament (RA2/060, INQ000643622).

126. It was felt that not only had the amendments been proposed by the Minister and the DfE and then adopted with a lack of due parliamentary process, but many of the amendments undermined children's rights and failed to put their welfare and best interests at the centre.

127. BASW published an open letter to Gavin Williamson MP, then Secretary of State for Education, regarding these changes on 28 April 2020 (RA2/061, INQ000643623). A version of the letter was also copied to Tulip Siddiq MP, then Shadow Minister for Children and Young People (RA2/062, INQ000643624). The letter noted that BASW was uniquely placed to comment on the impact of government legislation and statutory instruments on vulnerable children and families given the work of its members. Whilst recognising that new practices may have to be adopted at pace, it was argued that these needed to be both appropriate and proportionate and the changes introduced by Adoption and Children (Coronavirus) (Amendment) Regulations were neither. The letter focused in particular on statutory visits and independent reviews. It noted that it was unacceptable to amend a statutory instrument without any prior consultation.

128. When the DfE subsequently opened a consultation on extending these Regulations in July 2020, BASW England initially forwarded the consultation to members on 17 July 2020. Members, particularly those involved in research, rapidly responded with serious concerns about the structure of the survey and the ambiguity of the questions (RA2/063, INQ000643625). Particular issues included the lack of open questions that would allow views to be expanded, ambiguities in phrasing that made it unclear what the respondent was agreeing to, and the fact that not all potential responses were available, particularly with regard to concerns about and criticisms of the measures introduced by the Regulations. No reference to such concerns was made in the introduction to the consultation, despite the measures being subject to a judicial review led by Article 39. There was therefore concern about the validity of any conclusions drawn by the government from responses to the consultation as framed. BASW England therefore withdrew their recommendation to complete the survey.

129. DfE's handling of the consultation responses was subsequently criticised (RA2/064, INQ000643626) as some responses were rejected as being 'campaign' responses organised to influence results. It appears these responses were initially excluded from the Department's findings. This created further unease in the relationship between the sector and the Department.

130. SASW also raised concerns about some of the measures in the Coronavirus (Scotland) Bill that related to the rights of children and young people. The first concern was about the lack of stipulation of whether 'fewer than three', with regard to the usually three members of the Children's Panel for children's hearings, meant that a hearing could take place with only one member, which was felt to be inappropriate. SASW suggested that the wording should be a minimum of two (RA2/065, INQ000643627).

131. The second concern related to the extension of the review and appeal periods for children placed with kinship and foster carers. It is worth noting that the amendments in Scotland included fixed timeframes for review, unlike England. It was recognised the proposals were not unreasonable, for example, in extending the time from six weeks to three months for the conduct of the first review. However, SASW noted that local authorities must have a level of monitoring in place when reviews went past their original deadline to ensure the child's wellbeing and that the carer was managing.

132. As outlined in paragraph 124, BASW was co-signatory to a letter led by Article 39 regarding DfE's initial guidance to local authorities on children's social care. BASW also

wrote an open letter to the then Secretary of State for Education. I am not aware that a response was received from DfE with regard to the open letter.

133. BASW opposed statutory relaxations as undermining the hard-won rights and entitlements of children and young people. BASW's practice guidance on social work with children and families during Covid-19 explicitly states that it does not advise on how to manage statutory duties as this was a role for statutory bodies.
134. BASW did provide ethical guidance for social workers (RA2/031, INQ000509558) and in January 2021 also provided 'Ethical questions for social workers when services are not able to cope with demand' (RA2/066, INQ000643628). This covered how social workers may approach handling situations where they felt pressures were leading to unacceptable compromises and how to challenge individual decisions if deemed necessary.
135. Whilst individual members may have had some involvement in assessing the impact of relaxations as a result of their particular role, I am not aware that BASW was involved in any assessment of the impact of these relaxations.

An overview of the impact of the Covid pandemic

136. All children and families suffered a significant negative impact by the restrictions introduced during the pandemic. This impact was greater for people in economic poverty. Children who are in contact with children's social care services often have significantly greater needs than other children in the population and this can often be the reason they have extended contact with children's social care services. It therefore follows that the impact on these categories of children as a whole was greater than the broader population of children.
137. BASW and its members had concerns for all groups of children with whom social workers specifically work, and also for children more broadly, recognising the impact of the disruption caused to young lives by the restrictions put in place. The data that BASW holds does not differentiate between the different groups of children with whom social workers may work and many of the concerns raised are applicable across the various settings in which social workers practise.
138. Many of these concerns are explored elsewhere in this statement. To summarise:
- a. What was happening to children who were not in school even when they were eligible – cannot care for those you cannot see.

- b. Concerns that Covid-19 was being used as a reason to keep professionals from entering homes.
- c. Increased instability of foster placements.
- d. Lack of emergency placements.
- e. Impact of statutory relaxations on oversight of placements.
- f. Potential for blanket restrictions for any child or young person living in some form of 'institution'; separation from families and/or networks; distance from families and/or networks; risk of infection from communal areas.
- g. Implications of family homelessness for education, stability and development (RA02/067, INQ000643629).
- h. For those with SEND/ASN/ALN, the impact on routine, not understanding the need for restrictions; not always able to access education and/or support and/or respite; impact on family carers.
- i. Lack of support, including withdrawal of support services, from children with mental health conditions; aggravation of poor mental health by pandemic restrictions and, in some cases, online interactions.
- j. Concerns about the implications of legal proceedings being on hold or delayed.
- k. New referrals involving domestic abuse.
- l. Some reports of an increase in allegations of threats of forced marriage (RA2/07, INQ000643632).
- m. Concerns about a possible increase in Female Genital Mutilation (RA2/07, INQ000643632).

139. Whilst there will always be some consequences that were unintended or unanticipated, it is BASW's view that the consequences of some restrictions could have been predicted, and mitigations put in place.

140. For example, closing schools and moving learning online would have consequences for educational attainment for those who were unable to access online resources and insufficient effort was made to enable their engagement in terms of providing suitable devices. Impacts of disruption on the mental health and wellbeing of children and young people could also have been anticipated.

141. The lack of provision of PPE and specific guidance for conducting home visits affect the ability of social workers to conduct such visits safely, thus having implications for their

ability to protect children to the greatest extent possible as well as fears about transmitting the disease.

142. BASW also recognised from the outset that increased delays in court proceedings combined with the closure of contact centres, would lead to children not seeing their parent or parents for an unacceptably long period of time.

143. One social worker, speaking to Professional Social Work magazine about the challenge of child protection in April 2020, stated:

“I had a child who is aged three who said to me “mummy lives in a computer now”. Because she is in care she sees her mom via contact and since all face-to-face contact has stopped, we are offering virtual contact.” (RA2/051, INQ000643612)

144. Another noted in the same article that the next time their parents would see two newborns was when lockdown ended. At that time, there was no clear idea of when that would be. With contact centres closed, only video contact could be provided, and it was recognised that not having touch contact was emotive and difficult.

145. The challenge of promoting the relationships and wellbeing of children looked after away from home and the impact of Covid-19 was also recognised by SASW/SWS, which noted significant challenges around contact and the balancing of benefits and risks (RA2/020, INQ000509548). The joint submission further noted the limited number of safe physical environments for safe indoor contact further restricting options during a later period in the pandemic.

146. Whilst recognising the need to take action quickly, it is BASW's view that a number of measures were not fully thought through and therefore served to undermine hard-won rights and entitlements. Policy and decisions often appeared to have a disproportionate impact on the most vulnerable in society, those groups with whom social workers mostly work.

147. These concerns are applicable to the approach taken across the four nations. There were however variations across the UK, for example, the Scottish Government's approach to having an extended but fixed period for reviewing foster placements compared with the ambiguity of DfE's 'as soon as reasonably practicable' approach. The lack of clear government guidance had implications for local authorities and services in the conduct of

their work as it generated uncertainty around what could and could not, and should and should not, be done.

148. In addition to the member surveys conducted by BASW, I would like to draw the Inquiry's attention to the following articles which may be of relevance. These have been published in the BASW-owned peer reviewed academic journal, the British Journal of Social Work:

- a. Bernard, C et al: "Racially minoritised young people's experiences of navigating Covid-19 challenges: A community cultural wealth perspective" Vol 54 (7), October 2024 (RA2/068, INQ000643630).
- b. McFadden, P et al: "Covid-19 impact on Children's Social Work practice and social worker well-being: A mixed methods study from Northern Ireland and Great Britain during 2020-22." Vol 54 (3), April 2024 (RA2/069, INQ000643631).
- c. Dadswell, A & O'Brien, N: "Participatory research with care leavers to explore their support experiences during the Covid-19 pandemic" Vol 52 (6), September 2022 (RA2/070, INQ000643633).
- d. Kingstone T et al: "Exploring the impact of the first wave of Covid-19 on social work practice: A qualitative study in England, UK" Vol 52 (4), June 2022 (RA2/071, INQ000643634).
- e. Ferguson, H et al: "The Unheld Child: Social work, social distancing and the possibilities and limits of child protection during the Covid-19 Pandemic." Vol 52 (4), June 2022 (RA2/017, INQ000643574).

149. This final project, in which BASW was a partner, also produced a helpful Research Briefing in June 2020: "Child Protection, Social Distancing and Risks from Covid-19" (RA2/016, INQ000643573).

150. The impacts of pandemic countermeasures on children's social services have been explored throughout this statement. In BASW's view it is clear that some groups of children and young people were disproportionately impacted, in particular their rights under Article 8 of the European Convention on Human Rights and/or those with protected characteristics under the Equality Act 2010.

151. Some children with physical or learning disabilities received reduced educational and other support, impacting their routines and wellbeing. Children from Black and Minority Ethnic backgrounds may have been disproportionately exposed to loss as we know that the virus had a disproportionate impact on their communities. The Bernard article

(RA2/068, INQ000643630) contains useful insight into the lived experience of participants from these groups. In addition, as children from these backgrounds may live in more deprived localities and/or in worse socio-economic circumstances, they may have been disproportionately exposed to domestic stressors linked to worsening financial situations and poverty.

152. Looked after children experienced disruption of contact with family and/or networks and to their routines which may have disproportionately impacted their mental health and wellbeing. Their individual circumstances may also have disproportionately impacted them, for example instability of placement or blanket restrictions placed on those living in a residential children's home.

153. It is BASW's view that a number of the decisions about the maintenance of social care services, healthcare and other public services being taken were detrimental to the rights and wellbeing of the child and that this was particularly the case in England, where DfE failed to consult the sector before introducing far-reaching changes that impacted the rights of certain groups of children.

154. BASW acknowledges that far-reaching decisions had to be taken quickly. However, some decisions, such as the move to virtual learning, were more accessible to, and better supported for, some groups of children rather than others. There appears to have been limited consideration for those already struggling or for whom restrictions such as lockdown and school closures would exacerbate the challenges they already faced. In addition, there was a lack of consultation regarding proposed changes and a lack of guidance specific to social workers supporting children.

Reflections and lessons learned

155. Many of the restrictions introduced during the Covid-19 pandemic had a detrimental impact on children and young people over a large proportion of their young lives to date. In responding to known and suspected risks of Covid, children were denied vital, age-appropriate opportunities for learning and socialising in person, were less well protected from harm by social workers and others, and in large numbers suffered detriment to their wellbeing and emotional and psychological health.

156. The restrictions reduced the protection and support of children and young people that social workers are tasked to provide through a wide range of difficulties and barriers to

undertaking their professional roles including reduced ability to assess and intervene in risks of harm or neglect at home or in residential facilities with the restrictions on professional visiting, lack of access to PPE, lack of governmental guidance on fulfilling statutory duties and in rendering children and young people of concern to social workers at further risk through lack of access to schooling, socialisation and community supports.

157. There needs to be recognition within national resourcing and more tailored support services of the longer-term challenges to the mental health and overall wellbeing of children and young adults still affected by Covid restrictions and disruptions to opportunities, support and protection. There also needs to be recognition of the physical ill health impacts on some children including those who developed Long Covid..

158. Covid affected children, families, individual adults and communities in unequal ways. Children who were in vulnerable situations were additionally at risk and harmed by the restrictions and lack of access to social work and other support services. For instance some young people in the care system had pathways to adulthood made even harder as moves to independent living were delayed, or young people were moved with even less than usual amounts of support. This is an example of how some vulnerable children/teenagers affected by Covid have become adults at risk and in some Safeguarding Adults Reviews of serious cases are identifying the specific contribution of Covid isolation, fractured services and lack of oversight in the transition to adulthood.

Workforce

159. Children's social care services has a chronic problem with recruitment and retention of social workers. After Covid, this intensified, in particular with the loss of more experienced social workers leaving roles early in their careers. Social workers trained during the pandemic also experienced truncated and often unsatisfactory learning opportunities, particularly in respect of placements (in the field learning) which left them less well prepared for practice and less confident.

160. Social workers in practice in the pandemic experienced significant additional stresses, direct and vicarious trauma, moral injury and reported more mental health difficulties in our surveys and in other surveys of social care and health staff.. Given these impacts of the pandemic on the profession, in July 2020, BASW launched a new Social Work Professional Support Service (PSS) to provide supportive mentoring and coaching for members in order to create space for reflection, to prevent burnout where possible and to

support social workers to stay in the profession amongst other objectives. The service was funded initially by, and received an additional grant from, the Covid Healthcare Support Appeal overseen by the Royal College of Nursing. This provided an opportunity to join a network of other support organisations across the public sector. It was also an opportunity to have the wellbeing needs of social workers recognised alongside the more frequently recognised needs of health staff.

161. Since the pandemic, the PSS 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. No equivalent agreement has yet been reached for England. As of September 2024, there have been 1500 registrations since the launch of the service.

162. One further area of potentially positive development has been a greater shift towards hybrid working. Managed and supported appropriately, this can have benefits for social workers and those with whom they work, for example less time spent travelling to meetings for professionals or greater ability to express themselves for young people who feel more comfortable with using digital communication. Crucially, the hybrid working has to be appropriate, with the pandemic having demonstrated the essential nature of home visits and face to face meetings in ensuring appropriate support and protection for children and young people. Mitigations also need to be in place for those affected by digital exclusion.

The pre-pandemic period and preparedness

163. As I have set out above, under-funding and under-resourcing over more than a decade had left children's services in a weakened position entering the pandemic. Many preventive services had been reduced or cut altogether, and an already depleted workforce was then further reduced by infection, self-isolation and shielding. The ability of social workers to fulfil their vital, statutory and supportive roles were also significantly curtailed by the restrictions of Covid which, we contend, were made unnecessarily worse by lack of prioritisation of social workers for resources and clear government guidance. The roots of this lie at least in part in lack of pandemic preparedness. These challenges were exacerbated for many by the lack of suitable and available PPE in the early stages of the pandemic. Practising under these circumstances caused distress, which was compounded by uncertainty, a lack of appropriate guidance and a feeling of being invisible whilst continuing to carry out in-person visits to meet the significant responsibilities of the social work role. Social workers continued to deliver services, but practice was affected, and risks were not well managed, especially early on, due to lack of pandemic

preparedness. This inevitably impacted upon the children and young people with whom social workers were or should have been working.

Lockdown restrictions and vulnerable children

164. The difficulty of accessing locations, including homes, created by both lockdown restrictions and the fears that the disease and the restrictions generated, greatly increased the difficulty of discharging many of a social worker's statutory responsibilities. Child protection and safeguarding are key responsibilities of social workers. Lockdown restrictions and the implications for face-to-face visits increased concern about the ability to safeguard and protect and the extent of neglect or abuse that may be passing unseen.
165. Home visits are an essential part of children's social services, with their frequency determined by both statutory guidance and the specifics of the child protection plan. Routine visits to foster carers should also happen at a minimum frequency in line with statutory requirements. Little consideration appears to have been given to how this essential activity could be conducted safely in the circumstances of a pandemic or the potential negative implications of any relaxation of requirements on the immediate safety and wellbeing of children and families, and the long term impact of such failures of care and protection.
166. Lockdown restrictions created 'pressure cooker' environments in some households, with children more likely to experience the consequences of tensions in the household due to not being in school and having adult family members at home all day. Absence from school and overall reduced visibility to professionals from a range of backgrounds led to later increases in presentation and/or identification of children requiring support or protection by social and health services.
167. Later presentation or identification may also have contributed to the increased complexity of children's circumstances and difficulties once they had become visible to services. Protective factors, such as presence in school or social or sport activities, were undermined. Existing tensions within households were aggravated and new stressors introduced, leading to more 'cases' which involved multiple factors such as domestic violence, parental mental health challenges, alcohol and/or other substance use and the impact of poverty.
168. Whilst referrals may not have increased to the extent originally feared upon the reopening of schools, many social workers did still experience an increase in referrals. Consequently, there were concerns about resource and capacity in the sector both

immediately and longer-term as new referrals and longer-term consequences, for example the impact on mental health, continued to emerge.

A lack of guidance and BASW's response

169. It is inevitable that in the first few weeks of a national emergency, responses take time to 'gear up' and then scale up. However, specific guidance for social workers continued to be unavailable and if there were developments, 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 and would do so again. But it begs the question, given the significant statutory responsibilities held by the profession, what would have happened in the absence of BASW? BASW would expect to contribute its expertise and that of members to the development of guidance in preparation for future pandemics or other emergencies. Our hope is that in pandemic (and other health and wellbeing emergencies) planning, governments across the UK will work with professional bodies such as BASW to ensure frameworks for practice tailored to the specific responsibilities and statutory duties of each profession, including social workers, are developed such that they can be adapted quickly to different situations. This should provide the basis for a framework of collaboration between government and the professions to instil confidence and clear direction for professional staff, and parity of recognition for their different professional responsibilities to keep vulnerable children and adults safe.

IPC and PPE

170. The approach to IPC and PPE for children's services was lacking, leaving many in the social work workforce untrained, scared, unsafe and without both appropriate equipment and relevant guidance during the pandemic. This had profound implications for their ability to gain essential safe access to children and the adults around them.

Changes in working practice

171. Key assumptions were made that went unchallenged, for example that children and their families could easily pivot to digital services and have the technical capability and economic capacity to do so. The pandemic exposed the harsh reality of a digital divide, as education and many support services moved online, for those who were unable to use or access digital communication technology.

172. Many social work employers were also unprepared for the shift to digital technology, leading to inconsistencies in the availability of devices such as laptops and smartphones

as well as access to specific platforms for social workers to use to stay in touch with children, young people and families.

Initial relaxations to statutory requirements

173. There were a number of actual and potential changes to legislation in a highly fluid and uncertain situation relating to children's services. These included relaxation of requirements for frequency of social worker visits to children in care, independent reviews of individual children's care, the weakening of care standards in children's homes, relaxation of the number of Ofsted inspections of children's homes as well the number of independent visits and reports on children's homes, the increased duration of emergency foster placements and a relaxation of safeguarding checks for new foster carers (after Children's Society Select Committee Report May 2020).

174. Whilst an urgent response was undoubtedly necessary, little attention appears to have been paid to (a) the potential detrimental impact of those relaxations on the children and young people affected and (b) how social workers could continue to discharge their legislative responsibilities safely, effectively and in a manner that would allow the needs of children and young people to best be met. The lack of consultation on proposed changes, notably by the DfE, with social workers who have profound knowledge and expertise as well as essential insight into the potential implications of such relaxations for children and young people, was problematic. Successive pieces of legislation have created a unique role to protect the most vulnerable children and young people in society under the legally protected title 'social worker', yet this reality appears to have been repeatedly overlooked or misunderstood.

An overview of the impact of the pandemic

175. An effective response to national emergency involves a range of 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 and supporting children and young people.

176. The pandemic also brought to the fore the inequalities of society, with the least advantaged suffering the most. Those from economically poorer backgrounds, those from minoritised ethnic groups, those with physical and/or learning disabilities, those in or with experience of the care system, those with mental health challenges, experienced the

greatest impact, with many of these factors intersecting. However, despite growing evidence of disproportionate impact and increased risk for these groups, little appears to have been done by way of mitigation.

177. The narrow definition of vulnerability and children at risk applied during Covid meant that many children who really needed to be in a school environment were not able to attend. This pressurised many households (practically, financially and emotionally), took away all the vital socialisation benefits of schools in very formative years, distanced children from friends and broke the routine of school attendance. Along with the increases in mental health referrals of young people evident post Covid, perhaps even more stark is the jump and persistence in children not attending school. This situation not only tells a story of current distress and poor socialisation for many children and young people, it also indicates risks of long term harm and emotional and psychological need in adulthood.

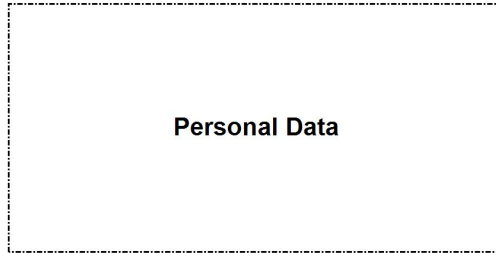
178. Reflecting on the experiences of the social work profession in children's services during the Covid-19 pandemic, on behalf of BASW I would like to put forward the following recommendations as to what could be done differently in relation to the provision of children's social care services during any future pandemic.

- a. Social work plays a crucial role in ensuring the support and protection of children and young people. Preventive services have been neglected for many years, resulting in more children and families reaching crisis point. Children's services also face challenges due to a depleted workforce, ongoing issues with recruitment and retention. Failing to allocate resources to children's services and to provide preventive measures creates a situation where children and young people will continue to suffer from the same issues in any future pandemic.
- b. It is vital to focus more on the implications for home visits within children's services. The lack of PPE and suitable IPC measures meant that social workers felt unsafe and unequipped to perform their duties, and many families may also have felt unsafe. Clear guidance is needed on which tasks are essential, and social workers must be properly equipped with relevant additional training, ensuring that they have the mental, emotional and physical safety and resilience to fulfil their statutory responsibilities.
- c. Better preparation is required to minimise the loss of support services and contact with professionals. During periods when children are out of school and infants do not receive visits from health visitors, fewer professionals have direct observation of children to identify potential issues related to neglect or abuse.

- d. There must be an acknowledgement of digital poverty and the fact that not all children, young people, or families supported can access and utilise digital platforms for service delivery.
- e. Government emergency planning for future pandemics and other national crises should prioritise children's services and recognise the unique statutory responsibilities of the social work profession—responsibilities that have been assigned to social workers by successive governments.
- f. Future pandemic-specific guidance should be issued to social workers by relevant government departments, reflecting their distinct roles and legislative duties.
- g. Guidance should consider that social workers often move between various settings, including family homes, when considering issues such as dissemination of, access to, and training on IPC and PPE. Although BASW provided extensive practice guidance during the COVID-19 pandemic, there was a clear gap in both pandemic preparedness and the UK government's and DAs' response.
- h. Social workers constitute a significant national resource—an asset that could and should be utilised more effectively in future national resilience efforts. Their expertise should be included in national resilience planning, advisory panels, local health resilience partnerships, and local resilience forums (and their devolved equivalents). This would enable social workers to contribute their insights during emergencies and disasters, as well as their knowledge of social care legislation, the rights and entitlements of the disadvantaged, and the potential disproportionate impact of countermeasures on different groups of children and young people.
- i. Consideration must be given to preventing the erosion of rights and entitlements as much as possible in any future pandemic. Diluting rights and entitlements often worsens the situation for those already most marginalised, especially as they are further affected by pandemic responses. Addressing societal inequalities should also be given increased priority.
- j. When evidence indicates a disproportionate impact during a pandemic, prompt action must be undertaken to mitigate these effects, thereby reducing preventable mortality and morbidity. We recommend establishing a Prompt Action and Crisis Impact Team or Committee in a multi-agency format (including the Social Work and Safeguarding Sector) from within the government to address issues and minimise their effects swiftly.

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: _____

Dated: _____ 21 July 2025 _____