Scottish COVID-19 Inquiry

Witness Statement

Statement taken at 1300 hours on Tuesday, 16 January 2024. Witness Number HSC0156 refers.

Witness interviewed by Paralegal Irrelevant Statement noted by Witness Statement Taker Irrelevant Witness interviewed via Microsoft Teams.

There was not a legal representative in attendance.

Statement: **Catherine MCLAREN:**

Consent

1. My name is **Catherine McLaren**. I am 31 years of age, and my date of birth is Personal Data I can be contacted at my work address of Transform Community Development, Transform House, 95 Douglas Street, Dundee, DD1 5AZ.
2. I am currently employed full-time as the Support Services Manager with Transform Community Development and have been with the organisation for seven years.
3. I am willing to provide a statement, have my information contained within reports and to have my statement published.
4. I am prepared to give evidence at the Inquiry and I'm aware that I can withdraw consent at any time.
5. If I was to be called as a witness, I would be available to attend the Hearings in February and March 2024 dependant on my work commitments.
6. I have agreed to the recording of my statement today. I have signed the Inquiry consent form showing my agreement to all of this.

7. I would like to tell the Inquiry about my experience of the pandemic and how it impacted me in my role as a Support Services Manager with Transform Community Development (TCD).

Background of Transform Community Development (TCD)

8. Transform Community Development was established in 1971, as Dundee Cyrenians, operating a night shelter on West Bell Street, Dundee. It offered shelter on a nightly basis for men and women who had few accommodation options.
9. These days they strive to be at the forefront of best practice when offering support to those who are homeless, threatened with homelessness, and those who have complex needs. This tradition has continued with the move from the provision of temporary accommodation to the innovative 'Housing First' programme. The organisation has also developed programmes that directly benefit their participants and also the wider community. As well as offering surplus food through FareShare Tayside & Fife, and furniture through Transform Furniture, they offer volunteering opportunities to the whole community.
10. We are a Registered Charity as well as a company limited by guarantee.
11. The organisation currently has a board of directors who are all volunteers. Along with the Chief Executive, they are responsible for the day-to-day running and the strategic operation of the organisation.
12. The organisation is relatively small. At the moment we have 39 employed members of staff, which is split amongst the three arms of the organisation. 38 of these employees are employed full time with one additional part time cleaner.
13. The number of volunteers we have tends to fluctuate. Currently we have 22 volunteers who generally work within the warehouses. This is due to the regulations surrounding individuals in regulated work. We

have what we refer to as 'mainstream volunteers' who are mostly made up of people who have retired and predominately do a lot of our driving and deliveries for us. We also have volunteers who have joined because of being our service users. Lastly we have placement volunteers who join via youth work schemes, refugee charities or similar. We have also had prisoners volunteer on day release as part of their placements.

14. The number of volunteers actually increased during COVID, which was a result of people being furloughed and looking for something to do to keep themselves occupied.

15. The turnover for the organisation is circa £2 million per year, which is through a mixture of contracted work with Dundee Health and Social Care Partnership (HSCP), housing benefit and income from FareShare and the furniture project.

16. We do not do fundraising as we are not a charity which goes out collecting money on the streets. Most of our funds come from contracted services which have either been commissioned or tendered for.

17. The organisation works collaboratively with Dundee City Council and undertakes some of the statutory work for the council regarding homelessness.

Impact of the COVID-19 pandemic on the Organisation

On the services the organisation provides

18. At the beginning of COVID we were running three hostels – Brewery Lane (22 self-contained flats), Soapwork Lane (33 rooms and 4 self-contained flats with communal toilet) and the Seagate Project (15 self-contained flats). These flats comprise a kitchen, bathroom and living area and were provided for both males and females. Seagate and

Brewery Lane each have a communal lounge for all residents and the main staff office they can access. We closed these communal areas at the start of lockdown.

19. The communal areas were opened between the first two lockdowns which meant we had to monitor these to ensure the guidance was being followed, people were wearing the appropriate PPE and staying two metres apart. However, with limited staff, this was challenging.

20. Soapwork Lane did shut down about one week after the first lockdown, but this was planned before COVID and not as a result of COVID.

21. Our daily health and safety checks were limited to just knocking on all resident's doors, thus maintaining social distancing, between staff and the service users, with the door remaining closed.

22. We changed the shift patterns of our staff which limited the number of staff changeovers.

23. Our staff had to undertake more duties such as sanitising around the buildings and this took additional time. There would have only been a couple of staff on duty at the same time to cover this. However, they also had to ensure they performed the core role and that residents were still supported.

24. Pre COVID, our staff would have accompanied some of the residents to their meetings with other agencies. But during lockdown, these were obviously not permitted, so it freed up some staff time, which allowed them to perform other duties.

25. A lot of our residents did not have televisions or smart phones, so their source of information and news primarily came from staff. We provided residents with isolation packs which had leaflets therein and contained basic bullet points with regards to any updates on the national guidelines and the changes to them.

26. Before the pandemic, many of our residents had addictions. These addictions did not stop just because of COVID so they had to source whatever it was they used to make them feel well. Which meant they were leaving their rooms and going out.

27. Dundee Drug and Alcohol Recovery Service (DDAR) did provide a service pre COVID. Ordinarily it took about three months to get an appointment. However, during COVID, and as a response to feedback, DDAR were able to offer an appointment, and thereafter a prescription, within 24 hours. It meant those needing an opiate substitute treatment (OST) could do so quickly without the need to go out into the public to source their drugs. This was a great help to our residents.
28. There were two occasions when Public Health Scotland (PHS) needed to be involved with TCD as we had two or more cases of COVID in our accommodation at Brewery Lane and the Seagate Project. Thankfully there were no more after this.
29. We did a lot of work trying to source televisions, data packs and mobile phones for our residents which we did through Connect Scotland and other organisations.
30. We also managed to source colouring books as some of our residents liked to do this to fill their days through money donated from our own organisation.
31. Other local community groups were also fantastic helping us source essential food items.
32. Red tape was cut during the pandemic and data protection was not as much of a barrier to get things done. This is normally a hurdle for third sector organisations. I also think statutory services actually appreciated everything that we were doing at that time given many of their services were restricted.
33. The impact on our staff was concern for themselves and their own health, their own families and our residents. It was an anxious time.
34. We did not furlough any of our staff so this did not impact on us.
35. I was not involved in any of the funding, support or assistance matters during COVID so cannot speak to this.

Impacts on the Organisation's Service Users

36. Self-isolation had a huge impact on our service users and they really struggled with this. Our service is classed as a housing support service which is about supporting people back into their communities and helping people who are lonely. We would normally spend a couple of hours per day just talking and listening to them but this was wiped out during lockdown. We advised our staff to spend a maximum of 10 minutes having a chat with a person behind closed doors.

37. However, our staff knew this would not suffice and would often spend more time with the service users by donning proper PPE (along with the person they were speaking with) or going outside for a walk together. The staff knew many of our residents were struggling and wanted to help them which is great testament to all of our staff.

38. Our residents were also often confused about what other services were still available and what they could still access. We would advise them accordingly which was a great support for them.

39. Due to the nature of our jobs, as staff, we were concerned about people who may overdose during the lockdown as the general information at the time was not to bother the NHS. However, we made it clear that they should contact 999 should they become vulnerable in any way.

40. Getting in touch with GPs was extremely difficult. In order to engage with the GP admin staff they were being asked to take photos to be sent to the doctors to view. However, many of our residents did not have smart phones at the beginning of lockdown and so our residents could not do this. They had always been used to visiting the doctors in person and face-to-face. This was a real issue.

41. There was also issues around getting doctors to even speak with our residents due to them not having a phone. On some occasion a member of our staff would make the call to the GP but the doctor would refuse to speak to the staff member due to data protection issues. A

number of our residents are vulnerable and needed help but this proved to be another barrier to them accessing healthcare.

42. Residents not being able to see their families was another issue. Around 70% of our residents did not have phones and so could not use FaceTime or WhatsApp to keep in contact with their families. This was eased once we got funding later.

43. Everything in society seemed to go online at the start of COVID. This was a problem for many of our residents. For example, we had one resident whose addiction triggered during the night. Once he had access to a phone and Wi-Fi he was able to access a nighttime recovery session in America which he found very useful.

44. Whilst the OST service was greatly enhanced in terms of the time efficiency to access there was the drawback of an appointment system introduced at pharmacies. Our residents don't always live structured lives and find it difficult to attend appointments on time. This caused issues on occasions. Some pharmacies began to introduce two queues for people collecting their prescriptions. One for general members of the public and one for those collecting their drugs. We received feedback from our residents that this made them feel like second class citizens due to the other queue seeming to be given priority over those waiting for their drugs. There were occasions when the pharmacy was closed on some days and this had an impact on our residents who needed their drugs but could not get them.

Impact on Working Lives of Staff

45. At the beginning of COVID, like most of us in society at that time, our staff were scared. Some staff said they did not want to have any interaction with the residents and were extremely cautious around sanitising the space they were working in. Most had elderly parents or young children, some with health concerns, so this was totally understandable. Some wanted to work from home and do admin duties

and we were accommodating of this. This eased as time went on because the staff working from home saw other members of staff continuing to perform their normal duties and doing so in a safe manner without catching COVID so they soon began to resume their normal duties as well.

46. As far as I am aware, none of our staff needed to isolate and we never had any COVID deaths amongst the residents.

47. The staff were confused around some of the guidance. One example of this was when masks had to be worn when walking around but were able to be removed when sitting down.

48. Staff were working their usual hours during COVID. It was very much business as usual. Staff were extremely flexible and would work varied hours to accommodate and help the residents. They would get this time back whenever they needed it in future.

49. Our staff absence level was minimal. There was no real impact on this. We have a very committed staff who were a great credit to themselves and the organisation.

50. Staff morale during the pandemic was up and down. Some would be annoyed that statutory services were only working from home when our staff were actually at their work. The staff were good at looking out for, and supporting, each other.

Homelessness

51. With regards to guidance, we very much had to tailor it to suit our needs, especially around the time limits we had for interaction with the members, so long as all parties had the appropriate PPE on. The time limit, I think, was 15 minutes and this was not sufficient for what our people needed. We were not consulted by the government when these guidelines were put in place.

52. We consulted with our staff regarding the time limit and they advised us of what our residents actually needed. We would listen to what our

staff were telling us and would then look at the risk assessments and ensure it was within the framework of the guidelines at the time.

53. Our staff always had to wear their work badges to identify themselves and also had to ensure they had the appropriate letters and identification documents when they were out and about with residents, just in case they were stopped by the police.

54. There were two occasions when residents were stopped by the police but the police called us to discuss and we resolved it with no issues. We have always had a good relationship with the police so we worked alongside them and it was a positive experience.

55. Post pandemic we were still receiving funding for people to access laptops and mobile phone data. This funding was stopped recently but I am advised it may start again in future should additional funding be secured.

56. We did not have residents who did not have access to public funds.

57. Infection control was particularly important to us when we reopened the communal areas within our accommodation. With this in mind, residents had to book an area they wished to use and then ensure it sanitised after use. Staff would need to do this during their working hours and this became a big part of their jobs at that time.

58. We did not have anyone who did not have access to temporary accommodation. This was all arranged through the local authority.

59. There were no delays in the process of placing service users in temporary accommodation as a result of the pandemic.

60. The other third sector groups / public bodies we worked with during the pandemic were vast and varied. We had good relationships with them and we all helped each other.

Addiction Support

61. The main way we supported our residents who had addiction needs was to either accompany them to the pharmacy or collect the prescription for them.

62. There were a couple of occasions when staff had to go and buy alcohol for an alcoholic as they were suffering withdrawal symptoms. There was also another situation where we had to buy a crate of beer for an alcoholic and allocate to them on a daily basis so as to stop the individual risking infection by being in contact with the public.

63. We also supported the residents by going out for walks with them as we were sometimes the only people they interacted with and spoke to.

64. The types of drugs our residents use changed during the pandemic. More were using drugs like crack cocaine instead of heroin and opioids. However, there is no substitute for crack cocaine (methadone is a substitute for heroin) so it is more expensive and has a greater addiction. Consequently, we have noticed an increase in the criminal behaviour of some of our residents to finance this. Sometimes the behaviour of such addicts is erratic and, as a result, the risk to our staff increases. We arranged for online training during the pandemic to ensure staff were always equipped to deal with situations.

65. In my opinion, there would have been an increase in the number of homeless individuals who were seeking addiction support during the pandemic.

Pre pandemic compared to during the pandemic

66. Pre pandemic, my role within the organisation was chaos. There was no typical day. Everything would happen at once. People would need to go places, some would be in crisis, others would be fighting and arguing, and you would be zipping from one thing to another. Whereas

during the pandemic things settled because people were not about as much. Staff had more time to focus on one thing and be more reactive.

67. We run an open-door policy in all our hostels. This all stopped during COVID and this allowed staff to plan their daily schedules better. People were not allowed to go into the main office for a cup of tea or a chat.

68. Infection prevention and control was introduced at the start of the pandemic and continues to this day. It is now embedded in our quality control regime.

Guidance / Policy

69. The guidelines were not written for housing support organisations such as ours. We did not really fit into the guidance being provided. We were following guidance, I can't recall the specific one, but it was not the one for care homes.

70. The Care Inspectorate attended a couple of years ago (2022) and advised we were following the wrong guidelines and should have been following the guidelines for care homes, despite us not being a care home and we had previously clarified this with PHS. This was demoralising for our staff as the Care Inspectorate advised we were not following the proper guidance and were putting people at risk which was not true. We believed we were following the proper guidance and all the staff worked so hard to try and keep people safe.

71. The Care Inspectorate also advised we were storing PPE incorrectly and, again, this was not true. We had a room sectioned off and our cleaning products were stored there. The Care Inspectorate advised that the cleaning products were defined as PPE, which they were not, but, because they argued that it was, were criticised for this. This was another kick in the teeth to our staff and left them demoralised.

72. We were not consulted, or engaged, in any conversations with regards the guidance being formulated.

RCM Post COVID-19

73. I think as an organisation overall we have come through the pandemic well. We have stuck to the hybrid way of working which has meant that more meetings are held on Microsoft Teams and staff are now comfortable using it. We are probably more flexible around the ways we work and carry out our business.

74. The benefits which have arisen during COVID would be the communication between the different services. And also the flexibility shown by our partners.

Lessons to be Learned.

75. I think things like infection prevention and control has been a positive thing which has come from COVID and would hope this continues in future.

76. As a sector, we need to be more vocal and speak up in relation to matters such as the guidelines because these were developed without any input from us and therefore did not match our needs.

Hopes for the Inquiry

77. I hope the outcome is positive. Inquiries are normally negative and critical and I don't believe this will help in the future. We all need to learn and take things forward, so they become part of the norm.

Signed .....

Date .....