

OPUS2

Scottish Covid-19 Inquiry

Day 32

March 28, 2024

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1 Thursday, 28 March 2024.
 2 (9.45 am)
 3 THE CHAIR: Good morning, Ms Trainer. Good morning,
 4 Ms Kelly. Good morning, all.
 5 When you're ready, Ms Trainer.
 6 MS TRAINER: Thank you, my Lord.
 7 MS SALLYANN KELLY (called)
 8 Questions by MS TRAINER
 9 MS TRAINER: Good morning.
 10 A. Good morning.
 11 Q. I wonder if you could tell us your full name.
 12 A. SallyAnn Kelly.
 13 Q. And you are the chief executive officer of
 14 Aberlour Child Care Trust; is that right?
 15 A. I am.
 16 Q. You provided a statement to the Inquiry I think
 17 in December last year along with perhaps some supporting
 18 documentation and, for the benefit of the recording,
 19 that bears the reference SCI-WT0958-000001. You should
 20 understand that all of that information will form part
 21 of your evidence that the Inquiry will consider, but
 22 I wondered if I could take you through some of the parts
 23 of that statement and perhaps explore them in a bit more
 24 detail.
 25 First of all, how long have you been in your current

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1 role?
 2 A. Ten years in June of this year.
 3 Q. I think you say that your professional background is
 4 that you worked as a social worker for local authorities
 5 for some considerable time.
 6 A. Yes, I worked as a social worker in front-line practice
 7 for six years and then as a manager for a further
 8 12 years in local authorities.
 9 Q. In terms of Aberlour, are you able to give us an
 10 overview as to the objective of the trust?
 11 A. So Aberlour is a children's charity established in 1875
 12 and our objective is to work with families that face
 13 adversity across Scotland. That includes families and
 14 communities who are struggling. A lot of that is
 15 poverty related but not exclusively poverty related.
 16 But we also look after children in children's homes; we
 17 offer support to children affected by disability, both
 18 in the community and in short break services and in
 19 residential services; we offer foster care as well; and
 20 we are also the sole provider of advocacy support for
 21 the unaccompanied children who arrive in Scotland and
 22 are seeking asylum or have been trafficked. So that's
 23 the broad range of our services.
 24 Q. In terms of the residential services, are you able to
 25 give us an idea as to the extent of those? How many

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1 children, for example, are in placement?
 2 A. So within disability we have a combination of children
 3 who live with us on a residential basis and children who
 4 come for short breaks, perhaps once a week, once
 5 a month, with complex needs, so in total there are
 6 around 250 children in that group of children. Only
 7 around 30 of them are in residential-type placements.
 8 In terms of children in children's houses, where
 9 they have been removed from their family home or can't
 10 live there because of safety reasons, we have again just
 11 over 30 children within those houses and we also have
 12 children within foster care. So just around — a total
 13 of around 60 children either in foster care or in
 14 residential care.
 15 Q. I think in your statement you say you have around
 16 700 staff and 200 to 300 volunteers.
 17 A. Yes.
 18 Q. Turning then to the organisation's response to the
 19 pandemic, I think at paragraph 20 of your statement you
 20 say:
 21 "Our ethos is about getting alongside families where
 22 the parents [might] be experiencing significant
 23 difficulties, and we try and understand what is going on
 24 with them."
 25 I wanted to ask you about that aspect of your work

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1 which is getting alongside families. Is that something
 2 which you were keen to ensure was maintained despite
 3 restrictions being in place?
 4 A. So that was very situational in terms of how much we
 5 could do that during the pandemic because there was
 6 rules in place that obviously meant that we couldn't
 7 have face-to-face contact with families in some
 8 circumstances, but that whole relational approach where
 9 we actually get alongside the people that we support
 10 extends into our residential care, into our short
 11 breaks. So we needed to think very quickly about how we
 12 actually could maintain those relationships even if we
 13 weren't in front of the families, so we talked to
 14 families about how we could do that best during the
 15 pandemic.
 16 At the beginning of the pandemic, I think we were
 17 all a wee bit bemused about what this might mean for us
 18 as we moved forward, but we were certainly getting
 19 information that this was not going to be something that
 20 would be, you know, resolved in weeks. It was
 21 a marathon rather than a sprint. So we needed to
 22 prepare for a marathon in terms of how we engaged with
 23 families, so we needed to quickly assess how we could
 24 use digital and IT, for example, how we could support
 25 families in communities through, you know, safely

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1 distanced visits , outside with families , how we kept in
 2 touch via telephone, et cetera.
 3 Q. I think you say within your statement at paragraph 37
 4 that:
 5 "As a leader, I was clear that we would not be
 6 losing contact with families and I said to my team that
 7 if they considered themselves essential to a family
 8 support structure before the pandemic, then they were
 9 essential when it came about."
 10 I wonder, the services that you deemed to be
 11 essential at that time, were you able to continue those?
 12 A. So broadly, yes. We had to do some of those in
 13 a different way, as I said. You know -- so our
 14 children's houses, we needed to continue to support our
 15 children and provide love and care for them. We looked
 16 at those and there was concern around our staff group,
 17 around transmission rates and how they protected not
 18 just the children but their own families. So we changed
 19 shift patterns so that our staff could -- by their own
 20 voluntary agreement, they stayed with the children
 21 overnight so that we reduced the footfall in our
 22 children's houses and the children had a much more
 23 predictable staff group around them to support them
 24 because they were also afraid and they were also having
 25 disruption to family visits and things like that.

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1 So our response in our children's homes was very
 2 different from the response in the community, where we
 3 were supporting families in the community -- and we
 4 support a lot of families in the community, whether it's
 5 in Glasgow, Falkirk or wherever -- where there's
 6 potentially high risks around children. These are
 7 families where children are potentially on the verge of
 8 coming into care, who are potentially needing more
 9 special services, as families aren't supported. It was
 10 in that vein that I said to our people, "If we were
 11 important supports and essential supports to those
 12 families before the pandemic, we remain essential
 13 supports so we need to be available". So we did not
 14 furlough any members of staff during the pandemic.
 15 Everybody remained working. They worked in a different
 16 way and we actually just spent time looking at how we
 17 not just kept in touch from an emotional perspective
 18 with those families and from a child safety perspective
 19 but also, practically, how could we support those
 20 families because what we found was that families' usual
 21 networks were being curtailed. They were not having
 22 access to the support that the state had previously
 23 provided in many ways. So we needed to be proactive in
 24 terms of making sure that we kept in touch with those
 25 families in the community.

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1 Q. I'm interested in that aspect of the support from the
 2 state perhaps being no longer available. Within your
 3 statement you say in some instances that was withdrawn
 4 virtually overnight, as soon as lockdown was announced.
 5 What type of services are you talking about that were
 6 withdrawn from the state?
 7 A. So we work collaboratively with Social Work Services so
 8 we have families who have regular visits from
 9 social work and social care within communities.
 10 Obviously we work with education and educational --
 11 schools were closed as well. So, you know, there was
 12 a whole host of things that impacted, even things like
 13 accessing financial support for families. It was
 14 a varying picture but they could no longer get access
 15 to, for example, the Scottish Welfare Fund if they were
 16 having difficulties, financial difficulties, because
 17 some elements of that were not available in certain
 18 parts of the country. So we needed to think
 19 sequentially about how we actually tried to fill some of
 20 the gaps that were being left behind.
 21 Q. Talking about that financial support, I think within
 22 your statement at paragraph 26 you tell us about
 23 something which you quite quickly I think set up, called
 24 the "Urgent Assistance Fund". Can you explain a little
 25 bit about the purpose of that?

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1 A. So the Urgent Assistance Fund was already in place
 2 within Aberlour, but our funds that are available to us
 3 on an annual basis before the pandemic probably averaged
 4 around £50,000 a year, and it's a fund that is
 5 specifically targeted at children -- families with
 6 children who are experiencing severe financial hardship.
 7 So during the pandemic or just in the run-up to the
 8 pandemic, I had a conversation with a couple of senior
 9 managers and we looked at what could be in front of us.
 10 And my position was that, if there is a pandemic of the
 11 proportions that we are imagining just about to happen,
 12 then the people that are potentially most greatly
 13 affected will be the people with the least, the people
 14 that are furthest away from power and privilege, and we
 15 really needed to think about how we could get support to
 16 families. Even families who had been furloughed and
 17 were getting income, for a lot of those families they
 18 were already on the margins of poverty so that drop in
 19 income would have a significant impact. So we needed to
 20 think about how we basically ramped up our
 21 Urgent Assistance Fund and grew it to the point where we
 22 actually could make a much bigger contribution in
 23 a national crisis really.
 24 Q. And you I think tell us that the figure -- do you know
 25 how much money was distributed in that sort of two-year

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1 period?
 2 A. Yeah, from March 2020 through to the beginning
 3 of April 2022 we distributed £2.3 million.
 4 Q. In terms of families who are either seeking support or
 5 it's identified that they have an urgent need, what
 6 immediate needs were you seeing at that time?
 7 A. There's been a clear pattern over the last three or four
 8 years in terms of the requests, and those requests are
 9 for money for electricity and gas, money for food and
 10 money for children's clothing, and those are the big
 11 asks for families. We have a very distinct approach,
 12 I think, in that we also decided at the beginning of the
 13 pandemic that we really needed to review our internal
 14 processes for our Urgent Assistance Fund to make sure
 15 that families got the money at the point that they
 16 needed it, and that meant that we needed to take some
 17 bold decisions about how we paid that money. So up
 18 until the pandemic the money would always be paid into
 19 the local authority bank account for social workers to
 20 distribute or health or housing, but because of the
 21 change in local government practice and the lack of
 22 availability of people to actually get the money to
 23 families, we did take the decision that on occasion we
 24 would pay money directly into families' bank accounts
 25 and they would be able to use it as they saw fit.

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1 But we did take and still take a cash—first
 2 approach, so we don't tend to provide goods to families,
 3 we provide it in the shape of cash, because all of the
 4 evidence, despite what the prevailing view of the public
 5 might be, is that, if you give families money, they will
 6 use it wisely and for the intention it was meant.
 7 Q. Are you essentially saying your experience is that
 8 people don't take advantage if they're in that
 9 situation?
 10 A. Yes.
 11 Q. You talk about, within your statement, again, the
 12 increased use of technology immediately after the
 13 lockdown period and that might have had an impact on
 14 vulnerable families more than families just generally.
 15 I wonder if you can tell me what you mean by that and if
 16 you have any experience about vulnerable families and
 17 technology.
 18 A. Well, we saw a huge increase in our request for
 19 assistance through the Urgent Assistance Fund so that
 20 was one lens that we looked through. And when we talked
 21 to our families who were living in communities, then
 22 they had real challenges in relation to accessing food
 23 and affordable—priced transport links were compromised
 24 in some areas as well.
 25 So if you looked at the Urgent Assistance Fund, we

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1 supported nearly 20— just under 20,000 people during
 2 those two years and, that was a huge increase in the
 3 volume that had gone before, and it was for basic things
 4 that people were asking for support. But within our
 5 children's houses and also within our children affected
 6 by disability, these are families that are hugely
 7 resourceful but have very few resources at their
 8 disposal, so they do the best with what they've got but
 9 actually know that they were going to be negatively
 10 impacted, not just financially but also emotionally,
 11 because of the withdrawal of some supports that they
 12 relied on.
 13 THE CHAIR: You gave us a figure there for the number of
 14 people you supported during the pandemic period,
 15 something — just under 20,000 people. Are you able to
 16 give us any figure of the number of people you would
 17 expect or you did support in an equivalent period
 18 immediately pre—pandemic, even if it's a guesstimate?
 19 A. It would be in the hundreds rather than the thousands.
 20 THE CHAIR: In the hundreds rather than the 20,000?
 21 A. Yeah.
 22 THE CHAIR: Thank you.
 23 MS TRAINER: One interesting aspect that you highlight
 24 within your statement is that, in your experience, "some
 25 families fed back to us ... that lockdown [just simply]

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1 was not something that was different for them". It was
 2 just their normal experience of life and the daily
 3 routine. I wondered what you meant by that.
 4 A. So I was quite struck when we went into the pandemic —
 5 we had daily meetings with staff around just what was
 6 happening and trying to keep people up to date with
 7 guidance, et cetera, and part of that was about also
 8 getting feedback. And very early on in the process the
 9 prevailing narrative on the TV was about how people were
 10 going to have to sacrifice many, many things in relation
 11 to keeping each other safe. Going out for tea, going to
 12 the cinema, all of that closed down. And I was really
 13 struck by the fact that our families, some of them,
 14 said, "Well, actually, welcome to my world because
 15 I can't afford to go to the cinema, I can't afford to go
 16 out for tea. So this, actually, from a social point of
 17 view, doesn't feel hugely difficult to me other than the
 18 fact that I can't pop in and see my neighbours or my
 19 family". And so they were — it was a sobering reality
 20 for us in terms of actually what people's experiences
 21 who live in poverty were like before the pandemic and
 22 have remained — remained the same since the pandemic.
 23 Q. In terms of the guidance and the information that the
 24 organisation received, at paragraph 49 of your statement
 25 you say that certainly in the early stages you felt as

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1 if you were scrambling about for information.
 2 I wondered, reflecting, can you give any examples about
 3 what you think was missing?
 4 A. So the pandemic, I suppose from our perspective as
 5 a children's charity, was very much, in the early days
 6 of it and it probably continued actually beyond that —
 7 was framed through the lens of something that was having
 8 a very significant impact on the older population, and
 9 that's true, it was. Nobody could dispute that. But
 10 there was very little recognition, I think, of the
 11 impact on children and the part that children played in
 12 the pandemic. So albeit, you know, the inference was —
 13 and I think rightly we now know — was that if children
 14 became infected, generally they would not become
 15 seriously unwell, but they could pass the disease on, so
 16 what we were looking at was a situation where the
 17 guidance that was being produced was not child-centred,
 18 was not child-focused, so we then had to try to
 19 interpret it in a children's world in terms of what that
 20 would mean for us.
 21 For example, our children in our children's houses,
 22 that's their home, that's where they live all of the
 23 time, but there was guidance around residential
 24 establishments needing to wear PPE and masks, and our
 25 children in children's houses really need to understand

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1 who is with them, the context that they're living in.
 2 They don't respond positively all of the time to, you
 3 know, new rules and regulations being around the house
 4 and we needed to think really carefully about what that
 5 would mean for us in residential care. And we were
 6 trying to get advice actually about the use of PPE in
 7 our specific residential care settings and that remained
 8 a difficulty during the pandemic. So we were seeing
 9 guidance change on a regular basis as more became known
 10 about the disease and the changing variants, et cetera,
 11 but none of it really was — none of it was translated
 12 totally to a children and family perspective.
 13 Q. You say I think in paragraph 52 of your statement that
 14 you actually wrote to the Scottish Government on more
 15 than one occasion asking them to be more explicit about
 16 children in care and children with a disability and how
 17 the guidelines are supposed to impact on them.
 18 A. I did.
 19 Q. Do I sense some frustration in you saying that?
 20 A. Frustration in the sense — disappointment more than
 21 frustration. So early on in the pandemic I did write to
 22 the Scottish Government in those terms because I could
 23 see a situation unfolding where our staff were uncertain
 24 about what the rules were for our staff and for our
 25 children in children's houses and children affected by

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1 disability. So not only did I ask for that guidance, we
 2 also offered to support the development of that guidance
 3 because, as a well-established and respected provider,
 4 we were already putting in place processes that we felt
 5 were helping us to get to a space where we felt that we
 6 were operating as safely as we could. So we made an
 7 offer to support the writing of that guidance but that
 8 was never taken up and the guidance was never received,
 9 despite a promise of it coming out.
 10 THE CHAIR: Amplify on "not taken up", if you don't mind.
 11 Did you receive a rebuttal or just not a response?
 12 A. No we received a response that they were working on the
 13 guidance and we should anticipate it soon, but it never
 14 came.
 15 THE CHAIR: Yes.
 16 A. So that's disappointing and frustrating, but what it did
 17 for me as a leader within the biggest children's charity
 18 in Scotland, it meant that I needed to just focus on the
 19 day-to-day operations and try and keep our children as
 20 safe as we could within the context of the Public Health
 21 advice and the Scottish Government advice. And we had
 22 conversations with Scottish Government on a number of
 23 occasions at different points within the organisation
 24 about guidance. We didn't let it go but we didn't get
 25 a satisfactory conclusion.

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1 MS TRAINER: I think you go on then to say that, in fact,
 2 when you didn't get specific information from the
 3 Scottish Government, you really relied on what you say
 4 is the Coalition of Care and Support Providers in
 5 Scotland for information generally about care.
 6 A. Yes, so the Coalition of Care and Support Providers in
 7 Scotland at that point were connected into briefings
 8 that were happening at Scottish Government level and
 9 they were very good at putting out the guidance as it
 10 was coming out and changes. It was still very
 11 adult-focused guidance, but that was very helpful to us.
 12 So our head of quality and safeguarding actually took
 13 that guidance almost on a daily basis and tried to
 14 interpret it from a children's service perspective and
 15 then translate that into anything that would mean
 16 changes for us within our houses and with the families
 17 that we support.
 18 Q. You've mentioned the area perhaps of the use of PPE in
 19 children's residential settings. Is there any other
 20 areas in which you think it was crucial really that you
 21 had information or guidance about that that you didn't
 22 get that you can think of?
 23 A. So the use of PPE, yes. The other area that I think the
 24 state could have been much more explicit about was how
 25 we maintained the relationships between children and

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1 their birth families for children who were in care.
 2 Again, we tried to address that as best we could within
 3 the kind of practice — you know, the best practice that
 4 we offered, but there wasn't a consistent approach to
 5 that across the country and I think that was a potential
 6 difficulty .

7 We were fortunate in the sense that our children
 8 actually during the pandemic were broadly very, very
 9 settled in our houses so we didn't have an emotional
 10 response, if you like, from the children around the lack
 11 of direct face-to-face contact there was with families,
 12 but we tried to maintain that contact again through
 13 video messaging and by keeping live those connections.
 14 But, again, that's one of the lessons I think that we
 15 need to learn in preparation for any subsequent
 16 pandemic, is really understanding the importance of
 17 those relationships to children and families and how we,
 18 as a state, ensure that they're maintained in the best
 19 possible way.

20 Q. Can I take it from what you're saying that, certainly in
 21 some residential settings, direct contact between
 22 children and their birth families was terminated for
 23 a period?

24 A. Yes, that was — direct face-to-face contact, yes. But
 25 there was always ongoing discussion with the local

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1 authority about — you know, seeking permission, "Can we
 2 look at this?", yeah.

3 Q. Are you aware if there were any explicit guidelines
 4 about that situation, where a child lives away from home
 5 and is supposed to have contact with a birth family —
 6 whether there was guidelines about whether that should
 7 or shouldn't happen?

8 A. No, not guidelines. I mean, most of our children are
 9 subject to care orders, supervision requirements through
 10 the children's hearing, so there will be conditions on
 11 those supervision requirements at times — not always —
 12 but at times around family contact, but nothing that was
 13 a direct response to the pandemic that I'm aware of in
 14 those times.

15 Q. So it really was up to you and the individual
 16 residential services to interpret whether it was or
 17 wasn't allowed at certain times?

18 A. Yes.

19 Q. Am I right in thinking that perhaps there was a period
 20 where it went — it was terminated — direct contact was
 21 terminated and went online but then it perhaps moved to
 22 maybe a more socially distanced or outdoor environment?

23 A. Yes, yes.

24 Q. And how did that affect some of the children and young
 25 people that are in your care?

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1 A. So we have very small children's houses that offer good
 2 levels of support to children. They're quite modern in
 3 their thinking. So we would always work with the
 4 children to prepare them for that and, as I say, we did
 5 not have huge challenges from our children in terms of
 6 the response to the COVID pandemic. They were very
 7 nurtured in the houses that we have and in the main they
 8 responded really well to the advice and the guidance
 9 that the adults that were looking after them offered
 10 them.

11 Q. In terms of re-introducing some direct contact, was
 12 there an introduction of social distancing or the use of
 13 PPE, for example, in parental contact?

14 A. So that would very much depend on the needs of the
 15 child. So we do have children who live with us on
 16 a residential basis who have compromised immune systems,
 17 so our approach to PPE in those situations would be
 18 different to children in children's houses who don't
 19 have underlying health conditions. But we would
 20 certainly — in the main, we would be reliant on people
 21 testing and trying to have those meetings, yes, socially
 22 distanced and ensure they were as safe as possible, but
 23 we would not have required full PPE for people coming to
 24 see their kids in a children's house.

25 Q. Do you have any sense as an organisation as to

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1 a potential lasting impact on that period of lack of
 2 contact between birth families and children and young
 3 people?

4 A. So I think one of the issues that we continually face
 5 actually of children who have been removed from their
 6 families is that — a connection with the birth family
 7 and how strong or otherwise that is. So it would be
 8 very difficult I think to make a bold statement about
 9 the impact only of COVID of disrupted relationships
 10 because those relationships historically have been
 11 disrupted prior to COVID and remain disrupted after
 12 COVID because of other complex situations in families.
 13 So I think it would be really hard to make a definitive
 14 statement on that, to be honest.

15 What I can say is that, you know, from the
 16 perspective of our children experiencing the COVID
 17 pandemic more generally, we see a mixed bag of evidence
 18 in terms of responses. So some of our children, I've
 19 talked about them being much better in terms of their
 20 self-regulation during COVID. They told us that that
 21 was because they didn't have to navigate an education
 22 system that felt unhelpful at times to them, so they
 23 were being supported with their education with
 24 key workers in the houses and they actually responded
 25 very well to that, whereas other children responded

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1 really quite — were quite distressed about not going to
 2 school, so it really depended on the circumstances of
 3 the child. And what we also know is that a lot of
 4 families who, when schools closed, were then having to
 5 educate their children at home got very stressed about
 6 that because they themselves possibly had low
 7 educational attainment, they didn't have the tools at
 8 their disposal in order to keep the child linked in to
 9 the education setting, so we needed to do a lot of work
 10 to get physical resources to families in the shape of
 11 tablets, in the shape of connection to the internet, so
 12 that the children could at least try to learn, but that
 13 did create I think a lasting pressure in families.
 14 Q. You talk about the impact of the very initial lockdown
 15 period in the children's residential settings and
 16 I think at paragraph 63 you say interestingly that
 17 houses were perhaps more settled than they had ever
 18 been. I wondered why you think that is.
 19 A. So the children were — so we work with children with
 20 significant emotional and behavioural difficulties and
 21 we work with children who have had disruption in their
 22 background as a result of family difficulties, so we
 23 have experience of dealing with quite high levels of
 24 distressed behaviour, for want of a better term, and we
 25 had already started a process of making sure that we

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1 dealt with that distressed behaviour in the most
 2 positive way that we could. But actually what we saw
 3 during the pandemic was that our houses and the children
 4 in our houses displayed less distressed behaviour than
 5 they had before the pandemic. We have a variety of
 6 children who are not in full-time education within our
 7 children's houses because sometimes their distress is
 8 seen in education settings as well and those children
 9 were much more settled as well.
 10 And when we talked to the children about it, they
 11 were able to tell us how difficult it is for them to
 12 navigate the education system at the moment, and part of
 13 that is about their experiences of disconnection from
 14 adults and their inability to trust and part of it is
 15 about the fact that, because of that disruption in
 16 family lives, their educational attainment is probably
 17 not as advanced as it could be and should be and is not
 18 comparable to their peers, and all of that creates
 19 stress for them in the education system that they then
 20 need to try to navigate. What they have said to us is
 21 that sometimes that can feel like quite a hard place for
 22 them to be, and so not having to deal with the stress of
 23 dealing with the stress of navigating the education
 24 system for some of them actually resulted in better
 25 outcomes for them, not just in terms of their everyday

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1 living but also in terms of their learning because
 2 actually sitting with their key workers and working
 3 through the curriculum with a trusted adult actually
 4 proved really helpful to them.
 5 Q. Maybe some of the external pressures that they might
 6 have felt were just taken away because they weren't able
 7 to move externally.
 8 A. Yes.
 9 Q. You go on to say that that time allowed you to continue
 10 to work with the children and effectively do more
 11 perhaps intensive work with them, and you give an
 12 example at paragraph 64 that — as to the work that you
 13 did on reducing restraint. You say:
 14 "We were [really] able to ... progress the work with
 15 the children and staff during COVID to the point where
 16 we almost eradicated the need for [any] physical
 17 interventions."
 18 I wonder, can you explain a little bit more about
 19 that?
 20 A. So within residential care in Scotland there is
 21 a history of planned physical interventions if children
 22 are very, very distressed. Now, to put this in
 23 perspective, that is — our staff are trained in
 24 physical restraint of children, which could be about
 25 turning and guiding a child, there are holds that people

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1 are trained on, but we very rarely use those holds on
 2 children. But what the work — the very concerted work
 3 that we did alongside our children in our children's
 4 houses showed us was that with a different attitude and
 5 a different — and a change in culture, we actually —
 6 we did manage to eliminate restraint in our children's
 7 houses during the pandemic and we have maintained that
 8 position.
 9 So our children have quite different relationships
 10 probably with the adults that they are living with and
 11 they're more — there's a better understanding. And we
 12 did this as part of my commitment to providing the best
 13 possible residential care for children and I think it's
 14 well documented how badly wrong that's gone for children
 15 in the past. So it's a real commitment from our
 16 organisation to do the best that we can by children,
 17 with children, in relation to their day-to-day living
 18 and we were supported in our initiative by The Promise
 19 initiative in Scotland. So there is published work on
 20 the work — the project on reducing restraint, and
 21 I think there's a number of opportunities that are being
 22 put in place to share that learning across Scotland. So
 23 we were doing it anyway, but COVID allowed it to
 24 accelerate really.
 25 Q. And how have you been able to maintain that, given that

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1 effectively life has resumed and some of the external
 2 pressures will have resumed for the children?
 3 A. So the practice model that we have with our children has
 4 changed in the sense that — it was always probably
 5 a good practice model, but we've enhanced it so all of
 6 our staff can access psychological support from
 7 a psychologist that we employ. We're very clearly
 8 focused on trying to support our adults in the houses,
 9 our staff, to really understand the impact of early
 10 adversity and trauma on children and also, to be honest,
 11 respond and understand their own experiences potentially
 12 of adversity in childhood and then look at how that can
 13 change their practice. So there's an ongoing process of
 14 support in place within our children's houses. So part
 15 of that is the psychological support, part of it is
 16 access to training and part of it is about how we
 17 actually communicate as adults within the houses and how
 18 we communicate with the children.
 19 Q. You've already made reference to there being perhaps
 20 a difficulty within children's residential settings
 21 about PPE and whether PPE was appropriate or not
 22 effectively in children's own homes.
 23 A. Yeah.
 24 Q. I wonder — I wanted to explore that in a little bit
 25 more detail with you. Can you tell us exactly what the

25

1 difficulties were and if you have any anecdotes about
 2 how that was borne out within the residential setting?
 3 A. So we very much tried to create environments within our
 4 children's houses that are very home-like, so they're
 5 not institutional, and we therefore try to minimise
 6 anything being introduced into those settings that would
 7 institutionalise children's experiences. So there was
 8 a real issue for us in the sense that none of our
 9 children within the children's houses had
 10 immunosuppressed illnesses, they had no underlying
 11 health issues. This was their home, this was their
 12 home, and we needed to respect the fact that this was
 13 their home.
 14 So we did have a conversation about the use of PPE
 15 in the houses and at times — you know, at the very
 16 beginning of the pandemic we relied on that more, but
 17 actually, as we moved through, we relied on it less.
 18 It was a wee bit different in our houses where we
 19 have children with complex needs because there are
 20 children who have life-shortening conditions and
 21 children with underlying health conditions so our
 22 reliance on PPE in those circumstances was quite
 23 different. But we risk-assessed those situations really
 24 carefully and the situations in the children's house and
 25 we took the views of the children into consideration.

26

1 What we found early on was that wherever we were —
 2 if we were using masks, the children needed to see us
 3 speaking to them. They were finding it really difficult
 4 if we had a face covering on that they couldn't see
 5 through. So we basically adjusted how we used PPE to
 6 make sure that we were trying to be as sympathetic and
 7 empathetic to the children as possible.
 8 We had similar challenges to other organisations in
 9 actually accessing PPE and hand sanitiser, et cetera.
 10 In the first weeks of the pandemic I think there was
 11 a worldwide scramble for sanitiser. We linked into
 12 organisations — you know, alcohol producers who
 13 couldn't sell alcohol because of lockdown, who basically
 14 flipped their production into the production of
 15 hand sanitiser, so we relied on donations for that and
 16 then we linked into the supply chain for PPE as
 17 required. So we never ran out of PPE, we always had an
 18 adequate amount of that, but it was sometimes difficult
 19 to source and there was quite a lot of — there was
 20 quite a lot of stories about things being delivered to
 21 people's houses and then trying to get it out to
 22 services within a very short timeframe. But we never
 23 actually ran out of PPE.
 24 Q. You mentioned there that you sought the views of
 25 children, particularly in relation to face masks and

27

1 seeing adults speak. I wondered, did you seek the views
 2 of staff and what were their views as to whether or not
 3 it was appropriate?
 4 A. So we had a very clear policy. Our staff come to work
 5 and they all come from different situations, so we were
 6 very aware of the fact that staff could be living in
 7 families where family members were vulnerable, so we
 8 basically took consideration — that into consideration
 9 and, if they wanted to either wear masks or needed masks
 10 to be worn by other people, we would be fully supportive
 11 of that, because we were really clear about it wasn't
 12 just that bubble, if you like, of the children's house,
 13 it was reducing the footfall around that children's
 14 house but always understanding that we could not
 15 legislate for everything and that risks still occurred
 16 and we needed to make the risk assessment of that wider
 17 context that our staff were coming from.
 18 Q. You go on at paragraph 82 of your statement to discuss
 19 the impact particularly on the children you support who
 20 have disabilities and you say that:
 21 "This is the area where we had the biggest level of
 22 concern for the longest time."
 23 What do you mean by that?
 24 A. So that was really in respect — there was a number of
 25 issues in play. So first and foremost, we felt that

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1 there wasn't enough attention paid to the specific needs
 2 of children who had underlying health conditions and how
 3 that might impact on their experience of COVID if they
 4 were to become infected by COVID, and that remains
 5 a concern for me, that the state was not explicit or
 6 quick enough to recognise that and to respond to that.
 7 So we were then --- we --- as I've said earlier, we
 8 provide short breaks to children with complex needs as
 9 well as accommodating a small number of children as
 10 well, so we had immediate issues in our houses where we
 11 had children with immunosuppression and we needed to
 12 work really closely with Public Health in local
 13 situations to try to get a coherent response to the
 14 questions that we were asking. That in the main went
 15 okay but there were situations where we got
 16 contradictory advice as well from Public Health
 17 professionals.

18 In terms of that larger group of children who we
 19 looked after on an intermittent basis, when they came
 20 for short breaks, there was a number of areas of concern
 21 that we had for those families because there was a ---
 22 there were different responses across the country to
 23 whether short breaks for children took place. So there
 24 was an immediate issue for us in terms of making sure
 25 that our staff felt supported, so they may not be

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1 supporting families in the houses but it was about
 2 giving permission to families to keep in touch with
 3 families where short breaks had been suspended because
 4 what we know is that, if parents are caring for children
 5 with complex disabilities, that is at times a very
 6 stressful situation. Short breaks are provided to
 7 alleviate stress within families and to offer respite ---
 8 not a word I use habitually --- but to offer respite to
 9 the child and to the family in order that the batteries
 10 can be recharged.

11 So the pandemic brought different challenges for
 12 those families and we wanted to make sure that we were
 13 as connected into those families as we could. But there
 14 were periods where short breaks were suspended, where
 15 they were reduced by local authorities and where we had
 16 to support families in quite a different way. And that
 17 was the area of our operation that was probably the most
 18 affected by COVID in terms of the reduction in service
 19 that we were able to provide. But we didn't reduce our
 20 staff. So we took the decision that we would pay for
 21 the fact that, you know, our staff were supporting
 22 families in a different way. Some local authorities
 23 were very good and still paid us for the contracts that
 24 we were trying to deliver but couldn't because of COVID,
 25 but again that was a bit of a mixed picture. So we used

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1 a significant amount of our own money to make sure that
 2 we didn't have to make people redundant or furlough
 3 people and we shifted how we worked with those families
 4 in that period to make sure that we didn't lose contact.

5 Q. When you say it was mixed, were there some local
 6 authorities where short breaks continued to be allowed
 7 throughout?

8 A. Yes, so --- and that would be --- again, that would be
 9 risk-assessed. So families that were really stressed or
 10 had some significant difficulties, then we would --- we
 11 couldn't look after the same number of children in the
 12 houses, so you would reduce the number of children that
 13 you could have on an overnight basis and it would all be
 14 reliant on a risk assessment, testing, use of PPE,
 15 et cetera. But, yeah, there was --- short breaks still
 16 took place in some areas, yes.

17 Q. And in some areas there was just simply a blanket ban?

18 A. For a period, but that did not --- that itself did not
 19 last for a long period of time. We needed --- we worked
 20 with the local authorities to create those safe
 21 environments for children because they could see the
 22 impact of, you know, the supports being withdrawn on
 23 families and they didn't want it to get to absolute
 24 crisis either.

25 Q. You say at paragraph 86 that:

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1 "Within some Local Authorities [you] saw planning
 2 which did not seem to register the vulnerability of
 3 these groups of disabled children and their families."

4 I wonder if you can explain what you mean by that.

5 A. So I think traditionally children affected by disability
 6 have been poorly resourced generally and the pandemic
 7 probably brought that to the fore in terms of the lack
 8 of attention to detail in relation to supporting
 9 families, so --- and I think that inconsistent response
 10 across local authorities shone a light into the fact
 11 that there was very different practice in place in
 12 Scotland, so two families could have a broadly similar
 13 set of circumstances but be offered very different
 14 support, if any, by local authorities, and I think the
 15 pandemic brought that to the fore for us.

16 So there were local authorities that were following
 17 best practice and trying to maximise the support that
 18 families got, but there were others where there was
 19 a more inconsistent and at times it felt chaotic
 20 response because people --- you could sense that people
 21 were --- they were working with a situation that was
 22 terribly new to them and they were trying to navigate
 23 huge levels of uncertainty and, you know, within
 24 children's services there wasn't the response that
 25 should have been in place around children affected by

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1 disability .
 2 Q. I think you say in your statement that you perhaps felt
 3 the focus was targeted around those who were on the
 4 Child Protection Register rather than children who had
 5 disabilities who perhaps weren't so --
 6 A. So there would be an element of that, but even those
 7 children on the Child Protection Register, I think we
 8 were certainly supporting those families too. I think
 9 the basic problem for all of us is that it remained an
 10 adult response to an issue that affected the whole
 11 population and there wasn't enough attention paid to the
 12 impact on the child population more generally. You can
 13 see that in schools, you can see it in terms of children
 14 with complex needs, you can see it in children in
 15 children's houses. They weren't really part of the
 16 conversation.
 17 Q. You go on to say that, in your view, the impact of COVID
 18 has been longer-standing for particularly groups of
 19 children and young adults with disability and you say
 20 that the care crisis continues to impact access to
 21 support services and the longer-term impact to the
 22 provision of daytime care centres. Is that something
 23 that your organisation has had experience of, the
 24 longer-term impact?
 25 A. So one of the issues has been the fact that we went from

1 the COVID pandemic straight into a cost of living crisis
 2 and a situation of public sector funding that became
 3 even tighter than it was before COVID. So it's
 4 difficult to say whether the result of pressures on
 5 local authority budgets specifically around children
 6 affected by disability is the result of COVID or is a --
 7 the consequential impact. But the fact is that -- or
 8 the consequential impact of the budget cuts, et cetera.
 9 But the fact is that we have not in some
 10 circumstances -- not all, but in some circumstances --
 11 got back to the level of provision of short break
 12 support and support to children affected by disability
 13 that we had before COVID, and that is made more
 14 complicated by the challenges that local authorities are
 15 facing around budgets undoubtedly.
 16 But I think that it's also true in education. When
 17 you look at the support for learning and education, the
 18 statistics are quite clear about the reduction in
 19 support assistance specifically around children with
 20 additional support needs. There is an issue that has to
 21 be addressed by this country. It's not all the result
 22 of the COVID pandemic but actually the COVID pandemic
 23 allowed an interruption to an overall plan and we now
 24 see detrimental consequential impact of reduced
 25 investment for those children affected by disability .

1 THE CHAIR: I understand that.
 2 MS TRAINER: You go on to discuss the impact just on the
 3 vulnerable families that your service saw generally. An
 4 interesting observation which I wanted to pick up with
 5 you was at paragraph 67 you say that some families liked
 6 not having to cope with the number of organisations that
 7 they were keeping in touch with. Can you explain that
 8 concept?
 9 A. So this was more to do with families in the community
 10 and families who were living in perceived high risk
 11 situations with their children and there would be at
 12 times care plans in place between the local authority,
 13 the health authorities and the not-for-profit sector who
 14 were involved with families around visits, around making
 15 sure that families were seen, children were seen, and
 16 there was a perception amongst some families -- and
 17 I recognise this as a social worker -- where people felt
 18 they were being monitored but not helped. And the
 19 monitoring, for them, felt stressful, felt unhelpful
 20 and, actually, stepping back from that and giving the
 21 families a wee bit more control over how agencies spoke
 22 to them, what that felt like for some families was
 23 beneficial. They found that they were less stressed.
 24 They were actually able to function more positively as
 25 a family. But for other families the reverse is true.

1 They felt really badly impacted by the removal of
 2 support and the disconnection from services that they
 3 had become reliant on.
 4 So it was a mixed picture, but I think what -- the
 5 reason I mentioned it is because we can't assume that
 6 the change in the state provision and the third sector
 7 provision to families had the same effect on all of the
 8 families because people experienced it differently .
 9 THE CHAIR: You've got about ten minutes, Ms Trainer.
 10 MS TRAINER: I'm grateful.
 11 I wondered, one of the most unique aspects of the
 12 service that you provide is the advocacy service which
 13 you provide to unaccompanied asylum-seeking children.
 14 A. Yes.
 15 Q. I think you say within your statement that that -- you
 16 work with around 800 children who are unaccompanied
 17 asylum seekers.
 18 A. Yes.
 19 Q. Are you able to tell us what needs that group have that
 20 are perhaps distinct from other children and young
 21 people?
 22 A. So the children that we work with come to Scotland from
 23 a whole host of countries across the globe and their
 24 circumstances vary, but we have a high level of children
 25 who come to us who have been trafficked, either for

1 sexual exploitation or for economic exploitation, we
 2 have children who come to us from war zones and who have
 3 fled and are seeking asylum as a consequence of that,
 4 and our job within our guardianship service, which is
 5 a really well recognised service not just in the UK but
 6 across Europe, is that we provide advocacy to make sure
 7 that, when those children come to Scotland, their rights
 8 are respected and their rights are met by the people
 9 that are looking after them.

10 The children themselves have what's described as
 11 "looked after status", so they have the same status, if
 12 you like, in terms of entitlement as the indigenous
 13 child population that are in the care of the state, so
 14 they are accommodated by the state. So we provide
 15 advocacy to make sure their rights are realised. We
 16 provide support for them in the asylum system — all of
 17 our guardians are trained immigration officers to
 18 level 2 immigration qualifications — and we work with
 19 them around their education, around their mental health.
 20 But they come to us with a broad range of experiences.

21 What I would say is that, as a general group of
 22 children, they are highly motivated to learn when they
 23 come here. There are some issues around how they access
 24 education, some significant issues about how they access
 25 education, but they don't tend to, as a population of

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1 children — it's hard to generalise, but they don't tend
 2 to get in trouble with the law. So they are very —
 3 despite their challenges, psychologically and
 4 emotionally, they want to come and make a better life
 5 for themselves when they get here. So at the moment
 6 there's over 800 young people that we're supporting,
 7 I think, during — at the beginning of the pandemic that
 8 figure was about 450, so we've seen a real increase in
 9 the number of unaccompanied young people coming to
 10 Scotland. So that's the type of support that we
 11 provide.

12 Q. I think you go on to discuss the particular support that
 13 you provided during the pandemic which was relative to
 14 the situation that they were in and you say that, at
 15 paragraph 99:

16 "These young people were having difficulty accessing
 17 and understanding the public health information and that
 18 [you] needed to provide translated guidance for them."

19 So you put together that translated guidance in
 20 order to help them understand what was going on?

21 A. Yes, so we were working with a situation where there was
 22 some fear amongst that population of young people around
 23 authorities, but, yes, there were situations where they
 24 were all — not all, but a significant number of them,
 25 they were in the early stages of learning English so

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1 they just couldn't understand the guidance as it came
 2 out, so we had to do a lot of work to make sure that the
 3 guidance was translated for them.

4 So we used interpreters on a regular basis, so we
 5 got them to do videos of advice from the guidance that
 6 we shared with our young people. Later on in the
 7 pandemic, when we were able to — there was a lot of
 8 hesitation around vaccines and vaccination programmes
 9 and some of that was cultural and some of it was just
 10 young people feeling overwhelmed, so we worked with them
 11 to do vaccination clinics to make sure that they could
 12 access whatever supports they needed in terms of the
 13 pandemic, and we also made sure that our Allies service,
 14 which is our mental health service for young people, in
 15 that group of young folk basically pivoted, went online
 16 and made sure that those sessions were still available
 17 to our young people during the pandemic because, as you
 18 can probably understand, a lot of these young people
 19 come to us with significant emotional and psychological
 20 difficulties.

21 THE CHAIR: Ms Trainer, I should apologise. You've got more
 22 time than I thought. I do apologise.

23 MS TRAINER: I'm grateful, my Lord. I was looking at the
 24 clock.

25 THE CHAIR: You've still got about 20 minutes so I do

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1 apologise.

2 MS TRAINER: Thank you.

3 You go on to narrate your view — and I think we've
 4 already touched on it — on generally the
 5 Scottish Government messaging. Quite fairly you say,
 6 I think, at paragraph 105 that you think generally the
 7 messaging was reassuring, but then you go on to say that
 8 you think decisions which were being taken around
 9 guidance caused confusion and, when you're confused,
 10 your emotional well-being can be affected. Is that
 11 reflective about — as to the children and young people
 12 that you were supporting and perhaps the confusion
 13 having an impact on their well-being?

14 A. Actually that statement was more about the impact on our
 15 staff because what you had — and I experienced this as
 16 well. You know, we were all new to this. We had not
 17 made plans for a global pandemic in our contingency
 18 planning, so we were all learning on the hoof. And as
 19 a chief executive, when you look across your
 20 organisation and you think of the number of people that
 21 ultimately you're responsible for, that can be quite
 22 overwhelming, and I'm sure you've heard many people say
 23 that to you in these evidence sessions. So that was
 24 much more to do with — you know, my job as a chief
 25 executive was to ensure that our people, our staff, felt

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1 supported, felt held, felt that they could operate in
 2 a space where they could care safely for our children
 3 and our families and that their own emotional well-being
 4 was not being impacted as a consequence of that. So my
 5 comment about that was about staff.
 6 So when we dealt with changes in guidance, not so
 7 much changes, but contradictory guidance, we usually got
 8 that from our front-line staff. It was usually about
 9 whether PPE was necessary or whether it was not. It was
 10 about whether the children could see parents or whether
 11 they could not. And what that did was it did foster
 12 a level of uncertainty in our staff. So we then needed,
 13 as an organisation, to link in with those people in
 14 Public Health or in local authorities to make sure that
 15 we were getting consistent messaging out to staff.
 16 But we were also really clear in our messages to
 17 staff internally, so for those — one of the things that
 18 changed was the definition of "underlying health
 19 conditions" and which staff might need to — we called
 20 it "cocooning" in the first instance, but who needed to
 21 socially isolate because of underlying health
 22 conditions. That was a changing picture. So we needed
 23 to go out and say, "The bottom line is, if you have an
 24 underlying health condition and you cannot come to your
 25 work, then we understand that, we recognise that and we

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1 will not — you will still be paid, we will not count
 2 your absence as illness in the usual sense, so it won't
 3 be used in terms of your absence management procedures,
 4 and you will receive 100% of your salary". And that was
 5 about saying to our workers — we're a charity that
 6 supports children living in poverty. Our staff and
 7 social care are not paid, you know, big, big wages.
 8 They rely on their wages to survive month to month. So
 9 part of that was just about giving really clear messages
 10 to our staff that we would support them emotionally,
 11 practically and psychologically because it was difficult
 12 for everybody.
 13 Q. You talk about one of the things which was perhaps
 14 unhelpful in terms of giving a message to staff as being
 15 the COVID bonus payment and that being an issue. Can
 16 you tell us what the issue was?
 17 A. This caused such difficulties for social care. So there
 18 was an announcement that the Scottish Government would
 19 pay a bonus payment, an acknowledgement, and it was
 20 a classic example of a kindness being applied but being
 21 applied unfairly and it very quickly becoming something
 22 that became controversial.
 23 So only some of our staff, despite many of them
 24 working in quite difficult situations, qualified for
 25 that bonus payment, so we were in a situation where we

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1 needed to look at who was to be paid the bonus payment
 2 from Scottish Government and how we dealt with the
 3 fall-out of that. Now, I would have to say, we probably
 4 weren't as impacted in terms of numbers as some other
 5 organisations, but we certainly thought that there could
 6 have been a fairer way of applying that bonus payment to
 7 the social care sector. And I think that, again, what
 8 it did was it displayed a lack of understanding of what
 9 was actually happening on the ground and who was
 10 involved in supporting families and children during that
 11 pandemic, and it was a much bigger population of social
 12 care staff than adult social care workers.
 13 THE CHAIR: Or, put another way, a policy implemented
 14 without being properly thought through?
 15 A. Your words, Lord Brailsford.
 16 THE CHAIR: My words indeed, but do you agree with them?
 17 A. Yes.
 18 THE CHAIR: Thank you.
 19 MS TRAINER: Another area which you raise I think at
 20 paragraph 121 in terms of staff concern is that there
 21 was a concern about the lack of social work presence and
 22 visiting to families, including families who were under
 23 statutory child protection measures, and that led to you
 24 completing reports based on your assessments that then
 25 social workers utilised to send to the children's panel

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1 because they hadn't had that contact with the family as
 2 your workers had.
 3 A. Yes.
 4 Q. I wonder, is that a concern about local authorities
 5 effectively using you for something which is within
 6 their statutory remit?
 7 A. Yes. So we are obviously part of care planning for
 8 children if we're involved in a family where the child
 9 is subject to supervision requirements, so it would not
 10 be unusual for us to provide a report to a children's
 11 hearing at the time of annual review or where there's
 12 been a requested review. But where this was different
 13 was that, because in some areas social workers worked
 14 from home and they were not visiting families on
 15 a regular basis, they couldn't write the reports, so
 16 there was a reliance on the information that we were
 17 collating for the family.
 18 And I use that example because it came up a number
 19 of times during the pandemic and I suppose the question
 20 I was left with actually was we found ways of
 21 maintaining contact with families that did not increase
 22 risk to families and at times it felt like some parts of
 23 the public sector — not all local authorities but some
 24 local authorities — took such a risk-averse approach to
 25 this that it impacted on service delivery to the most

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1 vulnerable families. And I think that's something that
 2 is worthy of some discussion, further discussion,
 3 because, again, if we look forward, if we plan, you
 4 know, around another pandemic, we need to address these
 5 questions and understand what we should expect in terms
 6 of support from the local authority areas.
 7 Now, I'm not saying that that happened in every
 8 local authority area, it didn't, but the fact that it
 9 was a different experience depending on local
 10 authorities rather than a consistent approach is an
 11 issue in itself in a global pandemic context.
 12 Q. When you say there "risk-averse approach", I presume you
 13 mean risk-averse in terms of placing their staff in
 14 situation of risk ---
 15 A. Yes.
 16 Q. --- but perhaps not necessarily applying that risk
 17 assessment to the families who they're supporting?
 18 A. Yes. It was not a holistic risk assessment that was
 19 taking place, in our view.
 20 Q. Towards the end of your statement, you really reflect on
 21 the pandemic period and the changes that it's caused
 22 your organisation to make. You say you've learned a lot
 23 from COVID and there's things that you'll keep doing in
 24 relation to residential care particularly. What are the
 25 things that you will keep doing?

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1 A. So I think the use of technology is one area where we
 2 are exploring how we can continue to use technology for
 3 good, if you like. That brings lots of challenges, as
 4 you probably appreciate, in terms of the development of
 5 AI and various other things where we need to risk-assess
 6 how we use that technology, but we certainly will use
 7 that.
 8 Just from an organisational perspective, we're
 9 a national charity. I spent most of my life driving
 10 from one end of Scotland to the other pre-pandemic and
 11 I still obviously have to do some of that but
 12 I certainly don't do it to the same extent. So we've
 13 taken a lot of our internal meetings online and we won't
 14 ever return to the same level of, you know, face-to-face
 15 meetings, albeit some of that is important.
 16 In terms of services to families, we do --- we do
 17 adopt a relational approach, so albeit we pivoted and
 18 went online and we, you know, used technology and we
 19 still will use that in certain circumstances, we also
 20 understand the real value of sitting alongside,
 21 literally sitting alongside, families and exploring with
 22 them what things they think they need to change in their
 23 family situations. So we have --- we obviously have
 24 increased our direct contact with families and
 25 communities, and that will be maintained.

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1 Q. One of the things you identify I think as effectively
 2 having a kind of kick-start and a ramp-up, I think you
 3 say, is the Urgent Assistance Fund and basically
 4 a cash-first approach to helping vulnerable families.
 5 There's a sense I think that your view is that that
 6 should continue?
 7 A. Yes, and we have continued that. What we also did at
 8 the beginning of the pandemic --- because this is an
 9 urgent assistance fund, and I said actually, "If it's
 10 urgent, then it's urgent". So if we get a referral in
 11 asking for a grant --- and it's all grants we deal with.
 12 It's not loans or anything like that --- then, at the
 13 point of receipt of that grant, we need to ensure that
 14 the money is in the hands of the family within 72 hours
 15 because one of the other issues that we see is in some
 16 other funds, like the Scottish Welfare Fund, it's a much
 17 longer lead-in time, it's a much longer waiting time, to
 18 actually get the support if it's granted.
 19 So one of the things that we will continue to do and
 20 have continued to do is use that 72-hour window to make
 21 sure that we get the support to families in the shape
 22 that they need it within 72 hours of us being handed the
 23 application, and we've managed to meet those targets.
 24 Q. Effectively cutting down, I suppose, the kind of
 25 processes and the red tape and just getting the help out

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1 there when it's needed?
 2 A. Well, we took everything online. We now have electronic
 3 systems that support the application process. So, yeah,
 4 having an electronic system has allowed us to speed up
 5 the process and get the money out the door, and I just
 6 keep reminding people, "It's an urgent assistance fund,
 7 urgency. Get it back to families within 72 hours. They
 8 need it for food, they need it for their bills. Get it
 9 to them at the point where they need it".
 10 Q. There's a sense from your statement generally that your
 11 view is that the third sector was really able to adapt
 12 and to move quickly in a way that perhaps the public
 13 sector wasn't.
 14 A. Yes, I think the third sector played a really important
 15 role, especially around the beginning of the pandemic,
 16 where we were pivoting and trying to make sure that we
 17 stayed close to families. I think there's probably rich
 18 learning in the public sector because, you know, at the
 19 point where we were doing our appeal around our
 20 Urgent Assistance Fund, I would have to say that
 21 Scottish Government responded very quickly to our
 22 appeals to get money out to families. They were
 23 considering the same dilemma as we were considering
 24 about how do we make sure support gets to the right
 25 families at the right time. We had a national

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1 distribution mechanism that they didn't have so they
 2 supported us financially to do that. And I think there
 3 was a lot of talk in the very early months of the
 4 pandemic about how that collaboration between public and
 5 not-for-profit sectors and families actually was
 6 something that was really positive and that we shouldn't
 7 forget how readily some areas became much more flexible
 8 and more fleet of foot. I think at some point we may
 9 have forgotten that conversation about how we remained
 10 in that space because I think, sadly, not as much of
 11 that good learning has been retained post the pandemic
 12 emergency.
 13 And we see some — and maybe this is to do with the
 14 current situation in terms of the fiscal issues that
 15 we're facing, but we certainly see a less flexible
 16 approach from Government in relation to some of those
 17 conversations that would have taken place during the
 18 COVID pandemic, despite the cost of living crisis and
 19 how people are experiencing that.
 20 Q. Those are all the questions that I have for you but I'm
 21 mindful you've given up your time to be here today and
 22 I wonder if there's anything which we haven't covered
 23 which you would like to raise.
 24 A. No, I don't think so. I don't think so.
 25 MS TRAINER: Thank you very much.

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1 A. Thank you.
 2 THE CHAIR: Yes, indeed, Ms Kelly. I'm very grateful.
 3 Thank you very much.
 4 A. Thank you.
 5 THE CHAIR: Right, 11.15. Very good.
 6 (10.54 am)
 7 (A short break)
 8 (11.15 am)
 9 THE CHAIR: When you're ready, Mr Caskie.
 10 MR CASKIE: Thank you very much.
 11 PROFESSOR DR NANCY LOUCKS (called)
 12 Questions by MR CASKIE
 13 MR CASKIE: Would you tell the Inquiry your full name,
 14 please?
 15 A. Nancy Loucks.
 16 Q. And how would we refer to you?
 17 A. You can refer to me as "Nancy Loucks" or as
 18 "Professor Loucks".
 19 Q. Professor Loucks, okay. You're here in your capacity as
 20 ...?
 21 A. As chief executive of Families Outside.
 22 Q. Can you tell us a little bit about Families Outside?
 23 A. So Families Outside is a national Scottish charity that
 24 works exclusively on behalf of children and families
 25 affected by imprisonment. So we have staff based all

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1 around Scotland to provide locally based support as well
 2 as running a national helpline and we provide policy
 3 input and training input as well.
 4 Q. Can I say at the beginning, there's a stenographer who
 5 is trying to keep up. Both of us need to speak slower.
 6 A. I do speak very quickly so I will try to avoid that,
 7 yes.
 8 Q. You've provided us with a detailed witness statement
 9 which for the purposes of the record I can say is
 10 SCI-WT0453-000001. Do you recall providing that
 11 statement?
 12 A. I do.
 13 Q. Is its content true?
 14 A. It is.
 15 Q. Do you wish to adopt that as part of your evidence to
 16 Lord Brailsford today?
 17 A. Yes, please.
 18 Q. Great. I've been through the statement in some detail
 19 and can I try to summarise not what the function of the
 20 organisation is but how you do it, which is you have
 21 a helpline, which is the most common way that people
 22 contact you, and then you have regional teams who carry
 23 out follow-up work.
 24 A. Yes, although they can receive referrals directly as
 25 well, yes.

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1 Q. You have a copy of your statement to hand?
 2 A. I do, yes.
 3 Q. You provide a more detailed summary of the work that you
 4 carry out at paragraph 10; is that correct?
 5 A. Yes.
 6 Q. And then, at paragraph 13, you provide seven bullet
 7 points detailing what it is Families Outside do.
 8 A. Yes, that's correct.
 9 Q. At paragraph 17 you talk about another aspect of the
 10 Families Outside work, which is, rather than dealing
 11 with individuals personally affected, you're dealing
 12 with other groups. Tell us a bit about that work by
 13 Families Outside.
 14 A. So we provide — sorry, do I need to turn this on or is
 15 that —
 16 Q. No, it's fine.
 17 A. So we provide training to individuals who are likely to
 18 have contact with families themselves so that it enables
 19 a wider range of — a wider network of support for
 20 families. So that includes training for prison staff,
 21 for teachers, health professionals, social workers and
 22 so on. So, again, it's just to make sure that people
 23 have an awareness of how they can support families
 24 affected by imprisonment within their own remits.
 25 Q. At paragraph 16 you give percentage figures for the

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1 regional family support. I'll ask about the helpline in
 2 a moment, but you give figures there. Can you just give
 3 us an indication of what those figures are for the types
 4 of contact that the regional teams have?
 5 A. Yeah, that's fine. So we support families with whatever
 6 they come to us with. Most commonly this includes
 7 emotional support, the types of support for about how to
 8 visit, how to maintain contact with the person in
 9 prison. Often they'll be concerned about the person in
 10 prison, worried about their health and well-being, for
 11 example, but they're also worried about their own
 12 children and they ask for information about the prison.
 13 But they can come to us for any range of reasons and
 14 it's usually more than one reason.
 15 Q. Okay. At paragraph 19 you begin to talk, albeit
 16 briefly, about the organisation structure. I understand
 17 it's a charity, a registered charity —
 18 A. Yes.
 19 Q. — and you've a board of trustees. In paragraph 19 you
 20 talk about trustees becoming nervous at the time of
 21 lockdown. Tell me a bit about that.
 22 A. Yeah. Well, as was the case with everyone in lockdown,
 23 it was — people weren't sure what to expect. They
 24 weren't sure what that would mean for us financially.
 25 They knew it would mean a change for how we operated,

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1 how we provided support as an organisation and what that
 2 would mean for the families we were supporting. So what
 3 they did was they actually organised — the board
 4 usually meets quarterly but they arranged to meet
 5 monthly until we had a better idea of what lockdown
 6 would mean for the families that we were supporting and
 7 for our staff.
 8 Q. Presumably those meetings would be online?
 9 A. They were online at that time, yes — well, they shifted
 10 to online. They were always in person before.
 11 Q. Okay. You talk at paragraph 20 about the organisation
 12 facing cuts.
 13 A. Yes.
 14 Q. Again, tell me about that, please.
 15 A. That was a concern about what — because the financial
 16 impact was going to be — was very uncertain and we
 17 didn't know what to expect and the board was concerned
 18 about what it would mean for our organisation, so they
 19 actually asked me to cut the budget of the organisation
 20 by 45%. Now, 85% of our costs are staff salaries, so
 21 that would mean losing staff which we've never had to do
 22 before. We've never had any kind of redundancy process
 23 before. So it was quite a change for the organisation
 24 and it reflected the anxiousness of the board in keeping
 25 the organisation afloat through the pandemic.

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1 Q. Okay. I don't think you've provided numbers in relation
 2 to your budget. Can you give me an idea of the budget
 3 around about the time of the pandemic?
 4 A. Yeah. So during the pandemic, in the 2020/2021
 5 financial year, our budget was 1.2 million. At that
 6 point about 45% came from statutory sources and about
 7 46% from charitable trusts. It was a fairly even
 8 balance.
 9 Q. Can I pause you there? I'll ask you to give the
 10 subsequent figures in a moment. But at that stage you
 11 were being told you were faced with cuts in funding.
 12 Was that from statutory agencies or charitable trusts?
 13 A. It was more about the concern that we would be facing
 14 cuts from both sources. We weren't sure what to expect
 15 and it was the reality that, as a charity, we often
 16 enter a new financial year in deficit and have to cover
 17 those costs as the year progresses. So it was a concern
 18 about whether we would still be able to raise those
 19 funds in the same way that we had in the past.
 20 Q. Thank you. Now, you gave us figures for the year before
 21 the pandemic. At the time when the pandemic kicked in,
 22 were you able to access unexpected funds, if I can put
 23 it that way?
 24 A. Yes. So a number of charitable trusts in particular had
 25 COVID-specific funds, so they introduced emergency funds

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1 that we were able to apply for and access. So we were
 2 able to increase our input from charitable trusts quite
 3 considerably over the next couple of years.
 4 Q. And I think you provide a figure for funding that you
 5 received specifically because of COVID.
 6 A. Yes.
 7 Q. Can you tell me how much your organisation obtained?
 8 A. Yeah, so, as I said, when the pandemic started our
 9 budget was about 1.2 million, the year after that it was
 10 1.24 and it increased our portion of funding from
 11 charitable trusts up to 57%. And the following year
 12 after that we went up to 1.34 million, which increased
 13 again the proportion of funding from charitable trusts,
 14 about 58%. So again it shifted the proportion of funds
 15 we received.
 16 Q. So you weren't receiving such a significant proportion
 17 from statutory organisations —
 18 A. No.
 19 Q. — but were from charitable trusts?
 20 A. Yes.
 21 Q. Which statutory organisations provide the significant
 22 parts of your funding?
 23 A. So we have Central Government funding from
 24 Scottish Government Community Justice and from
 25 Scottish Government Children and Families. We also

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1 receive a small proportion of funding from Health, but
 2 that's minimal compared to the other two.
 3 Q. And simply can you tell me which charity --- charitable
 4 trusts provide you with significant funding?
 5 A. Many. Many, many. So at that time the Tudor Trust was
 6 a major funder, the Robertson Trust was another funder,
 7 Porticus was another one. I'm trying to go through my
 8 head. We have many that we access but those are the
 9 bigger ones, yes.
 10 Q. Okay. Now, around about the --- oh, sorry.
 11 Families Outside also --- and the word which is used in
 12 your statement at paragraph 25 is "hosts".
 13 A. Yes.
 14 Q. --- hosts the INCCIP. Tell us about that organisation.
 15 A. Yes, so INCCIP is an international network of
 16 organisations that do similar work to what
 17 Families Outside does, so organisations that have an
 18 interest in supporting children when a parent goes to
 19 prison specifically. So that organisation was actually
 20 founded by a colleague in Uganda but Scotland was a much
 21 safer place, a more stable place, to host the
 22 organisation, so it's registered in Scotland at the
 23 Families Outside address as a Scottish(?) charity.
 24 Q. Okay. I'll ask you about international contacts later
 25 on because there's something there which is quite

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1 important. But at the time that COVID was happening or
 2 about to happen, coincidentally there were changes
 3 within the organisation in terms of premises and so on.
 4 A. Yes.
 5 Q. Can you tell us about that?
 6 A. So we --- when I started at Families Outside in 2008
 7 there were four of us and we moved into a new office at
 8 that point that was fine for four people. By the time
 9 the pandemic came about, there were 19 people working
 10 out of the same space as well as an office in Glasgow
 11 and staff in other parts of the country, so we needed
 12 a bigger premises. So we looked around for quite some
 13 time, found a lovely place, moved in in December 2019,
 14 committed to a ten-year lease with a five-year break,
 15 which meant we were able to be in it for two months
 16 before we had to move out or had to vacate, I should
 17 say. We still had the office but couldn't use it and
 18 still had to pay full rent and full rates.
 19 Q. Okay. Once lockdown ended, did you get benefit from the
 20 office?
 21 A. We did. We would never have been able to move back into
 22 the smaller office space we had before so it was really
 23 helpful to have the bigger premises for us to be able to
 24 bring staff back in, to be able to provide some kind of
 25 COVID-related precautions such as glass panels between

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1 desks and that sort of thing ---
 2 Q. Yes, screens.
 3 A. --- so that was very helpful.
 4 Q. At paragraph 30 you talk about preparations for
 5 lockdown ---
 6 A. Yes.
 7 Q. --- and remote working. Can you just tell us a bit about
 8 that, although I would indicate to you we've heard a lot
 9 about agencies in the caring sector going online.
 10 A. Yes.
 11 Q. Can you just tell us a bit about that?
 12 A. Yes, so we could obviously see from the news
 13 internationally that we were likely to face a lockdown.
 14 Many of our staff worked remotely anyway in terms of not
 15 having --- not being based in the Edinburgh office, but
 16 all of our staff would travel out to see families and so
 17 on. So what we asked them to do was to prepare the
 18 families that they were already working with that we
 19 might have to work remotely and support them by
 20 telephone or by videolink. We didn't really use
 21 videolink that much at that point, so it was mainly by
 22 telephone or by email. So they were able to prepare the
 23 families for that eventuality.
 24 The biggest change we had to make was in relation to
 25 the helpline, which was always based in an office at

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1 a central point as much so the staff were there to
 2 provide support to each other because some of the calls
 3 could be quite distressing. So we had to find out what
 4 technology could be used, how we could actually provide
 5 support for --- ongoing support and training for staff
 6 who were providing that service, so that was probably
 7 the biggest shift.
 8 Q. And obviously --- I say "obviously" --- I assume that
 9 staff were working from home whereas previously they
 10 would have been working from the office; is that
 11 correct?
 12 A. Yes.
 13 Q. Did your staff face particular difficulties with the
 14 fact that they were at home and presumably they weren't
 15 necessarily in a confidential area?
 16 A. Yeah, so it did vary. So I had previously worked from
 17 home and had a home-based office so I was fine.
 18 However, I was very conscious that a number of my staff,
 19 especially if they had partners who were also working at
 20 home, that meant they were kind of vying for space.
 21 I had one member of staff who had toddlers running
 22 around while she was sitting in a living room with
 23 a laptop on her knees just trying to conduct some
 24 element of work, supporting families while she was
 25 already herself struggling. We had staff who lived on

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1 their own who might be dealing with suicidal callers,
 2 for example, or people who were in distress for other
 3 reasons, that you really had no support and very —
 4 there's quite a lot of difficulty I suppose
 5 distinguishing between a work space and a home space, so
 6 it was I think psychologically quite difficult for a lot
 7 of our staff to make that transition.

8 Q. At paragraph 34 you talk about introducing several
 9 supports for staff. Again, can you tell us a bit about
 10 that?

11 A. Yeah. So we were able to provide home office equipment
 12 as best we could in terms of desks, in terms of chairs,
 13 making sure they actually had good computer equipment so
 14 they could provide remote support and have remote access
 15 to the database, for example. And we made sure that
 16 staff took time to look after themselves, whether it
 17 meant, you know, taking a walk or having what we called
 18 a "staff well-being hour" that we introduced.

19 Q. Yes, tell me about that. I haven't heard that from
 20 other organisations.

21 A. Yeah, it was recognising that what they were doing was
 22 very difficult and recognising that they could take some
 23 time for themselves and not feel guilty about leaving
 24 their work, so they could take a walk, they could, you
 25 know, do exercise, they could, you know, just take

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1 a break away — making sure they had a break away from
 2 the screen so they could actually look after themselves.
 3 That was really important. Some staff came up with
 4 quite creative ways of distinguishing between work time
 5 and home time, such as by lighting a candle at the start
 6 of the work day and blowing it out at the end of the
 7 day. So it was just making sure that they were able to
 8 support themselves and each other.

9 Q. At paragraph 36 you talk about help that you obtained
 10 from the Tudor Trust.

11 A. Yes.

12 Q. Can you tell us about that?

13 A. Yeah, that was lovely actually because they set up
 14 a fund specifically for staff well-being — because some
 15 of the COVID funding was related to support for, you
 16 know, the families we were working with, for example,
 17 but this was specifically recognising that staff would
 18 be under strain and they provided a £2,000 staff
 19 well-being fund for us to use as we wished. So we asked
 20 the staff what they wanted and of course everybody had
 21 different ideas about what would be helpful, so we ended
 22 up giving them a choice of vouchers that they could use
 23 to buy whatever they felt would help them. So some of
 24 them bought walking boots, some of them bought craft
 25 kits or special items for cookery, some just resorted to

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1 kind of chocolate and alcohol. But it was making sure
 2 that they had something that helped them get through and
 3 know that they were being cared for.

4 Q. That's very innovative. We've heard quite a lot about
 5 different charities getting additional funding for their
 6 users, if I can put it that way.

7 A. Yeah.

8 Q. I don't think I've seen others saying they got
 9 additional funding effectively to give the staff a gift.

10 A. Yeah. It was really helpful to have that ringfenced
 11 because we probably would have used it towards the
 12 support for the families we were working with, but it
 13 was recognising that there was — you know, an
 14 acknowledgement that our staff needed the help too.

15 Q. And presumably that had a positive impact on the staff?

16 A. Yes.

17 Q. Okay. At paragraph 38 you talk about making 126 funding
 18 applications in 2021.

19 A. Yes.

20 Q. Tell me a bit about the funding applications and what
 21 you got and so on.

22 A. Yeah. So, to be honest, making that number of
 23 applications isn't that unusual. We did accelerate the
 24 process as much as we could just because we recognised
 25 that funding could be more challenging. So I think

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1 I said, as a result of that, about a fifth of those were
 2 specifically for COVID-related costs. The applications
 3 were successful. I think, of the 126, nine were
 4 successful for one year plus existing funders changed
 5 the timing of the grants to kind of frontload it, for
 6 example, so a three-year grant was turned into
 7 a two-year grant to bring some of that funding forward,
 8 to help make sure that we had that — I don't want to
 9 say "padding" because it wasn't really padding, but it
 10 was just making sure that we had enough to get by in the
 11 short term. I don't know if that answers your question.

12 Q. It does, it does, I think.

13 You move on to start talking about your helpline.

14 Now, your helpline is very important to the
 15 organisation.

16 A. Yeah.

17 Q. Just, again, tell me a bit about the helpline and how it
 18 works.

19 A. Yeah. So the helpline is the first port of call for
 20 most families who come to us. Most families find out
 21 about us online, if they do an online search to find out
 22 what support is available, so over three-quarters of
 23 people come to the helpline through our website, and
 24 that's — we can actually take actual telephone calls
 25 but we can also accept contact by email, by text, by

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1 social media, we have a webchat that provides
 2 simultaneous translation into most modern languages,
 3 which is really helpful as well, depending on what suits
 4 the people to come to us. So we get about 2,500
 5 contacts per year for that.
 6 Q. How did that figure alter when lockdown happened?
 7 A. Yeah, it went up dramatically, especially when — once
 8 mobile telephones and video calls were introduced into
 9 prisons, which was about five months after lockdown
 10 started, we had a 245% increase in calls from families
 11 wanting to know how to make this work, how to maintain
 12 contact when visits had been stopped. So it was quite
 13 a dramatic increase.
 14 Q. Presumably the SPS would put in place various security
 15 measures regarding the links between inside prison and
 16 outside prison.
 17 A. Hmm—hmm.
 18 Q. Were you involved in terms of overcoming those for
 19 family members?
 20 A. Security measures in terms of the cessation of visits or
 21 ...?
 22 Q. Well, the cessation of visits but also in terms of
 23 ensuring — well, let's leave that for the moment. I'll
 24 come back to that. There's another way of getting
 25 there.

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1 At paragraph 41 you talk about:
 2 " ... 1 in 4 [of the] contacts to our Helpline were
 3 from callers with a concern for someone in prison ...
 4 [and] a 51% increase in calls from family members
 5 worried about the mental health of someone in prison."
 6 A. Yeah.
 7 Q. There's also a couple of tables relating to the type of
 8 service that you were requiring. Can you just tell us
 9 about the changes which happened over time when the
 10 pandemic kicked in?
 11 A. Yeah. So what we had was a situation where families who
 12 had previously been able to visit someone in prison and
 13 had been able to have fairly regular contact by
 14 telephone, that wasn't possible anymore. They couldn't
 15 actually go and see for themselves how the person was
 16 doing. They had good reason to be concerned because,
 17 with the pandemic, you obviously worry about the health
 18 of your loved ones and, with someone who is in prison,
 19 in a confined space, where they had very little control
 20 over their hygiene, their access to sanitiser, their
 21 access to PPE, you know, families had good reason to be
 22 concerned.
 23 We know that the families were aware that the regime
 24 had changed so that people were locked into their cells,
 25 they weren't going out to exercise and education in

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1 quite the same way they had been before, so families
 2 were worried about the mental health and well-being of
 3 family members, especially where mental health was often
 4 a problem before they went into prison. And families
 5 weren't able to see this for themselves, so we had a lot
 6 of questions from families about what was being done to
 7 support their family members. What they were hearing
 8 was that people were only allowed out for short periods
 9 of time, out of the cell, and they had to choose between
 10 whether they wanted to wash or to use the phone or to,
 11 you know, make sure their laundry was done, that sort of
 12 thing. So it was — access to the telephone was more
 13 limited as well, certainly in those first few months, so
 14 we did have visibly increased concerns from families in
 15 relation to that.
 16 Q. So I'll ask you about access to telephones in just
 17 a second. But you indicate that people were out for
 18 a very limited period. We heard evidence from the
 19 Scottish Prison Service last week that often people were
 20 only out for 30 minutes a day. Can you give us an idea
 21 from your knowledge and contacts, what had to be
 22 squeezed into that 30 minutes?
 23 A. Everything had to be squeezed into that. So that's
 24 where they — if they could use the telephone, that's
 25 when they would use the phone. If they could make sure

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1 that their laundry was done, they would do that. If
 2 they wanted to shower, they would have to do it then.
 3 Anything — any questions they had, any contact they
 4 needed to make with prison staff, was during that
 5 half-hour. So, I mean, everything had to be squeezed
 6 into that, so it was very rushed, it was very pressured
 7 and people didn't often have time to do — they had to
 8 choose, they had to prioritise, what was the most
 9 important on that particular day as to the way they
 10 would use that half-hour.
 11 Q. And did they always choose contact with family?
 12 A. Not always, no.
 13 Q. Would they frequently not do so?
 14 A. What we were hearing from families was that people were
 15 afraid to use the telephone as well because, again, it
 16 was a hall phone, a public phone shared between
 17 everybody, and if they were worried about contracting an
 18 illness, then they probably wouldn't want to use the
 19 phone so —
 20 Q. Because the phone would be at their mouth —
 21 A. Yeah.
 22 Q. — and nose?
 23 A. Hmm—hmm.
 24 Q. Okay. In the witness statement you quote some people,
 25 some users of your service —

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1 A. Yes.
 2 Q. — providing information. Could you read aloud
 3 paragraph 43, please?
 4 A. Yeah. So paragraph 43 says:
 5 "I am very grateful to [the Helpline at
 6 Families Outside] for facilitating a [compassionate]
 7 call between [my son] and my mum last night. I am
 8 hopeful that this will be repeated soon. I have to say
 9 that everything about the way she handled this task was
 10 exemplary. I could tell that she genuinely cared and
 11 was determined to achieve an outcome, which she did in
 12 a very short timeframe."
 13 Q. If you move down — there's other quotations, but you
 14 move down at paragraph 46 to say what people on the
 15 outside were concerned about for people on the inside.
 16 Can you just tell us about that?
 17 A. Yes, so people were understandably worried about whether
 18 they were safe from COVID, whether they were likely to
 19 contract an illness, whether they were likely to be
 20 depressed or suicidal or isolated because they were
 21 locked in so much of the time, 23 and a half hours, and
 22 it was also about how easily they could contact people
 23 outside. Where they had previously had visits, those
 24 weren't happening anymore. In the case of the quote
 25 that I just read, that was a lady whose mum had gone

1 into a nursing home and didn't have any access to her
 2 grandson, who she wanted to be able to speak to. So it
 3 was trying to find a way that they could have that
 4 contact, but it did take quite a lot of work to make
 5 sure that people had contact with those that they
 6 needed.
 7 Q. You also talk about concern on the outside about
 8 movements in and out of prison —
 9 A. Yes.
 10 Q. — as a cause for concern. Again, could you tell us
 11 about that?
 12 A. Yeah. So it's the reality that, when you're in prison,
 13 you have very little control over what happens to you in
 14 terms of — with the rest of the country in lockdown,
 15 prisons were one of the few places where people were
 16 still moving in and out in terms of the population. You
 17 were still having people coming into prison, still
 18 having people released from prison and the prison staff
 19 equally were coming in and out of prison on a daily
 20 basis. So there was that real live concern that there
 21 would be more — that transmission of illness would be
 22 more readily possible in that context.
 23 Q. You explained to us earlier that quite a lot of the
 24 people who contact you do so after searching the web for
 25 information —

1 A. Yes.
 2 Q. — and therefore, presumably, one of their sources, when
 3 looking for you or someone like you, would be the SPS
 4 website?
 5 A. Yes.
 6 Q. In terms of the SPS website at that time, around the
 7 time that COVID was becoming an issue, did that provide
 8 information to families about what was happening and how
 9 they might make contact and concerns about family
 10 members?
 11 A. Not at that time. We did work very closely with the SPS
 12 to make sure that there was information available but it
 13 took several months to have any information available on
 14 their website that was focused on the public. So they
 15 did eventually develop a COVID—19 information page. I'm
 16 trying to remember the timing exactly, but it did take
 17 several months for that to be available for families to
 18 see.
 19 Q. In that initial stage was there just nothing on the SPS
 20 website?
 21 A. No.
 22 Q. Does that reflect why — do you think that reflects why
 23 your figures went up in terms of the helpline?
 24 A. I think it's probably one reason, yes. I think people,
 25 when they're looking for information, they will look for

1 it wherever they can find it. We did have very regular
 2 contact with the Scottish Prison Service, especially in
 3 the first few months, to try to make sure there was
 4 information available. They were asking us the types
 5 of — for information about what families were worried
 6 about and what information would be helpful. So we did
 7 work very closely together in terms of creating the
 8 website, in terms of preparing for mobile phones and
 9 video calls, which we'll presumably talk about later.
 10 Q. We'll talk about video calls now.
 11 A. Yeah, okay.
 12 Q. We'll talk about phones later.
 13 You talk about video calls in paragraph 51. Tell me
 14 about your organisation's involvement in the
 15 establishment of video calls.
 16 A. Yes. As an organisation we'd been campaigning for video
 17 calls for quite a number of years prior to the pandemic,
 18 not as a —
 19 Q. About how many?
 20 A. Probably about ten years before — not as a replacement
 21 for in-person visits but something that would provide
 22 some choice, some flexibility, for family contact in
 23 addition to in-person visits. Sometimes you have
 24 families who aren't able to travel or families who live
 25 abroad, for example, and it just provides that method of

1 contact that simply wouldn't be available otherwise. So
 2 we did have examples of practice from Australia, from
 3 Canada, from Europe and so on, about how this can work
 4 and the types of models and methods and guidance and
 5 safeguards that could be used to have video calls in
 6 place.
 7 Q. And were you able to do that through your international
 8 contact group, as it were?
 9 A. Yes. Well, through the — through INCCIP, through the
 10 international network, but primarily through Children of
 11 Prisoners Europe which is a more established kind of
 12 longer-standing European network. We also had visitors
 13 from Australia coming to explore different methods of
 14 family contact and they had introduced those in
 15 Australian prisons as well, obviously had done a lot of
 16 research in the area in terms of what was happening in
 17 the US and Canada, and so we were able to draw on quite
 18 a number of sources around the world.
 19 Q. And so far as you're aware, prior to lockdown happening
 20 and prison visiting being stopped, were the SPS actively
 21 looking at video visits?
 22 A. They were slowly looking at video visits. We'd
 23 certainly been in contact with them quite a number of
 24 years about the installation of video visits and they
 25 had an IT working group looking specifically at how IT

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1 could be used in prisons. That was part of the
 2 discussion. But it was not something they had agreed on
 3 before because they were concerned about the security
 4 implications and the risks involved, so it hadn't
 5 been — wasn't seriously on the table as an option.
 6 Q. How rapidly were they moving?
 7 A. As I said, we'd been working on it for ten years so not
 8 very rapidly.
 9 Q. And before the lockdown, realistically, could you see
 10 light at the end of that tunnel or was it a light that
 11 was switched on by COVID?
 12 A. I'm always optimistic with these things or I wouldn't be
 13 in this job so it's just trying to have faith that these
 14 types of changes will come about eventually. There was
 15 no idea of timeline in relation to this so COVID
 16 definitely accelerated the process because suddenly it
 17 was urgent. So, for us, that was very much a positive
 18 outcome of the pandemic because I don't think it would
 19 have happened otherwise, not that quickly.
 20 Q. And do virtual visits still happen?
 21 A. Yes.
 22 Q. You say some interesting things later in the
 23 statement — but I'll take them now as we're talking
 24 about video visits — about them not being taken up to
 25 the full extent available. Tell us a bit about that.

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1 A. Yeah, so video calls were put into place in June of
 2 2020, so it only took about four/five months, which was,
 3 in SPS terms, extremely fast. But what didn't happen as
 4 quickly was the uptake. We thought there would be much
 5 more use of the video calls than actually happened.
 6 They were never used and still have to this day not been
 7 used to full capacity. So we actually did some work
 8 about why that might be the case. We did some research
 9 online and through the contacts that we had to find out
 10 what families' experiences were and — so we looked at
 11 why they weren't using video calls, but then the SPS
 12 actually commissioned us to look at families' experience
 13 of video calls and we were able to combine the two
 14 projects and get an overview of how video calls were
 15 being used.
 16 Q. And tell us about that. What were the findings of that?
 17 A. Yeah. So the findings were mainly that some of the
 18 families found the technology quite difficult, so it
 19 should have been quite straightforward but they had
 20 issues where their ID wasn't being accepted for whatever
 21 reason or they couldn't actually get online for some
 22 reason. We actually had a volunteer brought into
 23 Families Outside specifically to support them to make
 24 video calls and that did help. But the kind of
 25 technical difficulties they had — again, I could go

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1 into more detail with the report in front of me. Sorry
 2 about that — but they really struggled with the
 3 technology and the frustration of not being able to
 4 access it in the way that they would wish. Recognising
 5 that a lot of families would be accessing this through
 6 mobile phones, they might not have a huge amount of data
 7 or bandwidth to make it work properly in their homes.
 8 Q. Were you involved as an organisation in assisting people
 9 to have the data?
 10 A. We did. We worked with SCVO, which is Scottish Council
 11 for Voluntary Organisations. They had a project called
 12 the "Connecting Scotland project", which we were part of
 13 in terms of, you know, helping families with —
 14 providing them with tablets, for example, or
 15 providing — making sure they had the network connection
 16 that they needed. We didn't actually manage to support
 17 that many families with that. I think there were
 18 restrictions on how the IT could be used and sometimes
 19 it wasn't so much about having the equipment as it was
 20 about having the internet access that they needed.
 21 Q. And did that prove to be an insurmountable obstacle?
 22 A. It's not insurmountable. It just can be quite difficult
 23 in making sure that families have the internet access
 24 that they need in terms of making sure that's
 25 consistently available as well because you can provide

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1 them with — for example, you're providing the little
 2 dongles, the kind of data pen things for families, but
 3 that would work when you paid for it for the first year,
 4 for example, but then how do you sustain that beyond the
 5 initial period that you've paid for it? When families
 6 are often struggling financially anyway, that might not
 7 be the first priority .
 8 Q. I'm going to ask you about financial struggles in
 9 a moment.
 10 A. Yeah.
 11 Q. The next thing which you talk about is regional support.
 12 So you have your helpline and then you have regional
 13 support, which is effectively outreach work; is that
 14 correct?
 15 A. Yes.
 16 Q. You provide tables at paragraphs 56 and 58, but,
 17 fortunately for those of us who don't like tables, at
 18 paragraph 57 you've provided an explanation of what you
 19 take from the table.
 20 A. Yes.
 21 Q. Can you just tell us about 57?
 22 A. Yeah. So basically we had a number of people who
 23 self-refer for support. In non-lockdown conditions, we
 24 would normally be receiving referrals from prison staff,
 25 from prison visitor centres, from schools, from

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1 social work teams and so on, but what we saw was an
 2 increase in people referring themselves because they
 3 weren't at school or they weren't visiting prisons and
 4 so on, so there was a real shift in where the referrals
 5 came from and how people accessed the support that we
 6 provided in their local communities.
 7 Q. I'm just looking at table 1. I'll just take some
 8 extreme examples. You had — in terms of self-referral,
 9 in 2019, 66% were self-referred and that went up to
 10 80% —
 11 A. Yes.
 12 Q. — the following year. Was that because the alternative
 13 sources of referral disappeared?
 14 A. They reduced. They didn't disappear completely, but
 15 certainly contact with prison staff and prison visitor
 16 centres dropped way down, especially prison staff
 17 directly. But — yes, so the types of referrals that we
 18 received did shift .
 19 Q. And then you've carried out research on how families
 20 heard about your organisation and you talk about that at
 21 paragraph 59. Again, can you summarise that for us?
 22 A. Yeah. Again, it just shows that it did shift, so we did
 23 see different patterns, I suppose, pre-COVID and during
 24 lockdown. So, again, people finding out about us more
 25 online rather than directly from prison staff or from

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1 schools or from social workers and so on because they
 2 simply weren't having that same contact with those other
 3 professionals that they had in the past.
 4 Q. Okay. I'm going to move on to paragraph 63 and support
 5 for staff. Now, I'm going to say something which
 6 I would ask that you don't take offence at; right?
 7 Were you not to say that your staff did very well, you
 8 would be the first chief executive from any charitable
 9 organisation to appear before the Inquiry to make that
 10 statement. I think we can take it as read from what's
 11 in your statement that you say the staff did very well.
 12 A. Yeah. Okay.
 13 Q. If we go over to — just to give us an idea about
 14 regional family support, if we have a look at
 15 paragraph 67 — so you're carrying out outreach work
 16 with families who have a person in prison. In 2019/20,
 17 the average minutes per family member were 235 —
 18 A. Yes.
 19 Q. — and then the next year, pandemic year, it was 593, so
 20 it significantly more than doubled. It almost trebled.
 21 A. Yes.
 22 Q. Tell us about the change in work style of your regional
 23 teams.
 24 A. Yeah, so many of the families that people were
 25 supporting during lockdown were people they had started

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1 to support before the lockdown conditions. We were
 2 receiving lower number of referrals from other
 3 professionals, as I've mentioned already, so we had
 4 a smaller number of families that we were working with,
 5 but we were working with them more intensely, often
 6 because their concerns were more extreme at that time,
 7 particularly in relation to concern about people in
 8 prison, about the loss of contact, about how to support
 9 children who were dealing with the experience of loss of
 10 contact with a family member but also loss of contact
 11 with their friends at school and so on.
 12 Some of the families we were supporting, they often
 13 have quite a variety of needs. As an example, there was
 14 a lady who was contacting us about how to support her
 15 son who was autistic and had lost contact with his dad
 16 and didn't understand why. So he actually started
 17 self-harming and it was just trying to recognise how we
 18 can actually support families with what are extremely
 19 difficult and intensive needs from a distance, which
 20 was — you know, did require more time by telephone and
 21 email and so on than we could possibly do —
 22 Q. Without betraying any confidence or confidential
 23 material, what steps were taken in relation to that boy?
 24 A. I wouldn't have the detail of the specific steps, but we
 25 often do access support from other organisations as well

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1 in terms of specific types of support. But our staff
 2 are very experienced, certainly in terms of supporting
 3 parents and carers in working with children.
 4 Q. Did you personally become involved in any cases where it
 5 was felt that intervention from the chief executive
 6 would be helpful?
 7 A. I tend not to become personally involved as much because
 8 we've done exercises with boundaries and things before
 9 and I'm really, really bad at boundaries. My staff are
 10 much more efficient and much more expert in this
 11 particular type of support. I did provide support to
 12 one family in particular just because I had had contact
 13 with them before — a family member who had actually
 14 worked closely with the board in the past and she
 15 reached out to me personally. Her evidence is actually
 16 included in one of the appendices to the written
 17 statement because her son was in prison and was able to
 18 provide a direct comparison between what things were
 19 like before and after lockdown.
 20 Q. Okay. I was going to ask you a bit more about that but
 21 we're getting close to the restriction order so I'll not
 22 do that.
 23 A. Yes.
 24 Q. You talk about staffing and at 77 you talk about losing
 25 some staff. Tell me about that. I mean, one of the

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1 things which we've heard is that people working in your
 2 sector, if I can put it that way, some people burned
 3 out —
 4 A. Yeah.
 5 Q. — and looked for changes, so take that as read because
 6 it's in your statement. Tell us a bit more about that.
 7 A. Yeah. So we have always had a very stable staff team.
 8 I say "always". I say pre—pandemic we had a very stable
 9 staff team and, although we had grown from I think four
 10 members of staff to I think 33 members of staff at the
 11 start of lockdown, it's still small for a national
 12 organisation but a lot bigger than we used to be, and we
 13 tended to keep our staff. We had very low turnover.
 14 But that changed mid—pandemic, where, as I mentioned
 15 before, the board got quite anxious and we had
 16 a redundancy process for the first time ever. That was
 17 in June of 2021. And from June 2021 through the end of
 18 the financial year we lost a third of our staff team,
 19 which is quite a big change, and all for very different
 20 reasons. We lost two through the redundancy process but
 21 then we had some who said — shifted sector completely.
 22 One wanted to work in wildlife and waterways; people who
 23 didn't want to return to an office—based setting or
 24 leave the home—based working and they weren't ready to
 25 come back; people who were headhunted by other

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1 organisations who started hiring again —
 2 Q. Third sector organisations?
 3 A. Yes — not just third sector, I'm not blaming just them,
 4 but we did lose some excellent members of staff because
 5 other organisations wanted them. I'm trying to be
 6 flattered, but it was not easy. So it was quite a big
 7 change for us. And having to train staff when we were
 8 still not fully, you know, back in the office, that was
 9 difficult because we usually rely on shadowing as a big
 10 part of our training and that simply wasn't possible for
 11 the first couple of years.
 12 Q. So the transition — once you were in a position to
 13 replace those staff, the training of them was
 14 particularly difficult?
 15 A. Training was difficult. Recruitment was incredibly
 16 difficult because there were so many people looking for
 17 work at the same time so it was very much an employees'
 18 market. So it took much longer to recruit — months to
 19 recruit staff, compared to how it had been in the past,
 20 and staff were able to demand much higher salaries than
 21 they had in the past, which again, as a third sector
 22 organisation, puts quite a lot of pressure on our
 23 organisation.
 24 Q. And presumably that has an impact on the organisation in
 25 that, if you're advertising a particular role and you

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1 have to give an increased salary to that person, that
 2 has an impact on those who are not getting the increase?
 3 A. Yes.
 4 Q. How was that managed?
 5 A. As well as it could be, but especially with — all of
 6 our staff have kind of a pay scale that they go to.
 7 Normally we would recruit people at the basic rate and
 8 then they would — their salaries would go up as they
 9 became more experienced in that role. What it meant was
 10 that people were coming in and saying they wanted
 11 a higher salary, so they would start somewhere in the
 12 middle or even at the top of that scale, which meant
 13 there's no room for manoeuvre once they'd reached the
 14 top of that scale, so that was causing some longer—term
 15 problems as well.
 16 Q. You then move on to talk about prison visitor centres.
 17 A. Hmm—hmm.
 18 Q. As I understand it, Families Outside don't run
 19 a specific prison visitor centre.
 20 A. That's correct.
 21 Q. Can you explain your role in relation to prison visitor
 22 centres?
 23 A. So, as the only national organisation that does this
 24 work, we provide an oversight and support to the
 25 organisations that run prison visitor centres. We have

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1 several decades of expertise in this area so we're able
 2 to provide support to organisations that hadn't
 3 necessarily worked specifically with this client group
 4 before.
 5 So we provide, for example, co-ordination between
 6 the managers of the different prison visitor centres to
 7 make sure that we can have a basic standard of support
 8 at each centre. Every centre is a bit different, every
 9 prison is a bit different. So it's making sure that
 10 visitors could have a basic standard of support to
 11 expect every time they went to visit someone.
 12 Q. Okay. At paragraph 82 you talk about video visits and
 13 you talk about the advantages and disadvantages of that.
 14 Now, obviously, an advantage is that there is at least
 15 some form of contact between families and individuals;
 16 the disadvantage is it's not in the flesh.
 17 A. Yeah.
 18 Q. But there are other disadvantages that you talk about
 19 here. Can you tell us about that?
 20 A. Yes. I'm trying to remember what I said now. Some of
 21 it was that -- the risk is that the video calls will be
 22 used to replace in-person visits. The Prison Service
 23 was very clear that that was not the plan, that was not
 24 the intent. What we're seeing now, however, is a shift
 25 in interpretation and in understanding, I suppose, in

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1 how video calls are used, that video calls are now
 2 counted in some prisons as part of the normal visits
 3 entitlement. We're able to contest that because, again,
 4 it was very clear within the Prison Service, when these
 5 calls were introduced, that that should never replace an
 6 in-person visit, but it does take some work sometimes to
 7 make sure that that is remembered.
 8 We also have -- what's interesting about the video
 9 calls as well, especially in relation to prison visitor
 10 centres, is that our co-ordination of that meant that we
 11 could actually introduce facilities for video calls in
 12 the prison visitor centres so that, if they couldn't
 13 access video calls from home, they could actually do it
 14 from a prison visitor centre. That was really helpful,
 15 for example, for people who, you know, might live in the
 16 Highlands or something but have a family member in
 17 a prison that's quite a distance away, so Polmont would
 18 have young people in it or one of the women's prisons
 19 where they weren't able to access them from closer. So
 20 that was really helpful to have those facilities
 21 I suppose available in the prison visitor centres.
 22 Q. And when virtual visits are happening, where are the
 23 prisoners when that's happening?
 24 A. They have specific booths in the main visits hall in
 25 most cases. That's my understanding -- all of the ones

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1 I've seen are in the main prison visits hall. So they
 2 have a booth that they can use for that so it's slightly
 3 quieter, but they're still in part of the main visits
 4 area.
 5 Q. Now, you talk about your own follow-up work going online
 6 much more and then you talk at paragraph 83 of other
 7 mechanisms apart from online. Tell us a bit about that.
 8 A. So the staff really felt they needed to be creative in
 9 terms of how they supported families, especially as
 10 lockdown conditions varied quite a lot, so you might be
 11 in a lockdown and then out of it and then back in it
 12 again. So they were trying to find ways that they could
 13 meet directly with families and build those
 14 relationships without actually having the same contact
 15 that they would have had before. So walk and talk
 16 meetings became very popular or sitting in people's
 17 gardens or one of our staff members actually got
 18 a family to become part of a community gardening
 19 project, which meant they could all meet and speak
 20 together outdoors and she could work alongside them to
 21 provide that support.
 22 So they were -- I'm not allowed to say how wonderful
 23 my staff team is, but they were very good at making sure
 24 they could make things as positive as possible for
 25 families, recognising that some families -- I remember

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1 one lady hadn't actually spoken to anyone other than by
 2 telephone for several months, so it was just recognising
 3 that need for contact and reduced isolation.
 4 Q. You talk about the usefulness of the contact made
 5 through visiting centres with the organisation because
 6 you were able to do practical things for the families.
 7 A. Yeah.
 8 Q. I'm looking in particular at paragraph 84.
 9 A. Yes.
 10 Q. Tell us about that.
 11 A. Yeah, so a number of the visitor centres were able to
 12 provide food parcels, for example, for families. That
 13 was a way of maintaining that connection in the
 14 community because they were locally based and knew the
 15 families that they were already supporting, families who
 16 had previously visited prisons. They were able to
 17 provide activities. There was one visitor centre
 18 service in particular that actually created an activity
 19 pack that the children could do outside the prison
 20 alongside the person who was in prison, so they were
 21 doing the same activities in parallel, as it were. So
 22 it was just a way of trying to create connection in
 23 whatever way they could.
 24 Q. The next section of your witness statement talks about
 25 influencing change. Reading it short, that's your

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1 policy work; yes?
 2 A. Yeah.
 3 Q. So seeking to impact on SPS Scottish Government
 4 policy —
 5 A. Yes.
 6 Q. — rather than the practical work such as giving them
 7 information about how other countries were running video
 8 visits?
 9 A. Yeah.
 10 Q. In terms of your policy work, we will look at that but
 11 we don't need to look at that today.
 12 A. Okay.
 13 Q. We have the witness statement and it strikes me that's
 14 more to do with how decisions were implemented —
 15 A. Yes.
 16 Q. — and reached, and we're going to look at those later
 17 in the Inquiry.
 18 At 94 you talk about hall telephones —
 19 A. Yes.
 20 Q. — and we heard last week from the Scottish
 21 Prison Service witness, Mr Purdie, about the
 22 introduction of mobiles —
 23 A. Yes.
 24 Q. — for prisoners. Tell us what your organisation's
 25 involvement with that was.

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1 A. Again, it was — we were on the phone with the
 2 Prison Service sort of five/six/seven times a day prior
 3 to introduction of both video calls and mobile phones.
 4 Q. Let me ask about that. Were you phoning them up and
 5 saying, "Hand out video ..." —
 6 A. Well, they were usually calling us, but it was both
 7 directions.
 8 Q. What were they calling you for?
 9 A. For information about where — you know, examples of
 10 other countries that were using this, what kind of
 11 security measures were in place, you know, why these
 12 types of things might be helpful, you know, what ways
 13 can be introduced, I suppose, that would actually be
 14 functional and as risk-free as possible. So we were in
 15 regular conversation about that and again about the
 16 communications with families to provide information
 17 about these devices when they were finally introduced.
 18 Q. I asked you earlier about SPS updating their own website
 19 and whether or not they were proactive in terms of
 20 disseminating information and I think you indicated they
 21 weren't. This does sound like an occasion on which they
 22 were proactive.
 23 A. Going back to the original conversation, it's not that
 24 they weren't proactive; they just weren't very fast.
 25 So, you know, we had those mutual conversations about

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1 the information that families would need. They know us
 2 to contact us about — to ask for information about
 3 that. The information wasn't available very quickly and
 4 there certainly wasn't anything available at the
 5 beginning of the lockdown.
 6 Q. I'm looking at paragraph 95, where you talk about
 7 campaigning for ten years and, "We had gathered
 8 everything we needed such as guidance of practice from
 9 other countries". They were on the phone — you had all
 10 of this stuff, presumably you gave it to them, but they
 11 were still on the phone to you five to seven times
 12 a day?
 13 A. Yeah.
 14 Q. In terms of their attitude, why do you think that was?
 15 A. I think it was just for clarity, for kind of
 16 sound-checking, I suppose, trying to get ideas, trying
 17 to get a clear understanding, trying to ask for more
 18 detail, asking for content — contacts for specific
 19 examples, so — you know, trying to make sure that we
 20 had the most current information from — Canada, for
 21 example, is one country that had a fairly positive
 22 experience with introduction of video calls and other
 23 types of visits.
 24 We were campaigning about other things as well but
 25 I won't go into that. But it was just making sure that

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1 they had the detail and trying things out, you know,
 2 sending us drafts of guidance, sending us drafts of
 3 information, saying, "Would you have a look and see —
 4 is this right? What else do we need to include?". It
 5 was that kind of exchange.
 6 Q. Could you read — let me find it — paragraph 97?
 7 A. Hmm—hmm. So 97 says:
 8 "After about five months, the mobile phone service
 9 was up and running. This was a positive step and was
 10 quickly introduced. This was very quick for the
 11 Scottish Prison Service to introduce a new process."
 12 Q. So you regard five months as very quick?
 13 A. For prisons, yes.
 14 Q. Based on your experience of dealing with them?
 15 A. Yes.
 16 Q. Are they an organisation which are resistant to change?
 17 A. It depends on who you speak to, but I think there are
 18 a lot of good people who want to create good positive
 19 change. I think there is a cultural shift that does
 20 need to take place to make change happen. It is a very
 21 large organisation and, you know, just the sheer size of
 22 it does make it difficult. But I think there is a real
 23 shift and we've seen quite a shift in the last ten or
 24 15 years just in terms of transparency, in terms of
 25 willingness to engage with other organisations. But it

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1 does take time and it does take --- there's a --- the
 2 Prison Service receives a lot of criticism so I think
 3 there is a defensiveness that still needs to be overcome
 4 in order to make things better. That's a very sweeping
 5 statement, but that's, yeah, our experience with them.
 6 Q. Almost in contrast to that, at paragraph 102 you talk
 7 about the Prison Service commissioning your
 8 organisation ---
 9 A. Yes.
 10 Q. --- to carry out research on why those who hadn't taken
 11 up virtual visits had failed to do so.
 12 A. Yes.
 13 Q. Tell us what the outcome of that survey was ---
 14 A. Yeah, so ---
 15 Q. --- because you provide a 96% figure which is pretty
 16 stark. Tell us about the 96%.
 17 A. Yeah. So 96% of families basically said that if they
 18 hadn't used video calls --- they said they had the
 19 equipment they needed but the issue was knowing how to
 20 do it, how to actually make the video calls and make
 21 them work properly. So that was the main reason that
 22 they weren't using them.
 23 Q. So it was a lack of IT skills?
 24 A. IT skills but it could also be that the technology
 25 itself wasn't functioning as it should. Again,

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1 sometimes not recognising the identification they
 2 provided or ---
 3 Q. You're talking at the prison's end rather than at the ---
 4 A. Well, it's through the service that actually provided ---
 5 it was --- the Email a Prisoner scheme which is provided
 6 by --- and I'm trying to remember the name of the
 7 organisation.
 8 Q. We have it in the witness statement. It's not
 9 a problem.
 10 A. Good, because I'm having a blip.
 11 Q. That's okay.
 12 A. But, yes, so they --- there were some concerns about how
 13 they actually functioned in practice.
 14 Q. Tell me about the five-minute warning that sometimes
 15 happened.
 16 A. So before the end of a video call --- they're limited
 17 to --- I believe it's 30 minutes at the moment, and
 18 there's a five-minute warning before the end of the
 19 visit just to say that the visit is about to end, and
 20 some people do find that off-putting. That was an
 21 issue. But, however, again, two-thirds of the families
 22 were saying they were very interested in using video
 23 calls in future, particularly if they had help to
 24 overcome some of the difficulties that they'd had with
 25 the technology.

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1 Q. Now, often when visitors go into prisons, they will
 2 leave either property or money for the person who is in
 3 custody. You talk about that a little bit at
 4 paragraph 106. Can you tell us how that changed?
 5 A. So that changed because they weren't able to come to the
 6 prisons anymore. They weren't able to drop off
 7 property. They weren't able to hand in money. So the
 8 Prison Service again introduced an electronic ---
 9 a system for electronic payments, which was again
 10 something that was very welcome. Previously you had to
 11 either hand in cash or send in a postal order, which
 12 obviously has a charge attached to it. So that was very
 13 positive, that families could then make electronic
 14 transfers into personal accounts for the first time.
 15 But they also had to post in property if they wanted to
 16 post in any items, any clothing. For example, they had
 17 to pay postage for that, which was quite a significant
 18 cost for families who simply don't have that kind of
 19 money.
 20 Q. And the final sentence of 106, can you just read that?
 21 A. So the final sentence of 106 is:
 22 "This was very expensive for families and another
 23 impact for families who are already in poverty."
 24 Q. And has the requirement to post items in ended now?
 25 A. It has. That took some convincing because the

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1 temptation for many of the prisons was to continue that
 2 policy. We were able to argue against that, thankfully.
 3 Q. Now, you said in the paragraph I've just had you read
 4 about "already in poverty".
 5 A. Yes.
 6 Q. You've also produced a report, which is referred to
 7 elsewhere, in relation to the impact --- well, in fact,
 8 the Paying the Price report.
 9 A. Yes.
 10 Q. Broadly, what is the Paying the Price report which is
 11 referred to at 107?
 12 A. This was a report --- it was a 20-month project that was
 13 commissioned by the Aberdeen Financial Fairness Trust,
 14 which looks specifically at the financial impact of
 15 imprisonment on the people left behind. That was --- we
 16 were originally going to look at the pandemic but again
 17 the cost of living crisis was about to start at the end
 18 of the pandemic as well so we caught --- we spoke to 51
 19 families about the impact. This was just before the
 20 cost of living crisis hit and just as we were coming out
 21 of the pandemic, so what it gave us was a very clear
 22 snapshot of the financial burdens that families carry
 23 when someone goes to prison. What we found was that
 24 people were spending about half their income for people
 25 on remand and on release to support the person who was

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1 in prison and about a third of their income while they
 2 were serving a sentence, so it was a huge proportion of
 3 income that people simply couldn't afford. So people
 4 were going without food, they were going without
 5 heating. They were — you know, there was no kind of
 6 social activity. They were very socially isolated
 7 because they couldn't afford to go out and interact, you
 8 know, have social contact or play sports or anything
 9 like that. So it was a huge impact on the families.
 10 Q. At paragraph 113 you talk about the distinction between
 11 people who are held in custody for — or sentenced to
 12 more on the one hand and less on the other hand than
 13 four years' imprisonment. Tell us about that.
 14 A. Yeah, so this was specifically in relation to access to
 15 support. So this was about recognising that — when
 16 someone is sentenced to less than four years, they have
 17 what they call "voluntary throughcare", which means
 18 they're not obliged to engage and they can engage with
 19 a third sector organisation, for example. Those who are
 20 sentenced to longer will have a statutory throughcare,
 21 which is provided through criminal justice social work.
 22 So what we found was that a lot of the third sector
 23 providers — well, all the third sector providers were
 24 not allowed into prisons, which meant that it was quite
 25 difficult to engage with people in a voluntary capacity,

1 to let them know that support was available and to be
 2 able to provide that support on release.
 3 Q. Okay. You talk at 118 and 119 about the number of
 4 people who were assisted with training and awareness and
 5 so on. Can you just give us those figures for
 6 Lord Brailsford?
 7 A. So the number of people that we actually provide
 8 training for — and that can be training or awareness
 9 raising. We have accredited training but then we also
 10 do more general awareness-raising input as well. So we
 11 had just over 1,000 people benefitting from the training
 12 and awareness-raising sessions over the course of that
 13 year. It does fluctuate between 1,000 and 5,000,
 14 depending on the year. But that was actually again
 15 something that was helpful as we'd never delivered that
 16 kind of training and awareness-raising online before,
 17 but now it's a regular part of our offer, which is quite
 18 helpful.
 19 Q. At 118 you talk about your training and
 20 awareness-raising. Is that things like taking school
 21 teachers into prisons —
 22 A. That's what we did.
 23 Q. — in the normal course of events?
 24 A. Yes, that's what we did before. We would have what we
 25 call "twilight CPD sessions" for teachers, where we

1 would invite them into the prison, they would experience
 2 what it was like going through security processes to go
 3 into a prison, and then we would run a training session
 4 in the prison visits hall for them to experience. So
 5 that way they would be informed to tell — you know, to
 6 be able to tell children in their classes, for example,
 7 what that experience was like and hopefully raise
 8 awareness — their awareness of that experience so they
 9 can understand what the children in their classes were
 10 going through.
 11 Q. And whilst that might be an interesting and useful thing
 12 to do for teachers in general, where a teacher is
 13 dealing with a child who has a family member in prison,
 14 it's particularly significant.
 15 A. It is and it's very popular as well, just because it's
 16 something a bit different, but it also makes them aware
 17 that there might be children in their classes that have
 18 gone through this that they don't know about because,
 19 again, the families don't often tell schools or anyone
 20 else that this is what their experience is.
 21 Q. You say this is a twilight visit?
 22 A. Yes. It means it takes place after school hours.
 23 Q. How do you get teachers to work after school hours?
 24 A. They're obliged to do a certain amount of training so it
 25 fits in quite well and means they don't have to cover —

1 Q. CPD requirement.
 2 THE CHAIR: At the risk of being intrusive, Mr Caskie,
 3 ten minutes.
 4 MR CASKIE: That's fine, my Lord.
 5 You talk at 124 about a new definition for "elderly"
 6 in prisons.
 7 A. Yes.
 8 Q. Tell us about that.
 9 A. So when you are in prison, you're considered elderly if
 10 you're aged over 50. Yeah.
 11 THE CHAIR: What that makes me I hate to think.
 12 A. But it is basically because the level of health of
 13 people going into prison is often very poor, so you are
 14 deemed elderly if you're over aged 50.
 15 MR CASKIE: So if you end up in prison, you've got a lot of
 16 what I think doctors refer to as "comorbidities"?
 17 A. Yes, absolutely. Lower life expectancy. Many problems
 18 with long-term illness, chronic illness, respiratory
 19 problems, substance misuse, mental ill health — all
 20 sorts, yeah.
 21 Q. You talk at 129 of the difficulties faced by — as
 22 a result of difficulties with GEOAme, the people who
 23 transport prisoners.
 24 A. Yes.
 25 Q. Can you tell us about that?

1 A. So, again, what we hear is from the families who are
 2 concerned about someone who is in prison. So we were
 3 hearing from families about people not being taken to
 4 hospital appointments, chemotherapy appointments; one
 5 man in prison who had issues with a severe leg injury
 6 where they were worried he might actually lose his leg
 7 at one point because he was missing appointments; you
 8 know, follow-up appointments at hospitals; attendance at
 9 children's hearings, where there might be discussions
 10 about children being adopted and you're not able to
 11 attend. So there's some real frustration, to say the
 12 least, about those appointments being missed.
 13 Transfers to other prisons are another one where you
 14 can't actually get to a prison in order to complete the
 15 courses that you need to apply for parole, so people
 16 were actually potentially staying in prison longer
 17 because they weren't being moved to the right prison.
 18 Q. You talk at 132 about a particular problem with next of
 19 kin information not being up to date.
 20 A. Yes.
 21 Q. Again, tell me about that and I'll have some more
 22 questions.
 23 A. When someone goes into prison, they provide a next of
 24 kin for the prison records. That's not necessarily
 25 updated so it's left up to the person held in prison to

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1 update that information if that information should
 2 change. What that means is that, if something happens,
 3 if there's an illness, if there's a death in the prison,
 4 for example, the prison will contact who is the person
 5 listed as next of kin, but if it's not up to date, then
 6 the wrong person is contacted. So we've had situations
 7 where, for example, a person put his partner down as
 8 next of kin, that relationship broke up, his mum was in
 9 regular contact with him, but it was the ex-partner that
 10 was contacted when he died and the mum didn't know until
 11 she found out on social media from the ex-partner. So,
 12 yeah, that's problematic.
 13 Q. Do the prison authorities have a system for checking up
 14 whether that's still your next of kin?
 15 A. They can. It's --- something that was recommended in the
 16 Independent Review of the Response to Deaths in Prison
 17 Custody was to make sure that information was kept up to
 18 date. At the moment, again, they leave it to the person
 19 in prison to have that responsibility but the
 20 recommendation was to make sure that that is refreshed
 21 at least annually.
 22 Q. You've referred to that independent review in your
 23 witness statement.
 24 A. Yes.
 25 Q. Can you tell us a bit about that?

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1 A. So this was a review commissioned by the
 2 Cabinet Secretary for Justice that was looking
 3 specifically at the response to deaths in prisons.
 4 Again, that review was started in November 2019 and it
 5 was --- had three co-chairs, so the Chief Inspector of
 6 Prisons, the Scottish Human Rights Commission and
 7 myself, looking at --- it was supposed to be a six-month
 8 project but the pandemic obviously delayed that
 9 considerably. It ended up taking place over two years.
 10 Q. At 134 you talk about an immediate difficulty in
 11 contacting an individual in prison.
 12 A. Yes.
 13 Q. Is that something that occurs rarely or regularly?
 14 A. In terms of --- I'm trying to remember what this was ...
 15 It is something that is, I would say, a regular
 16 frustration for families to be able to contact someone
 17 in prison, to know whom to contact. If you ring
 18 a prison switchboard, they'll often use lots of acronyms
 19 for things, so they might have a family contact officer
 20 but refer to it as an "FCO" and you don't know
 21 necessarily what that means.
 22 Q. You talk about dedicated telephone lines in
 23 paragraph 134 ---
 24 A. Yes.
 25 Q. --- and them ringing out.

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1 A. Yes.
 2 Q. Tell us about that.
 3 A. So these were phone lines directly to the family contact
 4 staff, for example, that simply weren't being answered
 5 or you would leave a message on an answering machine and
 6 not have that responded to. So that was certainly
 7 a problem in the past.
 8 Q. Yeah. At paragraph 136 to 138 you talk about peer
 9 support. Tell us a bit about that. Is that families
 10 supporting one another?
 11 A. Yes, so this would be families who were gathering
 12 together, often groups of young people or groups of
 13 mums, for example, or it could be any --- a range of
 14 different types of support, just making sure that
 15 families who have that shared experience are able to
 16 support with each other because they often think they're
 17 the only ones who have that real isolation.
 18 Q. Now, the next passage of your witness statement relates
 19 to people in prison on remand. Now, we're going to hear
 20 evidence about the increase in both remand and the
 21 number of --- the length of time that people were on
 22 remand --- we'll hear that evidence from elsewhere. What
 23 I'm interested in from you is the impact on families of
 24 that occurring.
 25 A. Yeah. So we've seen --- as you will hear, we've seen

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1 a huge increase in the remand population, as much
 2 because of the backlog in the courts — court work was
 3 suspended — but also the maximum period of time of
 4 detention that people could remain in prison on remand
 5 was lifted during the pandemic because — in recognition
 6 of the fact that the courts were suspended. So what
 7 that meant for families is that it was difficult enough
 8 to know when someone would come out of prison or when
 9 they would have the result of their hearing, to know
 10 what sentence would be imposed, if any, but when that
 11 maximum period of time was lifted, it meant that it
 12 could be months or years before knowing what the outcome
 13 was likely to be. So that was extremely difficult
 14 because there was no end in sight. There was no clear
 15 information about what was happening.
 16 Q. And at paragraph 143 you neatly loop back to your
 17 comments in relation to the impact of having an
 18 individual in prison on the finances of the family
 19 outside.
 20 A. Yeah.
 21 Q. Presumably lengthening remand lengthens that period
 22 of —
 23 A. Absolutely.
 24 Q. Up to 30% of income?
 25 A. It was up to half of income.

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1 Q. Up to half of income for remand prisoners?
 2 A. Yes.
 3 Q. You give some figures yourself at 144 about the remand
 4 population in Scotland —
 5 A. Hmm—hmm.
 6 Q. — and say:
 7 "[It] increased from 20% of the prison population on
 8 6 March 2020 to 30% of the ... population on
 9 4 March 2022."
 10 A. Yes.
 11 Q. "The figures remain high, with 27% of the prison
 12 population on remand on 12 January 2024."
 13 A. Yes.
 14 Q. So although it's coming down, it looks as though it's
 15 coming down relatively slowly.
 16 A. It is, yes.
 17 Q. Is that fair to say?
 18 A. Yes.
 19 Q. The next section is lessons learned. Lord Brailsford
 20 will read all of those. Can I just say or can I just
 21 highlight, like many other third sector organisations,
 22 "We've learned to work in a flexible way" is a song that
 23 we're all familiar with now.
 24 You talk at 147 about the need to consider prisoners
 25 and their families. Do you feel that was done?

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1 A. I think so in the sense that, again, we do have very
 2 regular contact with the Scottish Prison Service and
 3 I think they can and do respond when they need to.
 4 We've just seen the release of the new
 5 Scottish Prison Service family strategy, as in just last
 6 week or two weeks ago, I think it was, so that it is
 7 very much on the radar. I think we still have a lot of
 8 work to do with what that actually means in practice,
 9 particularly following incorporation of the
 10 UN Convention on the Rights of the Child. In relation
 11 to adult criminal justice, it's recognising this is not
 12 about 16— and 17—year—olds in the justice system, it is
 13 about the children who are impacted as a result of
 14 someone's involvement.
 15 Q. Mum or dad going inside.
 16 A. Yes, absolutely, or brothers or sisters or whoever. So
 17 we still have a lot of work to do. It's much more
 18 visible than it was but we still have a long way to go.
 19 Q. The last thing I want to ask you about is 151, lessons
 20 learned for the charitable sector.
 21 A. Yes.
 22 Q. You've obviously been in Families Outside for a long
 23 time and you clearly have a firm grasp on what it is
 24 that you're doing, not just in Families Outside but also
 25 in the third sector in Scotland. What do you say about

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1 lessons for the charitable sector?
 2 A. I think it's tricky because the funding year on year is
 3 very unpredictable and recognising that, for funding in
 4 the third sector, what we do is we receive grants in
 5 advance and, in a situation like the pandemic where you
 6 receive a grant and then you can't deliver on that
 7 grant, it does make it very challenging to be able to
 8 ensure that you can meet the terms of the grant or to
 9 sustain that — you know, have repeat funding in future.
 10 So what you end up doing is trying to do something to
 11 show that you're doing your work rather than handing the
 12 money back and saying, "Sorry, we'll just have to sack
 13 all of our staff because we're not able to do what we
 14 set out to do".
 15 So it was trying to justify our existence, which is
 16 often what we have to do in the third sector. It's
 17 a very frustrating situation to be in. But it is the
 18 reality that — and thankfully, again, through our own
 19 organisation and what we saw with the prison visitor
 20 centres, for example, we were able to show that we were
 21 able to make constructive use of that time, even if it
 22 wasn't what we'd intended to do when we originally
 23 received the funding.
 24 Q. I'm interested in just that last comment. Sorry.
 25 One of the things that we've heard from time to time

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1 is third sector organisations saying, "Prior to the
 2 pandemic, our budgets were ringfenced and closely
 3 supervised by the funding provider". Did that change in
 4 your experience during the pandemic?
 5 A. I think it was still closely supervised but they were
 6 much more willing to be flexible in how it was used
 7 because we had to be. So that did change, but it did
 8 result in a lot of very close conversations with
 9 funders, both through grant-making organisations and
 10 through Scottish Government.
 11 Q. You've provided effectively first person testimony from
 12 families at the appendices. I was going to have you
 13 read those but pressure of time means that
 14 Lord Brailsford will need to demonstrate his literacy.
 15 I did also say to you that I would tell you that's
 16 all the questions I have for you. Is there anything
 17 that I haven't addressed that you think you need to
 18 address?
 19 A. You talked about the telephone access and contacting the
 20 prisons and how difficult that was for families. One of
 21 the results of the independent review was that the
 22 Scottish Prison Service has just introduced an urgent
 23 concern telephone line for families. That just started
 24 in January this year. So it's been a long time coming,
 25 but again it's something that was --

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1 Q. So a family member can phone up and say, "I'm concerned
 2 about John, my brother"?
 3 A. Yes, so on the menu that comes up, when you ring the
 4 switchboard, one of the items is, "If you have an urgent
 5 concern about the safety or well-being of someone in
 6 prison, press 9", or whatever it is. And that is a very
 7 welcome change.
 8 MR CASKIE: Thank you very much.
 9 A. Thank you.
 10 THE CHAIR: Yes, indeed. Thank you very much, Professor.
 11 A. Thank you.
 12 THE CHAIR: I'm very grateful. Good. Lunch. 1.30.
 13 MR CASKIE: 1.30.
 14 (12.34 pm)
 15 (The short adjournment)
 16 (13.32 pm)
 17 THE CHAIR: Mr Caskie, good afternoon.
 18 MS FIONA BENNETT (called)
 19 THE CHAIR: Good afternoon, Ms Bennett. When you're ready,
 20 Mr Caskie.
 21 MR CASKIE: Thank you.
 22 Questions by MR CASKIE
 23 MR CASKIE: Would you tell the Inquiry your full name,
 24 please?
 25 A. Fiona Bennett.

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1 Q. In what capacity are you here today?
 2 A. Assistant director children's services for Barnardo's
 3 Scotland.
 4 Q. At paragraph 4 of your witness statement, you provide
 5 details of your professional background and experience.
 6 A. Yes.
 7 Q. I understand almost all of it but I'm not entirely sure
 8 what "GIRFEC" is.
 9 A. "GIRFEC" is "getting it right for every child", which is
 10 a Scottish Government framework.
 11 Q. Your witness statement is under reference
 12 SCI-WT0493-000001. You don't need to concern yourself
 13 with that.
 14 Okay. At paragraph 5 you explain that you've been
 15 an assistant director for children's services for over
 16 ten years.
 17 A. Yes.
 18 Q. And you go on at paragraph 8 -- well, after 7 -- where
 19 you say something about Barnardo's is a UK organisation.
 20 You then talk about Barnardo's as a leading children's
 21 charity, working with thousands of children with over
 22 100 community-based services. Can you tell us a bit
 23 about that?
 24 A. Yes, there are over 100 community-based services in
 25 Scotland, ranging from early years family support right

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1 through to adoption and fostering and residential. In
 2 terms of justice, there are youth justice services,
 3 family support services and services based in prison and
 4 in relation to community justice.
 5 Q. And you have a particular responsibility in Barnardo's
 6 for the justice service that --
 7 A. Yeah, I'm the Scotland lead for justice.
 8 Q. What does that involve?
 9 A. It means having an overview of the justice services in
 10 Scotland and linking with Barnardo's services across the
 11 UK in relation to justice. Quite often I'm asked for my
 12 opinion in relation to justice services in Scotland and
 13 across the UK.
 14 Q. And are you involved in any of the family visit centres?
 15 A. Not specifically, although my colleague is and I have
 16 a good overview of what's involved with them.
 17 Q. So the organisation does --
 18 A. Yes.
 19 Q. -- but you personally have a management or a leadership
 20 role in relation to that; is that correct?
 21 A. I've got a peer who manages that, that specific service,
 22 so I speak with her quite regularly and I understand the
 23 visitor centre and how it works.
 24 Q. Okay. You talk at paragraphs 11 and 12 about your
 25 involvement with matters that may be of concern to this

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1 Inquiry. Can you just say a bit more about those?
 2 A. Yes. I mean, obviously, Barnardo's works with the most
 3 vulnerable children and young people and their families
 4 across Scotland, so quite often they're impacted by
 5 negative experiences such as poverty, homelessness,
 6 et cetera, addictions, alcohol, drugs, and issues
 7 relating to child abuse, exploitation and things that
 8 may place children at serious risk of harm.
 9 Q. Now, at paragraph 14, under subparagraph (a), you talk
 10 about "Outside in Youth Work Service". Can you tell us
 11 a bit about what it is that you do at HMPYOI Polmont?
 12 A. Yes.
 13 THE CHAIR: His Majesty's Prison and Young Offenders'
 14 Institute.
 15 MR CASKIE: Yes, Polmont.
 16 A. Yes, we've been present in Polmont for probably in
 17 excess — well, since 2010, so 12/14 years, and we
 18 provide a youth work service there which involves
 19 potentially being available to any of the young people
 20 in Polmont, but individual work, group work and youth
 21 work, so activities around things that may be to do with
 22 their mental health and well-being or activities such as
 23 arts, crafts, drama, that keep them involved and prepare
 24 them for life outwith the prison.
 25 Q. So it's part of a rehabilitative process?

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1 A. Yes.
 2 Q. Is that correct?
 3 A. Yes, that's correct.
 4 Q. And then you talk about Inside Out.
 5 A. Yes, Inside Out is a particular partnership with the
 6 Young People's Centre for Justice, CYCJ, that's really
 7 about engaging young people, hearing their views about
 8 the justice system, their experience of being within
 9 Polmont, and takes on board suggestions and
 10 recommendations about that to try and influence the
 11 environment that they live in there.
 12 Q. Is that important to the young people?
 13 A. It's important to the young people but it's also part of
 14 The Promise and SPS's strategy to involve people in its
 15 care and the facilities provided to them.
 16 Q. And you talk about Parenting Matters as something else
 17 that's a significant part of your work.
 18 A. Yes.
 19 Q. Tell us about that.
 20 A. Parenting Matters is for young people and the women in
 21 Polmont who are parents, so it's a parental support
 22 essentially to help them to consider their role as
 23 a parent. Sometimes it involves structured programmes.
 24 Most often it's just on a supportive basis so that they
 25 can better relate to their children in visits, in

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1 contact or when they resume their care after prison.
 2 Q. So are you involved with people who have been in prison
 3 and are then being released?
 4 A. Yes, yes. Our community-based services would quite
 5 often have follow-up work with people who have been
 6 released from prison and then offer family support and
 7 interventions to support them in their parenting.
 8 Q. And how was — this is a big question but tell me about
 9 the impact of COVID on that work for people who were
 10 being, for example, released during lockdown.
 11 A. Yes. I think obviously being released during lockdown
 12 was a different experience from being released
 13 pre-lockdown in that it was quite difficult for people
 14 to get even from the prison to home. But when they got
 15 to their kind of home environment, a lot of the services
 16 were virtual and online at that point so they needed —
 17 people needed support to access through phone or video
 18 support services, and for people resuming care of their
 19 children, they would immediately be resuming care within
 20 a lockdown experience. So all of the family would be
 21 living under the one roof, children wouldn't be in early
 22 years or school settings, and that would have presented
 23 additional stresses for the person leaving prison but
 24 also for their immediate family.
 25 Q. Okay. You say at 16 that COVID had a severe impact on

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1 people entering and leaving prison throughout their
 2 sentences and on their families, relatives, carers and
 3 those close to them. Tell me about the impacts firstly
 4 on going in.
 5 A. I think, on going in, the prison environment was very
 6 different during lockdown and the COVID period than it
 7 had been previously. So when people entered prison,
 8 they would have the things that we all experienced, the
 9 Perspex, the hand sanitiser, the face masks, the social
 10 distancing, and all of those measures which were within
 11 the prison environment. I guess coming in you're coming
 12 straight from court and it was probably quite a shock to
 13 see that. Even for people who had been before, they
 14 would have come into the prison and seen it as being
 15 very different.
 16 Similarly, they probably wouldn't have had much
 17 understanding of when they would see their family in the
 18 circumstances of lockdown and how that would be managed.
 19 They immediately spent quite long periods of time within
 20 their cells, which is a different experience of prison
 21 than previously. Whereas I've described there may be
 22 other rehabilitative and social experiences, that wasn't
 23 available to people during lockdown within the prison
 24 and they're largely on their own for long periods of
 25 time.

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1 Q. You say at paragraph 17 that:
 2 "Young people told us they had no idea what charges
 3 they were at Court for ... and how long they would be on
 4 remand or in custody."
 5 Just tell me about that.
 6 A. Yeah. I think in COVID -- during COVID in particular,
 7 the court processes were disrupted, understandably, so
 8 people engaging with court had a very different
 9 experience. It would have been virtual, some of the
 10 processes had been delayed, they might have not had as
 11 much support from local community-based services or
 12 solicitors and lawyers, et cetera, so they were very
 13 much more reliant on phone and virtual contact. For
 14 a lot of our young people, they may not have had
 15 a computer and ways to engage virtually with folk for
 16 that support.
 17 They also have -- they don't always have good
 18 literacy skills, so although written stuff may have been
 19 sent to them from the court and other sources, it's
 20 likely that they would have been highly reliant on
 21 face-to-face engagement to understand the court process
 22 and what was actually happening.
 23 Q. And was that -- sorry, on you go.
 24 A. And during COVID, that was restricted, wasn't it? It
 25 wasn't possible for people to engage with them in the

1 same way, so it was very much more limited. And I think
 2 that led to kind of them not always understanding why
 3 they were at court, what was going on and what that
 4 meant for them in a way that was quite specific to
 5 COVID. So they would have ended up in Polmont,
 6 sometimes on remand, for example, not knowing how long
 7 they were going to be on remand because the periods on
 8 remand were extended during the COVID period.
 9 Q. And once they arrived at Polmont -- I think you spoke
 10 a moment ago about effectively the prisons being in
 11 lockdown as well. Tell me about that.
 12 A. Yeah, that's right. Obviously everyone within the
 13 Polmont and other prison environments needed to adhere
 14 to lockdown measures in the same way as anyone else.
 15 So, for example, previously Barnardo's would have young
 16 people in prison who are trained as peer mentors, so
 17 they would have met young people on arrival in the
 18 prison and been part of their familiarisation with
 19 what's going on in the prison from a kind of
 20 peer-to-peer point of view, but that wasn't possible
 21 within the lockdown situation. So they didn't have that
 22 benefit of other people in prison guiding them through
 23 the process and they were reliant on staff within
 24 prison.
 25 Q. At paragraph 19 you talk about bubbles being set up but,

1 at worst, someone arriving in prison had no contact with
 2 anyone other than prison staff for long periods of time.
 3 Tell me a bit about that.
 4 A. Yeah. I think especially at the beginning of lockdown,
 5 when lockdown was quite a new process for everyone,
 6 there was a tendency to want to keep people safe, so
 7 people coming in the prison were within almost isolation
 8 for quite long periods of time. If they'd tested
 9 positive as well, for example, they would be within
 10 their own cells for 23 hours a day and have limited
 11 contact for reasons of safety for, you know, other
 12 people associating with them. As time moved on, that
 13 was able to be loosened a bit and people were in these
 14 bubbles of four to six people. But, obviously, if one
 15 of the four to six tested positive or was unwell, then
 16 it would revert back to isolation for the full bubble,
 17 so the four to six would go into isolation basically.
 18 Q. Did that lead to tensions?
 19 A. No, within their normal cell but just for long periods
 20 of time.
 21 Q. You talk at paragraph 25 -- you say:
 22 "It was immediately clear to staff at Barnardo's
 23 services in prison ... that a new response [would be]
 24 required."
 25 Is that need for a new response reflective of the

1 evidence you've already given; yes?
 2 A. Yes, within lockdown Barnardo's staff weren't allowed in
 3 the prison so we immediately made sure people had phones
 4 and videos, and once the process was in place, they were
 5 able to engage with young people through phones and
 6 video calls until the lockdown restrictions were further
 7 lifted and we could return.
 8 Q. At 26, the first sentence of that is:
 9 "Almost all people in prison were in shock."
 10 Is that COVID related or is that just in general?
 11 A. I think that's -- well, people going into prison,
 12 obviously it is a shock to be there, but I think
 13 specifically for this context it was COVID related.
 14 I think the whole of society was in a bit of a shock, if
 15 I'm honest, but on top of that you're going into
 16 a prison environment, people didn't know what to expect
 17 and they were, you know, also dealing with the impact of
 18 COVID.
 19 Q. You talk in the same paragraph about dealing with people
 20 who had been in prison on a number of previous
 21 occasions. Did they find it easier?
 22 A. They found it harder actually. The reference there is
 23 to a woman who had been in and out of prison for various
 24 short sentences and her comment on release was it was
 25 the hardest sentence that she'd ever had, that she found

1 the long periods of isolation really distressing , it
 2 impacted on her mental health and well-being and she
 3 would much rather have had social contact with other
 4 people in prison , some of the activities I've described
 5 earlier , one-to-one therapeutic support or group work,
 6 and that actually it was, for her, quite a tough
 7 sentence because of the amount of time that she was on
 8 her own during that particular sentence.

9 Q. Okay. At 27 you say you "increased the direct support
 10 to families from our own charitable resources". Tell me
 11 about that. What were you doing in terms of support?

12 A. Yeah, I mean, Barnardo's has access to its own funds
 13 and, in addition, ourselves and Action for Children
 14 approached the Scottish Government and asked for
 15 additional financial assistance, which was released over
 16 a period of three/four different options -- over
 17 £1 million was released to charities to support families
 18 that needed immediate assistance. So that then enabled
 19 us to provide phones, laptops, food, activity packs for
 20 children and various other things to make the process of
 21 lockdown more bearable for them.

22 Q. Was this -- sorry, on you go.

23 A. On you go.

24 Q. Was this support being provided to families on the
 25 outside or to prisoners on the inside?

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1 A. Both actually. So I think particularly when prisoners
 2 came in, they didn't often have the kind of things that
 3 they would normally have had. The impact of poverty
 4 during COVID meant that folk were really coming in
 5 mostly in the clothes that they were wearing whereas
 6 pre-COVID they might have been a bit more prepared and
 7 had a bag with various things with them. So we provided
 8 support around toiletries , basics for people in prison.
 9 Similarly, on their release, the third sector provided
 10 release packs that included essential items, a phone
 11 with data, and it had loaded phone numbers and web
 12 addresses and that sort of thing in it. But we also
 13 reached out to families who had people in prison close
 14 to them and offered practical assistance to them as
 15 well.

16 Q. In what way?

17 A. So emotional assistance, you know, being on the end of
 18 the phone or a video to hear how they're getting on and
 19 provide advice and guidance around that; when it was
 20 possible, we would take children and young people out of
 21 the family environment to have recreational and other
 22 opportunities; phones, laptops, food packages, activity
 23 packs for children and general support to enable them to
 24 get through the period of lockdown and at times to
 25 provide a communication process between the family on

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1 the outside and the person who was in prison.

2 Q. At paragraph 30 -- I'd like to ask you about that in
 3 a little bit of detail -- you talk about the point at
 4 which Barnardo's staff could re-enter prison. You say,
 5 insofar as possible, you went back to what you'd been
 6 doing before.

7 A. Yeah. We would go back in and, as far as possible, we
 8 resumed our previous activities , so one-to-one
 9 Therapeutic work, group work and general supports and
 10 activities for the young people in prison. For a period
 11 of time, as I've described, that was within the bubbles,
 12 so Barnardo's staff might be part of a bubble of four to
 13 six people to enable those supports to be provided and,
 14 as the restrictions were lifted , we would resume normal
 15 activities .

16 Q. Okay. At paragraph 30 you talk about Barnardo's filling
 17 a gap effectively . Can you tell us about that?

18 A. It was really where -- I think the focus for the
 19 Prison Service, Health Service and statutory agencies
 20 were obviously the safety and well-being of people in
 21 prison whereas the third sector and Barnardo's are able
 22 to go beyond that and think about mental health and
 23 well-being, emotional support, relationship building ,
 24 enabling them to have meaningful contact with people who
 25 are close to them and those kind of things, prepare for

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1 release, build essential skills to enable their release
 2 to be likely to be more positive in terms of outcomes
 3 for them and do that sort of work. So I think that's
 4 the added value that Barnardo's and other people
 5 provided at that time.

6 Q. In normal times there will, I think, be a number of
 7 agencies involved in providing support for people
 8 transitioning from custody to life on the outside. In
 9 general, are Barnardo's involved in that?

10 A. Yes, Barnardo's are involved through the services
 11 I mentioned earlier. Specifically , we're part of
 12 a public social partnership as well , which is
 13 Shine Women's Mentoring, which provides support to women
 14 at risk of custody and women coming out of custody.
 15 We've been a partner in that initiative for over
 16 11 years now.

17 Q. Tell us about Shine because you make reference to that.

18 A. Shine Women's Mentoring, as I say, for women coming out
 19 of prison can provide support for up to, sometimes
 20 beyond, six months. So pre-COVID we would have had gate
 21 pick-ups. We would have gone -- staff would have gone
 22 and picked the women up from prison, taken them to where
 23 they're from, ensured that they attended essential
 24 appointments with Homelessness Health, picked up
 25 prescriptions , met their children if they had care of

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1 their children, that sort of thing. Obviously, during
 2 COVID, gate pick-ups weren't possible, but we would meet
 3 people at the other end of their train journey and do
 4 some of that and provide emotional and practical
 5 assistance as well as programmes to prevent women from
 6 re-offending in the community.
 7 Q. You talk at paragraph 32 about HM Prison Edinburgh
 8 stopping visits but you had staff who were working in
 9 the visitors centre and providing assistance. What
 10 did they do? Were they furloughed?
 11 A. No, they weren't. We didn't furlough -- as far as I can
 12 recall we didn't furlough very many direct children's
 13 services staff in Scotland, so they continued to work
 14 and they were provided with phones and videos and, where
 15 they couldn't have face-to-face contact with families,
 16 they reached out through phone and video contact.
 17 When restrictions began to lift a bit, they would do
 18 things like drop off food and activity packs as well as
 19 having kind of well-being check-ins with families to
 20 make sure everything was okay with the family and the
 21 children. I think it's referred to later on. Sometimes
 22 those well-being visits were also a safeguard to make
 23 sure that children were in appropriate living
 24 circumstances, et cetera. And with time we were able to
 25 open up the visitor centre again and provide more

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1 activities for families themselves.
 2 Q. You say in paragraph 34:
 3 "SPS gave us literature and leaflets and supported
 4 us with delivering food parcels ..."
 5 What did they do? How did they support you?
 6 A. Yeah, no, they gave quite clear child-friendly,
 7 young-people-friendly information about how they could
 8 keep in touch with their loved one, even if they
 9 couldn't visit, through things like video contact or
 10 writing letters, Email a Prisoner, those sorts of
 11 things, and they also supported in helping us put
 12 together food parcels that were then delivered to
 13 families.
 14 Q. By you --
 15 A. Yeah.
 16 Q. -- as an organisation?
 17 A. Yeah, yeah.
 18 Q. Yes?
 19 A. Yes.
 20 Q. I was just wondering whether or not SPS were doing some
 21 of the deliveries.
 22 A. They were certainly supporting the welfare of families
 23 in different ways.
 24 Q. Then you talk about providing essentially financial
 25 support at 36 --

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1 A. Yes.
 2 Q. -- to families.
 3 A. Yes. As I say, Barnardo's had its own funds but also in
 4 total there was £1.3 million made available through
 5 a range of funds from the Scottish Government to
 6 children's services organisations, where we could
 7 disburse money for essential things during lockdown and
 8 during the COVID period.
 9 Q. And at 37 you talk about your involvement with virtual
 10 visits again. Can you tell us a bit more about that?
 11 A. Yeah, the visitor centre provided six to eight families
 12 with tablets, iPads or laptops to enable virtual visits.
 13 I think at its height across COVID, Barnardo's Scotland
 14 were probably providing dozens, if not hundreds, of
 15 laptops and iPads to families to enable, you know,
 16 engagement with services including prison. And where it
 17 was needed, community-based staff would go to the
 18 family's home and help them set up the virtual visit
 19 because some of our families are not at all familiar
 20 with using laptops or iPads or that way of engaging, and
 21 they would support children and young people through the
 22 virtual visit to enable them to have communication with
 23 the person in prison.
 24 Q. I thought every 12-year-old knew how to work an iPad.
 25 A. Some of our young people are a bit disengaged from that

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1 part of life.
 2 Q. Okay. You talk at 39 of lockdown "had a detrimental
 3 impact on people in prison" and presumably also family.
 4 You say that "Services were stretched in responding to
 5 the pandemic". Were prisoners prioritised -- prisoners
 6 and their families?
 7 A. Yeah, they were prioritised by the services that were
 8 involved with them. Yes, I would say, yes, they were.
 9 Q. Although you say at paragraph 40:
 10 "Connections with family and community support were
 11 difficult and less frequent."
 12 A. Yeah, I think on the whole that was about the
 13 restrictions, the limitations, the stretch around staff
 14 shortages, staff being in lockdown, being unwell,
 15 suffering bereavement, having caring responsibilities
 16 for children, elderly relatives or people in nursing
 17 homes, et cetera. So I think the whole system was
 18 stretched in a way that we all experienced and for
 19 families impacted by justice and with relatives in
 20 prison that did make it additionally difficult.
 21 Q. At paragraph 40 you make specific reference to early
 22 release. Do you think that -- as an organisation,
 23 do you think that early release was used as effectively
 24 as it could have been?
 25 A. We've been in support of early release mechanisms even

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1 prior to COVID, but ourselves and other organisations
 2 really pushed for those to be increased during the COVID
 3 period. I think it's fair to say they weren't used as
 4 frequently as we expected they would be during COVID.
 5 Q. And do you know why that was?
 6 A. I'm not entirely sure. I mean, really the assessment is
 7 a governor's assessment of whether someone can be
 8 released or not. So what would happen is ourselves or
 9 other interested parties would make an application to
 10 the governor. Sometimes that was accepted and sometimes
 11 it wasn't.
 12 Q. Were you given reasons for ---
 13 A. You do get --- we don't always get the feedback directly
 14 but the governor does report the reasons for not
 15 allowing early release. That's available to SPS and is
 16 part of the monitoring process for early release.
 17 Although we might not specifically be told that reason,
 18 it is available.
 19 Q. At 42 you talk about a variety of funding sources that
 20 became available during lockdown.
 21 A. Yeah, that's right. The Immediate Priorities Fund was
 22 available from March to June 2020, the Winter Support
 23 Fund, both winters of 2021, and the Get Into Summer Fund
 24 in 2021, which was around outdoor activities for
 25 families.

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1 Q. Were Barnardo's able to link in to each of those funds?
 2 A. Yes, specifically we were allocated an amount of money
 3 that we were able to make use of or distribute through
 4 those funds.
 5 Q. Towards the end of your statement, at paragraph 43, you
 6 talk about the pandemic and the response to it, showing
 7 the possibilities for various agencies to work together.
 8 Did that work well in your view during the pandemic?
 9 A. Yes, it worked very well. I have to say, the
 10 partnership arrangements were amazing at times during
 11 the COVID period, especially in lockdown. Obviously all
 12 third sector agencies, including Barnardo's, are part of
 13 multi-agency groups across the country. Specifically,
 14 I work in Forth Valley and in Ayrshire and quite quickly
 15 those multi-agency groups were galvanised and brought
 16 together to plan in relation to COVID. And some of
 17 the --- I suppose the traditional kind of restrictions
 18 around who does what were relaxed to enable us all to
 19 work effectively together to get the help that was
 20 needed to the people that needed it as quickly as
 21 possible. It was really refreshing to see that
 22 happening. It was an amazing collaborative effort.
 23 Q. And since the end of the lockdowns, has that continued?
 24 A. It has continued. I would say the relationships have
 25 been strengthened as a result of that period. In some

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1 ways we've maybe gone back to some of our traditional
 2 silos, but where it's possible, there is an intent for
 3 people to work collaboratively and not put restrictions
 4 in the place of getting help to people that need it.
 5 Q. Those are all the questions I have for you but, as has
 6 become traditional, we will ask is there anything that
 7 you want to say that hasn't been covered in the
 8 statements that you've already made?
 9 A. I think just one comment. We do tend to focus on quite
 10 a lot of the problems around lockdown/COVID, but
 11 actually what I've seen is the resourcefulness and
 12 resilience of some individuals. Some of the individuals
 13 within prison and on their release from prison, I was
 14 actually amazed at how they coped and how much they were
 15 able to kind of adjust --- you know, manage the situation
 16 to the extent that some of them offered help and became
 17 volunteers, became employed, undertook training and have
 18 subsequently been able to contribute in much more
 19 meaningful ways I think to society than they did before
 20 the pre-COVID period and haven't returned to a life of
 21 offending. And I think it's really good to have those
 22 examples as well as some of the limitations and
 23 restrictions and impact of the COVID period.
 24 MR CASKIE: Thank you very much, Ms Bennett. I have nothing
 25 else for you.

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1 THE CHAIR: Yes, thank you, Ms Bennett. Can I just say, in
 2 respect of that last remark you made when you were asked
 3 if you had any further comments, although obviously it's
 4 particularised to the prison sector and prisoners, the
 5 generality of it, that is that there are groups of
 6 people, some people, who responded very well, were
 7 resilient and adapted, is something that I think
 8 particularly in the evidence that we've heard this past
 9 week from third sector organisations is echoed or you're
 10 echoing what they've said already.
 11 A. Yeah, absolutely. I would say across the board, within
 12 Barnardo's, volunteers, staff, people who are linked
 13 with us, funders, all sort of stepped up, and
 14 similarly ---
 15 THE CHAIR: Yes, those are words that have been used again
 16 as well.
 17 A. Yes, vulnerable individuals, people who used our
 18 services, families under stress, quite a lot of them did
 19 their best in very difficult circumstances, I would say.
 20 THE CHAIR: Thank you. I'm very grateful.
 21 MR CASKIE: Thank you very much.
 22 THE CHAIR: Good. Now, we're obviously well ahead of
 23 schedule. I have no idea whether the next witness ---
 24 oh, she's here. I'm getting the thumbs up. So it looks
 25 as if we might be able to come back, rather than at

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1 quarter to 3, at quarter past or just after quarter
 2 past 2.
 3 MR CASKIE: Just after quarter past 2.
 4 THE CHAIR: Just after quarter past 2 then. That's very
 5 good. Thank you very much indeed.
 6 (2.04 pm)
 7 (A short break)
 8 (2.22 pm)
 9 THE CHAIR: Good afternoon again, Mr Caskie, Ms Dickenson.
 10 MR CASKIE: My Lord.
 11 THE CHAIR: Very good. On you go.
 12 MR CASKIE: Thank you.
 13 MS VIVIENNE DICKENSON (called)
 14 Questions by MR CASKIE
 15 MR CASKIE: Would you tell the Inquiry your full name,
 16 please?
 17 A. Yes, it's Vivienne Dickenson.
 18 Q. In what capacity are you here today?
 19 A. I'm here as the chief executive officer of CrossReach,
 20 which is the social care arm for the Church of Scotland.
 21 Q. And how long have you worked for that organisation?
 22 A. I've worked for the organisation for over 20 years in
 23 a variety of different roles and took up the role of
 24 chief executive in 2017.
 25 Q. You talk — and you've provided us with a detailed and

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1 quite lengthy witness statement. That witness statement
 2 is reference SCI-WT0538-000001. That's simply for our
 3 records, as it were. Do you recall that statement?
 4 A. Yes, I do.
 5 Q. Do you have it there in front of you?
 6 A. Yes, I do.
 7 Q. Is the content of the statement true?
 8 A. Yes, to the best of my knowledge it's all true.
 9 Q. And do you wish to adopt that statement as part of your
 10 evidence to Lord Brailsford today?
 11 A. Yes.
 12 Q. Lord Brailsford will proceed on the basis that
 13 everything within the witness statement has passed from
 14 your lips today so it's not necessary for me to get you
 15 to repeat large parts of it but there are some matters
 16 which I want to focus on.
 17 You talk at paragraph 6 of the Coalition of Care and
 18 Support Providers. Now, we've heard of that
 19 organisation from a number of people. Can you tell us
 20 your understanding of what it is and what your
 21 involvement is?
 22 A. Yes, so it's a collaboration of third sector providers
 23 and — who — the Coalition of Care Providers in
 24 Scotland helps to organise the providers, gives support
 25 and advice and is a conduit of information between

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1 providers and Government and sometimes local government.
 2 Q. Do you have a particular role within that organisation?
 3 A. Yes, currently I'm on the board of the Coalition of Care
 4 and Support Providers in Scotland.
 5 Q. Now, as you will be aware, we have heard evidence,
 6 particularly this week, from a number of care providers,
 7 most of whom in the third sector have made reference to
 8 that organisation, but I want to ask you some questions
 9 about your own organisation. Tell me about the scale of
 10 the organisation. Give us an idea of how big you are.
 11 A. Okay. So it is a large organisation and is fairly
 12 unusual in the diversity of services that it provides in
 13 the voluntary sector. So we work over 28 local
 14 authorities or did at the time of COVID. We're roughly
 15 divided into three sections. We work with very young
 16 children and children up to the age of 18, then we have
 17 adult care services from 18 to 65 and then older
 18 people's services, roughly 65-plus. We work in
 19 children's services, we do counselling, prison visitor
 20 centres, we have looked after and accommodated children,
 21 we run our own school, we do early years work. In adult
 22 services, we have mental health, learning-disability,
 23 criminal justice, substance use, and then we have
 24 residential care for older people and community support
 25 for people living with dementia. We have about 1,700

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1 staff and we trade to about £52 million a year.
 2 Q. So a fairly substantial organisation?
 3 A. Fairly substantial.
 4 Q. And you provide details of that at paragraph 12 of your
 5 witness statement.
 6 A. Yes.
 7 Q. At paragraph 13 you talk about your geographic reach.
 8 Can you tell the Inquiry about that?
 9 A. Yes. As I've said, we work in about 28 of the local
 10 authority areas, so our furthest north service would be
 11 Walter and Joan Gray Care Home in Shetland and our
 12 furthest south is a therapeutic arts group for people
 13 living with dementia in Galashiels and kind of
 14 everything in between really.
 15 Q. Tell me about your funding.
 16 A. Yeah. So while we're run under the auspices of
 17 Church of Scotland, actually only a small amount of our
 18 funding comes from Church of Scotland. That's about 2%.
 19 About 67% of the funding comes directly through local
 20 authorities. Some of our funding comes from people
 21 paying for their own care directly through care homes
 22 and much of the funding is brought in charitably.
 23 Q. Okay. Now, I understand you've had the opportunity to
 24 watch on YouTube a number of the other witnesses —
 25 A. Yeah.

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1 Q. — who have provided evidence to Lord Brailsford. And
 2 in terms of the witness statement you've provided, it
 3 would seem that a significant amount of the evidence
 4 that you tender to the tribunal overlaps with what we've
 5 heard from other people; is that correct?
 6 A. Yes, that's correct.
 7 Q. In particular, who do you think you overlap with?
 8 A. Well, I heard some of the evidence from Dr Macaskill
 9 earlier this week and then some of the providers of care
 10 homes, so there's some overlapping evidence there;
 11 I heard a bit of the Quarriers evidence, so there's some
 12 overlapping evidence there; bits of SallyAnn Kelly's
 13 evidence, so we have an overlap there; and also a slight
 14 overlap with Nancy Loucks, who was on earlier today as
 15 well.
 16 THE CHAIR: I have to say I'm very impressed. It's very
 17 public-spirited of you.
 18 MR CASKIE: We all get paid to listen to it!
 19 One of the other things which you will have heard is
 20 that third sector organisations have prepared at an
 21 early stage and switched many of their non-residential
 22 services to online. Can you tell me, is that reflective
 23 of what CrossReach did?
 24 A. Yes. So many of our services are residential services.
 25 They're 24 hours a day, 365 days a year, so it was

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1 impossible in a sense to turn these services online,
 2 other than to help people to connect with the outside
 3 world, to families and other support people who mattered
 4 to them. So that activity went online.
 5 In most of the community services, initially
 6 telephone support was provided or different types of
 7 support, so we would make packs up for the children that
 8 we support, either in prison visitor centres or children
 9 affected by substance use, to send out to them to help
 10 with their mental health and well-being over that time.
 11 Then we would follow up initially by phone calls and
 12 eventually on virtual platforms.
 13 Our whole counselling provision, which was all face
 14 to face at one point, had to shut down initially and
 15 then we were able, through the Scottish Government
 16 funding, to turn that whole provision online, but that
 17 involved training over 80 counsellors and online
 18 counselling, which is different to face-to-face
 19 counselling. We did want to make sure that they were
 20 operating well and within their professional boundaries
 21 on that platform too. So our mental health support in
 22 the community, again initially by telephone and then
 23 online as well. So it did mean a massive turning on its
 24 head of our traditional face-to-face support into online
 25 or telephone support.

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1 Q. Right. At paragraph 23 — no, sorry, at paragraph 22
 2 you talk about setting up basically a brains trust, if
 3 I can put it that way, of people who were providing
 4 advice to various managers as to how to deal with
 5 Government guidance; yes?
 6 A. Yes.
 7 Q. At 23 you say that initially the guidance was very
 8 scattered. How did you cope with that?
 9 A. I suppose how we coped was by having that central focus
 10 group who were taking in guidance from all sorts of
 11 places and trying to interpret that for the
 12 organisation. People were being helpful. Essentially
 13 we were getting advice from Public Health, there might
 14 be stuff coming down from Care Inspectorate, there was
 15 certainly stuff coming down from Government, local
 16 health protection teams, and what we were trying to do
 17 was to bring that in and make sense of it for an
 18 organisation which was operating in different
 19 geographical areas and a staff team who, you know, had
 20 different functions within the organisation. So
 21 bringing in that contingency planning group, making sure
 22 that we were on top of all the information coming in and
 23 that we could interpret it well and get it out to the
 24 right people at the right time became increasingly
 25 important.

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1 Q. At paragraph 25 you talk about a difficulty for
 2 CrossReach because it's a large and diverse
 3 organisation. Tell me about those difficulties.
 4 A. So part of the difficulty I think is our own difficulty
 5 in being large and diverse. So you've got — sometimes
 6 things would come out on the news, saying, "There's
 7 a testing programme about to be implemented", for
 8 example, so all of our workforce would think, "Well,
 9 that's for all of us", and actually, when you get into
 10 the guidance, it's very clear that it's going to apply
 11 in care homes first and potentially not for other people
 12 initially. So, you know, that diversity, both in terms
 13 of the types of service that we run but also
 14 geographically, eventually as tiers came in and that
 15 sort of thing — trying to interpret that for a diverse
 16 workforce doing lots of different types of work was
 17 incredibly difficult.
 18 So we would work with that in a variety of ways, but
 19 I think it also highlights something about where
 20 Government response didn't quite understand that
 21 diversity of social care. So what we would get — and
 22 the evidence that I've listened to, particularly from
 23 Scottish Care and Jeane Freeman's evidence to the
 24 Covid Inquiry — was lots about information coming down
 25 for care homes and care at home and not a lot of thought

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1 being given to the huge diversity which exists within
 2 the sector because, while some care is delivered in care
 3 homes and care at home, lots of social care is delivered
 4 in people's homes, in community settings. And it is
 5 about helping people to live their life to the fullest
 6 possible through good, supportive and enabling
 7 relationships and I think that that real focus on care
 8 homes and care at home initially stopped thinking about
 9 the broader implications of guidance on social care and
 10 that ability of people to live their lives to the full .
 11 Q. So is it your evidence that, in terms of setting out
 12 guidance and so on, those who were establishing the
 13 guidance were focused on care homes primarily to the
 14 detriment of other care settings?
 15 A. Yes, that was my initial view and certainly that's where
 16 the bulk of the evidence — the bulk of the guidance
 17 initially came.
 18 Q. Now, you were dealing with a wide variety of care
 19 environments. Can I take you to paragraph 28, which is
 20 something of a description of your organisation's
 21 response to that. You sent out 80 bulletins.
 22 A. We did, and many local protocols. So this was us trying
 23 to support the organisation to understand the guidance
 24 because people were busy. I cannot tell you how busy it
 25 got in the organisation with trying to continue to

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1 provide support to all of the people, 25,000—plus
 2 potentially, who are in receipt of care services in some
 3 way or another from us. So they don't have time to go
 4 through all of that guidance. They particularly don't
 5 have time to go through guidance that changes day to
 6 day. And there were a lot of questions coming up from
 7 staff about, you know, keeping themselves safe, keeping
 8 other people safe, whether particular guidance applied
 9 to them. So the 80 bulletins was our attempt to bring
 10 that all together and get out the most important
 11 messages to managers so they didn't have to sift through
 12 it and could implement it simply.
 13 Q. So guidance would go out which might be applicable in
 14 a variety of sources but your central team would break
 15 that down and say, "John, this might be relevant to
 16 you"?
 17 A. Yes. Care homes, care at home, community support
 18 settings, all staff — that type of thing, yes.
 19 Q. Why didn't the guidance do that itself?
 20 A. I think it was — well, I'm not sure really. I guess
 21 there wasn't, as I said before, that kind of
 22 understanding of all of the settings in which social
 23 care is delivered and potentially not an understanding,
 24 even in the care home sector, of how different care
 25 homes are. And you heard about that I think from

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1 Ron Culley yesterday. The largest care home we run is
 2 40 beds for older people but the smallest we run is
 3 three bedrooms for people who actually live together,
 4 enjoy cooking a meal together, are companions. So, you
 5 know, it needed a bit of flexibility and a bit of
 6 interpretation so that staff could implement in the best
 7 way possible for those that they support.
 8 Q. I'll come on to ask you about the Care Inspectorate and
 9 so on later, but you say it needed a degree of
 10 flexibility. Was that something that was reflected, for
 11 example, in the Care Inspectorate? Did they recognise
 12 the need for flexibility?
 13 A. I think that, as the scrutiny on care homes became more
 14 intense through the pandemic and models of care were
 15 forced down a much more clinical pathway, that degree of
 16 flexibility was difficult to achieve.
 17 Q. Tell me about the clinical pathway. What do you mean by
 18 that?
 19 A. So the guidance that particularly came out for care
 20 homes — and remember we're talking —
 21 Q. For care homes?
 22 A. For care homes. If we just talk about care homes
 23 specifically for the moment, I think there was a sense
 24 that we could turn these into mini-hospitals. So I've
 25 referred in my evidence to the cleaning regimes that

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1 were adopted, the fact that residents' own rooms — we
 2 were asked to put away things that were important to
 3 them, you know, books, potentially magazines,
 4 photographs that maybe weren't in frames, that type of
 5 thing that couldn't be wiped down and cleaned, but
 6 actually might mean a lot to that resident. Where there
 7 was an outbreak, I think at one point it was suggested
 8 that we move the residents, infected residents, to one
 9 part of the building and non-infected residents into
 10 another.
 11 Q. So how — that doesn't fit with the model you described
 12 a moment ago of my room in my care home being my home.
 13 A. That's it. So there was quite a lot of work needing to
 14 be done to say either "We can't implement that" or "We
 15 have to be more flexible in our implementation of that
 16 particular piece of guidance". If I'm thinking about
 17 older people with dementia, particularly those who find
 18 it important to walk — that actually that's what they
 19 do. You know, they move. They sometimes move because
 20 it's comforting and sometimes they're moving to find
 21 other people or to congregate in the places that are
 22 familiar — actually to ask them to isolate made no
 23 sense whatsoever. It doesn't become self-isolation
 24 then. There's not a choice in that. It becomes imposed
 25 isolation. You know, it was that type of conversation

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1 initially , "How does this apply?" and "We are going to
2 have to be flexible", because, short of locking people
3 in their rooms, there were times when we couldn't have
4 applied that guidance.
5 Q. I took you to paragraph 33 deliberately before I'm
6 taking you to paragraph 32. Tell us about paragraph 32,
7 your information tracker.
8 A. The information tracker. Again, this was us trying to
9 keep track of information as it came into the
10 organisation so that we would have a record. You know,
11 so if information changed from one day to another — and
12 significant changes we're talking about here — that
13 actually we would capture it so that it wasn't lost to
14 us and we could go back and say, "Well, actually, did we
15 implement that?", before we move on to the next thing or
16 potentially , "Have we implemented all three things that
17 came in that day?". And it would just allow us to make
18 sure that we were getting information out to the right
19 people at the right time.
20 Q. You talk about guidance changing on a daily basis but
21 obviously it didn't change every day.
22 A. No.
23 Q. Was there a particular time during the week that new
24 guidance would hit your inbox?
25 A. Oh, yes, and I think that's been highlighted by a number

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1 of people. That Friday afternoon syndrome, as we called
2 it, was particularly difficult . And I understand that
3 the guidance was going through a whole lot of people
4 checking the robustness of that guidance, but actually
5 to bring it out on a Friday afternoon was particularly
6 difficult in organisations, so where people had been
7 working really hard all week to implement either the
8 guidance the week before or things that were coming out
9 during the course of that week.
10 So to put that in context, our contingency planning
11 group were meeting first thing in the morning, at
12 lunchtime and then at 5 o'clock again in the evening to
13 make sure that we were capturing all of the information
14 that had come out that day, particularly if they had
15 been on the lunchtime sessions, to make sure that we
16 were on top of it for the next day.
17 THE CHAIR: Let me ask a development of that based on
18 paragraph 33, if I may.
19 A. Yes.
20 THE CHAIR: You give an example there of a bulletin —
21 a guidance coming out in the morning, the appropriate
22 person in your organisation writing a bulletin to deal
23 with that and then at 4 o'clock it changed. So that's
24 guidance changing in the course of hours.
25 A. Yes.

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1 THE CHAIR: Was that a one-off or did that happen more than
2 once?
3 A. I think it happened more than once but it was infrequent
4 that it changed that quickly.
5 THE CHAIR: But it did happen?
6 A. It did happen.
7 THE CHAIR: Yes.
8 MR CASKIE: And were short-term changes more common? You
9 know, Lord Brailsford has asked you about kind of
10 9 o'clock in the morning, 4 o'clock in the afternoon,
11 start again. But was there other guidance that would
12 come out that would need to be changed, perhaps not as
13 quick— — or which was changed, perhaps not as quickly
14 as that but still very quickly?
15 A. Yes, and it was a developing pandemic and I guess there
16 was information being received by Government the whole
17 time and that they were reacting to. So, for example,
18 I think there was a bulletin where we sent out something
19 saying, "PPE only needs to be worn in a situation where
20 there's an infection in a care home". By the next day
21 that changed and it had to be used as a protective
22 measure, whether or not there was COVID infection in the
23 care home. So, you know, you're literally saying,
24 "Right, okay, we sent that out yesterday but by today we
25 need you all to be wearing PPE as a preventative

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1 measure".
2 So it — you know, when you're trying to do your
3 best for people and generally keep them safe and
4 supported, you're taking that guidance very seriously.
5 We're not trying to lose pace on what Government are
6 telling us is the best evidence, so that push to get
7 information out becomes really important, but we
8 probably really needed two days to implement well.
9 Q. And was there an expectation — you talked about
10 clinicalising care homes and also that there was
11 a failure to recognise the diversity of social care.
12 How did that impact — I mean, were there situations
13 where you were getting guidance in for which the author
14 of the guidance clearly had in mind elderly care homes
15 but you recognised that you needed to deal with that for
16 other types of care home, care home for young people
17 with addiction problems?
18 A. Yes. So what we would be doing is looking at the
19 guidance thinking, "This does apply in older people's
20 care homes but actually we've had very little out on
21 residential care for children, for example, so what of
22 this makes sense to apply in that setting?", because
23 once you know something, you have to think, "Well,
24 actually does it make sense to apply it elsewhere?".
25 And also, you know, the guidance says, you know, staff

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1 should be able to wear PPE on a risk—assessed basis.
 2 Now, I think that guidance was largely coming out for
 3 care homes, but when you've got an organisation such as
 4 ours, you're trying not to discriminate between your
 5 staff because they're essentially doing similar tasks.
 6 They're supporting people very closely, with personal
 7 care in some instances. Not everybody needs that. But,
 8 you know, if you are in a number of settings, then
 9 you're trying to make sure that actually you're giving
 10 all staff equal access to the resources that are going
 11 to protect them.

12 Q. So you talk about having your thrice—daily meetings.
 13 You also talk about the Coalition of Care and Support
 14 Providers having meetings on Monday morning and you were
 15 receiving information from Public Health advice from
 16 a variety of sources throughout the day. How was that
 17 manageable?

18 A. It took a very concerted effort to unpick the guidance
 19 and then it would be highlighted to me where people were
 20 saying, "We don't understand this, we don't know how
 21 that can be implemented", and I would be back in touch
 22 with Care and Support Providers in Scotland, and often
 23 it was a sector—wide issue that they would then agree to
 24 take forward and sometimes I was just, you know, talking
 25 to Government officials directly about a particular

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1 piece of guidance, so isolation for staff or staff
 2 benefits; you know, when the staff first had to isolate,
 3 you know, "What were we doing to support them? It's
 4 going to be really difficult to apply this piece of
 5 guidance if nothing's coming down to support the sector
 6 to allow them to do that". So it's that type of
 7 conversation that we were kind of having the whole time.
 8 But, as things changed, the role of both Scottish Care,
 9 I have to say, and the Coalition of Care Providers in
 10 Scotland, when they organised into the meetings and
 11 there was that conduit of information going back and
 12 forward, it was incredibly helpful to the sector.

13 Q. Were Scottish Government involved in that? Was the
 14 Care Inspectorate involved in that? Were the other
 15 statutory organisations involved in what was clearly an
 16 important information dissemination process? Did they
 17 become involved?

18 A. At that higher level — so our job really at that point
 19 was trying to make sense of information, to raise it
 20 with the sector representatives and for them to raise it
 21 then with the appropriate authority, so that might be
 22 Government, it might be Care Inspectorate, it might be
 23 Public Health, and really that's where these
 24 conversations were happening. We might on a local level
 25 be talking to a health protection team or a social

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1 worker or a local authority about how they were applying
 2 a piece of guidance in that particular area, but the
 3 kind of bigger issues that needed that top—level
 4 strategic support were basically being run through
 5 Scottish Care and Coalition of Care Providers in
 6 Scotland so we had some consistency across the sector.

7 Q. So all of these things were feeding in?
 8 A. Yes.
 9 Q. And that takes me back to your information tracker. Was
 10 the information tracker gathering all of this stuff
 11 for — all of this material for your staff and others?
 12 A. Yes, so — yes. The big changes we were gathering on
 13 that information tracker. An awful lot of the rest of
 14 it is in minutes of the contingency planning group or,
 15 you know, that type of thing. Actually as decisions
 16 were taken or issues were raised, we actually had
 17 a tracker that was saying things that had gone from our
 18 contingency planning group into the National Contingency
 19 Planning Group, you know, that type of thing, so that we
 20 could make sure that we were actually getting answers
 21 and feeding them back. Because things were changing so
 22 quickly, sometimes it was difficult to keep track of
 23 a question you'd asked the day before and make sure you
 24 were getting an answer because it remained important as
 25 things were changing as well.

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1 Q. I do mean this flippantly: was there steam coming out of
 2 the thing? You know, was it just being updated all the
 3 time?
 4 A. Yeah, it was complicated. It was complicated for all of
 5 us, I get that, and I know that Government officials
 6 that I dealt with were working incredibly hard to
 7 respond to the many, many queries that the sector were
 8 putting up as well. But, yes, on some days it did feel
 9 overwhelming.

10 Q. Thank you. You move on in your witness statement at
 11 paragraph 41 to start to talk about care homes and,
 12 unusually, could I ask you to tell us about
 13 paragraph 41, which is really about the philosophy that
 14 CrossReach has in relation to its care homes.

15 A. Yes, so we run residential care homes, they're not
 16 nursing care homes or they're not nursing homes, and our
 17 philosophy is that, if you need the support of a care
 18 home, it's because you've reached a particular point of
 19 frailty either in your physical or cognitive well—being
 20 that demands that type of support. That doesn't mean
 21 that you should give up the right to live as full a life
 22 as possible in an environment that feels as much a home
 23 as possible, and that's really our philosophy, that we
 24 try to make this — "You've given up your home, you're
 25 coming into our home but we want this to be your home

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1 and we want you to be able to live your life as fully as
 2 possible within that environment".
 3 Q. You referred earlier to the possibility of moving people
 4 from their home into a different home within the same
 5 building but having what in a hospital would be called
 6 a "red corridor" and a "green corridor" in terms of
 7 COVID infection. How did that sit with your
 8 organisation's philosophy about care homes?
 9 A. We couldn't apply that. As far as we're concerned, the
 10 resident's room and all of the communal areas are their
 11 home, and to move them, particularly at a time when
 12 there was so much other disruption happening, just
 13 wasn't possible and wouldn't have been reasonable, in my
 14 view. It wouldn't have been proportionate. So, you
 15 know, for — so as you're moving potentially from one
 16 ward to another, you can't do that in a care home.
 17 Q. And I think you give the example in your witness
 18 statement about there not being a move to set up ghettos
 19 for the COVID-infected in society generally.
 20 A. That's right, yes, so why would you do that in a care
 21 home environment? I think we refuted that quite quickly
 22 and actually the common sense of it was seen, but
 23 nevertheless I think the initial expectation or thought
 24 was that we could organise in that way.
 25 Q. At 44 you talk about the percentage of residents in your

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1 care home suffering from dementia and the particular
 2 difficulty that gave rise to. Can you just tell us
 3 about paragraph 44?
 4 A. Yes, so I would say between 80% and 82% of residents in
 5 our care home are living with dementia, either diagnosed
 6 or undiagnosed. So we do have a number of dementia
 7 specialist care homes, but, even in our general care
 8 homes, there are many people living with dementia. And
 9 they're very dependent on consistency of routine, of
 10 caring staff, of the visitors coming in, their loved
 11 ones, the prompts that they have in their rooms, the
 12 things that they have round about, and it was very
 13 difficult in a situation where guidance was asking us to
 14 change things to explain the necessity for that, for
 15 them to understand that, and to — particularly when
 16 a care home was COVID-positive, to be able to abide by
 17 the rules that were coming down. And in fact they
 18 needed some familiarity in order not to become more
 19 stressed and distressed in that situation.
 20 Q. At paragraph 45 your evidence is reflective of other
 21 evidence we've heard about the impact of the isolation
 22 policy on those with dementia. Do you want to say
 23 anything that we haven't already heard about that?
 24 A. I think the case has been made very well, that isolation
 25 for a particular group of residents in care homes was

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1 incredibly difficult .
 2 Q. And then could you read paragraph 46 please?
 3 A. Okay:
 4 "First, you saw that curtailment of visiting, then
 5 of communal activity, then an introduction of
 6 cleanliness and sterility which disrupts the very nature
 7 of home and feels more like a clinical environment so
 8 that there was a huge risk of people becoming more and
 9 more isolated as time went on. In addition to that, and
 10 while expecting staff to follow clinical standards there
 11 was an initial failure to provide the resources we
 12 needed to respond to the instructions coming down. It
 13 felt like we were a second-class sector."
 14 Q. And at 47 you indicate the "mental health issues or
 15 distressed behaviours due to increased isolation".
 16 A. Yes. We saw that in a number of settings, I guess, but,
 17 as we're focusing on care homes at the moment, that
 18 isolation for people with dementia and the lack of
 19 availability of family to support that initially was
 20 incredibly difficult. And I've said at the end of that
 21 there, while people may be being protected, I think
 22 there's a balance of risks here and I would say that
 23 many residents were not living life to the full during
 24 that time. A lot of society wasn't living life to the
 25 full, but certainly, for our residents, I think they

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1 were living in a very sterile environment at times and
 2 some would die in these circumstances.
 3 Q. You move on to discuss PPE next. Can I take you to
 4 paragraph 51 and just ask you to read that over and
 5 remind yourself and then tell Lord Brailsford about
 6 that?
 7 A. Yes, so this is the piece of guidance where it was clear
 8 that — it was clear that this was an airborne infection
 9 and it was clear that one of the routes to supporting
 10 safety was use of PPE. The staff were — so I think
 11 probably in response to the questions we were asking,
 12 the piece of guidance came down that said that staff
 13 should be able to risk — wear PPE on a risk-assessed
 14 basis. Now, in some situations that's quite helpful.
 15 So in children's houses, for example, it would be quite
 16 traumatising to see staff going round in PPE the whole
 17 time, so that risk-assessed basis and flexibility did
 18 have some use some of the time. But the trouble is, if
 19 you then have a very highly anxious staff group and you
 20 have some staff wearing PPE in some situations and
 21 others that don't have availability — aren't doing that
 22 and then suddenly think, "Actually I can wear this on
 23 a risk-assessed basis. They're wearing it, I want to
 24 wear it", and you don't have the supply, you're kind of
 25 making things worse. You're kind of upping the ante,

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1 I think, on anxiety, and that was difficult .
 2 We remember writing that into the bulletin and a big
 3 debate in that contingency planning group about,
 4 "Actually can we really write that in the bulletin ?
 5 I know it's the guidance coming down but actually this
 6 isn't going to particularly help the staff group". So
 7 we then made it our mission to make sure that we had
 8 adequate PPE wherever possible and we went out very hard
 9 on both procuring PPE and distributing it to our -- the
 10 52 environments which were still operating at that time.
 11 Q. You talk about one piece of guidance which indicated
 12 that individual staff members should carry out their own
 13 risk assessment. My question is this: would your risk
 14 assessment be the same as mine?
 15 A. It may well not be, yes.
 16 Q. There's then -- you move on to restrictions on visiting
 17 and we heard a lot, particularly before Christmas, about
 18 restrictions on visiting . We heard about the
 19 difficulties with window visits and the impact of those
 20 in care suffering from dementia and how they couldn't
 21 understand, particularly if their health was declining.
 22 Is there anything that you want to add to those bold
 23 headlines?
 24 A. This was -- I think this is possibly one of the most
 25 difficult policies for us throughout the pandemic. We

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1 were very clear that we would allow essential visits
 2 from the start, so we did that as an organisation, and
 3 we didn't --
 4 Q. So yours weren't any of the care homes that said "No
 5 essential visits" ?
 6 A. No. We allowed essential visits throughout, and
 7 actually that -- I was reminded about that as I was
 8 reading through the bulletins. Right from the start it
 9 was, "Visiting is going to be curtailed but essential
 10 visits must be allowed in all cases". But, as time went
 11 on, I think this just became more and more difficult for
 12 managers to manage because we had distressed residents,
 13 we had distressed visitors , we had Public Health teams
 14 giving advice and Government giving advice. And, again,
 15 I think in the initial stages there wasn't enough
 16 flexibility given to managers to be able to
 17 potentially -- if we could manage essential visits
 18 safely , we could have managed other visits safely.
 19 Q. For the managers, you ultimately are their boss.
 20 A. Yes.
 21 Q. No one would go outside Government guidance. Why is
 22 that?
 23 A. Because Public Health guidance has the backing of the
 24 law behind it. Also, as the pandemic progressed -- and
 25 I think I've referred to this in other places in the

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1 statement -- all care home deaths then became examined
 2 by the Procurator Fiscal. So you had that nervousness
 3 in the sector, "If we do something to compromise the
 4 infection coming in, then potentially we're going to be
 5 found at fault". So you're worried about that, you've
 6 got guidance with -- Public Health guidance with the
 7 backing of the law behind it, you've actually got the
 8 Procurator Fiscal looking at every death that's
 9 happening as a result of COVID or even every suspected
 10 death -- because people weren't coming in to certify
 11 COVID deaths. Some of these were suspected deaths --
 12 Q. I'm going to come on to that.
 13 A. -- and then eventually you had the insurers saying,
 14 "We're not going to insure in these circumstances
 15 either". So you've got a kind of triple whammy there
 16 which is making it very difficult not to take
 17 a risk-averse approach to visiting in these
 18 circumstances despite the very obvious distress that we
 19 were seeing, and I think that was really tricky .
 20 Q. And at 58 you make reference to the difficulty in
 21 accessing medical care for those in your care homes.
 22 GPs and nurses just refused to come in.
 23 A. Yes. Some areas were better than others, but, on the
 24 whole, getting care for residents in a care home at that
 25 time was incredibly difficult , and I think -- medical

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1 care -- and I think that you've heard that from other
 2 providers as well.
 3 Q. And in terms of transfers from care homes to hospitals,
 4 was that difficult ?
 5 A. Yes, and again different areas of the country behaved
 6 differently , but I did have to intervene quite strongly
 7 on behalf of one resident who had fallen with
 8 a suspected cracked hip and the health board -- I won't
 9 name the health board -- were refusing to admit to
 10 hospital or send an ambulance at that point. And we
 11 raised that very quickly and actually got a response
 12 fairly quickly and the resident was then moved to
 13 hospital , and I have to say that was contrary to
 14 Government advice at the time. The Government advice
 15 was clear and Jeane Freeman I think put out a very clear
 16 directive saying that care home residents should be
 17 supported with their clinical needs in the same way as
 18 anybody else in the country.
 19 Q. You talk about intervening personally in your
 20 professional capacity in two cases at paragraph 60.
 21 A. Yes. Yes, that's right , and that's where, you know, the
 22 care home manager had done everything they could, their
 23 director had probably done everything they could, so
 24 eventually it's for me to raise at a very senior
 25 strategic level to say, "Here's the directive . Here's

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1 an example of where it's not happening. We have someone
2 who is in need of care and something needs to move".

3 Q. And it did?

4 A. And it did.

5 Q. At 62 you talk about discriminatory practice. Tell us
6 about that.

7 A. I think there was discriminatory practice because
8 I think care homes were put — older people had
9 a particularly hard time if they were living in a care
10 home during this pandemic and that movement of people
11 from hospitals into care homes was tricky.
12 Deprioritising resources to care homes — I mean, we
13 felt a lot of the effort was going into hospital, that
14 residents couldn't get the care that they needed, that
15 they were increasingly isolated from family and friends.
16 All of that sort of thing I think didn't uphold their
17 human rights and potentially there was discrimination in
18 the way that that care home population were treated.

19 Q. At paragraph 64 you talk about the reverse of that, and
20 that's people going from hospital to care homes. You
21 took a firm line in relation to that.

22 A. We did. We took a pretty firm line early on. Early on
23 we were protected because we had high occupancy, so when
24 the first call came to empty from hospital into care
25 homes, actually we were very limited in our capacity to

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1 be able to do so, so —

2 Q. What was your occupation rate at that stage?

3 A. At that stage, 94%, so it was high. So, you know, we
4 were very cautious, even from the very start, and didn't
5 have a lot of space, so we were able to rebut some of
6 the requests coming through until we'd thought about on
7 what basis would we admit and we made testing the basis
8 of admission.

9 Q. At paragraph 66 you say that and give your view.

10 A. Yes, my view is it was ill — advised to discharge people
11 from hospital into care homes from COVID — positive wards
12 at the beginning of the pandemic.

13 Q. Okay. At paragraph 67 you make reference, as you did
14 a few moments ago, to Operation Koper.

15 A. Hmm.

16 Q. From your evidence a few moments ago, it may be that the
17 impression could be gained that you think it had
18 a chilling effect; would that be fair?

19 A. It certainly affected the mental health of many of my
20 managers, I would say, and I think has had a —

21 Q. Sorry, do you mean that seriously?

22 A. I mean that seriously.

23 Q. Right. So it's not just that they were a bit upset
24 about it?

25 A. No. It has played on their minds significantly because

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1 they did all they could to obey the guidance, to do what
2 we asked them to do. Many of them went over and above
3 what we could reasonably expect; for example, staying
4 over in care homes in order to protect residents and
5 their own families.

6 Q. So that's care home managers effectively moving into the
7 care home?

8 A. Yeah, in some cases, with — you know, having agreed
9 that by Public Health. But particularly where isolation
10 policies came in and, you know, actually if we had
11 numbers of staff isolating, the managers just preferred
12 to be on site so they could be the helping hands in that
13 situation.

14 Operation Koper has been difficult because it has
15 been applied so widely. So it's not that anybody who
16 has not applied the guidance, not tried their best,
17 where there has been negligence, shouldn't be looked at.
18 Of course that should be looked at and anyone who has
19 lost a member of their family has a right to be asking
20 questions in that situation. But four years on all of
21 these deaths are still open to scrutiny and there's no
22 suggestion that we have done anything wrong. So I've
23 had conversations with the Procurator Fiscal about at
24 what point some of these cases be closed and we still
25 don't have a resolution to that.

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1 It just feels that it's disproportionate,
2 particularly when more deaths occurred in hospital —
3 and I'm not suggesting the NHS are held to that level of
4 scrutiny. They did a fabulous job and I'm not
5 suggesting that in the least. It just feels
6 disproportionate in the way that this has been applied
7 to care homes. And you can understand that, if you're
8 a manager and you're waiting to hear whether
9 a particular death or a number of deaths in your care
10 home have been due to your negligence or that could be
11 alleged, that can put you under severe strain and some
12 managers have chosen to leave the sector because that
13 level of uncertainty and scrutiny has become unbearable
14 for them.

15 THE CHAIR: That evidence you've just given matches
16 well — nigh word for word something we've heard before at
17 least on one other occasion.

18 MR CASKIE: Yes.

19 THE CHAIR: I think I should say that there's not a great
20 deal we can do taking this much further on the basis
21 that this is a matter which is currently under
22 investigation by the prosecuting authorities and we
23 are — we hear what you say, we note it, but we can't do
24 much more about that until such time as the
25 Procurator Fiscal and Lord Advocate has made

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1 determinations in relation to these cases. So it's not
2 an apology.
3 A. No.
4 THE CHAIR: I'm just stating to you --- I'm sure you
5 understand that ---
6 A. I do understand that.
7 THE CHAIR: --- the factual circumstances in which we are
8 operating.
9 A. Yes, but this is an inquiry into how COVID has affected
10 our organisation ---
11 THE CHAIR: Yes, of course.
12 A. --- and the sector and I'm giving an honest account of
13 that. I do completely understand that the
14 Procurator Fiscal is independent and will take its own
15 view on when it feels it's done enough to clear some of
16 these cases.
17 THE CHAIR: Thank you.
18 MR CASKIE: We'll talk about another quasi--- well,
19 a quasi-independent organisation now, and they're
20 actually insurers, paragraphs 69 and 70. They're
21 independent in the sense that they can pull the plug if
22 they want to.
23 A. Yes.
24 Q. Tell me about that.
25 A. So that was a scary moment. So October 2020, we're

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1 coming up to renewal and insurers I think at that point
2 were taking a view about the risk of the social care
3 sector in general, and, you know, you've got
4 Procurator Fiscal enquiries but you've also got the
5 potential of claims coming through. We had some fairly
6 in-depth conversations with insurers about how we were
7 managing and mitigating risks, you know, giving them
8 access to our information tracker, to the bulletins, all
9 of that sort of thing, in order to reassure them that we
10 were doing everything possible. But it was more or less
11 universal at that point that infectious disease cover
12 was removed as organisations were coming up to the
13 renewal and so it was for us. So we were then operating
14 at risk after October 2020 in terms of had somebody
15 wanted to bring a claim against us.
16 Q. You had help from higher up though?
17 A. We did. So at that point I pointed out the risk to our
18 charity, which is the trustees of the Church of
19 Scotland, and asked if they would agree to insuring us
20 so that we could continue with some certainty as an
21 organisation, and they agreed to do that.
22 Q. I didn't mean higher higher up!
23 A. Yeah. I think there's a particular --- this might have
24 been discussed with you already --- a particular
25 provision in Scottish law, and I can understand the

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1 insurers taking a bit of fright in that, and it's
2 something called "loss of society awards". So whereas
3 in England --- I've got the email from the broker, saying
4 something like "might settle in England for 20,000", in
5 Scotland, because all family members can make a claim
6 or --- then actually this loss of society means that,
7 rather than settling with one person, you could be
8 settling with 12 and that that opens up the risk to
9 insurers, and you can see that, that actually that
10 became worrying for them.
11 THE CHAIR: Can I just go back one answer?
12 A. Yes.
13 THE CHAIR: Because of the difficulties with insurance,
14 which I understand totally, you went to the Church of
15 Scotland, who are effectively --- I'm not going to --- you
16 explained the constitutional relationship between you
17 and the Church of Scotland.
18 A. Yeah.
19 THE CHAIR: But the Church of Scotland effectively agreed,
20 from what you've just told me, to cover you?
21 A. Yeah.
22 THE CHAIR: So that effectively means --- and this is
23 possibly important for us --- that effectively means that
24 you became reliant on self-insurance?
25 A. Yes. That's it, yeah.

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1 THE CHAIR: Yes, which is not unknown in the insurance
2 world. Some very large organisations choose, for many
3 reasons, to be self-insured, but it's quite unusual.
4 A. It is quite unusual.
5 THE CHAIR: And, again, with no disrespect intended, for an
6 organisation I think --- if my memory serves me
7 correctly, you've told me that your budget or your
8 turnover was in the order of £30 million a year ---
9 I think my experience tells me it would be most unusual
10 for an organisation of that relative smallness to be
11 self-insured for anything, to be perfectly blunt.
12 A. Yes, it wasn't a good moment. It was one of those that
13 will stay with me.
14 THE CHAIR: No, but we can note that you effectively --- what
15 date was that?
16 A. It was October 2020.
17 THE CHAIR: So from October 2020, and did that go on ---
18 until when?
19 A. I think till about 2022, as I remember, was when
20 insurance companies opened up the opportunity to
21 renegotiate on infectious diseases cover.
22 THE CHAIR: So from October --- we haven't asked anyone else
23 about this so far --- so from October 2020 until 2022 you
24 were unable to obtain insurance cover for infectious
25 risk --- infectious disease risk and you were fortunate

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1 that your overriding body provided you with cover, which
 2 meant that you were self-insuring?
 3 A. Yeah.
 4 THE CHAIR: But ---
 5 MR CASKIE: I think we heard similar evidence from someone
 6 at a care home in Skye.
 7 THE CHAIR: We may investigate this or we may ask questions
 8 further because obviously it's quite important if care
 9 homes were requiring --- if they were going to go on
 10 operating --- to be self-insured for infectious disease
 11 risk.
 12 A. Yes, we did raise it on a number of occasions with
 13 Government and I know that Dr Macaskill raised it on our
 14 behalf, as did CCPS, that actually they were
 15 indemnifying NHS. We were providing something on behalf
 16 of the statutory sector, older people have a right to
 17 care and would they indemnify us over that period, but
 18 they couldn't find a way of doing that.
 19 THE CHAIR: Well, then, Mr Caskie, if you could make a note
 20 and have the solicitors look into that to see if we've
 21 got any other evidence in any statements and we can
 22 follow that up.
 23 MR CASKIE: I will do that.
 24 THE CHAIR: Thank you.
 25 MR CASKIE: I'm looking at paragraph 73 now and you talk

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1 there about the changing behaviour of the
 2 Care Inspectorate.
 3 A. Yes.
 4 Q. Tell me about that.
 5 A. Yes. So prior to the pandemic we were very used to
 6 Care Inspectorate visits, which are based on the health
 7 and social care standards but which are primarily making
 8 sure that we're providing the environment and the
 9 staffing to be able to deliver good outcomes for people.
 10 That's our purpose. And they would come in just to make
 11 sure that we were doing everything possible in terms of
 12 training, management and leadership, all of the rest of
 13 it, to make sure that the outcomes --- that good outcomes
 14 for people were being met.
 15 During the course of the pandemic that felt like it
 16 changed. Initially the Care Inspectorate weren't doing
 17 inspections, not coming in to do them, and then at some
 18 point the inspections had much more of a health focus,
 19 in my opinion, rather than an outcomes focus, so
 20 actually what you were being judged on was the
 21 cleanliness of the environment and the way that you were
 22 applying the infection prevention control standards
 23 rather than necessarily good outcomes for people, and
 24 that was tricky. That was a tricky thing.
 25 Q. You give a particular example in your statement, as

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1 I recall it, in relation to a handrail.
 2 A. Yes. I mean, the Care Inspectorate had to behave in
 3 this way because actually I think it was an amendment in
 4 coronavirus legislation that asked the Care Inspectorate
 5 to go in, inspect on a number of issues and then bring
 6 the results of these inspections to Scottish Government,
 7 so I do understand that actually this was under the
 8 legislation. But we had a situation in one of our care
 9 homes where they'd come in and we had wooden
 10 handrails --- old care homes and many in old buildings ---
 11 and we'd been using exactly as was specified in terms of
 12 the fluid, but it rubbed away the surface. That's what
 13 happens, you know, when you use corrosive fluids
 14 basically on polished wooden handrails. And I think in
 15 one of the toilets they felt that there should be an
 16 additional soap dispenser or a soap dispenser of
 17 a particular standard and they asked the manager to
 18 rectify that. They said they'd be back and we had to
 19 make sure that was all happening.
 20 Now, the manager takes that very seriously and does
 21 all that they can to one --- in a pandemic situation, to
 22 track down a supplier that would supply exactly what is
 23 required there and then to find a contractor to fit
 24 them, and they couldn't do that within the three days,
 25 but they had a plan of work in place to do that and that

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1 was shown to the Care Inspectorate at that time. But it
 2 was judged as a requirement that hadn't been met and
 3 contributed to that care home being marked down and then
 4 that being laid before Parliament as inadequate.
 5 I think that fails to take into account the operating
 6 context in a global pandemic that actually both supplies
 7 of goods and services and getting contractors in in
 8 a safe way --- because you're risk-assessing your
 9 contractors coming in as well --- to do pieces of work
 10 just wasn't really properly taken into consideration.
 11 Q. Was that repair work that was being required
 12 time-limited? Were you told do it ---
 13 A. Yes, three days.
 14 Q. Three days?
 15 A. Yeah.
 16 Q. So you had to find and engage and have in ---
 17 A. Yeah.
 18 Q. --- a supplier ---
 19 A. Yeah.
 20 Q. --- within three days during lockdown?
 21 A. Yeah.
 22 Q. The next section in your statement is headed "Rural
 23 Scotland". You've explained there difficulties in
 24 getting materials, particularly PPE, up to Shetland,
 25 although Shetland basically did their own thing, as is

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1 often the way in Shetland, and the same in Lewis, where
 2 you also were involved. Is there anything that you need
 3 to say in terms of — apart from the blatantly obvious
 4 about transport difficulties and communication
 5 difficulties generally?
 6 A. No, we did our best to support our rural establishments
 7 in the same way that we supported other establishments,
 8 but rurality does make that difference. The manager or
 9 the person who was deputy manager at the time — is now
 10 the manager of that care home — has agreed to make
 11 a statement to the Inquiry and that I think will give
 12 you more evidence about how the rural care homes were
 13 managing in that particular circumstance.
 14 Q. I don't want to pry but I understand that's quite
 15 unusual for a care home manager, to be willing to give
 16 us a statement —
 17 A. Well —
 18 Q. — from your organisation.
 19 A. From our organisation what we've been doing our best is
 20 to — for people who wanted to make a statement have
 21 been doing so under Let's Be Heard, but we have not
 22 wanted to put managers who are already significantly
 23 stressed and who have worked through the pandemic
 24 through that situation. However, this — because of the
 25 interest in rural care homes, this particular manager

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1 has agreed to make that statement and we've supported
 2 that.
 3 Q. But for the others who are less inclined to do so, is
 4 that reflective of what I described as the "chilling
 5 effect" of Operation Koper?
 6 A. Yes. That's right, yeah. They wouldn't want to be
 7 compromised.
 8 Q. No. I note that the next sections — and it might be
 9 possible to take these two together — in your witness
 10 statement relate to homelessness and mental health
 11 support. Often those things run together. Can you take
 12 me through that?
 13 THE CHAIR: We are running short of time —
 14 MR CASKIE: Yes.
 15 THE CHAIR: — so I apologise, but we do have to keep to
 16 timetables in fairness.
 17 MR CASKIE: Yes.
 18 THE CHAIR: Do your best, Mr Caskie.
 19 MR CASKIE: I'll do what I can, my Lord.
 20 Yes, is there anything that's not in the statement
 21 that you could usefully add to what's there?
 22 A. No, I think the statement — all I've done — I could go
 23 on in each of these services for quite some length.
 24 What I've done is just actually taken a few examples of
 25 how services were affected and can give you more

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1 information if that's required.
 2 Q. And presumably you would do the same with learning
 3 disabilities —
 4 A. Yes.
 5 Q. — although there is one example I think there about —
 6 you provide an example of a child who had a condition or
 7 was that in the next section, looked after children, who
 8 had an eating —
 9 A. Ah, yes, that's an adult with a particular compulsive
 10 behaviour, an unusual one, where actually they eat
 11 things that they shouldn't or that aren't good for them.
 12 In this particular setting — again it's about guidance
 13 coming down and very little flexibility being applied in
 14 a setting. So in order to keep that person safe, we
 15 have a locked bin in the environment in which they live,
 16 but it's not the standard infection protection control
 17 bin, and so, again, when the Care Inspectorate came in
 18 on an assurance visit during the pandemic, they insisted
 19 that the bin was changed. Now, that might have made
 20 sense in terms of infection protection control, but, in
 21 my view, was replacing the potential of one harm with
 22 another, and I actually think that could have been
 23 managed perfectly well with the bin that was in place
 24 and potentially an additional clinical bin elsewhere.
 25 But it is that constant balance and the need for

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1 flexibility — when those closest to others and in
 2 a relationship with them can work out how best to help
 3 them to live life well and yet something is getting in
 4 the way of that, we need managers to be able to say,
 5 "Actually I'm not accepting that and in this situation
 6 I need to do what's best for the outcome for this
 7 particular person".
 8 Q. You move on to drug addiction services and
 9 rehabilitation. Could I just ask you to read the
 10 beginning of 134 aloud and then I'll ask you to say
 11 something about it.
 12 A. Yes.
 13 "A blanket approach was taken in respect of drug
 14 addiction services and rehabilitation. Again, one of
 15 the big questions at the beginning was around the
 16 classification of a residential rehabilitation service
 17 and how the guidance could be applied."
 18 Q. Do you have anything to say in relation to that?
 19 A. No.
 20 Q. Nothing new?
 21 A. [Shakes head].
 22 Q. You move on then to talk about financial impact and
 23 we've heard quite a lot about that. 147, your occupancy
 24 went down from 94% to 70% over the course of the
 25 pandemic and you explain why that is, that, whilst

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1 people were dying, other people were unwilling to go
 2 into care homes because people were dying?
 3 A. Yes, that's right, and because you couldn't visit
 4 a loved one in a care home. I mean, that significantly
 5 affected people's decisions at that time. And also
 6 I think because people potentially were not out at work,
 7 it was easier to make the decision to manage, however
 8 difficult it was at home, than to take the risk of not
 9 being able to see a loved one for some period of time.
 10 Q. Okay. This morning, when I was examining a chief
 11 executive from another organisation, when we came to the
 12 part of the witness statement that said "Staff", I said,
 13 "You're not going to be the first one who said 'My staff
 14 weren't very good'". Everyone says their staff were
 15 excellent. Is there anything in particular apart from
 16 staff went above and beyond that you want to say there?
 17 A. Other than I think -- and you have heard this before --
 18 the innovative practice, the ways -- when some of the
 19 bureaucracy was removed, in terms of funding coming
 20 down, I think people were saying "Just do your best".
 21 Actually when we removed the bureaucracy of some of that
 22 contracting and allowed people just to work with others
 23 to work out what was best at that time, they did some
 24 remarkable things, and I'm pleased to say that some of
 25 that was picked up and highlighted by SSSC and

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1 Care Inspectorate as good practice.
 2 Q. At 166 you talk about prisons, and I don't think we need
 3 to hear you in relation to prisons, but you then talk
 4 about the current position and what could have been done
 5 better. Can I ask you to say something about
 6 paragraph 171?
 7 A. Yes, so in thinking about what lessons we could learn,
 8 I think that is fundamentally important and I think
 9 probably social care is better understood already as
 10 a result of the pandemic, but actually taking the time
 11 to have really understood the diversity, the number of
 12 providers, what social care is, what it does, how it
 13 impacts people's lives and to have that approach to
 14 guidance would have made a huge difference to those
 15 supported and to the workforce. We're not organised
 16 like health, that health directive way of working was
 17 never going to work for us, and that's I think one of
 18 the big things that we could learn.
 19 I think the Independent review of adult social care
 20 actually talks about that, so that came in in 2020, as
 21 the Government were asking that to be looked at, and
 22 it's one of the things I think that [redacted] says in
 23 that report, that actually, while it's often understood
 24 as care homes and care at home, that actually it's
 25 a massively diverse sector and we need to learn more

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1 about it.
 2 THE CHAIR: The last sentence in that paragraph, 171:
 3 "The Scottish Government should not have thought
 4 that they could treat social care like they could treat
 5 the health services ..."
 6 We of course -- this Inquiry, one of its terms of
 7 references includes pandemic planning. Would you
 8 consider what you highlight in that sentence I've just
 9 read part of out to be -- I don't want to put the word
 10 "failure" in your mouth but it's difficult to think of
 11 an appropriate synonym. Is it a failure of pre-pandemic
 12 planning that there appeared to be no appreciation when
 13 the pandemic struck and an urgent situation was
 14 obviously present that there was no planning for care
 15 homes or the exigencies of care homes?
 16 A. Yes. I think that -- well, I guess if we go to a root
 17 cause, there was a failure to understand and that did
 18 lead to an awful lot of work in terms of sorting out
 19 guidance that potentially could have been thought
 20 through earlier and prevented some of the disruption
 21 happening in what already felt like a fairly chaotic
 22 situation at times.
 23 THE CHAIR: Yes, thank you.
 24 MR CASKIE: Do you still have your guidance tracker?
 25 A. No, no, but some of the guidance is still in place.

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1 Q. Yes, okay. Thank you very much. Those are all the
 2 questions, except one, which we traditionally ask at the
 3 end. We've tried to cover as much ground as we could in
 4 your statement. Is there anything important that hasn't
 5 been covered that you want to press Lord Brailsford
 6 about?
 7 A. No, I think the statement is full and I thank you for
 8 your time this afternoon.
 9 MR CASKIE: Thank you very much.
 10 THE CHAIR: Thank you, Ms Dickenson. I'm very grateful.
 11 A. Thank you.
 12 THE CHAIR: Right, that's the end of this mini-session of
 13 three weeks, I'm glad to say, and we'll be
 14 back -- I can't remember -- is it October -- "October",
 15 wishful thinking -- April the 16th, I think. Very good.
 16 Thank you very much.
 17 (3.34 pm)
 18 (The hearing adjourned until Tuesday, 16 April 2024)

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