

Scottish COVID-19 Inquiry

Witness Statement

Statement taken at 1300 hours on Wednesday 31st January 2024. Witness Number HSC0151 refers.

Witness interviewed by Witness Statement Taker Name Redacted. Statement noted by Witness Statement Taker Name Redacted. Witness interviewed in person at Cyrenians, Norton Park, 57 Albion Road, Edinburgh, EH7 5QY.

Statement: **Ewan AITKEN:**

Consent

1. My name is **Ewan Ritchie AITKEN**. I am 61 years of age, and my date of birth is Personal Data. I can be contacted at my work address of Cyrenians, Norton Park, 57 Albion Road, Edinburgh, EH7 5QY.
2. I am currently employed full-time as Chief Executive Officer (CEO) at Cyrenians and have been in this position for 9 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 between March and May 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 CEO with Cyrenians.

Personal Background

8. I was a parish minister for 7 years, during which I was elected to Edinburgh Council. I was an elected member for 13 years. During that period, I held positions as the Convener for Education, the Leader of the Council and COSLA Convener of Education.
9. I later became Head of Policy for the Church of Scotland. I stood down from the council in 2012 and took up my current position in 2014. I was also Chair of Children in Need in Scotland and sat on various other strategic bodies – for example; Scottish Government’s National Strategy of Economic Transition Delivery Board and their Rapid Rehousing Transition plan delivery sub-group, the Promise Oversight Board and the Council of Edinburgh Chamber of Commerce.

Overview of Cyrenians

10. We have 205 employees and about 450 volunteers. Our job is homeless prevention, so whilst we deal with people in crisis, the vast majority of our work is to stop people getting into a crisis in the first instance, or if they are in a critical situation, to help them get out of it in a way which means homelessness does not re occur. We are not a crisis response organisation as such. Prevention is our focus – we learn from the crisis element through our outreach services but then we go upstream to try and stop it. If we don’t turn off the tap, we’ll never end homelessness; we will just get very good at managing and helping people in a crisis.
11. We identify when people are most likely to end up homeless and that’s usually people in poverty, people socially isolated, people with mental health challenges, people with drug and alcohol addictions, young people

in conflict with their families, and people experiencing domestic abuse. Cyrenians works with all these groups of people and others.

12. For example, we work with families in conflict and provide mediators. We have gardens at the Royal Edinburgh hospital and in Midlothian hospital for patients who have mental health challenges because that builds up a community. People get better if they're working outside, but it also means they build connections they wouldn't have otherwise had, so they're more likely to keep a tenancy in the longer term.
13. We have five residential communities: Two for young people, one in Edinburgh and one on our farm in West Lothian, who would otherwise be homeless, one for unaccompanied minors (which we set up during the first lockdown) called the Lotus community, and Crighton Place for people coming out of the Royal Edinburgh hospital (for mental health patients) who need support and accommodation. We also run the Social Bite village in Edinburgh for people who have been assessed as homeless.
14. Cyrenians also provide social support for LEAP, which is the addiction rehabilitation service, and we run the Edinburgh recovery community because we know that when you get off drugs and alcohol, your first two years are the hardest years. You need peers to support you, so we run a café and a whole series of activities around that.
15. We do a lot of work with people in the criminal justice system. If you go through the criminal justice system, you're thirteen times more likely not to get a job, so you're more likely to be in poverty which leads to reoffending.
16. We work with people to help them through the Community Payback system (where people work on projects to pay back the community for their crimes) and support them into work. It's all about getting people in these tough realities out of those cycles.
17. We work with the health sector and have a team embedded in the Royal Infirmary and the Western General (both in Edinburgh). If somebody

presents in A&E (Accident and Emergency) and is admitted to hospital, either with a temporary accommodation address, is a patient of the homelessness GPs practice or has no fixed abode, it flags up and our team goes to see them on the ward. We work with them, so they're not discharged into homelessness or get them into better accommodation as they're much more likely to get better, engage with treatment and move to a place of stability than if they're homeless or in insecure accommodation.

18. We also deliver Housing First in the Borders. We support people to get housing as soon as possible, then provide wraparound support to help them maintaining their tenancy. All the evidence shows that this works much better than waiting for people to be "tenancy ready".
19. We also provide food through the FareShare initiative to around 170 community organisations supporting vulnerable people. This number rose to over 250 during the pandemic. We work with about 50 volunteers with FareShare and during the pandemic the number went through the roof.
20. Volunteers gave us about 66,000 hours last year – the equivalent of another 30-40 members of staff. Their backgrounds are right across the board, everything from those with long-term challenges who volunteer with us for stability as they may never get to work, to volunteers in recovery, which gets them into employment. We have people who volunteer just because they want to give something back, and corporate volunteers, who are people who come to us for a day and work in various areas, either out at the farm (in West Lothian) or in FareShare (food distribution) or at the hospital gardens. This volunteering is done through their employment.
21. All volunteers who work directly with clients must go through the PVG system which means it can sometimes take weeks to get new volunteers started.
22. Our turnover this year (23/24) will be just over £8.5 million. Funding is about 55% public sector – health, local authority, Scottish government etc. They'll contract us to do things in different ways – sometimes it is tenders,

where we bid with the Scottish government for contracts. For example, our cook school is funded by a local authority, and the gardens at the hospitals are funded by Health Boards.

23. The rest is made up of grants, trusts, fundraising, corporate donations, and trading income from our enterprises.
24. Without question, funding was more accessible during the pandemic. We would get phone calls from organisations and corporates who already funded us, offering us money, and depending on how we planned on spending it, then transferring it to our accounts within days. The dynamic moved from them deciding what should be funded to asking us what was best to fund.
25. This system was no less accountable, but it was based on trust. The government knew who we were, and they trusted us. It was much more flexible. They would say, "forget what you thought you were going to spend this money on, if you need to spend it somewhere else instead, because of the pandemic, do that."
26. The system for funding became much more efficient. The government knew something had to happen quickly and they knew we and other third sector organisations were still helping. Usually with the Scottish Government, you must account every (financial) quarter. You spent more time accounting for money than spending it. That went away during the pandemic and the relationship became more trusting, sadly this has rolled back quite a bit.
27. Cyrenians are primarily based in the east of Scotland – Edinburgh, the Lothians, the Borders, Falkirk, Stirling, and Fife - though there are separate individual organisations named Cyrenians in the UK. We grew out of the same 1960s movement, but we're more like sister organisations, not a collective organisation.
28. We have 63 services and five of them are national. People who are at risk of homelessness or currently experiencing homelessness encounter us through a number of different ways – through established protocols with

the hospitals, through referrals from schools, organisations, GPs, job centres, public sector and third sector etc. We get quite a lot of self-referrals in some areas, particularly among young people. People get in touch from word of mouth through our teams, like our community meals team. Mostly we don't have to look for business.

29. We run a Scotland wide centre for conflict resolution providing training, events and online resources which works in all 32 Local Authorities.
30. We run a project called the Scottish Frontline Network which is about sharing best practice and supporting frontline workers in the sector. It now runs online across Scotland. That came out of the pandemic. Before the pandemic it was based in Edinburgh, but during (the pandemic) we took people online and expanded it across all of Scotland. The veterans (ex-military) service we offer across Scotland also moved online during the pandemic which expanded our reach.
31. We co-host a programme called All in For Change with Homeless Network Scotland, which is about working with people with lived experience and frontline staff to get their views on policy and influencing new legislation.
32. We also provide family support in five secure units for young people across Scotland.

Impact on services and service users during the Covid-19 pandemic

33. On the 16th of March 2020 we decided to go into lockdown – a week before the official lockdown. It was difficult, as there was nobody to support us at this time. In hindsight it was one of the best decisions I took because, by the time of the official lockdown, we had already gone through a lot of the pain of how to do community work remotely.
34. We had to adapt everything; every service had to ask, 'can we continue in lockdown?' In the beginning, we thought we'd only keep the services that support people 7 days a week throughout the year, like accommodation

support. Quite rapidly, though, we began to work out that quite a lot of community-based work could be done online.

35. The question became, 'How do we make this change to how we deliver our services?'. How do we communicate? How do we work from home? How do we make sure everyone has the equipment they need to work from home? These questions weren't unique to us, but thinking about them a week earlier helped us a lot.
36. The previous December (2019) we had moved to a new (IT) server, which meant we had greater capacity. We quickly discovered that despite this, we still had a lack of server capacity for video calls, so one of the first things we had to do was work out how to do video calls outside the server without compromising the data within it. We largely had enough laptops for our staff – we had to buy some, but not much compared to what we later gave out to people through Connect Scotland.
37. The biggest challenge was performing our roles while not in-person. Forming relationships is a huge part of our job. It was hard. If I knew then what I know now, I might have made different decisions about what we did, how we did it and the support staff needed for the change.
38. The movement to remote working was huge because so much of what we do is relationship-based where physical presence is crucial. It's the dynamic of everyone being together that gets people where they want to be. We talk about our communities helping people to learn the skills of life by learning to look after each other.
39. It took some time to learn how to communicate with the people we needed to support. We started giving out phones and SIM cards to them. For example, in Housing First, there were people who had just moved into their new homes the week before the pandemic. They were living alone, trying to cope with that, and the person who was supposed to support them, was now having to talk to them through the letterbox.

40. We had to educate people how to use tech. We would speak to people over the phone and talk them through turning on the computer and accessing MS Teams. We taught a lot of people these basic skills online.
41. Staff had to work in a radically different way to make sure people got what they needed. One example was of an elderly lady whose gas cooker was broken, and nobody was willing to enter her property to repair it.
42. She was given a Baby Belling (oven) by the Council but she had no idea how to use it. One of our staff had to watch a video on how to work a Baby Belling and then explain it to her over the phone; explaining something you have only learnt via a video to someone you have never met without being able to show them yourself knowing if you don't they won't be able to eat is a whole new set of skills and pressures to take on very quickly.
43. Our staff had to move from being permissive to being directive. Many of the people we support live lives which seem to others chaotic, so they either don't do rules or struggle with them. One of the ways we help them change this is by creating communities or models of support where they are the decision makers about what happens and when. It's a permissive approach to help folk experience agency. Then the next day, you're telling them that they can't go out, and they must stay so far apart from others.
44. That was difficult (for staff) and emotionally draining because they had to radically change their mindset and be as caring as they could. That was probably the root of the hardest part of our jobs.
45. We had staff who were finding ways of continuing to be in the community – out in the residential communities, on the streets, supporting food or in Housing First – but doing it socially distanced while the other part of our workforce was working from home, who were safe. The people working from home felt guilty, and the other part of the workforce understood, but it was hard as they were putting themselves at risk and we had to manage that.

46. Early on, we just couldn't get hold of PPE, or what we had was really limited. We had staff asking just how dangerous is this virus? If it's dangerous and the country was in lockdown, why did they just have an apron and a mask?
47. On the other side of that, you had people who were in social isolation who you needed to support because the isolation was really damaging for them. The only real way of doing this, of going in to support them, was in a full hazmat suit. Did that really create that relationship?
48. There were some extreme shifts in mindset and working circumstances that we had to ask staff to go through so we could provide the support. Nobody refused though, nor did any staff members contract COVID during the first lockdown.
49. We geared up to shift from 40 tonnes of food a month to delivering 250 tonnes of food a month. By the end of the first lockdown, we also delivered, in addition to all the food, 80,000 meals.
50. However, I would say, staff were exhausted. I think during the second lockdown, when staff did start getting COVID, it hit them harder. As the leader of the organisation, I still feel guilty about that.
51. We innovated so much during the pandemic. We were the first organisation in Scotland to move our employability programme online and get it accredited with SDS (Skills Development Scotland). We did that in six weeks. Within six weeks we were getting people back into work. That was during the first lockdown, and we helped 35-40 people get back into work. It also meant that staff could do this from home.
52. We also set up one of our five residential communities from scratch; specifically for unaccompanied minors. Starting a new community in a time when every interaction had to be socially distanced was hugely challenging but it was what was required by the pressures being experienced by the public sector and our own sector.

53. We made lots of improvements during the first lockdown; however, prior to lockdown, we'd been running 20 or so community cook clubs.
54. Homelessness prevention needs to start upstream and strong social relationships are key. Cook clubs build strong communities based not in "interventions" to solve problems but by building relationships which stop things becoming problems in the first place or making sure folk access help more quickly because of the trusted relationships they have formed. They all had to stop during the pandemic, and we've only got three or four back now, because the funding went from that.
55. The impact on our service users was that for some people, they got the same level of support, but in a completely different way. For some people, they learned things that they would not have learned before, which gave them access to new opportunities – for example, there was a recovery group that could not meet during lockdown, so they moved online and discovered there were other recovery groups all over the world which they could tap into. Our users were equally as adaptive once they had access to laptops and the internet. We did manage to secure about 140 laptops from Connect Scotland to achieve this. But people also experienced disruption to wider services they would normally rely on such as counselling and educational support.
56. In August 2020, first time homeless presentations in Edinburgh, increased by 17% from the previous year. People were finding themselves homeless for the first time in their lives. Job loss, furlough, loss of income, food instability – that had an enormous impact not just on people physically, but also mentally.
57. Staff would be spending more time with people in a reassuring role. Normally, we carry so much stress, and have a certain bandwidth for extra stress, but people were tipping over into deep anxiety more quickly. Staff were having to cope with higher levels of anxiety themselves as well and their ability to cope with stress was greatly reduced.

58. I would say that feeling of anxiety and depression is continuing, particularly amongst young people. We supported 500 young people last year and we're expecting to support more than that this year. In 2024, around 40% of those young people have not been to school in three years. Before COVID, the number of people who had not been to school for maybe a year or two in that cohort would be about 10%. These figures are anecdotal rather than hard research but reflect what staff and other providers have told us.
59. The loss of support during transitions between primary and high school and into primary school, and the context in which young people made relationships, changed during COVID. Young people, working out who they are, it's about who they're friends with. Young people build their resilience to anxiety through these relationships, but if that is not there, they'll find it in other, more harmful ways. There's also something fundamental about the physical presence of being with people, that was lost.
60. There was also a struggle in households where there was a limited amount of equipment – the digital divide. For example, moving school lessons online where there were four children having to share one laptop. A lot of what we were doing (as an organisation) was in that space, because it wasn't even just laptops, it was access to mobile phones, tablets, dongles and to Wi-Fi. Connect Scotland were great helping us, as were Vodafone, who to this day, still offer us free SIM cards for one year with unlimited data.
61. A lot of what we do is also helping other people make the most out of the services around them. We take people to their appointments or make them aware of groups who can support them – often going with them initially, but that network of support was all closed down, especially in the statutory sector. We had to try to provide those services ourselves instead. We started doing 'walk and talk' groups when the restrictions eased, which we still use to this day.
62. The third sector, in a way, had to take over for other sectors who had withdrawn their services. They needed to provide places where people could

go and get support, or it wasn't happening. That level of disruption and the social isolation had a huge impact on people, a lasting impact.

63. We did not initially have shortages of volunteers, perhaps due to furlough. We had people ringing up offering their time for free. That's how we were able to deliver services like food. We had lots of people from the University of Edinburgh, schools, corporates – that was amazing.
64. We do have residential volunteers as a core part of our communities model. The challenge during the first lockdown was when residential volunteers wanted to leave to be with their families. We couldn't stop them, but it was very hard to replace them. We managed to cope, and some amazing people came from across the world, travelling in very difficult circumstances and then self-isolating for two weeks on arrival.
65. The self-isolation of staff, especially when regulations were unclear, became challenging. There were times when we felt really stretched. We did take on new people during the first lockdown, we had to adapt to do that. We didn't have many furloughed – a total of 31 staff were subject to furlough, or flexible furlough, at various points during the furlough scheme.
66. Nobody got COVID during the first lockdown, but they still had to isolate if they, or their family, experienced any symptoms. This impacted on us. The other stress was the closure of schools and home schooling. We have a lot of staff who have families and caring responsibilities. That was challenging.
67. For people in shared housing, like students or new graduates, finding a workspace was an issue. We had one young man who had moved into a new studio flat in March 2020 and being in one room for work and leisure day in, day out was very difficult. We found him other spaces to work from.
68. We did have a few people come into the office, obeying the rules, because this was better for their mental health than working from home. We had to

be flexible with that. One thing I did do, was not assume that we'd move the entire workplace to remote working.

69. There were also strange things, like only being able to go on public transport if you had a letter, but not all our services are regulated, even if they are in care services. We had a few conundrums because of this, but in the end, I just said we had to do it. I told my staff that if somebody did challenge them, to direct that person to me. I issued my own letter. There were no problems in the end though. I have very few recollections of anyone asking colleagues to show a letter of permission to travel.
70. Some of us were deemed as key workers, but some of us were not – sometimes it's about how services are funded. If we get funding from a grant and funding from the public sector, the same services are being carried out, but one is regulated and one is not. One is delivering a statutory duty, but the other is not, despite carrying out the same service.
71. Additional impacts were the problems with lone working and trying to devise how to do the handovers in a social distanced way. Normally you would have a community of staff that would be working together so handovers were not needed as community life meant information was exchanged as the day progressed and with the participation of those involved including those being supported. We had to design a handover system that met the rules. That was a big change for staff. We had to create safe spaces where handovers could happen, like gardens.
72. Self-isolation was also a problem in our residential communities. Each of our communities became households, so if one member encountered somebody with symptoms, the whole "household" had to isolate, which was difficult. Obeying regulations in that space was hard, especially for folk who struggle with rules in the first place because of their life experiences. It added a pressure to staff and reduced resilience.
73. Funding had a positive impact, and we were able to carry out many of the services we had previously. Not only that, but we also had a high level of

flexibility, so we could change the way we delivered services and change the outcomes. Corporate funding also increased during this time.

74. We were having problems finding space to store all the food we were buying or being given. We asked for help from people we know in the food industry. They lent us a chilled trailer, pro-bono, so we could store more food. People were doing lots of things like that to help us.
75. The Scottish government Food Fund also gave us money to buy and distribute food, £30m went to local authorities £10m went to investment in third sector organisations that were responding to food insecurity both at a national and local level. That was helpful. Although we did have issues with some of the local authorities – it took one of them five weeks to produce an eighteen-page legal document for the agreement of funding to do what we were already doing. But we got there and managed to deliver.
76. Homelessness also shot up in people’s priorities during the pandemic – they were paying more attention to it than they had before. 2021 was our best appeal year.
77. The pandemic was horrendous, but some aspects of support we received was incredible. That’s what I wanted to explain here, because it’s worth highlighting the good support we received from many organisations. It doesn’t make what happened during the pandemic okay, especially for those who became very ill due to COVID or lost loved ones. I acknowledge for them there was very little good to come from those experiences and they have my deepest sympathies, I do not ignore their struggle and suffering when I say we were able to turn many problems into opportunities, if not all of them.
78. Homeless accommodation was not deemed safe at this time. The housing offices were closed, which made things really challenging. The homelessness department was working remotely, but they were under huge pressure.

79. We did work with them, behind-the-scenes, on things like getting people into hotels, which was a collaboration initiated at the start of the pandemic with four other charities along with local authorities in Edinburgh and the government. Working together 700 people either rough sleeping or in unstable and/or unsuitable temporary accommodation were supported to move into five hotels. Cyrenians ran one of these hotels and provided a lot of the meals for the others. There was not one case of COVID across all 700 people during the first lockdown.
80. People who were homeless at the time had a safe space, which was nicer than where they normally stayed, sometimes with ensuite facilities, and with regular intakes of food. We got a lot of engagement from people because of this policy, sometimes more engagement than we had got from people for a long time, because they were in a better place.
81. When we came out of COVID, the organisations involved were able to evidence to the Council and Scottish Government that we got better results with people in hotels rather than congregate night shelters. The Council agreed and block booked a hotel. There is no longer a night shelter in Edinburgh. Instead, there is a Welcome Hub, run by Bethany Trust, with support from other organisations like Cyrenians which has 65 rooms every night in a hotel as emergency accommodation.
82. Last year it was found that 83% of those who stayed in that hotel, went on to positive destinations. That is way more than used to be the case when people stayed in night shelters. Support staff from the third and statutory sectors, go to people staying in these hotels rather than them having to go to several appointments and then can discuss any issues raised amongst ourselves so stuff gets sorted quicker. There's more dignity. The crisis taught us something here, although sadly recent pressures in statutory sector funding mean fewer statutory staff can come to the Welcome Hub so some of that progress is unwinding.
83. There was an issue with Council maintenance staff not being allowed to go into properties, or they did not have the staff so many vacant houses were

not being repaired. There was a huge lag in making the accommodation owned by the council available for people to move into, and people were living in accommodation in need of repair. The consequences of how they were interpreting the guidelines at the time, made this a challenge.

84. The massive reduction in tourism also meant there were a lot of short-term let flats available from the private rental sector. Cyrenians along with two other third sector organisations worked with the local authority and the government, and managed to set up what we called a private rented sector service. We built relationships with landlords and letting agents and agreed we could offer people these properties if we guaranteed they received support and we guaranteed the deposit. We managed to move 24 people into privately rented homes.
85. This ended when tourism picked back up and rents in Edinburgh increased, but I wish we had been able to make more of this opportunity, of taking these properties out of tourism, and using them to support people getting into longer-term accommodation. The landlords were more willing at the time because of the involvement of the council and third sector organisations providing the support. It is a model I believe we can return to but will require a lot of work in the current rental market.
86. There were interesting moments, where local authority involvement was a positive, proactive thing, despite some of the decisions they took that meant that it was more difficult to get some services.
87. There were changes in the types and number of people needing support during the pandemic. For example, the 17% increase in those being made homeless for the first time – that tells you everything. We had more families in need and the demand for food went through the roof. We were doing well and got 250 tonnes of food out a month, but I could not tell you that we met all the demand. In fact, I'm sure we did not.
88. We also distributed 80,000 freezer meals through our kitchens. We had chefs on furlough volunteering in addition to our own staff working. We

supported 256 organisations with food from April to December 2020, and delivered the equivalent of 4.2 million meals.

89. This means that more food was going to a wider range of people, which tells you that a wider range of people had more need. People who never thought they were going to need food, were now getting it.
90. The relationships we built with other organisations were crucial when it came to getting and giving assistance in other areas. For example, getting devices for home-schooled children or support for families in abusive situations. It was the people we knew saying, 'Do you want a bit of help? We know people who can help you.'
91. Working with local organisations was key. That's how you build resilience and how you manage a crisis like a pandemic - make sure you have a highly organised network of local community organisations because they are the people that know what others need. People like us can then deliver the support that is needed via these local organisations I am sadly not convinced we have learned from this. As a nation we are lacking resilience. I think we should be supporting communities to build that network, but unfortunately, this cooperation is dissipating. What you need is one or two anchor organisations and then the community organisations. If you had that, then the rest of us could bring in support to these organisations, and services could be delivered to those who need it most. Communities know best.
92. The lessons learned in our organisation, is what we can achieve in a crisis and how we can adapt. Our staff were proud of what they did, despite their exhaustion.
93. Based on what we experienced through the pandemic about the benefits of taking a Public Health Approach we are shifting our organisational strategy to embrace and model a Public Health approach to Homelessness Prevention. We will be announcing this at the end of March 2024. This means that we will be working more upstream tackling issues at the source

of the problem or a point of transition where an intervention can prevent a problem becoming a crisis. Homelessness is always about housing, but it is also always related to other issues. We want to get upstream, to address these issues, rather than waiting until homelessness occurs.

94. This public health approach is also about devolving things down so those on the frontlines can make decisions. For example, during the first lockdown, one of our staff members was instrumental in getting a man, who had been homeless for 10 years, off the streets and into accommodation. They formed a trusted relationship and eventually, this man showed an interest in securing a tenancy and understood the severity of the situation when the staff member had to isolate coming back from a holiday right at the start of lockdown.
95. Within 24 hours, our colleague, working in partnership with frontline staff in different organisations got him accommodation, the DWP had sorted out his benefits and we had medical staff in to assess his health needs. Within 24 hours of that man making that decision for himself – based on the trusted relationship he had with our colleague, all the services were in place – it was the frontline workers making this happen, by making the decisions. If you devolve power to them, great things happen.
96. We're offering more digital based services than before. Staff were initially hesitant about using it, but now its second nature. In some cases, as I mentioned earlier with the veterans' service and the Frontline Network, the ability to move online completely expanded our reach.
97. We also learned how much we really need to be deliberate about staff support. We need to do more, to build things into people's contracts so they can access support. It's a culture of "permission" - its ok to ask for help and to see things like reflective practice as part of their job, not an add-on. We're redesigning how we build services to build in space for support and care. We want to make sure that every part of our organisation is a psychologically informed environment.

98. We discovered that we could increase our food capacity. We're back down to 100 tonnes as opposed to the 250 tonnes during the pandemic, but pre-pandemic, this was only 40 tonnes. That gave us a bit more experience and we realised we could do more than we thought. As a result, we have planned to move into a new depot and have ambitions to increase the numbers of organisations we support.
99. In terms of supporting young people, we've been looking at how we can use spaces and resources differently. We've been looking at expanding community payback gardens and we've also designed, in partnership with Newbattle Abbey College, a Nat 5 qualification (Scottish Qualifications Authority) in outdoor skills, revolving around awareness of the outdoors and learning about nature. This qualification is only one of three in Scotland without any written work. It is a vocational qualification.
100. In summary, we've adapted, we've developed, and we've learned where we need to do more.

Guidance / Policy

101. We were getting our information from a variety of sources.
102. We paid close attention to government announcements. The Coalition of Care and Support Providers in Scotland (CCPS) were helpful at distilling a lot of information. The Scottish Council for Voluntary Organisations (SCVO) were helpful too as they were constantly updating their dedicated COVID webpages.
103. What you were needing was not only to hear what was going on, but also how other people were hearing it. We also got messages directly from the regulator, mostly from the Care Inspectorate as some of our services come under their jurisdiction. We also got direct messages from the Scottish Social Services Council (SSSC) which was the regulator for staff. Several of our staff need to be registered with them.

104. We were not directly on any government distribution lists, although I did end up on the Lothian Borders Resilience Network, which was facilitated by the government. The only reason I ended up there was because of a work connection – we employed the sister of the woman who was running that for the government. She recommended me.
105. That network was helpful, but it was much more about how to deliver on guidance decisions rather than be a conduit for hearing them in the first place.
106. I don't think the third sector was considered much with regards the development of policy at all to be honest. Anything we did do was through CCPS and SCVO. I was better spending my energy supporting them, the umbrella organisations, than doing it myself. If I encountered guidance or policies I did not agree with or understand, I would feed it back through them.
107. For example, when the Government said they were going to give everybody in the social care sector a £500 bonus, we were uncertain about who that would apply to. It might have applied to some of my staff, who deliver Care Inspectorate registered services, but not others but were essentially doing similar roles. I would query what they were going to do about that, and they would progress this.
108. The Social care uplift in March 2021 brought similar issues of some staff getting an uplift and others not. So, we communicated with the CCPS and SCVO, who took this up on our behalf. What CCPS and SCVO managed to do was use their influence and we got the money as a lump sum based on contract values which we could then use across the organisation to ensure everyone got an uplift we could afford. That flexibility was vital. The government or local authorities were trying to do a good thing, but they did not understand the system. We had to then influence them through CCPS and SCVO rather than directly.

109. I was part of a SCVO group engaging with trying to influence the COVID recovery strategy. We met with Name Redacted who chaired the Advisory Group, but frankly they gave us nice words and ignored us completely. We felt we had no influence and were ignored despite being vital not just to the COVID response but the recovery of the economy.
110. In the very beginning we could not get our hands on PPE, and we only had the very minimum. We managed to get some via the Health Boards in the NHS Hubs but only for staff recognised by the Care Inspectorate. In the end we created our own logistics team and began to buy PPE directly from suppliers.
111. Part of the problem was access; the other part was lack of clarity. It was not clear what quality of PPE was required for the services we were carrying out. We also weren't sure if the PPE we were buying was of a proper standard. That impacted our staff, in how safe they felt. It was difficult.
112. It was the end of the first lockdown (June 2020) before we felt comfortable with the level of PPE we had. We needed facemasks, we needed proper aprons, gowns, and gloves, especially if we were going into houses to provide support.
113. There was also a lack of clarity of how to dispose of PPE. Advice during different stages of the pandemic changed, and we adapted our practice according to updated guidance. However, it was sometimes difficult to know which of the various guidance models suited our needs best, e.g. guidance was often aimed at care homes or hostels which didn't fit our residential communities exactly.
114. There was a shift in policy and all our staff did get access to the COVID-19 vaccine early on. We got loads of testing kits through the Council too, but that was later. That was a huge morale boost for us.

Homelessness

115. With regards to homelessness, the pandemic affected the day-to-day operations of Cyrenians activities and programmes in different ways. We had to cater for prescription delivery services, as many of our service users had habits which required frequent medication. Using volunteers and staff from different organisations, including the GP practice in Edinburgh for people facing homelessness, a delivery service for essential medications and prescriptions. We also realised that we could help folk by making them aware that they could use their permitted exercise time to collect prescriptions.
116. Our homeless navigators – the outreach team that works with those who are on the streets, doing direct work with people who experience homelessness – worked very closely with a street pharmacist and CPN (Community Psychiatric Nurse). The street pharmacist helped with access to prescriptions like MAT (Medically Assisted Treatment) for people who use drugs. Those relationships didn't come about just because of COVID, but because they were there already, it made it easier to support people when the pandemic hit.
117. We talked about the hotels earlier, which was a massive piece of work for us. By collaborating across sectors a big change was achieved which has had a lasting impact on how homelessness crisis services are delivered.
118. We're back to around 100 people sleeping rough on the streets in Edinburgh, that we know of. About half of them are people with no recourse to public funds or where their immigration status is unknown. A lot of those people arrived as economic migrants who lost status because of changing immigration rules after Brexit or were refused asylum seekers. They had been housed during the pandemic because of Public Health regulations over-riding regulations on who can receive public funds which meant people could be looked after and supported rather than be forced into destitution.
119. We did some work with the University of Edinburgh on a project called 'Living Through COVID' which captured a lot of this. I think we may have already sent some of this work to the Inquiry. We used film and

photographs and poetry to illustrate how frontline workers experienced the first lockdown and supporting people in hotels. That gave an insight which I have not seen elsewhere.

120. The major impact on our service users was that they could not engage with us like they had pre COVID. We had to change our model of delivery to ensure we provided the services they needed during this time. We had to upskill some people so they could access our services.
121. Edinburgh's big challenge is with social housing, which the pandemic just exacerbated. Around 5000 households are in temporary accommodation. The average amount of time a family with children will spend in temporary accommodation is 611 days. A single person may spend around 430 days. There is no statutory limit for how long someone can spend in temporary accommodation.
122. We saw an increase in drug-related deaths in 2021/22. We think COVID contributed to this, with people experiencing isolation in accommodation. I have no evidence COVID was a causal factor, but it was certainly a contributory one.
123. What we did see was an increase in the number of people accessing services during the pandemic, many for the first time. We also had a huge increase in people seeking support because of domestic abuse or a family breakup. We also had people who we had previously supported and were settled, coming back to us due to the impact of social isolation, especially if they had lost their job or were having issues with their tenancies.
124. With regards to lessons to be learned by our organisation, we had people in hospitals needing to be discharged, but they couldn't be because they needed to isolate, or needed care as they were vulnerable. We worked with the Health Board and Waverley Care to create a stepdown accommodation where people could be discharged from hospital and receive stepdown support by reconfiguring the Milestone House facility (they did not need hospital care but did not have suitable accommodation for their recovery

period). The partners (NHS and Waverley care and ourselves) reached a decision with funding within six weeks, and it is still ongoing. It's had such a profound effect on people's recovery. Another example of turning a problem into an opportunity.

Mental Health

125. The type of mental health services we offered, before, during and post COVID are wide and varied. Mental health is a part of almost all our services, and we try and get upstream with the socialisation support. The number of older people (over 60's) assessed as homeless or threatened with homelessness because of social isolation, poverty, and family breakdown has doubled in the last five years. It's getting worse. We've done a lot of work in that area. We run gardens in the hospital grounds of Midlothian Community Hospital where patients who are struggling can come and spend time there.
126. During the first lockdown we had to shut down our community gardens in the Royal Edinburgh and Midlothian Community Hospitals but patients continued to use them as a space, so we tried to keep that going. It's been shown that people who access and use the garden space actually leave hospital quicker than those who don't.
127. We began to create activity kits that patients could use on the wards in the hospital even though we weren't there. They were so successful that we now employ a member of staff to do that on the wards, as well as in the gardens. We've managed to secure a Community Health Partnership, on an eight-year contract, to keep running those gardens. We've also created a garden at the Access place, the GP clinic for people experiencing homelessness in Edinburgh, so they can do social prescribing.
128. The digital stuff made a massive difference, as we discussed earlier. Most funding for hardware came from Connect Scotland and Vodafone. We moved some programmes online that's kept going.

129. As well as digital hardware we also supported families with activities packs, games and toys. Our mediation service worked hard on this as family stress was a huge challenge for many.
130. We were doing cooking classes with veterans prior to lockdown. During lockdown, we put the recipes online and delivered ingredients packs to the houses so we could keep that going. We also took art therapy online and did a similar thing delivering the materials.
131. We were contracted by the council to deliver cooking classes to vulnerable people, because if you can cook on a budget, you're more likely to maintain a tenancy. We have about 60-70 people per year doing these classes. In the first lockdown, we shifted these online and over 100 people attended these virtual cooking classes. We delivered ingredients and digital hardware where it was needed.

Prisoners and visiting

132. In terms of prisoners and visiting, we provide a prison visitors' centre at HMP Addiewell, West Lothian as part of a network of centres across the country delivered by different organisations. We know that prisoners who are visited regularly by family are up to six times less likely to reoffend. During COVID in-person visits were limited or could not be done.
133. We started to do remote support instead; we had a weekly newsletter, we started doing a lot of work helping families understand the changing guidelines (in relation to prisons). The rules about visiting were changing all the time, which could be exasperating. We sent activity packs and lots of materials concerning wellbeing and home schooling, and then started to do work on virtual visits. Some of that has continued, though being present within the actual prison, is very important.

134. We would make sure families had access to tech and knew how to use it and interact in this new dynamic. A lot of the support was to help them make the best out of a difficult situation.

Community Justice and Outreach projects with Hospitals

135. Community payback schemes were frozen, so participants were issued with activity packs that they could complete at home, which were all about reflecting on their behaviours and what changes they could make. That counted towards their community payback, but they did have to evidence they had done the work with their social workers.

136. However, for many participants, that sort of work can be difficult, so we supported a lot of people by phone, virtually and eventually with walk and talks outside, helping them to reflect and understand what they needed to do. It was good that Community Justice wanted to find alternate ways of people accruing their hours, but people needed additional support.

137. We would usually deliver our payback programme in an open space, like our walled garden in Falkirk. By July 2020, we were able to start doing that again and the garden became a venue where community payback hours could be carried out as outdoor work. We were one of the earliest organisations to get that up and running again, and we realised we could be doing this in our other gardens too. We expanded our services because of the experience we had here.

Additional information

138. There was another service we set up, which was the Randolph Crescent Centre. This centre was used normally as a place to provide support for those suffering from addictions. This was empty at the time and so, in May 2020, we set it up to provide short-term accommodation for individuals who tested positive or showed symptoms of COVID amongst the homeless population. We had to give the building back in July 2020.

139. We got the funding for this quickly and were trusted to set it up. We employed 16 new members of staff; we were getting people who were students to provide 24-hour cover. It was a good partnership between the local authority and Cyrenians.
140. It was initially intended to provide a safe place for people who were homeless who needed to self-isolate but whose temporary accommodation was unsuitable. There ended up being very few of them so managed to alter our agenda with this project and instead provide emergency accommodation for people presenting as homeless. We supported 77 people in this way between July and September 2020 and our funders were satisfied with it. We learned that despite not carrying out the services that were initially funded, this was not seen as a failure. We should be allowed to try new things more often.

Has your role as CEO of Cyrenians changed due to COVID?

141. Staff health and wellbeing was always important but I spend even more time now on it now, making sure we're being much more deliberate about that. Before COVID, I spent more time out and about, and less time in the organisation. During COVID, it was all about the organisation. It was the most intense experience for me personally – my hours were longer, there was no time between meetings and the divide between home and work dissipated. My resistance to stress was lowered due to these increased demands. It was like running a marathon flat out and you never knew where the finishing line was.
142. I have medical conditions which meant I was advised to stay at home in the first lockdown. I found this very challenging personally as I was asking colleagues to do the opposite. I felt and still feel guilty about this. I relied on my family, my team and the support of peers to get me through this period. We were a really strong team. We created a COVID-19 Response team, and we met on a daily and weekly basis. There were several

organisations, not just third sector, who pro-bono, set up support networks, so I had peer-group support which was vital.

143. How I work now has changed. I do much more online. I'm much less out and about. I'm visible in a different way now.

How prepared was my organisation for COVID?

144. We were ahead in terms of access to tech, and locking down earlier than other organisations, but looking back now, I feel as if there were other signs, and I could have acted even earlier which might have been beneficial. I do think Government could have acted much earlier and much more decisively which would have helped us all. I did not have a resilience plan for a national pandemic in my policies.

145. I think we were able to ride to storm, in part, because of the culture of our organisation. We have a values-led, no-blame culture built on trusted relationships – those relationships saw us through.

146. We provided services for vulnerable people that were 365 days a year, 24 hours a day. Our priority was 'how are we going to maintain them and how were we going to get support to the other organisations?' That was huge.

147. We had to nuance our communications very, very carefully to make sure that one group of staff did not feel as if they were being forgotten. Our internal communications had to be radically changed in that process. We now have a communications team rather than an officer managing this.

148. As lockdown approached, we had no direction or warning from the government in terms of what it meant to go into lockdown. They gave instructions for families and individuals but not for organisations. We were telling our staff that we were going to keep them as updated as we could but there was a huge level of uncertainty because of the many questions we couldn't answer – especially how we could keep safe those who were not able to work from home. We used emails as the main point of contact.

We created a new COVID information email address, which would have the latest updates on it. Our services are so different, across the board, that whenever regulations changed, we had to work with each service individually to discuss how they would apply the regulations rather than impose a one size fits all answer.

149. As teams adapted, they also innovated so they could keep supporting folk. They did not want to leave those we support on their own so they were constantly adapting our provision to provide support.
150. We said very quickly that we needed them to think together about how the regulations applied to them, rather than being told directly. They were the best people to consult with, given their experience.
151. That was helpful in the sense that we were giving people autonomy, but difficult because people were concerned whether they were following it properly. That took quite a lot of support, but it meant we got better results.
152. It was hugely stressful for our staff, and we were all thinking about how we keep the support going. They are motivated to be here and support others. Our priority was keeping things safe for the staff and people we support and to abide by the regulations.
153. We didn't know how the funders would support us, so we had to talk to every individual funder to discuss how they felt about us not being able to achieve everything they'd funded us for, due to the pandemic, and whether we could use that money for something else. As it turned out, 99.9% of funders were quite happy for us to help. We had to speak to 250 funders, or more, so there was a massive communication requirement for us.
154. We received money from Foundation Scotland, Corra and other organisations who manage several funding streams along with support from new funders. The money was allocated on trust based on previous relationships or recommendations by other funders. The demand for urgent assistance for families was through the roof, especially early on due to furlough and redundancies.

How has Cyrenians emerged from COVID and what have been the major impacts?

155. I would say that we got bruised and battered during COVID, but we've come out stronger. We are still financially stable, and we grew as an organisation during COVID. We've set up a brand-new community service for unaccompanied minors during COVID. We also created the Milestone House service, which is part of the hospital outreach team and a number of projects have a digital aspect to their work they previously didn't have. We also use digital tools much more extensively within the organisation and far more staff work in a hybrid model.
156. We're much more digitally astute. Our employability work has shifted away from adults and young people to primarily young people as we think that's where the need is, especially school leavers. We've got one programme specifically for young people and eating disorders because that has gone up in demand by 200%. These are people who would normally go to CAHMS (Child and Adolescent Mental Health Service), but we're picking them up before, as the waiting list for CAHMS is so long.
157. We've shifted our priorities. We're much more focused to make the most out of our green spaces and we're also focusing much more of our work on creating a green economy. We're developing a new pathway to support young people with no qualifications to get into college around the green economy – environmental and outdoors work which has been helped working with Balfour Beatty, SWECO, Edinburgh University and Edinburgh and Borders Colleges.
158. We've come out of COVID stronger than when we went in. Our staff numbers have increased and demand for our services has also increased.

Lessons to be learned

159. There's often an inherent distrust in the public sector when it comes to giving money to third sector organisations. You can get a lot of stuff done if you trust organisations and build relationships with them. The relationships that we've built during COVID have carried on.
160. We could learn a lot more from that. Why don't the government say to organisations, 'work in the space you know will have the biggest impact', here's the money, get on and tell us what you've learned.' That's a far more effective way of operating than a transactional model of them telling us what is needed and then asking us what we can give them for their money.
161. Transactional approaches to funding are not helpful. I've worked in the public sector, I know that there are ways in which they are held accountable, but we need to radically change that so the public sector can make better and more efficient decisions.
162. I would encourage cross sector collaboration between the public and private sectors. Based on my experience with the Edinburgh Chamber of Commerce and other business-based relationships, cross-sector collaboration can be huge, and we should be doing more of that. For example, corporate funding has been pivotal, enabling us to invest in our staff through a deal with Baillie Gifford. That relationship was built during COVID. Unfortunately, the public sector is under such pain right now that they may be finding it difficult to do that.
163. I also think the government haven't really paid attention to what we learnt about how to build resilience. If you want resilience, you need to build a community. If you build communities, you've got the infrastructure there already when a crisis happens. I really think that aspect is not great at the moment.

164. We saw the benefits of homelessness being seen as a public health issue and I would argue that should keep going. We also saw how our food security was during COVID, how quickly people were unable to get access to the food they needed. For example, in the supermarkets when there were issues with the supply chain, and they couldn't get stock in. Although we were able to step into that reach a little bit, we are not the solution to that.
165. I wish we could have done more with the private rental sector. If we'd have been able to build up a lasting relationship with them, we could have done better in terms of securing accommodation for people after COVID.
166. I also think the third sector really proved itself during COVID, it would be helpful if there was an agreement between the Scottish Government and the third sector, comparable to the New Deal with Business and the agreement the Scottish Government made with local authorities.
167. I think the third sector is undervalued and misunderstood in terms of the contribution we make to the economy building these communities. Our funding challenges are huge, but I also think we showed how to innovate and keep going during a crisis.

Hopes for the Inquiry

168. I hope there will need to be some level of accountability for some of the decisions taken. That's important, because for so many people, their experience was awful, and this was in part due to the decisions made politically at the time.
169. However, I would much rather this Inquiry was about what we have learned and, if there were good decisions made during the pandemic, can we get back to supporting those now, post-COVID. Overall, I think reflecting on the lessons learned during COVID, would be much more productive than placing blame. You need to respect what people went through and identify

accountability, but if that's all we do, how are we honouring those that went through that suffering?

Personal Data

SIGNED:

DATE: 13/03/2024