

OPUS2

Scottish Covid-19 Inquiry

Day 35

April 18, 2024

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1 Thursday, 18 April 2024
 2 (3.00 pm)
 3 THE CHAIR: Good afternoon, Mr Dunlop. Can you hear me?
 4 MR DUNLOP: Yes, I can, my Lord.
 5 THE CHAIR: Thank you, and good afternoon, Ms Hendery, as
 6 well.
 7 I'm ready to go when you are, Mr Dunlop.
 8 MS RUTH HENDERY (called)
 9 MR DUNLOP: Thank you. The witness this afternoon is
 10 Ms Ruth Hendery and, for the benefit of your Lordship's
 11 notes, the witness number is SCI-WT0451-000001. Thank
 12 you, my Lord.
 13 Questions by MR DUNLOP
 14 MR DUNLOP: Good afternoon, Ms Hendery. I wonder if you can
 15 provide the Inquiry with your full name, please.
 16 A. Ruth Hendery.
 17 Q. Thank you. And when you're giving evidence today, can
 18 I remind you to try and avoid naming any individuals?
 19 A. Yes.
 20 Q. Thank you. You've provided a statement to the Inquiry
 21 and we have that in front of us. That's taken as your
 22 evidence. I wonder if we can look at certain passages
 23 of it. We see before you retired you worked as
 24 a headteacher with children with special needs; is that
 25 correct?

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1 A. That's correct, yes.
 2 Q. In paragraph 3 of your statement you tell us that you've
 3 previously used the services of Voices of Carers Across
 4 Lothian, which I'll refer to as "VOCAL", which I think
 5 is ---
 6 A. Yes, VOCAL.
 7 Q. More recently you've joined the board of VOCAL, and that
 8 was in 2020 but just before the pandemic; is that
 9 correct?
 10 A. I had one meeting before we went into lockdown.
 11 Q. I wonder if you can tell us, what is VOCAL?
 12 A. VOCAL is a carer support organisation that covers
 13 Edinburgh --- the City of Edinburgh, and Midlothian, so
 14 it's working with both local authorities, both of whom
 15 are within NHS Lothian, to support carers in whatever
 16 way they can.
 17 Q. You say "in whatever way". Could you give us some
 18 examples, please?
 19 A. Yes, certainly. A big part of the work is answering the
 20 phone to people with queries, so it's giving
 21 information, it's giving guidance, signposting to other
 22 services. We have our own services, like counselling
 23 services. We would facilitate setting up self-help
 24 groups, we would run group work, we offer training,
 25 particularly to employers. We work extensively now with

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1 employers to make life easier for the carers they might
 2 employ. And we administer, with funding that often
 3 comes one way or the other from the Scottish Government,
 4 to support carers with micro-grants for food and fuel or
 5 for short breaks, and indeed it's the area of short
 6 breaks, respite, that is something we've been expanding
 7 more recently.
 8 Q. Okay. I'll maybe ask you some questions about the short
 9 breaks. In terms of as an organisation, is it wholly
 10 volunteer-run or does it have a paid workforce?
 11 A. It has a paid workforce that has grown as the
 12 responsibilities given to VOCAL have grown, but it does
 13 have a number of volunteers and, most recently, we've
 14 taken on a volunteer co-ordinator to build up the number
 15 and the roles that can be played by volunteers.
 16 Q. And in terms of --- in brief terms, full-time equivalent
 17 employees, how many? Do you know how many employees
 18 roughly?
 19 A. I think it's about 70 full-time equivalents.
 20 Q. And in terms of --- is there a membership as such? We've
 21 heard from various organisations, you know, that have
 22 almost a register of members. Is there a membership or
 23 is it more like a Citizens' Advice Bureau where somebody
 24 can just walk in off the street and ask for help?
 25 A. It has been historically an organisation where people

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1 can walk in off the street and ask for help. We have
 2 encouraged GP practices, health and social care
 3 organisations to the partnerships to refer people to us,
 4 so we get a lot of referrals through other folk, but it
 5 has been self-referrals too. We are reviewing our
 6 articles and we will have membership because we have
 7 a list of people to whom we send newsletters and who are
 8 regularly engaging with us.
 9 Q. Can I ask, is it only unpaid carers that VOCAL assists
 10 or is it all forms of carers, even paid carers?
 11 A. Obviously we don't turn anybody away if they come for
 12 information and guidance, no, but it's for unpaid carers
 13 because they're the ones who have not got any other form
 14 of support historically.
 15 Q. And in your statement at paragraph 15 you tell us about
 16 the funding of VOCAL and we don't need to look at that.
 17 We have that before us. At paragraph 16 you tell us
 18 about services such as guidance, counselling and short
 19 breaks. I wonder, just for the purposes of the
 20 pandemic, can you tell us a bit about what the short
 21 breaks were and whether those were affected by the
 22 pandemic?
 23 A. Absolutely. Before --- pre-pandemic days, needs would be
 24 assessed by social work staff and families looking after
 25 the people they cared for would often be given an

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1 allowance, according to need, of what we used to call
 2 "respite", because they --- it really was only people who
 3 had very high-level needs and who were seen to be in
 4 most need of breaks from caring.
 5 Now, this was --- I can remember when it was my son's
 6 case, it was given to me that --- both he was getting to
 7 an age and stage where it would be quite natural for him
 8 to not always be at home but to have a break from home,
 9 but for us as a family it was absolutely essential to
 10 get a break so that we could work with our other kids,
 11 do stuff that ordinary families do. But breaks from
 12 caring have become the new way of looking at what we did
 13 call "respite". They don't like the word "respite"
 14 because it suggests you're getting away from something
 15 bad and it would be very nice to think that these short
 16 breaks were all wonderful, positive experiences, but the
 17 bottom line is, for a lot of unpaid carers, getting
 18 those breaks are what sustains them, what brings them
 19 the capacity to come back and carry on caring, and it is
 20 getting away from a lot of very hard work, a great deal
 21 of responsibility. But "short breaks" is now what we
 22 have been encouraged to call --- you know, there are
 23 funding trails that allow us to offer carers breaks from
 24 caring.
 25 Quite often it happens that if --- for instance, in

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1 the case of VOCAL, we now have a property and we've just
 2 acquired a couple of caravans that people want to take
 3 the cared-for person with them because that really is ---
 4 if you're looking after somebody with very complex
 5 needs, that is often the only way you can get a break
 6 from normal routine. So it covers a wide range of
 7 different scenarios, but it is a break from normal
 8 routine.
 9 Q. I wonder if I could just briefly ask you a couple of
 10 follow-up questions. You said that there was an
 11 allowance assessed. Is that allowance a number of days
 12 a year?
 13 A. Yes, it would have been, yes.
 14 Q. In terms of that allowance, if the person who is being
 15 cared for has more complex needs, I think as you put it,
 16 do you get a greater allowance? Is that essentially how
 17 it works?
 18 A. Yes.
 19 Q. I know there's no such thing as an average person, but
 20 just to put it into context in terms of how much short
 21 breaks, formerly respite, someone would expect to get in
 22 a year, is it two weeks a year, is it two months a year?
 23 Can you just put it in context?
 24 A. Well, certainly in the school I was at, in my own
 25 experience, it used to come out at about 35 nights

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1 a year. I knew one family who had 72 nights and that
 2 was because they were on their knees and their son was
 3 particularly complex. I must add that all these
 4 assessed needs and the allowance of respite all stopped
 5 dead when COVID arrived and all services just stopped
 6 and these have not come back.
 7 Q. Okay. Let's deal with the pandemic first.
 8 A. Right.
 9 Q. You can perhaps explain why they haven't come back. You
 10 say that they stopped dead.
 11 A. Yes.
 12 Q. So you mentioned that there was a --- with VOCAL you said
 13 there was a property and I'll call that like a holiday
 14 cottage type thing.
 15 A. Yes, it is exactly that. Now, this is a service that is
 16 post COVID --- I'm sorry. I maybe didn't make that
 17 clear. Previously the local authority had worked in
 18 partnership with a number of providers, often charitable
 19 organisations, who would provide the location and the
 20 staff for respite breaks and it was --- your social
 21 worker would give you the allowance and they would
 22 manage the funding. So basically, as a family, we were
 23 told, "Take your young person ..." --- or in fact they
 24 often went directly from school.
 25 So it was a service that was built into the other

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1 services that they were getting at the time, as a child.
 2 And as an adult it would be something perhaps in a care
 3 home or some such, that --- again, you would have an
 4 allowance, you would know you had that allowance, but
 5 the local authority or social worker would actually
 6 organise it and it would include transport.
 7 Q. We know that you're a director of VOCAL, but you've
 8 talked about your son and, without please naming any
 9 names, am I correct that you've used the services of
 10 VOCAL prior to being a director because of your son's
 11 needs?
 12 A. No, it was actually, once I was a board member,
 13 I realised the opportunity was there to use their
 14 various services. But I certainly knew --- I'd done
 15 a bit of work with Citizens' Advice and certainly at the
 16 school I knew that it was well worth signposting people
 17 who had concerns.
 18 Q. And as --- two hats essentially, perhaps more. As
 19 a parent of a son with needs and obviously as a director
 20 of VOCAL, can you tell us or can you tell the Inquiry
 21 what the impact was in relation to both the person being
 22 cared for and the carer of this respite --- sorry, short
 23 breaks --- coming to an end during the pandemic?
 24 A. Well, it was devastating. I mean, personally, my son
 25 was by that time --- we had been advised to get him into

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1 a residential establishment because the money was
2 running out for such moves in terms of adult services,
3 but for many, many carers, who absolutely depended on
4 getting breaks in order to sustain themselves, the other
5 members of the family, to have suddenly that just shut
6 down for years, it just -- it brought a lot of carers to
7 the edge, the brink.

8 Q. Do you know if it had any impact on carers' mental or
9 physical health?

10 A. Absolutely. Absolutely, both. I know people directly
11 but I know VOCAL, through their survey, has identified
12 people who had to say, "If I can't get replacement care
13 for the person I'm looking after, as in a break where
14 I'm not the one that's looking after them, how can
15 I have this operation?". And that happened to many
16 people. They put off treatment, they put off
17 operations. They did not look after their own health
18 because they couldn't get a break in order to have the
19 peace of mind to know that their individual -- the
20 cared-for person was being looked after.

21 Q. In your opinion, could things have been differently?
22 Could respite have -- sorry, short breaks -- could that
23 have survived the pandemic? Could that have been
24 executed in a different way?

25 A. Yes, I believe it could have done. There were --

1 self-directed payments could have been much more
2 flexibly used because that was a big issue, that you
3 were not allowed to use other family members -- you were
4 not allowed to pay other family members to do any of the
5 caring. So if you had an extended family that included
6 people that knew your person and could have looked after
7 them and let you do -- you know, get a break, you were
8 not allowed to use that funding in many cases, and that
9 lack of flexibility I really feel should be looked at.

10 Q. Can we talk about that? Can you tell us, what are
11 self-directed payments?

12 A. Self-directed payments are the mechanism by which the
13 Health and Social Care Partnership, having made an
14 assessment of an individual person's needs, then attach
15 funding, and it can be for day services, respite
16 services, replacement care, and it's meant to be the
17 means by which families can either say, "Right, I'll
18 find a carer to look after them" or "I'll find an
19 organisation that you can pay". There are options. But
20 the idea is it's the funding mechanism by which unpaid
21 carers can be funded to -- or, rather, the cared-for
22 person can have services that are paid for by the
23 partnership.

24 Q. You said there was a lack of flexibility, which
25 suggested there was some sort of ringfencing. Am I --

1 A. It wasn't quite like that. It was -- the
2 Scottish Government asked -- as we understand it, the
3 Scottish Government asked partnerships to be more
4 flexible, but the snag was that, coupled with COVID, we
5 had also had years of austerity, never mind Brexit,
6 shortening the supply of carers, paid carers, so what
7 has happened is that there was a pressure not to be as
8 flexible as might have been with these funds because
9 what's happening now is, where they are unspent because
10 a family couldn't find a carer, couldn't find an
11 organisation, couldn't fund family, then the partnership
12 takes the money back and, as we know, the partnership is
13 short of funds.

14 Q. In terms of the question I asked, "Could it have been
15 done differently?", I think you said if there had been
16 more flexibility in these self-directed payments. So if
17 you were in charge, what would you do?

18 A. Well, there can be safeguards in terms of knowing people
19 who are going to be in receipt of payment for care so
20 that you're not just leaving it for Tom, Dick and Harry
21 to do this -- in the same way as childminding, you have
22 these sort of safeguards. It could have been more
23 flexible to allow in extremis family members to do
24 more -- other family members. Not necessarily the
25 direct, say, parents looking after -- and there were

1 some constraints on that. I think in some cases push
2 came to shove and it was accepted, but I know carers who
3 have tried to find PAs, personal assistants, and they've
4 simply come up against the buffers. Another flexibility
5 is there's a limit how much you're allowed to pay per
6 hour if you're using these funds.

7 Q. If the funds were paid to the carer, I'm struggling to
8 understand how that would have enabled short breaks to
9 have occurred because I appreciate, perhaps, there would
10 have been hotels open in the north of Scotland but that
11 still would be the same carer and the same person being
12 cared for. Am I missing something here?

13 A. It could have allowed the wider family, for instance, or
14 friends or neighbours or other people who knew the
15 person, ie could work with them if they were a bit --
16 you know, if they had complex ... and that could have
17 been replacement care, allowing the primary carer to get
18 a break, even if that meant going shopping, going to
19 have their hair done, never mind going away for
20 a weekend or so. But, I mean, that has -- these were
21 the things that suddenly became -- without day services,
22 without respite services, carers were left 100% with the
23 person they cared for. There was nothing there. So
24 anything that could have funded alternative replacement
25 care would have in itself, in this instance, been

1 a break for carers.
 2 What's missing, of course, is anything that would be
 3 anything like organised to allow those carers to keep
 4 their employment or do something that was on their, you
 5 know, hours of work. That all just had to stop for many
 6 of them.
 7 Q. In terms of VOCAL as an organisation, you tell us at
 8 paragraph 18 that support is provided through telephone
 9 and face to face and that counselling and group work
 10 were in-person services prior to the pandemic. How were
 11 those services delivered or were they delivered at the
 12 outset of the pandemic?
 13 A. Well, VOCAL was a wee bit ahead of the game. We had had
 14 quite good sort of digital developments and we had
 15 already established --- because there were always carers
 16 who found it almost impossible to leave the people they
 17 were caring for. They didn't have the time, they didn't
 18 have somebody else in the place, so they were keen to
 19 work sort of virtually. So it was phones, but we also
 20 had these --- it took --- there was a gap at the
 21 beginning, but we were pretty quick to set up video
 22 conferencing and telephone counselling and services
 23 could be delivered remotely. And, in fact, what I think
 24 I said was we discovered that for many carers this was
 25 easier than actually trying to make time and space for

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1 face to face.
 2 Q. That may assist your existing, I suppose --- I'll call it
 3 "membership". I appreciate it's not a membership as
 4 such. In terms of --- and I think what you come on to
 5 say in your statement is there was --- accidental carers
 6 essentially arose by virtue of the pandemic. They
 7 became carers, unpaid carers, that they weren't
 8 beforehand.
 9 We see in your statement you mention that VOCAL had
 10 people who would stand in public libraries and
 11 provide --- how did you get the message across after the
 12 pandemic to these accidental --- my own words, not
 13 I think from your own statement --- these accidental
 14 unpaid carers?
 15 A. The people that came forward once the pandemic was
 16 underway?
 17 Q. Yes.
 18 A. Well, obviously, the channels through other statutory
 19 agencies, GP services, et cetera, that stopped because
 20 people were no longer in contact and we had to use our
 21 own media, if you like, and get out the message;
 22 newsletters, the website, through any means. And, you
 23 know, putting up the --- again, all the face to face was
 24 impossible at certain points so it had to be done
 25 digitally and that was largely how we did it.

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1 I mean, the numbers of referrals at that time, you
 2 know, it went right down, and then it began to pick up
 3 as people had these alternative ways. And also we had
 4 many people looking for our services, so it wasn't that
 5 we had to go out and attract them in; it was that people
 6 during the restrictive periods were getting pretty
 7 desperate. I mean, there were young carers who didn't
 8 know where to go to get food delivered when they were
 9 told to stay in; there were people who wanted to do the
 10 shopping for somebody that they didn't live with and
 11 they didn't know how to, you know, get access to the
 12 shopping slots that paid carers, for instance, got.
 13 There were a lot of services and then, later on,
 14 obviously, carers wanted PPE, they wanted test kits and
 15 ultimately they wanted vaccines quicker. So there was
 16 a huge rise in demand that caused people to look for
 17 a carer --- carer organisations.
 18 Q. In terms of before the pandemic --- and I think we see
 19 this in your statement --- you talk about the demand for
 20 carer services at paragraph 27 increased
 21 substantially --- that's paragraph 27 --- due to people
 22 not being able to get support through usual health and
 23 social care contacts and you also talk about --- and
 24 I think you've mentioned it already in your evidence ---
 25 that referrals through GPs had ceased. You also

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1 identify at paragraph 32 of your statement that, due to
 2 the redeployment of health and social care staff, carer
 3 referrals to VOCAL dipped from about 50 a month to nil.
 4 A. Yeah.
 5 Q. If there's more unpaid carers but there's less
 6 referrals, were those unpaid carers relying on
 7 essentially finding you through I think what you said is
 8 media and web enquiries?
 9 A. Yes, yes. I mean, word of mouth, many people who would
 10 know other people, neighbours, friends, who were in
 11 a similar caring situation, but there was that lull at
 12 the beginning where people just didn't know where to go.
 13 Q. We've heard from various GP witnesses --- I don't think
 14 we've heard yet from any of the health and social care
 15 partnerships --- but do you know why they were unable to
 16 refer --- why were they redeployed?
 17 A. Well, they were redeployed because the buildings-based
 18 services, like day services and respite services,
 19 stopped because of the risk of infection and the staff
 20 were pretty quickly redeployed into the emergency
 21 services and much more COVID-related services. I mean,
 22 I know people who had phone conversations from time to
 23 time with some of the same workers. It wasn't that
 24 their phones just switched off, but the snag was often
 25 the operatives who were phoning them were simply saying,

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1 "Are you okay?", and they were saying, "No, I am not.
 2 What can you do about it?", and they — maybe they said,
 3 "Well, you'll have to look elsewhere". But they
 4 couldn't offer anything at that point because of course
 5 everybody was in the dark and didn't know what was
 6 coming next.

7 Q. In terms of — I think you mention Coalition of Carers
 8 later in your statement. Other than — and I appreciate
 9 VOCAL is geographically within a particular area, but
 10 are there other agencies, charities, like VOCAL within
 11 Scotland?

12 A. Absolutely. There's carer organisations in every
 13 partnership area across Scotland and, yes, the coalition
 14 was — the last CEO of VOCAL was instrumental in getting
 15 that coalition because of the — which is a network
 16 across Scotland of carer organisations, and there are
 17 more than VOCAL in Edinburgh. I mean, there are other
 18 care organisations. But it was trying to pull it all
 19 together, which was why in the end it became such
 20 a useful tool for the Scottish Government to go to the
 21 Coalition and say, "Here are the regulations. Please
 22 disseminate".

23 Q. Okay. I'll maybe come on to that.
 24 In terms of the unpaid carers and the local
 25 authorities — and I appreciate you can probably only

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1 speak to two so it's a very small sample — were the
 2 local authorities consistent in the way that they were
 3 dealing with unpaid carers during the pandemic?

4 A. Not entirely, no. I think that's — SDF is an example
 5 of where we were aware through the Coalition that there
 6 were variations in how flexible local authorities were
 7 being.

8 Q. Is that self-directed funding?

9 A. Self-directed funding, yes.

10 Q. So were some local authorities approaching self-directed
 11 funding in a different way to other local authorities?

12 A. Well, to give you the example of can you use the money
 13 you've been allocated to meet the needs of your
 14 cared-for person on other family members taking up the
 15 care to give you a break, some were more flexible and
 16 allowed that more readily than others, as I understand
 17 it.

18 Q. When you say "as I understand it", was it something that
 19 you've heard from another party?

20 A. Well, through the Coalition.

21 Q. And the Coalition of Carers, they're a Scotland-wide
 22 organisation?

23 A. Yes.

24 Q. You discuss at paragraph 26 the impact on fundraising,
 25 which I suppose is an issue that probably affected many

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1 charities and suchlike. Did anyone step in financially
 2 to meet the shortfall?

3 A. Some funding streams were already established, so they
 4 continued, but the Scottish Government did make
 5 allowance and there were funds directed at unpaid carer
 6 organisations in order to reach unpaid carers. As
 7 I said, one example would be the Carer's Allowance,
 8 which was to basically make sure that people had access
 9 to additional funds so that the most in need could make
 10 claims for usually food and fuel and occasionally white
 11 goods that they needed.

12 Q. We talk about unpaid carers. Is there a register of
 13 unpaid carers?

14 A. No, there is not, and it's because they are not
 15 a homogenous group. Quite often most of us in our lives
 16 will be carers at some time, possibly of elderly
 17 parents, and for many it starts as you're just looking
 18 out for somebody and you absolutely don't see yourself
 19 as a carer. It's just what sons and daughters do. And
 20 then, as needs change or if somebody has a disability or
 21 somebody has a stroke or major health needs, then
 22 suddenly the leaning on your family member becomes more
 23 than just, you know, the regular family relationship and
 24 then you are needed in order, perhaps, to do personal
 25 care, to do all the shopping, cooking, cleaning, letters

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1 and all of that, and it can build up. And it's because
 2 that doesn't necessarily happen overnight that a lot of
 3 people who I would recognise as a carer don't recognise
 4 themselves as a carer.

5 In particular what we see is — because three out of
 6 four carers are women and they often simply assume that
 7 is their lot, but we need to recognise them as carers
 8 because they need support in order to sustain them and
 9 make sure that they can continue in this incredibly
 10 valuable role.

11 Q. Does VOCAL advocate a register or similar of unpaid
 12 carers?

13 A. Well, it certainly wants to see more people sign up
 14 themselves as carers and — yes, you could say that was
 15 one of the gifts of the pandemic restrictions, that
 16 people were more likely to come forward because they
 17 were desperate, for instance, to be allowed to go on
 18 a bus to visit whoever they looked after, to be able to
 19 shop, to be able to get PPE and test kits and all sorts
 20 of things. It is really necessary to have as good
 21 a list as you can get and I certainly see something
 22 maybe coming out of the Inquiry that helps to get those
 23 lists.

24 GPs possibly get to know carers because they're
 25 coming on behalf of the cared-for person or they come

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1 along with, but schools know all the — they should be
 2 on top of their list of young carers, folk that — just
 3 in conversation they understand that it's a youngster
 4 who is also looking after perhaps somebody, a parent,
 5 who has additional needs.
 6 Q. You mentioned there the priority for testing and so
 7 forth that the carers might have. Can you explain to us
 8 the mechanics of how that would happen in practice? If
 9 someone was — there's no register as such —
 10 A. No.
 11 Q. — so you don't have a membership card to show. If
 12 somebody was an unpaid carer during the pandemic, how
 13 could they get that recognition in order to achieve any
 14 priority or preference or —
 15 A. Well, VOCAL and through the Coalition worked hard with
 16 the partnerships, health and social care partnerships,
 17 to write letters so that the carer could go into a shop,
 18 could get on to a bus, could turn up at the library that
 19 was distributing PPE, whatever it was, but that's all it
 20 was. It was just a letter saying, "This person is known
 21 to be an unpaid carer and needs access to those
 22 services" or, you know, "to be out and about without
 23 being caught".
 24 Q. You mention at paragraph 47 of your statement that the
 25 Coalition of Carers and VOCAL worked closely and — can

21

1 you give me some examples of you working — was it
 2 working closely or working together?
 3 A. Well, all good work is partnership, so it's —
 4 Q. Okay. Can you provide us with some examples perhaps of
 5 the good work?
 6 A. Yes. As I understand it, the Scottish Government were
 7 really comfortable with putting down a lot of the
 8 updates on regulation to the Coalition, who in turn made
 9 sure that there were bulletins and the websites kept up
 10 so that right across Scotland the information about
 11 those regulations was relayed as quickly as it was
 12 possible to relay them so that unpaid carers could make
 13 the necessary adjustments. At the same time VOCAL
 14 worked through the Coalition to encourage all the
 15 partnerships to get some kind of carer ID for the people
 16 in their own areas.
 17 Q. Carer ID, did that materialise within Midlothian?
 18 A. Yes, yes.
 19 Q. Was that a badge or —
 20 A. That was seen — no, it was letter.
 21 Q. Was it like a badge that you're wearing round —
 22 A. No, no, it was a letter with the partnership — as far
 23 as I understand it — I didn't have one so I don't know
 24 what it looked like — but I understand it was
 25 a letter with the partnership's logo, saying, "The

22

1 above— ..." — yes, "The above—mentioned is recognised
 2 to be an unpaid carer".
 3 Q. On reflection, is that something — rather than VOCAL
 4 having to bear the responsibility and I suppose the
 5 administrative burden, is that something that you think
 6 could have been done at a national level by the
 7 Scottish Government or the local authorities?
 8 A. Yes. I think the local authorities should know their
 9 own unpaid carers. I mean, there is legislation —
 10 there is the Carers Act from 2016 that actually
 11 suggests, more as a right of carers, that there should
 12 be an adult carer support plan or a young people's plan.
 13 So if that was followed through — and, I mean, it's
 14 happening but it's just been very slow to enact — but
 15 if more authorities had actually got those plans in
 16 place, then we would have as good as it gets for the
 17 most complex, at least, in terms of identifying who the
 18 unpaid carers are and who they're looking after and
 19 their own needs. That's the key thing. The plans
 20 should also have reference to what those carers identify
 21 as their own needs in order to sustain them in the
 22 future.
 23 Q. You've talked about young carers today and you talk
 24 about young carers in your statement. Is there
 25 a particular age group that are young carers?

23

1 A. Sadly, no. I was shocked when I joined the board and
 2 got some of the information of the survey figures from
 3 the past and present to understand just how young some
 4 young carers are. They may not be doing quite so much
 5 when they're in primary school, but there are
 6 primary-age children who are caring for, covering up
 7 for, supporting and otherwise depended upon to provide
 8 care to other family members.
 9 Q. Full-time — well, I say "full-time".
 10 A. It can be full-time.
 11 Q. What's the extent of the care?
 12 A. Well, the problem is, when all the services shut, even
 13 if the schools had been open, those carers — those
 14 young carers would have had to take time off, they had
 15 to fill the gaps. Just all unpaid carers had to fill
 16 the gaps. And it is a source of alarm that, even when
 17 the schools were open or you were meant to be — the
 18 kids were meant to be working digitally, if there's no
 19 services, then the people they were caring for in many
 20 cases needed them round the clock and I think their
 21 education has taken a hammering.
 22 Q. At paragraph 55 you explain in your statement that
 23 pre-pandemic care services, they haven't returned to
 24 similar levels and that's required VOCAL to provide
 25 services. You also tell us that funding has been

24

1 reduced for services. Can you explain firstly what
 2 types of services are you talking about and, secondly,
 3 why have they not returned to pre-pandemic levels? Is
 4 that a consequence of the pandemic?
 5 A. Not entirely. The writing was already on the wall.
 6 I mean, we've had many years of austerity, we've had
 7 Brexit that choked off many of the staff who were in the
 8 system to work as paid carers, so things were not -- you
 9 know, things were not good.
 10 Q. The garden wasn't rosy beforehand --
 11 A. No.
 12 Q. -- but did the pandemic (overspeaking -- inaudible)
 13 entirely?
 14 A. It speeded it up. It speeded up what was going on. To
 15 give an example, people with more complex needs would be
 16 entitled to a day service, they would be entitled to
 17 respite services, they would be entitled to transport,
 18 to name three significant -- they often had
 19 social workers. But everything stopped, was redeployed,
 20 refocused, on COVID-directed services for the duration.
 21 What we feel is happening is that the opportunity for
 22 many service providers has been that they simply can't
 23 afford to go back to the levels they were providing
 24 before. The assessments still stand, the people needing
 25 the care are still there, but the funding simply is no

25

1 longer available.
 2 So day services have never, as I understand it, gone
 3 back to the level they were at. I know families where
 4 they are getting half-days or fewer than full-time in
 5 terms of a day service. They may or may not have any
 6 respite or replacement care services. And transport is
 7 now -- it's been sort of broken away. It used to be
 8 automatic that, if you were awarded a day service, then
 9 you obviously needed to have transport to and from, and
 10 now you have to go through a separate panel in order to
 11 get that. Again, it's all driven by finance. It's all
 12 driven by the fact that the partnership would love to
 13 deliver what it used to deliver -- possibly, yes, they
 14 saw ways that they could redesign services and make them
 15 more efficient, more effective, more targeted,
 16 whatever -- but the bottom line is the funding is simply
 17 not there, so people who were assessed as needing these
 18 services simply do not get them any longer.
 19 Q. In terms of transport -- and we've jumped forward and
 20 I'll come back --
 21 A. Sorry.
 22 Q. No, no, that's quite all right. It helps the flow.
 23 You mentioned in paragraph 71 -- you discussed
 24 issues about whether transport was included in funding
 25 and you identify that there were difficulties. Can you

26

1 explain to us what you mean by transport and funding
 2 being interlinked?
 3 A. Well, if you have a child with additional support needs
 4 going to a special school, it was taken as read that you
 5 would -- you know, if your child couldn't use -- just
 6 walk to school -- or of course a special school may be
 7 half a city away, so transport was just built into that.
 8 For adult services, it was broadly the same, that if you
 9 had a day service and it was in a building and it was
 10 half a city away, there would be transport. Already
 11 they had tried to unpick that and it was becoming
 12 a service only really available to the people with the
 13 most complex needs who absolutely couldn't use public
 14 transport, didn't have a Motability vehicle and driver
 15 to hand, et cetera. But what's happened is now that the
 16 transport is just like a separate service, so it's not
 17 tied in the way it used to be. It's something you have
 18 to apply to. So you can be told you've got three days
 19 at a day centre but you'll be left to sort out the
 20 transport. You can apply for a transport but it's not
 21 a given the way it once was.
 22 Q. Is that as a consequence of the pandemic?
 23 A. Who knows? These things just all speeded up. They fell
 24 during COVID and they were not reinstated afterwards.
 25 Q. Okay. At paragraph 56 you identify the

27

1 Scottish Government -- you say:
 2 "While we celebrate the Scottish Government funding
 3 for unpaid carers, especially for those carers in
 4 financial hardship ... [you say] funding for service
 5 delivery for those being cared for has shrunk so [much
 6 that] there is ... more work for unpaid carers to do to
 7 fill the gaps."
 8 You talked about the -- and you go on at
 9 paragraph 58 to say that a lot of available services
 10 were not available and that people were emotionally
 11 stressed. In terms of the impacts on the physical and
 12 mental health, was that affecting the unpaid carers and
 13 the people they were caring for or just one
 14 particular --
 15 A. No, it would have affected the people they were caring
 16 for. Many people who had services, it was their social
 17 life. It was their life to leave the house on a daily
 18 basis, like the rest of us going to work. They would go
 19 out maybe to a day centre, they would meet their friends
 20 at that day centre, et cetera, and they were undoubtedly
 21 stressed when that all stopped and then has not
 22 largely -- you know, for many it's not gone back to the
 23 level it was.
 24 But for the carer, they were left filling the gap,
 25 and that filling the gap has huge ramifications in terms

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1 of that additional workload that they would be doing,
 2 the caring work itself. It was very stressful. But one
 3 of the key things that we're seeing increasingly is it's
 4 pushing them out of employment. You know that they're
 5 not allowed, if they get Carer's Allowance — and only
 6 one in four earn so little or nothing that they can get
 7 Carer's Allowance — but for the people who are trying
 8 to hold on, whether for their sanity, for their
 9 financial well-being, to work, which the rest of us just
 10 take for granted, they are being pushed out because the
 11 less services provided for the people they care for, the
 12 more they have to take on, and they can't do it all and
 13 they are being forced out of work. One of the ways that
 14 this is now happening is there's a conflation between
 15 the partnership's approach to short breaks and services,
 16 so that if your — the person you're looking —
 17 Q. When you say "partnerships", you mean health —
 18 A. Health and Social Care Partnership. If the Health and
 19 Social Care Partnership say, "Right, we'll give your
 20 looked-after person a day service. Now, mark this,
 21 that's your respite, that's your short break", but that
 22 doesn't necessarily fit with the working hours you do or
 23 anything else and it's — you've got — anyway, it's
 24 just that conflation has made things a lot worse.
 25 You're not getting seen in your own right as having your

29

1 own needs, and that's what the Carers Act promised, that
 2 it would put the carer into the position that they were
 3 recognised as a partner in the care of the cared-for,
 4 that they would get an assessment of their own needs and
 5 that there would be services to support them.
 6 Q. In terms of employment, you identify at paragraph 79
 7 that one-third of carers were required to give up work
 8 due to caring responsibilities and that four out of five
 9 carers are women. In your statement are you referring
 10 to people having to give up work as a consequence of the
 11 pandemic?
 12 A. Unpaid carers, in greater numbers, have had to give up
 13 work certainly during the pandemic because there were no
 14 services for the cared-for, so they had to just stop
 15 what they were doing. It was okay if they were in the
 16 sort of jobs that were furloughed or, you know, sort of
 17 stopped themselves, but for many unpaid carers on the
 18 lowest levels of pay, temporary contracts, et cetera,
 19 et cetera, they were the ones who were doing
 20 public-facing jobs in many cases and of course they
 21 couldn't take the risk. There either was a health risk
 22 or the times — they just couldn't get the cover to do
 23 the work.
 24 Q. Those carers who gave up their employment to become kind
 25 of accidental carers, if you like, as a consequence of

30

1 the pandemic, do you know if they've now returned to
 2 work?
 3 A. No, I'm pretty —
 4 Q. They haven't?
 5 A. I'm pretty sure because the figures are still showing —
 6 they sort of survey and then the carers that are coming
 7 to VOCAL now, it is a growing concern. More people are
 8 coming through the door now, saying, "I need some
 9 support, I need some help. Tell me how I'm going to
 10 manage this because, the less my cared-for person gets
 11 by way of statutory services, I can't juggle my working
 12 hours and their care needs".
 13 Q. Going back to paragraph 66 of your statement, you tell
 14 us about the difficulties in unpaid carers obtaining
 15 personal protective equipment, PPE —
 16 A. Yes.
 17 Q. — in the initial stages of the pandemic. Where were
 18 unpaid carers obtaining PPE in early 2020?
 19 A. Well, they didn't have. I mean, it took until there
 20 was — you know, they could get accreditation. If they
 21 were — I'm trying to think. I know somebody who went
 22 off, got stuff through a library, and I think they had
 23 got it because they were recognised or known to be
 24 carers. But if you didn't have a Carer's Allowance, for
 25 instance, that proved you were a carer, you couldn't get

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1 stuff.
 2 Q. You used the word "accreditation" there. Is that a
 3 reference to the letter?
 4 A. Sorry, that goes back to the letter.
 5 Q. Yes, it goes back to the letter.
 6 A. It's identification as a carer.
 7 Q. If you had that identification as a carer, did that open
 8 some door to PPE?
 9 A. Yes.
 10 Q. What door did it open?
 11 A. It meant you could go and you could get some without
 12 paying for it because in the early stages they just —
 13 Q. Where from?
 14 A. Well, as I say, I think there were medical
 15 establishments that opened their doors to unpaid carers.
 16 And the same with test kits, all of that kind of
 17 practical help became available in communities.
 18 Q. So essentially this letter was kind of a golden ticket
 19 to essentially PPE?
 20 A. Yes, essential materials to keep people safe. Houses —
 21 people's homes became like mini care homes, you know,
 22 everybody having to be terribly careful and gowned-up
 23 and all the rest of it. But, you know, you were talking
 24 about some of the most vulnerable people in the city.
 25 Q. At paragraph 69 you tell us that the changes in the

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1 regulations were confusing and contradictory. When you
 2 say "the regulations", are you talking about the
 3 lockdown restrictions?
 4 A. Yes.
 5 Q. And did VOCAL or did other unpaid carer organisations
 6 raise this with the Scottish Government?
 7 A. Oh, yes. I mean, I think there was communication,
 8 whether directly or more likely through the Coalition,
 9 to say, you know, that some of the chopping and
 10 changing — well, remembering back, it was sometimes
 11 very difficult. The bubble system was confusing because
 12 so many carers have more than one person they're looking
 13 out for. Many of them were child carers for, you know,
 14 their kids' kids and also had either their partners or
 15 elderly parents or whatever, so quite often they ended
 16 up in a confusing situation because of the different
 17 bubbles.
 18 Q. Raising the contradictory statements, if you like —
 19 A. Yes.
 20 Q. — did that cause anything to change? Was there clarity
 21 brought by the Scottish Government?
 22 A. It was more that we started — there was a development
 23 of the relationship and, as I understand it, the
 24 Coalition could better answer that and say whether they
 25 felt that it was quicker, slicker, and they got direct

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1 information as and when. I know that everybody tried to
 2 get their websites clear and as much information as
 3 possible. That was as good as it got.
 4 Q. At paragraph 72 you say that people who were "hard to
 5 reach are now even harder to reach" —
 6 A. Yes.
 7 Q. — such as refugees, single parents and people whose
 8 first language is not English. When you talk about
 9 people who were "hard to reach are now ... harder to
 10 reach", was that the pandemic that caused that?
 11 A. Again, I think it speeded things up. I mean, during the
 12 pandemic there were a lot of people who either didn't
 13 recognise themselves to be carers or all of these groups
 14 who were — the communication issues were major, and the
 15 minute you go on to digital, you — some people don't
 16 have digital access or it's all given out in English and
 17 it's a bit more effort if you need it in another
 18 language or you're just struggling on the day to day and
 19 you're not — you don't have the energy to seek it out
 20 if it's not in your face. So anybody for whom life was
 21 just complicated, complex, they were at a distance from
 22 the information, so it did become harder.
 23 Q. What could have been done differently?
 24 A. Well, all the access arrangements that we know about
 25 might have been there, but that takes a bit of funding.

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1 I mean, to make sure everything is really accessible,
 2 you have to be sort of — you have to put specific funds
 3 into that. I mean, good partnerships were formed. It
 4 wasn't that it stayed in that state and a lot of work —
 5 I mean, for instance, I know that for the distribution
 6 of carer support funding, we did a lot of work through
 7 partnerships, for instance, in order to reach these key
 8 groups. But, again, it's all another layer of
 9 administration and it's — so most things can be eased
 10 with better communication and eased with funding.
 11 Q. Okay. Thank you. At paragraph 73 of your statement you
 12 discuss the carers' surveys undertaken in 2021. What
 13 was the purpose of that survey?
 14 A. We do these surveys every two years in order to get
 15 a very accurate picture of where carers are up to.
 16 Obviously it's a sample size, but I'm told by the
 17 independent group that do the surveys that it's
 18 a reasonable and therefore robust sample size. I know
 19 you could question it and say, on the one hand, "Well,
 20 who is going to fill that out except the angry?", but
 21 you could also say that the exhausted won't be filling
 22 it out either. So you have to hope that you will get
 23 a representative sample and every two years — which is
 24 why we only do it every two years — but it's to get the
 25 most up-to-date and accurate information about exactly

35

1 what is happening for different groups of carers. And
 2 we do it by questionnaire, small group sessions, one to
 3 one, and it is done by an organisation that's
 4 independent of VOCAL.
 5 Q. I think that survey — you identify at paragraph 74 —
 6 showed a 20% increase in carers reporting an impact on
 7 their mental health.
 8 A. Absolutely.
 9 Q. And I suppose just — if there's been an increase in
 10 carers, does it necessarily flow that there's — how
 11 do you know from the sample size that that is directly
 12 proportionate? If you've got greater numbers, is it
 13 the 20% of everyone that responds?
 14 A. I would suggest that it's an indication of a direction
 15 of travel, that people are getting more stressed, more
 16 stretched, their mental health is suffering, and this is
 17 again reported. It's consistent with the day-to-day
 18 reports that we get from the carer support practitioners
 19 in VOCAL, who are seeing more and more people coming
 20 through the door who are in a more critical state, with
 21 more complex needs and in a worse mental health
 22 position.
 23 You can understand that fits with all the medical
 24 evidence that says people sat on things during COVID,
 25 hoping that after COVID they could return, but by that

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1 time symptoms had got worse, everything's got worse ---
 2 sorry, I mean, it's not all COVID, but there has been
 3 a worsening of the state that unpaid carers find
 4 themselves in.
 5 Q. You mentioned this earlier, that unpaid young carers ---
 6 and you deal with this at paragraph 82 of your
 7 statement --- and you say that they've lost education
 8 that they'll never be able to make up. Do you have any
 9 rough estimates of the numbers of young carers?
 10 I appreciate it would just be within Midlothian and the
 11 City of Edinburgh.
 12 A. I couldn't --- I wouldn't like to take that risk of
 13 reeling off numbers. Again, it's an area that we need
 14 to be a lot clearer. We need to be working more closely
 15 with schools and, of course, in the city, for instance,
 16 the partnership is only adult services, but we are going
 17 to need to, moving forward, be more careful about
 18 working more closely with schools. Getting it right for
 19 every child should mean that schools know their kids and
 20 know which children are carrying caring
 21 responsibilities.
 22 Q. Towards the end of your statement at paragraph 87 you
 23 start to talk about the financial impacts and you
 24 highlight that carers were affected disproportionately
 25 as many were on benefits or low-paid jobs and have

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1 higher costs --- I suppose that's proportionately --- in
 2 terms of heating and may not have access to digital
 3 services. Is there anything that you think could have
 4 been done differently that would have alleviated the
 5 pressure, if you like, on unpaid carers?
 6 A. I think it comes back to knowing the people and what
 7 their needs are, and the mechanism for that starts with
 8 the adult carer support plan because, if those carers
 9 were asked, "What are your needs?", they might better
 10 say, "Well, I have health needs of my own, I have
 11 a great financial burden because the person I'm looking
 12 after needs the heating on all the time and I do loads
 13 of washing because they're not continent", et cetera,
 14 et cetera. So the best thing to do is to start with the
 15 carer and complete these adult carer support plans and
 16 the young people's plans, and that way you would get
 17 a much fuller picture --- the Health and Social Care
 18 Partnership would have a much fuller picture of what
 19 they then needed to respond to. And, yes, then I would
 20 like to think that some services or funding or whatever
 21 is required goes in. And it doesn't need to always just
 22 be money. It can be networks of support. And I know
 23 there's lots of voluntary organisations that are more
 24 than happy to work in partnership to help get networks
 25 of support.

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1 Q. Can I --- in the remaining five/ten minutes that we have,
 2 I wonder if I can go back and ask you some questions ---
 3 again without using his name --- about your son and
 4 perhaps what might be regarded as a success story in
 5 terms of the establishment that he was residing in, at
 6 least during part of the pandemic.
 7 I wonder if you could turn back to paragraph 12 of
 8 your statement. Maybe just --- I suppose, to speed up
 9 the process, you tell us your son is now 30 and he lives
 10 in a Camphill community. What is a Camphill community
 11 in brief terms?
 12 A. Camphill communities are based on the work of
 13 Rudolf Steiner. You can take him or leave him but the
 14 bottom line is they run these communities that are based
 15 on a life where every individual is valued, where every
 16 individual is seen to be worthy of investment, where
 17 basically they both have houses that are meant to be
 18 small units, they're homes, but they also --- and this is
 19 critical --- they also have day activities, workshops,
 20 where they are --- that's their contribution. So there's
 21 a real encouragement of the model of you live somewhere
 22 and you work somewhere, and, sadly, that's what's
 23 missing in other services.
 24 Q. We've heard --- at the tail end of last year we heard
 25 a lot of evidence about difficulties visiting care

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1 homes ---
 2 A. Oh, yes.
 3 Q. --- and so forth. I'm wondering, what was your
 4 experience of visiting your son at the Camphill
 5 community?
 6 A. Well, because he's fit and active, he just has
 7 a whacking great learning difficulty and autism, we were
 8 able to see him outdoors and they provided test kits and
 9 we had to do the test on the spot. So we had to be
 10 clean and clear, we had to be --- you know, and they
 11 provided that location. And literally we met on the
 12 boundary of the estate where he lives and, as long as we
 13 were just socially distanced, walking out over the
 14 hills, we could see him, and that made a huge
 15 difference, because the people who were in care homes
 16 and the people who had end-of-life care reduced to
 17 seeing their loved one an hour a day in the last days of
 18 that person's life --- I mean, we had it easy. I'm well
 19 aware that --- because he was fit and healthy, compared
 20 with people in different circumstances where folk were
 21 not as well.
 22 Q. You talk about being outside.
 23 A. Yes.
 24 Q. If you wanted to visit inside in inclement weather, that
 25 wasn't ---

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1 A. No, no. You had to take your luck with the Scottish
2 weather.
3 No, the Care Inspectorate were very, very clear and
4 I have to say they gave very clear guidelines to
5 organisations, care homes — at least that was my
6 experience with him. I know that it was different with
7 other care homes and particularly with hospices.
8 Q. You were talking about the testing. Do you know if the
9 residents were being tested?
10 A. Oh, yes, three times a week.
11 Q. Right. And what about the staff, do you know?
12 A. The same. That was a success. They had visiting
13 testers who came every two or three days and did that
14 because, when I got COVID and I'd seen my son, he was
15 in — he ended up being put into isolation, which must
16 have driven him nuts and been very hard. But they were
17 able to get three clears off him within I think five or
18 six days, which meant that his confinement was reduced
19 to just six days.
20 Q. I have no further questions for you, Ms Hendery, but if
21 there's anything you think would be useful to the
22 Inquiry, this is your opportunity — or anything you
23 think that I perhaps should have touched on within your
24 statement, which is evidence before the Inquiry, this is
25 an opportunity for you to identify that.

1 A. I suppose that last point. I'm so relieved that my son
2 was in an establishment where we — I mean, after the
3 beginning — I mean, there were times when we
4 couldn't — there were months when we didn't see him but
5 that we were eventually able to because he is autistic
6 and he doesn't understand and it was horrible. But
7 I think I have to make a plea for the people who could
8 not see their loved ones, and I know people personally
9 who, at end of life, that was wicked and cruel that they
10 were not given even the same allowance — or even to sit
11 in a room for more than an hour with the person that
12 they knew they were losing, and I do think that was
13 particularly hard and I would have to say I think more
14 flexibility should have come.
15 And I can't but add, as a last thing, it did not —
16 I don't know if you'd ever be able to enact those
17 restrictions in any form again, not after we saw what
18 was going on in Westminster.
19 Q. I'm sure they're grateful for those touching words. It
20 just takes for me to say thank you very much for not
21 only being here today but taking the time to obviously
22 prepare such a detailed statement —
23 A. Thank you.
24 Q. — the evidence of which is before the Inquiry.
25 My Lord, I have no further questions for this

1 witness and it's the only witness for today.
2 THE CHAIR: Thank you, Mr Dunlop. Thank you, Ms Hendery,
3 I'm very grateful.
4 We're starting at 9.30 tomorrow, Mr Dunlop, I'm
5 afraid.
6 MR DUNLOP: I'll pass that on to Mr Gale. I'm grateful,
7 my Lord.
8 THE CHAIR: Thank you.
9 A. Thank you very much.
10 (4.00 pm)
11 (The hearing adjourned until
12 Friday, 19 April 2024 at 9.30 am)
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