OPUS 2

Scottish Covid-19 Inquiry

Day 32

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(9.45 am)

THE CHAIR: Good morning, Ms Trainer. Good morning, Ms Kelly. Good morning, all.

When you're ready, Ms Trainer.

MS TRAINER: Thank you, my Lord.

MS SALLYANN KELLY (called)

Questions by MS TRAINER

MS TRAINER: Good morning.

A. Good morning.

Q. I wonder if you could tell us your full name.

A. SallyAnn Kelly.

Q. And you are the chief executive officer of Aberlour Child Care Trust; is that right?

A. I am.

Q. You provided a statement to the Inquiry I think in December last year along with perhaps some supporting documentation and, for the benefit of the recording, that bears the reference SCI-WT0958-000001. You should understand that all of that information will form part of your evidence that the Inquiry will consider, but I wondered if I could take you through some of the parts of that statement and perhaps explore them in a bit more detail.

First of all, how long have you been in your current

role?

A. Ten years in June of this year.

Q. I think you say that your professional background is that you worked as a social worker for local authorities for some considerable time.

A. Yes, I worked as a social worker in front-line practice for six years and then as a manager for a further 12 years in local authorities.

Q. In terms of Aberlour, are you able to give us an overview as to the objective of the trust?

A. So Aberlour is a children's charity established in 1875 and our objective is to work with families that face adversity across Scotland. That includes families and communities who are struggling. A lot of that is poverty related but not exclusively poverty related. But we also look after children in children's homes; we offer support to children affected by disability, both in the community and in short break services and in residential services; we offer foster care as well; and we are also the sole provider of advocacy support for the unaccompanied children who arrive in Scotland and are seeking asylum or have been trafficked. So that's the broad range of our services.

Q. In terms of the residential services, are you able to give us an idea as to the extent of those? How many

children, for example, are in placement?

A. So within disability we have a combination of children who live with us on a residential basis and children who come for short breaks, perhaps once a week, once a month, with complex needs, so in total there are around 250 children in that group of children. Only around 30 of them are in residential-type placements.

In terms of children in children's houses, where they have been removed from their family home or can't live there because of safety reasons, we have again just over 30 children within those houses and we also have children within foster care. So just around -- a total of around 60 children either in foster care or in residential care.

Q. I think in your statement you say you have around 700 staff and 200 to 300 volunteers.

A. Yes.

Q. Turning then to the organisation's response to the pandemic, I think at paragraph 20 of your statement you say:

"Our ethos is about getting alongside families where the parents [might] be experiencing significant difficulties, and we try and understand what is going on with them."

I wanted to ask you about that aspect of your work

which is getting alongside families. Is that something which you were keen to ensure was maintained despite restrictions being in place?

A. So that was very situational in terms of how much we could do that during the pandemic because there was rules in place that obviously meant that we couldn't have face-to-face contact with families in some circumstances, but that whole relational approach where we actually get alongside the people that we support extends into our residential care, into our short breaks. So we needed to think very quickly about how we actually could maintain those relationships even if we weren't in front of the families, so we talked to families about how we could do that best during the pandemic.

At the beginning of the pandemic, I think we were all a wee bit bemused about what this might mean for us as we moved forward, but we were certainly getting information that this was not going to be something that would be, you know, resolved in weeks. It was a marathon rather than a sprint. So we needed to prepare for a marathon in terms of how we engaged with families, so we needed to quickly assess how we could use digital and IT, for example, how we could support families in communities through, you know, safely

distanced visits, outside with families, how we kept in touch via telephone, et cetera.

Q. I think you say within your statement at paragraph 37 that:

"As a leader, I was clear that we would not be losing contact with families and I said to my team that if they considered themselves essential to a family support structure before the pandemic, then they were essential when it came about."

I wonder, the services that you deemed to be essential at that time, were you able to continue those?

A. So broadly, yes. We had to do some of those in a different way, as I said. You know —— so our children's houses, we needed to continue to support our children and provide love and care for them. We looked at those and there was concern around our staff group, around transmission rates and how they protected not just the children but their own families. So we changed shift patterns so that our staff could —— by their own voluntary agreement, they stayed with the children overnight so that we reduced the footfall in our children's houses and the children had a much more predictable staff group around them to support them because they were also afraid and they were also having disruption to family visits and things like that.

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

Q. I'm interested in that aspect of the support from the state perhaps being no longer available. Within your statement you say in some instances that was withdrawn virtually overnight, as soon as lockdown was announced. What type of services are you talking about that were withdrawn from the state?

A. So we work collaboratively with Social Work Services so we have families who have regular visits from social work and social care within communities. Obviously we work with education and educational —— schools were closed as well. So, you know, there was a whole host of things that impacted, even things like accessing financial support for families. It was a varying picture but they could no longer get access to, for example, the Scottish Welfare Fund if they were having difficulties, financial difficulties, because some elements of that were not available in certain parts of the country. So we needed to think sequentially about how we actually tried to fill some of the gaps that were being left behind.

Q. Talking about that financial support, I think within your statement at paragraph 26 you tell us about something which you quite quickly I think set up, called the "Urgent Assistance Fund". Can you explain a little bit about the purpose of that?

A. So the Urgent Assistance Fund was already in place within Aberlour, but our funds that are available to us on an annual basis before the pandemic probably averaged around £50,000 a year, and it's a fund that is specifically targeted at children —— families with children who are experiencing severe financial hardship. So during the pandemic or just in the run—up to the pandemic, I had a conversation with a couple of senior managers and we looked at what could be in front of us. And my position was that, if there is a pandemic of the proportions that we are imagining just about to happen, then the people that are potentially most greatly affected will be the people with the least, the people that are furthest away from power and privilege, and we really needed to think about how we could get support to families. Even families who had been furloughed and were getting income, for a lot of those families they were already on the margins of poverty so that drop in income would have a significant impact. So we needed to think about how we basically ramped up our Urgent Assistance Fund and grew it to the point where we actually could make a much bigger contribution in a national crisis really.

Q. And you I think tell us that the figure —— do you know how much money was distributed in that sort of two—year

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

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

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

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

if you were scrambling about for information. I wondered, reflecting, can you give any examples about what you think was missing?

A. So the pandemic, I suppose from our perspective as a children's charity, was very much, in the early days of it and it probably continued actually beyond that -- was framed through the lens of something that was having a very significant impact on the older population, and that's true, it was. Nobody could dispute that. But there was very little recognition, I think, of the impact on children and the part that children played in the pandemic. So albeit, you know, the inference was -- and I think rightly we now know -- was that if children became infected, generally they would not become seriously unwell, but they could pass the disease on, so what we were looking at was a situation where the guidance that was being produced was not child-centred, was not child-focused, so we then had to try to interpret it in a children's world in terms of what that would mean for us.

For example, our children in our children's houses, that's their home, that's where they live all of the time, but there was guidance around residential establishments needing to wear PPE and masks, and our children in children's houses really need to understand

who is with them, the context that they're living in. They don't respond positively all of the time to, you know, new rules and regulations being around the house and we needed to think really carefully about what that would mean for us in residential care. And we were trying to get advice actually about the use of PPE in our specific residential care settings and that remained a difficulty during the pandemic. So we were seeing guidance change on a regular basis as more became known about the disease and the changing variants, et cetera, but none of it really was -- none of it was translated totally to a children and family perspective.

Q. You say I think in paragraph 52 of your statement that you actually wrote to the Scottish Government on more than one occasion asking them to be more explicit about children in care and children with a disability and how the guidelines are supposed to impact on them.

A. I did.

Q. Do I sense some frustration in you saying that?

A. Frustration in the sense -- disappointment more than frustration. So early on in the pandemic I did write to the Scottish Government in those terms because I could see a situation unfolding where our staff were uncertain about what the rules were for our staff and for our children in children's houses and children affected by

disability. So not only did I ask for that guidance, we also offered to support the development of that guidance because, as a well-established and respected provider, we were already putting in place processes that we felt were helping us to get to a space where we felt that we were operating as safely as we could. So we made an offer to support the writing of that guidance but that was never taken up and the guidance was never received, despite a promise of it coming out.

THE CHAIR: Amplify on "not taken up", if you don't mind. Did you receive a rebuttal or just not a response?

A. No we received a response that they were working on the guidance and we should anticipate it soon, but it never came.

THE CHAIR: Yes.

A. So that's disappointing and frustrating, but what it did for me as a leader within the biggest children's charity in Scotland, it meant that I needed to just focus on the day-to-day operations and try and keep our children as safe as we could within the context of the Public Health advice and the Scottish Government advice. And we had conversations with Scottish Government on a number of occasions at different points within the organisation about guidance. We didn't let it go but we didn't get a satisfactory conclusion.

MS TRAINER: I think you go on then to say that, in fact, when you didn't get specific information from the Scottish Government, you really relied on what you say is the Coalition of Care and Support Providers in Scotland for information generally about care.

A. Yes, so the Coalition of Care and Support Providers in Scotland at that point were connected into briefings that were happening at Scottish Government level and they were very good at putting out the guidance as it was coming out and changes. It was still very adult-focused guidance, but that was very helpful to us. So our head of quality and safeguarding actually took that guidance almost on a daily basis and tried to interpret it from a children's service perspective and then translate that into anything that would mean changes for us within our houses and with the families that we support.

Q. You've mentioned the area perhaps of the use of PPE in children's residential settings. Is there any other areas in which you think it was crucial really that you had information or guidance about that that you didn't get that you can think of?

A. So the use of PPE, yes. The other area that I think the state could have been much more explicit about was how we maintained the relationships between children and

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

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

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

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

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

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

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

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

A. Yes.

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

A. Yes, yes.

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

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

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

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

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

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

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

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

really quite —— were quite distressed about not going to school, so it really depended on the circumstances of the child. And what we also know is that a lot of families who, when schools closed, were then having to educate their children at home got very stressed about that because they themselves possibly had low educational attainment, they didn't have the tools at their disposal in order to keep the child linked in to the education setting, so we needed to do a lot of work to get physical resources to families in the shape of tablets, in the shape of connection to the internet, so that the children could at least try to learn, but that did create I think a lasting pressure in families.

Q. You talk about the impact of the very initial lockdown period in the children's residential settings and I think at paragraph 63 you say interestingly that houses were perhaps more settled than they had ever been. I wondered why you think that is.

A. So the children were —— so we work with children with significant emotional and behavioural difficulties and we work with children who have had disruption in their background as a result of family difficulties, so we have experience of dealing with quite high levels of distressed behaviour, for want of a better term, and we had already started a process of making sure that we

dealt with that distressed behaviour in the most positive way that we could. But actually what we saw during the pandemic was that our houses and the children in our houses displayed less distressed behaviour than they had before the pandemic. We have a variety of children who are not in full—time education within our children's houses because sometimes their distress is seen in education settings as well and those children were much more settled as well.

And when we talked to the children about it, they were able to tell us how difficult it is for them to navigate the education system at the moment, and part of that is about their experiences of disconnection from adults and their inability to trust and part of it is about the fact that, because of that disruption in family lives, their educational attainment is probably not as advanced as it could be and should be and is not comparable to their peers, and all of that creates stress for them in the education system that they then need to try to navigate. What they have said to us is that sometimes that can feel like quite a hard place for them to be, and so not having to deal with the stress of dealing with the stress of navigating the education system for some of them actually resulted in better outcomes for them, not just in terms of their everyday

living but also in terms of their learning because actually sitting with their key workers and working through the curriculum with a trusted adult actually proved really helpful to them.

Q. Maybe some of the external pressures that they might have felt were just taken away because they weren't able to move externally.

A. Yes.

Q. You go on to say that that time allowed you to continue to work with the children and effectively do more perhaps intensive work with them, and you give an example at paragraph 64 that —— as to the work that you did on reducing restraint. You say:

"We were [really] able to ... progress the work with the children and staff during COVID to the point where we almost eradicated the need for [any] physical interventions."

I wonder, can you explain a little bit more about that?

A. So within residential care in Scotland there is a history of planned physical interventions if children are very, very distressed. Now, to put this in perspective, that is —— our staff are trained in physical restraint of children, which could be about turning and guiding a child, there are holds that people

are trained on, but we very rarely use those holds on children. But what the work —— the very concerted work that we did alongside our children in our children's houses showed us was that with a different attitude and a different —— and a change in culture, we actually —— we did manage to eliminate restraint in our children's houses during the pandemic and we have maintained that position.

So our children have quite different relationships probably with the adults that they are living with and they're more —— there's a better understanding. And we did this as part of my commitment to providing the best possible residential care for children and I think it's well documented how badly wrong that's gone for children in the past. So it's a real commitment from our organisation to do the best that we can by children, with children, in relation to their day—to—day living and we were supported in our initiative by The Promise initiative in Scotland. So there is published work on the work —— the project on reducing restraint, and I think there's a number of opportunities that are being put in place to share that learning across Scotland. So we were doing it anyway, but COVID allowed it to accelerate really.

Q. And how have you been able to maintain that, given that

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

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

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

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

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

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

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

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

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

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

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

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

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

Q. You say at paragraph 86 that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

apologise.

MS TRAINER: Thank you.

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

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

supported, felt held, felt that they could operate in a space where they could care safely for our children and our families and that their own emotional well-being was not being impacted as a consequence of that. So my comment about that was about staff.

So when we dealt with changes in guidance, not so much changes, but contradictory guidance, we usually got that from our front-line staff. It was usually about whether PPE was necessary or whether it was not. It was about whether the children could see parents or whether they could not. And what that did was it did foster a level of uncertainty in our staff. So we then needed, as an organisation, to link in with those people in Public Health or in local authorities to make sure that we were getting consistent messaging out to staff.

But we were also really clear in our messages to staff internally, so for those -- one of the things that changed was the definition of "underlying health conditions" and which staff might need to -- we called it "cocooning" in the first instance, but who needed to socially isolate because of underlying health conditions. That was a changing picture. So we needed to go out and say, "The bottom line is, if you have an underlying health condition and you cannot come to your work, then we understand that, we recognise that and we

will not -- you will still be paid, we will not count your absence as illness in the usual sense, so it won't be used in terms of your absence management procedures, and you will receive 100% of your salary". And that was about saying to our workers -- we're a charity that supports children living in poverty. Our staff and social care are not paid, you know, big, big wages. They rely on their wages to survive month to month. So part of that was just about giving really clear messages to our staff that we would support them emotionally, practically and psychologically because it was difficult for everybody.

Q. You talk about one of the things which was perhaps unhelpful in terms of giving a message to staff as being the COVID bonus payment and that being an issue. Can you tell us what the issue was?

A. This caused such difficulties for social care. So there was an announcement that the Scottish Government would pay a bonus payment, an acknowledgement, and it was a classic example of a kindness being applied but being applied unfairly and it very quickly becoming something that became controversial.

So only some of our staff, despite many of them working in quite difficult situations, qualified for that bonus payment, so we were in a situation where we

needed to look at who was to be paid the bonus payment from Scottish Government and how we dealt with the fall-out of that. Now, I would have to say, we probably weren't as impacted in terms of numbers as some other organisations, but we certainly thought that there could have been a fairer way of applying that bonus payment to the social care sector. And I think that, again, what it did was it displayed a lack of understanding of what was actually happening on the ground and who was involved in supporting families and children during that pandemic, and it was a much bigger population of social care staff than adult social care workers.

THE CHAIR: Or, put another way, a policy implemented without being properly thought through?

A. Your words, Lord Brailsford.

THE CHAIR: My words indeed, but do you agree with them?

A. Yes.

THE CHAIR: Thank you.

MS TRAINER: Another area which you raise I think at paragraph 121 in terms of staff concern is that there was a concern about the lack of social work presence and visiting to families, including families who were under statutory child protection measures, and that led to you completing reports based on your assessments that then social workers utilised to send to the children's panel

because they hadn't had that contact with the family as your workers had.

A. Yes.

Q. I wonder, is that a concern about local authorities effectively using you for something which is within their statutory remit?

A. Yes. So we are obviously part of care planning for children if we're involved in a family where the child is subject to supervision requirements, so it would not be unusual for us to provide a report to a children's hearing at the time of annual review or where there's been a requested review. But where this was different was that, because in some areas social workers worked from home and they were not visiting families on a regular basis, they couldn't write the reports, so there was a reliance on the information that we were collating for the family.

And I use that example because it came up a number of times during the pandemic and I suppose the question I was left with actually was we found ways of maintaining contact with families that did not increase risk to families and at times it felt like some parts of the public sector -- not all local authorities but some local authorities -- took such a risk-averse approach to this that it impacted on service delivery to the most

vulnerable families. And I think that's something that is worthy of some discussion, further discussion, because, again, if we look forward, if we plan, you know, around another pandemic, we need to address these questions and understand what we should expect in terms of support from the local authority areas.

Now, I'm not saying that that happened in every local authority area, it didn't, but the fact that it was a different experience depending on local authorities rather than a consistent approach is an issue in itself in a global pandemic context.

Q. When you say there "risk—averse approach", I presume you mean risk—averse in terms of placing their staff in situation of risk ——

A. Yes.

Q. —— but perhaps not necessarily applying that risk assessment to the families who they're supporting?

A. Yes. It was not a holistic risk assessment that was taking place, in our view.

Q. Towards the end of your statement, you really reflect on the pandemic period and the changes that it's caused your organisation to make. You say you've learned a lot from COVID and there's things that you'll keep doing in relation to residential care particularly. What are the things that you will keep doing?

A. So I think the use of technology is one area where we are exploring how we can continue to use technology for good, if you like. That brings lots of challenges, as you probably appreciate, in terms of the development of AI and various other things where we need to risk—assess how we use that technology, but we certainly will use that.

Just from an organisational perspective, we're a national charity. I spent most of my life driving from one end of Scotland to the other pre—pandemic and I still obviously have to do some of that but I certainly don't do it to the same extent. So we've taken a lot of our internal meetings online and we won't ever return to the same level of, you know, face—to—face meetings, albeit some of that is important.

In terms of services to families, we do —— we do adopt a relational approach, so albeit we pivoted and went online and we, you know, used technology and we still will use that in certain circumstances, we also understand the real value of sitting alongside, literally sitting alongside, families and exploring with them what things they think they need to change in their family situations. So we have —— we obviously have increased our direct contact with families and communities, and that will be maintained.

Q. One of the things you identify I think as effectively having a kind of kick—start and a ramp—up, I think you say, is the Urgent Assistance Fund and basically a cash—first approach to helping vulnerable families. There's a sense I think that your view is that that should continue?

A. Yes, and we have continued that. What we also did at the beginning of the pandemic —— because this is an urgent assistance fund, and I said actually, "If it's urgent, then it's urgent". So if we get a referral in asking for a grant —— and it's all grants we deal with. It's not loans or anything like that —— then, at the point of receipt of that grant, we need to ensure that the money is in the hands of the family within 72 hours because one of the other issues that we see is in some other funds, like the Scottish Welfare Fund, it's a much longer lead—in time, it's a much longer waiting time, to actually get the support if it's granted.

So one of the things that we will continue to do and have continued to do is use that 72—hour window to make sure that we get the support to families in the shape that they need it within 72 hours of us being handed the application, and we've managed to meet those targets.

Q. Effectively cutting down, I suppose, the kind of processes and the red tape and just getting the help out

there when it's needed?

A. Well, we took everything online. We now have electronic systems that support the application process. So, yeah, having an electronic system has allowed us to speed up the process and get the money out the door, and I just keep reminding people, "It's an urgent assistance fund, urgency. Get it back to families within 72 hours. They need it for food, they need it for their bills. Get it to them at the point where they need it".

Q. There's a sense from your statement generally that your view is that the third sector was really able to adapt and to move quickly in a way that perhaps the public sector wasn't.

A. Yes, I think the third sector played a really important role, especially around the beginning of the pandemic, where we were pivoting and trying to make sure that we stayed close to families. I think there's probably rich learning in the public sector because, you know, at the point where we were doing our appeal around our Urgent Assistance Fund, I would have to say that Scottish Government responded very quickly to our appeals to get money out to families. They were considering the same dilemma as we were considering about how do we make sure support gets to the right families at the right time. We had a national

distribution mechanism that they didn't have so they supported us financially to do that. And I think there was a lot of talk in the very early months of the pandemic about how that collaboration between public and not—for—profit sectors and families actually was something that was really positive and that we shouldn't forget how readily some areas became much more flexible and more fleet of foot. I think at some point we may have forgotten that conversation about how we remained in that space because I think, sadly, not as much of that good learning has been retained post the pandemic emergency.

And we see some —— and maybe this is to do with the current situation in terms of the fiscal issues that we're facing, but we certainly see a less flexible approach from Government in relation to some of those conversations that would have taken place during the COVID pandemic, despite the cost of living crisis and how people are experiencing that.

Q. Those are all the questions that I have for you but I'm mindful you've given up your time to be here today and I wonder if there's anything which we haven't covered which you would like to raise.

A. No, I don't think so. I don't think so.

MS TRAINER: Thank you very much.

A. Thank you.

THE CHAIR: Yes, indeed, Ms Kelly. I'm very grateful. Thank you very much.

A. Thank you.

THE CHAIR: Right, 11.15. Very good.

(10.54 am)

(A short break)

(11.15 am)

THE CHAIR: When you're ready, Mr Caskie.

MR CASKIE: Thank you very much.

PROFESSOR DR NANCY LOUCKS (called)

Questions by MR CASKIE

MR CASKIE: Would you tell the Inquiry your full name, please?

A. Nancy Loucks.

Q. And how would we refer to you?

A. You can refer to me as "Nancy Loucks" or as "Professor Loucks".

Q. Professor Loucks, okay. You're here in your capacity as ...?

A. As chief executive of Families Outside.

Q. Can you tell us a little bit about Families Outside?

A. So Families Outside is a national Scottish charity that works exclusively on behalf of children and families affected by imprisonment. So we have staff based all

around Scotland to provide locally based support as well as running a national helpline and we provide policy input and training input as well.

Q. Can I say at the beginning, there's a stenographer who is trying to keep up. Both of us need to speak slower.

A. I do speak very quickly so I will try to avoid that, yes.

Q. You've provided us with a detailed witness statement which for the purposes of the record I can say is SCI—WT0453—000001. Do you recall providing that statement?

A. I do.

Q. Is its content true?

A. It is.

Q. Do you wish to adopt that as part of your evidence to Lord Brailsford today?

A. Yes, please.

Q. Great. I've been through the statement in some detail and can I try to summarise not what the function of the organisation is but how you do it, which is you have a helpline, which is the most common way that people contact you, and then you have regional teams who carry out follow—up work.

A. Yes, although they can receive referrals directly as well, yes.

Q. You have a copy of your statement to hand?

A. I do, yes.

Q. You provide a more detailed summary of the work that you carry out at paragraph 10; is that correct?

A. Yes.

Q. And then, at paragraph 13, you provide seven bullet points detailing what it is Families Outside do.

A. Yes, that's correct.

Q. At paragraph 17 you talk about another aspect of the Families Outside work, which is, rather than dealing with individuals personally affected, you're dealing with other groups. Tell us a bit about that work by Families Outside.

A. So we provide —— sorry, do I need to turn this on or is that ——

Q. No, it's fine.

A. So we provide training to individuals who are likely to have contact with families themselves so that it enables a wider range of —— a wider network of support for families. So that includes training for prison staff, for teachers, health professionals, social workers and so on. So, again, it's just to make sure that people have an awareness of how they can support families affected by imprisonment within their own remits.

Q. At paragraph 16 you give percentage figures for the

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

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

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

that we were able to apply for and access. So we were able to increase our input from charitable trusts quite considerably over the next couple of years.
Q. And I think you provide a figure for funding that you received specifically because of COVID.
A. Yes.
Q. Can you tell me how much your organisation obtained?
A. Yeah, so, as I said, when the pandemic started our budget was about 1.2 million, the year after that it was 1.24 and it increased our portion of funding from charitable trusts up to 57%. And the following year after that we went up to 1.34 million, which increased again the proportion of funding from charitable trusts, about 58%. So again it shifted the proportion of funds we received.
Q. So you weren't receiving such a significant proportion from statutory organisations --
A. No.
Q. -- but were from charitable trusts?
A. Yes.
Q. Which statutory organisations provide the significant parts of your funding?
A. So we have Central Government funding from Scottish Government Community Justice and from Scottish Government Children and Families. We also

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

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

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

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

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

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

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

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

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

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

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

A. Yes.

Q. Can you tell us about that?

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

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

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

A. Yeah.

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

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

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

A. Yes.

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

A. Yes.

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

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

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

Q. It does, it does, I think.

You move on to start talking about your helpline. Now, your helpline is very important to the organisation.

A. Yeah.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

them with —— for example, you're providing the little dongles, the kind of data pen things for families, but that would work when you paid for it for the first year, for example, but then how do you sustain that beyond the initial period that you've paid for it? When families are often struggling financially anyway, that might not be the first priority.

Q. I'm going to ask you about financial struggles in a moment.

A. Yeah.

Q. The next thing which you talk about is regional support. So you have your helpline and then you have regional support, which is effectively outreach work; is that correct?

A. Yes.

Q. You provide tables at paragraphs 56 and 58, but, fortunately for those of us who don't like tables, at paragraph 57 you've provided an explanation of what you take from the table.

A. Yes.

Q. Can you just tell us about 57?

A. Yeah. So basically we had a number of people who self—refer for support. In non—lockdown conditions, we would normally be receiving referrals from prison staff, from prison visitor centres, from schools, from

social work teams and so on, but what we saw was an increase in people referring themselves because they weren't at school or they weren't visiting prisons and so on, so there was a real shift in where the referrals came from and how people accessed the support that we provided in their local communities.

Q. I'm just looking at table 1. I'll just take some extreme examples. You had —— in terms of self—referral, in 2019, 66% were self—referred and that went up to 80% ——

A. Yes.

Q. —— the following year. Was that because the alternative sources of referral disappeared?

A. They reduced. They didn't disappear completely, but certainly contact with prison staff and prison visitor centres dropped way down, especially prison staff directly. But —— yes, so the types of referrals that we received did shift.

Q. And then you've carried out research on how families heard about your organisation and you talk about that at paragraph 59. Again, can you summarise that for us?

A. Yeah. Again, it just shows that it did shift, so we did see different patterns, I suppose, pre—COVID and during lockdown. So, again, people finding out about us more online rather than directly from prison staff or from

schools or from social workers and so on because they simply weren't having that same contact with those other professionals that they had in the past.

Q. Okay. I'm going to move on to paragraph 63 and support for staff. Now, I'm going to say something which I would ask that you don't take offence at; right? Were you not to say that your staff did very well, you would be the first chief executive from any charitable organisation to appear before the Inquiry to make that statement. I think we can take it as read from what's in your statement that you say the staff did very well.

A. Yeah. Okay.

Q. If we go over to —— just to give us an idea about regional family support, if we have a look at paragraph 67 —— so you're carrying out outreach work with families who have a person in prison. In 2019/20, the average minutes per family member were 235 ——

A. Yes.

Q. —— and then the next year, pandemic year, it was 593, so it significantly more than doubled. It almost trebled.

A. Yes.

Q. Tell us about the change in work style of your regional teams.

A. Yeah, so many of the families that people were supporting during lockdown were people they had started

to support before the lockdown conditions. We were receiving lower number of referrals from other professionals, as I've mentioned already, so we had a smaller number of families that we were working with, but we were working with them more intensely, often because their concerns were more extreme at that time, particularly in relation to concern about people in prison, about the loss of contact, about how to support children who were dealing with the experience of loss of contact with a family member but also loss of contact with their friends at school and so on.

Some of the families we were supporting, they often have quite a variety of needs. As an example, there was a lady who was contacting us about how to support her son who was autistic and had lost contact with his dad and didn't understand why. So he actually started self—harming and it was just trying to recognise how we can actually support families with what are extremely difficult and intensive needs from a distance, which was —— you know, did require more time by telephone and email and so on than we could possibly do ——

Q. Without betraying any confidence or confidential material, what steps were taken in relation to that boy?

A. I wouldn't have the detail of the specific steps, but we often do access support from other organisations as well

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

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

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

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

several decades of expertise in this area so we're able to provide support to organisations that hadn't necessarily worked specifically with this client group before.

So we provide, for example, co-ordination between the managers of the different prison visitor centres to make sure that we can have a basic standard of support at each centre. Every centre is a bit different, every prison is a bit different. So it's making sure that visitors could have a basic standard of support to expect every time they went to visit someone.

Q. Okay. At paragraph 82 you talk about video visits and you talk about the advantages and disadvantages of that. Now, obviously, an advantage is that there is at least some form of contact between families and individuals; the disadvantage is it's not in the flesh.

A. Yeah.

Q. But there are other disadvantages that you talk about here. Can you tell us about that?

A. Yes. I'm trying to remember what I said now. Some of it was that -- the risk is that the video calls will be used to replace in-person visits. The Prison Service was very clear that that was not the plan, that was not the intent. What we're seeing now, however, is a shift in interpretation and in understanding, I suppose, in

how video calls are used, that video calls are now counted in some prisons as part of the normal visits entitlement. We're able to contest that because, again, it was very clear within the Prison Service, when these calls were introduced, that that should never replace an in-person visit, but it does take some work sometimes to make sure that that is remembered.

We also have -- what's interesting about the video calls as well, especially in relation to prison visitor centres, is that our co-ordination of that meant that we could actually introduce facilities for video calls in the prison visitor centres so that, if they couldn't access video calls from home, they could actually do it from a prison visitor centre. That was really helpful, for example, for people who, you know, might live in the Highlands or something but have a family member in a prison that's quite a distance away, so Polmont would have young people in it or one of the women's prisons where they weren't able to access them from closer. So that was really helpful to have those facilities I suppose available in the prison visitor centres.

Q. And when virtual visits are happening, where are the prisoners when that's happening?

A. They have specific booths in the main visits hall in most cases. That's my understanding -- all of the ones

I've seen are in the main prison visits hall. So they have a booth that they can use for that so it's slightly quieter, but they're still in part of the main visits area.

Q. Now, you talk about your own follow-up work going online much more and then you talk at paragraph 83 of other mechanisms apart from online. Tell us a bit about that.

A. So the staff really felt they needed to be creative in terms of how they supported families, especially as lockdown conditions varied quite a lot, so you might be in a lockdown and then out of it and then back in it again. So they were trying to find ways that they could meet directly with families and build those relationships without actually having the same contact that they would have had before. So walk and talk meetings became very popular or sitting in people's gardens or one of our staff members actually got a family to become part of a community gardening project, which meant they could all meet and speak together outdoors and she could work alongside them to provide that support.

So they were -- I'm not allowed to say how wonderful my staff team is, but they were very good at making sure they could make things as positive as possible for families, recognising that some families -- I remember

one lady hadn't actually spoken to anyone other than by telephone for several months, so it was just recognising that need for contact and reduced isolation.

Q. You talk about the usefulness of the contact made through visiting centres with the organisation because you were able to do practical things for the families.

A. Yeah.

Q. I'm looking in particular at paragraph 84.

A. Yes.

Q. Tell us about that.

A. Yeah, so a number of the visitor centres were able to provide food parcels, for example, for families. That was a way of maintaining that connection in the community because they were locally based and knew the families that they were already supporting, families who had previously visited prisons. They were able to provide activities. There was one visitor centre service in particular that actually created an activity pack that the children could do outside the prison alongside the person who was in prison, so they were doing the same activities in parallel, as it were. So it was just a way of trying to create connection in whatever way they could.

Q. The next section of your witness statement talks about influencing change. Reading it short, that's your

policy work; yes?
A. Yeah.
Q. So seeking to impact on SPS Scottish Government policy ——
A. Yes.
Q. —— rather than the practical work such as giving them information about how other countries were running video visits?
A. Yeah.
Q. In terms of your policy work, we will look at that but we don't need to look at that today.
A. Okay.
Q. We have the witness statement and it strikes me that's more to do with how decisions were implemented ——
A. Yes.
Q. —— and reached, and we're going to look at those later in the Inquiry.
At 94 you talk about hall telephones ——
A. Yes.
Q. —— and we heard last week from the Scottish Prison Service witness, Mr Purdie, about the introduction of mobiles ——
A. Yes.
Q. —— for prisoners. Tell us what your organisation's involvement with that was.

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

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

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

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

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

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

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

in prison and about a third of their income while they were serving a sentence, so it was a huge proportion of income that people simply couldn't afford. So people were going without food, they were going without heating. They were -- you know, there was no kind of social activity. They were very socially isolated because they couldn't afford to go out and interact, you know, have social contact or play sports or anything like that. So it was a huge impact on the families.

Q. At paragraph 113 you talk about the distinction between people who are held in custody for -- or sentenced to more on the one hand and less on the other hand than four years' imprisonment. Tell us about that.

A. Yeah, so this was specifically in relation to access to support. So this was about recognising that -- when someone is sentenced to less than four years, they have what they call "voluntary throughcare", which means they're not obliged to engage and they can engage with a third sector organisation, for example. Those who are sentenced to longer will have a statutory throughcare, which is provided through criminal justice social work. So what we found was that a lot of the third sector providers -- well, all the third sector providers were not allowed into prisons, which meant that it was quite difficult to engage with people in a voluntary capacity,

to let them know that support was available and to be able to provide that support on release.

Q. Okay. You talk at 118 and 119 about the number of people who were assisted with training and awareness and so on. Can you just give us those figures for Lord Brailsford?

A. So the number of people that we actually provide training for -- and that can be training or awareness raising. We have accredited training but then we also do more general awareness-raising input as well. So we had just over 1,000 people benefitting from the training and awareness-raising sessions over the course of that year. It does fluctuate between 1,000 and 5,000, depending on the year. But that was actually again something that was helpful as we'd never delivered that kind of training and awareness-raising online before, but now it's a regular part of our offer, which is quite helpful.

Q. At 118 you talk about your training and awareness-raising. Is that things like taking school teachers into prisons --

A. That's what we did.

Q. -- in the normal course of events?

A. Yes, that's what we did before. We would have what we call "twilight CPD sessions" for teachers, where we

would invite them into the prison, they would experience what it was like going through security processes to go into a prison, and then we would run a training session in the prison visits hall for them to experience. So that way they would be informed to tell -- you know, to be able to tell children in their classes, for example, what that experience was like and hopefully raise awareness -- their awareness of that experience so they can understand what the children in their classes were going through.

Q. And whilst that might be an interesting and useful thing to do for teachers in general, where a teacher is dealing with a child who has a family member in prison, it's particularly significant.

A. It is and it's very popular as well, just because it's something a bit different, but it also makes them aware that there might be children in their classes that have gone through this that they don't know about because, again, the families don't often tell schools or anyone else that this is what their experience is.

Q. You say this is a twilight visit?

A. Yes. It means it takes place after school hours.

Q. How do you get teachers to work after school hours?

A. They're obliged to do a certain amount of training so it fits in quite well and means they don't have to cover --

Q. CPD requirement.

THE CHAIR: At the risk of being intrusive, Mr Caskie, ten minutes.

MR CASKIE: That's fine, my Lord.

You talk at 124 about a new definition for "elderly" in prisons.

A. Yes.

Q. Tell us about that.

A. So when you are in prison, you're considered elderly if you're aged over 50. Yeah.

THE CHAIR: What that makes me I hate to think.

A. But it is basically because the level of health of people going into prison is often very poor, so you are deemed elderly if you're over aged 50.

MR CASKIE: So if you end up in prison, you've got a lot of what I think doctors refer to as "comorbidities"?

A. Yes, absolutely. Lower life expectancy. Many problems with long-term illness, chronic illness, respiratory problems, substance misuse, mental ill health -- all sorts, yeah.

Q. You talk at 129 of the difficulties faced by -- as a result of difficulties with GEOAmey, the people who transport prisoners.

A. Yes.

Q. Can you tell us about that?

A. So, again, what we hear is from the families who are concerned about someone who is in prison. So we were hearing from families about people not being taken to hospital appointments, chemotherapy appointments; one man in prison who had issues with a severe leg injury where they were worried he might actually lose his leg at one point because he was missing appointments; you know, follow-up appointments at hospitals; attendance at children's hearings, where there might be discussions about children being adopted and you're not able to attend. So there's some real frustration, to say the least, about those appointments being missed.

Transfers to other prisons are another one where you can't actually get to a prison in order to complete the courses that you need to apply for parole, so people were actually potentially staying in prison longer because they weren't being moved to the right prison.

Q. You talk at 132 about a particular problem with next of kin information not being up to date.

A. Yes.

Q. Again, tell me about that and I'll have some more questions.

A. When someone goes into prison, they provide a next of kin for the prison records. That's not necessarily updated so it's left up to the person held in prison to

update that information if that information should change. What that means is that, if something happens, if there's an illness, if there's a death in the prison, for example, the prison will contact who is the person listed as next of kin, but if it's not up to date, then the wrong person is contacted. So we've had situations where, for example, a person put his partner down as next of kin, that relationship broke up, his mum was in regular contact with him, but it was the ex-partner that was contacted when he died and the mum didn't know until she found out on social media from the ex-partner. So, yeah, that's problematic.

Q. Do the prison authorities have a system for checking up whether that's still your next of kin?

A. They can. It's -- something that was recommended in the Independent Review of the Response to Deaths in Prison Custody was to make sure that information was kept up to date. At the moment, again, they leave it to the person in prison to have that responsibility but the recommendation was to make sure that that is refreshed at least annually.

Q. You've referred to that independent review in your witness statement.

A. Yes.

Q. Can you tell us a bit about that?

A. So this was a review commissioned by the Cabinet Secretary for Justice that was looking specifically at the response to deaths in prisons. Again, that review was started in November 2019 and it was -- had three co-chairs, so the Chief Inspector of Prisons, the Scottish Human Rights Commission and myself, looking at -- it was supposed to be a six-month project but the pandemic obviously delayed that considerably. It ended up taking place over two years.

Q. At 134 you talk about an immediate difficulty in contacting an individual in prison.

A. Yes.

Q. Is that something that occurs rarely or regularly?

A. In terms of -- I'm trying to remember what this was ... It is something that is, I would say, a regular frustration for families to be able to contact someone in prison, to know whom to contact. If you ring a prison switchboard, they'll often use lots of acronyms for things, so they might have a family contact officer but refer to it as an "FCO" and you don't know necessarily what that means.

Q. You talk about dedicated telephone lines in paragraph 134 --

A. Yes.

Q. -- and them ringing out.

A. Yes.

Q. Tell us about that.

A. So these were phone lines directly to the family contact staff, for example, that simply weren't being answered or you would leave a message on an answering machine and not have that responded to. So that was certainly a problem in the past.

Q. Yeah. At paragraph 136 to 138 you talk about peer support. Tell us a bit about that. Is that families supporting one another?

A. Yes, so this would be families who were gathering together, often groups of young people or groups of mums, for example, or it could be any -- a range of different types of support, just making sure that families who have that shared experience are able to support with each other because they often think they're the only ones who have that real isolation.

Q. Now, the next passage of your witness statement relates to people in prison on remand. Now, we're going to hear evidence about the increase in both remand and the number of -- the length of time that people were on remand -- we'll hear that evidence from elsewhere. What I'm interested in from you is the impact on families of that occurring.

A. Yeah. So we've seen -- as you will hear, we've seen

a huge increase in the remand population, as much because of the backlog in the courts —— court work was suspended —— but also the maximum period of time of detention that people could remain in prison on remand was lifted during the pandemic because —— in recognition of the fact that the courts were suspended. So what that meant for families is that it was difficult enough to know when someone would come out of prison or when they would have the result of their hearing, to know what sentence would be imposed, if any, but when that maximum period of time was lifted, it meant that it could be months or years before knowing what the outcome was likely to be. So that was extremely difficult because there was no end in sight. There was no clear information about what was happening.

Q. And at paragraph 143 you neatly loop back to your comments in relation to the impact of having an individual in prison on the finances of the family outside.

A. Yeah.

Q. Presumably lengthening remand lengthens that period of ——

A. Absolutely.

Q. Up to 30% of income?

A. It was up to half of income.

Q. Up to half of income for remand prisoners?

A. Yes.

Q. You give some figures yourself at 144 about the remand population in Scotland ——

A. Hmm—hmm.

Q. —— and say:

"[It] increased from 20% of the prison population on 6 March 2020 to 30% of the ... population on 4 March 2022."

A. Yes.

Q. "The figures remain high, with 27% of the prison population on remand on 12 January 2024."

A. Yes.

Q. So although it's coming down, it looks as though it's coming down relatively slowly.

A. It is, yes.

Q. Is that fair to say?

A. Yes.

Q. The next section is lessons learned. Lord Brailsford will read all of those. Can I just say or can I just highlight, like many other third sector organisations, "We've learned to work in a flexible way" is a song that we're all familiar with now.

You talk at 147 about the need to consider prisoners and their families. Do you feel that was done?

A. I think so in the sense that, again, we do have very regular contact with the Scottish Prison Service and I think they can and do respond when they need to. We've just seen the release of the new Scottish Prison Service family strategy, as in just last week or two weeks ago, I think it was, so that it is very much on the radar. I think we still have a lot of work to do with what that actually means in practice, particularly following incorporation of the UN Convention on the Rights of the Child. In relation to adult criminal justice, it's recognising this is not about 16— and 17—year—olds in the justice system, it is about the children who are impacted as a result of someone's involvement.

Q. Mum or dad going inside.

A. Yes, absolutely, or brothers or sisters or whoever. So we still have a lot of work to do. It's much more visible than it was but we still have a long way to go.

Q. The last thing I want to ask you about is 151, lessons learned for the charitable sector.

A. Yes.

Q. You've obviously been in Families Outside for a long time and you clearly have a firm grasp on what it is that you're doing, not just in Families Outside but also in the third sector in Scotland. What do you say about

lessons for the charitable sector?

A. I think it's tricky because the funding year on year is very unpredictable and recognising that, for funding in the third sector, what we do is we receive grants in advance and, in a situation like the pandemic where you receive a grant and then you can't deliver on that grant, it does make it very challenging to be able to ensure that you can meet the terms of the grant or to sustain that —— you know, have repeat funding in future. So what you end up doing is trying to do something to show that you're doing your work rather than handing the money back and saying, "Sorry, we'll just have to sack all of our staff because we're not able to do what we set out to do".

So it was trying to justify our existence, which is often what we have to do in the third sector. It's a very frustrating situation to be in. But it is the reality that —— and thankfully, again, through our own organisation and what we saw with the prison visitor centres, for example, we were able to show that we were able to make constructive use of that time, even if it wasn't what we'd intended to do when we originally received the funding.

Q. I'm interested in just that last comment. Sorry.

One of the things that we've heard from time to time

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

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

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

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

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

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

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

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

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

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

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

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

the long periods of isolation really distressing, it impacted on her mental health and well-being and she would much rather have had social contact with other people in prison, some of the activities I've described earlier, one-to-one therapeutic support or group work, and that actually it was, for her, quite a tough sentence because of the amount of time that she was on her own during that particular sentence.
Q. Okay. At 27 you say you "increased the direct support to families from our own charitable resources". Tell me about that. What were you doing in terms of support?
A. Yeah, I mean, Barnardo's has access to its own funds and, in addition, ourselves and Action for Children approached the Scottish Government and asked for additional financial assistance, which was released over a period of three/four different options -- over £1 million was released to charities to support families that needed immediate assistance. So that then enabled us to provide phones, laptops, food, activity packs for children and various other things to make the process of lockdown more bearable for them.
Q. Was this -- sorry, on you go.
A. On you go.
Q. Was this support being provided to families on the outside or to prisoners on the inside?

A. Both actually. So I think particularly when prisoners came in, they didn't often have the kind of things that they would normally have had. The impact of poverty during COVID meant that folk were really coming in mostly in the clothes that they were wearing whereas pre-COVID they might have been a bit more prepared and had a bag with various things with them. So we provided support around toiletries, basics for people in prison. Similarly, on their release, the third sector provided release packs that included essential items, a phone with data, and it had loaded phone numbers and web addresses and that sort of thing in it. But we also reached out to families who had people in prison close to them and offered practical assistance to them as well.
Q. In what way?
A. So emotional assistance, you know, being on the end of the phone or a video to hear how they're getting on and provide advice and guidance around that; when it was possible, we would take children and young people out of the family environment to have recreational and other opportunities; phones, laptops, food packages, activity packs for children and general support to enable them to get through the period of lockdown and at times to provide a communication process between the family on

the outside and the person who was in prison.
Q. At paragraph 30 -- I'd like to ask you about that in a little bit of detail -- you talk about the point at which Barnardo's staff could re-enter prison. You say, insofar as possible, you went back to what you'd been doing before.
A. Yeah. We would go back in and, as far as possible, we resumed our previous activities, so one-to-one Therapeutic work, group work and general supports and activities for the young people in prison. For a period of time, as I've described, that was within the bubbles, so Barnardo's staff might be part of a bubble of four to six people to enable those supports to be provided and, as the restrictions were lifted, we would resume normal activities.
Q. Okay. At paragraph 30 you talk about Barnardo's filling a gap effectively. Can you tell us about that?
A. It was really where -- I think the focus for the Prison Service, Health Service and statutory agencies were obviously the safety and well-being of people in prison whereas the third sector and Barnardo's are able to go beyond that and think about mental health and well-being, emotional support, relationship building, enabling them to have meaningful contact with people who are close to them and those kind of things, prepare for

release, build essential skills to enable their release to be likely to be more positive in terms of outcomes for them and do that sort of work. So I think that's the added value that Barnardo's and other people provided at that time.
Q. In normal times there will, I think, be a number of agencies involved in providing support for people transitioning from custody to life on the outside. In general, are Barnardo's involved in that?
A. Yes, Barnardo's are involved through the services I mentioned earlier. Specifically, we're part of a public social partnership as well, which is Shine Women's Mentoring, which provides support to women at risk of custody and women coming out of custody. We've been a partner in that initiative for over 11 years now.
Q. Tell us about Shine because you make reference to that.
A. Shine Women's Mentoring, as I say, for women coming out of prison can provide support for up to, sometimes beyond, six months. So pre-COVID we would have had gate pick-ups. We would have gone -- staff would have gone and picked the women up from prison, taken them to where they're from, ensured that they attended essential appointments with Homelessness Health, picked up prescriptions, met their children if they had care of

their children, that sort of thing. Obviously, during COVID, gate pick-ups weren't possible, but we would meet people at the other end of their train journey and do some of that and provide emotional and practical assistance as well as programmes to prevent women from re-offending in the community.

Q. You talk at paragraph 32 about HM Prison Edinburgh stopping visits but you had staff who were working in the visitors centre and providing assistance. What did they do? Were they furloughed?

A. No, they weren't. We didn't furlough -- as far as I can recall we didn't furlough very many direct children's services staff in Scotland, so they continued to work and they were provided with phones and videos and, where they couldn't have face-to-face contact with families, they reached out through phone and video contact.

When restrictions began to lift a bit, they would do things like drop off food and activity packs as well as having kind of well-being check-ins with families to make sure everything was okay with the family and the children. I think it's referred to later on. Sometimes those well-being visits were also a safeguard to make sure that children were in appropriate living circumstances, et cetera. And with time we were able to open up the visitor centre again and provide more

activities for families themselves.

Q. You say in paragraph 34:

"SPS gave us literature and leaflets and supported us with delivering food parcels ..."

What did they do? How did they support you?

A. Yeah, no, they gave quite clear child-friendly, young-people-friendly information about how they could keep in touch with their loved one, even if they couldn't visit, through things like video contact or writing letters, Email a Prisoner, those sorts of things, and they also supported in helping us put together food parcels that were then delivered to families.

Q. By you --

A. Yeah.

Q. -- as an organisation?

A. Yeah, yeah.

Q. Yes?

A. Yes.

Q. I was just wondering whether or not SPS were doing some of the deliveries.

A. They were certainly supporting the welfare of families in different ways.

Q. Then you talk about providing essentially financial support at 36 --

A. Yes.

Q. -- to families.

A. Yes. As I say, Barnardo's had its own funds but also in total there was £1.3 million made available through a range of funds from the Scottish Government to children's services organisations, where we could disburse money for essential things during lockdown and during the COVID period.

Q. And at 37 you talk about your involvement with virtual visits again. Can you tell us a bit more about that?

A. Yeah, the visitor centre provided six to eight families with tablets, iPads or laptops to enable virtual visits. I think at its height across COVID, Barnardo's Scotland were probably providing dozens, if not hundreds, of laptops and iPads to families to enable, you know, engagement with services including prison. And where it was needed, community-based staff would go to the family's home and help them set up the virtual visit because some of our families are not at all familiar with using laptops or iPads or that way of engaging, and they would support children and young people through the virtual visit to enable them to have communication with the person in prison.

Q. I thought every 12-year-old knew how to work an iPad.

A. Some of our young people are a bit disengaged from that

part of life.

Q. Okay. You talk at 39 of lockdown "had a detrimental impact on people in prison" and presumably also family. You say that "Services were stretched in responding to the pandemic". Were prisoners prioritised -- prisoners and their families?

A. Yeah, they were prioritised by the services that were involved with them. Yes, I would say, yes, they were.

Q. Although you say at paragraph 40:

"Connections with family and community support were difficult and less frequent."

A. Yeah, I think on the whole that was about the restrictions, the limitations, the stretch around staff shortages, staff being in lockdown, being unwell, suffering bereavement, having caring responsibilities for children, elderly relatives or people in nursing homes, et cetera. So I think the whole system was stretched in a way that we all experienced and for families impacted by justice and with relatives in prison that did make it additionally difficult.

Q. At paragraph 40 you make specific reference to early release. Do you think that -- as an organisation, do you think that early release was used as effectively as it could have been?

A. We've been in support of early release mechanisms even

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

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

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

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

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

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

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

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

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

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

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

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

being given to the huge diversity which exists within the sector because, while some care is delivered in care homes and care at home, lots of social care is delivered in people's homes, in community settings. And it is about helping people to live their life to the fullest possible through good, supportive and enabling relationships and I think that that real focus on care homes and care at home initially stopped thinking about the broader implications of guidance on social care and that ability of people to live their lives to the full.

Q. So is it your evidence that, in terms of setting out guidance and so on, those who were establishing the guidance were focused on care homes primarily to the detriment of other care settings?

A. Yes, that was my initial view and certainly that's where the bulk of the evidence -- the bulk of the guidance initially came.

Q. Now, you were dealing with a wide variety of care environments. Can I take you to paragraph 28, which is something of a description of your organisation's response to that. You sent out 80 bulletins.

A. We did, and many local protocols. So this was us trying to support the organisation to understand the guidance because people were busy. I cannot tell you how busy it got in the organisation with trying to continue to

provide support to all of the people, 25,000-plus potentially, who are in receipt of care services in some way or another from us. So they don't have time to go through all of that guidance. They particularly don't have time to go through guidance that changes day to day. And there were a lot of questions coming up from staff about, you know, keeping themselves safe, keeping other people safe, whether particular guidance applied to them. So the 80 bulletins was our attempt to bring that all together and get out the most important messages to managers so they didn't have to sift through it and could implement it simply.

Q. So guidance would go out which might be applicable in a variety of sources but your central team would break that down and say, "John, this might be relevant to you"?

A. Yes. Care homes, care at home, community support settings, all staff -- that type of thing, yes.

Q. Why didn't the guidance do that itself?

A. I think it was -- well, I'm not sure really. I guess there wasn't, as I said before, that kind of understanding of all of the settings in which social care is delivered and potentially not an understanding, even in the care home sector, of how different care homes are. And you heard about that I think from

Ron Culley yesterday. The largest care home we run is 40 beds for older people but the smallest we run is three bedrooms for people who actually live together, enjoy cooking a meal together, are companions. So, you know, it needed a bit of flexibility and a bit of interpretation so that staff could implement in the best way possible for those that they support.

Q. I'll come on to ask you about the Care Inspectorate and so on later, but you say it needed a degree of flexibility. Was that something that was reflected, for example, in the Care Inspectorate? Did they recognise the need for flexibility?

A. I think that, as the scrutiny on care homes became more intense through the pandemic and models of care were forced down a much more clinical pathway, that degree of flexibility was difficult to achieve.

Q. Tell me about the clinical pathway. What do you mean by that?

A. So the guidance that particularly came out for care homes -- and remember we're talking --

Q. For care homes?

A. For care homes. If we just talk about care homes specifically for the moment, I think there was a sense that we could turn these into mini-hospitals. So I've referred in my evidence to the cleaning regimes that

were adopted, the fact that residents' own rooms -- we were asked to put away things that were important to them, you know, books, potentially magazines, photographs that maybe weren't in frames, that type of thing that couldn't be wiped down and cleaned, but actually might mean a lot to that resident. Where there was an outbreak, I think at one point it was suggested that we move the residents, infected residents, to one part of the building and non-infected residents into another.

Q. So how -- that doesn't fit with the model you described a moment ago of my room in my care home being my home.

A. That's it. So there was quite a lot of work needing to be done to say either "We can't implement that" or "We have to be more flexible in our implementation of that particular piece of guidance". If I'm thinking about older people with dementia, particularly those who find it important to walk -- that actually that's what they do. You know, they move. They sometimes move because it's comforting and sometimes they're moving to find other people or to congregate in the places that are familiar -- actually to ask them to isolate made no sense whatsoever. It doesn't become self-isolation then. There's not a choice in that. It becomes imposed isolation. You know, it was that type of conversation

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

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

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

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

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

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

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

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

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

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

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

Q. So all of these things were feeding in?

A. Yes.

Q. And that takes me back to your information tracker. Was the information tracker gathering all of this stuff for —— all of this material for your staff and others?

A. Yes, so —— yes. The big changes we were gathering on that information tracker. An awful lot of the rest of it is in minutes of the contingency planning group or, you know, that type of thing. Actually as decisions were taken or issues were raised, we actually had a tracker that was saying things that had gone from our contingency planning group into the National Contingency Planning Group, you know, that type of thing, so that we could make sure that we were actually getting answers and feeding them back. Because things were changing so quickly, sometimes it was difficult to keep track of a question you'd asked the day before and make sure you were getting an answer because it remained important as things were changing as well.

Q. I do mean this flippantly: was there steam coming out of the thing? You know, was it just being updated all the time?

A. Yeah, it was complicated. It was complicated for all of us, I get that, and I know that Government officials that I dealt with were working incredibly hard to respond to the many, many queries that the sector were putting up as well. But, yes, on some days it did feel overwhelming.

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

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

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

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

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

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

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

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

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

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

an example of where it's not happening. We have someone who is in need of care and something needs to move".
Q. And it did?
A. And it did.
Q. At 62 you talk about discriminatory practice. Tell us about that.
A. I think there was discriminatory practice because I think care homes were put -- older people had a particularly hard time if they were living in a care home during this pandemic and that movement of people from hospitals into care homes was tricky.
Deprioritising resources to care homes -- I mean, we felt a lot of the effort was going into hospital, that residents couldn't get the care that they needed, that they were increasingly isolated from family and friends. All of that sort of thing I think didn't uphold their human rights and potentially there was discrimination in the way that that care home population were treated.
Q. At paragraph 64 you talk about the reverse of that, and that's people going from hospital to care homes. You took a firm line in relation to that.
A. We did. We took a pretty firm line early on. Early on we were protected because we had high occupancy, so when the first call came to empty from hospital into care homes, actually we were very limited in our capacity to

be able to do so, so --
Q. What was your occupation rate at that stage?
A. At that stage, 94%, so it was high. So, you know, we were very cautious, even from the very start, and didn't have a lot of space, so we were able to rebut some of the requests coming through until we'd thought about on what basis would we admit and we made testing the basis of admission.
Q. At paragraph 66 you say that and give your view.
A. Yes, my view is it was ill-advised to discharge people from hospital into care homes from COVID-positive wards at the beginning of the pandemic.
Q. Okay. At paragraph 67 you make reference, as you did a few moments ago, to Operation Koper.
A. Hmm.
Q. From your evidence a few moments ago, it may be that the impression could be gained that you think it had a chilling effect; would that be fair?
A. It certainly affected the mental health of many of my managers, I would say, and I think has had a --
Q. Sorry, do you mean that seriously?
A. I mean that seriously.
Q. Right. So it's not just that they were a bit upset about it?
A. No. It has played on their minds significantly because

they did all they could to obey the guidance, to do what we asked them to do. Many of them went over and above what we could reasonably expect; for example, staying over in care homes in order to protect residents and their own families.
Q. So that's care home managers effectively moving into the care home?
A. Yeah, in some cases, with -- you know, having agreed that by Public Health. But particularly where isolation policies came in and, you know, actually if we had numbers of staff isolating, the managers just preferred to be on site so they could be the helping hands in that situation.
Operation Koper has been difficult because it has been applied so widely. So it's not that anybody who has not applied the guidance, not tried their best, where there has been negligence, shouldn't be looked at. Of course that should be looked at and anyone who has lost a member of their family has a right to be asking questions in that situation. But four years on all of these deaths are still open to scrutiny and there's no suggestion that we have done anything wrong. So I've had conversations with the Procurator Fiscal about at what point some of these cases be closed and we still don't have a resolution to that.

It just feels that it's disproportionate, particularly when more deaths occurred in hospital -- and I'm not suggesting the NHS are held to that level of scrutiny. They did a fabulous job and I'm not suggesting that in the least. It just feels disproportionate in the way that this has been applied to care homes. And you can understand that, if you're a manager and you're waiting to hear whether a particular death or a number of deaths in your care home have been due to your negligence or that could be alleged, that can put you under severe strain and some managers have chosen to leave the sector because that level of uncertainty and scrutiny has become unbearable for them.
THE CHAIR: That evidence you've just given matches well-nigh word for word something we've heard before at least on one other occasion.
MR CASKIE: Yes.
THE CHAIR: I think I should say that there's not a great deal we can do taking this much further on the basis that this is a matter which is currently under investigation by the prosecuting authorities and we are -- we hear what you say, we note it, but we can't do much more about that until such time as the Procurator Fiscal and Lord Advocate has made

determinations in relation to these cases. So it's not an apology.
A. No.
THE CHAIR: I'm just stating to you —— I'm sure you understand that ——
A. I do understand that.
THE CHAIR: —— the factual circumstances in which we are operating.
A. Yes, but this is an inquiry into how COVID has affected our organisation ——
THE CHAIR: Yes, of course.
A. —— and the sector and I'm giving an honest account of that. I do completely understand that the Procurator Fiscal is independent and will take its own view on when it feels it's done enough to clear some of these cases.
THE CHAIR: Thank you.
MR CASKIE: We'll talk about another quasi— —— well, a quasi—independent organisation now, and they're actually insurers, paragraphs 69 and 70. They're independent in the sense that they can pull the plug if they want to.
A. Yes.
Q. Tell me about that.
A. So that was a scary moment. So October 2020, we're

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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