

Scottish COVID-19 Inquiry Witness Statement

Statement of Bryan Smith – Witness Number HSC0206.

Statement taken at 1000 hours on Tuesday, 16 January 2024.

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

There were no legal representatives present at the meeting.

Introduction

1. I am Bryan Smith, CEO of Transform Community Development (“TCD”), c/o [Irrelevant]
2. I am willing to provide a statement, have information contained within reports and am agreeable to this statement being published. I agree to the recording of the statement.
3. I am prepared to provide evidence at the Inquiry, and I would be willing to speak to this statement. I am aware that I can withdraw my consent at any time.
4. I have been CEO of TCD for coming up to a year. I was the Operations Manager at the beginning of COVID and became co-CEO during COVID.

Overview of TCD

5. TCD 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.
6. These days they strive to be at the forefront of best practice when offering support to those who are homeless, threatened with homelessness and have complex needs. This tradition has continued with the move from the provision of temporary accommodation to the innovative housing first programme.
7. 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.

8. We are a Registered Charity as well as a company limited by guarantee.
9. The organisation currently has a board of directors made up of 5 members who are all volunteers. They are responsible for the day-to-day running of the organisation and the strategic operation of the organisation together with the Chief Executive.
10. The organisation is relatively small and at the moment we have 39 employed members of staff (of which 38 are full-time) which is split amongst the three arms of the organisation.
11. The number of volunteers for the organisation 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 who will come in and they predominately do a lot of our driving and deliveries for us. We also have volunteers who have volunteered as a result of being our services users. Lastly, we have placement volunteers which is through youth work schemes, refugee charities or similar. We have also had prisoners volunteer with us as part of their placements on day release.
12. Interestingly, the number of volunteers we had actually went up during COVID which was a result of people being furloughed and looking for something to do to keep themselves occupied.
13. 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.
14. We do not do fundraising as such insofar as we are not a charity which goes out collecting money on the streets. Instead, the majority of our funds comes from contracted services which have either been commissioned or tendered for.
15. The organisation works collaboratively with Dundee City Council and undertakes some of the statutory work for the council regarding homelessness.
16. As CEO I have responsibility for the overall organisation which is split into three distinct sections which are housing support, food redissolution and furniture provision:

Housing Support

17. The Housing Support section makes up the majority of our operations and only operates within the city of Dundee.
18. This arm of the organisation provides accommodation support to those who could be homeless, threatened with homelessness or have complex needs. This operates in a collaborative way with The Dundee Strategy on Homelessness and The Dundee Alcohol and Drugs Strategy.
19. TCD is funded primarily by the HSCP, and we receive housing benefit for any individual who is living in accommodation provided by TCD.
20. Within our housing support, we currently have a 'Housing First' section which up to 100 people are in tenancies all around Dundee. We also have a building providing temporary accommodation at Brewery Lane in Dundee. At present, 22 people live within Brewery Lane and receive housing support on site 24 hours a day.
21. The concept behind 'Housing First' is that it flips the traditional model of homelessness on its head. In the traditional model, people would generally go into hostels, and they would jump through hoops to be awarded a house. However, Housing First operates differently by giving an individual a house first and then put in a lot of support.
22. We also go against the traditional concept of support, for example someone will go to visit an individual on a weekly basis. Intensive Housing First support could involve a member of the organisation spending a whole week with one individual. This intensive support is provided by 15 of our full-time staff and it means that our workers have a much lower caseload, and it is much more proactive than many other services. We see with more traditional support that organisations would visit an individual at their accommodation but if there was no answer at the door then they would choose to close that case. With Housing First, we question 'why' are they not answering and see it as more of a red flag to support people. Therefore, it is much more proactive, and we are seeing a higher tenancy success rate than mainstream tenancies by working in this way. The intensive support provided by our staff is varied and covers things such as how to keep a house, how to stay out of trouble, how to pick up their pharmacy prescriptions, why to not keep chickens in the house so it really covers all sorts.
23. At the beginning of the pandemic the organisation also had a 32-bed hostel which was shut in the first week of the first lockdown. This was a planned closure which just so happened to coincide with the lockdown. The closure was a result of a five-year rapid rehoming scheme which was implemented by Dundee City Council which included that within the first year of the

scheme the 32-bed hostel was to be shut. There was debate at the time about whether to keep it open during the pandemic however there were concerns regarding housing that number of people, who had drug habits, all together during a pandemic. The argument of whether to keep it open was centred on the concept that the hostel had slowly decreased the amount of drugs deaths within the city of Dundee. However, the environment within the hostel was toxic and in the previous year we had seen 12 drugs deaths within our temporary accommodation hostels.

24. Within the city of Dundee, TCD has decommissioned two hostels with another two hostels to follow suit. It has been planned that within the first five years of operating the Housing First, there would be one small hostel kept available as we still see a need to have emergency accommodation in the instance where an individual could approach us at 2 o'clock in the morning needing accommodation. A good example of the logic is in the metropolitan area of Helsinki where they only have 14 direct access beds which are generally only available as a result of situations such as domestic fallouts in the middle of the night. So you still need something but the change of the direction of travel is certainly receiving a lot of support both from the Scottish Government and the City of Dundee Council.
25. Together with the hostel we also had a supported accommodation in Dundee which was now been merged into the Housing First programme. The funding was reallocated from the HSCP into running Housing First services and moving away from traditional buildings and giving people their own tenancies.
26. As well as providing accommodation support, TCD also offers intensive support to those who are living in our accommodation.

Food Distribution - FareShare

27. The second section of the organisation is named 'FareShare Tayside & Fife' which makes up about 20% of the organisation.
28. FareShare is a food redistribution scheme which is ran by a national charity called FareShare UK and we are the local network partner. We run the scheme for the Tayside and Fife areas, and this involves delivering surplus food from the food industry to community groups and community food members within the area. This means that we are delivering food as far north as Kinloch Rannoch, Montrose and then south to Rosyth and Dunfermline.
29. This arm of the organisation is operated by a small group of staff, primarily made up of volunteers, who collected the surplus food from places such as supermarkets which is then divided into packages which is then distributed

to the community groups. In the week commencing 8th January 2024, we had 156 community groups who we provided food delivery packages to.

30. We worked alongside 5 other local authority areas across Scotland during the pandemic to deliver food. These were Fife, Clackmannanshire, Dundee, Perth & Kinross and Angus.
31. During the pandemic, we saw an increase in the amount of food being made available to us from the food industry as well as through funding by the Scottish Government. In normal times, the food we deliver through FareShare is simply the food that is made available to us. For example, in the Christmas season, we have a lot of mince pies available to us which is what the food industry has surplus of. However, during the pandemic the Scottish Government were buying specific food items like bread and milk which meant we had a constant supply of these items.
32. This created an increase on our service provision but as a result of our increased amount of volunteers during the pandemic, we were able to help to get that food out.
33. At the time of the pandemic, it was realised that it was crucial that people had access to good quality food and any food support that people were receiving whether this was through FareShare or through local authorities and that these people were receiving the food in a timely fashion. I would like to think that it minimised infection rates because it meant that people were not having to go out as much and people were able to access food in a timely manner.
34. We also had a lot of people who were using these kinds of services who had never used services like that prior to the pandemic and probably haven't used services like that since.
35. There are some changes which have remained post-pandemic and there have been good developments in understanding that. Regarding food distribution, it isn't simply about giving people food but it's about food being the hook to get people the kind of help and support that they need so I think that has been a very positive thing from the pandemic.
36. Prior to the pandemic, a lot of the food we gave out were ready meals which people liked because they could just put them in the microwave. However, during the pandemic we started providing much more produce and also looking at other ways to empower communities to use that produce and, another benefit of this is that it has helped with the public perception around food banks.

That is why we are now looking at a 'cash first' approach and moving away from pantries. We're working with Dundee City Council to provide

skills training to come and teach things like cooking and life skills teaching more about a healthy lifestyle and nutrition which has continued after COVID.

Furniture provision

37. The third arm of the organisation is a furniture project which collects furniture from people in the community who no longer have a need for it and the furniture can then be used by us in two ways; the first being for referrals for individuals who are moving into their own homes who don't have the resources available to them to furnish those homes, or the second option is that we sell the furniture within our retail shops at a discounted price.
38. For operating this arm of the organisation, we have a contract with Perth and Kinross Council for referrals but predominantly we are focussed within the city of Dundee.

Impact of the COVID-19 pandemic on the Organisation

On the organisation's services

39. The impact on the service was different across the different arms of the organisation. In one sense I think you can argue that the organisation had a very good pandemic. Firstly, it really embedded the Housing First model into the methodology of how we were supporting people within the community. We were starting to see people move out into the community and in that way we were able to support people within their own homes which was generally a positive experience.
40. The support did not end during the pandemic, but the support was done differently and within the COVID guidelines. Support was still provided but it was provided from people's doorsteps, peoples back gardens and done wherever it needed to be done.
41. It also gave us as an organisation a much better insight into how people were living. With the new service starting and the move towards the bigger housing first project starting right at the start of the pandemic it gave us a blank canvas to develop the service.
42. Within housing support nobody was furloughed, and everybody continued to work on. With regards to the housing support team, they generally worked from home and started delivering services from home. However, it was not on the same working from home model as many others due to the nature of their jobs being within the community. Their working schedules continued pretty much as was but instead of using the office as a base they would use their home. In that sense, they were still going out to do site

visits and every visit that they were attending had been properly risk assessed whether that was for COVID-19 or for other risks such as violence or drug use.

43. The other thing that happened is that most of the time they were not actually going into people's houses. Instead, they would be carrying out their business from the landing or through windows which allowed staff to carry out their normal day-to-day roles in a more hybrid manner. The staff also managed to operate through asking those who were able to show them round the property by way of a video call. One particular example is that there was an individual who required medication to be delivered to him which then needed to be stored properly in the fridge, so to do this our staff would attend his property in PPE. Situations such as this one arose because health visitors were no longer going out during the pandemic and our staff were the only people who were continuing to go out to provide services.
44. The number of referrals that came in, as a result of the number of people that were isolated, allowed us to go out and support them. We saw a real marked increase in the number of people requiring support during COVID. We fortunately had the facilities and the capacity to support that in Dundee because we were a new service taking that on so that was really positive to both the organisation and to service users.
45. Due to Housing First being a new service it gave us a degree of flexibility because we were, to some extent, making it up as we went along and finding our way. For example, for the first couple of weeks of lockdown, we were working with the chemists and the local authority to deliver services to people, and this led to us essentially operating as bouncers at the chemist because people were going to collect their prescriptions.
46. The delivery service could also involve checking up on people or delivering items to people. For example, this could be delivering medication to people who were unable to go out and collect it themselves or food for people who were isolating. There was a real dynamism to the service at that point because we were developing it.
47. What I really liked about it at that time was that everyone in the service had a real 'can-do' attitude as a service. We did things that we were not contracted to do but it was a very solution focused time for the organisation, and it was very positive for the organisation as a whole.
48. Regarding the provision of food element, because there was a great number of groups who required food the Scottish Government bought food and used FareShare and the local authority as a mechanism for delivering that food. On a financial note, it was also a very good pandemic in that sense because the amount of funding that was thrown at us to get that food out to people and the warehouses were bursting at the seams. We were given more

warehouses to store food and we were able to tap into people who had been furloughed to deliver that food.

49. Another reason we had a very good pandemic was in the sense that all of our staff were generally well, and as well as service users were generally well. We had no major outbreaks, health concerns or COVID related deaths within the organisation which was very positive for us. The closest we, as an organisation, got to a major illness was one hospitalisation, not due to COVID, during the pandemic but the individual had pre-existing poor and complex health issues and then contracted COVID-19 while in hospital.

Furlough

50. During the pandemic we did not furlough staff, but we did close our furniture project. This was as a result of Dundee City Council not allocating houses at that point, so the staff that worked as part of our furniture project were moved into the warehouses to work on food distribution.
51. We furloughed one member of staff for a couple of weeks while we worked out what we were doing as an organisation and were reimbursed and compensated for that relatively quickly.

Visiting

52. During the pandemic we were only going out to visit and check on people who were known to us as an organisation and who had been sufficiently risk assessed prior to the visit. However, there were occasions where we would receive phone calls from social work services who would ask to use our services to go and check up on individuals in certain locations. Therefore, there was some connection between us and the social work services because they were not going out to visit people but we were. To some extent, we were working as the eyes and ears for social work services and used us in that way.
53. Another example of this is that one social work drug and alcohol team asked us to use our staff to resource chemists to make sure that people were picking up their prescriptions and abiding by social distancing rules while queuing outside amongst other members of the public. It was very much about finding solutions to make it easier for our service users to continue to get the support and services that they needed to keep on going. There were people who were still going out to get their drugs or similar, so we were keeping an eye on these things.
54. We did not see any significant rise in drugs deaths because we were continuing to see people on a regular basis.

55. The Scottish Government created a fund called 'Connecting Scotland' which provided electronic devices and data to disadvantaged communities. Due to receiving money early in the pandemic from Connecting Scotland, we were able to give out 20 laptops and data packages. This allowed us to provide people with the means to keep in touch with us and allowed us to continue to deliver our support and services virtually to those who did not require face-to-face service delivery. There was a concern that the devices would be sold for cash however this did not happen which we believe is because individuals were able to use the devices to keep themselves entertained during the lockdowns.
56. Connecting Scotland was a great scheme, and we were also able to provide burner phones to individuals which allowed us to keep in contact with them. Phones and Sim cards were available for roughly £12. While there were individuals which required us to physically visit their homes, the phones allowed us to check in and continue to deliver services.
57. Due to the increase in funding received, the demand for our services increased over the pandemic which overall was tricky work and a lot of the strategic decisions were 'on the hoof'.

Volunteer increase

58. Because of the isolation being experienced by people during the lockdown, more volunteers were offering their services to us because they were bored and looking for something to do. The increase in volunteers turned our warehouse into a hub of activity.
59. We were on the Gold Response Team for Dundee City Council to deliver food which meant that, due to our large network within the city of Dundee, we had other organisations such as taxi companies volunteering to help distribute the food from our warehouses. This was very positive for us as an organisation because although we had the increase in the food available to us, we did not have the means to increase our fleet of vans to deliver as well as the limits of how much each van can deliver.

Accommodation

60. In terms of the houses that we provide to our service users, these can be a mixture of council houses or housing association housing.
61. The trouble in Dundee is that Dundee City Council houses tend to be located in certain areas within the city that are not popular, and a lot of people would not want to live there. In those areas, housing association properties tends to be the better option.

62. Outside of those options we have also used private rented accommodation as well but again, we would advise people not to go into private rented accommodation due to things such as repairs because housing association organisations tend to be more understanding than private landlords who are concerned with paying their mortgage.
63. The housing association run checks on the properties for things such as Anti-Social Behaviour Orders and they run these on the property rather than the individual. The concern for the organisation regarding council houses is that they would provide accommodation in areas of the city where drug and alcohol use is high which would have a negative impact on the service users. However, this did not happen, and the houses provided by the council have been spread across the city and this has been positive for service users as well as the organisation.
64. One issue that we find as an organisation is that some individuals have their support network all in one area of Dundee and it could be the case that there is no council housing within that area which means we need to be a bit more pragmatic about that. One good thing though is that Dundee is a relatively small geographic area and is quite hemmed in. This means that if you are moved out of the area you are most used to being in, it can be an annoyance, but it isn't the worst thing.
65. Our 22-bed unit was probably the trickiest one, because we had 22 individuals who were stuck there, and it was almost like they were frozen in time. They were unable to move on due to the council not allocating accommodation at this point, and we were unable to take in anyone who was homeless, so it really gummed up the system. It was very difficult to maintain the lockdown rules in this accommodation because even though there was staff present and cameras, individuals were still visiting rooms.

Rough sleeping

66. During the pandemic a policy was brought in so that no person was rough sleeping on the streets. While this was indeed a policy in Dundee at the time, it was different for Dundee on the basis that the city does not really have a rough sleeping problem. I was involved with situation reporting groups with the Scottish Government over the course of the pandemic and when you were speaking to councils in Edinburgh and Glasgow it was quite apparent that the policy was implemented in Dundee for a problem which was more focused elsewhere in Scotland. That is not to say that people don't sleep rough in Dundee, but it is more through ignorance, meaning they just don't know where to go, or they do not want to go into temporary accommodation for whatever reason.
67. What did happen in Dundee is that there is a natural flow through of hostel and temporary accommodation and with the council not letting houses the

system gummed up pretty quickly. Generally, in our 22-bed unit we would have 7 or 8 people leaving the unit every month which meant that there would be 7 or 8 people coming into the unit every month. Therefore, it does not take long for the system to get backed up when the people are not leaving the unit.

68. As a result, during the pandemic, there was an extensive use of hotel accommodation in Dundee. We were going out to support our service users who were living in hotels as well as providing support to the hotel staff. However, the use of hotels was in a way used to stop people sleeping on the streets, but the issue was that the system was gummed up rather than there was a fundamental rough sleeping problem in Dundee. That's not to say that the council have not used hotels in other situations over the years but they recognise that it is bad practice and, in the case of the pandemic, it was more a situation of 'needs must' and much more systematic just because people were still being made homeless but the homeless system was being gummed up due to the inability to move people out of the system.

Partnership impacts

69. One thing to be noted about the impact of the pandemic is that it required a great deal of collaborative working between us and numerous other homelessness and housing organisations within Dundee. This involved twice weekly meetings between us and a number of organisations including the Dundee City Council and the Salvation Army. This was to make sure we were all collaboratively working and sharing updates on what we were doing and how this was working.

Working life of staff at TCD

70. It was quite impactful on staff in the sense that there was a loss of that sense of team. In different places it was different impacts. Within the housing support team who were used to have an office to work from and come back to as well as having a team there to bounce ideas off to working from home that was quite isolating.
71. We would meet online but it was not the same as sitting down in a room and having a debrief of what went well or did not go well in the day.
72. Contact with staff members became more formal as you would phone them to ask them a question and then put the phone down so there was less informal conversation which impacted on the ability to form bonds.
73. It was quite stressful for the food distribution teams because there was much more of everything to do which was very difficult for the team. It was

particularly stressful for them to arrange the organisation of getting all of the increased amount of food to us and then also arranging to have it put out to where it needed to be. They saw a massive increase in what they were doing and because there was an increase in the number of volunteers coming in to work on this, and at the start of the pandemic when there was a lack of information and understanding regarding the pandemic itself, it caused an increased level of wariness amongst staff regarding the transmission of COVID.

74. The opposite was true of our staff at Brewery Lane because they almost hermetically sealed due to having the same service users all the time and the same staff members all the time. For some, they reported this as being too close and claustrophobic for all involved as they were not seeing anyone else other than who was there. It had to be the case for our service at Brewery Lane because, due to the nature of the lifestyles of many of the service users living within the unit, if COVID was to make its way into the unit, it could have a disastrous impact on service users and staff.
75. There was a sense, for the service users, of being stuck on an island within the unit because they were stuck there unable to go anywhere else whereas they were seeing the staff leaving at the end of the day to go home to their families.
76. The morale during the pandemic, overall, probably increased. Staff realised that, while they were in a national crisis, they were keeping things going and supporting people. I think that was very pleasant for staff and they took a great sense of pride in that.
77. On an individual basis, I think it wasn't so much that morale was decreased but I think there was an increase in people's concerns and worries which was due to the unknown of the pandemic. But I credit the staff because they did not let that impact on their morale in their jobs. It was all very much about putting on a brave face. There were times when morale went down through fatigue and a sense of 'when is this ever going to end' but the positive impact they were having on service users kept morale levels stable.
78. Staff did not do increased hours because there was a sufficient number of people within the services to cope with the demand. There would be the odd occasion where unforeseen circumstances, such as a van getting stuck on a motorway, would lead to members of staff staying behind past their finish time but this was not happening regularly.

Absence

79. Within the sector we did not see any increase in absence because of COVID. The biggest problem we had was with people having to self-isolate, even on occasions where they were well and able to work but due to the guidance at the time they had to remain home and self-isolate.
80. Staff still took their annual leave and we worked with them to make sure they were taking their annual leave.
81. There was nothing to suggest that any member of staff's home life was affected by the working pattern during the pandemic.

Homelessness

What guidance was followed

82. During the pandemic we would follow guidance issued by Public Health Scotland ("PHS"). Much of that advice was coming directly from PHS or through the HSCP. For homelessness, our biggest concern was that we did not appear to clearly sit anywhere in the guidance.
83. We were not a care home and so we weren't washing people, feeding people, touching people.
84. We received our annual inspection from the Care Inspectorate when the pandemic calmed down. The (Care Inspectorate) inspection dates were 11 August 2022 with a follow up on 25 October 2022. At the beginning of the inspection, I was asked why I was not wearing a mask to which I replied that we did not wear masks in line with PHS guidance, however she informed me that we were classed as a care home and should be following care home guidance even though PHS had told us we were not. As a result of this, our marks for the inspection were put down to a 2 on a scale which goes up to 6. So, we were classed as inadequate and despite us appealing this mark and arguing that we were following the PHS advice, we were told that we should have been following Care Inspectorate advice.
85. Even until relatively recently, homelessness and homeless temporary accommodation is not mentioned in any of the COVID-19 guidance and so, we felt that we had to take a stab in the dark regarding following guidance.
86. Even though we reported every week to the Care Inspectorate regarding the number of cases within the organisation there was no clear instruction that we were classed as a care home. I think it would have been detrimental for us to have operated as a care home due to the nature of our services.

87. For us, it was not so much a lack of information, there was plenty information but there was a lack of clarity regarding the information.
88. Subsequently, we advised similar organisations of the position we had found ourselves in and, following this, they received higher scores in their inspections due to the pre-warning from us.
89. It was frustrating for us that at no point during the pandemic we had received clear guidance, and we were penalised for that. This was demoralising for the staff I would say.
90. If there had been specific guidelines for our sector it would have been significantly better. The guidance that was available did not fit the template for what we did as an organisation and the lack of clarity right through the whole pandemic and therefore the guidance that we did follow was considered not good enough.
91. We did seek clarity from PHS via email and we were advised that we did not fall under the umbrella of 'care home' and then when the inspection occurred, we were told we were.
92. We felt that we did not neatly fit into a category and therefore we were put into a category that really did not suit us.
93. This had a detrimental impact on the staff who felt like they had done everything they could have done during the pandemic they were being told that what they had done was not enough.
94. There was a disconnect between the Care Inspectorate and PHS.
95. Fortunately, the HSCP through our local authority acknowledged that it was unfair and did not take much interest in the low score. However, in other circumstances, they could have said why are we funding a service which is only obtaining low scores.
96. Because we were following PHS guidance we were following general guidance. Obviously, we were seeing people face to face but within the 2-metre rule. The guidance that we followed was the general public guidance, so we were saying service users in the hostels were abiding by the 2-metre rule, wearing masks, sanitising and washing hands but it changed as it did for everyone. However, we were doing extra cleaning and had a supply of PPE, so we were going above and beyond what the general public were doing but we were following the generic guidance as were everyone in housing support.

PPE

97. There was a difficulty at the very beginning of the pandemic regarding the availability of PPE, but this was just due to delays on the supply lines. After that, we had no problem with obtaining PPE nor did we have any concerns regarding the amount or quality of the PPE we received.
98. An accidental order of rubber gloves was placed prior to the beginning of the pandemic which meant that we were well stocked going forwards.
99. Generally, in our line of work, dealing with certain substances and working with people who may carry blood-borne viruses, we were always in the PPE loop for things such as rubber gloves, but it was more the aprons and goggles which we required to obtain.
100. Dundee City Council operated a portal where we were able to order PPE from. We were not ordering huge amounts at a time, but we were told they were being restricted in some cases. We were not told we were being restricted which I think is because we were ordering PPE supplies in little batches more often rather than one big order.
101. FareShare, through their commercial side, were able to provide certain things such as hand wash and sanitiser dispensers which was supplied by Marks and Spencer. As a result, we were getting items donated to us commercially which we were then able to use within our facilities.
102. Towards the end of the pandemic, we were working with an Aberdeen company to obtain items to assist with deep cleaning. They were able to provide us with 'bombs' which you could place in a room, and it meant we were able to turn the room around within 4 hours rather than 72. These were quite an expensive bit of kit but working with the charity enabled us to get them at a discounted price. This helped to unclog the system and get more people in and out of our accommodation. We were looking at as many ways as we could to get people back into our accommodation to keep them off the streets.

Tailoring Guidance

103. We had to tailor our guidance in so far as when we felt it was appropriate to go and visit someone in their home. On these occasions we would up the guidance and look at what the current care home guidance was – not that we were going to be going into people's homes and lifting them or anything like that but just to see what was being encouraged for going into people's homes rather than conducting business from the garden. In these cases, if someone was ill or showing signs of being ill, we would be using items such as aprons and goggles.

104. The other thing we did was potentially transporting people using cars. In some cases, where service users needed to go to hospital, but an ambulance wouldn't attend, we would take people in cars to the hospital. Everything was risk assessed to minimise transmission. So yes, in that sense, we did tailor our own guidance based on the PHS guidance and the care home guidance in those situations.

Legislation

105. In terms of legislation changes there was nothing that really directly impacted on us other than legislation prohibiting people from being out on the streets or being in places that they shouldn't be.

106. The problem we had was that certain service users viewed the rules as guidance, as opposed to rules. For example, we had service users who use drugs and so, as a result, needed to go out of where they were living to get access to those drugs.

107. We have a great relationship with the police and, as a result, the police were very good with these kinds of situations and would be more inclined to use a 'quiet word' rather than making any great issue about these kinds of service users being out and about on the streets.

108. For us, it was more of a 'softly softly' approach with the police for us. The police would also come up and check on us just to see how things were going and this was very good. We could raise concerns about specific people with the police and they would organise welfare checks.

Funding

109. As an organisation we received funding from the Scottish Government to assist with our food distribution project, but this was very specific. No additional funding was received from the local authority or the Scottish Government to deliver our housing support services because they were in place prior to the pandemic.

110. Our funding for the housing support did not change but the funding for the food did change. There was money made available for purchasing food but it did not change our basic funding model. It was all money in, money out.

111. There was also some extra money made available for fuel and these were included in a management charge of that money.

112. Apart from the food-funding, we had a loss of income on the furniture because we were not able to sell furniture. However, we did receive some long-term funding, and this did continue after the pandemic.

113. Some of the funding was given in consultation with us and FareShare's national suppliers. For example, there was no point in us purchasing pasta with the extra funding if it was something which FareShare could get through its normal networks. So instead that money could be diverted to buy some other kind of food, such as rice.
114. You could argue that some of that has remained in place. For example, there was anti-poverty money made available and a Cash First scheme was rolled out in Scotland. Individuals were given money and vouchers to use and were deterred from using food banks.
115. It was almost contractual funding basis. For example, you deliver food for a year and we will give you the money for it so there was an increase in funding made available.
116. Some of the funding came from the UK Government, some from local government and some from the Scottish Government but all of the funding that was made available was given on a contractual basis to us. We were seen as a mechanism to move the food rather than a solution because we were already in place.
117. There was guidance in place for the allocation of extra funding and it was all, as I said before, given on a properly contractual basis. It was given to undertake specific pieces of work (logistics, warehousing, vans) or there was money made available to purchase a certain amount of a certain kind of food. It was not given with a view of 'see what you can do with it'. The money was given with specific instructions.
118. It was all very joined up and we would meet weekly with other food networks, through the Chief Executive's office at Dundee City Council, and they had an overview of what was happening across the city, they would then feed into the Scottish Government, and they would then feed into the UK Government.

Accessing Funding

119. For us as an organisation it was much easier to obtain funding during the pandemic as it was much less bureaucratic. There were even occasions when we were given money and then we can find the formal words to cover what we have agreed to do afterwards.
120. It was much more proactive and positive, and it is disappointing that it has crept back after the pandemic.

121. It was much easier to obtain funding for everything, including PPE, throughout the whole pandemic.

Service users without access to public funds

122. As an organisation, we are not permitted to work with any individual who are not able to access public funds.

123. In the even that a person finds themselves homeless or at risk of homelessness then they must go apply to the council.

124. If there were any services that we were going to supply, it would be organised through the council.

125. We would be in breach of our contract if we worked with people with no recourse to public funds. That is not to say that we haven't because, in those occasions, the council would give us authorisation.

126. If a person officially did not have access to public funds, then the council would need to take them on and house them and then reclaim the money from the Home Office. However, if someone was to approach us who had no money and was not able to get money for say another two weeks, then we would support them to get crisis loans and look at other options that are available such as food parcels. We would work with someone on that basis but formally if there was no access to public funds then they would not be coming to our services.

Service users without allocated accommodation

127. We worked as part of a wider service which did this. There were people who might not have been put into supported accommodation but still required a level of support. For example, for people who required drug support. For this, there was a bus which went around Dundee city which people could come to for advice, support and things such as clean needles. We participated in this by allocating staff to do shifts on this bus or at drop-in centres for people to attend who required support.

128. I think it was better than what it generally is, as there were issues surrounding accessing statutory services which was problematic and one good thing is that our team act as advocates for the service users whether they were actually receiving support from us or not.

129. We would also make sure that we detailed this as it was important to show the situation that was going on and assisted with mapping which services we needed going forward.

130. The bus which I mentioned earlier which provided support and services for drug users has now transformed into a 24-hour centre for people in Dundee to drop in. This was a positive which came out of the pandemic.

Delays in temporary accommodation

131. There were some delays in placing people into temporary accommodation as people were getting placed in hotels and the hotels were not necessarily suitable for individuals to be in. Some people got really nice hotels because a lot of the hotels saw it as an opportunity to 'keep their heads above water' but a lot of these hotels were out in areas, such as Broughty Ferry, and the services that the individuals required were in the city centre of Dundee. So sometimes there was a disconnect between where the hotels were and where people's necessities were.
132. There was never any problem getting people hotels but the number of people in hotels was a problem and being able to get the necessary support to those people was potentially trickier just because they were in a hotel.
133. The real problem lay with individuals who were going from temporary into permanent accommodation because all we could do was add on to the temporary accommodation in the absence of permanent accommodation. They were creating lot of temporary accommodation through the hotels and some people were getting permanent accommodation but what was happening in these situations is that someone who was living in a mainstream flat as their temporary accommodation then they would just be given a tenancy and then that would be permanent accommodation but then there would be nothing to replace this because they had furloughed their joiners and the turn over teams.
134. So then as we were coming out of the pandemic, and we were trying to lessen the use of hotels, this left a backlog of houses that needed to be fixed up to use as accommodation.

Infection control

135. COVID rates were low, and we were keeping a weekly tally for the Care Inspectorate of infections within the organisation for both staff and service users.
136. Because I am the CEO, if I was going into places then infection control measures were well maintained, and everybody was doing it. However, in the middle of the night, when people were wondering about it was perhaps not as tight.

137. In terms of infection control, we upped our cleaning, we had the appropriate PPE, the appropriate disinfectant, the appropriate sanitisers, and appropriate hand washing regimes.
138. These measures are still in place because a lot of these things have been embedded within the Care Inspectorate standards, but this is just about general infections and COVID-19 is not named. We did have infection control policies in place before COVID-19 for things such as blood borne viruses that existed long before COVID-19 so the measures were well actioned.
139. With regards to the service users, they were much better at following infection control measures, especially isolating, than what we thought they would be. Sometimes, we would find a party going on in someone's room which was against the rules but overall, they were very good at following the guidance.

Collaborative working with third party organisations

140. We worked with a lot of organisations throughout the pandemic including the Scottish Government, the local authority, HSCP and other third-party agencies and overall, it was generally positive.
141. As I said before there was a different attitude during the pandemic where we were asking ourselves 'what can we do to fix things' and 'how can we get things moving forward'.
142. The negative aspect of this was that it has crept back into the way it was before, and the rules and walls have gone back up since the pandemic has receded, which has been a real problem.
143. During the pandemic things were done quickly and there were innovations about how we did things and there were occasions of being able to 'skip the rules' to get stuff done, but this has all crept back.

Addiction Support

144. This was one of the trickiest areas of the pandemic because, as already mentioned, drug services shut as such, so accessing services was difficult and maintaining people who were on these services.
145. Things such as getting prescriptions to people became more of an issue and as an organisation we were acting as runners and getting prescriptions from doctors and getting these out to people. We had to do this because, for some people, they were stuck in houses with no public transport to use to get to their doctors.

146. Accessing drug services in Dundee has always been difficult anyway but since the start of COVID we have seen a change in the kind of drugs that people were using. Drug use in Dundee was traditionally known drugs such as heroin and Benzodiazepine being the drugs of choice. However, over the pandemic we saw a shift in drug habits, and we have been seeing a lot more use of stimulants, cocaine and crack cocaine and this has only accelerated on the other side of the pandemic. Unfortunately, most treatment services nationally are much more opioid based which made it very difficult to provide support to the people who needed it.
147. I think we saw an increase in people using drugs during the pandemic because they had difficulty in accessing treatment services. One particular example, is that if we received a query from an individual to ask one of our staff to go with them to their drugs support appointment, they were not able to do so during the pandemic because the drug support services would not allow it as it could only be one person in the room.
148. The rules were used, I think, wrongly for addiction support. For these kinds of services, you need to use a person-centred approach and not everything that could have been done to support those with drug addictions was done by the statutory services. It was much more of a 'there's a pandemic and we can't do that' approach which made us question why we were going above and beyond when other services were not.
149. It fell to us to go to chemists to collect individuals' methadone prescriptions and deliver it to them because specific drug support services would not do it although they were happy for us to do it in their absence.
150. We developed a protocol with the pharmacies wherein they would know who from our organisation would be coming to pick up prescriptions, such as methadone. ID (identification) would have to be provided as well as phone calls back and forth to the drugs services. The system got better as it went on but at the start there were concerns about staff walking around the streets carrying methadone in their backpacks in case they were stopped by the police. However, as time went on, protocols were put in place and these concerns were ironed out.
151. However, on the flip side, it could be argued that this raised issues surrounding dependency insofar as it was a service which would deliver methadone straight to your door and then, when we were moving out of the pandemic and stopping the service meaning that people had to go to the pharmacies to collect their own methadone prescriptions we received a lot of complaints from service users.

Alcoholism

152. Although we work with people who drink, there are other services, other than ours such as The Tayside Council on Alcohol which focus primarily on supporting alcoholics.
153. The support our organisation gives is much more focused surrounding polydrug use rather than specifically focused on alcoholics. We do not so much provide specific support or counselling for alcoholics, but we do provide accommodation and our food distribution to those who are involved in polydrug use.

Homelessness and addiction support

154. Around 80% of the homeless individuals that we support have some kind of addiction need and this has and did remain fairly static throughout the pandemic.
155. We were taking new individuals on during the pandemic, but these were people who would have come on board with our organisation with addiction issues anyway outside of the pandemic. On that basis I would say we have not seen any increase or decrease in individuals seeking addiction support with our organisation.
156. I wouldn't say there was an increase in people seeking support but there was an increase in people who were using drugs and alcohol. There was a speeding up in the change of what substances people were using insofar as people were using what was available.
157. We had a lot of cases of people using 'made up' drugs because that is what the drug gangs were selling them as more expensive drugs but they were actually just cheap drugs rebranded. One example of this is a substance named 'scag' which was supposed to be a mixture of heroin and cocaine and, following testing, it turned out this was just poor quality heroin.

Impact as CEO

158. As CEO I did feel like we were equipped to deal with the pandemic on the basis that I had been the operations manager prior to COVID.
159. I also think this was as a result of the supportive staff team that I had that were willing to take on the challenges.
160. It was very much a case of finding the things we could do and not focusing too much about the things that we could not.

Developing policy

161. Of course, we did not have a COVID policy before COVID so we had to develop new policy in this regard. This included things such as changing our sick pay policy to fit with those who were isolating but still able to work.
162. We also worked within the sector in Dundee to create guidance for the practicalities of people moving from hostel to hostel and how to reduce transmission in this.
163. We looked at other cities such as Edinburgh and Glasgow for policies and how we could implement these kinds of policies in Dundee.
164. But it was more based on best practice rather than influencing and developing policy.
165. We found that a lot of organisations were very keen to engage with developing policy especially within the third sector. For example, the HSCP were very engaged and there were individuals within that who were super engaged. The Scottish Government were also well engaged but we found that the more 'arms length' organisations such as the Scottish Social Services Council and the Care Inspectorate were not as helpful as they could have been.

What lessons have to be learned?

166. I think for me it is about consistency and communication. There were so many agencies at some points that were involved but there were cracks in the communication between some of those agencies not being as engaged as others with the process. At a national level there needed to be a degree of 'banging heads together' and telling some agencies that it is necessary to work together and not 'do your own thing' because there is learning for everybody.

Hopes for the Inquiry

167. I think the Inquiry will find a lot of criticism of many agencies, but I would like the inquiry to demonstrate what a good job my staff did. That is what I want the inquiry to say. I want them to show that the staff group kept on working and really supported a marginalised group of people. I want the recognition for my team for the job that they did.

SIGNED.....**Personal Data**.....

DATE: 27 February 2024