Suffolk Safeguarding Partnership

The Appreciative Inquiry into the Impact of Covid on Safeguarding in Suffolk

November 2021, updated in February 2022

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Context

1. This report was written in October and November 2021. By then, Covid had been with us for more than eighteen months. Even at this stage of the pandemic, the severity of some local outbreaks was worrying. Suffolk had just become an Enhanced Response Area. National resources were being sought to support containment. Many services were on their knees. 'I'm permanently knackered', one front-line worker told me. Despite more support in place for staff, many were dreading the future in case the intensity of what happened before came at them again. Health visiting and school nursing services were experiencing unprecedented pressures with some teams running on less than 50% staffing and with workloads for children and young people with SEND plus Covid backlogs rising by the day. This is the human side of the supply chain crisis and the fact that budgets and rotas for safeguarding services are set on a just-in-time calculation, with no margin for a dramatic reduction in supply or a seismic upturn in demand. Between September and December 2021, safeguarding referrals about the potential neglect of adults grew by 20%.
2. The rise in workloads across the safeguarding sector had become relentless. Schools were reporting that concerns prior to the pandemic had become more acute, such as parental capacity as a result of a rise in food and fuel poverty and attendance levels due to Covid-related anxiety. The rise in child mental health concerns was perhaps the single largest concern with a sense that Covid and online media were both influencers of higher levels of anxiety, anger and depression. Schools reported that children were not as ready to start school or to transition from one school to another as they were pre-Covid and that many children had become less resilient. Reactions like irritation were more intense. Despite this, some lengthy waiting lists were reducing such as the wait for a Deprivation of Liberty (SOLS) assessment which came down by 400. Some services never let their performance level drop throughout the pandemic.
3. Covid chipped away at the infrastructure of safeguarding. It is still doing so. Hospitals which were at the time of writing subject to fresh visiting restrictions, reported that visitors who were denied 'visiting rights' were becoming angrier than in the previous periods of restriction. Everyone had had enough of Covid but it would not go away.
4. Covid affected the whole Suffolk population. As one person I talked to told me, "It's indiscriminate. You can't escape from it unless you're a recluse". A 92-year-old man told me he had not felt so scared since the Cuban missile crisis in 1960, when he and others thought the world was about to be destroyed in a nuclear conflagration. Several people told me that in order to survive, they needed to think the pandemic would only be temporary – "I kept saying to myself, I'll be back in the office next week. After 3 months, I lost hope. I thought, 'I didn't sign up to only meet people on my computer'. A year on, I am at last learning how to juggle everything".
5. Covid was not exactly a black swan event because a world-wide pandemic had been predicted by scientists and film makers for decades. Despite that, its severity took everyone by surprise. The word 'unprecedented' came up in the Inquiry time after time. Covid came at the same time as black swan events were becoming commonplace – the fall of Kabul so quickly; the loss of faith in safe and reliable Government bonds on the Stock Exchanges; and the regularity of climate emergencies. This means that agencies responsible for safeguarding, as well as having more referrals to respond to than ever before, also have to build capacity and capability to deal with an extreme event that might happen anywhere at any time in the near future. This is a major concern at present with so many services and service providers stretched to the limit already. I recommend that senior leaders takes steps to develop the capacity and capability to respond to future 'black swan events' or to withstand continuous pressure *(Recommendation 1)*.
6. Covid was not the only major policy issue during the pandemic. Black Lives Matter was of even greater significance to many people and not just people of colour. Jayden, normally a

quiet young man, gave a speech at a Newmarket BLM gathering. He works at Tesco, finishing at 10pm some nights and was stopped by police on his way home more times than he can remember, even though he was in his Tesco uniform.


Video.mov

https://yoopies-cms.cdn.prismic.io/yoopies-cms/a79829ee-9d85-465c-9a08-270c4fd7e5b5_Parent%27s+guide+to+black+lives+matter.pdf

7. The repercussions of Brexit were also being felt in vacancy levels. The mass withdrawal from public spaces in the lockdowns was disorienting. Many people told me that the combination of Covid and other social problems made them feel both helpless and constantly worried. Some told me that their social isolation was becoming permanent and they could not exit that zone. It seemed to me that an epidemic of mild stress and anxiety without a treatment model was becoming a serious social problem locally – and perhaps nationally. Suffolk is less confident as a result of the Covid pandemic. It has had a disempowering effect.
8. The Inquiry Terms of Reference are at Appendix 1.
9. Volumes have been written already about the impact of Covid, even before the promised national Inquiry in prospect. Covid was front page news for a year, often with daily press conferences by Ministers and innumerable research studies. As with any headline news, a narrative develops. With Covid and safeguarding, it includes the following regular findings or expressed opinion:
    - Care homes and those in them were left unsafe, especially during the first lockdown because the priority was to free up hospital beds for new Covid cases. In the words of one contributor to this Inquiry, “care homes got shafted”;
    - Visiting restrictions in hospitals, care homes and between family members during lockdowns caused significant distress, even more so to people who may have been less able to process what was happening for one reason or another, such as people with learning disabilities and autism. As the average stay in a care home is 2 years, many residents spent a miserable final year of their life without being able to see their relatives;
    - Unauthorised restraint and use of seclusion and isolation for people with challenging behaviour increased with the lack of oversight;
    - Crime and safeguarding referrals fell but they have recently returned to former levels with a reported increase in the level of violence, both at home and in the community. Cuckooing went up by a third. Drug dealers adapted to the pandemic by using delivery vans with a false UPS or Amazon branding to deliver drugs to their customers;
    - Public mental health worsened, mostly invisibly, yet still at a great cost to the thousands of individuals concerned;
    - Inequalities such as health and educational inequalities widened. Recovery will take years and is difficult to achieve whilst still keeping basic services going;
    - Waiting lists for most essential safeguarding-related services rose. This is having a systemic impact on people who are ‘last in the line’. The waiting list of almost 2000 for the Emotional Well-being Hub and for any kind of NHS dental service are two examples. No-one knows what lies beneath a place on a waiting list as most triage systems I encountered were superficial;
    - Demand (need) pressures may have reduced service levels for the foreseeable future. For example, many visits to vulnerable older people were down from 3 to 2 a day and often with more carers involved.
10. The Partnership’s Inquiry has therefore not repeated what is known or written about already. Instead, I have tried to tell the story largely through the lens of people in Suffolk who were directly affected. Writing any report through telling stories has the advantage of promoting a

greater understanding of what people went though. I have used an ethnographic approach and assumed that the stories of individuals, if they are representative, convey a sense of hidden Suffolk during the pandemic. The limitation of this methodology is that the sample is small and therefore my report is a mere snapshot. I have also absorbed everything I have read into the key points without attributing sources.

11. Another limitation of my report is that more professionals were willing to tell their story than people who were on the receiving end of services. Few organisations systematically gathered meaningful feedback about their service during the pandemic, partly because they were fire-fighting with little time left for strategy and reflection. I have therefore relied on those people I did talk to and the work of organisations like ACE Anglia who made experiential video recordings available on their website. In truth, people with above average needs had exactly the same issues about Covid as everyone else. Covid has been a great leveller.

12. Common to most inquiries about safeguarding, I have found more people who were not safeguarded than people who were. That also reflects a general truth that more people with concerns come forward than those who are happy. I have tried to balance stories of harm with stories of safety as far as I could in the time available. I do recommend that each agency undertakes inquiries of their own about the lived experience of those who they provided services to during the pandemic *(Recommendation 2)*.

Findings

The Complexity of Covid

13. There is no single finding about safeguarding during the Covid pandemic. For every apparent truth, there is an equally valid opposite. For every horror story - and there have been so many – there have been stories of growth, love and liberation. This is partly why this Inquiry is more descriptive than analytical. Petra's story shows that, despite Covid, many people achieved great things – see below.

Petra's Story

Covid drastically changed me for the better. It was a massive mirror put up in front of me. It helped me to see myself and to upgrade my life. I had to face myself. I went from being an addict in denial with deep addictive patterns to looking at my own behaviour and recognising why I was making self-destructive choices. I could only make this change with support. My best friend and I left podcasts for each other to listen to, for company, to cheer us up and to inspire each other. We told each other there was no pressure to reply but we always did. That's the thing about support. And when I reached a point of feeling suicidal because of everything I was dealing with, she was there for me. Another friend put me in touch with the recovery (from addiction) programme at my local Buddhist Centre. I met a woman there who became my fairy godmother. She insisted on meeting me weekly and keeping me on track. She would not let me out of her sight. She helped me to understand co-dependency. I had a turbulent, unpredictable childhood which pre-disposed me to addiction. My mum was an addict. Once I had to stop her from stabbing her boyfriend. Our relationship was toxic at times and fantastic at times but we never completely gave up on each other. The Ipswich Anti Loo Roll Brigade offered support and a sense of community and friendship to me at a lonely time. They are one of many Next-Door type groups that popped up during the pandemic and are still going. Loneliness used to make me contemplate suicide but I am now through my bleakest moments like when I was bar-hopping. I am now in a loving relationship. I feel loved. I feel secure. I am more wholesome.

14. For a closer connection with the power of the pandemic, readers are advised to watch Help by David Thorne, shown on Channel 4, about the impact on care homes during the first lockdown, and Beat the Devil by David Hare, shown on Sky Arts, about the impact of Covid on one individual. Most of us will know someone who contracted Covid. That spectrum includes not being aware it was happening to being on the edge of death – and of course dying. Modern hermits are the only ones who escaped.

15. Covid has pitched people against one another. Those petrified and those in denial about it can share the same house. Covid induces polar opposites in views held – see the box below about GP's. With winter pressures ahead, the lack of capacity in services like home care is worrying. Local organisations have thrown everything they have at the pandemic but it has still not been enough. It is as if the arteries of service provision are slowly being blocked with the potential for an unforeseen – yet foreseeable – permanent crisis. One manager on her knees told me, "I'll kill the next person who asks me what I'm going to do about it". But the question has to be asked even if the answers are inevitably vague.

Tensions between the emergency services and other front-lines services

The emergency services often felt they were doing the work of other front-line professionals who had started to work remotely, either through choice or because they were instructed to. For example, the police felt that other agencies were missing in action and they had to cover for them. GP's were blamed for a change in pattern to remote working, even by the Government. In truth, many front-line workers were instructed not to go into people's homes by their managers. Agencies like schools were left holding high levels of risk.

There is yet another side to this story. Eighteen months on, GP's are just as tired and exhausted as everyone else. Their phone and video consultations suited many. For example, I spoke to a mother whose baby had thrush in her mouth. Instead of having to go to the surgery to wait in a room posing a Covid risk, she had a short video consultation with her GP on her phone, after which the GP faxed a prescription to a local chemist for the mother to collect. Her baby was helped faster as a result. GP's are doing this all of the time now.

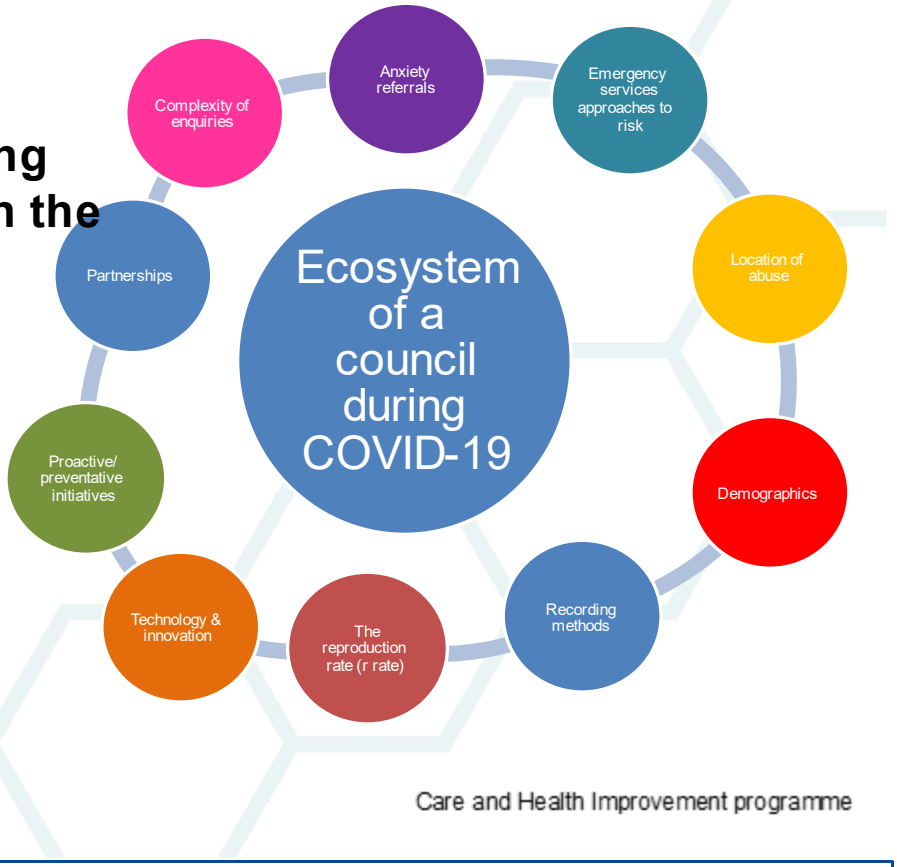
Agencies should take a greater interest in the lived experiences of people they provided services to, not simply compile statistics on complaints.

Safeguarding during the lockdowns

16. Continuing the theme of complexity, it was hard to keep people safe once the infrastructure of safeguarding was dismantled overnight. Effective safeguarding depends on 'eyes' being kept on people at risk, sometimes more than once a day. A child or adult at risk can need an intensive monitoring regime typical of a hospital or a care home inside people's own accommodation in the community. The 'eyes' in question are family members and local communities, not just professionals. During Covid, that wider group of 'eyes' largely disappeared, at least to begin with. Virtual risk assessments were limited in what they could assess. Professional curiosity needs face-to-face contact to be effective. Grade 4 pressure sores could not be detected in video calls from district nurses or even from a specialist tissue viability nurse. If people stayed safe, it was more by luck than judgment. A Chair of a small primary school in Suffolk said, "One of our main concerns was in respect of children who did not engage with online lessons. In some cases, teachers had to resort to delivering the off-line packs in order to see the children we were worried about. Whilst I understand that enforcement is not a county-level matter, some thought should be given as to how a mechanism could be developed to ensure regular oversight of children most in need" *(Recommendation 3)*.

17. 'Keeping people safe' was easier said than done. It was a time when all of us sank or swam. One vulnerable adult told me, "I learnt more in the last eighteen months than in the previous ten years. Being without help forced me to develop and grow quickly". Some people with autism told me the pandemic for them was autism-friendly, with clear rules and fewer stimuli.

Variables impacting safeguarding concerns in the COVID-19 pandemic



www.local.gov.uk/chip

Care and Health Improvement programme

	Phase 1: Initial response to lockdown	Phase 2: Adapting to lockdown	Phase 3: "New normal"	Phase 4: Return to lockdown
Timeframe	March and early April 2020	May to mid-July 2020	September to mid-December 2020	January to the present time of writing
Focus of local systems' responses	**Focus: Managing implications of the first national lockdown, closure of early years settings and mainstream schools to all but a minority of pupils.** 1. Putting in place systems for keeping "eyes on" vulnerable children. 2. Developing essential structures of system leadership, communications and partnership working.	**Focus: Adapting to conditions of lockdown, planning for the "return" of in-person work.** 1. Refining system-wide communications. 2. Addressing practical challenges – PPE, IT and devices, free school meals. 3. Assessing risk to support return to in-person work. 4. Improving core systems to support recovery.	**Focus: Return to in-person teaching and support for families.** 1. In-person teaching / visiting resumes – planning and risk assessments meet reality. 2. Responding rapidly to "bubbles bursting". 3. Identifying and responding to children's and families' needs resulting from the first lockdown.	**Focus: Reducing transmission, while maintaining teaching and support for families, drawing on the lessons of the first lockdown.** 1. Delivering a robust offer of remote learning and remote support for families. 2. Balancing continuing education and family support with reducing the risk of transmission.
National context	**20 March** – early years settings and schools to close except for vulnerable children and the children of key-workers. **23 March** – "stay at home", first national lockdown announced.	**April-May** – flexibility introduced for children's social care and SEND. **June** – early years settings re-open. Partial return of primary pupils and secondary pupils in exam years. **29 June** – local restrictions re-imposed in Leicester.	**2 September** – 2020/21 academic year begins. Settings, schools fully open. **5 November** – second national lockdown (to 2 December). Settings, schools remain open to all pupils. **8 December** – first Covid-19 vaccination.	**18 December** – term ends. Staggered re-opening of schools announced. **4 January** – spring term. Settings, majority of primary schools open to all pupils. Third national lockdown: early years settings open. Schools open to vulnerable and keyworker children.

The first few months of Covid

18. Decision-making in the first lockdown was erratic. Politicians nationally made decisions to the best of their abilities. Some decisions made in good faith at the time looked terrible 24 hours later. Decisions that normally had to be made in weeks or months had to be taken in days or minutes. Systems at the start remained bureaucratic but it quickly become clear that many procedures had to be abandoned if anything was to get done. Pallets containing essential Personal Protective Equipment (PPE) sometimes could not be unloaded at ports because of the absence of a Health and Safety certificate – millions of pounds worth of essential kit could not be delivered to the front line, causing deaths as a direct result. Panic buying meant that a local consignment of PPE could be bought and sold at airports with local commissioners being gazumped. Whether it was a personal, professional or political decision, it was a scattergun, serendipity time.

19. The first lockdown was classic safeguarding territory – decisions taken on a sketchy evidence base: the risk of a left-field revelation; partnership working that is better after something bad happens than it is before; and the wonderful realisations that come with hindsight.

20. The first lockdown soon led to collective unregulated emotion. A transformed personal world can prompt diverse reactions but it nearly always causes a profound shock to the system. For children, their homes became their schools. In safeguarding terms, the reduced quantum of safeguarding 'eyes' meant that only people in a high-risk category of need were visited in their own homes. Staff who carried on that essential work, often without adequate PPE, were brave to a fault, putting themselves and their loved ones in difficult and potentially dangerous situations. It was both heroic and reckless. As a result of cuts over the last decade or more, visiting levels had already reduced for many people. For example, children aged 5-19 do not get a transfer in visit by a school nurse. Nurses review the electronic health record but very rarely visit a family home or even see children who transfer into Suffolk. So Covid exacerbated existing budget-related trends. Absconsions from Hollesley Bay prison doubled during this period as prisoners were in their cells for 23 hours every day with visits stopped. Many became desperate to see their loved ones. The focus on infection control meant that a balancing exercise between the risks from Covid and other risks was rarely carried out. The rights or wrongs of children being in school showed up that tension repeatedly.

21. It was the same for people without resources. It was impossible to self-isolate in an HMO – a house with multiple occupation. Covid could be survived more easily with resources – your own place, your own income stream, your own garden.

22. The first lockdown had a major impact on attachments. Many children in foster care blossomed because their carers were at home more, either because they were working from home or they may have been furloughed. However, the lockdown for some victims of domestic abuse meant they were locked in with the source of risk, unable to escape. More publicity is needed for victims to be aware of the help available. For example, posters about help for domestic abuse need to be in Sainsburys, not just police stations *(Recommendation 4)*.

23. Some agencies who were important contributors to well-being and safeguarding went under. Age Concern is a good example. Despite attempting to adapt, they went into administration. Only some of their clients were transferred to other organisations. As those agencies who survived became more stretched, people at risk suffered. A 75-year-old man with Parkinson's disease living in a care home was moved twice. He had no window visits or phone calls. His health went downhill, especially due to the isolation he felt. Hospital transport let him down – the cracks in public service were starting to appear quite soon after the first lockdown was announced. In July 2020, a 96-year-old woman in the early stages of dementia was visited by a volunteer 4 days a week. Her family then moved her into a care home but she could not understand why no one visited her and why she could not go out. Her illness and isolation accelerated. A 66-year-old woman, visited by the same volunteer, bought huge quantities of sanitiser and disinfectant and became obsessed with hygiene and cleanliness far beyond the stated requirement. She sanitised her hands more than 100 times a day. She over-thought

the news, although most people did that to a degree. Her mental health deteriorated. She would not accept carers as she was worried they had been in other people's homes, they would not have been vaccinated and they would bring Covid into her living space.

24. Many people at risk would not accept support because they were terrified of catching Covid. This was another way in which Covid undermined the principles of safeguarding – by making support less likely to be provided and less likely to be accepted. Another man I spoke to stayed in throughout the entire pandemic, only accepting food parcels left outside for him to collect. He had glued his letterbox shut so that nothing with Covid on it could get in. He remained isolated indoors even after Freedom Day in July 2021. He is one of many at the extreme end of growing social anxiety.

25. Vast tomes of national guidance often left those deciphering it confused because they could not relate it to the situation in front of them, such as the complex testing regime in schools at different stages. Some senior leaders were meeting with their teams twice a day just to interpret what had been issued by central government overnight or during the day. This often disempowered local leaders from doing what they knew they should do on the ground, especially about whether to come into school was safe or not. This contributed to the pandemic impacting at the national and personal level for the public, with the regional and local levels almost superfluous. That imbalance was slowly redressed over time.

26. As organisations were preoccupied with operational and tactical responses, many governance structures went into abeyance. A deputy chair of a Board I spoke to said she had not met a single front-line worker during the eighteen months of the pandemic whereas normally this would have been her first port of call. Many politicians felt understandably disengaged from their local communities and their immediate electorate. This meant another avenue for raising safeguarding concerns was closed off.

27. The suddenness of the first lockdown took many agencies by surprise. The police's IT systems could not handle remote working – though they soon caught up. Suppliers ran out of laptops, deepening existing problems with supply chains.

28. Despite these difficulties, a real strength was that senior leaders quickly established tactical support groups who met daily to resolve the significant number of issues that came up on the day, every day. Multi-agency practice was remarkable after the initial disruption to thinking and to service delivery. The initial obsession with the NHS broadened out to include social care, which should have had equal status from the outset. Prioritisation matrices were established to assess which people at risk needed to be visited at home and who could be supported remotely. Whilst this was not failsafe, a clear set of systems were developed which maintained all essential front-line services. The Emergency Response Register, which co-ordinated staff from across the county council covering urgent tasks and Home First Bank minimised adults at risk being left unsupported. Although it is impossible to say how many lives were lost or situations at risk made worse, every attempt was made to restrict the impact of Covid on safeguarding. Many teachers visited children at home to check they were safe. One found no food in a child's house and helped them not to go hungry. In one Suffolk children's homes, at the peak of the pandemic, all 3 children and all 8 staff had tested positive. Despite this, all homes remained open and were fully staffed through the support of many other individuals who were redeployed in the short-term with training and support. A residential worker tells her inspiring story below.

Inside a child's home

"I woke at work on 23rd December feeling well, finished my shift and went home. Later that day I was coughing and had a high temperature and so I booked a test and made the home aware. My manager called me straight away to check on my wellbeing and to ensure a test had been scheduled.

On Christmas Day, my Covid-19 test came back positive. My manager and I discussed the recent close contacts of the residents and told them to isolate for 10 days. The children were very accepting and understanding of the necessary precautions. The manager and deputy regularly checked on the wellbeing of my family and I throughout my absence.

When I returned to work, I was still breathless and my manager was insistent I could go home, but I chose to stay as the exercise was helping. I also suffered with brain fog from Covid and so felt a little lost coming back, but the manager, deputy manager and the staff were really patient and helpful while I got my bearings again. It took about six weeks to feel physically well again and a little longer for my brain to catch up, but my manager and the deputy manager always ensured I was managing ok and that I was well enough to complete my role.

The manager had to work lots of hours on shift, as well as seeking support from agency and relief staff from other homes to reach our minimum staffing levels. It was a difficult time especially after losing several staff in the week before I became unwell and it being the Christmas period too. Everyone pulled together as much as they could to keep things stable and as normal as possible for the children.

Although it wasn't my fault, it was made sure that I knew that and I wasn't made to feel guilty, which in previous employment with a different organisation, this sadly would not have been the case. I do and always will feel a little guilt over the whole situation but am pleased that it was all worked through with minimal impact on the children".

29. As well as the statutory services, the voluntary and community sector in Suffolk came into its own. Compassion fatigue did not set in. The opposite was true if anything. Supported by one-off Government funding, many keep-in-touch services expanded their coverage to people at risk who were stranded at home. The Home but not Alone service handled in excess of 12,000 calls until the end of shielding in August 2020. A single point of access for local residents via the Warm Handover platform maintained the service level throughout the pandemic, keeping thousands of local residents safe. Many support schemes received one-off funding from the Government, welcomed initially but now replaced by anxiety about what will happen when the money runs out and met need becomes unmet need again.

30. A raft of community and voluntary organisations supported local people who were experiencing financial hardship or a more general lack of resources in addition to those with care and support needs or facing social isolation. Digital support was also given in the form of digital care phones to continue reablement services virtually and laptops to children without them so that they could connect virtually with their classrooms. I met a group of young mothers – WhatsApp Mommas – who supported each other throughout the pandemic. The rise of mutual support groups was another positive development. New outreach services were developed by some colleges to reach out to students given the absence of statutory services on the ground. Across Suffolk, thousands of volunteers came forward to help, young and old, offering every type of support in every town and village across Suffolk.

31. Services to minority communities in Suffolk were not as strong and needed to be more tailored to the diverse needs of those communities. For example, the closure of public toilets deprived the gypsy and traveller communities living on unauthorised encampments of basic facilities to keep themselves clean. By focusing on individuals rather than deeming households to be the unit for services like vaccinations, some BAME communities missed out on services, including vital health services. Next time, communication and outreach services need to be more tailored to the needs of specific communities *(Recommendation 5)*.

32. Finally in this section, here are some quotes from children provided to the Inquiry, which show how they were profoundly affected by everything that happened.

    "It felt like it wouldn't be that long when it started and I was excited about it but now it feels like sooo long. I want to go back to school tomorrow. I want to see my friends but I am worried about friendship groups changing and that friends have been in

touch with each other and not me. I do want to go back to school before the summer holidays. I feel all sorts of emotions, I feel like I want to stay at home but I want to go to school. I don't want to do school work, I just want to go so I can see my friends."

The parent of the above child said, "As a parent, I feel less concerned about Coronavirus now and more concerned about my children's mental health. I feel annoyed that Primark is open but the children aren't allowed to play in the park."

"A taxi took me to school. The driver was not wearing a mask and there was no plastic screen. I felt scared"

"My parents don't live together. I haven't seen my Dad properly since lockdown."

"We just need a hug".

"I feel fed up with this thing that's covering the world and eating up all the hugs and kisses." - a 7-year-old.

"I can't sleep at night, I keep feeling really panicky and anxious. I'm worried about dying. I don't want to die, but we all have to, we can't stop it and it's so scary. I don't want to leave this world."

Mental health

33. Covid affected the thought process of some individuals with a fragile grasp on reality. Some mental health in-patients started to import Covid into their delusional thinking. One patient in Suffolk thought he was personally responsible for Covid. Another thought he possessed the power to infect the world. In West Suffolk, Peter Hartshorne Jones killed his wife. His historically fragile mental health had worsened during the first lockdown. He thought he was dying from Covid, locking himself in a bedroom to avoid catching Covid. He contacted medical services 26 times in 42 days even though there was nothing wrong with him. Covid became intertwined with his mental deterioration. In September 2020, Jacob Talbot-Lummis shot another boy in the face outside his school in Kesgrave having been desensitised to extreme violence through watching and playing online games like Blood Trail in which he himself became an online shooter. One vulnerable mother whose case was reviewed by the Partnership asked why the shops were shut during the lockdown. Although Covid was explained to her, she could not hear what was said and did not understand what was happening.
34. It is easy to make assumptions about what everyone understood about Covid. The spectrum ranged from a constant obsession to complete denial. Even during this awful time, the seeds of recovery were being sown. The victim in the Kesgrave shooting went from fighting for his life to being re-integrated back into his school with a new head teacher working brilliantly to settle the school down and to help the whole school community to cope with what had happened and to move on positively.
35. I spoke to a mother who became progressively more isolated having given birth in a Suffolk hospital without friends or family being allowed in. She began to experience what she describes as 'post-natal mania', in which she could not cope with any demands made on her, having previously been able to cope with just about anything. She may have been experiencing temporary pathological demand avoidance (PDA). When her husband was allowed into hospital to visit their baby for an hour, she left the hospital and went on autopilot to the nearest bus stop. She was ready to get on the first bus, wherever it was going. She wanted to disappear. Luckily, she rang her best friend to tell her what she was intending to do and her friend, who she'd known since they were at school together, persuaded her to pause and plan. She needed help and the mental health crisis team responded within 4 hours, helping her to recover quickly.

36. Alarmingly, the mother's experience was not necessarily a common one. Another mother said "I had my baby in April 2020, at the peak of the pandemic and I was left at home with no support from health care professionals. Home visits stopped and only telephone contact was made – not even Zoom calls. This was my second baby, I also had a toddler at home. My mental health deteriorated rapidly. I became so unwell I was taken into hospital with postpartum psychosis. If it was not for my husband, my children would have been put at risk. He was able to look after them and care for me at home too so I did not have to stay in hospital. We had no contact from the mental health team". This is yet another example of what I think of as 'self-help Suffolk'.
37. The pain of suicides during the pandemic is illustrated by a headteacher telling me that "we lost a parent to suicide who could not cope with all the pressures on them. That's a family of 7 with no parent. That parent felt that no one was helping them".
38. Help in a crisis is one thing. Help just short of a crisis is quite another. The stories of two mothers and their children below are indicative of what happened to many families as a result of reduced service levels during the pandemic.

Overstretched families, overstretched services

Unable to secure any support for her 17-year-old daughter with an eating disorder, a mother who understood what her daughter was going through because she herself had an eating disorder eighteen years earlier, turned their home into a specialist NHS unit. The mother became the specialist nurse in the absence of paid services materialising. The mother's frustrations grew as the only contact she had with the local Eating Disorder team was fortnightly phone calls inquiring about her daughter's weight. The calls started but only after 5 months without any contact at all. Her daughter's weight never got to the threshold of danger the team said would prompt an intervention. She was never observed and never had blood tests despite fainting and becoming very ill. In the end, the mother turned to self-help as the only viable service. This reminded me of a frustrated dental patient in Suffolk who, unable to secure an NHS service, tried to extract his own teeth rather than continue in excruciating pain (East Anglian Daily Times, 26th August 2021). This sense of 'self-help Suffolk' came through strongly from many people during the Inquiry, especially those who were experiencing deteriorating mental health.

The mother established the same regime that had helped her nearly twenty years before when, as she said, 'there were hospital beds back then'. She conducted random room searches of her daughter's bedroom for food. She turned her clothes out to make sure she wasn't hiding food. She did not allow her daughter to use the bathroom without being supervised. Her daughter was not allowed to go out on her own. Her daughter found this regime highly invasive at the time but now thinks it was necessary and helped to save her life.

Inevitably, other family members were caught up in these events though there are positive outcomes. The girl herself is much better now and coping with daily life again. After many months of pleading, she is now on medication which is helping her. Her school has been supportive throughout and that has been a lifeline. Her parent's relationship is stronger having gone through a make-or-break phase during the crisis.

Her mother told me, "I have been asking for help for so long, it is just not there. I begged for help. I knew I was going downhill'. Weakened by what happened, the mother herself began to relapse and started to experience another eating disorder for the first time in nearly two decades. It was only when she fainted that the Eating Disorder Service realised help had to be provided.

There are always other sides to the same story. One of the Suffolk eating Disorder nurses worked all weekend to keep a child safe, working with her family. Another nurse moved into a local B and B so she could be closer to work.

In truth, hardly anyone felt supported enough, despite everyone supporting those around them 24/7.

A Mother and her Son

Picture a working mother and her 28-year-old son Ben who has a serious and enduring mental illness. Whilst his mother may be seen by professionals as Ben's carer, Ben does not accept he needs support and cannot admit to needing – and having – 'a carer'.

Ben is described as a 'beautiful spirit' but whose illness is both isolating and highly distressing, making it hard for him to make and sustain relationships. Persistent delusions and hallucinations make social interactions really difficult. However, he lives independently, goes for walks in the park which bring him peace and he derives pleasure from a nice meal and the occasional visit to the cinema. He does all this despite hearing persecutory voices, which are persistent, repetitive and never stop. Ben has tried everything from meditation to drinking. The mother was offered the opportunity of a carers assessment 3 times, during and after the pandemic but was never contacted, a classic case of over-promising and under-delivering, even when the assessment is a statutory requirement.

The first lockdown had a profound effect on Ben's mental state. Due to his paranoid thoughts, he was afraid of any social contact and had frequent psychotic episodes. At the point where he became seriously unwell and at risk to himself, his mother took the difficult decision to request a Mental Health Act assessment, knowing that doing so would break the trust in their relationship. It took mental health services 5 days to 'secure a bed' to enable an assessment to take place – 5 days was considered reasonable which is of great concern as every minute matters at the highest levels of untreated and uncontained mental health concerns.

Ben was admitted to hospital for assessment and refused all contact with his mother apart from text messages. When he was discharged four weeks later no attempts were made by mental health services to engage Ben's mother or to keep her up to date. By text Ben told his mother he was no longer seeing anyone from a team and they had told him he was well. This was not the case. His mother didn't know Ben was in fact open to a team, although he hadn't been seen for weeks, that there was no allocated worker (staff shortages) and the duty workers were trying to make contact.

Fast forward to a year into the pandemic. Ben is home, banging the floor and the walls and screaming, sounding like a wounded animal. Alerted to this, his mother contacts mental health services requesting an urgent assessment only to be told there are no beds and there is a queue of thirteen people waiting for an urgent bed. One absurdity is that Norfolk patients can use Suffolk beds but Suffolk patients cannot use Norfolk beds. The mother understandably concludes that the local Mental Health Trust is unfairly Norfolk-centric.

Over a period of eighteen days a bed is booked and then lost again as Ben won't answer the door for assessments, there is a further 'bed queue', the assessment can't take place and a warrant is sought to force entry – however on this occasion the police do not turn up to meet the two psychiatrists and the mental health social worker so the assessment had to be abandoned. Throughout this time Ben is in his home – terrified and alone, with paranoid thoughts reinforced by the knocks at the door. The mother is contacted every day and repeats the same information to a different person every day.

Finally, Ben was assessed, a plan put in place and an ambulance was called to transport him to hospital. The assessing mental health professionals were told that the wait for an ambulance would be up to 8 hours. In discussion with the mother, it transpired that it's not unheard of to wait up to 20 hours because mental illness is 'not a priority'. On this occasion one professional sat waiting with Ben who became very distressed for nearly 8 hours when Ben should have been in the care of specialist nurses.

The mother was not involved in her son's care planning, despite her being the only support Ben has in the community. So many carers are put in this impossible position – needing to sustain their bond and attachment to the relative they care for and being shut out by professionals. Whilst the technicalities within the Mental Health Act regarding confidentiality may be correct in law, it lacks humanity and risks making relationships and attachments worse.

The mother is left with feelings of frustration and trauma on many levels. She told fifteen people in mental health services how to get into her son's flat but the information was never made available to the next professional in line. Whilst individual professionals were warm and supportive, the system failed again and again. The mother is not confident that when Ben is discharged from hospital that the team will make contact and involve her in any care planning, instead she will only be contacted when things go wrong. But more importantly the relationship between mother and son which lasts a lifetime has been grossly impacted by the relationship between legislation and service delivery which was top down and a million miles away from being a co-production.

Sheer exhaustion

39. Anxiety is one thing, but Covid itself was several levels worse. The impact on professionals of the real Covid was often devastating though for others it was energising. One senior safeguarding leader told me, "I've never worked so hard in my life, it nearly broke me". Carer fatigue and breakdown within families was also a major factor in community exhaustion.

Being an ITU nurse during Covid

'You can tell we're permanently tired by the ten-mile stare on our faces'. 'We had to switch onto automatic pilot'. 'We were numb throughout' - the words of Joe, an ITU nurse describing a cumulative mental and physical exhaustion as well as an amazing dedication to saving lives. This commitment included sometimes working double shifts with minimal breaks and with constantly changing guidance from the NHS nationally, about PPE for example where nurses might be given one type of PPE at 7 in the morning and another with a different set of instructions at 2 in the afternoon. The goalposts in terms of advice were changing every day. Covid was different from any other respiratory illness he had known. Adapting to it was intense and frightening. Dealing with the unknown was hard. To begin with, nurses were told that the air change times in theatre were 20 minutes. Later on they learnt it was every 5 minutes, making them feel exposed, vulnerable and not cared for properly themselves. Patients felt utterly exhausted. Dying from Covid was for them a case of being dismantled. At the end, every breath was a struggle, beyond the point of comprehension. For Joe, who caught Covid himself, he became progressively more tired, falling asleep every evening which he never used to do. He enjoys life less. Having been in the military before, he thinks and feels that Covid leaves you with a form of post-traumatic stress and that hospital resembled a war zone. His main concern at the moment is that 'I wish that people would realise we're not out of it yet. It will take the NHS 5-10 years to recover, as we are now so far behind. For example, the backlog for elective orthopaedics is 3-5 years'. The attrition rates on the staff he knows have 'gone through the roof'. Most questioned whether they could carry on and the vast majority of staff he worked with have left, leaving a huge hole in the nursing workforce. Despite everything, Joe is proud that he and his teams responded to every emergency, saving countless lives.

Beulah's Story

I was a Ward Sister throughout the pandemic until recently, when I was promoted to a Matron role. The first lockdown was the toughest. We had no preparation, no guidance and no teaching. Everything was changing without any explanation and when we asked 'why'?, the answer was usually, 'we don't know'. Despite this void, my team worked really well together because we knew each other and trusted each other. We went onto the medical ward from a surgical ward. The medical consultants helped us to cope and know what to do. We had no psychological support in those first few months. All the way through, senior managers were scarcely visible. They did not visit us to show appreciation for what we were doing. The second lockdown was even worse, the worst 3 months of my life. I saw more deaths in those 3 months than I had done in my previous twenty years in nursing. Miraculously, I did not catch Covid despite many patients coughing all over me throughout eleven-hour shifts. Covid was agony for patients and agony for their families. The level of distress was unimaginable. I prayed every morning that I would get through the day. I did the same on my way back home. Somehow though I got through it and so did my family. I thought, I've survived this and I'm now ready to take on more responsibility. I look at life differently now. I am definitely calmer. My family say so as well. I appreciate life more, possibly because I have seen so much life taken away. A big lesson for next time – I think there will be a next time – is that nurse specialists should have been on the front line more to help all of the nurses who were struggling to cope with the demands. I had fantastic support from my family, all 8 of them. I support about 80 people in work and at home so my support ratio is 1: 10. I'm giving out ten times the support I'm receiving myself.

40. A senior NHS leader told me that "stress is the new back pain for professionals". Many staff told me they were never thanked until the general public started bashing tin cans at 8 every Thursday evening. Quotes included "you're the first person who's asked me how I am". It seems that in the heat of battle, the troops were too often taken for granted *(Recommendation 6)*.

The second and subsequent lockdowns

The difficulties continue

41. One agency summarised for me the main issues for them during the lockdowns (see below)

Reflections of Ace Anglia, an independent advocacy organisation

- Whilst we have a lot of good stories, we have supported many people through dark times.
- Mental health issues and isolation
- Confusion about information.
- Difficult situations around hidden disability.
- People who were previously living independently with small amounts of support found lockdown life really difficult and challenging.
- We spent lots of time making accessible those resources which came from additional funding to Health and Social Care
- New skills especially in technology have been embraced by some. Our concern is that as people return to their "old lives" that they will lose the skills they learned. Who and how will they be supported to move forward in a world where technology is key?
- People are still getting poor information from support agencies about Covid and the various isolating rules

'We are still getting emails and calls from people who are frightened to leave their homes. We are supporting people to be more confident', they report.

Adjustments

42. Lessons were gradually learnt and applied. The supply of PPE increased, although not for everyone. Care homes became safer because of better gatekeeping for potential residents coming out of hospitals. However, new problems worsened, such as staff shortages. As with most problems of this sort, the reasons were many and complex. Care staff could earn more working in local supermarkets so there was a pull factor towards better paid alternatives. There was a push factor away from care homes and other intense care and support roles across sectors due to the difficulty of the work, a level of difficulty that increased through the second and subsequent lockdowns due to cumulative stress and tiredness.
43. One health professional told me that "the second lockdown (January – April 2021) was a vastly improved experience. "Owing to what we had learned and the greater availability of PPE, the increased knowledge and defined working practices from police and partner agencies, meant that in the majority of cases we were able to safeguard vulnerable children and adults in the same way as we did before Covid".
44. However, many vulnerable groups felt less protected. Restrictions introduced in response to the pandemic hindered the ability of youth workers to safeguard vulnerable young people and increased the difficulties in identifying and responding to victims of County Lines exploitation. The identification of exploitation was harder as networks went even more underground and due to less face-to-face contact. Here are some quotes from care experienced young people about this stage of Covid.

"Support has dropped off from staff since the second lockdown in my semi-independent accommodation. This has meant I have become more isolated"

"I have just started a college course but have noticed that a lot of my support workers from different organisations are leaving at the same time which is tough" – more than

one person I met told me of a churn of staff for one reason or another which became progressively unsettling.

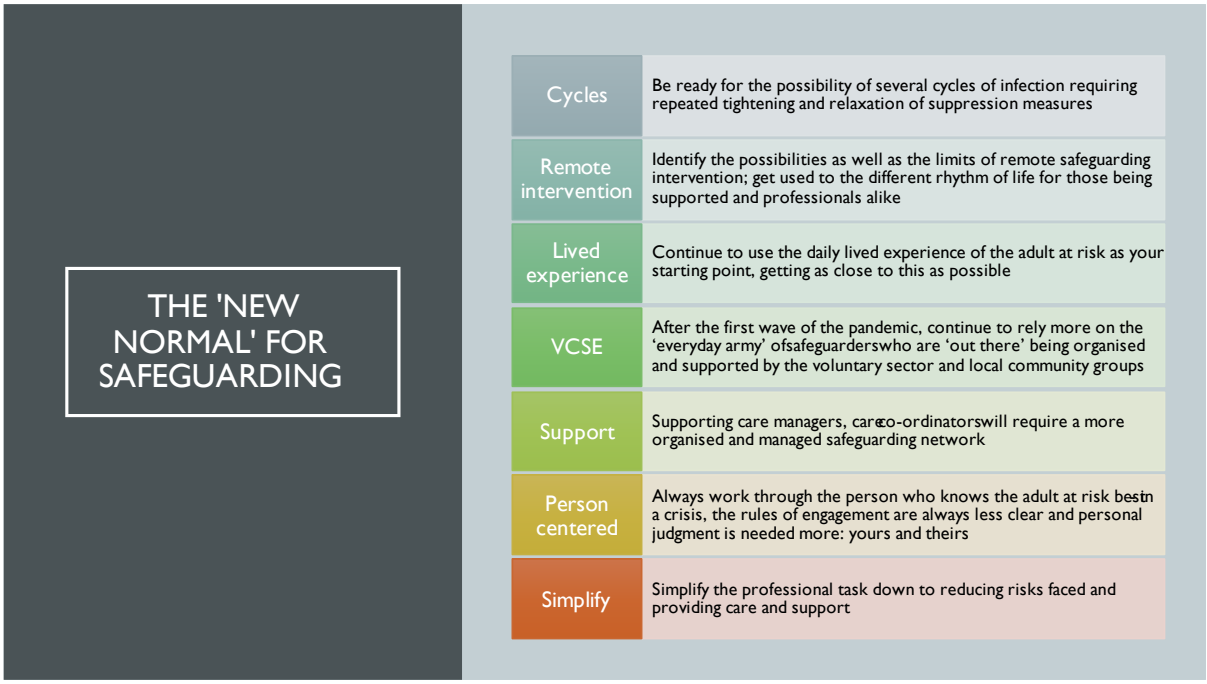
"I am worried about losing my social skills and ability to interact with my friends"

"I am worried about a relapse of my mental health difficulties"

"I would like them to do more to tackle loneliness. Covid has made it worse".

45. Many of the discussions I had identified that waiting lists suggested one level of need but talking to people about their lived experience pointed to quite another. It was clear to me that the level of need exceeded the capacity and capability of the local safeguarding system to respond in full.

46. Gradually, services adjusted. Most professionals realised that working remotely was a much better use of time, as it avoided lengthy travel time in the working week. Productivity went up. They were able to drop into many meetings for a slot whereas pre-pandemic they would not have been able to go at all. The next stage was the development of hybrid case conferences and hybrid family court hearings, using a combination of face-to-face presence and some people joining meetings or hearings remotely. This hybrid model is a good example of where the 'new normal' is better than the 'old normal' as long as children and their families are given access to technology so they can participate.



47. Those safeguarding agencies who had spent the first lockdown working remotely, realised that you can't a carry out a complex risk assessment remotely. It can work for simple situations which suggests the need for a rigorous triage process with a decision made then about whether a face-to-face visit or assessment is required. Most agencies got to a point like this this by the end of the first lockdown.

48. Many individuals transformed their lives for the better during the pandemic and despite the pandemic. Maria's story (see below) shows that some children in foster care benefited from being locked down with their carers to form stronger attachments than they would have done with the children being out at school and their carers often out at work. This also showed that a one-size-fits-all approach to children was misplaced. National and local policy was to insist that vulnerable children attend school so that eyes were on them. This completely missed the point about child impact, which was far more nuanced than policy.

Maria's Story

In February 2020, Maria came into care after her parents, both heroin addicts, could no longer look after her and her brother. After a period with a single foster carer, where she struggled to manage the transition away from home, and where she felt isolated and 'just another person in care', she moved to new foster carers later in 2020. She is happy now. She feels secure and stable, so much so that she is planning her future with new-found confidence. She has gone from feeling it is 'me against the world' to feeling she is able to recover from the traumas she experienced. Lockdowns were hard for Maria. She did not speak to her only friend for 8 months. Yet she survived and she is now prospering. As well as her foster carers, she has a 'brilliant' social worker who keeps in touch with her every 3 weeks and visits her every 6 weeks. Maria caught Covid in the summer (2021). She still feels tired and her breathing is not as strong – a limiting factor for a budding musician. She sees her parents and brother for contact but, crucially, she feels she is being protected, looked after and now has her own world and space. Her cat eventually joined her, though as her social worker joked, 'it was harder to get agreement (from the Council) to the cat moving as it was for a child to move'!' Maria's story shows that many vulnerable children were supported to go through complex transitions in their young lives during and despite the pandemic. These quiet emergencies for people at risk are equally urgent. Lives cannot be put on hold.

49. Kai's story -see below - shows how it was possible even during the pandemic to escape domestic abuse or a coercively controlling relationship, despite many people being stuck inside in situations they felt unsafe in without routes out. For some of those locked in, it was a terrible experience – "for months I saw no one but my parents". "I was locked in with my abuser, unable to leave". Another person told me that at one point he had to get out of his flat but as he was walking about, he was arrested for a potential breach of Coronavirus Regulations. Fortunately, this was sorted out with the police through dialogue. I met some care leavers, one of whom made the point that in the first lockdown especially, many care leavers were in transition somewhere, but were stuck, not being able to move forward with their lives. Often, they had to go back or stay where they were. They suggested that one criterion for making a move after lockdown could have been 'a single move to make yourself as safe as possible' *(Recommendation 7)*.

Kai's Story

Eric was the love of Kai's life when they met. They clicked instantly but within a few weeks Eric started to abuse Kai and seek to control every aspect of her life. During the first lockdown, Kai felt too scared to leave. She was the constant butt of Eric's anger and occasional violence. His coercive control grew and grew until he oversaw every aspect of her daily life: her phone, her friends, what she ate, what she wore and worse, whatever she said.

For Kai, the year of the pandemic started off with her feeling at her lowest point but it ended on a high as after three and a half years, she finally managed to escape. She is clear that she could not have done it without the support of her brilliant social worker and leaving care adviser. They slowly built up her confidence after she attempted suicide and they helped to stop the harmful impact of Eric's gaslighting behaviour – making Kai think she was crazy, worthless and useless. Two police officers protected her by taking her seriously and charging Eric. The intervention by the police deterred Eric and the interventions with Kai supported her to regain control of her life. This was high impact multi-agency working.

Free of Eric at last, Kai is now planning her future for the first time. Contact with her workers was mostly remote but this suited Kai and was also the only way of practically reaching her. Her situation shows that positive outcomes were being created continuously during the pandemic, despite the restrictions. It is also clear from Kai's story that many women throughout Suffolk will still be suffering in silence at home, not known about, not being seen and not being supported.

Recovery

Waiting lists

50. As fast as some waiting lists were cleared, they grew back again because demands levels were so high for services such as children with mental health problems.

51. The true scale of the waiting list problem in Suffolk is not known as some lists are not published, some are defined differently and some are being kept out of the public domain. But it is clear from this Inquiry that waiting lists across agencies are now chronic with delays of

weeks or months or years before the service someone has been assessed as needing will be received. Some delays such as those in the family courts for children needing permanence are leaving some of the most vulnerable children in the county in limbo. For example, children waiting to be placed for adoption have sometimes been unable to move to their permanent home. The longer a final move is left the harder it can be. It also means approved adopters, geared up to take and support a child, are also left in limbo for months or even more than a year. I recommend that Suffolk Chief Officers Leadership Team creates a dashboard of waiting lists for key services so that an accurate picture and evidence base about the impact of the lists can be produced and understood as a whole, especially for people who are on several waiting lists simultaneously *(Recommendation 8)*.

BUILDING BACK – BETTER?

52. Some services grew back in better shape than before the pandemic. The return of the Latitude Festival in July 2021 came with a 40 page Safeguarding Operational Plan with clear procedures covering domestic abuse, missing children and adults, substance misuse, mental health problems, sexual harassment as well as stringent recruitment processes for all of those working on the site. 'Growing back better' was a predictably ambitious slogan after a period of time with many staff in agencies being furloughed, with some organisations having to downsize as a result of reduced income and others running down their reserves to the point of bankruptcy or administration. The period was akin to an intense phase of 'merging and acquisitioning' with only the strongest surviving. This is also linked to the much more rapid growth of digital services in the recovery period and the need for all Suffolk organisations to undergo digital transformation to understand their digital potential and to build a transition to this into their business planning. An example is the growth in available educational technology (edtech) such as online learning and AI learning which should lead to an overhaul of every school's digital strategy to take advantage of the new tools and products coming onto the market, such as those which support self-directed learning.

53. I was heartened to hear that some services have maintained their quality under extreme pressure. Audits by Suffolk County Council's Children and Young People's Service of support for children in need and children needing protection showed no drop in quality.

54. Writing this report, with new restrictive measures still possible during the winter of 2021, the risk of many of the problems our report highlights either returning or intensifying, is considerable. Some younger children have only grown up in the world of the pandemic. For them, it is normal. It will be another transition for them if we can ever put the pandemic behind us. I heard a 4-year-old during the second lockdown telling people in a queue to wear a mask and to stay 2 metres away from him. Covid at school, at home and in public, was part of his daily life. Another child told me she understood the 'Japanese 3 C's' – close contact, crowded settings and closed settings with poor ventilation.

55. It is also hard to be confident about recovery and 'building back better' when people are dying because of not being able to get an ambulance in time due to worsening response times or the wait for a service or a bed is life-threatening. The consequences of delays and bed shortages can be seen in Ted's story overleaf.

Ted's Story – and the story of those around him

A care home sought support from mental health services, the police and the ambulance service due to Ted's escalating behaviour. He had assaulted two residents knocking one unconscious, with another sustaining a head injury. Staff were also being assaulted. Other residents had to be confined to a single room for their protection. Despite multiple calls for help and support, none of the services responded quickly leaving Ted, other residents and staff at the home at a high risk of harm.

Ted was eventually taken to A and E the same evening after he had assaulted a police officer. The hospital refused to admit him. He was then discharged then back to his care home around midnight against the care home's wishes due to concerns about being able to manage him and to safeguard other residents and staff. Ted then went on to assault another police officer. Finally, he was assessed the next day and was admitted to a mental health bed.

During this time, Ted was locked in a conservatory and was handcuffed by the police officers who felt they had no alternative due to the threat he posed.

The incident shows how a situation in the community can rapidly deteriorate without an immediate and an appropriate response, a response which cannot be guaranteed.

56. Ted's story is not unique. During the course of this Inquiry, I was told about a woman who fell and broke her hip who waited 5 hours for an ambulance whilst in acute pain and a woman who collapsed in a road who waited 6 hours for an ambulance with local residents protecting her against oncoming traffic and keeping her warm. These are third-world stories but going on now, in Suffolk. I also heard about a growing number of patients in hospital who were ready for discharge but who had nowhere to go. They have become the 'super-stranded'. Some were having to cope with deconditioning.

57. However, in keeping with this Inquiry's main finding, namely that there is no singular experience of Covid, I met professionals who enjoyed the challenge of the pandemic, especially being able to get things done without having to go through what seems in hindsight, unnecessary bureaucratic hoops. "It's been an amazing time to come to work. Partnership working has been given a jolt. We don't have to dance around each other anymore. We laughed together and we cried together. Some of the friendships we formed seem unbreakable", one senior leader told me. She is now worried that the local system is 'reverting to type'. She is planning to leave to set up her own company where she will not feel so constrained – "It's showed me who I am as a person. I can't go back to being in endless meetings playing the game, knowing something needs to be done but going along with not doing it. Covid has given me the courage to forge my own path".

58. An example of what she meant came when I was told how senior staff in Suffolk County Council were told by central Government on a Friday night that 700 local people were being told to stay in and shield, and may not have sufficient food or medication to keep them going. They were asked to assess all 700 by Sunday evening. This deadline was met because Suffolk Fire and Rescue Service visited all 700 over the course of the weekend, working all hours to get it done. This is an example of what had to be done and was done. Firefighters are a good example as many drove blue-light ambulances when ambulance staff numbers were down due to Covid.

59. Many staff across the safeguarding sector and network echoed the words of one contributor to the Inquiry who said that "People adopted new skills in technology they did not even know they had". This is an important workforce development point for the future. Workforce issues are now at the heart of planning for the future. Many agencies have money but no staff. Some agencies have staff and no money. Many teams lack sufficient staff such as insufficient probation officers in Suffolk prisons due partly to not being able to offer placements to students during the pandemic. A joint workforce development plan for the Suffolk public sector based upon future sufficiency will be an important element of developing greater capability in the future. In truth the skills shortages and mis-matches are a national problem but they are often solved locally.

Long Covid

60. Long Covid is rightly receiving increasing recognition and support, with hundreds on local waiting lists and an estimated 11,000 Suffolk residents living with it. One person told me, “I used to be able to lift 5kg weights, now I can only do 2kg”. Another, months after Covid, could only stay awake in the morning. From mid-afternoon, she was tired and constantly on the edge of sleep for the rest of the day. Many said it took them months after Covid to get back to where they were before. Through Healthwatch and the local CCG, I came to understand the devastating impact of Long Covid on local people and the way it made people feel vulnerable and less safe as a result. One person told me “Long Covid is a multi-systemic condition with destructive symptoms such as fatigue, brain fog, hair loss…”. People who were high functioning are still a shadow of themselves months later. I was told by another sufferer that “a sweet rotting smell makes me gag. I smell it all the time. If only the smell was burnt toast”, Being stuck with this permanent – or so it seems - putrid smell is one of many symptoms of Covid Jess told me about, two months after she tested positive. There are other symptoms. She can eat a spoonful of mustard without flinching. As a single parent, she felt too tired by the afternoon to look after her children and there were risks as she could not stop herself falling asleep. This is one of the risks specifically associated with Covid for people who had not generated a safeguarding concern in their lives. As Jess said, “Covid is everywhere. It might get you in the end”. Long Covid is also a safeguarding issue.

61. It is encouraging how much work Is underway to help people experiencing Long Covid, including enabling people to claim a Personal Independence Payment (PIP) if they have had it for six months or more having had a chronic health condition for six months or more. The Pear Tree Fund in Halesworth are providing support to many people who have a sense of bereavement and loss – a loss of what their life was and what it is now.

People falling through the cracks

62. I heard from housing professionals about people who fell through the gaps in provision, despite the effort to help every single local person with a housing need in the pandemic. Specifically, some eligibility criteria were so rigid that the bar for receiving a service was impossibly high. An example is a woman who was living with an abusive partner during the first lockdown. She was not named on the tenancy. She did not present to the council. She had no assessment of her care and support needs. No one knows what happened to her. Another homeless man was supported in a hostel by the Hostel Manager who repeatedly tried to get care and support agencies involved. He said “I could not make the right people hear”. He said that agencies passed him from pillar to post, each saying the man did not fit within their criteria. It is clear to me that assessments need to apply more flexible eligibility criteria, especially where a local resident has multiple needs which need the help of more than one agency. Town Pastors – who do an amazing job and who I met at Latitude – have their own protocols with the police and housing, These protocols need to be extended to the 169 charities in Suffolk working with housing need *(Recommendation 9)*. A community consultation line, available to small and large community organisations alike, should be made available to small VCSE’s so that they have access to safeguarding expertise. *(Recommendation 10)*.

Looking ahead

63. Some people have used the period to reconnect with themselves and sometimes with their living space, being in it so much. One young woman told me, ‘I’m singing again’. Many people made use of the time when they could not work or were furloughed to re-think their lives and career. Simple pleasures became life-enhancing, like going for walks or walking your dog. Others got closer to family members. This led to changes in how people spend their time. The number of accredited rugby referees operating in Suffolk has plummeted from 45 to 22. Some got out of the habit. Others were worried about catching Covid. However, being at home increased some people’s addition to online gaming and gambling. This illustrates how powerful these experiences were for individuals, their families and their friendship networks.

64. As waiting lists and backlogs rise, operating models have remained static and Government policy and guidance continues to ask just as much or more of local agencies. Whilst Central Government is keen to emphasise business as usual, business is far from usual on the ground. For example, delayed cases in the Crown Court have gone up from 66% to 76% recently. Delays in speech, language and communication support in the early Years means essential child development delays are being prolonged, often with long-term consequences and difficulties for the child in catching- up.

65. 'Business as usual' is also not the correct terminology to apply to many people continuing to experience the distressing aftermath of Covid. Many are still grieving and become angry when anyone suggests "it's all over". Public messaging needs to be sensitive to this. Respiratory viruses are themselves continuing to evolve, defying the collective wish to keep them under control. Who would bet against a future pandemic at this point in time?

Professionals thinking creatively about the future

66. I was thrilled to see service development being maintained, right the way across safeguarding services in Suffolk. In early November 2021, Community Action Suffolk staged an online conference attended by a large number of small community organisations like volunteers in village halls, who were all receiving support and training in safeguarding. It has been good to see the safeguarding community 'back on it', despite being tired and concerned about the future.

67. Some new campaigns show how listening more actively to lived experience is helping to shape better professional responses. For example, the Watch Your Words campaign across Suffolk aims to change the language and wording used when talking about children in care, in foster care and those leaving care. Youth workers in Suffolk have developed a package for use in schools and in the final year social work course at the University of East Anglia (UEA).

Lessons to be learnt

68. The growth in some waiting lists to astronomical levels was not always handled well. I was concerned about some of the limited triage processes in place. A snapshot audit carried out by one of the Partnership's professional advisers in mid-2021 found out that many hadn't received any updates or any contact during the average 8 to 10 month waiting period for the Emotional Well-being Hub. This is contrary to what I had been told by the service provider. Some parents have contacted the Hub several times but didn't find them helpful and were just told that they were very busy. Consistent with 'self-help Suffolk', many parents paid privately for support for their children but this was only ok for those who could afford to do so. Here are the words of some desperate parents about the delays and the impact on their children

    "This is not a nice place to be"

    "She can't go on like this, she is very unhappy"

    "I have to resort to being a pushy parent to get things in place"

    "Disappointing and you then lose hope"

69. I recommend that agencies review their current triage arrangements to ensure that they do not prematurely deny services to people in extreme need or at imminent risk *(incorporated into Recommendation 8 above)*.

70. The broader impact on people who only occasionally need services needs to be better understood as sometimes this has been devastating as more agencies experience acute pressure. Annie's story below is one.

Annie's Story

Annie fell pregnant during the pandemic. A few years ago, she and her partner had lost a child due to a genetic condition and had been told her new pregnancy carried a 25% risk of not being viable. As a result, she had to go to hospital for various scans and tests. Her partner was not allowed to go in which was hard as the potential outcome of the tests could have been distressing. Indeed, that is what happened and she needed a termination at fourteen weeks. Even then the situation was ambiguous as whether or not a termination was offered and whether it could take place locally – this was highly distressing for Annie. In the end, the procedure took place in Suffolk and her partner was allowed to stay in hospital with her, despite the Covid rules. The nurses were 'wonderful' Annie said which also shows how some practitioners stayed person-centred. Next, the grievance counsellor upset her as she had not read the file and assumed it was a girl who had died – it was a boy. Annie is now bereaved twice over.

Next she had to survive their youngest child, aged 18 months, experiencing a seizure during which he turned blue and she feared his life also. Paramedics came who she says were 'brilliant' it was a highly distressing time especially as their oldest son who is 6 witnessed the seizure and said to the paramedics when they arrived, "please don't let my brother die". However, when they got to A and E she was kept in a waiting room for 4 hours. Two doctors tried 3 times to cannulate the baby. Neither of them was a paediatrician. Annie feels her child's second seizure, which was most likely caused by acute tonsillitis mixed with a stomach bug, might have been avoided if he had been cannulated earlier and got fluids and medication into him sooner. Finally, at one point, space was so limited in A and E that the nurses tried to put the cannula into him in a medical cupboard.

Throughout the last few years, Annie and her partner have raised £33,000 for Great Ormond Street Hospital, including a charity ball and annual 5K walks. Not being able to go to GOSH, which is her spiritual home, was upsetting. Annie's message to local hospitals is to make sure there is enough space in the children's area of A and E Departments. She also thinks people should not be asked personal questions in the waiting area. Annie's experience shows how one person's lived experience can range from the horrendous to the fantastic, sometimes within a few hours.

71. Some comments sent into the Inquiry suggested that comprehensive impact assessments on a regular basis were needed. They felt that many issues that were flagged were ignored due to the emphasis on infection control. The focus on Covid and the restrictions in access to hospitals meant that many specialist consultants spent most of the first year of the pandemic sitting round doing nothing. Next time round, they argue, we need a better balance.

72. Many young people have really increased their participation in meetings such as child in care reviews, as they feel safer and more able to communicate online. They can simply press the exit button if it all gets too much. The option of communicating through the online world needs to be made more available to people at risk.

Conclusion

73. The resilience of individuals at risk, their families, carers and professionals throughout the pandemic has been phenomenal. This is especially so for those people denied services. They deserved better. I have placed an emphasis on developing greater capacity and capability as a matter of urgency. I fear even greater hardship, distress and suffering in the next 'black swan event' if all involved are not given the resources and support to recover from the impact of this pandemic whilst learning how to make the new normal a positive reality and not an empty slogan.

Recommendations

Number	Recommendation	By who	By when
1	Develop the capacity and capability to respond to future 'black swan events' or to be able to cope with continuous pressure	Senior leaders of each agency	Continuous
2	Agencies take steps to understand the lived experience of their clients and customers during the pandemic, in order to learn the lessons and to build a greater understanding of lived experience into 'business as usual'	All agencies in the Suffolk Safeguarding Partnership	Continuous
3	Allow for face-to-face oversight of people at risk and to be cautious about assessing risks remotely	All agencies	Continuous
4	Publicise local helping services more widely	Comms leads in all agencies	Continuous
5	Tailor services more to the needs of specific communities such as black and ethnic minority communities	Senior leaders	Continuous
6	Make thanking staff as commonplace as telling them what to do	All agencies	Continuous
7	In any future lockdown, allow local people at risk in their current situation to move to go to a place of safety before being locked down	SSP agencies	Policy statement by July 2022
8	Standardise the management of waiting lists, including triage processes, to minimise the adverse impact on people of all ages at risk	Incorporate into the SSP's 'Waits' project	September 2022
9	Extend the current inter-agency housing protocol to Suffolk charities working with housing issues	SSP (through its housing reps)	June 2022
10	Establish a community consultation line for safeguarding issues with access to safeguarding expertise	Head of Service for Suffolk MASH working with Community Action Suffolk (CAS)	July 2022

Appendices

Appendix 1: Terms of Reference

1. To hold up to 30 in-depth discussions with vulnerable children, adults and their parents and carers to understand the service user and carer perspectives during the pandemic and subsequently;

2. To hold 15 in-depth discussions and 35 light-touch discussions with professionals; (practitioners and managers) and volunteers, to understand service provider perspectives;

3. To scrutinise the available data, intelligence, insight and analysis about the period in question from multiple sources, including relevant national, regional or local reviews;

4. To produce an Inquiry report for the Suffolk Safeguarding Partnership Executive Group, the Children and Adult Boards and the respective Learning and Improvement Groups, recommending ways forward.

Appendix 2: Methodology

1. Use of all communication media and platforms to maximise open access contributions;

2. The Inquiry will be as widely publicised as possible in order to maximise involvement and engagement;

3. The core partnership team will carry out this work (Independent Chair, Business Manager, Professional Advisors and the Partnership Co-ordinator), logging the evidence in a cumulative log. The material gathered will be organised in a coherent report as the final stage.

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