HOUSE OF LORDS

Select Committee on Public Services

Oral evidence: Public services: lessons from coronavirus

Wednesday 16 September 2020

3 pm

Watch the meeting

Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Filkin; Lord Hogan-Howe; Lord Hunt of Kings Heath; Baroness Pinnock; Baroness Pitkeathley; Baroness Tyler of Enfield; Baroness Wyld; Lord Young of Cookham.

Evidence Session No. 19 Virtual Proceeding Questions 136 - 155

Witnesses

I: Agatha Anywio; Tamsin Phipps.

II: Debra Baxter; Patricia Stewart; Dawn Knight.

III: Jackie Topping; Shay Flaherty.

IIII: Katie Rose; Michaela Berry; Ryan Wise.

Examination of witnesses

Agatha Anywio and Tamsin Phipps.

Q136 **The Chair:** Good afternoon, everyone. It is a pleasure to welcome you to this session of the Public Services Committee. We have been looking at the impact of Covid on public services, and this afternoon we will hear what I know will be some very interesting reflections from people who have needed to access public services over the period of the lockdown and afterwards, and what their experience has been like.

Welcome to all the people who will give evidence this afternoon. I hope that you help the Committee to understand what happens to people who are having to access services in the middle of what has been a really difficult time for all of us. It has probably gone on longer than most of us anticipated. I know that you have things to say from early on but also maybe later on with the challenges that have been going on.

I will open by asking Agatha and Tamsin, who are here from Age UK and different parts of the country, to introduce themselves and then talk to us about their experience of dealing with public services, getting the help they need when they needed it and how different that was—just what it was like during the pandemic. Shall we start alphabetically with you, Agatha.

Agatha Anywio: Good afternoon, Lords and Ladies, all protocols observed. I live in Wandsworth and deal with Age UK in Wandsworth. Your question was what I understand and feel about the lockdown.

I think the Government understand public services, but unfortunately because of my age and health I am one of those who were told are vulnerable and told to shield by the Government. I had a letter from the Government telling me that I should officially shield, but nothing happened. I was surprised to get the letter, so about four weeks later I phoned Age UK in Wandsworth and I said, "What is going on? I am hearing on the television about people like me, but nobody has contacted me". I was told to contact my surgery, and my surgery said, "I am surprised your name is on the list". I said, "But I have got a letter". So they referred me back to the council and the council said that I must have filled in the government form online wrongly and that they would fill it out for me again, and they did.

Two weeks later I started receiving a government food box, which was excellent. The public services that we are talking about—transport, supermarkets, hospitals, surgeries—are really not used by people like me. We are told not to go anywhere, we are told not to receive our families, we are told not to receive any visitors, and I live alone so I am completely isolated and alone.

I got a phone call from my family once in a while, and Age UK were very good in contacting a lot of people who are registered with them. There are many who are not. So they called me and they referred me to a company that delivers cooked food for older people, and they delivered

food to my house twice. I was very grateful. Age UK gave my name to a lot of organisations for me to make comments on how I felt during the lockdown, which is what I did.

I appeared on the BBC, I appeared at the Age UK head office, and I made comments and reports which I sent to them. Some of them were published. I spoke to the *Daily Mirror* regarding how they view people like me in the press, which is very important to people like us because they should not label us; they should just call us by our name. We prefer it that way.

Other services I received online were online exercises, online prescription orders, and online surgery diagnosis if you are ill. Then there was shopping in supermarkets, which I find very challenging. I did not like it at all because they have a minimum spend which a lot of people cannot afford. They asked me to spend £60 on shopping. I usually spend £10 or £15 at my age, because I live alone. When they tell me that I have to spend £40 minimum or £60 minimum it puts me off, so I just came out of the website. Luckily, some people like us have friends who call us.

The voluntary sector organisers were excellent in my area. They gave help by co-operating with a local chef to deliver food and by signposting me to the community hub in my area in Wandsworth. The community hub is where a lot of my friends, especially BAME people, go to meet people in my area. I found out that they do not have this hub in other boroughs. A lot of my friends were saying that Wandsworth was fantastic in having such a hub. If there is anything you want, you phone that hub and that hub will signpost you to anything you want, like exercise, people to collect your medication, people to do small shopping for you, which is different from you doing online shopping in supermarkets. It is wonderful for people like us who do not have much money.

At Age UK in Wandsworth, where I live, they activate a lot of the services for people like me. Sometimes people phone to tell them what is going on around there. A lot of their staff are still coming into the office to help people like us, and lot of voluntary people bring food and things like that. They bring it to the offices of Age UK and they are the ones who now distribute them to a lot of people. They advertise on the community hub for volunteers, and they had 385 volunteers helping during this lockdown.

Personally, my experiences with public services are okay, because I am active in my area; I volunteer a lot in my area. Even when people are talking about a lot of things, I am the one who normally contacts a lot of my friends, and people I know have the facility to do that. So I recommend it. In that aspect I can say that I am actually lucky, but I still felt lonely, I felt completely isolated, because I was completely barred from seeing any member of my family. I believe that a lot of people in my position suffered the same. You cannot hide what goes on during lockdown.

The other question that was asked was about the help that we have, and how we would feel if it stopped. To be honest, I pray that a lot of the help

that older people had during the lockdown continues. I pray that those who receive it continue to receive it, because if they do not it will lead to mental problems and for some of them it will be unbearable if nobody contacts them. Even just a phone call once a week makes a lot of difference for people like me. Some of them are so lonely they do not talk to anyone. I can be in this house for weeks on end. Most of my family are abroad. I only have one family member in England, so if I do not join a lot of the groups it is a burden to the one family member I have in England to do everything for me, and he has his own family to look after.

I depend on volunteer organisations and what they do for me to access those services, but we must make sure that this access is available to everyone because not everybody has it. I have witnessed it. I phoned a lady who was crying in her house because she had not spoken to anyone in four weeks and had no idea that such a thing existed. How do you publicise that? How do you meet people who do not belong to an organisation, do not belong to a cultural organisation, do not belong to Age UK, do not belong to Hestia, or any of the other organisations? Somebody has to signpost them to them.

The Chair: Yes, thank you, Agatha.

Agatha Anywio: That is all I can say.

The Chair: We will come back to you, but first I want to hear from Tamsin. I should have introduced myself. I am Baroness Armstrong of Hill Top and I chair the Committee. I will ask Tamsin to give her experience now and then we will come back to both of you.

Tamsin Phipps: Good afternoon. I would never have viewed myself as vulnerable, but two hours after the announcement was made on that Monday evening I got a text saying, "Do not pass go, do not get £200", and I really had a big shock. That hit me really hard because I am active, I do a lot of things, and suddenly I was not able to do anything at all. I am not the world's best cook; I had no food in. I began to panic. I live alone, I am single, so it was very hard. It hit me really hard within the first 24, 48 hours, realising, "This is it. I am on my own".

However, with Age UK Berkshire and our local council I was not alone, because not many days passed before I started getting phone calls to ask, "Are you all right? Do you need anything? Do you need a food parcel?" The first time I got a food parcel on my doorstep I just cried. I thought, "Someone has remembered me. I am not just a number, I am a real person". They did look after me. Somebody called me each week or a couple of times a week just to find out how I was, because they knew I was struggling. Being active and then suddenly being shut away was really hard.

One of the advantages that I suppose I had is that I can use technology, so I can use the phone, I can use the laptop. Had I not been able to do that I think I would have gone under. Within about a week of lockdown my laptop broke. I tried calling everybody to try to get it repaired and they went, "You can get it repaired after lockdown". But one of my

friends very kindly got me a new computer, set it up and left it at the end of my drive for me, so I had contact. I am lucky I had contact.

Even then the loneliness was beyond compare. It was absolutely horrendous, day in and day out. I was not even able to take my dogs for a walk, so that side of things was very difficult mentally. Our local community hub was absolutely wonderful. I have a slightly different situation from Agatha's. I live in a village and our village also set up a Covid-19 community. They would call and check to see if I was all right, and they used WhatsApp and various Facebook groups. So people were in touch with me, but it was very hard.

One of the things that kept me going is that I am a guide leader, and because I have technology ability I was able to Zoom with my guides and rangers once a week, and they really kept me going. There was definitely cheerfulness in my week. I am lucky that I had that, I can hear, and I can use technology.

There were difficulties for me. I did manage to access online shopping for food eventually, which is quite nice. But, like Agatha, you have to spend a lot of money for them to bring it round, so I would find that I would end up throwing away food because it would go off. I just cannot eat it quick enough, so that was a difficulty. But I have to be fair: the online supermarket was absolutely amazing in giving me a priority slot.

Supported by our local council and Age UK, I survived lockdown. I would not be particularly enthusiastic about doing it again. What helped was that it was sunny and getting light. It was a lighter period. Heaven help me now if it suddenly hits again and it is getting dark, with cold nights. I am not sure how I could do that.

One of the things that again I am lucky about is that I am a member of a local canoe club, and they started to do exercises online, so although I could not see my friends in person I could see them over Zoom and try to exercise with them. It was a bit hard sometimes when they would say, "I've just been for a run" and I thought, "I can't do that", or they said, "I've just been to the shops". You have to try hard to adjust mentally to it. I must admit, it was tough. There were days when I thought, "I don't want to get out of bed. I really don't want this day to happen", but somebody would recognise that and give me a call and cheer me up. That is what really kept me going.

For me, I think, because I can use technology, because I have a phone and a laptop, that kept me going. If I had not have had that I would have really struggled.

Our public services were very good around here. I got my food, I got my prescriptions delivered to my door, and everybody who delivered something to my door recognised that I was shielding and would stand back. They all took great care of people like me and that was absolutely amazing. I would not want to do it again, but at the time it was brilliant.

The Chair: Thank you, Tamsin. Agatha, it struck me that your problem right at the beginning was that it took quite a while for the community hub and so on to recognise that you were there and to get in touch. It took quite a while for you to get things going. Was that what happened?

Agatha Anywio: That is correct, yes. It was about four weeks into lockdown before I was actually recognised, only because I persisted in asking why. It was because I got a letter from the Government telling me that I am vulnerable and that I am in total lockdown. If I had kept quiet and done nothing about it, I have a feeling that I might have been completely forgotten, but I was not because I persisted in finding a solution to what was happening at that time.

I do not blame anyone. According to my doctor in the surgery, the Government missed a lot of people during this lockdown. I just persisted to be in the system.

Q137 **The Chair:** Did either of you need to access the health service at all during lockdown? Can you tell us a little bit about that? That would be different—your GP does not visit, and you cannot visit your GP.

Tamsin Phipps: It was quite scary, because I have to go for regular tests, and for me leaving the front door was quite a scary prospect. You have been inside for days or weeks on end and suddenly you get into a car and drive. Driving was beyond scary when you have not done anything for weeks. My doctor's surgery was brilliant. They put you at ease. Obviously, you went in with your face mask on, there were hand sanitisers, you had to wait outside until you were called in, but they were very reassuring. They also called me to check to see that I was all right, which I thought was an amazing thing to do. It was scary, but they were friendly and it was okay.

The Chair: Good. How about you, Agatha?

Agatha Anywio: My surgery was in total lockdown. They did not allow anybody to come in. But I had a skin problem during lockdown and I had an online FaceTime diagnostic from one of the surgeons in my practice. I said, "How can you see what is wrong with my skin?" He said, "I can see it". Online he prescribed some medicine at the chemist for them to send to me, which I used during lockdown.

I had a social prescriber who rang me about halfway through lockdown to see how I am doing. They have social prescribers in the surgery, and I am grateful for that.

Q138 **The Chair:** Good. What do you think happened during lockdown that you want the public services to do in the future?

Agatha Anywio: What part of public services—transport, health?

The Chair: Whatever. We are looking at all of them.

Agatha Anywio: All of them? If it is health, if it is transport, I implore the Government to continue with the freedom pass because it makes us

get out of the house and stops a lot of the loneliness, especially now that they are stopping free television licences for the over-75s. I am 76, so I have started paying again. I wish they would bring that back. I wish they would continue the freedom pass and I wish somebody could talk to supermarkets to lower down their minimum purchase to £20 or £25 for people like us. Then I would like more social prescribing staff at the surgery, because a lot of people do not go to the surgery for ailments; they go to surgery to talk to someone, whether they are depressed, or whatever.

It is essential to have social prescribers, like I had in my conference call, in every surgery in the land, so that when you see the doctor, the doctor can say, "You will see that lady. The lady will find out why you are in the surgery. It's not because you have a headache. You have something else wrong with you". That is what social prescribers do. They help a lot of people of my age group who have mental problems, loneliness, depression. That is what they do.

Then they can signpost you to social clubs, nail cutting, exercise. That is what they do. They can transfer you to all that. A lot of people just go to the doctor with, "I have a headache, I have a pain", but that is not what is wrong. I hope they will continue and enlarge on that. That would be very good.

Tamsin Phipps: From my point of view, the public services were very good to me. Age UK had befrienders and they would phone up. Normally, you would have face to face, but obviously you cannot do that now. My concern going forward is the recognition that a lot of folk do not have technology; they do not have a smart phone, they cannot FaceTime. If they are deaf, they are cut off from the rest of the world.

I can order my shopping online, but I do not understand how to order anything else online and I have to rely on other people. The important things in life are forgotten. It is not only about language but how you can communicate with them and make sure they know what is going on. Certainly, linking into charities like Age UK helps, because they called all their clients and checked they were all right, but we have to recognise that there are a lot of people out there who do not have the skills that Agatha and I probably have. That is one reason why we are here. We are able to talk to you through Zoom and they cannot do that. It is how we manage that going forward, because I suspect that there are still a lot of people out there who have missed out on society and getting support because of it. That is my worry going forward.

Agatha Anywio: Age UK is doing that now. They are signposting people for befriending on the telephone once a week. They will match you up with people who do not have technology but have only phone numbers, and you call them once a week.

Tamsin Phipps: But that does not work if you are deaf. It is about how we deal with people who have additional needs who are vulnerable within

society. I think that is what the public services really need to consider going forward.

Q139 **Baroness Pitkeathley:** Hello, my name is Baroness Pitkeathley and I would like to ask Agatha's opinion. You mentioned that there were so many people who volunteered in your area, over 300 I think you said. Could you give us your opinion, Agatha, about why so many people were willing to volunteer?

Agatha Anywio: I actually asked that question at a phone call during the lockdown. These are youngsters, these are people who are kind, who heard about the lockdown. Most of Age UK's offices are closed, and they took it upon themselves to volunteer because Age UK advertised for volunteers in the local paper and they all came to register with Age UK. The community hub, too, advertised in the local paper for volunteers and a lot of people answered that. So Age UK and the community hub advertised in the local paper for volunteers and a lot of people answered. They were surprised at the number of young people; they are not all old. I am very proud of the local people.

Baroness Pitkeathley: Thank you very much.

Q140 **Lord Hunt of Kings Heath:** Thank you both for your very interesting points today. If we have to go into another very enclosed lockdown, in the light of your experience what is the one thing that you would change from the experience you have already had?

Tamsin Phipps: I would like there to be sunshine outside still.

The Chair: I am with you there.

Tamsin Phipps: For me, I think it is more contact, recognising that once a week is not really enough. It is more regular day-to-day contact, because the days are very long when you are on your own. Even if different people are talking to you, more regular contact would be the best thing, I think.

Agatha Anywio: Yes, I think she is right—more contact, because the impact of isolation and loneliness is terrible. More contact is the No. 1, and we will pray we do not have it again.

Q141 **Baroness Tyler of Enfield:** Thank you so much for your evidence. You mentioned at times needing to access a doctor's appointment, speak to doctor or GP, and having to do that either as a telephone consultation or through something like this with Zoom. There is some talk about that becoming the norm as we move forward from the pandemic. What are your thoughts about that? If more access to doctors is through technology, what sort of training and support do you feel that you and other people would need?

Tamsin Phipps: I do a lot of work with children and older people, and my worry would be that over whatever medium you are using you can actually come across as somebody different, so mental health would not necessarily be a topic you would have here. Because you are doing it like

this you would think, "Well, I have a really bad cough or I have earache". You would not necessarily mention things because you did not want to waste their time or were not comfortable with the medium that you are using.

For me the big thing is mental health and any of the addictions, an alcohol addiction or something like that, because it would not necessarily come out. When you meet someone face to face, first, they can see your persona, but also you warm to them; they are not just a face on the screen somewhere.

Agatha Anywio: I do not think they should abolish face to face with the doctor. It is very important, because the doctor sees your face. Even though you say you have a headache, the doctor can see your face and ask, "What is the matter? You are the person who laughs when you come here. Why are you not laughing now? What is wrong?" I do not mind if you are technologically aware and can do it online, but they must have face to face. You cannot abandon one and keep one, no.

Baroness Tyler of Enfield: Thank you very much.

The Chair: Thank you to both of you. I am sorry we have finished our time now, but that was really good. I know we are a very strange set of people for you to come and talk to, but what you have talked through with us is very helpful. We are very grateful to you for giving up all this time and putting yourselves through it. Thanks very much.

Tamsin Phipps: Thank you.

Agatha Anywio: Thank you for having us. Thank you so much.

The Chair: It is a pleasure.

Examination of witnesses

Debra Baxter, Patricia Stewart and Dawn Knight.

The Chair: Now we move to our next group of people. These are people who have complex health and care needs. We have Debra, Patricia and Dawn. I am very pleased to meet you and am grateful to you for joining us this afternoon. I know that Healthwatch have organised it and we are grateful to it, but we are very grateful to you individually. My colleague on the Committee, Lord Bourne, is Welsh, but he is all right. He will lead the questioning for this session.

Q142 **Lord Bourne of Aberystwyth:** Thank you very much indeed for that build-up. Debra, Patricia and Dawn, thank you very much for giving up your time, because we are very keen to hear your views.

First, I would like to ask you your views on your experience and how health and social care services performed during the lockdown and during this period. In introducing yourselves, could you tell us perhaps which part of the country you come from? That would be interesting.

Debra Baxter: Hello. I am from a town called Wigan in the north-west of England. I am 55 years old and have condition cerebral palsy, which is a lifelong condition. I am now a full-time wheelchair user. I have been employing my own staff for my support for 18 years, and the funding for that support comes through the local council.

I also do quite a bit of volunteer work, including the local peer support group where we support other disabled people in the community. I have also been a qualified disability equality trainer for 17 years.

Lord Bourne of Aberystwyth: Could you tell us a bit about your own experience of how health and social care services performed during lockdown? That would be great.

Debra Baxter: My personal experience was that if it was not the support of my daughter, who is here beside me, during lockdown I would not have been able to cope. Because I need a lot of physical help, unfortunately, at the time I had a bit of a staffing crisis. If it was not for my daughter being furloughed from her other full-time job, I would have been left struggling.

There was a care agency that was prepared to come in, but because they were visiting other residents who could have Covid-19—at the beginning, we knew very little about this pandemic—I was very afraid for my own health. Coming from different homes into my home, I did not know whether they could spread it to me or not. I was very worried for my own health and my own welfare, and sometimes even for my life.

If it was not for my daughter coming to support me, I would be struggling. I also had a very steadfast neighbour who was absolutely brilliant with anything that I needed from the shops or medication, or even walking the dog daily, and who was an absolute godsend. I would have struggled with services. Even though I got a letter and a text message, and maybe the odd phone call now and again, there was no one really saying, "Do you need anything?", only my daughter, and able to help me with the usual tasks of getting washed and dressed and so on. Also, because of my food allergies I could not just depend on the local Meals on Wheels or getting somebody go to the shops and getting various ingredients. I needed specific ingredients because of my allergies and, again, that could be quite complicated to explain to people who did not understand.

I also felt that this pandemic, shall we say, took us all by surprise, and there were no actual structures with the social care setting to deal with emergencies like this. If it were not for my daughter and the friendly neighbours who live around me, I would struggle a great deal during lockdown. They not only helped me with my physical needs but my mental health. The ladies talked about their mental health. That is important to people with disabilities, too.

I had to isolate. I am a very busy person normally and I go out and about meeting people in the community as well as volunteering, and shielding

in my own home would have caused my mental health to deteriorate vastly. With their support I was able to keep myself positive. I am used to technology through Facebook. If it was not for Facebook and keeping in contact with my friends who Facebook, I would struggle as well. Contact and socialisation are very, very important.

Lord Bourne of Aberystwyth: Debra, thank you very much indeed. What we have been hearing about mental health is interesting. Patricia, could you tell us something about your experience?

Patricia Stewart: Hello. I am speaking on behalf of my adult daughter who has sickle cell anaemia and fibromyalgia. She is unwell at the moment.

Lord Bourne of Aberystwyth: Where are you from?

Patricia Stewart: I live in Sandwell in the West Midlands. My daughter, as I told you, has sickle cell. She had to access the hospital during lockdown, and I found it a bit scary because she was also sent a letter that she should be shielding, yet when she got to the hospital they did not shield her at all. She is known to have chest infections and all these things and they just put everybody on a Covid ward. They know that with her condition it is easy to pick up infection. I was unhappy about that, so I got the local charity OSCAR Sandwell, which deals with this situation, involved. Then I had to get on to Healthwatch England, which helped. We complained to the hospital and things were changed.

I am glad that they listened to us and changed things, because you cannot have a vulnerable person who is shielding and doing everything that is necessary. When you go to hospital they always tell us, "Yes, feel free to come to hospital if you are in a crisis", yet when you go you are put with Covid patients.

My experience of the situation is that it was not dealt with well the first time, but after we got Healthwatch and everybody involved it was resolved and my daughter was taken care of the way she should be taken care of.

Lord Bourne of Aberystwyth: Thank you very much indeed, Patricia. It is very interesting to hear about the local Sandwell charity and how important that was. Could we hear now from Dawn? Could you tell us where you are from, Dawn?

Dawn Knight: Hi. I am kind of in between Bristol and Weston-super-Mare in a little village called Yatton.

Lord Bourne of Aberystwyth: I have heard of that.

Dawn Knight: Not far from Dr Liam Smeeth, who lives just up the road from me.

I am a carer for my husband. I was just going to explain to you a couple of problems that we have had in lockdown and more recently. The first is

a mental health difficulty. My husband is 58 and he has been very unlucky with his physical health for the last 10, 12 years. He has ongoing, very complex and tricky health conditions that need lots of monitoring and care and what have you. He is under lots of consultants. About a month ago his mood dipped so low that he was actually suicidal, and at the time I needed support, so went to the GP.

The GP referred us to the mental health services, Avon and Wiltshire mental health trust. They were very good. They got in contact the next day and basically said that there were two options. There was secondary mental health and the NHS psychological services. He said, "We will try to get you into secondary mental health services". He tried that route and in laymen's terms he came back to us and said, "Your husband is not bad enough to receive mental health services". I have a background in mental health care myself as a mental health nurse and I know that, say, 20 years ago Paul would have been offered a bed in a hospital. This is the sad state of mental health services, unfortunately.

I am coming at it from a different angle now, so I would just like to highlight the massive need for mental health services to receive more funding. We have just found out today—he has been contacted by the psychological services, which are called VitaMinds in our area—that there is a four to five-month wait for any help. It is pretty hard.

I am grateful that Healthwatch got me to here today. I contacted them and they helped. The lady I dealt with, a lady called Shirley who was very helpful, suggested in an email a charity in Bristol. I think they are called Second Step and the project is called the Hope Project. It is for men of a certain age who are suicidal. They have been in touch, but again they probably have a lack of funding. They are due get a counsellor at some point, but they do not have that person in place yet. They can offer ideas for practical support. So that has been a bit difficult. The GP has been very good, but obviously they are busy.

The second example is that my husband was due to have a medical procedure at 4.30 today up at Southmead Hospital. It was a procedure on his bladder, which would have made his quality of life better. They rang yesterday and asked us whether we had any Covid symptoms. One of the symptoms they mentioned was shortness of breath, so I was honest and said, "I have shortness of breath, because I think I had Covid in March and I have what is now known as long Covid", which is being increasingly recognised, but the hospital did not recognise this. They said that because I had this symptom, they had to cancel Paul's treatment.

I have had this symptom for six months and they have cancelled his treatment and have asked me to get this test. I have looked today and you cannot get a test. All my tests, in fact, have been negative because, as you may realise, the tests are not 100% reliable. That will have a big impact on Paul, because he has waited I think about a year, to have this treatment, so it all has an impact.

Q143 **Lord Bourne of Aberystwyth:** Thank you, Dawn, for being so open with

us. It is very helpful to us in looking at these things.

Could I come back to each of you in turn and sow a seed of a couple of things that we are very interested in? One is the extent to which you have used the voluntary sector or community groups in lockdown and how useful they may have been. The other one is that I understand from your group meeting that you discussed the experiences of black and minority ethnic users of health and care services. We are very interested to hear about that as well, because that is a very important issue.

Debra Baxter: I have had slight help from the voluntary sector. There is a charitable organisation for disabled people called Embrace, which helps disabled people to employ their own staff by helping them to advertise. Unfortunately, sometimes that does not work out for one reason or another. I found it extremely difficult to employ my own staff through the Covid-19 situation, because obviously everybody was wary about their own health, and you can understand that.

As for other organisations, basically there was no real structure for anybody knowing who needed help and who did not. I have spoken to many local people who were quite independent, like me, before Covid-19, and they have said that if it were not for the local food delivery supermarket, they would not get any food. Unfortunately, in our area the services that were going around did not really help me. Like I said before, I depended on my daughter. As far as other things are concerned, is there any other question you can ask me that I can explain a little bit better?

Lord Bourne of Aberystwyth: That is very helpful, but tell us if you have had any experience locally or from the group discussion about the experience of black and minority ethnic groups and individuals?

Debra Baxter: I do not have any experience in black and ethnic minority other than my volunteer work, where we talk about equality for everyone, including black and ethnic minorities. Obviously, it is not my expertise. My expertise is in disability, and the fact that services are very hard to come by. It is a great fight to get the support that you need. For me particularly, I have had the same hours of support from the council for the last 10 years, even though I have deteriorated massively physically. I know that even through Covid-19 my physical health has deteriorated. I am now taking daily painkillers, because I have had to support myself more than I should do because there was no help out there at all.

Wigan Wheelchair Service has been absolutely brilliant. I said in a telephone conversation with the manager, "I am in a lot of pain", and they said, "We'll come down, Debra, and do an assessment on you with all PPE and everything". If it were not for their help and their support, I would certainly have struggled a heck of a lot more than I have done.

Lord Bourne of Aberystwyth: Thank you, Debra. That is very important input on disabled services.

Patricia, tell us about the experience in Sandwell. You touched on some of the charitable work there, but it would be interesting to hear a bit more about your experience.

Patricia Stewart: We work with the local organisation for sickle cell and thalassemia research, which is OSCAR in Sandwell. During lockdown they were always on the phone checking up on how Sandeka was doing, if she needed anything or what support they could give. They were always on the phone and they are always available to signpost us to whatever we need to be signposted to for any support that was necessary. It is like when I had an issue with the hospital; they could signpost me to Healthwatch and Healthwatch could come in and tell me what to do.

I did not access the council much during lockdown. I tried to do the shopping as the carer. I only accessed the council twice when we were all put in isolation, because when my daughter came out of hospital from the Covid ward, all four of us in the house had to go into isolation. That was the only time I accessed the council and they were good. They brought the food parcel for two weeks and left it outside. We did get medication delivered, so we had access to some of the services that are available, but people with sickle cell will always have to be fighting.

We should not always have to be fighting and struggling to raise awareness and have to be recognised and fight for things that they are entitled to have. Sickle cell is a debilitating, disabling, chronic illness, but everyone knows that you always have to fight for the services that you should get and anything that you are entitled to, and as black and ethnic minority people we know that we always have to fight to get these things. During Covid, since we are more vulnerable and are more susceptible to infection, I was a bit concerned that when we got to hospital they should put in extra measures and extra procedures for us, but that was not the case.

Lord Bourne of Aberystwyth: Thank you very much. Last week, we had some really good evidence on some of the things that you are touching on, and we are taking it very seriously, so what you are telling us strikes a chord and is very valuable.

Dawn, perhaps you could tell us what the experience was in north Somerset.

Dawn Knight: I guess it was about the voluntary services, the charities. As I said previously, the Hope Project has helped us. We had a case worker—I think it was a lady called Issy—and the project has offered to help in all sorts of different ways and sent us information in the post. The organisation is Second Step, so they have been helpful, but obviously the psychological help is still missing.

Lord Bourne of Aberystwyth: Thank you so much. Perhaps I can hand back to Hilary, because I am sure that colleagues will want to come in with supplementaries, but thanks very much to the three of you.

The Chair: Patricia, how old is your daughter?

Patricia Stewart: Twenty-seven.

The Chair: Right, so she knows what needs to be done and knows the issues that have been going on. Is she very young?

Patricia Stewart: No, she is 27, but she is ill at the moment in hospital with her illness, her condition, so I am her carer. She gives me permission to talk about these issues.

The Chair: Yes, I appreciate that. Tell her I am very grateful to her. You need to thank her on our behalf. Do any of my other colleagues have a question for this group?

Q144 **Lord Bichard:** Thank you so much for your time. It is really valuable. I am struck by just how brilliantly you have all brought together a range of different services. That must have been really difficult, but you have managed it. Do you think our public services could be organised in a way that makes that easier? Could there have been someone from the public service on the charities that co-ordinated some of this on your behalf? You give the impression of having had to do it pretty well off your own bat.

Debra Baxter: In my vast experience of organisations, I believe in local organisations and keeping things local, because what might work in one end of the country might not work in another. Keeping organisational things local would really help, but most importantly what came out of the group this morning was the fact that the professionals—the professional bodies, Healthwatch, the health organisations, the CCGs—all need to start listening to disabled people and black and ethnic minorities and all the other little boxes that they like to put us in.

They need to start listening to us and recognising that we are the experts. We live with these conditions and we know ourselves the best. We also have some excellent ideas on how to support people effectively out there.

I am not an expert on anybody but myself, but I have some brilliant ideas on how to support other people effectively. I get equally frustrated sometimes when I am not listened to. They are slowly getting the idea that I do know what I am talking about, but they also need to start listening to us and taking action on what we tell them is best practice and the most effective support that you can have that, which is sometimes cost-effective. You can spend £1,000 on this, that and the other service, but the ideas that disabled people have themselves are far more cost-effective and cost less.

Lord Bichard: I think we should capture what you have just said, because it is powerful and absolutely right. Patricia was agreeing with you nearly all the time. Do you want to add to that, Patricia, or just say, "Hear, hear"?

Patricia Stewart: Yes. I found during the lockdown as a parent with a daughter with sickle cell that because I joined a local steering group for

other parents with children I was getting lots of calls from people with small children and they were scared of going to the hospital. I am a pushy parent, let me tell you that straight up. I am a helicopter mum. I will push.

Lord Bichard: I think we have got that, Patricia.

Patricia Stewart: I was getting lots of calls from lots of other parents with smaller children, and they were asking for my input and how to manoeuvre in this new place that we found ourselves in called the pandemic and lockdown. For me, that was one of the things that I recognised: that there should be more investment in local charities and all these things so that more information and awareness can be there for people when they are ready to access it.

It is good that I have 27 years of experience that I could share with other people on how to deal with certain situations and their children with sickle cell needs during lockdown. I was encouraging people and telling them, "You must go to the hospital. You must take your children to the doctor. You have to get whatever the doctor says you have to do, you have to keep them hydrated, you have to keep them away from other people", and all these things. You have to motivate people to do things. I found that we should be investing more in advocacy and support for BAME and disabled groups.

Lord Bichard: Thank you. Dawn, you have been doing so much on behalf of your husband. Is there anything you want to add?

Dawn Knight: I do not know. It is very hard. My husband will often say to me that he does not know how he would fare if I was not around, because things are so difficult. For instance, I know this is going off subject a bit, but we have had to fight with the DWP for two and a half years for his PIP entitlement, and if I was not around he would not be able to fight that. It is these things and it is quite stressful, because it is ongoing and it is not logical. This is an appeal on an appeal, so life is not easy. If you do not have a carer, you really are scuppered and it is really hard work.

Lord Bichard: Thank you so much, all three.

Q145 **Baroness Pitkeathley:** I want to ask Dawn a very specific question. Given all the people who you have seen during this time, has anyone suggested to you that you could have or were entitled to a carer's assessment—an assessment of your own needs quite separate from those of your husband?

Dawn Knight: Yes, and I know about carers' assessments because that is kind of involved in the work that I do. I do not know, it is probably money, but years ago there used to be a very good organisation in Weston-super-Mare called Crossroads, which ran the carer service. They were in person and they were very helpful, but now it has been handed down to another organisation. You are sent paperwork to fill in, and you

do not have time to fill in more paperwork, and there is not a lot of help really for carers. I do not know if the other ladies find the same thing.

Patricia Stewart: That is so true.

Baroness Pitkeathley: Thank you, Dawn.

The Chair: We have gone through our half hour really quickly and you have been really interesting and important for our evidence. We will not be able to do everything that everybody wants, but I can assure you that what you have said to us this afternoon is very important and it will help us with the report on what we think needs to happen through the next stages and so on.

Thank you all for giving up your time. I hope that your husband, Dawn, and, Patricia, your daughter appreciate that we needed you for this half hour and you can thank them for us. Thank you very much, Debra, and your daughter for helping to facilitate your performance this afternoon. Thanks very much indeed.

Examination of witnesses

Jackie Topping and Shay Flaherty.

The Chair: We will move on to our next session, which is really people who in the trade we now call experts by experience in homelessness, addiction, the difficult end of life. We have Shay Flaherty and Jackie Topping. Welcome to both of you. Thank you for doing this. I know it is not the sort of thing you normally spend your Wednesday afternoon doing, so we are really grateful to you for coming in to help us out this afternoon. My name is Baroness Armstrong of Hill Top and I chair the Committee, but I am going to ask Lord Davies of Gower, who is another of our Welsh Members, to come in and lead the questioning for this half hour.

Q146 **Lord Davies of Gower:** Good afternoon, Shay. Good afternoon, Jackie. The first question I have for you to kick off with is how well the public services have performed in understanding and meeting your specific needs. It would be helpful if you could share with us what your specific needs are and perhaps tell us a little bit about yourself and where you come from, where you live. That would be helpful for us in trying to understand the issues on a national basis.

Jackie Topping: Good afternoon, Lord Davies. I live in Blackpool, which is one of the poorest areas in the north-west. I am a member of the Blackpool Lived Experience team, which is part of the Fulfilling Lives charity and a member of the blackpoll women`s lived experience team also. My story is that I have been in recovery now for 10, 11 years. I have been free of drugs for four years without the help of methadone or any other prescribed medication. I have pretty much a good background in this area.

We have found that being in lockdown has been not great for people trying to access drug and alcohol services. Prior to lockdown, there was a massive waitlist from referral to actually being seen, and obviously that has now been prolonged due to Covid. Getting clients to be seen has been basically a no-go area, because you cannot do face-to-face meetings to assess a person, and doing this sort of video meeting with people in a chaotic lifestyle is not conducive to their lifestyle. It is not possible to do that because either they will sell their technology to feed their habit or to get a meal. It has been a very difficult time to get clients into services and also get clients who are already in services into rehabilitation facilities like detox and rehab, because there is nowhere to send them. They have been locked down and they are left hanging, which makes it possible that a lot of clients will relapse and go back to drugs or alcohol.

In the homeless sector, a lot has been done to put people into hotels who are the visible homeless, but then you also have what we call the invisible homeless, who are sofa surfing, sleeping in cars, women with children who are homeless and who cannot be in hotels because there is no facility to put a family into a hotel with single homeless people who possibly have addictions and other issues, such mental health issues.

We are finding that there are women with children who are struggling out there during Covid. Either they are homeless or the mother is trying to get into services, trying to get seen, trying to better her life, get herself out of addiction, and it is a struggle, not just for women but for men as well. But there have just not been the facilities with the lockdown and the pandemic. It was dropped on us out of nowhere and there have been no facilities. There are facilities to call people, but not everybody has a phone, especially if you are homeless. It is possible that your phone has been stolen, you have sold it, or you have used it to get your drugs.

It has been a very difficult situation all round for the drug and alcohol and homeless services as well as mental health. Getting clients access to mental health is ridiculous when you have a waitlist of three to six months even without the pandemic. Now we also have the pandemic, that is adding to that wait.

My personal story is that I have a problem with severe anxiety and depression as well as being in recovery. The only way to get any help with my mental health is through the charities that I volunteer with. They got me a counsellor to speak to me once a week or as often as I needed to be spoken to over the phone, to check in to make sure I had that, but there was no help from public services, none at all. I was basically left in limbo, having major anxiety issues and not wanting to leave the house, but I was alone in the house, because I live alone, and had no contact with anybody because I did not have the technology to do what I am doing now, which is Facetime.

I had to rely on the charity that I volunteer with as well to get me the technology so that I could take part in meetings and NECG meetings and other things, otherwise I would be left out of the loop for months at a

time. We were expecting it to be three months. We are six and a half months down the line and we are still struggling to get people into treatment.

Lord Davies of Gower: Thanks for that. That is really helpful, and perhaps we will come back to some of the issues that you have raised there in a moment.

I now come to Shay. Shay, good afternoon to you. Can you give us your background and your story, please?

Shay Flaherty: Good afternoon, everyone. I am Shay. I am nine years into recovery from my alcohol addiction. I am an expert by experience and I volunteer with Every Step of the Way in Birmingham.

My experience of lockdown is that I have been shocked, amazed, but very pleasantly surprised at how the Government and the councils have managed to get the entrenched homeless off the streets. It has been absolutely brilliant. The help that these guys are getting in the premises they happen to be in, whether hotels, hostels, or whatever accommodation, they have a roof over their heads, and for this few months that gives them a start in life and a chance to get some kind of access to addiction services, support workers, maybe the first step on the ladder to getting a roof over their heads permanently. That is my one brilliant impression that something good has come out of this.

The Government and the councils have proved that they can and have the resources to do this, maybe not on a hotel level but on some accommodation level, whether it be reusing empty factories or whatever. The resources are there, and it would be brilliant if they could continue to do that. Slowly but surely, the guys are coming back out on to the streets now and you can see the chaos coming back into the town centres. The guys who for four or five months you would see around Birmingham city centre looking fit and healthy are now going back to square one because the accommodation is being withdrawn.

It is my one burning desire to see us go back to how it was at the start of the virus and the lockdown and to get those guys back into accommodation, because when they had a roof over their heads, support workers could access them. They had a point of contact. You did not have to rely on them turning up for appointments and that. They could go into the buildings with social distancing and have interviews, fill in forms. So much form filling is going on in addiction services and homeless services, and that is one of the big hurdles to get over before you can even get into the system.

To me, something good could come out of all this if the Government and councils continued to look after these people or just give them a first step up on the ladder. That is my experience.

Q147 **Lord Davies of Gower:** That is really helpful and it is good to hear. How much of a part did charities play in all this? You are talking about local

authorities and what have you.

Shay Flaherty: When the guys went into the hotels, hostels and whatever, instead of the homeless guys and girls going to the charities, the charities could access them in their accommodation. Shelter would go into certain hotels in Birmingham and chat with them, liaise with them, make a first connection with them, get an assessment done of where they are at, where they have come from, where they are going, maybe get them on to the first rung of the ladder of getting a detox or any medical help they need, because there is so much sickness and ill health out there that is not to do with the virus. Once the charities had a point of contact, Birmingham Mind could go in to chat to them, and Crisis UK could help people to get the first foot on the ladder to accommodation. They knew where these people were and could go in. If they did not go into the building, they could contact them via their phones.

Rather than being spread all over the city centre and on riverbanks and canals and whatever, they were all in certain places where they could be located and they could go back the following week, chat to them again, and build up a relationship. Trust would be built up: "These guys are here to help me, they are not here to hinder me, they are not the police, they are not looking into me". Charities were building up trust and relationships, which are breaking down again now because the guys are being heaved back out on to the street. It is really unfortunate to see it go backwards. The virus is easing and the other virus of addiction is rising again, which is a tragedy.

Lord Davies of Gower: Okay, Shay. Thanks for that. Jackie, I see that you are nodding. Would you like to add to that?

Jackie Topping: Yes. It is exactly as Shay said. In Blackpool during the main part of the lockdown, we found a drop in drug deaths because we were keeping in contact with people and there was less red tape. You see more and more people going back to their old ways or behaviours because they cannot access the services as much as they should be able to. Also, going back to homeless women and my story, I was homeless and living in a car with two children, no hot water, no cooking facilities, nowhere safe. This is going back quite a few years, but you still see the same issues today as you did 10, 15 years ago, and it is getting worse.

Addiction is starting to rise again, because we are coming out of Covid slowly, services are going back to their old ways of red tape, long waits for referrals, and generic referrals for everybody like one size fits all, which does not work. One-size-fits-all assessment forms and one-size-fits-all treatment do not work. We need more co-operation between services. We need a holistic approach to dealing with clients after Covid, when we have had a more holistic approach during the pandemic because we have had to. Once we come out of this pandemic, we will find that services go back to the old style of treatment and the old style of getting people into treatment, whereas at the moment there is less red tape.

But there is also the fact that there need to be more peer mentors, as we call them, who can deal with clients and do not tie up the clinical and professional staff. We can go out, sit with them, have a coffee, speak, let them talk to us organically about things they will not say to a professional on the phone. There needs to be more of that after Covid, more like in our discussions with the NECG. There needs to be an army of peer mentors out there, experts by experience, who can sit with a client and understand exactly what that client is going through, because we have been through it or they can see that we know what they are talking about and we understand their needs. We are finding during Covid that that is not happening, because we cannot get out there and hit the streets, sit and talk to someone on a park bench on a sunny day and just let them tell us their problems and their needs.

It has not been great, but the good side of it has been putting homeless people in hotels during Covid. Why can they not build more hostels and get more people off the streets in everyday terms without there being an emergency pandemic situation? Homelessness is there regardless of pandemics, and this needs to be looked at and dealt with, and there need to be safe spaces for women with families who are chaotic and in need of housing and treatment, mental health access, social care access.

It all needs to be one big wraparound service, but there also needs to be slightly more confidentiality between services. People, especially women with children or single men with children, are not coming forward to use services because they are scared that if they tell one service something there is a possibility that the service will go and talk to social care, social workers. There is a possibility that the child will be taken away, so you are scared to say, "I'm not coping. I need help with my addiction. I need somebody to help me get myself well", and that they see that there is no food in that person's cupboard because she is an addict.

It does not work like that. I was a functioning addict. I made sure that my children went to school, were safe, were clean, were well dressed. Not all addicts are the same, which is why I said that one size fits all does not work. It has to be done in a more holistic way like we have been doing during the pandemic.

Q148 **Lord Davies of Gower:** Thank you very much for that. A question to you both: from what you are saying, have services been getting better or got better during the pandemic? From what Shay has been saying, it all seems to have pulled together quite well. How do you think we move forward?

Shay Flaherty: Can I clarify that? It has come together in a way if you were already on the system or an entrenched rough sleeper, so you went into hostels, hotels or whatever and services knew where you were. You might have a roof over your head, but if you were in addiction and decided that you had had enough and hit rock bottom, and it was time to say, "I need help", trying to reach out to services was impossible when you really needed them. Phone calls would not be answered, e-mails were not answered. You could not even get your foot over the first hurdle

of accessing services. I might have been due to go into rehab, say at the end of March/the beginning of April, but all that was put on hold. I could have been going into home detox, but all that was put on hold and is still on hold.

I empathise so much with people who were at rock bottom at the end of March. I guess a lot of them are lost. Who knows what has happened to them, because for six months they were left out there by themselves with no connection with services.

Jackie Topping: They are falling through the cracks. They are not getting noticed. Like Shay said, treatments have stopped. Unless you are already on prescription for methadone or Subutex, those sort of drugs, you will not get sent to detox to come off that if that is the way you want to go, and you are left in limbo. There is no happy medium in the middle; it is yes or definitely no. We have found since Covid that a lot of people are falling through the cracks and not getting seen and not getting the help that they need.

Shay Flaherty: It is just getting that first foot in the door. If you were not on the system at the end of March you are still not on the system now, so for six months you are out in oblivion, in the wilderness, crying out for help. Who knows how things have ended up for those people? It can be a bit scary even just thinking about it. I know from my own experience what rock bottom feels like. It is not a nice place to be. It is very dark and lonely. I had access to services back then and it was still dark and lonely. I had best leave it there.

Lord Davies of Gower: I think you have made your point very well and I am very grateful for that. I am grateful to both of you.

Q149 **Lord Young of Cookham:** A long time ago I was involved with the rough sleeping initiative in London.

I want to go back to something Shay said right at the beginning, and Jackie may have a view. Shay, you said that the silver lining in this Covid cloud was the success in getting people sleeping rough off the streets, but then you went on to say that the accommodation was now being withdrawn. We all saw this as a real opportunity to tackle the problem and funds are being provided, or should be provided, for move-on accommodation so that people do not go back to the streets.

Shay, can you tell us what is going on in Birmingham? Is it that the hotels want the rooms back and the council cannot find anywhere for them to go? Is it a financial issue, or is it that there is simply no feasible solution, which is driving people against their wishes back on to the streets?

Shay Flaherty: In my opinion, it is financial. Obviously, the hotels would like their rooms back, but not necessarily at the moment because the businesses and whatever and the holidaymakers have not come back, so it is not as if they need the rooms back at the moment. To me it has been a decision from up high: "We can't afford this to be an ongoing thing.

Lockdown is over, so let's go back to some kind of normal". That means that those guys are left to fend for themselves. We took them off the streets for a reason to do with social distancing and stopping the virus, not necessarily for the good of those people. It was for the good of society in general, so now that Covid is somewhat under control—we are not there by a long way—who knows, we might have to go back in the completely opposite way.

When they had them all in under the one roof, so to speak, they could have nipped it in the bud and started progressing. I guess there are a few success stories, guys who have really got their act together and grabbed the bull by the horns and jumped on the ladder, but my experience is that the vast majority are moving back out there. Just walking around Birmingham city centre, you can see that it has gone back to how it was in March, with a lot of people who are severely addicted and homeless just wandering around aimlessly. God knows where they end up on the night time. Not a nice existence.

The Chair: No, it is certainly not. Thank you, Shay and to Jackie. We have come to the end of that half hour, too. Each one I feel we could have gone on a lot longer. Thank you to both of you. I know Fulfilling Lives very well, so I thank them and Revolving Doors, because I know you have been working with them in part of that national experts panel. Thank you very much for your contribution. It is helpful to us in our considerations and our thinking through of what has been going on and what we need to do in the future.

Examination of witnesses

Katie Rose, Michaela Berry and Ryan Wise.

The Chair: I now turn to our last panel: Katie Rose, Michaela Berry and Ryan Wise. We are grateful to have you here. I chair the Committee. Probably before most of you were born, I was a social worker. I trained as a social worker way back in the ancient days, so I did that a long time ago. It was long before they divided up again between children and adults, and I know that you largely work with children who are in the care system and so on or who may have left but you are still in contact with them. The person on the Committee who will lead this session is Lord Filkin.

Q150 **Lord Filkin:** A very warm welcome to Katie, Michaela and Ryan. I wonder if you would like to start by introducing yourselves and summarising what your own role is and the region where you work.

Katie Rose: Thank you very much for having me on today's panel. I am a manager at the Centre for Public Impact, which is a not-for-profit organisation that exists to elevate voices of both citizens and practitioners in the UK. I have been working closely with Michaela and Ryan and lots of other practitioners over this period trying to understand

what is working in children's social care and what changes we should make for the future to the sector.

Michaela Berry: I have been qualified as a social worker for 19 years. I have worked in the last seven years as a front-line manager and I am currently based in a looked-after children's team in the East Midlands.

Ryan Wise: I am also a qualified social worker. I now work in higher education, training and teaching social work students, but more recently I have been working more in innovation. I was at the Social Care Institute for Excellence and helped to set up the What Works Centre for Children's Social Care.

Q151 **Lord Filkin:** What a nice range of skills and experiences. Could we start off with a very broad question, so take whatever slant on it you want? How have children's services performed during the coronavirus crisis? Have there been any innovations that you think should persist in the future?

Michaela Berry: I would just like to say before I start how powerful it has been listening to everyone else this afternoon and the first-hand experience that we have heard about. Obviously, that is not the take. We are not here as service users today. What we are hoping to do this afternoon is to do justice to all the social work voices that we have heard today.

The three of us came together working with practitioners over the last 15 months. Initially, we were designing a different service in a way that prioritised social workers' time for relationships. We published a blueprint and worked with local authorities to see how they could make that a reality. But then Covid hit and everything changed, especially for practitioners.

Over the last six months we have been working to understand and listen to them about what it has been like working through this time. We are running a small changes programme, which helps them during this tricky time to continue to make small changes that can best support families and the way they work with them. That is how we have come to work together.

Covid has highlighted the importance of relationships. Social workers are very skilled at forming relationships, often very quickly in very tricky situations. We found that where social workers had pre-existing positive relationships with families and children, the work has carried on as it was. There have been some huge benefits to the online communication with them. I know that Ryan will talk a bit more about that later. Where the pre-existing relationships were there, services have been able to meet the needs of children and families. Obviously, the voices of children and families are also critical to this debate. Again, that is not what we are bringing today, but it is clearly a very important part of the story.

We have found that where those pre-existing relationships were not good or have needed to be full-on, that has been incredibly difficult. We have

heard social workers say that wearing a mask inhibits conversations with children to a huge extent, as you can imagine.

The other thing that has hit hard is that, in my experience, social workers on the whole are amazing, skilled, caring, brave people, and the public perception of them is so unfair because they are almost pushed into incompetence by hugely overwhelming workloads of huge complexity. That affects the public perception of them. That is not to take anything away from other services that have worked incredibly hard during this time, but there has been a general lack of public appreciation of them that has hit social workers and their motivation hard.

I have seen them hugely step up at this time. They are crazily brave, some of them. They do incredible things. In the very early days, when they felt that children needed to be seen they went out without PPE equipment and did what has been needed. It is not that they need that recognition, but public perception has hit morale quite hard and they have not had recognition.

Also, just to add to their impossible workload, there has been a huge increase in bureaucratic tasks. Social workers talk to us of thousands of spreadsheets that have popped up and they have had to work at quite short notice to give data to populate those spreadsheets, obviously so that senior managers can manage significant anxiety in relation to what Covid has meant for children's social care and at-risk children. The pressure has gone on to social workers to provide data at the last minute, which takes them away from what they should be doing, which is prioritising those relationships.

The other thing that is worth mentioning at this point is that social workers on the whole are working from home. It has not been safe for them to return to offices. What is critical for social workers and the complex and often distressing work that they do is team support, which they have not had. I saw a social worker today who told me that she had witnessed a child self-harming on a video call, and she was in her bedroom working when that happened. It is difficult to have that kind of trauma happen in your own home and not have your team around you immediately to support you or even to recognise when you have just had a difficult phone call. They cannot call out over the office, "Crikey, that sounded tough. Do you want to talk about it?" Social workers are struggling hugely with not having that.

Saying that, they have hugely stepped up and are still doing a sterling job.

Ryan Wise: To address your question about how services have coped, quite bluntly they have done well in an obviously incredibly difficult context. The main uphill challenge has been moving what I perceive to be quite clunky systems and processes online at such superb speed. The main innovation that I have been aware of, which I do not think will come as a surprise, is how systems have adapted to digital working.

Social workers, as well as managers and leaders, have had to adapt well and completely overhaul how they engage and how they complete safeguarding and support work with children and families. We have seen some great examples of how digital technology has improved social care, which I believe should stay for the future. We have heard the same from social workers as well; we are hearing that creative methods on WhatsApp, Skype, Zoom, Microsoft Teams have allowed connections with certain children that were not there before. Children who have additional needs or different communication needs have welcomed the creativity and the new forms to connect.

We have also heard that professionals' meetings now are being completed online. We have social workers reporting that attendance from professionals has increased, so they are having a better professional conversation with families. Often that is centred on health, education or the police. People are now in a virtual room and can contribute. This has also had a positive impact on travel. In more rural local authorities, social workers often spend a lot of time travelling between visits, which reduces their time to spend with families. There is no travel time, so they can do everything virtually but also devote that extra time towards children and families.

This all comes with a caveat, though. We have also heard from social workers that there is a danger that they will not be able to manage ongoing and new risk effectively. As you might know, interventions for children who are on a child in need plan, which is a low-level social work intervention, are often at the parents' consent. Where we might have concerns on a child in need basis, parents need to give signed consent, which is of course right. They can say, "I don't want you to come to my house. I don't want to show you around my house on a video call."

The point I am getting at is that, because going virtual has had to happen and because of shielding and Covid, we are unable to do the thorough risk assessment or the thorough safeguarding work that we normally do. It is very much 50:50; there are extreme creative benefits from going digital that we should keep, but we should also not forget that those relationships, those sensory moments with people—that sense of feeling, touching, being in the moment—tells us a whole lot about what is going on.

I am mindful of time, so I will not get on to too many new points, but in terms of innovation and how children's services have performed it is important to share with you that there is a lot of difference across different local authorities, even in specific teams within a local authority, in how national guidance has been interpreted, how PPE might be available, how they might do visits. In my role as an educator, I work in different boroughs and have students who are able to start in an office and go and see families, whereas in another place they do not do that at all. There are some discrepancies there.

Finally, we might come on to this in subsequent questions, but in terms of how social services are performing, we cannot escape the fact that

demand is increasing. With children going back to school last week we have heard from social workers that the referrals are off the charts. It is no surprise, but we are seeing what a social worker described to us as a creaking system where the demand is increasing but resources are reducing. Something we might come on to later is that the support services for children in social care are breaking away. Social care is struggling to manage this risk on its own.

Lord Filkin: Before I come to Katie, could you just sharpen up the point about the innovations and changes that have taken place that ought to become more embedded? How should that be done? Is that what the What Works centre will seek to do?

Ryan Wise: Local contacts know best what has worked in their areas. If directors, senior leadership, have an idea about what has worked, it will be different in each area. There should be a stocktake of what has worked well and what has not worked well. I do not know if we are at that stage yet where we can start planning for what life might be like after Covid. What we have heard from social workers is that they are still firefighting and still navigating this crisis.

Michaela Berry: What we are absolutely passionate about is that any changes, any moves forward, are informed by what social workers are telling us. We do feel that that is what is missed every time, that we are not listening to people who understand the realities of the day-to-day work, and we think it would be a mistake to put anything in place that they have not been part of designing.

Katie Rose: That is the only point that I was going to add to what Michaela and Ryan said in response your initial question. We have heard about lots of the small changes that social workers are already making that are making a huge difference to children and families. If we add those small changes to the heart of any structural change that we seek to make in the future, there are so many ideas in the system already. If we listen to practitioners and help them to prioritise relationships and time with children and families, a lot of the solutions that we sometimes think a new initiative might help are already being done at a local level.

The only other thing I would add is that we have also heard from practitioners over the last six months as part of our listening work that relationships with other partners and agencies have been crucial. Where it has worked and where the service has been able to respond well is where partners have also stepped up, with schools having a more intelligent picture of risk and other agencies playing a key role.

As much as we need to think about how social services perform during this time, we should have a holistic picture of how other services are helping social workers to do their jobs. Social workers are not miracle workers. They cannot see invisible children. What we have heard from them is that they need the midwives, the school nurses and so on to tell them when there is a child at risk.

Q152 **Lord Filkin:** That leads to Michaela's point at the beginning about the relationships between professionals rather than with children. Not now, because there is no time, but it would be interesting to get a note from you as to what should be done and by whom to try to improve relationships in areas around the country that are poor so that children are better supported. Can I leave that question with you?

Can we move on now to the next question? One of our early witnesses quite some time ago was the Children's Commissioner, and we were shocked by what we were told, which was that before Covid there were over 800,000 vulnerable children in England who were invisible to social services. Would you like to comment on that? Do you think that is true? Has the number increased? Have risks to children during this period also increased? Again, a lot of questions there.

Ryan Wise: I will try to be brief to allow my colleagues to speak as well. All the social workers we have spoken to and our own professional experience is that we agree with that. That is what we are hearing: that there is an agreement that that is the case, that there are children who are vulnerable but not known to children's services.

On the question of practising social workers, there was a bit of humour: "Of course there are those children. Of course there is inevitable invisibility, especially in the current context". What we heard from social workers is that people tend to forget that social workers only work with visible children. We rely on our partners and our strength in multi-agency safeguarding in a local area to make children visible. We need those referrals to come from parties, and during the crisis referral numbers have dropped. If children are not being seen at school, if health visitors are unable to visit a young mother and father in their home, if midwives are not able to do their work, we will not be able to see these risks. There are bound to be increases in that.

When it comes to families where risk has been identified, we are hearing from social workers that the additional issues of furlough, of people losing their jobs, of potentially violent partners being in the home because they are now working from home mean that we are likely to see an increase in risk. That is reflected in the national picture with domestic abuse, because what we are hearing about domestic abuse is very likely to affect experiences for children in those contexts.

Michaela Berry: Obviously, now that children are back at school they are no longer invisible, and social workers tell us that in some weeks they have double the number of referrals. In some local authorities they are worried, because that is coming alongside e-mails telling them that their budgets will be cut. Support services are also having huge demands on them. Somebody told us last night that there is an 11-month waiting list in one local authority for CAMHS support for young people and a two-month waiting list, even for an assessment, for alcohol services. Obviously, that is just increasing the risks for these children. Those are the main points.

Katie Rose: Ryan has covered the points about invisibility and how to help make children visible, but we have heard from a number of social workers about a lot of the small things that were done during Covid, such as legislation passed or minor allowances made. A social worker we spoke to last night as part of our listening work talked about parking passes being effective and keeping a few small changes such as being able to give a family food rather than a food voucher. Enabling that basic direct work so that they can deal with children when they become visible is another point to make.

The other thing that we have definitely heard from people, as Michaela was saying, was being able to allow all parts of the system to listen and to understand how to assess risk. Again, the practitioners have been talking about there being a public need to take on responsibility to identify risk in communities, because often communities know when children are at risk.

There is some work that can be done to help people to help social services so that not all the pressure is on social workers to try to find these invisible children.

Q153 **Lord Filkin:** Are there any points that we should learn from you about black and ethnic minority children or families in the context of invisibility or worsening needs?

Michaela Berry: We have a positive example. A social worker told us about a Traveller family where the children had continued to attend school during lockdown. They had struggled with their school experience, but during lockdown there were far fewer children in the class, which was hugely beneficial to those children. We are hoping that those benefits and the fact that they feel so much more settled in the classroom will persist now that all the children are back. A lot of learning has come from things like that where we have been able to observe that happening.

That leads on to an interesting point about schools generally, which I know will probably come up in the next question but I will make it now. In the looked-after team, we were concerned at the start of lockdown that some of those unstable placements would be tested beyond breaking point by children being at home all day, every day. We were utterly amazed that the very reverse of that happened. What we saw was that children were having extended periods with their carers. They were bonding times. That stabilised so many placements for so many young people. Foster carers also said that they were enjoying having the children at home. I am sure there was an impact in that school is quite stressful for some children. Having to go to school every day and that stress being removed meant that they were much calmer.

That has made me think that, moving forward, we should allow children to have periods out of school when they move placements. At the moment, if they move placement, as social workers we are under huge pressure to organise a taxi for the next day to ensure that they do not miss any school at all. This has shown us that settling into a placement

and bonding with carers is crucial and would pay huge dividends in their schooling anyway. Would missing one or two weeks of school in that situation be such a big problem? We have heard the same about adopted placements as well.

Q154 **Lord Filkin:** It is very good to hear a positive point at that point. We have about two minutes left before the Chair needs to invite other colleagues in, but let me try to wrap up some of the questions together. We know that some children have gone missing from care, both before Covid and perhaps more afterwards. We know that the education of many will have suffered, and we know that many of you would want to improve the quality of service you offer and the number of people you can offer services to. You will all say, "more money", so let us all take that for granted and hope that it happens. Are there any points, apart from lots more money, which we should be learning from the experience of Covid to improve protection for children going forward?

Michaela Berry: More money would be great, but ultimately it is how that money is used. What we found in our work and listening to social workers was that there are so many blocks in the system that if we work on each one, small change by small change, we can unblock some of that. Social workers could achieve a lot more if we could reduce bureaucracy slightly, if we could make small gains in different places. I am not sure that it is all about increased funding. What we have seen is that there are things we can do.

Also, if social workers feel empowered and enabled and are happier, motivated and feel well supported, that also pays huge dividends. They can do more of what they are good at. That is what we want to see—enabling social workers to do more of what they are good at—because when they have a good relationship with families it is magic to watch. What can happen when they feel able to fully support the families is just incredible.

Katie Rose: We started this work before Covid, and a lot of practitioners told us that there were so many things in the way of relationships and time. Some of those have been eased through Covid because of new creative ways of working, but some of them still exist. It is about keeping the things that have eased the burden on social workers that allow them to be more creative, like digital technologies and not travelling between visits, but also thinking about what is getting in their way and putting their voices at the heart. That is the only thing I would add.

Lord Filkin: Can I invite you again, at the risk of making more work and taking you away from your real day job, just to send us a note that picks up on those points? Michaela, it is important to argue that things can be done rather than just saying "more money", even though more money is necessary. We would be very interested to hear about unblocking bureaucracy and about the ongoing translation of the digital experience, so that we can get more value from social workers and more children protected. Is that a possible question for you? Thank you; there are lots of good nods.

Q155 **The Chair:** Do any of my colleagues have any questions they want to raise? This is unusual. It seems to me that one of the real challenges was for families with very young children where the virtual was so difficult. What has been your experience of that? I get that it has been good for some adolescents, that they have enjoyed being able to do things in a different way, but I want to ask about very young children who are most at risk.

In the context of what you said, Michaela, about getting the relationships right and a placement taking precedence over school, we also know that children in the care system overall do quite badly in school. What catch-up are you looking for for these children?

Ryan Wise: At the risk of sounding repetitive, and please stop me if I am, the main reflections from what we have heard are about the support systems for children, and social care—the interactions with the health visitor service, with the midwifery service, and with hospitals. What we are hearing from social workers is that they are very much alone.

I recall one anecdote. Someone phoned up a health visitor: "Have you visited this young child who is two? We are worried about them". "No, our policy is not to go out". Schools, nurseries and health visitors offer children's social care as the lead agency, as a safety net. We have a team of professionals who are working together to support a family and to look out for risk. Social workers cannot do that alone. It is just not possible. You might also ask, if you are being blunt about it, why social care should take that risk on its own and be brave, which Michaela talked about?

The short answer is that it is still a struggle. For me, the main point is the multi-agency aspect.

Michaela Berry: On the school question, I remember the days of social work without the Virtual School for Looked-After Children. The Virtual School is obviously now the virtual school for all looked-after children, and they do incredible work, especially where I work. They are very proactive in supporting children to achieve their potential in school.

Unfortunately, this is one area where money will be the answer. All looked-after children need one-to-one tuition. They need more support in the classroom and they need laptops, they need equipment, they need those things. The Virtual School is doing all that it can, but it will need more money.

Katie Rose: The only thing I would add is in response to your question about young children. A lot of the practitioners we spoke to last night in other sessions talked about a more dynamic way to understand risk. Obviously, a lot of risk assessments have been done through RAG rating, and through desk-based assessments at the beginning, and a lot spoke about how we cannot go back to a system that we know is not delivering a good risk assessment or static pictures of risk. We need to think about how to reflect risk in more of the lived experience of the child.

Michaela Berry: I agree with Katie wholeheartedly.

The Chair: We have come to the end of our session. I found this afternoon fascinating and very important to us, because it is important that we hear from the front line and not just from the big powers that be, as it were. You have made an important contribution to us this afternoon, as of course have the other groups that were online before you. I can see that a couple of them are still listening in. Can I just reinforce the thanks of the whole Committee to all of you who have contributed to this session this afternoon? I know that we will find that very useful when we come to do our report. I hope that you will find that the report is reflective of the sorts of concerns and challenges that you brought to us this afternoon. Thank you very much.