**Covid inquiry leaves social care at the back of the queue again**

Social care has found itself at the back of another queue for public policy attention and the sector is understandably furious.

While media focus was on access to diaries, and secure messages exchanged by ministers and their advisers, Baroness Hallett, Chair of the Covid-19 Inquiry, confirmed her timetable for obtaining evidence, corresponding with core participants, and for public hearings.

Response of the health and care sector is central to the inquiry’s aims, but consideration is in the final module (Module 6) due to open in December. Public hearings are not scheduled until Spring 2025. The inquiry is likely to finish by summer 2026.

Priority in the schedule has been given to resilience and preparedness (Module 1), decision-making and political governance (Module 2), and the impact on healthcare systems (Module 3). The vaccine and treatment module (4) and UK procurement (5) are also ahead of the care sector.

The stated aim is to minimise duplication of investigative effort for the inquiry and its participants and build a factual narrative of key decisions, events, and outcomes before engaging with bereaved families and those who suffered hardship and loss.

Within an election due well before hearings on Module 6, there is a risk that the media will focus on political engagement, direction, and competence rather than the urgent need to learn lessons for future pandemics and civil emergencies.

Like so many of those worried about the family member in a care home, the sector will be waving through windows during a number of these early considerations without having an early opportunity to lay out directly what went well and what went wrong.

The virus deepened the cracks in, and between, health and care. Social care’s role was not properly understood or was deemed secondary in relation to preparation, contact with primary care, guidance on infection prevention and control, access to protective equipment, testing, and other resources.

The inquiry will need to understand how patients were discharged to the sector without testing and how managers, staff and residents were peripheral to early decisions and making up their own rules on treatment and care, restrictions on visiting, and testing and shielding.

Many social care users faced even greater isolation when subject to shielding and protection. Similar issues about the lack of equipment, guidance and testing hit domiciliary care services hard.

Longstanding failure to address data, research and expert evidence shortcomings meant a disconnect was heightened between national oversight and local experience. As ever, the local response delivered once the centre recognised the need for resources to be brigaded at that level.

It is important the inquiry narrative is not written too early in this process before those at the sharpest end get a look in.

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