

# OPUS2

Scottish Covid-19 Inquiry

Day 60

November 13, 2024

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1  
2 Wednesday, 13 November 2024  
3 (11.15 am)  
4 MR STEPHEN: Good morning, Lord Brailsford.  
5 THE CHAIR: Good morning Mr Stephen. Do you have a witness  
6 for us.  
7 MR STEPHEN: Yes, my Lord. The first witnesses giving  
8 evidence today are Jennifer Miller and  
9 Elizabeth McLraith, both of who represent PAMIS and  
10 will be giving evidence together as a panel of two.  
11 MS JENNIFER MILLER (called)  
12 MS ELIZABETH McLRAITH (called)  
13 THE CHAIR: Thank you. Good morning, Ms Miller, and good  
14 morning, Ms McLraith. Thank you for coming. When  
15 you're ready, Mr Stephen.  
16 Questions by MR STEPHEN  
17 MR STEPHEN: I'm obliged, my Lord. Ms Miller, if I could  
18 start with you, if you could state your full name,  
19 please.  
20 JENNIFER MILLER: Yes, I'm Jenny Miller.  
21 MR STEPHEN: Thank you, and Ms McLraith, could I ask you to  
22 do the same?  
23 ELIZABETH McLRAITH: Elizabeth McLraith.  
24 MR STEPHEN: Thank you. You've both helpfully provided  
25 written statements to the Inquiry, and for the record,  
the Inquiry reference numbers for those statements are

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1 SCI-WT0460-000008 for Ms Miller, and SCI-WT0388-000001  
2 for Ms McLraith.  
3 Jenny, you already gave oral evidence to this  
4 Inquiry previously, and a written statement in respect  
5 of the health and social care theme. That reference  
6 number is SCI-WT0460-000001.  
7 I'll just reiterate at the outset that everything  
8 you said in those written statements will be taken into  
9 account by the Inquiry, even if we don't touch on every  
10 aspect of those in oral evidence today. Just a gentle  
11 reminder that the hearing is being transcribed, and the  
12 chair, Lord Brailsford, will also be listening intently  
13 and taking notes, so please do try and speak slowly and  
14 clearly as I am sure you would do, and I will try and do  
15 the same. Thank you.  
16 So the organisation you both represent today is  
17 PAMIS, or Promoting a More Inclusive Society; is that  
18 correct?  
19 JENNIFER MILLER: Yes.  
20 Q. Thank you, and, Jenny, your current position is the  
21 chief executive officer of PAMIS?  
22 JENNIFER MILLER: Yes, that's correct.  
23 Q. That's a role you have held since 2015?  
24 JENNIFER MILLER: Yes.  
25 Q. Thank you, and Elizabeth, you are the transition lead

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1 for Glasgow city for PAMIS; is that right?  
2 ELIZABETH McLRAITH: Yes, that's correct.  
3 Q. And how long have you held that role for?  
4 ELIZABETH McLRAITH: 14 years.  
5 Q. Thank you, and in broad terms, what does that role as  
6 transition lead involve?  
7 ELIZABETH McLRAITH: I support families who have got  
8 relatives with profound and multiple learning  
9 disabilities, who are aged between 15 and 19, and who  
10 are approaching the transition process from education  
11 services, and to adult services.  
12 Q. Thank you, and we'll come back to transitions in due  
13 course, but first, can I just ask in a nutshell to  
14 describe what the core mission or the aim of PAMIS is,  
15 please?  
16 JENNIFER MILLER: Yes, I mean we are the only organisation  
17 that solely supports children, young people and adults  
18 who have profound learning and multiple complex  
19 disabilities and their families, and our mission is to  
20 assist them to lead healthy, inclusive and valued lives.  
21 Q. Thank you, and that profound learning and multiple  
22 disabilities is sometimes put in shorthand as PMLD.  
23 Now, at paragraph 6 of your witness statement, Jenny,  
24 you say that PMLD is not necessarily a term that's  
25 commonly used within educational settings, and as you

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1 both know, these impact hearings are looking at  
2 education and certification. For those unfamiliar with  
3 that term, could you please describe what that means,  
4 PMLD?  
5 JENNIFER MILLER: Yes, so we talk about the profound  
6 learning, which means that they have limited cognitive  
7 abilities and developmental delays, which means that  
8 many of them have limited communication, are unable to  
9 do tasks that lots of us take for granted, but the  
10 multiple physical disabilities means that a lot of them  
11 will be wheelchair users, that they have continence  
12 issues, that the majority of them have epilepsy, that  
13 they have issues around musculoskeletal, so they will  
14 end up — I think you heard a lot about postural care  
15 before, so they will end up with physical disabilities  
16 if they're not supported correctly. And very complex  
17 healthcare, because of those physical disabilities,  
18 often they will end up with respiratory issues.  
19 So things like COVID had a really big impact,  
20 because if they become unwell, that often then relates  
21 to them getting pneumonia and being in very critical  
22 positions, but we also use that word "profound" because  
23 they have communication difficulties often, to mean we  
24 often don't know what's going on, so it's deep, wise and  
25 expert, and they teach us an awful lot as well. Their

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1 lives are very valuable, but you need to take time to  
 2 understand how they communicate with you.  
 3 Just finally, they communicate in a different way,  
 4 and so sometimes their communication will be seen as  
 5 very challenging, so they're trying to tell you that  
 6 they're feeling ill or unwell or in pain, and that comes  
 7 out maybe in an aggressive manner. So that can often be  
 8 misconstrued, so they have a real risk of being  
 9 diagnostic overshadowing, and people thinking it's their  
 10 learning disability rather than something else  
 11 happening. That wasn't really in a nutshell, sorry.  
 12 Q. Thank you. But I think the factors that you have  
 13 outlined there, the features of PMLD, that makes them  
 14 highly dependent on others. I think that's something  
 15 you say in paragraph 8 of your statement, but I think  
 16 importantly, it's also a varied group, and I think you  
 17 say at paragraph 6 of your statement, Jenny, that the  
 18 abilities of those described as having PMLD will vary  
 19 considerably, so are there differences in terms of their  
 20 abilities?  
 21 JENNIFER MILLER: Yes, so some people will be very mobile,  
 22 and that has its challenges, and others will be confined  
 23 to a wheelchair or confined to, you know, specific  
 24 seating equipment, often, you know, spending quite a bit  
 25 time in bed as well, you know, using postural supports.

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1 So some of them are able to move around and take part in  
 2 a range of activities, and others have to have  
 3 everything done for them. Some of them will need very,  
 4 very specific equipment in order to enable them to take  
 5 part even in daily living activities, and others, you  
 6 know, are, as I said, far more mobile, and it's quite  
 7 difficult to diagnose, so we often talk about that  
 8 severe to profound range.  
 9 Q. Thank you. I would like to --- before we get to the  
 10 pandemic period, I would like to focus on the school  
 11 experience first for those with PMLD. At paragraph 9 of  
 12 your statement, Jenny, you state that the way that an  
 13 individual experiences education with --- an individual  
 14 with PMLD, may look quite different to someone who  
 15 doesn't have that, but in essence it's the same concept.  
 16 You highlight the daily attendance, access to the  
 17 curriculum, albeit an adapted curriculum, participation  
 18 in the social world of school, plus access to other  
 19 healthcare practitioners and equipment, as you just  
 20 mentioned, and specialist interventions.  
 21 Now, I want to take each of those aspects in turn if  
 22 I may. So if I could start with you first, just in  
 23 terms of getting to school, how does an individual with  
 24 PMLD normally travel to school in the first place?  
 25 JENNIFER MILLER: So all of them will require transport to

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1 get to school unless, of course they live around the  
 2 corner, and they can be pushed or walked, so they --- but  
 3 that transport will require escorts as well, so nobody  
 4 should be travelling in a car without somebody  
 5 supporting them. So they might go in a car, they might  
 6 go in an adapted taxi, or for a lot of our group, they  
 7 go in adapted wheelchair buses.  
 8 Q. Thank you, and that is not necessarily a short journey  
 9 that they're undertaking; is that right?  
 10 JENNIFER MILLER: No, many of them live across areas, so  
 11 that the specialist school that they go to will be not  
 12 even in their geographical area. So, no, I think for  
 13 some families, it can be up to an hour, Elizabeth, can't  
 14 it, in travelling?  
 15 ELIZABETH McLRAITH: Some families may live within one  
 16 local authority, but then their son or daughter will be  
 17 schooled within a different local authority, so  
 18 obviously travelling at peak times, it can be prolonged  
 19 periods of time that they're on school transport. But,  
 20 yes, as Jenny says, the biggest majority of the families  
 21 that we support are dependent on school transport,  
 22 whether that be an adapted school bus or a taxi, and  
 23 with support, so there would be an escort either present  
 24 with them within the taxi, or there would be an escort  
 25 present on the bus.

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1 Q. And the reason for that escort is because of their  
 2 needs, is that ---  
 3 JENNIFER MILLER: Yes, complex healthcare, but also the way  
 4 that maybe they communicate as well, so...  
 5 Q. That reason for travelling outwith their local  
 6 authority, sometimes, Elizabeth, is that a reflection of  
 7 where they need to be for their educational needs, just  
 8 wherever that facility happens to be?  
 9 ELIZABETH McLRAITH: Yes, absolutely. So for the  
 10 specialist input, really, it is a hassle if their own  
 11 local authority can't provide, you know, that specialist  
 12 input and meet their support needs, they may well travel  
 13 to a different local authority who's maybe got a  
 14 specialised school who can provide that level of support  
 15 that they require.  
 16 Q. Thank you. I want to ask next then about the social  
 17 aspect, and I think, Jenny, you mention this in your  
 18 statement at paragraph 20. I think you say that one of  
 19 the most important aspects of school for children with  
 20 PMLD is socialisation. Why do you say that?  
 21 JENNIFER MILLER: So for so many of them, they have no  
 22 opportunity of going out in their community because of  
 23 lack of accessible venues, lack of Changing Places  
 24 toilets, which is the area that's needed to help support  
 25 their personal care needs. So the school is the only

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1 opportunity for them to meet their peers and their  
 2 friends , and, you know, the caring role is 24/7 and if  
 3 you have a family trying to organise a day out, it 's  
 4 difficult enough, but trying to find a venue that's  
 5 accessible and supportive and activities that engage the  
 6 whole family is really difficult . Going to school is a  
 7 time where you meet your peers and you have staff and,  
 8 you know, individual support that enables you to engage  
 9 and communicate.

10 Q. Thank you. Elizabeth, anything you would add to that?  
 11 ELIZABETH McLRAITH: I think for many of the families that  
 12 we support, there's a real lack of activity within their  
 13 own local communities. As Jenny says, you know, there's  
 14 issues around access, not all families have access to an  
 15 accessible vehicle, so they maybe rely on public  
 16 transport. But there's very few activities that are  
 17 actually organised and set up to meet the needs of  
 18 individuals with profound and multiple learning  
 19 disabilities . Therefore, they are, to a certain extent,  
 20 you know, still excluded within their own communities,  
 21 so school does sort of provide that motivation and  
 22 stimulation, and the opportunity for them to go and meet  
 23 their peers and mix with their peers, and have fun, so  
 24 yes.

25 Q. Thank you. On the curriculum then next, at 13 of your

1 statement, Jenny, I think you say that some children  
 2 with PMLD will attend mainstream schools with specialist  
 3 units, and they'll attend special schools in some  
 4 instances. I think you mentioned that the curriculum  
 5 will still focus on the SHANARRI wellbeing indicators,  
 6 and also GIRFEC, and the Inquiry has heard already  
 7 from -- evidence last week, I think, from Play Scotland  
 8 and Early Years Scotland on those.

9 But you talk about obviously the adaption of a  
 10 curriculum for children with PMLD and the skilled role  
 11 that's required of teachers. I just wonder if you could  
 12 elaborate a little bit --- we will come to additional  
 13 support and other professionals, but just focusing on  
 14 teachers, why do you say that it's a skilled role? What  
 15 does that involve in adapting that curriculum with  
 16 children with PMLD?

17 JENNIFER MILLER: So breaking down activities into the  
 18 minutest detail, so that an individual can actually  
 19 engage, is a completely different way of how you would  
 20 normally deliver education. I think the teachers have  
 21 to be incredibly creative in enabling people to consider  
 22 science in a very different way. So their multisensory  
 23 skills , their use of stories , their use of props and  
 24 activities will be very, very different from what you  
 25 would use, you know, with a mainstream. So I suppose,

1 you know, you have people that develop activities in  
 2 nursery level , but it 's then about trying to make sure  
 3 that you're age appropriate, but you're giving people  
 4 activities that are enabling them to take part.

5 They also, needing to be the expert in thinking  
 6 about how they're positioned, you know, how their hands  
 7 are enabled to be able to take --- so they're having to  
 8 take on all the allied health professions and the  
 9 medical direction, as well as their education role. So,  
 10 I mean, that is a vast job, and, you know, requires  
 11 people to think, I think, quite differently , and to be a  
 12 really great team player.

13 Q. Thank you. We'll move on then to the support of other  
 14 professionals , because you have touched on it slightly  
 15 there, and you both speak in your statements about, I  
 16 think, the range of other professionals that are  
 17 involved, working closely with teachers to make sure and  
 18 support access to the curriculum for those children with  
 19 PMLD. I would like to highlight some of those and bring  
 20 those out today. What would you highlight as the key  
 21 support which, for example, speech and language  
 22 therapists offer to those children with PMLD in the  
 23 school environment?

24 JENNIFER MILLER: So they'll work --- sorry, I'm hogging it,  
 25 they'll work on communication and thinking on those

1 early stages of how people communicate, and they support  
 2 them with assisted and augmentative communication. So,  
 3 you know, enabling the teachers to think about how they  
 4 present information, and then how the child is  
 5 interacting and providing that input. But equally, they  
 6 also need to think about how that child is taking it  
 7 drink or his food or her food, because a lot of them  
 8 will have swallow issues, and, you know, the need to be  
 9 really , really clear about how you enable people to take  
 10 part in the broader sense of --- because quite often  
 11 tasting and touching food is something that's really ,  
 12 really important, but they will provide that structure  
 13 and that very specific assessment that they then can  
 14 translate with the teachers into putting it into  
 15 practice. I don't know if you want to add.

16 Q. Anything you would add, Elizabeth, to that?  
 17 ELIZABETH McLRAITH: No. I think really just the  
 18 partnership working that goes between not just teaching  
 19 staff , but support assistants and health and wellbeing  
 20 workers within the school, and the input, so speech and  
 21 language therapists may well put in place plans and, you  
 22 know, different forms of communication and things like  
 23 that. But it's their knowledge and skill that they then  
 24 impart to, you know, teaching staff and support staff,  
 25 and health and wellbeing workers who are the staff who

1 are, you know, frontline, who are then implementing  
2 that. So it's that real partnership working and sharing  
3 information and skills and expertise, and that's really,  
4 really important for our group to make sure that there's  
5 that consistency happening as well.

6 Q. Thank you, and Jenny, in your answer a moment ago, you  
7 mentioned AAC, which is augmentative, I understand, and  
8 alternative communication. Can you just give an example  
9 of that for those who might not understand what that  
10 means?

11 JENNIFER MILLER: Yes. So it can be as simple as pictures  
12 where you give somebody two choices, and one will be  
13 that they want a drink and the other will be that they  
14 want a food, so you're assisting them in thinking about  
15 how they make those choices, but equally they provide —  
16 they provide access to some incredible equipment like  
17 eye-gaze, which enables people that have no verbal  
18 communication to use their eyes to communicate what they  
19 want, and that can turn that into language, actually, so  
20 they can hold conversations.

21 So for some people who've maybe diagnosed with a  
22 profound learning disability, it can open the whole  
23 world because it means that maybe they haven't got the  
24 profound learning, but they just don't have the  
25 communication. So it provides insights into how people

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1 are developing and communicating. So — and there's a  
2 whole range of equipment, but you need a speech and  
3 language therapist to do the assessment in order to be  
4 able to access it.

5 Q. And we'll come back to equipment in a moment, but I also  
6 wanted to ask you about examples you would highlight of  
7 support given by occupational therapists and  
8 physiotherapists, because that's another group of  
9 professionals, I suppose, that you highlight in your  
10 statement as important in that school environment for  
11 children with PMLD?

12 JENNIFER MILLER: Yes, I mean their role, so she's sitting  
13 up straight, in postural management, you know, is so  
14 important because if we don't work with kids at a very  
15 early age, then we end up with all the physical health  
16 problems. So they are the absolute experts on providing  
17 that support and the treatment and the assessment and  
18 making sure that they're in the right position. So the  
19 physio will provide standing frames equipment, some of  
20 the specific seating, and then the occupational  
21 therapist can come in and talk about the right position  
22 so that people can actually engage in activities.

23 So again, I mean, it's that partnership approach  
24 where a teacher wants to do an activity, has to have the  
25 kid in the right position, but then also needs the aids

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1 and adaptations to enable them to use their upper limbs  
2 to actually engage in activity. And sometimes it's also  
3 about that sequencing and breaking down of activities,  
4 so you're putting them into really tiny components that  
5 enable people to make progress, and it's that whole team  
6 approach that allows those children to develop skills,  
7 and for us to see them developing those skills as well.  
8 I mean, this group teaches how to work as a team, and  
9 that is so very essential, pulling people's expertise in  
10 to look at that.

11 One thing I suppose I didn't mention is looking  
12 beyond behaviours. You know, the speech and language  
13 therapist, the OT, will help the teacher look beyond a  
14 behaviour that might seem like somebody is just acting  
15 out, when actually what they're trying to do is to  
16 communicate or they're bored because they've actually  
17 reached their potential and you're not stretching them  
18 far enough.

19 Q. Thank you, and on that physical aspect, you talked about  
20 appropriate positioning, for example, what is the  
21 potential consequence if that physical side of things is  
22 not looked after for these children, this group that you  
23 represent?

24 A. Because of their complexity, you know, we talk about a  
25 windswept where somebody's body, if not put in the right

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1 position, gravity takes over, and their — the  
2 musculoskeletal, their spine, the curvature of the spine  
3 begins to develop, and then you end up with organs being  
4 crushed internally, and, you know, your lung capacity is  
5 reduced. Michelle would have made it far more explicit,  
6 but it's such a fine time, you know, between — and  
7 particularly actually going into adolescence when there  
8 isn't enough research, but we recognise a real rapid  
9 increase in physical and musculoskeletal deterioration.

10 If that happens, then when you get a respiratory  
11 infection and your lungs are impacted because they're  
12 squashed and compressed, you're far more likely to end  
13 up at the risk of dying, because you haven't got the  
14 necessary physical ability to fight it.

15 Q. Thank you. You also mentioned, Jenny, at paragraph 12  
16 of your statement about there being nurses, I think,  
17 also in these schools, and again, was that something  
18 that you would highlight as important, either nurses  
19 being present within the school or on call to meet the  
20 demands or needs of children with PMLD?

21 JENNIFER MILLER: Yes, so the kids that we have that are  
22 really, really complex, their parents are absolute  
23 experts, and in a way sometimes at home, they have like  
24 a hospital at home, and they're totally in tune with  
25 when people need to have a suction, or they know when

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1 somebody is having a seizure how they need to administer  
2 medication. That — you know, you can't expect the  
3 teachers to be able to stand down and do all of that  
4 when they have a class, so having that team that have  
5 that expert medical knowledge is absolutely essential,  
6 and that has been what's enabled our children to go to  
7 school. Without that, they're at risk.

8 Q. Thank you. At paragraph 18 of your statement, Jenny,  
9 you also mention — personal care, I think, is something  
10 that's important and takes — you know, takes up part of  
11 the school day. What does that involve, for those that  
12 might not understand it, and how much of the school day  
13 is taken up by personal care for these children?

14 JENNIFER MILLER: So all of the — nearly all of the kids  
15 that we support have — are incontinent, so they have  
16 nappies or pads, continence aids, and they need to have  
17 those obviously changed on a regular basis, and that  
18 needs to be done in a specialist room with dignity and  
19 respect. So we talk about Changing Places toilets, it  
20 would need to be on a changing bench. We would need to  
21 have a tracking hoist that enables people to be moved in  
22 there, and they are — you know, they're then supported  
23 to, like you and I have when you go to the toilet, you  
24 go to the loo, and you need to be changed, and that  
25 needs to be done on a very regular basis.

17

1 But their personal care needs — that also entails  
2 them coming out of their wheelchair and being able to be  
3 stretched out, and quite a few of them have swallowing  
4 difficulties. So it's about changing their tops as  
5 well, because it might have got soaked because they've  
6 been drooling. So there's a whole aspect that goes  
7 around there, and then, of course, that support for  
8 eating and drinking is really an intense time as well,  
9 but it needs to be made an enjoyable time, so you need  
10 that one-to-one support within a dining room as well.

11 Q. You mentioned eating and drinking, and at paragraph 19,  
12 I think, of your statement, you talk about how lunchtime  
13 is very different to that of mainstream schools, and I  
14 think that's what you're alluding to there, that it will  
15 be a different experience for many of these children  
16 with PMLD?

17 JENNIFER MILLER: Yes, so many of them are PEG fed, so they  
18 don't actually take food orally, but for a number of  
19 them also they aren't able to feed themselves, so they  
20 need that support, but the PEG feeding can take a number  
21 of hours, hour.

22 ELIZABETH McILRAITH: It just really depends on the  
23 individual themselves and whatever support plan is being  
24 put in place for the eating and drinking, but, yes,  
25 we've got lots of children and young people who have

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1 nasogastric feeds, who have PEG feeds, and who also have  
2 blended feeds. So it really is very individualised, and  
3 that does obviously mean that there needs to be somebody  
4 with them at all times to administer those feeds, make  
5 sure that the rate of the feed is going how it should,  
6 make sure that as well as receiving their feed, that  
7 they're also receiving their fluids. So it can be quite  
8 complex. Staff members need to be trained, they need to  
9 be confident in administering this for the young person.

10 But there's so much more involved. It's not just  
11 about making sure somebody is fed; it's making sure that  
12 you're giving them eye contact, that they're positioned  
13 correctly, that you're interacting with them. You know,  
14 it's a mealtime experience, so you need to be talking to  
15 them and meanwhile continually assessing them and making  
16 sure that they're all right.

17 For those individuals who maybe not need that level  
18 of support, lots of families that we support, their  
19 children and young people will require to be fed by  
20 somebody. So it could be that it's a blended diet  
21 that's being fed orally to them, or that they need  
22 really, really close supervision, because they're at  
23 high risk of choking. They may well overload their  
24 mouth, if they are able to kind of load their own spoon  
25 and administer that food to themselves.

19

1 So it's quite a complex process, and it's got a high  
2 staffing ratio as well. So lunchtime can take, you  
3 know, an hour, an hour and a half, to start to finish,  
4 just depending on the individual's kind of support  
5 plans.

6 Q. Thank you. Moving on then to equipment, and this is  
7 something that, Jenny, you have touched on already. I  
8 am just going to ask — you talk about how at paragraph  
9 11 of your statement, Jenny, that many of the schools  
10 are adapted to the needs of those with PMLD and the  
11 range of necessary equipment, and I think you have given  
12 some examples of that already; does that equipment also  
13 require specialist training on the parts of teachers or  
14 other staff to operate that; is that correct?

15 JENNIFER MILLER: Yes, absolutely. I mean, you need to get  
16 the children into the right position, if they're in a  
17 standing frame, people need to have done moving and  
18 handling and positioning courses, so that they're moving  
19 people safely. You know, hoisting somebody might look  
20 really simple, but if you get the wrong sling, the wrong  
21 position, you know, you can do all sorts of damage. So  
22 there should be training, regular training, and then  
23 support, and quite a lot of the moving and handling  
24 requires two people as well to get people into that  
25 right position.

20

1 So, yes, I mean, the equipment is complex and very  
2 varied, but the school has the most — particularly  
3 adapted school, the most amazing environment, where  
4 there are tracking hoists, where there is loads of  
5 different standing frames, where there's lots of  
6 different equipment for upper limb function as well,  
7 so — but yes, definitely needs training and support.

8 Q. Thank you. Elizabeth, anything you would add to that?

9 ELIZABETH McLRAITH: No, it's just that partnership  
10 working, you know, between the allied healthcare  
11 professionals and the teaching staff and support staff  
12 and the health and wellbeing staff, yes.

13 Q. Thank you. To sum up, then, on the school environment,  
14 I think, Elizabeth, the way you put it at paragraph 35  
15 of your statement is that the school environment is  
16 all-encompassing of the support and healthcare needs of  
17 children with PMLD, would that be fair to say?

18 ELIZABETH McLRAITH: Absolutely, yes, it is, you know, and  
19 I think what we haven't touched on is just how much the  
20 family play a part in that role as well. So schools are  
21 very open with families, you know, they kind of take  
22 their thoughts and their considerations on board, and  
23 frequently, you know, family members will go into school  
24 to show the staff within the school environment, you  
25 know, how they do things at home, if they're perhaps

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1 struggling to maybe get somebody seated in the correct  
2 position, or to get them maybe relaxed for mealtimes or  
3 maybe if personal care is becoming quite challenging.

4 So, you know, families very much work in partnership  
5 with schools, schools work in partnership with families,  
6 and then you have the kind of overarching allied  
7 healthcare professionals who are working in partnership  
8 with the team and the school and also the families. So  
9 it's a really close-knit community.

10 Q. A team effort, I think?

11 ELIZABETH McLRAITH: Absolutely, yes, yes.

12 Q. Thank you. I want to then turn to the pandemic period  
13 against that background of what school generally means  
14 for those with PMLD. Jenny, if I start with your  
15 statement, at paragraph 21, I think that you say that  
16 even before schools were closed due to the pandemic,  
17 there was a lot of anxiety amongst parents and carers  
18 about sending their children to school. Were there any  
19 particular anxieties or vulnerabilities that those  
20 caring for those with PMLD had in mind at that time?

21 JENNIFER MILLER: I think — I mean their awareness of the  
22 risks associated with any infectious — diseases is  
23 always — they risk assess from the moment their child  
24 is born, and I think the fact that they knew that this  
25 was a respiratory issue, and that if their kids

22

1 developed — they were worried about flu the previous  
2 year, but if their kids develop a respiratory infection,  
3 that can often lead to then a very serious chest  
4 infection, which can lead to pneumonia. The biggest  
5 risk is if that all takes over, their kid is more likely  
6 to die of that than children who don't have a profound  
7 learning and multiple disability.

8 So they're always aware of that, you know, we were  
9 always aware that if anybody had a cold, you didn't —  
10 you had to sometimes cancel sessions. So I think they  
11 probably were far more aware, and I remember talking to  
12 a mum who said: I don't feel safe sending my daughter in  
13 because people are sniffing and sneezing, and if she  
14 gets that, then, you know, that could be the end of her,  
15 or that will be a very intense time when we might end up  
16 in an acute hospital.

17 Q. To your knowledge, then, even prior to the official  
18 lockdown or closure of schools, if you like, is it your  
19 experience, PAMIS's experience, that families were  
20 choosing not to send their children into school?

21 JENNIFER MILLER: There were some families, particularly  
22 with kids with very, very complex needs, who were  
23 saying: I'm really worried and I'm not sending her in  
24 next week. I don't know whether you had more  
25 experience.

23

1 ELIZABETH McLRAITH: Yes, I think as families were  
2 understanding COVID better, as we were getting more  
3 information through the media, but as we were also  
4 seeing other countries who were more advanced, they were  
5 taking the decision to remove children, young people and  
6 older people from schools and day services, particularly  
7 those who are very vulnerable, because most of the  
8 families we support, you know, the last thing they want  
9 is a hospital admittance, because the seriousness of it,  
10 and the likelihood is that, you know, the kind of  
11 longer-term health implications or even perhaps death.  
12 So, yes, they were very, very cautious.

13 Q. Thank you. When schools did actually close, at  
14 paragraph 22 of your statement, Jenny, I think you speak  
15 of an element of relief when that happened. Why were  
16 families relieved about that happening?

17 JENNIFER MILLER: I think then they felt they didn't have to  
18 justify not sending their child in, and they were then  
19 in their environment where they were able to control  
20 that sort of safety. So for many of them, I mean,  
21 I know when they were talking about: I'm not sending my  
22 child in, but somebody is going to phone up and ask me  
23 why I haven't, and threaten with a legal case because  
24 you have kept your child out of school. So I think it  
25 was that feeling of being able to keep somebody safe and

24

1 cocoon them within their home for that initial period.  
 2 Q. I think, Elizabeth, as well, in your own statement at  
 3 paragraph 58, I think you talk about how vulnerable sort  
 4 of the children and families were supported by PAMIS,  
 5 and I think you say the same thing at the beginning,  
 6 they just wanted to keep safe and keep themselves to  
 7 themselves; is that right?  
 8 ELIZABETH McILRAITH: Yes, absolutely. You know, for  
 9 families who are supporting individuals with very  
 10 vulnerable health, I would say that they were the first  
 11 ones, you know, to start to withdraw from schools and  
 12 day services and things like that, and when schools did  
 13 close and lockdown happened, you know, I think they were  
 14 very relieved because obviously it's a very uncontrolled  
 15 environment, you know, whereas at home, it's far more  
 16 controlled and they have got more control over that  
 17 environment as well.  
 18 Q. There was that — as that closure went on, the pandemic  
 19 continued. I think at paragraph 23 of your statement,  
 20 Jenny, you say that it didn't take long for the enormity  
 21 of the situation to be realised. We'll come on to the  
 22 impacts on the children themselves shortly, but I want  
 23 to start with the impacts on the parents and the carers  
 24 of those looking after those children. What did the  
 25 closure of schools mean in practice for the roles and

25

1 responsibilities that were having to be undertaken by  
 2 parents and carers when schools were closed?  
 3 JENNIFER MILLER: Well, suddenly, they were the lone carers.  
 4 For many of our families they are single parents, and,  
 5 you know, that respite when your child goes to school of  
 6 at least being able to catch up with what else is going  
 7 on in the home, suddenly there's none of that, and  
 8 you're there 24/7, and for many families, it is 24/7;  
 9 they're up in the night, that care is really, really  
 10 intense, and not only the care of that child, but many  
 11 of them had other children as well, or other caring  
 12 roles.  
 13 So suddenly that is all on your shoulders, and  
 14 you're there all by yourself with nobody coming in, and  
 15 I think, you know, as we've spoken in the past, you felt  
 16 very much that actually nobody knew you were there, you  
 17 were invisible and you were isolated, and, yes, that  
 18 responsibility must have been horrendous, absolutely  
 19 horrendous.  
 20 Q. Elizabeth, I think you make a similar point about many  
 21 of the families you deal with being single parents.  
 22 What was the feedback or messages you were getting from  
 23 the families you deal with about the impact on them,  
 24 with schools closing?  
 25 ELIZABETH McILRAITH: I think, as we've touched on

26

1 previously, I think initially, you know, in the early  
 2 stages of COVID, there was that sort of relief, you  
 3 know, but I don't think anybody envisaged, you know,  
 4 being at home for such lengthy periods of time, and as  
 5 Jenny says, we do have a huge amount of single parents  
 6 who are caring for their children and other siblings as  
 7 well.  
 8 So it was just the enormity, you know, the enormity  
 9 of, you know, being the sole carer, all other service  
 10 provision being withdrawn, and just trying to cope with  
 11 all the different aspects, and a lot of it, you know,  
 12 for children and young people, was just being at home  
 13 all the time, 24/7, seven days a week kind of thing. It  
 14 was just so, so difficult, you know, for parents and  
 15 carers, and just the time that it went on for, you know,  
 16 was very difficult.  
 17 JENNIFER MILLER: If we think about that whole team  
 18 approach, so in a school you have that whole team, and  
 19 suddenly mum is the physio, the speech and language  
 20 therapist, the OT, the teacher, the carer, the doctor,  
 21 the nurse. Doing that over that period of time was  
 22 absolutely exhausting, wasn't it?  
 23 ELIZABETH McILRAITH: Yes, the exhaustion, yes.  
 24 Q. Jenny, you spoke earlier about how mobile some of these  
 25 children can be, and I was going to ask you, Elizabeth,

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1 about whether the home environment, as you just said  
 2 that they were spending all of their time in, what was  
 3 that like for families who obviously had very mobile  
 4 children with PMLD, what experience were they having?  
 5 ELIZABETH McILRAITH: Certainly the feedback that I was  
 6 receiving from families was, you know, split into two  
 7 camps, if you like. So for families who were supporting  
 8 individuals with very physical complex disabilities, it  
 9 was exceptionally hard, because physically, you know,  
 10 it's a very difficult role to take on.  
 11 For families who were supporting individuals with  
 12 PMLD, but those individuals who were mobile, that was —  
 13 it was a different role, and in lots of ways probably  
 14 more exhausting, because a lot of the school day for  
 15 individuals who are very mobile and need to kind of  
 16 expend that energy, it's kind of outdoor learning, and  
 17 obviously that's what they're used to. They're used to  
 18 being outdoors and kind of exploring their environment  
 19 and doing different things in the fresh air and within  
 20 that environment and burning off lots of energy.  
 21 So for those families, they couldn't do that. For  
 22 the young people, they couldn't understand why they  
 23 couldn't go out, why they couldn't go into the garden,  
 24 different things like that. So it was just very, very  
 25 difficult, because the behaviour spiked massively,

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1 because obviously the young person had all this energy  
 2 that they couldn't do anything with. They couldn't  
 3 understand why they were not going to school, why they  
 4 couldn't go out. For those individuals, many of their  
 5 families also live in flats as well, so there was not  
 6 necessarily any kind of protected garden space, so it  
 7 was very, very difficult for those families, and for the  
 8 young people, obviously, it's extremely difficult to  
 9 understand what was happening.

10 Q. And Jenny used the word "invisible" earlier on, and when  
 11 I was reading your statement, the word "isolated", I  
 12 think, comes up quite a bit, Elizabeth. Is that again a  
 13 message you were receiving that families felt isolated  
 14 during that period?

15 ELIZABETH McILRAITH: Yes, absolutely. I think — to kind  
 16 of put it into context, so for many families, they have  
 17 support packages in place, so they maybe have the same  
 18 staff members coming in, kind of morning and evenings  
 19 certainly, and at weekends maybe a different schedule,  
 20 but there is that level, a kind of continuity of support  
 21 staff who come in and kind of share those support needs  
 22 with the family, so that stopped.

23 But I think for many families, the support teams who  
 24 are in the home, you know, providing levels of support,  
 25 they're more than just support staff. They do sort of

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1 become part of the family; they're there, sometimes  
 2 they're the first people that families see in the  
 3 morning, the last people that they see at night. And  
 4 there's just sharing of information and emotion, you  
 5 know, about life, life events that happen.

6 So, you know, they did become very, very isolated,  
 7 and for lots of our families, you know, it's support  
 8 workers who are their main network of support, rather  
 9 than necessarily being friends or family who are  
 10 supporting them, so they were very, very isolated.

11 Q. What does that mean in terms of respite then, for these  
 12 families?

13 ELIZABETH McILRAITH: There was none, absolutely no respite  
 14 whatsoever.

15 Q. Thank you. I wanted then, on a related note, to ask  
 16 about the mental health of parents and carers during  
 17 that time. I think, Elizabeth, you mention this at  
 18 paragraph 97 of your statement. You mention that there  
 19 was an impact on the mental health of parents and unpaid  
 20 carers. Would you be able to elaborate on that?

21 ELIZABETH McILRAITH: I think, you know, from the  
 22 information we've just described, you know, I'm sure  
 23 it's painting a clear picture of how families were  
 24 having to live for prolonged periods of time, and  
 25 obviously that isn't healthy for anybody, but for the

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1 parents and carers that we were supporting, their needs  
 2 came last. You know, they had to focus on the  
 3 individual with PMLD and any other children that they  
 4 had; the isolation, the lack of, you know, other human  
 5 contact, you know, the lack of taking into consideration  
 6 their own health.

7 PAMIS quickly moved from kind of face-to-face  
 8 contact with families to online contact, and we  
 9 developed some parent-carer kind of support network. So  
 10 we would meet in the evening, usually around 9 o'clock,  
 11 once their care role had kind of eased slightly. It was  
 12 just an opportunity for parents and carers to come  
 13 together, have a coffee and just chat about some of the  
 14 experiences that they were having, some of the  
 15 difficulties that they were having, and just sort of  
 16 receive a bit of kind of informal support from other  
 17 people who could understand what the day-to-day nitty  
 18 gritty of COVID and being at home was really like.

19 It was really, really apparent through those  
 20 conversations, we were really just facilitators and  
 21 bringing families together, but the conversations that  
 22 they were having, it was really, really apparent just  
 23 how difficult life was, the isolation that they were  
 24 facing, the deterioration in their own mental health,  
 25 but also the mental health of the young people that they

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1 were supporting as well, and the changes that they were  
 2 observing in things like sleep pattern, communication,  
 3 behaviour, posture, you know, all these different  
 4 aspects, so it was absolutely enormous, it was huge.

5 Q. Thank you, and we will come back to the children  
 6 shortly. Continue with mental health, Jenny, at 28,  
 7 paragraph 28 of your statement, I think you mention  
 8 PAMIS making a contribution to a report by the Health  
 9 and Social Care Alliance — this was in May 2020 —  
 10 which was a response to the Education and Skills  
 11 Committee Inquiry. You provided a copy of that to the  
 12 Inquiry, and the reference for that is SCI-PAMISX-000006  
 13 and at page 2 and paragraph 2 of that document, it says,  
 14 and I'll just read it:

15 "As paid carers are shielding or avoiding physical  
 16 contact, some families are taking on a 24/7 caring role  
 17 ... This is a real struggle for unpaid carers who are  
 18 exhausted and concerned about their mental health, their  
 19 own wellbeing and that of their child or young person.  
 20 They have also lost the protective environment of school  
 21 services, can have reduced support packages, and many  
 22 have additional children requiring home schooling  
 23 support. PAMIS raises that some families are at  
 24 breaking point and that urgent action is required to  
 25 support this group."

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1 Is that a fair reflection or encapsulation of how  
 2 families were feeling at that time?  
 3 JENNIFER MILLER: Yes, absolutely, and that breaking point  
 4 had various connotations to it as well, you know,  
 5 depending on the mental wellbeing or the lack of sleep  
 6 of that family carer.  
 7 Q. Thank you. I want to move on then to the impacts on the  
 8 children themselves and I want to start with their  
 9 physical wellbeing. Earlier in your evidence today, we  
 10 touched on the necessary equipment that's provided in  
 11 schools as well as the wider work done by health  
 12 professionals in that environment, and I would like to  
 13 try and take each of those in turn. Starting with the  
 14 professionals themselves, at paragraph 26 of your  
 15 statement, Jenny, you talk about the reallocation of  
 16 healthcare professionals at this time, and you talk  
 17 about the disappearance of services for those that you  
 18 support. What were the services that disappeared and  
 19 what was the consequence?  
 20 JENNIFER MILLER: For many, people were — I mean, it was a  
 21 crisis that we had never been in before, but to  
 22 reallocate an allied health profession whose specific  
 23 role is to support this group of people, it felt  
 24 criminal actually, it felt why would we do that; and we  
 25 had practitioners that were going off and, you know,

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1 being — not being in the role that they were trained to  
 2 do, and doing things that maybe another person could  
 3 have done, but taking away an occupational therapist or  
 4 a physio or a speech and language therapist, albeit not  
 5 having a hands on, to take them away from providing that  
 6 support and advice, just — we warned right at the  
 7 beginning that that would have implications, that our  
 8 folk might not get COVID but the implications of not  
 9 having interventions means that COVID will have a  
 10 long-lasting life-threatening impact.  
 11 That didn't happen in every area, but where it did  
 12 happen, and I mean, I remember having a discussion with  
 13 the lead at the Scottish Government about saying why are  
 14 people accepting that and not just challenging it,  
 15 because it just felt so wrong that all of those services  
 16 were taken away, and families were left doing things  
 17 that they hadn't been trained to do because that was the  
 18 things that had happened in the school. Yes, it just  
 19 felt so wrong.  
 20 Q. I think at paragraph 86 of your statement, you talk  
 21 about that reallocation perhaps being something that's  
 22 continued, it's a lasting impact?  
 23 JENNIFER MILLER: Yes, so people — I mean, we have a real  
 24 shortage of health and social care practitioners.  
 25 People have either retired or haven't returned to their

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1 roles, and so, you know, services are really scarce, and  
 2 trying — I mean, in the UK research that we contributed  
 3 to, you know, one of the recommendations was we need to  
 4 undo some of the harm that was done, we need more allied  
 5 health professions to look at — particularly at  
 6 physical issues that have come out. So we were asking  
 7 for an increase, and yet there hasn't been the return  
 8 because there isn't the workforce out there.  
 9 Q. Thank you. I want to turn then to the equipment side of  
 10 the equation, and the impact that the closure of schools  
 11 had on the access to that equipment, and I think this is  
 12 something you, Elizabeth, speak very helpfully about in  
 13 your statement. As a practical matter, the families  
 14 that you were dealing with, were they in a position to  
 15 either store or know how to use this equipment when  
 16 schools closed?  
 17 ELIZABETH McILRAITH: Not all of them. I think there are  
 18 some families who were within living environments that,  
 19 you know, they could then either have equipment at home  
 20 that was already in use, so they continued to use that.  
 21 As we progressed through the pandemic, some families, as  
 22 the restrictions eased slightly, some of the schools  
 23 that I was involved with did try to get equipment out to  
 24 families, but again, it very much depended on the living  
 25 arrangements, because these are big, big bits of kits;

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1 you know, standing frames, Acheeva beds, they're not,  
 2 you know, small items.  
 3 So for those that had houses that could accommodate,  
 4 great; for those that lived in kind of flats and things  
 5 like that, maybe small houses, there was no way that  
 6 they could fit these pieces of kit in, so obviously that  
 7 kind of therapy intervention just couldn't take place,  
 8 you know, it was as simple as that. It just couldn't  
 9 happen for those individuals.  
 10 JENNIFER MILLER: Chris, one other really important point is  
 11 that the kids had less physical activity, and a large  
 12 proportion of them grew both lengthwise and bodywise,  
 13 and the equipment then came to a stage where it didn't  
 14 fit any more, and there was — so that withdrawal of the  
 15 allied health professions meant there was nobody doing  
 16 those reassessments, so people were being put into  
 17 equipment that wasn't correct, or they were being sent  
 18 pieces of equipment that hadn't been properly assessed.  
 19 I remember us running a moving and handling  
 20 workshop, and families were saying there were things  
 21 arriving in the post that hadn't been assessed properly,  
 22 and then they weren't being used effectively. So  
 23 that — even having the equipment in there didn't  
 24 necessarily mean it was right over that length of time  
 25 that they had their children at home.

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1 Q. Paragraph 95 of your statement, Elizabeth, I think you  
2 make the point that therefore even if families had  
3 wanted to ensure postural care plans were being carried  
4 out, they couldn't, and I think you say in your  
5 statement, this came with the knowledge that every day  
6 this would impact their loved one, with a detrimental  
7 impact on their posture and possibly their health.  
8 ELIZABETH McILRAITH: Yes, absolutely, absolutely, and also,  
9 you know, the fact that for some parents, those who were  
10 single parents, even if they could have got the  
11 equipment, they could not have physically made that  
12 transfer from the individual's wheelchair to get them  
13 maybe in an upright, standing position, because the risk  
14 was too large that one, they would either injure  
15 themselves or they would injure the individual.  
16 So it wasn't just solely about equipment; it was  
17 also about manpower as well, you know, so, you know, you  
18 can have a mum who's maybe relatively small trying to,  
19 you know, manoeuvre somebody who can be quite large, so  
20 there's high risks involved there as well. So, yes, it  
21 was, it was very, very — very difficult for families.  
22 Q. Thank you, and to your knowledge, then, has there been a  
23 longer-term physical impact on some of the children with  
24 PMLD that you deal with, the families you deal with?  
25 ELIZABETH McILRAITH: Yes, there has been a longer impact,

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1 and the impact has been on the postural care, and for  
2 some individuals that's irreversible, you know, that the  
3 damage has been done, and that can't be reversed.  
4 There's nothing in the world that's going to change  
5 that, so that there has been a long-lasting impact.  
6 Q. Thank you. I wanted to touch now on the loss of  
7 structure and routine. This is something that you both  
8 mention in your statements, I think as being detrimental  
9 to children with PMLD when schools did close. What is  
10 the importance of routine for these children, and what  
11 were the impacts that you were made aware of as a result  
12 of that removal of the routine when schools closed?  
13 ELIZABETH McILRAITH: Structure and routine is vital. It's  
14 absolutely vital for the group that we support. It  
15 helps them understand the day. Many individuals will  
16 use now, next and then boards to help them understand  
17 what's happening just now, what's going to happen next,  
18 and what's going to happen afterwards.  
19 So that's all part of their kind of structure and  
20 routine, and that's been implemented over a long period  
21 of time, and when that stopped, they couldn't make sense  
22 of their world, you know, they couldn't understand why  
23 they weren't going out to school, why they weren't  
24 seeing their peer group, their teaching staff, you know,  
25 the support staff, all these different changes, and

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1 frequently it manifested in loss of communication, you  
2 know, interference with sleep patterns. We got a real  
3 kind of spike in terms of kind of behaviours, behaviours  
4 towards others and behaviours towards themselves, so it  
5 had a really, really negative impact on their life.  
6 JENNIFER MILLER: And for some, it was a withdrawal as well  
7 that when they couldn't make sense of it, they shut  
8 down, and so they weren't engaging with any activities.  
9 I mean, all activities need to be facilitated and  
10 enabled, and actually if you're exhausted after doing  
11 24 hours with broken sleep, you know, trying to put in  
12 that structure is really difficult. We use a lot of  
13 rhyme, rhythm and repetition. It's doing something  
14 again and again which then enables all the brain to  
15 start to develop skills and to develop patterns of  
16 movement, and when those are broken, that can regress.  
17 I remember — I mean, one of the very negative  
18 impacts on the families was that thought that their  
19 child had lost skills that they had spent years  
20 developing, and suddenly they were going back to being  
21 withdrawn, they weren't engaging with activities, they  
22 weren't communicating in the way that they had, and that  
23 was such a vivid memory of families talking about  
24 somebody had put their head down and they hadn't lifted  
25 it up for weeks. It was really difficult.

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1 Q. Thank you. Which leads me on, I think you've touched on  
2 it to an extent, the mental health of these children,  
3 the impact it was having on them. Elizabeth, at  
4 paragraph 97 of your statement, I think you say that  
5 this can be a bit more tricky to recognise sometimes in  
6 those with PMLD, but those who know them could see that  
7 deterioration, could see that change. So my question to  
8 you would be is: what were the hallmarks or indications  
9 of that impact on their mental health that families were  
10 seeing and conveying to you?  
11 ELIZABETH McILRAITH: I think it was that lack of  
12 engagement, and that could be, you know, a lack of  
13 giving, you know, eye-to-eye contact, you know, stop  
14 communicating, stop engaging, you know, stop  
15 participating in the activities that they've previously  
16 been able to participate in, and it's just that, you  
17 know, withdrawal essentially where they cannot  
18 communicate to their parents and say that they're sad or  
19 how they're feeling or understand those feelings, but it  
20 manifests in different ways, and for the families that  
21 we were supporting, that was the feedback that we were  
22 receiving.  
23 It was about how the individual communicates, which  
24 would probably mainly be, you know, through the use of  
25 vocalisation rather than through verbal words, perhaps

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1 using picture exchange cards, or using their signs and  
 2 their symbols, you know, stop engaging in all those  
 3 activities . And they're all vital because that is how  
 4 parents interpret , you know, how individuals are  
 5 feeling , what they're thinking, what they're wanting to  
 6 do, how they're feeling . So that was the information  
 7 that we were receiving back from families of their  
 8 observations of their young person within the home.  
 9 JENNIFER MILLER: And I suppose for some, there was also  
 10 self—injurious behaviours, where people are picking or  
 11 head banging because they're just confused and  
 12 frustrated , and don't understand what's going on, and  
 13 again, I think Elizabeth mentioned about the sleep  
 14 patterns, that those changed as well.  
 15 Q. Thank you. I want to move on now to online learning,  
 16 because when schools closed, delivery of education moved  
 17 online. Jenny, at paragraph 31 of your statement, you  
 18 say that there seemed to be a lack of support for  
 19 children with PMLD being schooled at home versus their  
 20 peers without learning disabilities .  
 21 In your experience, what support or engagement was  
 22 taking place with those families from schools in local  
 23 authorities ?  
 24 JENNIFER MILLER: I mean, Elizabeth will correct me, but for  
 25 many — I mean, it was a terrible time, wasn't it.

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1 Teachers were suddenly thrust into this completely new  
 2 role, and thinking about how you might engage  
 3 educationally with a group that have a lot of sensory  
 4 deficits , I mean, we spent quite a bit of time working  
 5 out whether we could use Zoom and how we could work with  
 6 them digitally . Working with experts, we had the  
 7 benefit of having that time to talk about it, but  
 8 I think it was maybe for some schools a bridge too far  
 9 to think about their needs when they were busy trying to  
 10 cover every other child , particularly , I guess, if they  
 11 maybe weren't convinced that that was going to help.  
 12 So I think a lot of families felt that actually they  
 13 were abandoned. I know later on there was more  
 14 outreach, but certainly initially , I think families felt  
 15 that they were left to their own devices and that their  
 16 kid's education wasn't as important as everybody else's,  
 17 I don't think that was intentional. I think it was just  
 18 that total dilemma about what people were going to do  
 19 and how they were going to adjust education in the  
 20 broadest sense.  
 21 Q. Elizabeth, what was your experience?  
 22 ELIZABETH McILRAITH: Yes, I think in the initial stages of  
 23 COVID, education was pretty much nonexistent for our  
 24 families . I think as we progressed through COVID, you  
 25 know, teachers did become more creative and did try

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1 their best to, you know, develop learning tools that  
 2 could be used across Seesaw and across kind of, you  
 3 know, different electronic platforms. But it was very,  
 4 very difficult for families , and for some individuals,  
 5 you know, that is not an effective way for them to learn  
 6 or engage either, but, yes, I think they very much did  
 7 feel very forgotten and very much left behind when it  
 8 came to education.  
 9 I think going back, you know, to some of your first  
 10 points, it's about the education environment, and the  
 11 education environment for individuals with PMLD is not  
 12 solely about learning. You know, there's so many more  
 13 aspects and so many more layers to it, so as much as,  
 14 you know, schools did try, you know, with the best will  
 15 in the world, that individual still couldn't get into an  
 16 Acheeva bed and be in a different position and still be  
 17 engaged. At home, that just can't happen, so it was  
 18 very, very complex to try and create the education  
 19 setting within the home setting as well, so it was a  
 20 very difficult time for families .  
 21 Q. Thank you both. I want to move on now to hub schools.  
 22 Jenny, I think you say at paragraph 29 of your  
 23 statement, at the first lockdown, the need for hub  
 24 schools was less acute for the families that you deal  
 25 with, but as the pandemic wore on, that changed. Why

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1 was that?  
 2 JENNIFER MILLER: I think that intensity of the caring role,  
 3 you know, families who were at the initial stages  
 4 wanting to be really, really protective, suddenly were  
 5 so exhausted, I think they were worried about the level  
 6 of care that they were able to deliver , and they needed  
 7 a break.  
 8 So I think then at that point, people would have  
 9 been — were far more interested and keen to think about  
 10 how they could — they could have their children going  
 11 to somewhere also where they were socialising, and I  
 12 think they had also noticed that deterioration in  
 13 physical and mental wellbeing, and they knew that they  
 14 didn't have the solution in their hands to support — to  
 15 support any way of correcting that.  
 16 Q. In your view, then, would hub school places have been  
 17 something beneficial for at least some of the families,  
 18 children that you were dealing with?  
 19 JENNIFER MILLER: Yes, absolutely, and of course, you know,  
 20 you could have worked really closely with the families  
 21 to risk assess how that happened, but I think for those  
 22 families who were at absolute breaking point, it could  
 23 have been the lifeline that they needed.  
 24 Q. I was going to ask, given the complexity of the support  
 25 needed for some of these children, many of these

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1 children , would hub schools have been a viable option  
 2 for them?  
 3 JENNIFER MILLER: They would have had to have really thought  
 4 about what was needed. I mean, I think the issue also,  
 5 and probably some of the reluctances, for some  
 6 individuals , managing the care and the complexity of  
 7 care needs somebody that really knows what they're  
 8 doing. So it would have needed known carers to have  
 9 been involved in that, so, you know, so that adds  
 10 another layer, doesn't it, to how those schools were  
 11 able to work. But for others, it would have been — it  
 12 would have been easier, but, yes, there would have  
 13 needed to be more consideration about how that  
 14 complexity of need, and understanding people's  
 15 communication, which is, I guess, where our PAMIS  
 16 digital passports, we were hoping, would have been part  
 17 of the solution that you could have understood a little  
 18 bit more about an individual.  
 19 Q. Okay, and were the criteria for these hub schools, was  
 20 that clear and consistently applied in your experience  
 21 as an organisation?  
 22 JENNIFER MILLER: I mean, I think I was fairly honest. When  
 23 we started talking about hub schools, I began to feel  
 24 really uncomfortable and thought what did I miss,  
 25 because I don't remember us giving an awful lot of

1 information out to families . I mean, there were a  
 2 couple of families I know that had them, they were  
 3 frontline workers, but I have to say, whether it was my  
 4 fault or whether it wasn't clear, I didn't feel , when  
 5 you asked — when I was asked that question before that  
 6 I was completely clear about how the places were  
 7 allocated, and I think I felt very much that it was  
 8 about frontline workers. Elizabeth, I don't know  
 9 whether you were any more...  
 10 ELIZABETH McLRAITH: I think there was a very small  
 11 minority of families involved with PAMIS who were able  
 12 to access the hub schools, as Jenny says, really just  
 13 kind of frontline workers. I know there were some  
 14 families that I supported who were really, really  
 15 desperate for their children to be able to access the  
 16 hubs, and those families where — the parents of  
 17 children who were more mobile, and we have already  
 18 touched on that, but my knowledge of the hub schools was  
 19 that they were very much being used for individuals who  
 20 were under child protection orders and things like that.  
 21 It was to get them back into the school environment, and  
 22 to start reimplementing those kind of observations and  
 23 assessments and things like that, but there was very few  
 24 families that PAMIS supported that were able to access  
 25 the school hubs.

1 Q. Thank you, and I think, Jenny, you say you don't recall  
 2 there being a focus or prioritisation on supporting the  
 3 families that PAMIS deals with to have a hub placement.  
 4 Is that a lesson that you would like to be learned for  
 5 the future, if we were to ever end up in a situation  
 6 similar to the pandemic again?  
 7 JENNIFER MILLER: Yes, absolutely, and I think we would all  
 8 need to work collectively . I mean, your question about  
 9 the staffing , that would need to be really well  
 10 considered, and, yes, that bit about making sure that  
 11 we're all aware of what that criteria is, because you  
 12 do — you have that nag at the back of your mind that  
 13 you missed something, but it would need a collective  
 14 approach, and it is something I feel we should be  
 15 thinking about now, because doing it at the point is  
 16 just not going to work, because it will take a lot of  
 17 planning.  
 18 Q. Thank you. I want to move on now to the reopening of  
 19 schools. What was the attitude of the families that you  
 20 were dealing with to the reopening of schools? What  
 21 were the emotions when that was announced?  
 22 JENNIFER MILLER: It was fairly mixed, wasn't it, and I  
 23 think the schools opened at different times as well.  
 24 That became really difficult for people who had their  
 25 kids in one — I think as you were talking about, one

1 local authority, and then the school in another local  
 2 authority did open, but it hadn't opened in that area.  
 3 But there were definitely mixed emotions. For the  
 4 families that had kids with very profound physical,  
 5 complex disabilities , there was still that anxiety about  
 6 how they would be managed, and, you know, were we taking  
 7 all the precautions to enable them. But for other  
 8 groups, there was an absolute relief that their kids  
 9 could get back. You probably have more firsthand  
 10 experience.  
 11 ELIZABETH McLRAITH: I think that's really accurate what  
 12 Jenny says. I think again, there was very much two  
 13 camps. You had families who were at breaking point,  
 14 particularly for those individuals who were mobile, and  
 15 really, really desperate to get that kind of structure  
 16 and routine reimplemented. There was the difficulties  
 17 around transport and where the school resided and local  
 18 authority and cross boundaries and different things like  
 19 that. But you also had families where maybe they had —  
 20 their individual had experienced COVID, or they were  
 21 very vulnerable in terms of health, and they were still  
 22 really worried, you know, they were still very, very  
 23 cautious about how, you know, COVID and kind of hygiene  
 24 and different things like that was going to be  
 25 controlled . So, yes, I think there was very much two

1 thoughts amongst families, yes.  
 2 JENNIFER MILLER: There was a real anxiety, I think, in  
 3 siblings who were going back, knowing that they were  
 4 going back into an environment where they might get  
 5 COVID, and for that group, you know, I think they were  
 6 often again invisible, but their worry about if I go  
 7 into school and I bring it back and I give it to my  
 8 brother or my sister, that was really difficult, I  
 9 think, for them, and for family carers who were teachers  
 10 as well, being asked to go back in when they didn't feel  
 11 actually that it was safe. I think families felt that  
 12 they weren't involved enough in the risk assessment  
 13 about whether it was okay to be going back.  
 14 Q. You mention risk assessments because it's something  
 15 I think you both touch on, so obviously we're talking  
 16 about the reopening of schools, but I think you both  
 17 talk in your statements about how that wasn't  
 18 necessarily the case for some of these children. They  
 19 perhaps only went back part-time. Who was the reason  
 20 for that, what were these risk assessments saying that  
 21 meant that was the result?  
 22 ELIZABETH McILRAITH: I think it was very individualised to  
 23 how that individual presented. So for some of the  
 24 families that we support, their young people may have  
 25 excess saliva, they may smear, so faeces and things like

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1 that, so obviously that's very high risk in terms of the  
 2 spread infection, and, you know, the decision was made.  
 3 How that decision was made, I'm unsure of, but there was  
 4 decisions made that some individuals would return to  
 5 school full-time, other individuals would return to  
 6 school on a kind of part-time basis.  
 7 So it was very difficult, and for some parents, very  
 8 infuriating, as you can imagine, but I don't really  
 9 think the risk assessments were really communicated well  
 10 to parents and carers. I don't think there was any  
 11 consultation, as far as I'm aware, in terms of the  
 12 content of the risk assessment, or how they had really  
 13 reached those decisions.  
 14 But equally, I appreciate that for schools, they had  
 15 a duty of care to their own staff teams as well to make  
 16 sure that they were safe, and that every precaution was  
 17 being taken, and the roles were being followed, so it  
 18 was a very, very difficult time.  
 19 JENNIFER MILLER: And I think all the way along, we've  
 20 talked about joined up risk assessments. I mean, we  
 21 learnt so much from families. We were becoming risk  
 22 averse, and then met with families who helped us develop  
 23 that risk assessment, and it has to be something that  
 24 you move backwards and forwards, and you share, and the  
 25 families said to us: do your risk assessment, we'll then

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1 add another layer and actually if we don't think you've  
 2 got it right, we won't be coming anyway.

3 But you know, they're the absolute experts on how  
 4 they manage that, particularly infection control, and I  
 5 think for us, that shared — sharing of that  
 6 responsibility, which is what it is, was really  
 7 important, and it enabled both parties to make informed  
 8 decisions.

9 But I think there is a lot throughout the whole of  
 10 the COVID-19 pandemic to learn about how we carried out  
 11 risk assessments, and how we implemented them and how  
 12 they weren't tick boxes, because I think a lot of  
 13 families just felt that somebody had been told to do it,  
 14 they did it, but they hadn't really individualised it in  
 15 the way that they should, or looked at solutions that,  
 16 you know, families have come up with the most amazing  
 17 ideas to minimise those.

18 Q. Elizabeth, earlier in one of your answers you mentioned  
 19 transport. Did that — and we talked earlier on in  
 20 evidence about the importance of that, and the journey  
 21 for children to get to school with PMLD; did transport  
 22 resume seamlessly when schools reopened?

23 ELIZABETH McILRAITH: No, because transport was still under  
 24 restriction as well. So I think a kind of average  
 25 school bus can carry maybe about 8 to 12 individuals

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1 depending on the support needs, but when schools  
 2 reopened, there was still restrictions in place in terms  
 3 of transport.

4 So most families rely on transport to get their  
 5 children to and from school. Some families do have  
 6 access to adapted vehicles where they could maybe have  
 7 dropped children off at school, but not all families  
 8 have access to cars or adapted vehicles.

9 So for — even for the families where maybe school  
 10 was reopened, and there was a place there, for the  
 11 individual, they couldn't actually get them to school,  
 12 and using public transport isn't always an option for  
 13 the families that we support either, so, yes, so it kind  
 14 of — it added another layer of complexity on to the  
 15 situation.

16 Q. And that presumably impacted their ability to attend and  
 17 participate in their education?

18 ELIZABETH McILRAITH: Yes, absolutely, and schools obviously  
 19 had to make sure they were adhering to the restrictions  
 20 that were in place in terms of transport and risk  
 21 assessments and things like that, but the wider picture  
 22 meant that obviously there was individuals who weren't  
 23 able to get to school.

24 Q. Jenny mentioned this a moment ago, and it's something  
 25 you also touched on, Elizabeth, at paragraph 83 of your

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1 statement. You talk about different practice happening  
 2 within a local authority. Was that your experience, it  
 3 was happening — was that local authorities, or just  
 4 within a local authority that you were seeing a  
 5 difference in practice on reopening?  
 6 ELIZABETH McILRAITH: Yes, I think each local authority was  
 7 implementing, you know, the guidelines and the  
 8 restrictions, you know, differently and that came across  
 9 obviously in the risk assessments and their  
 10 communication to families. But I think even within — I  
 11 only work within one local authority, so you could see  
 12 the differences between schools, you know, and that was  
 13 the interpretation of, you know, the head teacher and  
 14 the staff teams who were developing the risk assessments  
 15 and implementing how things were going to resume again.  
 16 Q. What did that mean then in terms of consistency of  
 17 support being offered by local authorities to the  
 18 families and children that you deal with?  
 19 ELIZABETH McILRAITH: It meant for some families, that they  
 20 were returning to services or school full-time, or they  
 21 were having multiple services reengage with them, and  
 22 other families not returning to school and having no  
 23 services reengaging. So it really tipped the scales if  
 24 you like, and then I think, you know, families started  
 25 to become quite resentful and quite angry: why can X

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1 person receive this service and be educated, but yet  
 2 we're getting absolutely nothing at all. It seems,  
 3 really unfair. So, yes, it was a difficult period on  
 4 top of a prolonged very, very difficult period for  
 5 families.  
 6 Q. Thank you. On the return to school, Jenny, I think at  
 7 paragraph 71 of your statement, you mention reports  
 8 being made to PAMIS family support directors of issues  
 9 for children with change with returning to school. What  
 10 were those issues that were being reported?  
 11 JENNIFER MILLER: I think for some families, you know,  
 12 getting into a routine of getting up and going to school  
 13 had maybe taken many years. You know, you had then had  
 14 a really extended period of not doing that, and so that  
 15 was — you were changing the routine yet again, so there  
 16 would be people that would be exhibiting that in  
 17 behaviours that were challenging, there would be, you  
 18 know, issues — I mean, I guess also for the families,  
 19 when they're exhausted, to get themselves back into the  
 20 routine of getting people to go, but also, you know,  
 21 they had lost so many skills, so that understanding and  
 22 the ability to then engage in class and, you know, you  
 23 spend years increasing somebody's level of concentration  
 24 period or their social engagement, and then suddenly,  
 25 you know, you don't have anything, and those skills

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1 regress.  
 2 And I think going back into a really busy  
 3 environment when you've had a sensory, you know, no  
 4 sensory — you know, it's been a sensory deload, really,  
 5 you're suddenly overloaded from that sensory experience,  
 6 and probably being then with staff that you don't know,  
 7 you know, and it's all that having to develop new  
 8 relationships as well. I mean, it was almost like  
 9 starting school completely afresh for some people.  
 10 Q. Thank you. I want to move on then to transitions, and,  
 11 Elizabeth, I think it would be helpful to start with if  
 12 you were able to explain why this was such an important  
 13 phase, if you like, for the group of children that PAMIS  
 14 deals with, please?  
 15 ELIZABETH McILRAITH: Obviously for all the kind of issues  
 16 we've already raised, so the complexity of the  
 17 individual support needs, you know, that kind of  
 18 wraparound overarching support that they receive at  
 19 school. Many of the schools that young people access  
 20 are what we call throughput schools, so they start at  
 21 nursery and they continue within that same environment  
 22 until they leave secondary education.  
 23 So, you know, transition for parents and carers and  
 24 young people is very, very difficult. We know through  
 25 research for our group, you know, it's an exceptionally

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1 difficult time, but we also know that it's not done  
 2 particularly well, and obviously COVID didn't help that  
 3 at all.  
 4 Q. Why is it difficult under normal circumstances, even  
 5 leaving the pandemic aside for a moment, why is it a  
 6 difficult process?  
 7 ELIZABETH McILRAITH: It's a very frustrating process for  
 8 families. It's very long. Everything is changing. So,  
 9 you know, the professionals who are involved with the  
 10 individual at school from children's services, they're  
 11 all being phased out, and new adult professionals are  
 12 being introduced from the adult teams.  
 13 So, you know, that consistency of staff is starting  
 14 to dwindle. When that adult team comes on board, it's  
 15 quite sporadic. There's no set timelines of when, you  
 16 know, these new professionals will come on board. So  
 17 for families, it's very, very frustrating, there's so  
 18 much change in terms of, you know, who's going to supply  
 19 incontinence pads, who's going to supply the milk feeds,  
 20 you know, all these different things. But the key kind  
 21 of people within transition are children and family  
 22 social workers and adult social workers, and  
 23 historically, transition has just always been a very  
 24 difficult period in people's lives, but the allocation  
 25 of adult social workers who trigger the assessment, the

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1 budgets, you know, the planning tools, don't always  
2 taken place in a timely fashion to enable all that work  
3 to be done, which enables the family to then know where  
4 their young person is going to go at the end of term,  
5 which then impacts on if they work on, you know, support  
6 roles and different things like that.

7 So it's a real minefield to try and navigate, and in  
8 terms of getting answers and finalising plans, it's  
9 very, very difficult and more often than not, young  
10 people leave school without a full transition plan being  
11 in place for them.

12 Q. Thank you.

13 JENNIFER MILLER: Chris, can I just say if you add a layer  
14 also of bereavement, you have had — I mean, I think  
15 Elizabeth talked about, when you're in a children's  
16 service that service becomes like your family so you  
17 have had them from a very, very early age up to the age  
18 of 18 and then suddenly that family are taken away and I  
19 think during COVID all the work that Elizabeth would be  
20 doing on making sure that people were — and then the  
21 schools do a leaving and they're having those breaks,  
22 that time, you know, just went, so there's a bereavement  
23 layer on top of that and also it's yet another area  
24 where, you know, people know that their kids aren't  
25 going to university, they're not going to college, it's

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1 another sharp reminder of the fact that actually this is  
2 the next stage of a very, very long life that you've got  
3 in your caring role.

4 Q. Thank you. In respect of the pandemic then, you both  
5 highlight transitions as being difficult both from  
6 primary to secondary education and also from education  
7 to adult services. I think you both say — Jenny, you  
8 do this at paragraph 48 of your statement and Elizabeth  
9 at paragraph 64 of yours — you talk about young people  
10 in transition being left in limbo. Why was that the  
11 case during the pandemic?

12 JENNIFER MILLER: There was no social workers for starters.

13 ELIZABETH McLRAITH: I think during the pandemic, you know,  
14 schools were closed, education plays a massive role in  
15 driving the transition forward so education starts to  
16 prepare parents about the transition and they start  
17 doing that maybe going to about 14, 15. Most families  
18 don't want their young people to leave school. You  
19 know, if they could get them to stay on another year or  
20 another two years, they would be absolutely delighted,  
21 so they don't necessarily want their young people to  
22 stay on but school are the driving force behind  
23 transition. School frequently will reach out to social  
24 work departments to bring the multidisciplinary team  
25 together to get everybody around the table and discuss

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1 transitions and try and provide information and advice  
2 for parents as well but with schools being closed, there  
3 wasn't that same driving force, so there was no  
4 transition discussion, there was no transition planning.  
5 There was lots of — there's lots of work that families  
6 do independently in terms of transition so they will  
7 start to read about, you know, legislation, they will  
8 start to read about the process, you know, they will  
9 look at the assessment, they'll start to think about  
10 what information they need to share about their young  
11 person, they'll contact care providers and day services  
12 and colleges and things like that independently, so they  
13 do a huge amount of that preparation work as kind of  
14 independent family members, but with the closure of the  
15 schools, that driving force wasn't there, and in  
16 conjunction with that, services were closed, colleges  
17 were closed, so there was no access to information and  
18 nobody could provide information on when these services  
19 were going to reopen, what they were going to look like,  
20 you know, would there be availability, you know, it just  
21 became a point where their young person was leaving  
22 school but nobody knew what was going to happen but what  
23 they did know was their young person wouldn't be  
24 returning to school, you know, that was what they did  
25 know.

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1 JENNIFER MILLER: And in many areas trying to get hold of a  
2 social worker so across Scotland there were definitely a  
3 lack of adult social workers being able to come in and  
4 you needed the adult social worker to come in and start  
5 talking about what that care package would look like and  
6 how you started that assessment and for some families  
7 there was just no social worker at all.

8 ELIZABETH McLRAITH: Yes. So families need to be allocated  
9 an adult social worker so even if they have a children  
10 and families social worker, they cannot do that piece of  
11 work, so it was the lack of allocation of adult social  
12 workers to drive that process forward because it doesn't  
13 matter how much work the family do or the school does,  
14 it needs to be the adult social worker who conducts the  
15 assessment and puts that assessment forward and follows  
16 the kind of internal process for gaining an SDS budget  
17 which then allows the family to plan and secure a  
18 package of support for that young person, so without the  
19 adult social worker, none of that would work could  
20 actually go anywhere.

21 Q. And given what you've said, are you therefore aware of  
22 adverse impacts on particular families or children that  
23 you dealt with as a result of what happened during the  
24 pandemic or didn't happen perhaps?

25 ELIZABETH McLRAITH: Yes, absolutely, we had many families

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1 whose young people left school and sadly because of the  
 2 pandemic, there wasn't that marker so schools always  
 3 make a point of arranging activities to signify that  
 4 this is the end of school, it's closure, you know,  
 5 school has finished, so things like proms and, you know,  
 6 activities such as tenpin bowling, things like that  
 7 where that's a clear indication that this is the end  
 8 point of school. They're usually presented with kind of  
 9 photographic book of kind of memories and things like  
 10 that, so none of those kind of milestones happened for  
 11 families and then the young person just left school,  
 12 didn't see that team who had supported them for a long  
 13 period of time, but didn't have anything to move onto so  
 14 we had a number of families whose children remained at  
 15 home for over a year because services had reopened but  
 16 were very slowly reopening or there just wasn't capacity  
 17 or there hadn't been assessments carried out so there  
 18 was no budget in place so it was all these different  
 19 layers of the transition process that they hadn't gone  
 20 through which meant that they couldn't access a service.  
 21 JENNIFER MILLER: And with the lack of opening of day  
 22 services, I think we have still got families who have  
 23 had no services and we have had parents who have had to  
 24 give up work because they have had to provide that care  
 25 full — time and that bit about being in a routine so being

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1 able to move from school straight into a day service so  
 2 you're still in the routine, but if you lose all of  
 3 that, you know, for some young people, that might never  
 4 come back and so getting them into a day opportunity  
 5 will be really difficult.  
 6 Q. Thank you. Finally then I want to just turn to lessons  
 7 learnt and to an extent perhaps we have covered some of  
 8 these already but, Jenny, paragraph 89 of your statement  
 9 you say that the Scottish Government should have  
 10 considered that school isn't just about education for  
 11 our young people and, Elizabeth, I think you made the  
 12 same point in evidence earlier on today. What is you  
 13 mean by that?  
 14 JENNIFER MILLER: Well, I think as Elizabeth was  
 15 highlighting, you know, there's education but there's  
 16 also the whole health component and the school is the  
 17 place where the whole team come together, including the  
 18 family — the family carers and that's the place where,  
 19 you know, you develop treatment programmes, you develop  
 20 protocols for moving and handling, there's so much more  
 21 than just about education, and that healthcare was  
 22 completely missing and we need to think about, well,  
 23 what will we do if that ever happens again and how will  
 24 we make sure that these kids get access to their  
 25 equipment, get access to the right advice and aren't

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1 enabled to deteriorate in the way that they did both  
 2 cognitively, sensory and physically.  
 3 Q. Thank you. Elizabeth, would you add anything to that?  
 4 ELIZABETH McLRAITH: No, I completely agree with Jenny's  
 5 statement, you know, I think it was a massive oversight  
 6 to just think that it was education and education alone  
 7 because it's so much more than that and I think that  
 8 needs to be considered moving forward, the various  
 9 different levels of support that school provides to  
 10 families but also the kind of encompassing kind of  
 11 health aspect that it provides to families as well.  
 12 Q. Thank you. Before we conclude then, are there any other  
 13 particular lessons learned or indeed anything else that  
 14 we haven't covered yet today that you would like to make  
 15 clear to the Inquiry at this time?  
 16 JENNIFER MILLER: I suppose for me, I had a conversation on  
 17 Friday with a mother who is a teacher and it just made  
 18 me really clear that it's not about the lessons learnt,  
 19 it's about what we remember of how we reacted in a time  
 20 when we had high infections. So this mum was — is a  
 21 lone parent and was asked to provide support — she's a  
 22 teacher — to go into a school where half the kids were  
 23 off because they come back from a field trip, half were  
 24 off because they were too ill to come because they had  
 25 COVID but there were a number of who were able to come

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1 but they had COVID and the teacher herself had COVID and  
 2 this mum was asked to go in to a classroom full of the  
 3 infection and when she said "I can't do that", there was  
 4 an aghast, "Well, why not?" "Well, because I'm a mum  
 5 who if I get COVID, I won't be able to look after my son  
 6 and I'm the sole carer but if I take COVID back into the  
 7 house, my son will end up as he had done previously in  
 8 intensive care with COVID". And I thought what have we  
 9 forgotten about the fact that, you know, our kids are  
 10 still really, really vulnerable and they will still die  
 11 of COVID and it just seems that all the things that we  
 12 put in place before just seemed to have disappeared and  
 13 we had another mum who had asked people to wear masks  
 14 because she was so worried that particularly in the  
 15 winter her daughter might end up with an infection,  
 16 which she did, but people were refusing to do that, so  
 17 it's not the lessons learnt, it was what we were able to  
 18 do at that time, why can we not put in processes and  
 19 guidance that gives people permission to do the things  
 20 that they did before to protect the most vulnerable in  
 21 our communities.  
 22 Q. Thank you. Elizabeth, was there anything else you  
 23 wanted to add at this stage?  
 24 ELIZABETH McLRAITH: I think probably just recognising how  
 25 isolated parents and carers were and the impact that

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1 the — that lockdown and COVID had on their health and  
2 wellbeing, you know, and we need to make sure that our  
3 parents and carers are valued for the roles that they're  
4 doing and make sure that they are protected because they  
5 are, many of them are sole carers, but the amount of  
6 caring it was that they provide to their children is  
7 astronomical and they weren't supported, they were left  
8 isolated and they were left alone.

9 Q. Thank you.

10 MR STEPHEN: My Lord, I don't have any further questions  
11 subject to anything that you may wish to ask or add.

12 THE CHAIR: Thank you very much, Mr Stephen. No, I have got  
13 nothing that I wish to add or ask except to thank both  
14 Ms Miller and Ms McLraith for their evidence, I'm very  
15 grateful. That brings an end to this session and we  
16 will return at quarter to 2. Thank you very much  
17 indeed.

18 (12.42 pm)

(Luncheon adjournment)

20 (1.44 pm)

21 MS VAN DER WESTHUIZEN: My Lord, this afternoon we have a  
22 panel session with the college principals from four  
23 colleges. We have Ms Angela Cox who's the principal and  
24 chief executive of Ayrshire College. We have  
25 Mr Jon Vincent, who's principal and chief executive of

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1 Glasgow Clyde College. We have Lydia Rohmer who's the  
2 principal and chief executive of the University of  
3 Highlands and Islands North, West and Hebrides. We have  
4 Ms Stella McManus who's the principal and chief  
5 executive of South Lanarkshire College.

6 THE CHAIR: Very good. Welcome to you all. Thank you.  
7 You're going to be asked some questions and when you're  
8 ready, Ms van der Westhuizen, on you go.

9 MS ANGELA COX (called)

10 MR JON VINCENT (called)

11 MS LYDIA ROHMER (called)

12 MS STELLA McMANUS (called)

13 Questions by MS VAN DER WESTHUIZEN

14 MS VAN DER WESTHUIZEN: Thank you, my Lord. I'll perhaps  
15 ask you each in turn, perhaps starting with Ms Cox, to  
16 confirm your full names and to give your role now and  
17 during the pandemic, as well as an overview of any  
18 national remit that you held. So if we can start with  
19 Ms Cox and work our way down the line, please.

20 ANGELA COX: My name is Angela Cox. I'm currently principal  
21 and chief executive of Ayrshire College. During the  
22 pandemic, I was principal and chief executive of Borders  
23 College, and at that time I didn't have any national  
24 roles.

25 Q. Thank you. Mr Vincent?

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1 JON VINCENT: Jon Vincent, principal and chief executive of  
2 Glasgow Clyde College. Commenced in 2017 in that role,  
3 so throughout the pandemic was in the capacity of  
4 principal. In 2022 for that year, I served on the  
5 Scottish Government's COVID advisory group for  
6 universities and colleges.

7 Q. Thank you. Ms Rohmer?

8 LYDIA ROHMER: My name is Lydia Rohmer. I am principal and  
9 chief executive of UHI North, West and Hebrides, a  
10 college — and that was created through merger on  
11 1 August 2023 from UHI West Highland, UHI North Highland  
12 and UHI Outer Hebrides Colleges. During the pandemic, I  
13 was principal and chief executive of UHI West Highland.  
14 In terms of national remit, I was a joint chair of the  
15 joint articulation forum with Universities Scotland,  
16 representing Colleges Scotland and the subsequent joint  
17 articulation group, and I also attended for Colleges  
18 Scotland the ministerial leadership group for COVID.

19 Q. Thank you. Ms McManus, finally.

20 STELLA McMANUS: Good afternoon, everyone. So my name is  
21 Stella McManus. I'm currently principal of South  
22 Lanarkshire College. During the pandemic, I returned to  
23 Scotland in January 2021 to take up the post of deputy  
24 principal at the college at the time, and I held that  
25 position during the second lockdown period. At the

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1 time, I didn't have a national remit, but I was part of  
2 the COVID college sector leads group, which was chaired  
3 by the principal of West College Scotland.

4 Q. Thank you very much. My Lord, I forgot to say at the  
5 beginning that there are Rule 8 responses lodged for  
6 each of the panellists. Perhaps again, starting with  
7 Ms Cox, there are two, one from Ayrshire College and one  
8 from Borders College where I understand Ms Cox was  
9 previously.

10 So the first one, the Ayrshire College reference, is  
11 SCI-AYRCxx-000001, and the one from Borders College is  
12 SCI-BRDCxx-000001. Then for Mr Vincent, there is one on  
13 behalf of Glasgow Clyde College, and that is reference  
14 SCI-GCCOxx-000006. Then for Ms Rohmer, there are three,  
15 and that's in light of the merger that she referred to,  
16 so there are three. There's one from Lews Castle  
17 College UHI, and that is SCI-UOHxxx-000082. Then  
18 there's one from UHI West Highland, and that is  
19 SCI-UOHxxx-000083. Then one from North Highland, NWH,  
20 and that is SCI-UOHxxx-000054. Then finally there's one  
21 from South Lanarkshire College, and that is  
22 SCI-SLCOxx-000001.

23 Before we start with the topics that I would like to  
24 cover today, could I please ask you again in turn just  
25 to give a brief overview of details such as your college

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1 size and location and number of campuses, the — broadly  
2 the demographics of your student populations, and the  
3 types of courses you offer. Again, if we could start  
4 perhaps with Ms Cox, and work our way down the line.  
5 Thank you.

6 ANGELA COX: Yes, so Borders College is a rural college  
7 located in the Scottish Borders. It's got three  
8 campuses in Galashiels, Hawick and Newtown St Boswells.  
9 It supports around 5,300 learners per year and delivers  
10 a number of outreach programmes, because of the rural  
11 nature of the region. Ayrshire College again has three  
12 campuses, covering north, south and east Ayrshire. It  
13 supports around 11,000 learners per year. 40% of those  
14 students come from SIMD 1 to 20 and just about 20% of  
15 those learners come from SIMD 1 to 10. At Ayrshire  
16 College, we offer a full range of provision, mainly  
17 applied technical, vocational subjects, so lots of  
18 practical work, and the same would be said of the  
19 Borders as well.

20 Q. Thank you very much. Mr Vincent?

21 JON VINCENT: Glasgow Clyde College is a large further and  
22 higher education college located in the suburbs of  
23 Glasgow across three campuses. We have annually about  
24 17,000 students supported by about 1,200 members of  
25 staff. We're primarily a vocational technical college.

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1 We do have some academic studies, but the heart of what  
2 we do is technical and vocational. We also have quite a  
3 large modern apprenticeship portfolio as well. Our  
4 community, the communities where our colleges are  
5 located are in some of the more deprived parts of  
6 Scotland, according to SIMD data. Half of my student  
7 population live in post codes from SIMD 20 about a third  
8 of my population is from SIMD 10. We have a  
9 particularly large cohort of students who are asylum  
10 seekers and refugees, following ESOL programmes, and  
11 they have their own particular challenges in terms of  
12 engaging with education.

13 Q. Thank you very much, and just for the benefit of anyone  
14 who may not know, ESOL is — that is English as a second  
15 language?

16 JON VINCENT: Yes, English for speakers of other languages.

17 MS VAN DER WESTHUIZEN: Thank you, Ms Rohmer.

18 LYDIA ROHMER: If I may start with UHI West Highland. UHI  
19 West Highland was a college of further and higher  
20 education which is an assigned college to the University  
21 of Highlands and Islands who acts as a regional  
22 strategic body for the Highlands and Islands region for  
23 further, higher education and research funding purposes.  
24 The college is based in Lochaber, Skye and  
25 Wester Ross. It covers a population of about 40,000,

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1 which is — with the biggest kind of centre of  
2 population being Fort William, with about 11,000 people  
3 in the wider Fort William area, and the rest of the  
4 population is highly distributed over very rural and  
5 island locations.

6 In terms of the provision of UHI West Highland, the  
7 range of provision covers all access level provision,  
8 with specific emphasis on access pathways working with  
9 schools, with further and higher education, but also  
10 postgraduate taught and research activity courtesy of  
11 being assigned to a university.

12 Specific areas of specialism are in the outdoor and  
13 adventure area, and in land-based and maritime areas,  
14 but also complemented by a wide range of vocational  
15 specialisms that are relevant to local employers. About  
16 a quarter of West Highland's activity for further  
17 education was vested in school college activity.

18 For UHI North, West and Hebrides, kind of adding in  
19 the former UHI North Highland and Lews Castle College,  
20 or UHI Outer Hebrides colleges, the combined college  
21 covers about 9,000 students in total, covering a similar  
22 range of tertiary activity from access through to  
23 postgraduate taught, and with additional kind of  
24 emphasis on engineering, particularly energy engineering  
25 and land-based specialisms in equestrian, gamekeeping,

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1 golf management, alongside health and social care and  
2 business, tourism, hospitality, maritime skills courses,  
3 so a very wide-ranging provision.

4 The geographic area of UHI North, West and Hebrides  
5 is bigger than the size of Wales and operates across 19  
6 locations. So ten of these were in the former West  
7 Highland, five were in the former Lews Castle College  
8 and four in the former North Highland College.

9 MS VAN DER WESTHUIZEN: Thank you very much. Finally,  
10 Ms McManus.

11 STELLA McMANUS: South Lanarkshire College is a medium-sized  
12 further education college, situated in East Kilbride,  
13 which is in the South Lanarkshire local authority, which  
14 is the fifth largest local authority in Scotland. Like  
15 my colleagues, circa 18% of my students are from the top  
16 20 per cent SIMD areas in Scotland. We also provide  
17 similar programmes to circa 5,000 students for young  
18 people aged 16 to 18, adults which could be aged from 19  
19 to 80. We have modern apprenticeship provision. We  
20 have got provision for students with additional support  
21 needs also. It covers the vast majority of Scottish  
22 qualification levels across access programmes, senior  
23 phase, foundation apprenticeships, modern  
24 apprenticeships, Scottish widening access programmes and  
25 further and higher education programmes also, as well as

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1 various unique industry-led qualifications and degree  
2 programmes.

3 We also work with community learning development  
4 teams within the South Lanarkshire local authority, and  
5 we provide progression pathways for students who are  
6 speakers of English as a second or other language. We  
7 help them, support them on to mainstream college courses  
8 as well.

9 Q. Thank you very much. So the intention of today's panel  
10 is really to try and hear about some of the key impacts  
11 and issues experienced by students, staff and colleges,  
12 and hoping to do that under a number of broad themes,  
13 and that's time permitting, hopefully, we can discuss  
14 issues and impacts relating to firstly the initial  
15 closure of colleges; secondly, issues around the move to  
16 remote and online learning and the experience of that;  
17 subject-specific impacts, including impacts in relation  
18 to apprenticeships; mental health, wellbeing and social  
19 impacts; fifthly, assessments, attainments,  
20 classifications and new admissions, any specific issues  
21 you would like to highlight around those; then reopening  
22 of colleges and return to face-to-face learning; and  
23 then seventhly, impacts on colleges and staff.

24 If there is time, potential lessons to be learned  
25 and you will hopefully have an opportunity to make any

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1 suggestions for what the Scottish Government could do or  
2 reasonably do to mitigate some of the ongoing impact you  
3 might be experiencing, and also what they could  
4 potentially do differently in the future in the event of  
5 another pandemic.

6 So we'll try and move our way through as many as  
7 those as possible in the time available, but as I said,  
8 we have your Rule 8 responses anyway, so if there's  
9 anything we don't cover, all of that will still be taken  
10 into account.

11 The Inquiry is also particularly interested in  
12 disproportionate impacts on particular cohorts of  
13 students, which I think — all of you represent students  
14 that would fall within that description. There won't be  
15 a lot of time for a stand-alone discussion, but as that  
16 probably relates to a number of the topics that we will  
17 hopefully cover today, if there are specific issues you  
18 want to raise at any particular time in relation to  
19 disproportionate impacts on particular cohorts, please  
20 feel free to include that in the discussion.

21 I think the time taken to cover each of the themes  
22 is likely to vary, so we'll see how we get on with the  
23 first few, but we may want a little bit more time on  
24 things like subject-specific impacts, given that you all  
25 have practical elements to the courses you offer, and

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1 possibly to the reopening of colleges, so we'll allocate  
2 a little bit of extra time to both of those.

3 But if we could perhaps start with the closure of  
4 colleges, and just in the discussion, we can include  
5 things or whatever you want to touch on, but decisions  
6 to close any prior consultations and/or guidance  
7 received from the Scottish Government; things like  
8 immediate practical issues for colleges; immediate  
9 impacts for students, particularly in relation to social  
10 cohesion and the community role that colleges play; and  
11 any disproportionate impacts on particular cohorts of  
12 students, or any other relevant key issues that you have  
13 in mind.

14 I think we can perhaps just start with Ms Cox for  
15 this one and move our way down the line.

16 ANGELA COX: So in the run-up to Borders College closing on  
17 23 March, we picked up most of our intelligence and what  
18 was happening second and thirdhand. Principals were  
19 meeting almost on a daily basis online by that time to  
20 try and understand what was going on. There was a  
21 conversation where one of our principal colleagues  
22 explained that someone within his college had caught  
23 COVID, and the decision then had been made for that  
24 college to close immediately.

25 When the individual contacted the minister for

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1 colleges at that time, he had been told: that sounds  
2 like a good idea; so that evening, college principals  
3 all came away and decided we were going to close our  
4 college.

5 Colleges are not designed to deliver learning  
6 remotely, so there were really practical implications in  
7 terms of resource, kit and equipment for people to be  
8 able to deliver learning from home. The nature of  
9 colleges is that we provide a community for people, so  
10 it wasn't just about the learning, it was the support  
11 that colleges provide.

12 So most colleges provide students free breakfast and  
13 lunches, for example. Sometimes the college is a safe  
14 space for individuals to come to, so that was quite  
15 difficult, being — having to close the doors so  
16 quickly. Also, in the run-up to the college closing, we  
17 had started to say to staff and students, if they felt  
18 vulnerable, not to come in to college. I just remember  
19 feeling that weight of responsibility as a leader,  
20 responsible for around 350 staff, over 5,000 students at  
21 that time, in terms of making the right decision for  
22 them. On reflection, it would have been good to have  
23 some of that clarity in leadership from Scottish  
24 Government in terms of what we should have been doing,  
25 rather than working it out for themselves, which is what

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1 in effect happened.

2 Q. Thank you very much, Ms Cox. Mr Vincent?

3 JON VINCENT: Thank you, and many of the things that Angela  
4 said there, I would echo. Our timeline was slightly  
5 different in Glasgow. I certainly don't recall any  
6 direction, correspondence or support from the Scottish  
7 Government or from the Scottish Funding Council, that  
8 primary funder, to help us reach that decision.

9 Being in Glasgow, we have got five universities and  
10 HEIs operating that were all also in correspondence,  
11 talking about the unfolding events. The three colleges,  
12 of which mine is one, were also in regular  
13 communication. We came to a decision, because we were  
14 experiencing students who were becoming ill, and we  
15 believed that to be with COVID, that was certainly what  
16 we were being told, that we should close. So we closed  
17 as Glasgow colleges on 20 March, closed to students. We  
18 remained open for two or three days thereafter to deal  
19 with the logistics of supporting staff to be able to  
20 work from home and do remote learning.

21 It's obviously very difficult to close campuses as  
22 well. They're huge assets, very complicated assets,  
23 with lots of systems that require maintenance and  
24 support, even if there aren't students on site, so that  
25 was an enormous challenge.

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1 I have to say, I felt as a principal, we were making  
2 decisions about closing major community facilities with  
3 an element of risk, because it was bound to heighten  
4 public tension. It certainly heightened tension within  
5 our staff. I have 1,200 staff. As soon as we said we  
6 weren't serving students, they of course were extremely  
7 worried about being on-site themselves, so very  
8 challenging period.

9 Q. Thank you. I should add in my head I have closure in  
10 inverted commas, because obviously you couldn't close  
11 the campuses altogether. So feel free to highlight any  
12 particular aspects or challenges with that as well, and  
13 any understanding or lack thereof.

14 JON VINCENT: Well, I just say, I think we took an  
15 interpretation, certainly as the first lockdown  
16 happened, that that was really what we should be doing,  
17 is completely closing campuses, and that was  
18 logistically hugely difficult. We had members of staff  
19 who were required to continue to support learners, and I  
20 have to say from the outset did an astonishingly good  
21 job, both teachers and non-teaching staff, an  
22 astonishingly good job of that, but they were going it  
23 from home often without necessarily all the equipment or  
24 broadband access that they would need.

25 It would have been considerably easier had some of

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1 them been able to access facilities in college, but  
2 our — our particular interpretation was, and eventually  
3 when government guidance came out, it was, we weren't  
4 operating in a hybrid sense initially. We were closed  
5 and that was very, very challenging.

6 Q. Thank you very much. Ms Rohmer?

7 LYDIA ROHMER: Probably slightly different context in terms  
8 of our operating environment from my colleagues here, in  
9 that we had in the entire West Highland ten rural  
10 centres, so our staff and our students were distributed  
11 over multiple locations. As part of UHI we also had  
12 part of our operation already kind of operating — our  
13 learning and teaching operating through an online hybrid  
14 model.

15 But, you know, operating in a very fragile rural and  
16 island economy with a high proportion of elderly, you  
17 know, residents in the community, and a real concern  
18 what the college's role would be potentially with  
19 younger people in college as a potential source of  
20 infection for that elderly community, and communities  
21 without a robust health infrastructure and, you know,  
22 acute lack of critical beds for instance, should COVID  
23 really grip into these communities.

24 So we as a college kind of saw the pandemic coming  
25 closer to our shores, and from the end of January as a

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1 college, we instituted our business continuity protocol,  
2 and engaged with Colleges Scotland and colleagues both  
3 in the college as well as in the university sector  
4 through University of Highlands and Islands on  
5 intelligence and what should be the best course of  
6 action, and like my colleagues, we decided to close in  
7 tandem with the rest of the college sector in March.

8 In the run-up to that closing down, we very much  
9 prepared our students for an online learning scenario,  
10 so building on the experience that we already had, we  
11 issued devices, but we also had to issue data in the  
12 form of dongles, and basically issued all that we had in  
13 terms of equipment.

14 We also frontloaded assessment before our students  
15 left, but with staff, like Jon has said, some skeleton  
16 staff had to be retained in college, both for IT and  
17 estates maintenance, in line with statutory  
18 requirements, but for IT it was absolutely crucial that  
19 our IT infrastructure was able to be serviced after  
20 closure.

21 We also maintained some facility for students who  
22 had absolutely no safe place to study at home, so those  
23 cases, we knew through our student support services who  
24 needed critical support. We maintained that support on  
25 campus, even during the initial full closures. But we

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1 also had to advise our staff, including risk assessments  
2 for working from home, ensuring data security working  
3 from home, issuing them with appropriate equipment,  
4 making sure their mortgages kind of weren't breached and  
5 mortgage conditions to work from home.

6 So there was a plethora of additional work, for  
7 which, as my colleagues have said, there was absolutely  
8 no guidance from government. But we, I think,  
9 successfully managed what was a very complex area, and  
10 at the time we didn't really know what was to come. I  
11 closed my college, thinking we would be back within six  
12 weeks.

13 Q. Of course, yes, as we know, it was a lot longer. Thank  
14 you very much. Ms McManus, I'm conscious that you  
15 weren't in position at the time but is there anything  
16 you would like to add to that, based on discussions with  
17 your colleagues who were around at the time?

18 STELLA McMANUS: Yes. I would like to concur with  
19 everything that my colleagues have said, and I had been  
20 in the English sector at the time for the first  
21 lockdown, but based on the feedback from colleagues at  
22 South Lanarkshire, very similar to Lydia as well, and to  
23 Jon and Angela that the digital infrastructure was key,  
24 so you had staff who were very scared, students who were  
25 very scared, who were on hand to support other staff

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1 members and students to make sure that they had  
2 equipment at home from which we could swiftly move to  
3 online learning.

4 I think it's just to reiterate what colleagues have  
5 said, is that colleges were not set up for online  
6 learning. We just weren't. We are — we offer — the  
7 vast majority of what we do is technical, vocational  
8 qualifications. You know, thinking about carpentry and  
9 joinery, for example, how do you teach that online, how  
10 do you do that? That was the real challenge.

11 So you had staff going home to work in an  
12 environment that they had no experience of, staff  
13 themselves becoming more isolated, and then staff having  
14 to then work to prepare materials, to prepare online  
15 lessons, and that was a real challenge, and there was no  
16 guidance on that at all.

17 I think really the other thing that Lydia has  
18 touched on as well is around — we closed our campuses,  
19 and we did do a hard closure, once we got the initial  
20 infrastructure out, college campuses to make  
21 everywhere — they are safe spaces. And that's  
22 something that was quite telling, because of the number  
23 of students that we serve from those challenging areas,  
24 if you like, who have got their own barriers to learning  
25 that none of us potentially could possibly imagine, they

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1 were going to a home that perhaps wasn't a home that  
2 some of us know, and for them to learn in that  
3 environment, it wasn't suitable to learn. That was a  
4 challenge in itself, excuse me, and resulted in  
5 additional staff support to be put in place and staff  
6 working with those students, again, not with any clear  
7 guidance on that.

8 So, yes, an exceptionally challenging time, with  
9 which the staff at my college, and like all other  
10 colleges, coped with superbly.

11 Q. Thank you very much. The next theme that I have, and I  
12 think we've touched on it already because it was  
13 obviously in the forefront of all your minds, as you  
14 moved into lockdown, is the move to remote and online  
15 learning, and some of the challenges around that, some  
16 of which you have touched on already, for example, is,  
17 for example, levels of preparedness of your individual  
18 colleges, digital inclusion, or digital poverty in  
19 relation to both the students and staff, and what that  
20 meant.

21 Obviously devices is one aspect of it, but we have  
22 heard that there's a multitude of aspects to that.

23 Additional equipment required for any particular  
24 subjects. Student engagement, impacts on staff and  
25 students, disproportionate impacts on any particular

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1 cohorts of student and any other relevant key issues  
2 relating to that move and delivery of online and remote  
3 learning. So perhaps if we could start with Ms Rohmer  
4 this time, followed by Mr Vincent, then Ms Cox and then  
5 Ms McManus.

6 LYDIA ROHMER: Yes, thank you. Bearing in mind that the UH  
7 situation is perhaps slightly different, in that part of  
8 UHI's portfolio of course has been for a long time  
9 delivered in a hybrid mode, both online but supported  
10 through our centres of study, you know, we were perhaps  
11 in a slightly more advantageous situation kind of  
12 approaching this scenario.

13 But I would concur with my colleagues that as a  
14 whole, we are not prepared to operate like effectively  
15 the Open University. It's a very different model in UHI  
16 compared to that, so — but we were forced to  
17 effectively close our physical campuses and move all of  
18 our activities online, and we were not prepared  
19 wholesale for that.

20 So even my college, you know, areas that were  
21 mentioned, engineering, construction, fabrication,  
22 welding, hospitality, hairdressing, all practical  
23 activities, you know, had to be reinvented, and learning  
24 and teaching, as well as assessment, had to be thought  
25 of as online activity. So preparing students for that

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1 was key. Preparing staff for that was the other  
2 equation, and in a rural and island environment, both  
3 staff and students have the issue of infrastructure for  
4 connectivity, so staff would live in places where there  
5 were no spots in terms of broadband coverage, and that  
6 had to be managed for — to enable them to continue to  
7 teach.

8 Students quite often, either in rented premises  
9 where they were living away from home, or in term-time  
10 accommodations, didn't have access to reliable wi-fi or  
11 broadband to maintain their studies. So they had to be  
12 issued with — not just with devices but also data, you  
13 know, and the cost of that had to be covered by the  
14 college.

15 There was a huge logistics effort to get all keep  
16 all students studying and to ensure all staff had the  
17 relevant equipment to continue, and then a whole new  
18 operating model had to be effectively developed  
19 immediately.

20 So students at particular disadvantage were those  
21 who had a practical learning experience and a practical  
22 learning environment. Students who in the workplace, so  
23 apprentices, I think, those who have placements as part  
24 of their course experience, that all disappeared  
25 overnight; and students with additional support needs

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1 and also those cohorts that we have for students with  
2 profound and complex needs who normally kind of are the  
3 most vulnerable of the student groups that we also cater  
4 for.

5 Research staff and students were also impacted on,  
6 because effectively their fieldwork was cut off, so we  
7 had to compensate for that in various ways as we  
8 reinvented our operating model, kind of over subsequent  
9 weeks and months. Again, we had to do so very much from  
10 our own resources, although colleges, also through  
11 college development network, then started to share best  
12 practice that they had available, and also materials.  
13 But there's perhaps another story about, you know, how  
14 over — as the first lockdown in particular extended  
15 over a much longer time, how assessment of courses had  
16 to be reinvented, you know, in that environment.

17 But isolation, loneliness, mental health, dealing  
18 with having student — you know, sometimes kids at home  
19 kind of of school age that had to be home schooled,  
20 whilst also working and delivering learning to students,  
21 all of that became extremely difficult in that  
22 situation.

23 Q. Thank you very much, and Mr Vincent, if I could turn to  
24 you next, please?

25 JON VINCENT: Certainly, thank you. I think my college had

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1 very limited experience of teaching — of facilitating  
2 learning remotely. One or two courses we had as  
3 distance learning, electronically, but nothing like the  
4 scale of then trying to transition 17,000 students into  
5 learning from their bedrooms or kitchen tables. I think  
6 it's — a really important point to make with this is  
7 none of that learning assessment takes place without the  
8 staff preparing the materials and running those lessons,  
9 and they were often in less than ideal circumstances  
10 themselves.

11 It was hugely, at a personal level, revealing for me  
12 the digital poverty that many of our students and indeed  
13 staff live in. They may carry smartphones, but they  
14 don't have the sort of broadband connections that many  
15 of us would assume they have. Particularly in a college  
16 that serves some very, very deprived communities, there  
17 aren't the digital devices at home that you could study  
18 on. They might have a mobile phone with a very small  
19 data allowance.

20 So that created an enormous challenge for us to get  
21 devices out of the door, and we effectively took every  
22 digital device in the college and gave it to staff, and  
23 then started to roll them out to students, to buy as  
24 many digital devices as we possibly could. But of  
25 course we were buying them in an environment that

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1 everybody was buying digital devices, so that took not  
2 just weeks but months to receive the sorts of volumes.

3 We started to, as Lydia has already said, hand out  
4 broadband connections, dongles, so that people could get  
5 that wi-fi connection so they could study. And of  
6 course, they were studying in situations at home where  
7 many other siblings, mums, dads, brothers, sisters,  
8 aunts and uncles, all living in the same space, all  
9 trying to work and study at the same time with limited  
10 numbers of devices. It was an extremely challenging  
11 environment to be working in.

12 I think in the first part of the pandemic, there may  
13 have been some slight advantage to the fact that we were  
14 two thirds through the academic year. A lot of content  
15 had been delivered at that point. That made assessments  
16 and some of the practical studies very, very  
17 challenging, as has already been identified, difficult  
18 to do remotely. But it also made it very difficult for  
19 our students to transition from, if you like, an  
20 in-person taught model which we had prepared them for  
21 and they were familiar with, to one within two or three  
22 days where they were sat with a device they were  
23 unfamiliar with, with digital skills that were maybe not  
24 as good as they should have been, in a home with a  
25 broadband that was not robust enough to support the size

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1 of the documents that they were needing to work on.  
 2 Q. Thank you very much. Ms Cox on remote and online  
 3 learning, if I could turn to you?  
 4 ANGELA COX: Yes, so as others have said, neither  
 5 Borders College nor Ayrshire College were prepared to go  
 6 to a full online learning model, due to the nature of  
 7 the programmes that are run in both of these colleges.  
 8 Any online learning had been to enhance the already  
 9 in-person applied practical learning that was in place.  
 10 I think what really struck me, particularly in  
 11 Borders, was the digital poverty around connectivity.  
 12 So many of our students, even although we gave them  
 13 laptops, actually didn't have the connectivity to  
 14 connect, and they were going out to try and find spaces  
 15 that had connectivity to connect with us, and like  
 16 others said, you know, households were busy, and  
 17 sometimes we handed out devices, but those devices were  
 18 then used for school learning.  
 19 We were asking staff to deliver learning, but they  
 20 were also trying to homeschool, and they didn't have the  
 21 skill set to develop online learning that was engaging  
 22 and impactful, actually. So increasingly, our students  
 23 we found were not putting their cameras on. Sometimes  
 24 that is because of where they were connecting in from,  
 25 and they were embarrassed about the background that they

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1 had. Sometimes it was because they weren't fully  
 2 engaged, and there was lots of other things going on at  
 3 home.  
 4 I think students with additional educational needs  
 5 really struggled. They may be able to connect, but they  
 6 were used to having that wraparound support in person,  
 7 in college. So you may have had a face on a screen, but  
 8 those sense checks that would take place in person just  
 9 weren't there, and that was particularly tough for those  
 10 students, and then there was the whole welfare piece in  
 11 terms of staff becoming concerned about the welfare of  
 12 students and not being able to engage with them in the  
 13 way that they once did, because there was a screen of  
 14 faces and you can't have that one-to-one conversation  
 15 with someone when that happens.  
 16 The other thing I would say is our staff, you know,  
 17 worked really, really hard to try and make it work, you  
 18 know, very conscientious about keeping students engaged.  
 19 But students slowly turned day into night, and it sort  
 20 of became 24-hour, you know, questions coming through at  
 21 all times of days and night, and it took us a little  
 22 while to actually put in some boundaries to say:  
 23 actually you need to work within this time period.  
 24 So I think it was very impactful for our students,  
 25 because they didn't gain that college experience and

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1 social maturity, development, that colleges provide, but  
 2 it was equally impactful in a negative way, I think, for  
 3 our staff.  
 4 MS VAN DER WESTHUIZEN: Thank you very much. Finally,  
 5 Ms McManus.  
 6 STELLA McMANUS: Similar really to what my colleagues have  
 7 said. The digital infrastructure piece was key. We  
 8 gave out — told you Jon gave out every laptop that we  
 9 owned within the college. We had no idea if we would  
 10 get it back or not. That type of — we probably still  
 11 lost some of them, you know. We had also, sometimes  
 12 during that, when we were trying to order new laptops,  
 13 we had waiting lists, so at that point then, that meant  
 14 students were becoming more isolated and falling behind  
 15 in their learning, which was challenging.  
 16 You know, I think the thing that Angela has touched  
 17 on, which I wanted to bring in, was the student  
 18 engagement piece. That was difficult because doing  
 19 online learning properly, it takes skill, and it's not  
 20 to say that our lecturers weren't skilled in doing that,  
 21 but they weren't used to doing that and that was new to  
 22 them.  
 23 So having a lecturer to suddenly overnight flip to  
 24 an online methodology and pedagogy which was new to them  
 25 was very challenging. That took research for them. So

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1 they're developing new materials, while still trying to  
 2 keep learners engaged, motivated, who were scared, and  
 3 coming from environments which aren't necessarily always  
 4 suitable to them learning, was a real challenge and it  
 5 was a real strain on staff.  
 6 So we were working with our trade unions themselves,  
 7 trying to establish guidelines for staff. As Angela  
 8 touched on as well, you know, students were contacting  
 9 our staff day and night, and it wasn't just about  
 10 learning, it was about other issues that they were going  
 11 through. Because at that point, the wraparound support  
 12 services couldn't cope, and that's what the colleges  
 13 did. So they were there to provide that pastoral care  
 14 as well. So it was a real, real challenge, and I think  
 15 that — we also do a lot of senior phase work, and  
 16 that's working with schools as well.  
 17 So schools are working in one manner, colleges are  
 18 working in a different manner, and that sometimes  
 19 conflicted. So that engagement of students was  
 20 difficult. Students were maybe dropping off their  
 21 learning, and it was a worry as to why they weren't  
 22 engaging.  
 23 Then the other real challenge as well was — which  
 24 I'm sure we will come on to, is around how we were  
 25 ensuring that our students were still going to attain

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1 their qualifications, how they were going to pass them.  
2 As Jon has already touched on, because we were  
3 two-thirds through the year, a lot of the practical  
4 stuff had been done, so we could get more students  
5 through.

6 But there was still an element of — colleges were  
7 locked down from that sort of — last bit of the  
8 academic year, so how were the awarding bodies that we  
9 all work with going to help us deal with that. Then  
10 that would then result in implications for progressions  
11 on to their future courses as well.

12 So the online piece just became something, I think  
13 that for all of us, that our staff dealt with  
14 tremendously well, our students as well, but I think the  
15 main thing to highlight was the impact on students in  
16 terms of their uncertainty of how they were going to  
17 achieve their qualifications, and the staff impact of  
18 how they were trying to keep up and make sure the  
19 students were going to achieve the qualifications as  
20 well. So it was a sort of a bit of a double-edged sword  
21 as well.

22 Q. Thank you very much. The next on my list is  
23 subject-specific impacts, and I think if we have a bit  
24 of a discussion around including impacts on  
25 apprenticeships, and in particular modern

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1 apprenticeships, deferrals, impacts on practical and  
2 vocational subjects, and any other relevant key issues  
3 around this.

4 I'm going to ask Mr Vincent to start, because he has  
5 a particular interest in apprenticeships. If I could  
6 please ask you also to just give a broad outline of the  
7 different types of apprenticeships that there are that  
8 the colleges offer, and then discuss some of the  
9 challenges around apprenticeships, followed by any  
10 subject-specific challenges as well, I think your  
11 college offers. For example, I think it's the only  
12 place to offer stringing — for stringed instruments, if  
13 my memory serves me correctly.

14 So if I could ask you to start and focus primarily  
15 on apprenticeships and then feel free to touch on other  
16 practical subjects. Then if we could follow Mr Vincent  
17 with Ms Rohmer, Ms Cox and then Ms McManus, please?  
18 JON VINCENT: Thank you, so, yes, I'll focus my comments on  
19 apprenticeships, because I'm sure this will reflect the  
20 diversity of their curriculum. There were three  
21 different types of apprenticeships that operate in  
22 Scotland. There were foundation apprenticeships, which  
23 is largely a school, college or school training provider  
24 product. There is a modern apprenticeship, and there's  
25 a graduate apprenticeship. Modern apprenticeships are

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1 largely a college or private training provider,  
2 delivered product. Graduate apprenticeship tends to be  
3 university or higher education product.

4 It's really important not to necessarily confuse  
5 those three different types of apprenticeships. In the  
6 modern apprenticeship, which is by far the biggest in  
7 terms of volume of candidates, every modern apprentice  
8 is an employee. They are employed by an organisation as  
9 a member of their staff, and they are doing a training  
10 programme, an apprenticeship with an educational centre.

11 That means the relationship with the college is  
12 quite different from that of a normal student. They are  
13 an employee, they have contractual work commitments.  
14 Those apprentices are studying in a diverse array of  
15 subjects, from admin, hairdressing, complementary  
16 therapies, to horticulture and engineering and  
17 construction. You name it across the sort of trades and  
18 professions, there's a modern apprenticeship in it.

19 During the pandemic, it was extremely challenging  
20 for apprentices. They had situations where significant  
21 numbers of them were furloughed, and it took a very long  
22 time to gain clarification as to whether a person on  
23 furlough could continue to do their apprenticeship  
24 studies. So during that period, there were no studies  
25 taking place, because nobody wanted to jeopardise the

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1 furloughed status.

2 We also had issues with being able to access those  
3 particular students, because they're not necessarily  
4 living in the localities of the colleges. Some of them  
5 will come on a block release basis to study at a  
6 college, because it has a particular specialism, and  
7 then return back to where they live or where their  
8 employer is based. So you didn't have — in effect,  
9 they weren't in your community, so access to them was  
10 really challenging.

11 I think as the pandemic went on, and it may be a  
12 point we'll touch on later, a tension began to emerge  
13 with the apprentices, because often the occupational  
14 sector in which they worked had started to open up and  
15 reengage, but us as providers were being encouraged not  
16 to. So those people, and they're both young people and  
17 adults, were out on building sites, were in engineering  
18 settings or hairdressing or beauty salons, continuing to  
19 learn their trade. What we couldn't do was to  
20 effectively support them with the underpinning  
21 knowledge, or indeed go out and do the practical  
22 assessments.

23 That made it very difficult for everybody involved,  
24 and actually made it very difficult for us, because it  
25 was difficult to understand some of the sense around why

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1 it was okay to be an apprentice working in a hair salon,  
 2 but you couldn't come in to the college to undertake  
 3 theoretical studies related to that. That was something  
 4 we were asked to manage, and that was a very difficult  
 5 thing to do. I think also, some of the very specialist  
 6 nature of apprenticeship studies, so maybe in gas  
 7 fitting or electrical installations, means that the  
 8 assessments they take have to take place in highly  
 9 specialised, highly regulated workshop environments.  
 10 Our ability to be able to get those students in to go  
 11 through those studies that would enable them to complete  
 12 their apprenticeships, regardless of their skill level  
 13 or how long they had been on the apprenticeship, that  
 14 was massively delayed.  
 15 There were serious consequences to that. There were  
 16 consequences to employers, because when a person becomes  
 17 a fully qualified apprentice, they can start to go out  
 18 and do jobs independently, and it also delayed the  
 19 progression of those people from being apprentices to  
 20 become fully qualified tradespeople, and the earnings  
 21 from that would mean the difference it would make to  
 22 their lives.  
 23 That was largely as a consequence of just the  
 24 limited capacities and access that we had to facilities,  
 25 to be able to put them through those sorts of regulated

1 assessments.  
 2 You were right in your comment earlier that my  
 3 college enjoys being the only college in the UK to do  
 4 lutherie studies, the manufacturing of stringed  
 5 instruments, and I'm sure this will sort of be a point  
 6 that others might pick up. There are some subjects that  
 7 have a theoretical element and a practical element, and  
 8 you can maybe with the scheduling of it bring forward  
 9 theoretical elements that can be taught, distance or  
 10 remotely. Making — the physical making of a stringed  
 11 instrument, is a uniquely practical skill and actually  
 12 we have got lots of courses across our colleges that are  
 13 uniquely practical skills. You run out of things that  
 14 you can do remotely, and students simply don't have  
 15 access to the sorts of specialist equipment that is  
 16 unique to our settings, and those facilities were  
 17 closed.  
 18 Q. Thank you very much. I think Ms Rohmer.  
 19 LYDIA ROHMER: Yes. I don't want to repeat what Jon so  
 20 eloquently has just outlined, but I would like to  
 21 highlight, you know, the early years and health and  
 22 social care courses in particular where, you know,  
 23 actually within a COVID environment, there was a real  
 24 need for that workforce, that qualifying workforce, and  
 25 what Jon has outlined, and the inability for us to

1 assess SVQs and apprenticeships, the inability for us to  
 2 access, you know, childcare providers and, you know,  
 3 health and social care kind of providers, even after  
 4 they opened again, you know, it really kind of deprived  
 5 those sectors most in need of workforce from that  
 6 workforce actually entering in the most qualified way.  
 7 So I think — that's a point, I think, to emphasise.  
 8 In my college, particularly the areas that — that  
 9 had practical and land-based kind of elements were  
 10 probably most affected, as I presume they would have  
 11 been in all other colleges. So for construction, rural  
 12 skills courses, engineering courses, in the first part  
 13 of the pandemic in 2019/2020, you know, as we've said,  
 14 probably kind of completion of courses was less impacted  
 15 on, because the practical elements in the run-up to the  
 16 full college closure were frontloaded, so it was a  
 17 question of completing more of the academic underpinning  
 18 online elements.  
 19 But it was difficult, nevertheless, for those  
 20 cohorts because those students really quite often just  
 21 come because of the practical nature of the courses, and  
 22 learn better in that practical environment. So  
 23 everything we've outlined moving to online learning  
 24 would have particularly played out in those courses.  
 25 Outdoor adventure, in my context, attracting

1 students into a centre of excellence, a school of  
 2 adventure studies, those students quite often were also  
 3 in term-time accommodation, coming from other parts of  
 4 Scotland and the UK, and were effectively marooned in  
 5 their sometimes quite inadequate term-time  
 6 accommodation, and didn't understand why the outdoor  
 7 part, the outdoor classroom couldn't be used in a much  
 8 more effective way. Probably similar things applied to,  
 9 in the other colleges, to equestrian students, golf  
 10 students, who — where the outdoor classroom could have  
 11 been really utilised much more effectively.  
 12 It had a significant impact in those areas on  
 13 recruitment in 2020/2021, because colleges were  
 14 considered to be closed for business, because of that  
 15 hard closure in the early phase of the pandemic.  
 16 So students who would come to college looking for  
 17 practical activities didn't feel they had a pathway into  
 18 that, and that followed through in 2020/2021 and then  
 19 also subsequently kind of in other areas. So in  
 20 addition, business, tourism, hospitality, particularly  
 21 professional cookery, beauty, creative arts, textiles,  
 22 fashion, music, maritime skills, they all kind of were  
 23 similarly affected. We had to become very innovative in  
 24 how we simulated practical activities online, and also  
 25 in the later phase of the pandemic, how we brought



1 students in small cohorts into practical facilities and  
 2 learning contexts, observing the various kind of rules  
 3 for social distancing.  
 4 I think one point that Stella made earlier, there  
 5 were different rules on social distancing, impacting on  
 6 schools as well as colleges and universities, or then  
 7 the corresponding commercial kind of activities, so as  
 8 Jon had said, you know, in a hairdressing salon, you  
 9 know, that was open with different rules from a  
 10 hairdressing salon in a college, kind of in the  
 11 pandemic. And it really — there were much harsher  
 12 rules applied to the college environment than to a  
 13 commercial environment, or leisure environment, even,  
 14 and it was hard to replicate why that reasoning had been  
 15 undertaken, because outbreaks really were not coming out  
 16 of the college environments throughout that two—year  
 17 period.  
 18 Q. Thank you. Just before we move on, you mentioned  
 19 outdoor classrooms, and we may come on to discuss that  
 20 later, but what do you mean by that? Is that a physical  
 21 space outdoors where practical sessions happen, or is it  
 22 just having engagement outdoors?  
 23 LYDIA ROHMER: So with rural and outdoor courses, a lot of  
 24 the instruction for skills takes place in the outdoors,  
 25 in an outdoor space, which obviously is unencumbered by

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1 some of the issues that affected indoor spaces in terms  
 2 of the virus transmission, but that wasn't factored in  
 3 at all in any of the guidelines. So — but for  
 4 instance, travelling to an outdoor space where  
 5 instruction would take place, there was no way to  
 6 transport students in a minibus, for instance, because  
 7 of the social distancing rules. So students had to make  
 8 their own way, sometimes cycling for long distances to  
 9 get to their places of instruction.  
 10 So the rules kind of — for particular subject  
 11 areas, just did not make a lot of sense, and they were  
 12 quite frustrating for students and staff. We had to  
 13 work around all of that in order to achieve successful  
 14 completion, but quite often completion of a course,  
 15 particularly after academic year 2019/2020, had to take  
 16 place in the next year, hoping for more relaxation of  
 17 the rules.  
 18 Q. Thank you very much. Ms Cox, do you have anything to  
 19 add on subject—specific impacts, and also, please feel  
 20 free also to touch on apprenticeships if that's  
 21 something you offer?  
 22 ANGELA COX: Yes. So in addition what colleagues have  
 23 already said, we did have a situation where a number of  
 24 apprenticeships or apprentices actually lost their role,  
 25 because there was delays in them being able to carry out

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1 the full remit of their job, so young people were  
 2 impacted by those delays in terms of not being able to  
 3 secure full —time employment at the end of the  
 4 apprenticeship programme.  
 5 The other thing I wanted to highlight, and Lydia has  
 6 already mentioned about childcare and health and social  
 7 care, there was a slightly different approach taken with  
 8 the university sector, where there had been some sort of  
 9 COVID insurance licence that allowed university health  
 10 and social care and health students to carry out work  
 11 experience within the health sector. Clearly there was  
 12 a great demand for those types of roles, whereas college  
 13 students were treated differently during that period,  
 14 despite doing similar types of qualification and jobs.  
 15 Likewise with outdoor pursuits such as agriculture,  
 16 you know, boat building, outdoor classrooms. If we had  
 17 been given more discretion in terms of how we managed  
 18 and planned that, more of those students would have been  
 19 able to progress in their studies more quickly, and  
 20 there was a need, particularly in the Borders around  
 21 farming, you know, they were calling out for those  
 22 students to progress quickly so that they could be in  
 23 industry more quickly fully qualified. Thank you.  
 24 Q. Thank you very much, and Ms McManus, and again, equally,  
 25 practical subjects and if you have anything to add in

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1 relation to apprenticeships?  
 2 STELLA McMANUS: Sure, so my college, despite being a sort  
 3 of medium—sized college, has quite a large modern  
 4 apprenticeship cohort as well, the vast majority of  
 5 which is within the construction area. As Jon has  
 6 touched on, obviously for some of those courses, like  
 7 the plumbing and gas, the gas regulated quals are quite  
 8 important in terms of health and safety, so have to be  
 9 carried out in terms of under specific conditions.  
 10 I think really, just to bring some sort of light to  
 11 this as well, so what we had found is that because the  
 12 students couldn't obviously complete their qualification  
 13 in that time, or they couldn't progress on to the next  
 14 year, that meant that we had to defer students. So  
 15 roughly 16% of our students which were mainly the  
 16 construction—related students, so whether those were the  
 17 modern apprentices or whether they were doing the pure  
 18 sort of college construction courses, they were deferred  
 19 into the next year.  
 20 Then — so that meant that when you came into the  
 21 sort of 2021 sort of year, you had this back—up, so you  
 22 have got staff who are working to try and complete last  
 23 year's students who are deferred, and then to deal with  
 24 the new intake as well. So that was a real challenge,  
 25 and a real difficulty, so — and I think that —

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1 probably come on to this as well, but I think the  
2 biggest challenge around this as well was we were all  
3 trying to — as college leaders, trying to work out what  
4 to do in these circumstances, and give advice to our  
5 learning and teaching staff, but the guidance coming  
6 from the awarding bodies around how we managed this was  
7 probably slower than we would have wished for. So we  
8 were trying to fill that sort of gap ourselves.

9 So what Angela has touched on as well is obviously  
10 of relevance to my college, around areas like health and  
11 social care and childhood practice. Health and social  
12 care is one of the largest skills gaps within my local  
13 authority, and also in Scotland. So that what this was  
14 meaning is that if you had students who were completing  
15 a year or two-year course, then they were delayed from  
16 getting out into the workforce and supporting with the  
17 pandemic, and in the aftermath of the pandemic as well.

18 So that was a real issue. So — but areas that we  
19 all deliver, in terms of that technical delivery, things  
20 around the hair, beauty, the construction aspects, the  
21 childhood practice piece, all those courses had that  
22 practical element. As Jon has touched on, they would  
23 literally stop, and so staff are finding things to do  
24 with them, because they couldn't progress, and they  
25 couldn't progress because we weren't sure how we were

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1 able to help those students continue, because we were  
2 left almost a little bit hanging, if you like, because  
3 the awarding bodies were also dealing with challenging  
4 circumstances, of course. That was something that — it  
5 was hard.

6 Also, just to make it very clear that where a  
7 university will award their own degrees, colleges are  
8 answerable to a myriad of awarding bodies, from Scottish  
9 Qualifications Authority to people like City & Guilds.  
10 So there's a myriad of them that we have to answer to,  
11 and each of them would have had slightly differing  
12 advice and guidance as well.

13 Q. Thank you very much, I'm just wondering, my Lord, we  
14 have two hours set aside. We need to take a 15 minute  
15 break for the stenographer. We can either move on, but  
16 I think maybe if we take a break now, we have got more  
17 than 50% left, but I don't think it will take more than  
18 50% of the time, so perhaps if we take a 15-minute break  
19 now and come back?

20 THE CHAIR: Come back at 3 o'clock then.

21 Q. Thank you very much.

22 (2.45 pm)

(A short break)

23 (3.00 pm)

24 MS VAN DER WESTHUIZEN: Good afternoon again, my Lord.

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1 THE CHAIR: Good afternoon, Ms van der Westhuizen. When  
2 you're ready then.

3 MS VAN DER WESTHUIZEN: Thank you very much. My Lord, I'm  
4 going to change the order slightly from what I had  
5 outlined at the beginning, because we are moving into  
6 assessments, attainments and classifications and new  
7 admissions. So I'm going to switch that around and  
8 we'll do mental health and wellbeing after that.

9 So if I could pick up now, perhaps starting with  
10 Ms McManus, followed by Ms Rohmer, followed by  
11 Mr Vincent and then Ms Cox. Just have a brief  
12 discussion about assessments, attainments and  
13 classifications and new admissions and issues and  
14 impacts relating to that. For example, the fact that  
15 you've already touched on, the issue of the multiple  
16 awarding bodies' lack of flexibility in the assessment  
17 processes, lack of understanding potentially, if that  
18 was an issue, by decision-makers of what a college does,  
19 and any other impacts such as school grades on college  
20 admissions, deferral of students and backlogs, and any  
21 other relevant key issues.

22 So if I could ask you to start, Ms McManus, please.

23 STELLA McMANUS: Sure. So I think if we start from the  
24 point, really, of the first initial lockdown, and I  
25 think — because it was a bit of a journey, to use that

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1 term. So we had deferrals because we couldn't complete  
2 students from the previous year, and we were waiting on  
3 guidance from the main awarding body that a lot of us  
4 will use in Scotland, it's the Scottish Qualifications  
5 Authority. That guidance was slow.

6 Once that guidance was received, it was — what was  
7 challenging was that we all had to develop a sort of a  
8 new sort of quality assurance and holistic assessment  
9 model, to ensure that the integrity of the  
10 qualifications remained, and that was key because we  
11 have to make sure that we are meeting both the awarding  
12 body standards and the national occupational standards  
13 as well. So that meant that we had to — that our  
14 quality teams, if you like, the pressure put on them was  
15 tremendous. I think that unlike the university sector,  
16 we don't have large quality units. We might have one or  
17 two people within a quality team.

18 So a lot of the pressure on sort of developing the  
19 approach to how we're doing quality assurance would  
20 start with them, and then would roll out towards a lot  
21 of our academic teaching teams. So we had challenges as  
22 well, because, unlike some of the other awarding bodies,  
23 SQA don't have an online e-portfolio system, which is  
24 sort of a bit old-fashioned really, I think, is  
25 something that if we are talking about lessons learned

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1 approach, that would be good to have that, because that  
2 would have a sort of record of all of the progress of  
3 the students which was more easily accessible as well.

4 So what that meant with developing this new holistic  
5 assessment model was once — the development of it,  
6 making sure that SQA were happy with it, training the  
7 staff was also exceptionally important as well. So that  
8 was key, and also then the staff having to adapt the  
9 assessments themselves that they were, they were doing  
10 with the students. So again, teaching differently, in  
11 order to try and make sure the students could get  
12 through those qualifications.

13 So that was a challenge as well. So you had that  
14 sort of deferral piece there, and then you would have,  
15 when we were looking to bring students back on to campus  
16 etc as well, there was a lack of a sort of joined-up  
17 approach, it felt, between Scottish Government and SQA,  
18 because we were talking about — we were using, or the  
19 terminology that was being given to us was things like  
20 an enhanced restricted learning and teaching, and it was  
21 a lack of understanding what that really meant.

22 Also, you know, a request, what comprises things  
23 like critical assessments of our students as well. So  
24 that was one of the sort of challenging things as well.  
25 Then in preparation for the work we were doing in sort

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1 of the second year, and when we were starting to reopen,  
2 we were having to sort of bring in students that were  
3 from practical qualifications. So that then meant that  
4 the students who perhaps weren't on that sort of  
5 practical element were still at home and still being  
6 isolated, because the 5% rule meant you were trying to  
7 prioritise those students with the practical obligations  
8 to get them through their qualifications, and the ones  
9 from the previous years as well.

10 So it was that challenge, really, especially, so you  
11 felt that the assessment model didn't really move  
12 quickly enough really in that space.

13 Q. Thank you very much. Ms Rohmer?

14 LYDIA ROHMER: Yes, I think adding and following on from  
15 this, it's fair to say that as a college sector,  
16 I think we counted at the time, we had 100 different  
17 awarding bodies that we had to make the amended  
18 assessment arrangements for, that Stella has just  
19 outlined. The largest by far is SQA, but there were 99  
20 others, other awarding bodies that we had to deal with  
21 across all of the college sector delivery.

22 I think that fact alone and the effort that went  
23 into all of that, both at principal level with the  
24 agencies themselves, but also our staff, that was  
25 entirely underestimated by decision-makers.

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1 As far as SQA national qualifications and changes to  
2 assessment arrangements went, the focus was entirely on  
3 schools as the main users of those qualifications, but  
4 colleges are the second largest user of national  
5 qualifications, and through school college activity, but  
6 also stand-alone college activity are users of those  
7 qualifications, and the needs of college students and  
8 the ability of college staff to design and verify  
9 assessments, which is different from teaching staff in  
10 schools, that wasn't well handled, particularly in the  
11 early phase of the pandemic, running up to the first  
12 certification date in August 2020.

13 As Stella has said, for those subjects that would  
14 have normally had an exam diet, that was suspended, and  
15 the effort that was required for the holistic  
16 alternative assessment and the verification kind of of  
17 that internally, and then the administration of  
18 effectively sending all the assessment evidence to SQA,  
19 which had to be paper-based with wet signatures in full  
20 lockdown period, that was a huge administrative effort.  
21 We weren't allowed to use online methods for delivering  
22 that assessment evidence to SQA.

23 So — but the effort of our staff was not recognised  
24 in the same way as the parallel effort was recognised in  
25 schools with additional payments to teaching staff who

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1 had to undertake that. So there were two very different  
2 approaches taken to the secondary and the post-school  
3 college sector over arrangements for the same  
4 qualifications issued by SQA.

5 I think it's fair to say that over the whole period  
6 of the two years part of this Inquiry, you know, there  
7 were different sort of phases of how all of this played  
8 out. Later on, certainly I think the issue of managing  
9 practical students and students online with the very  
10 kind of restrictive sort of attendance modes that we  
11 were allowed to take students and staff onto the campus,  
12 meant that we lost a lot of students in terms of  
13 retention, and then subsequently attainment rates  
14 absolutely dropped in my college and for the sector as a  
15 whole.

16 I think there was also consequences of — kind of  
17 particularly the assessment effort that was teacher-led  
18 instead of exams, that led to more students achieving in  
19 the school sector, but also in the college sector, and  
20 FE students as well as school students then  
21 matriculating for the academic year 2020/2021 into  
22 university as opposed to college.

23 So rather than taking up HNC and HND studies in  
24 college, a lot of students went on the basis of those  
25 initial assessments and results into universities, and

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1 perhaps kind of with inflated grades at that point. So  
2 there were unintended consequences in 2020/2021 and  
3 onwards. The college sector lost a lot of HNC and HND  
4 entrants from school, or more school leavers who might  
5 have come to college opted to stay another year in  
6 school because of the experience that they had.

7 But I think on the whole, I think the issue was  
8 that, you know, our main sort of qualification bodies  
9 and government with it did not understand the range of  
10 qualifications that the college sector operates, and the  
11 needs of college students and staff in that period.

12 Q. Thank you very much. Mr Vincent, if I can turn to you  
13 next?

14 JON VINCENT: Thank you. Just to expand on the point about  
15 awarding bodies, in some qualifications, there's not  
16 only an awarding body, but there's a standard setting or  
17 a regulatory body involved as well, and that's  
18 particularly the case in apprenticeships, but it does in  
19 other qualifications.

20 So sometimes it was not just the awarding body that  
21 was slow to respond to the very acute needs that we had  
22 of students coming to the end of their studies very  
23 soon, but sometimes it was the regulatory body, and  
24 quite rightly, they have a standard which a plumber, an  
25 electrician, whatever, a mechanical engineer must

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1 achieve, and there needed to be some flexibility within  
2 that space, and that took a long time for that guidance  
3 to come out.

4 I think I'll pick up on the teacher assessment,  
5 often when external examinations weren't undertaken, and  
6 that undoubtedly did lead to some grade inflation, and  
7 the consequences of grade inflation are that students  
8 progress on to qualifications that may normally have  
9 been beyond their level of normal attainment.  
10 Frequently, across the pandemic, we saw some awarding  
11 bodies allowing a reduction in the content of  
12 qualifications, because they accepted the challenge of  
13 delivering that. What that meant there was some key  
14 bits of learning missing, so students were progressing  
15 to maybe a higher level than they would normally attain,  
16 but with large chunks of learning missing, and that did  
17 few any great favours, and I think if we look back  
18 across both student retention ie did they start courses  
19 and stay to the end, and student attainment ie do they  
20 actually pass, my own college example would be retention  
21 wasn't as good across the pandemic as it had been.

22 Students became disengaged, and that may have been  
23 for a whole variety of reasons, but that could also  
24 include the remote learning and many of the things that  
25 were going on in their lives. They also didn't

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1 attain — they didn't pass at the levels that they did  
2 before. There was much greater partial attainment.  
3 They didn't complete the qualifications.

4 We were certainly getting into situations where  
5 students were finding the study much harder than they  
6 should have done. We also had the tension, which was of  
7 the economic market, we were in a post-Brexit scenario  
8 where there was a very tight labour market, and we had  
9 students who were relatively well qualified in skills  
10 and trades, not fully qualified but skilled, who were  
11 having job opportunities available to them.

12 So we were seeing students coming away from their  
13 studies at a much later stage than we would normally  
14 observe, because they were going into the employment  
15 market, and that of course — a great shame for them  
16 because they had to return back at a later point to  
17 finish their qualifications, but important, undoubtedly,  
18 to their household finances that they were doing so.

19 Q. Thank you very much. Finally, Ms Cox?

20 ANGELA COX: Yes, so just building on the point that SQA  
21 really understood and focused on schools, and there was  
22 a lack of understanding really in terms of colleges.  
23 Colleges were first given guidance around national  
24 qualifications on Friday, 3 April, eight working days  
25 after schools had their guidance given. That was on the

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1 Friday evening, the lecturers finished for the spring  
2 break. It took until June and July for the full range  
3 of other guidance to come from SQA for college staff to  
4 work through that assessment, which was very, very  
5 stressful for staff and students who were asking about  
6 where the sort of qualifications or course sign-off was.

7 I think the other thing, and Jon has touched on  
8 this, that the messaging was very different on national  
9 qualifications for school pupils, where they were told  
10 that schools were not required to undertake any further  
11 assessment from March 2020, but the guidance for college  
12 qualifications were that students should continue to  
13 participate in learning and assessment opportunities  
14 until such time as sufficient evidence was in place.

15 That has led to gaps in learning, and I think we saw  
16 that even after the pandemic, with young people coming  
17 through to college who didn't have the full knowledge  
18 that we would expect for the courses that they were  
19 going on. Just touching on the HNC/HND piece, where  
20 increased places were given to universities to deal  
21 with, the inflated grades that were coming out from  
22 schools meant that colleges' HND provision dropped from  
23 25% of all of our provision as a sector to 10%.

24 That has a direct impact on workforce, because  
25 people are staying two additional years in study when

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1 they could be out in the workplace contributing to the  
2 economy. Thank you.

3 Q. Thank you very much. If we could move on then to  
4 discuss impacts and issues around mental health and  
5 wellbeing and more widely social impacts, please. So we  
6 can include discussion, for example, on mental health,  
7 social maturity, social anxiety, support offered, any  
8 disproportionate impacts on particular cohorts of  
9 students and any other relevant key issues that you  
10 would wish to raise. I think the order we can take this  
11 in, please, given your national remit, is to please  
12 start with Mr Vincent, and then followed by Ms Cox, and  
13 then Ms McManus, and then Ms Rohmer. So if we could  
14 start with you, Mr Vincent, please?

15 JON VINCENT: Thank you. Colleges are extremely adept at  
16 dealing with our students experiencing low level and  
17 much more serious mental health issues from anxiety to  
18 crisis to having chronic disabilities related to mental  
19 health. We manage that in a variety of ways, normally,  
20 from an embedded model of members of staff being mental  
21 health first aiders, or being able to offer pastoral  
22 support and care, through to qualified counsellors being  
23 able to offer slots.

24 Of course, it's not in the least bit unusual that a  
25 student studying a course will see an awful lot of a

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1 teacher or a support worker and will develop a close  
2 relationship with them, and they will be able to support  
3 them with both their academic needs, but also their  
4 emotional needs. Of course in lockdown that was  
5 completely lost, and it happened very quickly, and we  
6 were very unfamiliar with how we would navigate that  
7 space, at a time when people's mental health, both staff  
8 and students, was becoming more and more vulnerable, you  
9 know, for a variety of reasons: the isolation, the  
10 trauma, the worries about their financial situations.

11 That led to an awfully difficult situation for staff  
12 trying to manage groups of students that they could see  
13 through online lessons and the communications who were  
14 deeply struggling. We also had our own staff who were  
15 deeply struggling at that time, torn very much between  
16 their own domestic challenges and trying to support  
17 students. Colleges in my opinion did a very good job of  
18 transitioning support, particularly the more formalised  
19 counselling type work, into an online model, often doing  
20 counselling sessions through things like Zoom and Teams.

21 But that dealt with a relatively small proportion of  
22 students who were experiencing trauma of some kind, and  
23 it was very much a tip of an iceberg that was growing  
24 rapidly across that period, and as we found both  
25 pre-pandemic, during pandemic and post-pandemic, the

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1 ability of NHS primary care to deal with the volumes of  
2 people that were experiencing mental health  
3 difficulties, there's a big gap there. Colleges have  
4 often helped to plug that gap with our staff. That was  
5 exceptionally challenging during that period. Whilst we  
6 did receive some additional funding from the Scottish  
7 Government during the pandemic for mental health  
8 activity, it nowhere near came close to the scale of the  
9 challenge that we were trying to surmount.

10 Just on the social impacts, two student groups  
11 I would just like to identify for you. One is one I  
12 mentioned at the beginning, those students who were  
13 studying English for speakers of other languages. They  
14 are often asylum seekers or migrants. They come to us  
15 with sometimes no English language skills, or certainly  
16 extremely limited English language skills.

17 The nature of the lockdown meant that those students  
18 were being asked to study from home, but had probably no  
19 access to digital equipment, weren't able to speak or  
20 read our language, and often the staff that teach them,  
21 not just teach them the language, but support them in  
22 many aspects of their lives as they're assimilating into  
23 our society.

24 So it's not in the least bit unusual that they bring  
25 in welfare forms and ask them to be explained or help to

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1 fill them in. Those students struggled enormously in  
2 terms of engagement with our society because they were  
3 isolated.

4 The other group, special educational needs students,  
5 who of course are not only learning the content of a  
6 course, but so important is the social element of them  
7 gaining more independence as they become older, that  
8 social independence was an enormous challenge, because  
9 they were studying remotely from home, and that's  
10 slightly counter to the point of their college courses,  
11 which is about making them more independent and  
12 potentially more employable. Thank you.

13 Q. Thank you very much. Ms Cox, if we can turn to you  
14 then?

15 ANGELA COX: Yes, so, you know, I concur with everything  
16 that Jon has said, but I think the other thing is the  
17 sort of long tail of COVID, and what it's left in terms  
18 of that mental resilience of our students and our staff  
19 members, that there is a state of sort of constant  
20 anxiety and nervousness around any sort of change. In  
21 some cases, I would say a lack of tolerance.

22 At the same time, we have new cohorts of students  
23 coming through who are socially immature, unable to  
24 communicate in a way that we would have expected perhaps  
25 before COVID, and that social connectivity across

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1 different cohorts of students not really reaching out  
2 and being proactive in terms of engaging with people  
3 that they perhaps don't know.

4 So I do think there is a societal impact there, and  
5 yet we aren't supported with that growing need to  
6 support the mental resilience of our staff and students.  
7 We were asking staff to deal with a very different  
8 environment in terms of the people that we are  
9 supporting through the college, and then colleges are  
10 communities where we provide welfare support, but also  
11 wellbeing support. Ayrshire College, you know,  
12 supporting facilities open every evening, free,  
13 targeting around particular cohorts of students, perhaps  
14 recovering drug and alcohol addicts. All of that went  
15 during COVID, so it does feel in some cases we're  
16 starting again with some of those marginalised  
17 communities in the area that we serve.

18 Q. Thank you. Ms McManus, if we can come to you then,  
19 please?

20 STELLA McMANUS: Thank you. I think — I completely agree  
21 with what Jon and Angela have outlined. I think there  
22 is the two groups, you know, obviously our students and  
23 our staff really here. I think just to give some  
24 context as well, a lot of our student population, if you  
25 like, is — are adults, so only a small part of what we

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1 do is, you know, younger provision. So in my case at my  
2 college, the vast majority of my students are aged 25  
3 and over, so they have families and home lives of their  
4 own. So for us, really, we found that referrals  
5 exploded. You know, we became overwhelmed with the  
6 amount of referrals, as Jon has already outlined because  
7 the local services just couldn't cope really.

8 I think that the other thing to bear in mind, it was  
9 a variety of things, you know; it was complex support  
10 needs, it was things from, you know, families struggling  
11 with home schooling, keeping in touch with their  
12 workplaces, finance issues, rise — the challenges of  
13 rising debt, relationship issues, and in some cases,  
14 there were domestic abuse issues, because that home  
15 environment was not a safe place for them.

16 So the counselling service had to support students  
17 for longer periods. At our college, you would typically  
18 have six counselling sessions but there was no way that  
19 you could stop supporting an individual after these six  
20 sessions, because there was nowhere for them to be  
21 referred on to. As Jon had mentioned, we did get  
22 Scottish Government support but our referrals had  
23 increased by circa 20% in 2019/2020.

24 As Angela has alluded to as well, we are still  
25 dealing with the impact, and if you bear in mind that we

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1 are not just preparing students — Jon has touched on  
2 this as well — for a job with a qualification. It's  
3 about them developing the additional skills to sort of  
4 exist in society. Everything, you know, curiosity, team  
5 working, listening skills, all of these things are  
6 factors, and we were having to also teach and work with  
7 people to help them deal — resilience skills. We were  
8 teaching resilience workshops, and trying to show people  
9 how you could cope with what was happening.

10 I think really — I think the challenge we have now  
11 is obviously the counselling, sort of funding for that,  
12 we now don't have that in the same way, but we're still  
13 dealing with that at the moment. For our staff, really,  
14 and my college will be no different from what Angela,  
15 Jon and Lydia have gone through, we introduced a vast  
16 range of measures on our own. We were working with our  
17 trade unions, things like, you know, health and  
18 wellbeing guides for staff. You know, we were doing  
19 online exercise classes, we were doing mindfulness  
20 sessions, we had lots of information there to try and  
21 support staff become more resilient also.

22 I think that, you know, we had to do a lot of  
23 mentoring and coaching support for our staff. All of us  
24 did this, no matter which role you played within the  
25 college, and that was all done by ourselves. I think

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1 that's something to really focus on, that you're in a  
2 college community, and, you know, it was great to have  
3 the support of the other colleges, but we were all  
4 dealing with this on our own, putting things together on  
5 our own as well. We were sharing and supporting, but  
6 each college maybe has slightly different needs and  
7 issues as well, that we were dealing with. Thank you.

8 Q. Thank you. And finally, Ms Rohmer?

9 LYDIA ROHMER: Yes, I think my colleagues have, you know,  
10 kind of very articulately kind of outlined what all  
11 colleges kind of had to deal with in this situation. So  
12 I'll just maybe highlight a couple of extra points. The  
13 government were talking a lot about balance of harms  
14 during this period, and I think, you know, the evidence  
15 that my colleagues have given, which also applies to my  
16 college, you know, shows that we were — that probably  
17 that balance of harms was imbalanced because of what was  
18 already sort of a mental health crisis prior to the  
19 COVID pandemic just spiralling effectively out of  
20 control; kind of, you know, combination of all the  
21 factors that my colleagues have outlined, but really  
22 kind of largely driven by, you know, a kind of, if we go  
23 back to actually as we experienced it, the incredible  
24 burden of uncertainty, what was to come.

25 I mean no one really knew what was going to happen

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1 at any one time, so there was a strong focus on  
 2 government and the expert, you know, health — the  
 3 health experts, kind of the — you know, waiting for a  
 4 vaccine. Nobody knew when it was going to end. So  
 5 it's — it was a rollercoaster of emotions, and the  
 6 burden on staff to provide the duty of care for students  
 7 in their care absolutely spiraled. Sometimes 24/7, kind  
 8 of, that staff were being as trusted kind of contacts,  
 9 were accessed by students, and that placed an incredible  
 10 burden on staff themselves, who also dealt with similar  
 11 kind of issues, kind of pressures in their own family  
 12 and home environments.  
 13 Perhaps a group of students that hasn't been  
 14 mentioned is international students who were living away  
 15 from home and in student accommodation. Much was made  
 16 of that student group in the university sector, but  
 17 perhaps in the college sector, we had a number of  
 18 colleges, including my own, attracting students who  
 19 lived either abroad or far away from home within the UK.  
 20 Those students, for extended periods of time, had to  
 21 live effectively isolated, and we had to, you know,  
 22 support those students in a great deal, kind of finding  
 23 online social activities to keep them socially engaged,  
 24 in some cases ensuring that they had enough to eat,  
 25 delivering food parcels.

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1 There was Christmas period, particularly in 2021,  
 2 where we had students who were not able to travel home,  
 3 and students kind of cut off from their home environment  
 4 were at particular risk. I'm sad to say that in this  
 5 period, we had one suicide, and in the Lochaber area in  
 6 particular, we have quite unfortunately high suicide  
 7 statistics, but, you know, whenever an event like that  
 8 occurs, the whole community kind of is absolutely  
 9 shocked and in mourning. So we had that on top of  
 10 everything else.  
 11 I think subsequent to the pandemic — I mean, the  
 12 Commissioner for Fair Access, at the time, Sir Peter  
 13 Scott, spoke very articulately in his reports about  
 14 that. There is — the biggest impact in terms of mental  
 15 health was on those students who were most deprived and  
 16 experienced poverty, and had the least agency to deal  
 17 with the circumstances. That has — you know, from  
 18 school onwards, has kind of had a major impact on  
 19 subsequent generations of students who we're still  
 20 dealing with. So Sir Peter Scott talked about scarring  
 21 that, you know, of the generations affected by COVID and  
 22 lockdown in particular, kind of following through their  
 23 learning lives.  
 24 We still see this, and in some cases, you know, we  
 25 get school leavers coming into college now who display

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1 not just mental health issues, but also whether it turns  
 2 into aggressive behaviour, and, you know, the rise of  
 3 aggressive behaviour is not just kind of an issue in  
 4 schools these days, it's also an issue in colleges, and  
 5 universities, and having had a loss of that social  
 6 element of learning.

7 The mental health funding is now no longer available  
 8 to us that was, but the mental health issues certainly  
 9 kind of continued to be at the same level, or an  
 10 increased level than they were during the pandemic.  
 11 So — and I think perhaps the mental health support that  
 12 colleges were able to provide, and that students and  
 13 staff have become accustomed to, that support and the  
 14 funding for that perhaps has been discontinued too soon.

15 Q. Thank you very much. If we could then turn to issues  
 16 and impacts around reopening of colleges and return to  
 17 face-to-face learning, and we can include, for example,  
 18 issues around repeated closures and reopenings, a  
 19 perceived lack of trust of colleges, a lack of  
 20 understanding of the roles of colleges, prioritisation  
 21 and reopening, differences in rules and guidance for,  
 22 for example, Scotland compared with other parts of the  
 23 UK, across different parts of Scotland. We have touched  
 24 on this already for colleges compared to — with  
 25 schools, and for colleges compared with other sectors in

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1 society.  
 2 Practical consequences of applying particular rules  
 3 and guidance to colleges. For example, I think one of  
 4 you mentioned the 5% rule already. Issues with getting  
 5 staff and/or students to return to campus, and any other  
 6 of those or any other relevant key issues you would like  
 7 to touch on. Perhaps if we could start this round with  
 8 Ms McManus, followed by Ms Cox, then Mr Vincent and then  
 9 Ms Rohmer?

10 STELLA McMANUS: Thank you. So I think for me, really, just  
 11 my starting point would have been — just to give some  
 12 context again is I had moved from London to Scotland in  
 13 December 2020/January 2021. I had left a college in  
 14 London that was fully open, the whole student cohort was  
 15 in. So to come back to Scotland and then go: why aren't  
 16 there many students in colleges; I couldn't quite  
 17 understand that.

18 Then obviously from the January 2021 period then, we  
 19 were told we had to shut down again for the second  
 20 lockdown. So that was something that was a lot easier,  
 21 if you like, because of what we had been through in the  
 22 previous March as well. So that was much more fluid, so  
 23 we were probably more able to cope with a lot of the  
 24 challenges, but everything we have outlined previously,  
 25 were still real and present. We were still dealing with

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1 the isolated students, the mental health challenges.  
 2 And a real fear because, I think as Lydia has touched  
 3 on, it was this feeling of: is this what it's going to  
 4 be like, are we going to just have to shut down and  
 5 open, how is this going to work.  
 6 I think really one of — one of the first, I  
 7 suppose, for me really, being new to the Scottish  
 8 sector, really sort of eye-opening experiences was  
 9 when — we were told when we could gradually start to  
 10 reopen, and this was where the 5% rule had come in. I  
 11 know that colleges in England had pretty much been  
 12 bringing students back in, and we were — obviously  
 13 I understand people were taking it slowly, and I  
 14 completely understand that concern, but I think for me  
 15 really, this is when there was a clear lack of  
 16 understanding about what the college — what college  
 17 did, because we were — you can bring in 5% of your  
 18 provision, but there was no real recognition about the  
 19 number of campuses colleges had, the size of the  
 20 buildings and what that actually looked like and what  
 21 that meant.  
 22 So I have a vague memory of sitting in a sort of  
 23 COVID sector leads meeting, and all of us going: what  
 24 are you doing, what you are doing; this was the  
 25 discussions we had. It was something — they were

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1 thinking, going, what does this mean.  
 2 So in my situation, I could bring in about 150  
 3 students roughly, and you were looking at bringing in  
 4 those who were the most vulnerable students, they had to  
 5 come in first, they were a priority, so that's what we  
 6 did. Then also it was the students with the practical  
 7 elements of the course, as I already mentioned as well.  
 8 But the social anxiety was very real, the fear was real,  
 9 and that was for both staff and students.  
 10 So while there were some staff that were really  
 11 clamouring to come back in and we were holding them  
 12 back, much to their frustration, there were other staff  
 13 that were scared to come in. They had families they  
 14 felt that were still vulnerable, and that was something  
 15 we were really conscious of. We were then working in a  
 16 situation where I would be leading on my COVID planning  
 17 team at the college, we would be doing all our risk  
 18 assessment piece, the health and safety bit, we did all  
 19 of that ourselves. Our teams — our facilities team did  
 20 everything ourselves.  
 21 We reconfigured our campuses to put in partition  
 22 walls. We were knocking down walls. The financial cost  
 23 of that is something we have never really recovered  
 24 from, if I'm quite honest. We had everything from  
 25 additional PPE equipment being delivered; yes, a lot of

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1 that was sort of paid for as well from Scottish  
 2 Government, given funding for, but we were still going  
 3 above and beyond what we felt we had to do in order to  
 4 make our staff safe.  
 5 The other challenge of that as well is I think it's  
 6 no secret that the college sector is quite unionised, in  
 7 terms of industrial relations. We work hard to have  
 8 positive relations with our main trade unions, but  
 9 rightly so, trade unions are representing the views of  
 10 their members, and a lot of that was fear.  
 11 So you were having to sort of navigate the Scottish  
 12 Government advice, translating that into what you  
 13 thought was appropriate and right for the college being  
 14 exceptionally safe in terms of the campus buildings, and  
 15 then having to potentially deal with unions that may  
 16 have had different links into different people, and had  
 17 information potentially before that you had. So it was  
 18 a really sort of confusing time, and it didn't feel as  
 19 if there was a single point of contact for the college  
 20 sector at times.  
 21 I think the other challenge that we had is that we  
 22 were bringing 5% of our provision, a really small amount  
 23 of students, and then we still had to do things. Then  
 24 when that grew a little larger, we still had to do  
 25 social distancing within the college sector, but schools

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1 didn't. So schools had students back in classrooms but  
 2 we had to have a 2-metre rule if you like, that we were  
 3 all very much aware of.  
 4 You know, it was — you sort of think back, and I  
 5 think back to my facilities teams walking about the  
 6 college, marking out 2 metres within classrooms, so a  
 7 lecturer could stand in this space. Students couldn't  
 8 cross this space. If they stayed in this area, then  
 9 they didn't have to wear face masks. It was that level  
 10 of detail, to give you a really detailed example of what  
 11 we were actually going through here. I think that  
 12 everything from the risk assessments reporting, the  
 13 standard of health and safety that we have at colleges  
 14 is very high. Each of us have a legislative  
 15 responsibility to make sure health and safety is robust,  
 16 and I think that that was really galling that when you  
 17 had hair and beauty salons open up, and our hair and  
 18 beautys are sat at home, but could go and work in a  
 19 salon, but couldn't come into the college to do a  
 20 practical assessment on live clients. That was a real  
 21 challenge in itself.  
 22 So it was difficult to try and keep your students  
 23 motivated and explain to sort of stakeholders about why  
 24 you had to follow the rules you did. I think the other  
 25 thing is that all of us worked with schools. We have

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1 great partnerships with the local authorities , and  
 2 having to explain to them actually, well, we can't bring  
 3 in the senior phase students in this away, even though  
 4 the schools can, and parents are not understanding it,  
 5 so it was just a confusing time.  
 6 But again, you know, going back to the  
 7 professionalism and the work of our staff , it was  
 8 incredible , and despite what were the restrictions  
 9 placed on us, we were able to get our students through  
 10 qualifications , but it was -- it did create, I felt ,  
 11 unnecessary tensions at the time between different  
 12 stakeholders and groups as well.  
 13 Q. Thank you. Ms Cox, if I can come to you then, please.  
 14 ANGELA COX: So I think the fact that we had a sort of 5%  
 15 rule across 24 institutions really showed me that there  
 16 is a complete lack of understanding of how colleges  
 17 operate and what we actually do, taking into account  
 18 what others have already said in terms of the different  
 19 size and make-up of our campuses, high volumes of work  
 20 that are actually done outdoors or within the workplace,  
 21 and the type of students that we work with.  
 22 And for me as a principal and chief executive, I  
 23 perceive there to be a lack of trust in terms of my  
 24 ability , and I'm going to say expertise and knowledge to  
 25 make those right decisions for my staff and my students

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1 and the community that we serve. Building on what  
 2 Stella said, you know, we have very experienced staff  
 3 who specialise in health and safety, want the best for  
 4 our staff and students, and were being prescribed to in  
 5 terms of how we had to operate as a business. That  
 6 wasn't the same for schools and universities , and it  
 7 comes back to, I think, because actually people didn't  
 8 understand what colleges did.  
 9 So we had situations where in the Borders around 500  
 10 senior phase students not understanding social  
 11 distancing, because they didn't have to do it in the  
 12 school, and Borders College was the only provider of  
 13 computing and IT qualifications in the senior phase in  
 14 the Borders, so they needed to continue with that, that  
 15 work. There were more flexibilities again within the  
 16 university sector.  
 17 The other challenge particularly highlighted for  
 18 Ayrshire College was when a tiered system was  
 19 introduced, and there was differing criteria , when you  
 20 have got three campuses over three local authorities ,  
 21 and the notion that staff and students wouldn't travel  
 22 between those three local authorities to get to their  
 23 workplace caused us all sorts of issues in terms of  
 24 communication of those messages.  
 25 It would have been again, in retrospect, much

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1 simpler if there had just been a standard approach into  
 2 that, because it caused a great deal of anxiety, because  
 3 throughout COVID, people wanted to get it right, and  
 4 largely people were compliant, so they would, you know,  
 5 go way over the top in terms of making sure that they  
 6 understood what it was that they should be doing, and  
 7 what they shouldn't be doing. It all adds to the  
 8 anxiety, and I think lasting mental or lack of mental  
 9 resilience that we now have in our staff and student  
 10 tiers -- student bodies, sorry.  
 11 Q. Thank you very much. Mr Vincent, if I could come to you  
 12 next then?  
 13 JON VINCENT: Thank you. I completely endorse what my two  
 14 colleagues have so far said, so I'll try not to repeat  
 15 too much. I think the balance of harms point is quite  
 16 an interesting one. We were working with other  
 17 settings , both types of educational settings and  
 18 commercial settings, and our students and staff were  
 19 enjoying other settings who were observing quite  
 20 different rules than we were operating to. That made  
 21 life very, very difficult indeed, maintaining a set of  
 22 rules in an institution with people who were quite  
 23 confused about if they're in college, they're meant to  
 24 be following one set of rules, but if they at lunchtime  
 25 go across the road to a cafe, they will be following a

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1 different set of rules and that was very difficult .  
 2 As the chief executive principal of an organisation,  
 3 you're often looked to to provide authoritative advice,  
 4 and as Stella has identified , we have particular legal  
 5 duties around health and safety. It was very difficult  
 6 to provide that authoritative advice. We would often  
 7 receive the guidance at the same time that everybody  
 8 else was receiving the guidance. There was no early  
 9 relief so that we could look at it and sense-check it  
 10 and understand what it was for our context. Sometimes  
 11 we were receiving copies of documentation that were  
 12 quickly going out of date, and we were being told by our  
 13 trade union colleagues that actually that was the wrong  
 14 version , and that they were aware that there was a new  
 15 one coming. That's a really difficult position, because  
 16 you want to try and inspire a degree of confidence.  
 17 One last point: the Scottish Government strategic  
 18 framework and the tiers approach that Angela has  
 19 identified , I think I'm correct in saying that the  
 20 greater Glasgow area enjoyed more in and out of college  
 21 than any other part of Scotland. It was very difficult  
 22 to predict as transmission rates accelerated and  
 23 decelerated as to whether in a week or two's time,  
 24 whether the campuses would be open or not. That was  
 25 enormously destabilising for staff and for students,

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1 because frequently those tier system didn't particularly  
2 affect the rest of their lives .

3 It was unhelpful, and I mean this in no value  
4 judgment, about COP26, but as we approached COP26,  
5 Glasgow went into a higher level tier to try and reduce  
6 transmission rates before society locked down across  
7 COP, and then we had a further lockdown thereafter that  
8 affected our students. Our students couldn't get to  
9 college, and that was largely because of the choice to  
10 operate COP and the consequences of that, and while no  
11 way am I criticising that decision, it had lasting  
12 consequences for the operations of colleges .

13 Q. Thank you very much. And then, Ms Rohmer, if we could  
14 come to you?

15 LYDIA ROHMER: Again, I think my colleagues have very amply  
16 kind of described the situation applying to all of us,  
17 and I think you have heard the sense of fundamental  
18 frustration that we all experienced during that period.  
19 I think the point that Jon was making there last about  
20 the unpredictability of rulings that came whether a  
21 college had to close down again or was able to remain  
22 open, kind of in certain circumstances, really kind of  
23 caused a lot of — there it was not often a perceivable  
24 rationale for our students in particular, and  
25 stakeholders.

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1 So it all translated, particularly in the second  
2 phase of the pandemic, to — and sort of, you know, that  
3 college opening wasn't reliable, and the ability to go  
4 to college, so as I said earlier, we lost a lot of  
5 students, particularly from 2020/2021 onwards, who just  
6 didn't stay with the college system. You know, the  
7 opening and closing and not having sort of a more  
8 reliable way of understanding, you know, what the  
9 college would be able to provide in its physical  
10 premises that led to students actually choosing just to  
11 leave.

12 So some, you know, students may have been lost to  
13 education forever, they might not actually come back,  
14 but I think there was just not enough consultation with  
15 the college sector on what physical premises actually  
16 looked like. The 5% rule was imposed on all of us in  
17 terms of, you know, 5% of students, and we had to make  
18 difficult choices. Quite often it was in favour of  
19 practical kind of courses, and students attached to  
20 that, or students of particular risk who had to be  
21 brought in. But, you know, set against that, at some  
22 stages, students were able to go to a nightclub or a  
23 pub, but they weren't able to go to their college and  
24 their local library. It seemed just quite strange in  
25 reflection .

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1 Then in addition, as a college with 10 centres, you  
2 know, the tiered system kind of meant, you know, that  
3 sometimes the travel issue, you know, students and staff  
4 travelling from one area to another, just — they  
5 travelled in different tiered kind of areas, and then  
6 had to behave differently. Like others have said, you  
7 know, with a large school/college activity, as a  
8 college, there was complete lack of understanding from  
9 school pupils and their parents and their teachers, I  
10 have to say, why different rules applied to coming back  
11 on campus.

12 Actually being able to enforce behaviour in line  
13 with the regulations was sometimes very challenging,  
14 particularly when social distancing had to be maintained  
15 so how do you physically separate people when actually  
16 you need to be distant from them.

17 Last thing is a point that Stella made about trade  
18 unions. Much was made about ventilation and, you know,  
19 monitoring, you know, oxygen levels in classrooms when  
20 colleges were able to reopen. Schools were furnished  
21 eventually with monitors, oxygen monitors or carbon  
22 monoxide monitors, and it took quite a long time for  
23 colleges then also to be given funds to purchase these  
24 but that was at the time quite an essential sort of  
25 reassurance measure for our staff also to be able to go

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1 back into colleges because the anxiety about standing  
2 back in closed environments, particularly in the winter  
3 when you can't open windows, particularly in the  
4 Highlands and Islands, you know, was quite high, so  
5 even, you know, small measures like air quality  
6 indicators, ventilation, were very important but they  
7 were used elsewhere in the world much earlier and we  
8 could have had potentially a return to campuses also  
9 much earlier using other tried and tested methods.

10 Q. Thank you very much. Now, I'm conscious we have  
11 12 minutes left, so I think we have three minutes left  
12 for each of you and I do want to give you an opportunity  
13 to touch on any potential lessons learned but we do have  
14 one more topic and the last topic was impacts on  
15 principals, colleges and staff and I think we have  
16 touched on a number of those already through the  
17 discussion so including for example financial impacts on  
18 colleges, impacts on work/life balance, difficulty of  
19 making decisions that could impact on others, difficulty  
20 getting people back into work, any ongoing impacts and  
21 any other relevant key issues. So if I could perhaps  
22 ask you each in turn to make any comments that you have  
23 on impacts on principal, colleges and staff, additional  
24 ones that you want to make, but also in the course of  
25 your discussion just also touch on any potential lessons

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1 to be learned, good or bad. Perhaps if we could just  
 2 work down the line starting with Ms Cox and followed by  
 3 Mr Vincent, Ms Rohmer and Ms McManus.  
 4 ANGELA COX: So I think we've touched on most of what I  
 5 would want to say but the one thing for me is the  
 6 perceived lack of value of what colleges do and the role  
 7 that our staff play. So we had issues around gaining  
 8 key worker status and we've talked about why some of  
 9 those staff needed to come into college and do that  
 10 role. There's also an issue around schoolteachers being  
 11 paid additional for assessments and college lecturers  
 12 weren't and a challenge around those working hours  
 13 boundaries and what we were expecting of our staff at  
 14 that time. Under potential lessons to be learned,  
 15 I think it's about understanding the diversity of the  
 16 sector, you know, we're 24 institutions, all very, very  
 17 different in what we do, we're not schools, we're not  
 18 universities and we serve the needs of our communities  
 19 and regions and that really wasn't understood and for me  
 20 it would be, and I understand hindsight is a great  
 21 thing, but that direct communication and understanding  
 22 with those accountable officers, college principles,  
 23 would perhaps have led to better decision-making rather  
 24 than hearing things second- and third-hand. Thank you.  
 25 Q. Thank you very much. Mr Vincent?

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1 JON VINCENT: Thank you. I mean, clearly it was a very  
 2 intense and at times overwhelming period for everybody  
 3 associated with the running and the studying in  
 4 colleges. I think I'll just focus my comments on in  
 5 addition to trying to run an operation that was about  
 6 teaching and learning and assessment and all of the  
 7 pressures that go along with that, there was long  
 8 periods of uncertainty about some really basic what I  
 9 might call "institutional hygiene matters", about our  
 10 finances as colleges, how our funded system would work,  
 11 clawback of funds, things that are really fundamental to  
 12 an operation of an organisation which you can't ignore  
 13 but really when you're trying to focus on running one in  
 14 the midst of a pandemic were probably unhelpful that we  
 15 went for as long as we did. Quite frequently we would  
 16 try to make contact with some of the key agencies that  
 17 have responsibility for the college sector only to find  
 18 them either unavailable or overwhelmed by the situations  
 19 they were facing too and so that was really difficult.  
 20 I think what I was left with, and maybe it's a lesson  
 21 learnt for somebody, is really a lack of understanding  
 22 and appreciation how colleges work, our operating model,  
 23 the unique challenges we face, our types of students and  
 24 their lived experiences, that became --- I think we had  
 25 always thought that might be an issue. During the

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1 pandemic, decisions were being made that showed a lack  
 2 of understanding in some very senior levels of civil  
 3 service and agencies that brought that home with perfect  
 4 clarity and that continues to this day.  
 5 Q. Thank you very much. Ms Rohmer?  
 6 LYDIA ROHMER: I would totally concur with what Angela and  
 7 Jon have said so I would not repeat that. Maybe some ---  
 8 if I can put a slightly different spin on what has been  
 9 largely sort of negative impacts, there have been other  
 10 positive impacts of the COVID pandemic. It forced  
 11 everyone online so as a college that, you know, operates  
 12 in the Highlands and Islands and in a world that is very  
 13 dominated by in-person meetings in the central belt,  
 14 actually it forced everyone to look at how communication  
 15 could take place online and for a while after the  
 16 pandemic actually, that was an equalizer so rural and  
 17 island communities quite often have the additional cost  
 18 of travelling long distances to the places of decision  
 19 in the central belt so but perhaps, you know, the lesson  
 20 to learn is to hold on actually to that equalisation and  
 21 to build that into mainstream business going forward.  
 22 There has been a backlash to online learning and also  
 23 online meeting kind of post-pandemic and with people  
 24 going back to pre-pandemic behaviours. But with that,  
 25 you know, and the capacity for online learning in the

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1 sector has certainly increased and continues to be  
 2 invested in and that in itself kind of increases access  
 3 to learning, but I mean that is offset by some of the  
 4 longer-term issues that we've described and the mental  
 5 health impact and scarring, so the support I think of a  
 6 sector that quite often is not well understood, as my  
 7 colleagues have said, and that sits in the shadow of  
 8 school and university sectors, it's really important  
 9 that government understands our sector better, how our  
 10 estates operate, how important we are as anchor  
 11 institutions for our communities, that the value of the  
 12 colleges quite often goes well beyond just learning and  
 13 teaching and skills but actually is the go-to  
 14 institution for some of the most deprived students and  
 15 members of our community and actually in forward  
 16 planning, the strength of the sector and ensuring  
 17 continuity of the operation of the sector for  
 18 potentially any future pandemic should be planned for  
 19 now and not left until the next pandemic.  
 20 Q. Thank you very much. And finally, Ms McManus?  
 21 STELLA McMANUS: I'm not sure I have got much more to add  
 22 from what my colleagues have said, which I fully agree  
 23 with really, but the first part of the impact I don't  
 24 think, you know, when you try to quantify or aim to  
 25 put a qualitative spin on the sheer impact on the staff

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1 and students at the college sector was tremendous and I  
 2 think that the lessons to be learned from this is I'm  
 3 now at the point where I don't actually think it's  
 4 acceptable or good enough for the government or social  
 5 services to turn around and say they don't know what a  
 6 college does. I don't think that's acceptable any more.  
 7 So that I think is the lesson that really has to be  
 8 taken away from here, that we are a pivotal point of the  
 9 education system, it's key, it's key to providing both  
 10 young people and with adults an opportunity to progress  
 11 on to a job of their choosing, a future or a future  
 12 study of their choosing and I think it's something that  
 13 I think that we now — that I hope now government  
 14 understands, that I worry that they don't really, and I  
 15 think ultimately moving forward really, the main ask for  
 16 me would be that when something like this happens or  
 17 something additional that may happen going forward is  
 18 it's about if they consult with us, if people are  
 19 talking to the college leaders, they consult and they  
 20 listen and I think that's important in all of this, that  
 21 they need to listen to what the experts in the sector  
 22 are actually saying. I think that's something for me  
 23 that, if nothing else from this, that we all of us need  
 24 to listen to what those lessons have been for all of us  
 25 and I think as Lydia said, I think the positivity of

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1 some of this in terms of what lessons we have already  
 2 learnt, we have got hybrid working place now, we are  
 3 listening to staff around that, we are putting courses  
 4 online that work online but making sure that our staff  
 5 have got the training and support in which to deliver  
 6 that also, so I think that those are some of the key  
 7 things for me in addition to what my colleagues have  
 8 said. Thank you.  
 9 Q. Well, thank you very much, all of you, for your  
 10 participation.  
 11 MS VAN DER WESTHUIZEN: My Lord, I don't have any further  
 12 questions unless your Lordship does and we have two  
 13 minutes to spare.  
 14 THE CHAIR: All right, I won't use them up. Yes, thank you,  
 15 Ms van der Westhuizen, and thank all panel members for  
 16 participating, we're very grateful. That brings an end  
 17 to today's session. We will be back tomorrow morning at  
 18 10 o'clock. Thank you very much.  
 19 MS VAN DER WESTHUIZEN: Thank you, my Lord.  
 20 (The hearing was adjourned to 10.00 am on Thursday 14  
 21 November 2024)  
 22  
 23  
 24  
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