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Scottish Covid-19 Inquiry

Day 60

November 13, 2024

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T	Wednesday, 13 November 2024
2	(11.15 am)
3	MR STEPHEN: Good morning, Lord Brailsford.
4	THE CHAIR: Good morning Mr Stephen. Do you have a witness
5	for us.
6	MR STEPHEN: Yes, my Lord. The first witnesses giving
7	evidence today are Jennifer Miller and
8	Elizabeth McIlraith, both of who represent PAMIS and
9	will be giving evidence together as a panel of two.
10	MS JENNIFER MILLER (called)
11	MS ELIZABETH McILRAITH (called)
12	THE CHAIR: Thank you. Good morning, Ms Miller, and good
13	morning, Ms McIlraith. Thank you for coming. When
14	you're ready, Mr Stephen.
15	Questions by MR STEPHEN
16	MR STEPHEN: I'm obliged, my Lord. Ms Miller, if I could
17	start with you, if you could state your full name,
18	please.
19	JENNIFER MILLER: Yes, I'm Jenny Miller.
20	MR STEPHEN: Thank you, and Ms McIlraith, could I ask you to
21	do the same?
22	ELIZABETH McILRAITH: Elizabeth McIlraith.
23	MR STEPHEN: Thank you. You've both helpfully provided
24	written statements to the Inquiry, and for the record,
25	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 McIlraith.

2	for Ms McIlraith.
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

1	for Glasgow city for PAMIS; is that right?
2	ELIZABETH McILRAITH: Yes, that's correct.
3	Q. And how long have you held that role for?
4	ELIZABETH McILRAITH: 14 years.
5	Q. Thank you, and in broad terms, what does that role as
6	transition lead involve?
7	ELIZABETH McILRAITH: 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 $$ l 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.

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 guite 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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- get to school unless, of course they live around the 1 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? ELIZABETH McILRAITH: Some families may live within one 15 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 periods of time that they're on school transport. But, 19 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 --
- $3 \qquad {\sf JENNIFER MILLER:} \ {\sf Yes, \ complex \ healthcare, \ but \ also \ the \ way}$
- 4 that maybe they communicate as well, so...
- 5 Q. That reason for travelling outwith their local
- authority, sometimes, Elizabeth, is that a reflection of
 where they need to be for their educational needs, just
 wherever that facility happens to be?
- 9 ELIZABETH McILRAITH: 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
- lack of accessible venues, lack of Changing Places
 toilets, which is the area that's needed to help support
- 24 toilets , which is the area that's needed to help support
- 25 their personal care needs. So the school is the only

1	opportunity for them to meet their peers and their
2	friends , and, you know, the caring role is $24/7$ and if
З	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 McILRAITH: 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.
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25- Q. Thank you. On the curriculum then next, at 13 of your

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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,

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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

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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 its
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 McILRAITH: 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

are, you know, frontline, who are then implementing 1 1 2 that. So it's that real partnership working and sharing 2 3 information and skills and expertise, and that's really, 3 4 really important for our group to make sure that there's 4 5 that consistency happening as well. 5 6 6 Q. Thank you. and Jenny, in your answer a moment ago, you 7 mentioned AAC, which is augmentative, I understand, and 7 8 alternative communication. Can you just give an example 8 9 of that for those who might not understand what that 9 10 10 means? 11 JENNIFER MILLER: Yes. So it can be as simple as pictures 11 12 where you give somebody two choices, and one will be 12 13 that they want a drink and the other will be that they 13 14 want a food, so you're assisting them in thinking about 14 15 15 how they make those choices, but equally they provide --16 they provide access to some incredible equipment like 16 17 eye-gaze, which enables people that have no verbal 17 18 communication to use their eyes to communicate what they 18 19 want, and that can turn that into language, actually, so 19 20 they can hold conversations. 20 21 So for some people who've maybe diagnosed with a 21 22 profound learning disability , it can open the whole 22 23 world because it means that maybe they haven't got the 23 24 24 profound learning, but they just don't have the 25 communication. So it provides insights into how people 25 13 1 are developing and communicating. So -- and there's a 1 2 2 whole range of equipment, but you need a speech and 3 language therapist to do the assessment in order to be 3 4 able to access it. 4 5 Q. And we'll come back to equipment in a moment, but I also 5 6 wanted to ask you about examples you would highlight of 6 7 support given by occupational therapists and 8 physiotherapists, because that's another group of 8 9 professionals, I suppose, that you highlight in your 9 10 10 statement as important in that school environment for 11 children with PMLD? 11 12 JENNIFER MILLER: Yes, I mean their role, so she's sitting 12 13 up straight, in postural management, you know, is so 13 14 important because if we don't work with kids at a very 14 15 early age, then we end up with all the physical health 15 16 problems. So they are the absolute experts on providing 16 17 that support and the treatment and the assessment and 17 18 making sure that they're in the right position. So the 18 19 physio will provide standing frames equipment, some of 19 20 the specific seating, and then the occupational 20 21 therapist can come in and talk about the right position 21 22 so that people can actually engage in activities . 22

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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and adaptations to enable them to use their upper limbs to actually engage in activity. And sometimes it's also about that sequencing and breaking down of activities, so you're putting them into really tiny components that enable people to make progress, and it's that whole team approach that allows those children to develop skills . and for us to see them developing those skills as well. I mean, this group teaches how to work as a team, and that is so very essential, pulling people's expertise in to look at that. One thing I suppose I didn't mention is looking beyond behaviours. You know, the speech and language therapist, the OT, will help the teacher look beyond a behaviour that might seem like somebody is just acting out, when actually what they're trying to do is to communicate or they're bored because they've actually reached their potential and you're not stretching them far enough. $\mathsf{Q}.\;$ Thank you, and on that physical aspect, you talked about appropriate positioning, for example, what is the potential consequence if that physical side of things is not looked after for these children, this group that you represent? A. Because of their complexity, you know, we talk about a windswept where somebody's body, if not put in the right 15 position, gravity takes over, and their -- the

musculoskeletal, their spine, the curvature of the spine begins to develop, and then you end up with organs being crushed internally, and, you know, your lung capacity is reduced. Michelle would have made it far more explicit, but it's such a fine time, you know, between -- and particularly actually going into adolescence when there isn't enough research, but we recognise a real rapid increase in physical and musculoskeletal deterioration. If that happens, then when you get a respiratory infection and your lungs are impacted because they're squashed and compressed, you're far more likely to end up at the risk of dying, because you haven't got the necessary physical ability to fight it. Q. Thank you. You also mentioned, Jenny, at paragraph 12 of your statement about there being nurses, I think, also in these schools, and again, was that something that you would highlight as important, either nurses being present within the school or on call to meet the demands or needs of children with PMLD? JENNIFER MILLER: Yes, so the kids that we have that are 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

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.

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 themself 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	and the field when have DEC fields and when dee have
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.

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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.

1	So, yes, I mean, the equipment is complex and very
2	varied, but the school has the most $$ particularly
З	adapted school, the most amazing environment, where
4	there are tracking hoists, where there is loads of
5	different standing frames, where there's lots of
6	different equipment for upper limb function as well,
7	so $$ but yes, definitely needs training and support.
8	Q. Thank you. Elizabeth, anything you would add to that?
9	ELIZABETH McILRAITH: 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 McILRAITH: 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 McILRAITH: 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 sniffling 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.

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1	ELIZABETH McILRAITH: 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
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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

- 24of those looking after those children. What did the25closure of schools mean in practice for the roles and
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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

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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	${\sf Q}.\;$ 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,

1	because obviously the young person had all this energy	1	parents and carers that we were supporting, their needs
2	that they couldn't do anything with. They couldn't	2	came last. You know, they had to focus on the
3	understand why they were not going to school, why they	3	individual with PMLD and any other children that they
4	couldn't go out. For those individuals , many of their	4	had; the isolation , the lack of , you know, other human
5	families also live in flats as well, so there was not	5	contact, you know, the lack of taking into consideration
6	necessarily any kind of protected garden space, so it	6	their own health.
7	was very, very difficult for those families, and for the	7	PAMIS quickly moved from kind of face—to—face
8	young people, obviously, it's extremely difficult to	8	contact with families to online contact, and we
9	understand what was happening.	9	developed some parent—carer kind of support network. So
10	Q. And Jenny used the word "invisible" earlier on, and when	10	we would meet in the evening, usually around 9 o'clock,
11	I was reading your statement, the word "isolated", I	11	once their care role had kind of eased slightly . It was
12	think, comes up quite a bit, Elizabeth. Is that again a	12	just an opportunity for parents and carers to come
13	message you were receiving that families felt isolated	13	together, have a coffee and just chat about some of the
14	during that period?	14	experiences that they were having, some of the
15	ELIZABETH McILRAITH: Yes, absolutely. I think $$ to kind	15	difficulties that they were having, and just sort of
16	of put it into context, so for many families, they have	16	receive a bit of kind of informal support from other
17	support packages in place, so they maybe have the same	17	people who could understand what the day—to—day nitty
18	staff members coming in, kind of morning and evenings	18	gritty of COVID and being at home was really like.
19	certainly, and at weekends maybe a different schedule,	19	It was really, really apparent through those
20	but there is that level, a kind of continuity of support	20	conversations, we were really just facilitators and
21	staff who come in and kind of share those support needs	21	bringing families together, but the conversations that
22	with the family, so that stopped.	22	they were having, it was really, really apparent just
23	But I think for many families, the support teams who	23	how difficult life was, the isolation that they were
24	are in the home, you know, providing levels of support,	24	facing, the deterioration in their own mental health,
25	they're more than just support staff. They do sort of	25	but also the mental health of the young people that they
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	25		01
1	become part of the family; they're there, sometimes	1	were supporting as well, and the changes that they were
2	they're the first people that families see in the	2	observing in things like sleep pattern, communication,
3	morning, the last people that they see at night. And	3	behaviour, posture, you know, all these different
4	there's just sharing of information and emotion, you	4	aspects, so it was absolutely enormous, it was huge.
5	know, about life, life events that happen.	5	Q. Thank you, and we will come back to the children
6	So, you know, they did become very, very isolated,	6	shortly. Continue with mental health, Jenny, at 28,
7	and for lots of our families, you know, it's support	7	paragraph 28 of your statement, I think you mention
8	workers who are their main network of support, rather	8	PAMIS making a contribution to a report by the Health
9	than necessarily being friends or family who are	9	and Social Care Alliance $$ this was in May 2020 $$
10	supporting them, so they were very, very isolated .	10	which was a response to the Education and Skills
11	Q. What does that mean in terms of respite then, for these	11	Committee Inquiry. You provided a copy of that to the
12	families?	12	Inquiry, and the reference for that is SCI–PAMISX–000006
13	ELIZABETH McILRAITH: There was none, absolutely no respite	13	and at page 2 and paragraph 2 of that document, it says,
14	whatsoever.	14	and I'll just read it :
15	Q. Thank you. I wanted then, on a related note, to ask	15	"As paid carers are shielding or avoiding physical
16	about the mental health of parents and carers during	16	contact, some families are taking on a 24/7 caring role
17	that time. I think, Elizabeth, you mention this at	17	This is a real struggle for unpaid carers who are
18	paragraph 97 of your statement. You mention that there	18	exhausted and concerned about their mental health, their
19		19	own wellbeing and that of their child or young person.
	was an impact on the mental health of parents and unpaid		own wellbeing and that of their child or young person. They have also lost the protective environment of school
19 20 21		19 20 21	own wellbeing and that of their child or young person. They have also lost the protective environment of school services, can have reduced support packages, and many

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- 22 information we've just described, you know, l'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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have additional children requiring home schooling

breaking point and that urgent action is required to

support. PAMIS raises that some families are at

support this group."

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.

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,

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

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	${\sf self-injurious}$ 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 $$ l 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

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 $$ it
12	would have been easier, but, yes, there would have
13	needed to be more consideration about how that
14	complexity of need, and understanding people's
15	communication, which is, I guess, where our PAMIS
16	digital passports, we were hoping, would have been part
17	of the solution that you could have understood a little
18	bit more about an individual.
19	Q. Okay, and were the criteria for these hub schools, was
20	that clear and consistently applied in your experience
21	as an organisation?
22	JENNIFER MILLER: I mean, I think I was fairly honest. When
23	we started talking about hub schools, I began to feel
24	really uncomfortable and thought what did I miss,
25	because I don't remember us giving an awful lot of
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1	information out to families. I mean, there were a
2	couple of families I know that had them, they were
3	frontline workers, but I have to say, whether it was my
4	fault or whether it wasn't clear, I didn't feel, when
5	you asked $$ 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 McILRAITH: 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

- hubs, and those families where --- the parents of
 children who were more mobile, and we have already
 touched on that, but my knowledge of the hub schools was
 that they were very much being used for individuals who
- were under child protection orders and things like that.
 It was to get them back into the school environment, and
 to start reimplementing those kind of observations and
- 22 to start reimplementing those kind of observations andassessments and things like that, but there was very few
- 24 families that PAMIS supported that were able to access

the school hubs.

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Q. Thank you, and I think, Jenny, you say you don't recall 1 2 there being a focus or prioritisation on supporting the families that PAMIS deals with to have a hub placement. 3 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 schools. What was the attitude of the families that you 19 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

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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 McILRAITH: 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

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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

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
-	aspending 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

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 vet
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	wrapround 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
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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

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

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 McILRAITH: 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
З	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 McILRAITH: 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 Mell RAITH: Ves. absolutely, we had many families

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

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

able to move from school straight into a day service so
you're still in the routine, but if you lose all of
that, you know, for some young people, that might never
come back and so getting them into a day opportunity
will be really difficult .
Q. Thank you. Finally then I want to just turn to lessons
learnt and to an extent perhaps we have covered some of
these already but, Jenny, paragraph 89 of your statement
you say that the Scottish Government should have
considered that school isn't just about education for
our young people and, Elizabeth, I think you made the
same point in evidence earlier on today. What is you
mean by that?
JENNIFER MILLER: Well, I think as Elizabeth was
highlighting , you know, there's education but there's
also the whole health component and the school is the
place where the whole team come together, including the
family $$ the family carers and that's the place where,
you know, you develop treatment programmes, you develop
protocols for moving and handling, there's so much more
than just about education, and that healthcare was
completely missing and we need to think about, well,
what will we do if that ever happens again and how will
we make sure that these kids get access to their
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 McILRAITH: 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 McILRAITH: I think probably just recognising how
25	isolated parents and carers were and the impact that

the -- that lockdown and COVID had on their health and JON VINCENT: Jon Vincent, principal and chief executive of 1 1 2 wellbeing, you know, and we need to make sure that our 2 Glasgow Clyde College. Commenced in 2017 in that role, 3 parents and carers are valued for the roles that they're 3 so throughout the pandemic was in the capacity of 4 doing and make sure that they are protected because they 4 principal. In 2022 for that year, I served on the 5 are, many of them are sole carers, but the amount of 5 Scottish Government's COVID advisory group for 6 6 caring it was that they provide to their children is universities and colleges. 7 astronomical and they weren't supported, they were left 7 Q. Thank you. Ms Rohmer? 8 isolated and they were left alone. 8 LYDIA ROHMER: My name is Lydia Rohmer. I am principal and 9 Q. Thank you. chief executive of UHI North, West and Hebrides, a 9 10 MR STEPHEN: My Lord, I don't have any further questions 10 college -- and that was created through merger on 11 subject to anything that you may wish to ask or add. 11 1 August 2023 from UHI West Highland, UHI North Highland 12 THE CHAIR: Thank you very much, Mr Stephen. No, I have got 12 and UHI Outer Hebrides Colleges. During the pandemic, I 13 nothing that I wish to add or ask except to thank both 13 was principal and chief executive of UHI West Highland. 14 Ms Miller and Ms McIlraith for their evidence, 1'm very 14 In terms of national remit, I was a joint chair of the grateful. That brings an end to this session and we 15 15 ioint articulation forum with Universities Scotland. 16 will return at quarter to 2. Thank you very much 16 representing Colleges Scotland and the subsequent joint 17 indeed 17 articulation group, and I also attended for Colleges 18 (12.42 pm) 18 Scotland the ministerial leadership group for COVID. 19 (Luncheon adjournment) 19 Q. Thank you, Ms McManus, finally, 20 (1.44 pm)20 STELLA McMANUS: Good afternoon, everyone. So my name is 21 MS VAN DER WESTHUIZEN: My Lord, this afternoon we have a 21 Stella McManus. I'm currently principal of South 22 panel session with the college principals from four 22 Lanarkshire College. During the pandemic, I returned to 23 colleges. We have Ms Angela Cox who's the principal and 23 Scotland in January 2021 to take up the post of deputy chief executive of Ayrshire College. We have 24 24 principal at the college at the time, and I held that 25 Mr Jon Vincent, who's principal and chief executive of 25 position during the second lockdown period. At the 65 67 1 Glasgow Clyde College. We have Lydia Rohmer who's the time, I didn't have a national remit, but I was part of 1 2 principal and chief executive of the University of 2 the COVID college sector leads group, which was chaired 3 Highlands and Islands North, West and Hebrides. We have 3 by the principal of West College Scotland. 4 Ms Stella McManus who's the principal and chief Q. Thank you very much. My Lord, I forgot to say at the 4 5 executive of South Lanarkshire College. 5 beginning that there are Rule 8 responses lodged for 6 THE CHAIR: Very good. Welcome to you all. Thank you. 6 each of the panellists . Perhaps again, starting with 7 7 You're going to be asked some questions and when you're Ms Cox, there are two, one from Avrshire College and one 8 ready. Ms van der Westhuizen, on vou go. 8 from Borders College where I understand Ms Cox was 9 MS ANGELA COX (called) 9 previously. 10 10 MR JON VINCENT (called) So the first one, the Ayrshire College reference, is SCI-AYRCxx-000001, and the one from Borders College is 11 MS LYDIA ROHMER (called) 11 12 MS STELLA McMANUS (called) 12 SCI-BRDCxx-000001. Then for Mr Vincent, there is one on 13 Questions by MS VAN DER WESTHUIZEN behalf of Glasgow Clyde College, and that is reference 13 MS VAN DER WESTHUIZEN: Thank you, my Lord. I'll perhaps 14 14 SCI-GCCOxx-000006. Then for Ms Rohmer, there are three, 15 ask you each in turn, perhaps starting with Ms Cox, to 15 and that's in light of the merger that she referred to. 16 confirm your full names and to give your role now and 16 so there are three. There's one from Lews Castle 17 during the pandemic, as well as an overview of any 17 College UHI, and that is SCI-UOHxxx-000082. Then 18 national remit that you held. So if we can start with 18 there's one from UHI West Highland, and that is SCI-UOHxxx-000083. Then one from North Highland, NWH. 19 Ms Cox and work our way down the line, please. 19 20 and that is SCI-UOHxxx-000054. Then finally there's one ANGELA COX: My name is Angela Cox. I'm currently principal 20 21 and chief executive of Ayrshire College. During the 21 from South Lanarkshire College, and that is 22 pandemic, I was principal and chief executive of Borders 22 SCI-SLCOxx-000001. 23 College, and at that time I didn't have any national 23 Before we start with the topics that I would like to 24 24 roles. cover today, could I please ask you again in turn just 25 Q. Thank you. Mr Vincent? 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.

We do have some academic studies, but the heart of what
we do is technical and vocational. We also have quite a
large modern apprenticeship portfolio as well. Our
community, the communities where our colleges are
located are in some of the more deprived parts of
Scotland, according to SIMD data. Half of my student
population live in post codes from SIMD 20 about a third
of my population is from SIMD 10. We have a
particularly large cohort of students who are asylum
seekers and refugees, following ESOL programmes, and
they have their own particular challenges in terms of
engaging with education.
Q. Thank you very much, and just for the benefit of anyone
who may not know, ESOL is $$ that is English as a second
language?
JON VINCENT: Yes, English for speakers of other languages.
MS VAN DER WESTHUIZEN: Thank you, Ms Rohmer.
LYDIA ROHMER: If I may start with UHI West Highland. UHI
West Highland was a college of further and higher
education which is an assigned college to the University
of Highlands and Islands who acts as a regional
strategic body for the Highlands and Islands region for
further, higher education and research funding purposes.
The college is based in Lochaber, Skye and
Wester Ross. It covers a population of about 40,000,

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,

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	that would fail within that description. There won't be
	a lot of time for a stand—alone discussion, but as that
16	-
	a lot of time for a stand—alone discussion, but as that probably relates to a number of the topics that we will hopefully cover today, if there are specific issues you
16	a lot of time for a stand—alone discussion, but as that probably relates to a number of the topics that we will
16 17	a lot of time for a stand—alone discussion, but as that probably relates to a number of the topics that we will hopefully cover today, if there are specific issues you
16 17 18	a lot of time for a stand—alone discussion, but as that probably relates to a number of the topics that we will hopefully cover today, if there are specific issues you want to raise at any particular time in relation to
16 17 18 19	a lot of time for a stand—alone discussion, but as that probably relates to a number of the topics that we will hopefully cover today, if there are specific issues you want to raise at any particular time in relation to disproportionate impacts on particular cohorts, please

2 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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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 colleges, and just in the discussion, we can include 4 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 explained that someone within his college had caught 22 23 COVID, and the decision then had been made for that 24 college to close immediately. 25 When the individual contacted the minister for 75

colleges at that time, he had been told: that sounds 1 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.	1	them been able to access facilities in college, but
2	Q. Thank you very much, Ms Cox. Mr Vincent?	2	our $$ our particular interpretation was, and eventually
3	JON VINCENT: Thank you, and many of the things that Angela	3	when government guidance came out, it was, we weren't
4	said there, I would echo. Our timeline was slightly	4	operating in a hybrid sense initially . We were closed
5	different in Glasgow. I certainly don't recall any	5	and that was very, very challenging.
6	direction, correspondence or support from the Scottish	6	Q. Thank you very much. Ms Rohmer?
7	Government or from the Scottish Funding Council, that	7	LYDIA ROHMER: Probably slightly different context in terms
8	primary funder, to help us reach that decision.	8	of our operating environment from my colleagues here, in
9	Being in Glasgow, we have got five universities and	9	that we had in the entire West Highland ten rural
10	HEls operating that were all also in correspondence,	10	centres, so our staff and our students were distributed
11	talking about the unfolding events. The three colleges,	11	over multiple locations. As part of UHI we also had
12	of which mine is one, were also in regular	12	part of our operation already kind of operating $$ our
13	communication. We came to a decision, because we were	13	learning and teaching operating through an online hybrid
14	experiencing students who were becoming ill, and we	14	model.
15	believed that to be with COVID, that was certainly what	15	But, you know, operating in a very fragile rural and
16	we were being told, that we should close. So we closed	16	island economy with a high proportion of elderly, you
17	as Glasgow colleges on 20 March, closed to students. We	17	know, residents in the community, and a real concern
18	remained open for two or three days thereafter to deal	18	what the college's role would be potentially with
19	with the logistics of supporting staff to be able to	19	younger people in college as a potential source of
20	work from home and do remote learning.	20	infection for that elderly community, and communities
21	It's obviously very difficult to close campuses as	21	without a robust health infrastructure and, you know,
22	well. They're huge assets, very complicated assets,	22	acute lack of critical beds for instance, should COVID
23	with lots of systems that require maintenance and	23	really grip into these communities.
24	support, even if there aren't students on site, so that	24	So we as a college kind of saw the pandemic coming
25	was an enormous challenge.	25	closer to our shores, and from the end of January as a
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1	I have to say, I felt as a principal , we were making	1	college, we instituted our business continuity protocol,
2	decisions about closing major community facilities with	2	and engaged with Colleges Scotland and colleagues both
3	an element of risk, because it was bound to heighten	3	in the college as well as in the university sector
4	public tension. It certainly heightened tension within	4	through University of Highlands and Islands on
5	our staff . I have 1,200 staff. As soon as we said we	5	intelligence and what should be the best course of
6	weren't serving students, they of course were extremely	6	action, and like my colleagues, we decided to close in
7	worried about being on—site themselves, so very	7	tandem with the rest of the college sector in March.

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.

JON VINCENT: Well, I just say, I think we took an 14 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 ${\sf I}$ 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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cases, we knew through our student support services who needed critical support. We maintained that support on

In the run-up to that closing down, we very much

prepared our students for an online learning scenario,

so building on the experience that we already had, we

form of dongles, and basically issued all that we had in

We also frontloaded assessment before our students

left . but with staff . like Jon has said . some skeleton

requirements, but for IT it was absolutely crucial that

We also maintained some facility for students who

had absolutely no safe place to study at home, so those

our IT infrastructure was able to be serviced after

staff had to be retained in college, both for IT and

estates maintenance, in line with statutory

issued devices, but we also had to issue data in the

terms of equipment.

closure.

campus, even during the initial full closures. But we

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

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 UHI
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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1was key. Preparing staff for that was the other2equation, and in a rural and island environment, both3staff and students have the issue of infrastructure for4connectivity, so staff would live in places where there5were no spots in terms of broadband coverage, and that6had to be managed for -- to enable them to continue to7teach.

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.

15There was a huge logistics effort to get all keep16all students studying and to ensure all staff had the17relevant equipment to continue, and then a whole new18operating model had to be effectively developed19immediately.

20So students at particular disadvantage were those21who had a practical learning experience and a practical22learning environment. Students who in the workplace, so23apprentices, I think, those who have placements as part24of their course experience, that all disappeared25overnight; 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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very limited experience of teaching -- of facilitating 1 2 learning remotely. One or two courses we had as 3 distance learning, electronically, but nothing like the scale of then trying to transition 17,000 students into 4 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 of us would assume they have. Particularly in a college 15 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

devices out of the door, and we effectively took every digital device in the college and gave it to staff, and then started to roll them out to students, to buy as many digital devices as we possibly could. But of 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

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

 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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social maturity, development, that colleges provide, but 1 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. STELLA McMANUS: Similar really to what my colleagues have 6 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

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

Day 60

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 ,

to be able to put them through those sorts of regulated 97

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

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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

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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,
10.015	

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,
2 E	hannan dhawa waa dalawa in dhawa haiya ahla da samuu ayb

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	$\operatorname{construction-related}$ 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 $$

you very much. My Lord, I'm

1	probably come on to this as well, but I think the	1	THE CHAIR: Good afternoon, Ms van der Westhuizen. When
2	biggest challenge around this as well was we were all	2	you're ready then.
3	trying to $$ as college leaders, trying to work out what	3	MS VAN DER WESTHUIZEN: Thank you very much. My Lord
4	to do in these circumstances, and give advice to our	4	going to change the order slightly from what I had
5	learning and teaching staff, but the guidance coming	5	outlined at the beginning, because we are moving into
6	from the awarding bodies around how we managed this was	6	assessments, attainments and classifications and new
7	probably slower than we would have wished for. So we	7	admissions. So I'm going to switch that around and
8	were trying to fill that sort of gap ourselves.	8	we'll do mental health and wellbeing after that.
9	So what Angela has touched on as well is obviously	9	So if I could pick up now, perhaps starting with
10	of relevance to my college, around areas like health and	10	Ms McManus, followed by Ms Rohmer, followed by
11	social care and childhood practice. Health and social	11	Mr Vincent and then Ms Cox. Just have a brief
12	care is one of the largest skills gaps within my local	12	discussion about assessments, attainments and
13	authority, and also in Scotland. So that what this was	13	classifications and new admissions and issues and
14	meaning is that if you had students who were completing	14	impacts relating to that. For example, the fact that
15	a year or two—year course, then they were delayed from	15	you've already touched on, the issue of the multiple
16	getting out into the workforce and supporting with the	16	awarding bodies' lack of flexibility in the assessment
17	pandemic, and in the aftermath of the pandemic as well.	17	processes, lack of understanding potentially, if that
18	So that was a real issue . So $$ but areas that we	18	was an issue, by decision—makers of what a college does,
19	all deliver, in terms of that technical delivery, things	19	and any other impacts such as school grades on college
20	around the hair, beauty, the construction aspects, the	20	admissions, deferral of students and backlogs, and any
21	childhood practice piece, all those courses had that	21	other relevant key issues .
22	practical element. As Jon has touched on, they would	22	So if I could ask you to start , Ms McManus, please.
23	literally stop, and so staff are finding things to do	23	STELLA McMANUS: Sure. So I think if we start from the
24	with them, because they couldn't progress, and they	24	point, really, of the first initial lockdown, and l
25	couldn't progress because we weren't sure how we were	25	think $$ because it was a bit of a journey, to use that
	105		107
1	able to help those students continue, because we were	1	term. So we had deferrals because we couldn't complete
2	left almost a little bit hanging, if you like, because	2	students from the previous year, and we were waiting on
3	the awarding bodies were also dealing with challenging	3	guidance from the main awarding body that a lot of us
4	circumstances, of course. That was something that $$ it	4	will use in Scotland, it's the Scottish Qualifications
5	was hard.	5	Authority. That guidance was slow.
6	Also, just to make it very clear that where a	6	Once that guidance was slow.
7	university will award their own degrees, colleges are	7	challenging was that we all had to develop a sort of a
8	answerable to a myriad of awarding bodies, from Scottish	8	new sort of quality assurance and holistic assessment
9	Qualifications Authority to people like City & Guilds.	9	model, to ensure that the integrity of the
10	So there's a myriad of them that we have to answer to,	10	qualifications remained, and that was key because we
11	and each of them would have had slightly differing	11	have to make sure that we are meeting both the awarding
12	advice and guidance as well.	12	body standards and the national occupational standards
13	Q. Thank you very much, I'm just wondering, my Lord, we	13	as well. So that meant that we had to $$ that our
14	have two hours set aside. We need to take a 15 minute	14	quality teams, if you like, the pressure put on them was
15	break for the stenographer. We can either move on, but	15	tremendous. I think that unlike the university sector,
16	I think maybe if we take a break now, we have got more	16	we don't have large quality units. We might have one or
17	than 50% left, but I don't think it will take more than	17	two people within a quality team.
18	50% of the time, so perhaps if we take a 15-minute break	18	So a lot of the pressure on sort of developing the
19	now and come back?	19	approach to how we're doing quality assurance would
20	THE CHAIR: Come back at 3 o'clock then.	20	start with them, and then would roll out towards a lot
21	Q. Thank you very much.	21	of our academic teaching teams. So we had challenges as
22	(2.45 pm)	21	well, because, unlike some of the other awarding bodies,
23	(2.45 pm) (A short break)	22	SQA don't have an online e—portfolio system, which is
24	(3.00 pm)	23 24	sort of a bit old—fashioned really, I think, is
25	MS VAN DER WESTHUIZEN: Good afternoon again, my Lord.	24	something that if we are talking about lessons learned
20	Service and the service and and moon again, my cold.	20	state in the are taking about lessons learned

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1	approach, that would be good to have that, because that	1	As far as SQA national qualifications and changes to
2	would have a sort of record of all of the progress of	2	assessment arrangements went, the focus was entirely on
3	the students which was more easily accessible as well.	3	schools as the main users of those qualifications , but
4	So what that meant with developing this new holistic	4	colleges are the second largest user of national
5	assessment model was once $$ the development of it,	5	qualifications , and through school college activity , but
6	making sure that SQA were happy with it, training the	6	also stand—alone college activity are users of those
7	staff was also exceptionally important as well. So that	7	qualifications , and the needs of college students and
8	was key, and also then the staff having to adapt the	8	the ability of college staff to design and verify
9	assessments themselves that they were, they were doing	9	assessments, which is different from teaching staff in
10	with the students. So again, teaching differently , in	10	schools, that wasn't well handled, particularly in the
11	order to try and make sure the students could get	11	early phase of the pandemic, running up to the first
12	through those qualifications .	12	certification date in August 2020.
13	So that was a challenge as well. So you had that	13	As Stella has said, for those subjects that would
14	sort of deferral piece there, and then you would have,	14	have normally had an exam diet, that was suspended, and
15	when we were looking to bring students back on to campus	15	the effort that was required for the holistic
16	etc as well, there was a lack of a sort of joined—up	16	alternative assessment and the verification kind of of
17	approach, it felt, between Scottish Government and SQA,	17	that internally , and then the administration of
18	because we were talking about $$ we were using, or the	18	effectively sending all the assessment evidence to SQA,
19	terminology that was being given to us was things like	19	which had to be paper—based with wet signatures in full
20	an enhanced restricted learning and teaching, and it was	20	lockdown period, that was a huge administrative effort.
21	a lack of understanding what that really meant.	21	We weren't allowed to use online methods for delivering
22	Also, you know, a request, what comprises things	22	that assessment evidence to SQA.
23	like critical assessments of our students as well. So	23	So $$ but the effort of our staff was not recognised
24	that was one of the sort of challenging things as well.	24	in the same way as the parallel effort was recognised in
25	Then in preparation for the work we were doing in sort	25	schools with additional payments to teaching staff who
	109		111
1	of the second year, and when we were starting to reopen,	1	had to undertake that. So there were two very different
2	we were having to sort of bring in students that were	2	approaches taken to the secondary and the post—school
3	from practical qualifications . So that then meant that	3	college sector over arrangements for the same
4	the students who perhaps weren't on that sort of	4	qualifications issued by SQA.
5	practical element were still at home and still being	5	I think it's fair to say that over the whole period
6	isolated , because the 5% rule meant you were trying to	6	of the two years part of this Inquiry, you know, there
7	prioritise those students with the practical obligations	7	were different sort of phases of how all of this played
8	to get them through their qualifications, and the ones	8	out. Later on, certainly I think the issue of managing
9	from the previous years as well.	9	practical students and students online with the very
10	So it was that challenge, really, especially, so you	10	kind of restrictive sort of attendance modes that we
11	felt that the assessment model didn't really move	11	were allowed to take students and staff onto the campus,
12	quickly enough really in that space.	12	meant that we lost a lot of students in terms of
13	Q. Thank you very much. Ms Rohmer?	13	retention, and then subsequently attainment rates
14	LYDIA ROHMER: Yes, I think adding and following on from	14	absolutely dropped in my college and for the sector as a
15	this, it's fair to stay that as a college sector,	15	whole.
16	I think we counted at the time, we had 100 different	16	I think there was also consequences of $$ kind of
17	awarding bodies that we had to make the amended	17	particularly the assessment effort that was teacher—led
18	assessment arrangements for, that Stella has just	18	instead of exams, that led to more students achieving in
19	outlined. The largest by far is SQA, but there were 99	19	the school sector, but also in the college sector, and
20	others, other awarding bodies that we had to deal with	20	FE students as well as school students then
21	across all of the college sector delivery.	21	matriculating for the academic year 2020/2021 into
22	I think that fact alone and the effort that went	22	university as opposed to college.
23	into all of that, both at principal level with the	23	So rather than taking up HNC and HND studies in
24 25	agencies themselves, but also our staff, that was	24	college, a lot of students went on the basis of those
	entirely underestimated by decision—makers.	25	initial assessments and results into universities , and
20			

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1	perhaps kind of with inflated grades at that point. So	1	attain $$ they didn't pass at the levels that they did
2	there were unintended consequences in 2020/2021 and	2	before. There was much greater partial attainment.
3	onwards. The college sector lost a lot of HNC and HND	3	They didn't complete the qualifications.
4	entrants from school, or more school leavers who might	4	We were certainly getting into situations where
5	have come to college opted to stay another year in	5	students were finding the study much harder than they
6	school because of the experience that they had.	6	should have done. We also had the tension, which was o
7	But I think on the whole, I think the issue was	7	the economic market, we were in a post—Brexit scenario
8	that, you know, our main sort of qualification bodies	8	where there was a very tight labour market, and we had
9	and government with it did not understand the range of	9	students who were relatively well qualified in skills
10	qualifications that the college sector operates, and the	10	and trades, not fully qualified but skilled, who were
11	needs of college students and staff in that period.	11	having job opportunities available to them.
12	Q. Thank you very much. Mr Vincent, if I can turn to you	12	So we were seeing students coming away from their
13	next?	13	studies at a much later stage than we would normally
14	JON VINCENT: Thank you. Just to expand on the point about	14	observe, because they were going into the employment
15	awarding bodies, in some qualifications, there's not	15	market, and that of course $$ a great shame for them
16	only an awarding body, but there's a standard setting or	16	because they had to return back at a later point to
17	a regulatory body involved as well, and that's	17	finish their qualifications , but important, undoubtedly
18	particularly the case in apprenticeships, but it does in	18	to their household finances that they were doing so.
19	other qualifications .	19	Q. Thank you very much. Finally, Ms Cox?
20	So sometimes it was not just the awarding body that	20	ANGELA COX: Yes, so just building on the point that SQA
21	was slow to respond to the very acute needs that we had	21	really understood and focused on schools, and there wa
22	of students coming to the end of their studies very	22	a lack of understanding really in terms of colleges.
23	soon, but sometimes it was the regulatory body, and	23	Colleges were first given guidance around national
24	quite rightly, they have a standard which a plumber, an	24	qualifications on Friday, 3 April, eight working days
25	electrician, whatever, a mechanical engineer must	25	after schools had their guidance given. That was on th
	113		115
1	achieve, and there needed to be some flexibility within	1	Friday evening, the lecturers finished for the spring
2	that space, and that took a long time for that guidance	2	break. It took until June and July for the full range
3	to come out.	3	of other guidance to come from SQA for college staff to
4	I think I'll pick up on the teacher assessment.	4	work through that assessment, which was very, very

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	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

1	they could be out in the workplace contributing to the	1	ability of NHS primary care to deal with the volumes of
2	economy. Thank you.	2	people that were experiencing mental health
3	Q. Thank you very much. If we could move on then to	3	difficulties , there's a big gap there. Colleges have
4	discuss impacts and issues around mental health and	4	often helped to plug that gap with our staff. That was
5	wellbeing and more widely social impacts, please. So we	5	exceptionally challenging during that period. Whilst we
6	can include discussion, for example, on mental health,	6	did receive some additional funding from the Scottish
7	social maturity, social anxiety, support offered, any	7	Government during the pandemic for mental health
8	disproportionate impacts on particular cohorts of	8	activity, it nowhere near came close to the scale of the
9	students and any other relevant key issues that you	9	challenge that we were trying to surmount.
10	would wish to raise. I think the order we can take this	10	Just on the social impacts, two student groups
11	in, please, given your national remit, is to please	11	I would just like to identify for you. One is one I
12	start with Mr Vincent, and then followed by Ms Cox, and	12	mentioned at the beginning, those students who were
13	then Ms McManus, and then Ms Rohmer. So if we could	13	studying English for speakers of other languages. They
14	start with you, Mr Vincent, please?	14	are often asylum seekers or migrants. They come to us
15	JON VINCENT: Thank you. Colleges are extremely adept at	15	with sometimes no English language skills, or certainly
16	dealing with our students experiencing low level and	16	extremely limited English language skills .
17	much more serious mental health issues from anxiety to	17	The nature of the lockdown meant that those students
18	crisis to having chronic disabilities related to mental	18	were being asked to study from home, but had probably no
19	health. We manage that in a variety of ways, normally,	19	access to digital equipment, weren't able to speak or
20	from an embedded model of members of staff being mental	20	read our language, and often the staff that teach them,
21	health first aiders, or being able to offer pastoral	21	not just teach them the language, but support them in
22	support and care, through to qualified counsellors being	22	many aspects of their lives as they're assimilating into
23	able to offer slots .	23	our society.
24	Of course, it's not in the least bit unusual that a	24	So it's not in the least bit unusual that they bring
25	student studying a course will see an awful lot of a	25	in welfare forms and ask them to be explained or help to
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	11,		117
1	teacher or a support worker and will develop a close	1	fill them in. Those students struggled enormously in
2	relationship with them, and they will be able to support	2	terms of engagement with our society because they were
3	them with both their academic needs, but also their	3	isolated .
4	emotional needs. Of course in lockdown that was	4	The other group, special educational needs students,
5	completely lost, and it happened very quickly, and we		
6		5	who of course are not only learning the content of a
		5 6	
7	were very unfamiliar with how we would navigate that space, at a time when people's mental health, both staff		course, but so important is the social element of them
	were very unfamiliar with how we would navigate that space, at a time when people's mental health, both staff	6 7	course, but so important is the social element of them gaining more independence as they become older, that
8	were very unfamiliar with how we would navigate that space, at a time when people's mental health, both staff and students, was becoming more and more vulnerable, you	6	course, but so important is the social element of them gaining more independence as they become older, that social independence was an enormous challenge, because
8 9	were very unfamiliar with how we would navigate that space, at a time when people's mental health, both staff and students, was becoming more and more vulnerable, you know, for a variety of reasons: the isolation, the	6 7 8 9	course, but so important is the social element of them gaining more independence as they become older, that social independence was an enormous challenge, because they were studying remotely from home, and that's
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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

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

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

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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that was sort of paid for as well from Scottish 1 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

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

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1	because frequently those tier system didn't particularly	1	Then in addition, as a college with 10 centres, you
2	affect the rest of their lives .	2	know, the tiered system kind of meant, you know, that
3	It was unhelpful, and I mean this in no value	3	sometimes the travel issue, you know, students and staff
4	judgment, about COP26, but as we approached COP26,	4	travelling from one area to another, just $$ they
5	Glasgow went into a higher level tier to try and reduce	5	travelled in different tiered kind of areas, and then
6	transmission rates before society locked down across	6	had to behave differently . Like others have said, you
7	COP, and then we had a further lockdown thereafter that	7	know, with a large school/college activity , as a
8	affected our students. Our students couldn't get to	8	college, there was complete lack of understanding from
9	college, and that was largely because of the choice to	9	school pupils and their parents and their teachers, I
10	operate COP and the consequences of that, and while no	10	have to say, why different rules applied to coming back
11	way am I criticising that decision, it had lasting	11	on campus.
12	consequences for the operations of colleges.	12	Actually being able to enforce behaviour in line
13	Q. Thank you very much. And then, Ms Rohmer, if we could	13	with the regulations was sometimes very challenging,
14	come to you?	14	particularly when social distancing had to be maintained
15	LYDIA ROHMER: Again, I think my colleagues have very amply	15	so how do you physically separate people when actually
16	kind of described the situation applying to all of us,	16	you need to be distant from them.
17	and I think you have heard the sense of fundamental	17	Last thing is a point that Stella made about trade
18	frustration that we all experienced during that period.	18	unions. Much was made about ventilation and, you know,
19	I think the point that Jon was making there last about	19	monitoring, you know, oxygen levels in classrooms when
20	the unpredictability of rulings that came whether a	20	colleges were able to reopen. Schools were furnished
21	college had to close down again or was able to remain	21	eventually with monitors, oxygen monitors or carbon
22	open, kind of in certain circumstances, really kind of	22	monoxide monitors, and it took quite a long time for
23	caused a lot of $$ there it was not often a perceivable	23	colleges then also to be given funds to purchase these
24	rationale for our students in particular, and	24	but that was at the time quite an essential sort of
25	stakeholders.	25	reassurance measure for our staff also to be able to go
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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		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

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 to try to quantify or aim to
25	put a qualitative spin on the sheer impact on the staff

3

1	and students at the college sector was tremendous and I
2	think that the lessons to be learned from this is 1'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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