

OPUS2

Scottish Covid-19 Inquiry

Day 76

December 17, 2024

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1 Tuesday, 17 December 2024
 2 (10.00 am)
 3 MR TURNER: Good morning, my Lord.
 4 THE CHAIR: Good morning, Mr Turner. Now, you have a
 5 witness for us this morning?
 6 MR MARTIN DORCHESTER (called)
 7 MR TURNER: I do indeed. The first witness today, my Lord,
 8 is Mr Martin Dorchester from Includem.
 9 THE CHAIR: Good. Good morning, Mr Dorchester.
 10 A. Good morning, my Lord.
 11 THE CHAIR: Right, now, Mr Turner will have some questions
 12 for you, I have no doubt. Mr Turner, when you're ready.
 13 Questions by MR TURNER
 14 MR TURNER: Thank you, my Lord. Good morning,
 15 Mr Dorchester.
 16 A. Good morning.
 17 Q. Before I begin, Mr Dorchester, just to remind you that
 18 today's hearing will be transcribed. If you could try
 19 and speak slowly and clearly, that will help our
 20 stenographers greatly. Could you state your full name,
 21 please?
 22 A. Yes, my name is Martin Dorchester.
 23 Q. Thank you. What is your current position?
 24 A. I'm currently the chief executive of Includem.
 25 Q. How long have you held that position?

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1 A. Just over six years now.
 2 Q. Thank you. You've provided a written statement on
 3 behalf of Includem, is that correct, to the Inquiry?
 4 A. That's correct.
 5 Q. The reference for that, my Lord, is SCI-WT0616-000001.
 6 We're going to talk this morning, Mr Dorchester, about
 7 some of the matters that you've raised in that
 8 statement. We have an hour. Hopefully we'll get
 9 through quite a lot, but please rest assured that
 10 everything that's contained in that statement, and
 11 indeed any other documentation that you have provided to
 12 the Inquiry, will be considered in full by his Lordship.
 13 A. Okay.
 14 Q. I would like to ask you some questions, first of all,
 15 about Includem itself; could you tell us, when was
 16 Includem established and why?
 17 A. So Includem was incorporated in 2000 as a charity and a
 18 private limited company, but not limited by shares. It
 19 was set up by the founders predominantly to respond to
 20 crisis amongst young people and families. Originally
 21 the bulk of the work that they did was based in
 22 South Lanarkshire, but over the last — 25 years next
 23 year, that has developed across Scotland, but still a
 24 significant focus on responding to crisis amongst
 25 children, young people and families.

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1 Q. Thank you. You mentioned there that the support,
 2 children and families in crisis; could you explain to
 3 his Lordship in a little more detail why they need
 4 support or the kinds of children that need support?
 5 A. Yes. Not all, but the majority of the children and
 6 families we work with will be based in areas of high
 7 deprivation. They will be the most challenged families
 8 to reach, and I do use challenged rather than
 9 challenging, because we have to find ways to get to
 10 those families. They tend to need more wraparound and
 11 intensive support than a social worker individually
 12 could give them. Therefore, having an organisation that
 13 is not statutory, and therefore doesn't have some of
 14 the — I was going to say "baggage", but it's not really
 15 baggage, but some of the challenges that statutory
 16 services bring to those families, so having an
 17 organisation like Includem that can be there is vastly
 18 important for them.
 19 Q. Thank you. You used the word "challenged" there?
 20 A. Yes.
 21 Q. What is causing the challenge, if I can ask it in that
 22 way?
 23 A. Statutory services becomes one of them. It's — the
 24 interesting one is: I'm the man from the government, I
 25 have come to help you. That's not really what they want

3

1 to hear.
 2 In terms of stigma, the moment that — you know, all
 3 research will show you that the moment that children and
 4 young people come into contact with the police or come
 5 into contact with the social services, life tends to get
 6 worse for them. So, again, there's a fear of having
 7 statutory services and statutory bodies come in to them,
 8 but there's also that flexibility that an organisation
 9 like ours can bring, that means that we can perhaps —
 10 so we do 24/7 service, which is unusual, because we
 11 truly do 24/7 service, so when they try to avoid us, we
 12 rock up at different times, and therefore with that
 13 flexibility that we have that we can operate with, that
 14 allows us to get in and that's what I mean in terms of
 15 challenged.
 16 And that's before you get to the communities such
 17 as — sort of our ethnic communities who have a real
 18 challenge with dealing with statutory services in any
 19 way, shape or form. So that flexibility and that
 20 ability for us to respond is a real key driver.
 21 Q. Thank you. In your statement you use the term adverse
 22 childhood experience, or ACE?
 23 A. Yes.
 24 Q. Does that relate to the children that you help?
 25 A. Pretty much all of the children that we work with will

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1 have three or four or five adverse childhood
 2 experiences, and again, if you go and look at research,
 3 you will find that amongst many of the children and
 4 families we work with, that's the common theme.
 5 Q. What kind of experiences would you be referring to when
 6 you refer to adverse childhood experiences?
 7 A. So bereavement, which I might touch on later, in terms
 8 of working with different sectors; so bereavement in the
 9 family, domestic violence, abuse, criminology,
 10 generational families. So I think it's a huge list of
 11 what they have, but they tend to be the key ones.
 12 Q. Thank you. What sort of age groups do you work with, or
 13 Includem work with?
 14 A. So we are registered with the Care Inspectorate to work
 15 from 0 to 26, but the reality is, as I said, we work
 16 with children and families, so nought to however long
 17 they live, as it were.
 18 Q. But the children in those families, you say nought to
 19 26, so it's quite a large range there?
 20 A. Yes.
 21 Q. Thank you. You referred to, if I can put it this way,
 22 individualised support for the families and the
 23 children. Why is it that Includem is providing that, as
 24 opposed to say, for example, a statutory service?
 25 A. Yes. I think — and we'll come on to it later, there's

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1 almost a mythology that statutory bodies are the only
 2 one who do statutory services. A huge amount of
 3 statutory service delivery is by the third sector, and
 4 it gets missed, that, but there's a huge element of
 5 that. But also then on top of that, if you think in
 6 terms of caseload, we might meet with social services,
 7 and they refer a young person to us that needs our
 8 support. We might meet one young person who requires
 9 maybe 3 hours a week support; we might meet the next
 10 young person who requires 10 hours a week, and it's that
 11 flexibility that we can do — that social work will not
 12 have that flexibility in-built. I'm just using social
 13 work, there's other areas like that, but it's that
 14 flexibility and that different support package that we
 15 can do.
 16 Q. You've used social work as an example. If you were to
 17 describe the kind of work that Includem does, how would
 18 you describe the kind of work that it does in that
 19 context?
 20 A. Yes, so we work with young people to try and get them on
 21 the track for a better future and a better outcome, and
 22 we do that in a variety of ways. We have toolkits such
 23 as A Better Life where we talk about consequential
 24 impacts of what young people and their behaviours do.
 25 And so when social work refer them to us, there will

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1 invariably be a challenge somewhere in there that we
 2 then can work, and we will work flexibly, and I think,
 3 again, the benefit is it might be a justice challenge,
 4 so therefore we have expertise in working in a justice
 5 area. It might be an educational challenge; we have
 6 expertise working in that. It might be a housing
 7 challenge, and it's that bit around — again, we don't
 8 always look at children and families holistically, and
 9 so we talk about social services, but invariably it will
 10 cut across multiple services. And we can do that, and
 11 that, I think, is one of the key things that we bring to
 12 that service delivery.
 13 Q. Are you providing services that in other circumstances
 14 statutory services would be providing?
 15 A. Yes.
 16 Q. For example, social work services?
 17 A. Yes. Contextual safeguarding, homelessness, things like
 18 that; they are statutory services and will be delivered
 19 by the third sector in organisations like ours.
 20 Q. Thank you, and you mentioned there referrals from social
 21 work; is that the only route into your service?
 22 A. No, we have multiple routes into the service. It's a
 23 key role, because we as a — although we're a charity,
 24 we're also a business, and we bid for contracts, and we
 25 deliver services.

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1 So therefore when we do that with social work, it
 2 will be a social work referral, but we also work in
 3 schools. We also get — we have an emergency response
 4 team, so we get private referrals, people who find us on
 5 the internet. We work alongside police, so we will get
 6 other referrals through police. So it's mainly social
 7 work, but we don't turn people away unless we have to.
 8 Q. Thank you. In terms of how you deliver the services, in
 9 terms of your staff approaching an individual or a
 10 family, could you explain to his Lordship how that
 11 works?
 12 A. Yes. The perfect version of it, as it were, that we
 13 would say, is we do a wraparound service, and we have —
 14 normally per young person and family three people: a
 15 project worker, an assistant project worker and a mentor
 16 support person.
 17 And we normally have three people because that then,
 18 with the best will in the world, even as good as I think
 19 our team are, there will be times when they just do not
 20 connect with the family. So therefore you've got to
 21 have flexibility that says if, for example, the project
 22 worker and the family don't connect, then the assistant
 23 project worker and the family might connect. So we
 24 build some capacity into that to get that relationship
 25 going, because fundamentally it's about relationships

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1 and relationship building. So we will do that.
 2 Once we have done --- and I will use social workers,
 3 they're probably the more disciplined in terms of how
 4 you do that, social workers will create a referral.
 5 We'll have a referral meeting with social work and
 6 they'll talk about what they see as the issues with the
 7 family. We will then go and talk to the family and the
 8 young people, and come back with our understanding of it
 9 as well, so that we can then marry the two up.

10 We will then agree a package of support, and it
 11 might be that we'll say: we'll work with this family for
 12 the next three months. And I keep saying "family", even
 13 though we talk about --- we work with young people, but
 14 we will work with the young person and his family for
 15 the next three months, and we will do 4 hours support
 16 per week; these are the things we'll get involved with;
 17 these are the things we'll work on.

18 But we will also --- during that period, keep
 19 updating social work if things change, and if there's
 20 something that we need to do. So if crisis happens or
 21 if things improve quicker than we expect, we can then be
 22 flexible about how we do that.

23 If all things go to plan, as it were, and we get
 24 that young person back on the right track, we will then
 25 do what we now call moving on from --- we used to call it

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1 an exit interview, but we need to --- now moving on.
 2 Those young people will move on, because ultimately you
 3 want to get them into what's the best place for them.
 4 As much as I will say we're non-stigmatising, of course
 5 in one sense we are, because they're having to work with
 6 an organisation like ourselves.
 7 So we want to maybe get them back into school, so
 8 they're back on track in school, or if they're in work,
 9 get them back into track on work, and then we can start
 10 to pull back. But that's sort of the general delivery
 11 of service.

12 Q. Thank you. In terms of how long you might support
 13 somebody or a child or family, how long do you support
 14 them for, or how long are you available to support them
 15 for?

16 A. So I would say we're a 24/7 operation. We have some
 17 families that we have been supporting for over a year,
 18 depending on the severity of the challenge that they
 19 face. Normally, if you can use that word, but normally
 20 we would look at 12 weeks to six months. If we're not
 21 cutting through at that stage, then we maybe need to
 22 look at a different approach to that, and it might not
 23 be us.

24 Q. And if a child has left your service ---

25 A. Yes.

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1 Q. --- and needed further support, would Includem be
 2 available for that?

3 A. Yes. We have a 24/7 support line. Much as I might tell
 4 my people sometimes not to respond to calls, they
 5 respond to calls. We have --- I think --- I have not
 6 touched on it in my report, but we have the youth
 7 advisory group. The youth advisory group that we have
 8 consists of people who have previously used our
 9 services, so where possible, we keep those linkages.

10 What we try to avoid for young people and families
 11 we work with, we leave it to them rather than us
 12 following them, if that makes sense, because there's a
 13 stigma still that's always been attached with --- you
 14 have been referred to us. So if they want to contact
 15 us, they can. We don't --- we wouldn't necessarily
 16 follow the other way, until they contacted us.

17 Q. Thank you. You mentioned when you were talking about
 18 the ideal scenario and the three people approach, and
 19 the fact that --- my word, not yours --- people might not
 20 click?

21 A. Yes.

22 Q. Are relationships important in what you do?

23 A. Yes. It's all about relationships for us. We have to
 24 build trust as fast as we possibly can with the children
 25 and the families that we're working with, and part of

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1 the reason for that trust building is that that's
 2 probably one of the big things that they miss in life
 3 full stop, but it also then enables us to have frank and
 4 open, challenging discussions with them, because the
 5 situations that they will be in in their life
 6 requires --- they need people of trust that they can talk
 7 to and be open, otherwise how do you ever get out of
 8 that spiral?

9 So for us, everything we will talk about is wedded
 10 in relationship and building relationships and
 11 developing relationships, and how do we do that, so ...

12 Q. Thank you. I'll come back to those relationships very
 13 shortly. I just want to ask you two further very brief
 14 questions about the organisation.

15 A. Yes.

16 Q. Just in terms of the size of the organisation, just so
 17 his Lordship has a bit of a feel for that, could you
 18 tell me how many people work for Includem?

19 A. Yes. So we're up to about --- I think it's about 194 at
 20 the last count. We work in 19 local authorities, but
 21 across Scotland, with our emergency response service.

22 Q. And that emergency response service, to whom does that
 23 provide services?

24 A. Yes, so people --- I think going back to the original
 25 question, people who have not referred to us is one

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1 element of it, that will find us on Google and search.
 2 Local authorities use us, so we will have contracts to
 3 deliver what we would call our core service, but if
 4 something happens in a local authority that's not
 5 covered by that service, then they will directly engage
 6 us to deliver emergency services for them. And then
 7 schools, sometimes through DAF funding and things like
 8 that will use us, but essentially, local authorities are
 9 the big user on that area.
 10 Q. And you said you have contracts with 19 for your core
 11 service. In terms of the emergency service, is that to
 12 a wider array of local authorities?
 13 A. Yes, I mean, it includes the 19, because it's outwith
 14 that contract, but it's available to all 32.
 15 Q. To all 32, thank you.
 16 Just in terms of funding, how is Includem ordinarily
 17 funded?
 18 A. I think I touched on it earlier. We bid for contracts,
 19 so I think when we submitted, I think in terms of COVID,
 20 we were probably 75% local authority, we're probably
 21 closer to 60% local authority now, 20% government. We
 22 are probably 10% now in health, and then we look at
 23 other funding when — how we can get it.
 24 Q. And what level of turnover are you talking about in
 25 terms of spend?

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1 A. We are turning over £6 million a year.
 2 Q. £6 million a year. Thank you. I would like to talk to
 3 you now about changes in the service during the
 4 pandemic, if I may. You have mentioned, of course, the
 5 importance of relationships, about the wraparound
 6 support that's offered. Could you explain to his
 7 Lordship what changes occurred in respect of that
 8 service provision during the pandemic?
 9 A. So I think as I said, my Lord, that relationship
 10 building is key to how we deliver our services. Part of
 11 that relationship building is us laying eyes on the
 12 people that we're delivering those services to, seeing
 13 the environment that they're living in and the area that
 14 they're in, seeing who's available there, being able to
 15 see state, condition, so that we don't just rely on what
 16 we're being told; we can then make our own assessment of
 17 what's happening.
 18 The challenge for us when lockdown came was that
 19 immediately we had to cease seeing people, for a
 20 multitude of reasons, not least being we were no longer
 21 insured. And I think some of the areas that we go in,
 22 that's quite challenging for my team. We didn't have
 23 PPE, and at that stage, it was very unclear on what was
 24 happening with PPE, so we went from being predominantly
 25 a face-based meeting in person organisation to having to

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1 divert on to different forms of technical media.
 2 Don't get me wrong, we're quite a tech-savvy
 3 organisation, and we were using digital media as you
 4 would expect us to, but what we weren't doing at that
 5 time was giving out individual workers — and telephone
 6 numbers and WhatsApps to the families that we work with,
 7 and young people we work with, so we have a 24/7
 8 helpline. And what it did to us was just put an
 9 absolute block on that.
 10 Q. In terms of the number of children and families that you
 11 could assist at that time, how was that affected?
 12 A. Yes. So we work with about 500 families — I say per
 13 quarter, but probably per six months, about 500 families
 14 per six months. Suddenly you can't go out to see them,
 15 and we would see four or five in a day. We were
 16 suddenly looking, at best, probably one or two in day,
 17 and therefore we then had to prioritise who were the
 18 most — I nearly said "needy" then, but who needed us
 19 the most. And that would not necessarily be how they
 20 felt, because depending on the situation that they were
 21 in, that would be part of the driver, so overnight, we
 22 probably more than halved who we could see.
 23 Q. You've touched upon it there, but how did you determine
 24 which children you were seeing and which, frankly, you
 25 weren't seeing?

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1 A. A mixture. So — a mixture in terms of discussion with
 2 social work who they would see as the families that were
 3 most in need of support. The fact that my team know the
 4 people, the way — and I don't know if things have been
 5 covered in terms of understanding of social work and how
 6 we operate, but my team managers do supervision on a
 7 regular basis with our frontline workers.
 8 So all that — what that means, on an ongoing basis,
 9 they're talking about families, they're assessing
 10 families and they're assessing need and they're
 11 assessing risk. So part of it would be from social work
 12 and then part of it would be from that discussion there.
 13 And also, because of the way we were set up with the
 14 helpline, it would also part be driven by people
 15 contacting us with that need, so a mixture of areas that
 16 we would use.
 17 Q. Did that have any — did that — my word, not yours —
 18 but triaging in terms of choosing some and not others,
 19 did that have any impacts on the young people you would
 20 ordinarily deal with?
 21 A. Yes. I think for us, and for young people as a whole,
 22 they felt abandoned at that time. And I think that it's
 23 very hard to explain to someone who's quite fearful of
 24 what's happening anyway, that maybe their case is not as
 25 serious as someone else's case. So suddenly you're

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1 comparing and contrasting, which is not something you
2 would want to do.

3 The coverage in the media generated so much anxiety,
4 and their lives — an element of their life, one element
5 of it, but the rest of their life was changing as well,
6 so therefore — because we couldn't necessarily see what
7 was happening in the home environment, which is
8 something we would normally be able to see as well,
9 I think there were young people that — their lives were
10 worse than we realised, and got worse very quickly, and
11 we were not able to get out to all of them, because we
12 just — we weren't allowed.

13 Q. You've mentioned a couple of times the importance of
14 relationships between your staff and the individuals
15 that they're dealing with?

16 A. Yes.

17 Q. Did that restriction have any effect on your staff
18 members?

19 A. Yes. So I think we're still dealing with that. I think
20 we're still dealing with some of the guilt that people
21 feel, that we had to make decisions that we wouldn't
22 want to have made, but we did. I think there are still
23 families who have not recovered from that, and my team
24 are out there, and will see that.

25 We put lots of support in place but, you know, the

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1 reason that they come and work for us is they want to
2 make a difference and a positive difference, and at that
3 time, it felt like we were making the least worst
4 decisions rather than making the best decisions.

5 Q. You touched upon something before; I would like to talk
6 to you briefly about some policy changes that you made,
7 in terms of how your staff were operating. You
8 mentioned the prioritisation in terms of having to see
9 some children, not others. You mentioned, I think also,
10 the way telephone calls were being handled?

11 A. Yes.

12 Q. Could you tell us about that?

13 A. Yes. So as an organisation, we didn't give out a
14 telephone, or we didn't give out our team's telephone
15 numbers to children and young people. We have a
16 helpline for that.

17 One of the main drivers for that is that, you know,
18 some of the work we do is really intense, and people
19 need to be able to get away and switch off, and that's
20 really difficult, you know, if you're using your phone
21 and you're getting calls at all times of the day and
22 night.

23 But because we weren't getting out and we needed to
24 talk to them, we gave out our telephone numbers, or we
25 gave out — staff gave out their telephone numbers and

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1 their WhatsApps, so that again, it's another route for
2 us to be able to see and talk to people. That was a
3 huge change for them, but because — if you compound
4 that by the fact that children and young people were
5 feeling insecure, frightened, scared, their use, as it
6 were, of the phone suddenly rocketed.

7 So if you had a look at a helpline, you'll see the
8 calls drop of a helpline, so if you looked at that in
9 isolation, you'd think that was — it was quiet, but
10 actually then you see the rocketing. And when I say
11 that, the scale of the calls just rocketed, that people
12 were getting directly to their own phone and
13 conversations direct to their own phone.

14 Some challenges there, I touched back on
15 supervision, that — we have a mixture of experienced
16 staff and not experienced staff, because it's like any
17 other organisation. Usually when we're assessing cases
18 and we're assessing relationships, you have got a bit of
19 time, and you can escalate it up and down to your team
20 manager or to a service manager if he's very
21 experienced, and work out how you're going to respond to
22 that.

23 And a lot for our team suddenly have to — maybe an
24 inexperienced person responding to a call of a really
25 severe issue. If ever you have been in a call and

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1 someone is on a call to you, trying to say: can you go
2 on hold while I phone someone up and talk this through
3 and come back to you with advice, just — so it meant
4 that we were starting to find some of our team were
5 having to deal with things that would normally have
6 escalated up and we could have managed that escalation.
7 That was one issue.

8 I think, second issue, children and young people are
9 wonderful at, like, trickery, as it were, I say that
10 tongue in cheek. So switching screens off, and
11 technology's not working and therefore you can't see
12 them, and you can't see where they were. So we're
13 trying on the phone to unpick, so: who's there with you,
14 are you on your own, is there someone — what are you
15 doing?

16 It's a slightly different skill from actually
17 going — it outcomes strange, that, but actually when
18 you think about it, when you create a composite picture,
19 it will not be just what people say; it's how they
20 behave, how they look, what they're wearing.

21 So again, we have a challenge for the team of trying
22 to just unpick, and if you think as well, the situations
23 of the young people that we're working with, you're not
24 phoning to see: is it a nice day today; there's an
25 issue. So that was huge for us.

20

1 Probably the second biggest thing and what people
 2 miss, cars and car travel are really important to us,
 3 and the change in that was massive for us. And what I
 4 mean by that, I would advise you, one of the things that
 5 you do in a car and you don't realise, is that you get
 6 bored, so you start telling things that you wouldn't
 7 normally talk about. That's amazing for us with the
 8 young people we work with. Get them in a car and they
 9 get bored, and they'll tell you lots of stuff.
 10 Fantastic.

11 You might get two of them in the car, because we
 12 work with siblings, or you might get three of them in
 13 your car because you work with family. We couldn't do
 14 any of that. When we first started, we couldn't do
 15 that, and then even when we've said we could use cars,
 16 we could see people, you could only take one person in
 17 the car and they would sit behind you.

18 So again, some of the skills and the ways that we
 19 would get — elicit information and understanding
 20 suddenly disappeared. So we're having to find a whole
 21 different way back round those routes to get to the
 22 understanding we need of what's happening in that young
 23 person's life. So it's a massive difference for people.

24 Then probably the third thing that I would say, the
 25 frontline, my team are frontline people. That's what

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1 they do, and suddenly we have stopped them doing what
 2 they do. They go out into communities, they see things
 3 that are happening, they connect into communities, they
 4 build networks. With the best will in the world, when
 5 you have got them sitting at home, they can't do that.

6 Q. Thank you. You mentioned there some of the impacts of
 7 what we refer to as social distancing. I understand
 8 from what you're saying that your staff members didn't
 9 get to go into homes for quite a considerable period of
 10 time; is that correct?

11 A. That's correct.

12 Q. Could you explain to his Lordship why that's important
 13 in order to do your work?

14 A. Yes. Being honest, they probably went into homes more
 15 times than I knew, because they would. But a lot of the
 16 families that we work with, knowing who in the family is
 17 there is really important, and often you don't get told,
 18 so you need to be there to see who's there, is one
 19 thing.

20 Second thing, in terms of that, if I almost do it
 21 from — when you turn up at kerbside, a team will look
 22 and see who's about in the area, if there is anyone.

23 Second, when they get into the premises, they will see
 24 how the people in the house present. Third thing that
 25 they can then do is sometimes separate people to have

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1 slightly different discussions, and that helps us to
 2 correlate: has what mum has told me matching what son is
 3 telling me. So there's a correlation element in there.

4 There's also a bit that allows us to work out: do we
 5 need to get that young person out of that house for a
 6 period of time. That's not necessarily because of a bad
 7 thing, but in terms of sometimes that proximity, that
 8 intensity of relationships that you might just need to
 9 give a bit of breathing space to.

10 I think — I haven't seen who you have spoken to,
 11 but it wasn't — the growth or the increase in domestic
 12 abuse through COVID was quite significant. The increase
 13 in abuse to young people was quite significant, and
 14 again, being able to see it is important.

15 And probably a good example of that, one of my team
 16 turned up, and what we were doing initially for some of
 17 the families that we work with, was we would go and do
 18 the shopping for them and we would drop it on the
 19 doorstep, ring the bell, go to the bottom of the garden,
 20 as it were, go to the gate, so that we just see — one
 21 of my team had been to see a family, dropped the
 22 shopping, went to the bottom of the garden, waited to
 23 see that, and gran came out, and she realised gran had a
 24 black eye. So basically went back in to find out what
 25 was going on.

23

1 It's that ability to be able to see and do, and I
 2 say that carefully, because at that stage, we weren't
 3 allowed to go into premises, and we did, because it was
 4 the right thing to do, and that's what they do.

5 Q. Thank you. Before I leave this section just a couple
 6 more questions if I may. In terms of the mobile phones,
 7 you've talked about the fact they were getting direct
 8 contacts from clients. You've talked about the fact
 9 that your service is 24/7. Were the calls coming
 10 through 24/7 to your staff?

11 A. Yes.

12 Q. And what impact did that have on them?

13 A. Much as I would mandate, don't answer your phone, people
 14 would answer phones. So I worked on the premise that
 15 they would do that, and we put supports in place within
 16 the organisation, but I think over a period of time,
 17 that's a slow burn, and people are tired, and people got
 18 tired, and it got harder.

19 And part of the challenge is once you have put
 20 something into play, unpicking it is nigh on impossible,
 21 so we're still contending with that as an issue today,
 22 around use of phones, and how we use them and how young
 23 people and families use them. So it's still — it was
 24 right but it's hard.

25 Q. Does that mean your service hasn't reverted to

24

1 pre-pandemic means of operation?
 2 A. Yes and no. So we're out --- we were very quickly out
 3 seeing people, as soon as we forced key worker status
 4 through, we were out seeing families etc but now we have
 5 a mixture of --- we still have a helpline, we still
 6 have --- you know, once you have given the number out,
 7 you have given the number out so ...
 8 Q. His Lordship has heard evidence over the last two weeks,
 9 in fact longer than that, last six weeks, in terms of
 10 closures of various services, schools in particular, and
 11 also other --- statutory and other services. Did that
 12 impact on any of your work?
 13 A. Yes, hugely. So I think --- a couple of areas that were
 14 a big impact for us, schools closing, and I think
 15 somewhere in the statement, you'll see --- I think if we
 16 had gone back and listened to the voices of young
 17 people, we wouldn't have had a second lockdown for young
 18 people, but schools closing --- schools are a huge source
 19 of information and support for us and vice versa, so,
 20 you know, a lot of times when a young person presents
 21 poor behaviour at school, it is because of something
 22 happening at home or in the community. So that sharing
 23 of knowledge and working alongside is really important.
 24 So schools closing was huge. I don't think we've
 25 fully understood the impact on young people of the

25

1 transitions that they missed because of schools closing,
 2 and we're seeing some of that behaviour now, and I think
 3 you'll see in my statement, some of the behaviour we're
 4 seeing now, maybe, I can't say for definite, but maybe
 5 it would have worked its way through in maturation in a
 6 transition, but it's now happening at a younger age,
 7 because they didn't have that transition to go through.
 8 Social skills challenging. So schools closing, massive
 9 issue; closing a second time, even worse, we would say,
 10 for a multitude of reasons.
 11 Cafes, restaurants, shops closing, for us, again,
 12 massive issue. When we want to get young people out of
 13 a house, or get them into a more relaxed environment to
 14 talk, it's not unusual we take them to McDonald's, and
 15 I'm not floating McDonald's, but a restaurant, somewhere
 16 for a cup of coffee, cup of tea, just getting them
 17 away --- I touched on it earlier, if we'd have sat down
 18 with the private sector, we would have talked to them
 19 about really being careful about things --- closed. It's
 20 that decision that's made, you don't fully realise the
 21 knock-on implications.
 22 So us not being able to get young people --- for the
 23 number of Scottish people in here, you think about the
 24 weather in Scotland, when the only alternative for us
 25 is --- get them out of the house is to take them for a

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1 walk, in the weather we get, is not great.
 2 So getting them out of the house for a coffee, or
 3 get --- for a McDonald's or a KFC is part of our armoury,
 4 so those closing was dreadful. Any space that you could
 5 get out and get into that then closed, and I don't know
 6 if people remember it, but at one stage, the police were
 7 moving people on, sitting on a bench in a park, and
 8 saying: you can't sit and talk for that long, 10,
 9 15 minutes. We would try and get an hour. So those
 10 spaces being closed was just devastating for us.
 11 Retail, you start moving online, I think, within my
 12 statement, one of the things that --- it didn't really
 13 surprise us but did surprise us, was when we were
 14 putting money into families, most people did think it
 15 would be about digital, and it would be about
 16 technology. Actually, we were finding it was clothes,
 17 it was bedding, it was basic living things.
 18 You can do so much online, but actually being able
 19 to get into a retail store and take a family into a
 20 retail store and buy them a bed that's the right size is
 21 really important. So things like that closing were
 22 massively important, and that's where I get into about
 23 getting the public, the private and the third sector
 24 together, just to have a proper discussion that says: it
 25 might seem really sensible, and I get why you're doing

27

1 it, but the knock-on was huge for us, and we're still
 2 feeling it.
 3 Q. Thank you. You've touched upon a few things already,
 4 but I would like to ask you a few more questions about
 5 the impacts on the children ---
 6 A. Yes.
 7 Q. --- and the families themselves. In terms of the removal
 8 of the wraparound support ---
 9 A. Yes.
 10 Q. --- and the relationship-building opportunities,
 11 particularly at the beginning of the pandemic ---
 12 A. Yes.
 13 Q. --- did that have any particular impacts for families, or
 14 children within families?
 15 A. Yes. So there will be --- there would have been families
 16 where because that service wasn't available, may have
 17 meant that a young person was kept in a residential
 18 unit, or vice versa, a young person might have been
 19 released, as it were, from a residential unit into the
 20 family and no support there, and then end up going back,
 21 probably the worst case scenario of that.
 22 But then --- I touch on transitions, is massively
 23 important. One of the things that we become, because of
 24 the way we work, is we become a trusted person to that
 25 family or that young person, and then suddenly we're not

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1 there, and suddenly the only way they can get hold of us
2 is on a phonecall and depending if they, you know, we
3 have got them as high priority, they may not be able to
4 get hold of us. So the impact just keeps manifesting
5 and growing.

6 As I said, I'm not --- all the other things that are
7 going on in community as well just add to that. I think
8 the other thing that it took away from us is --- in some
9 ways, that very early engagement is just --- it's really
10 important because you start to set the boundaries etc.
11 So there would have been children and families we didn't
12 see for 4, 8, 12 weeks.

13 And I think probably touched on it, and I think I
14 used CAMHS as one of the examples, it wasn't unusual for
15 young people to have a 17-week referral to CAMHS.
16 I could probably argue, if we had have been there with
17 them in the first two or three weeks, they might not
18 have needed that referral to CAMHS. So by the time they
19 hit CAMHS, it is off the scale intense. If actually we
20 had been there day 1 or week 1, week 2, that escalation
21 would not necessarily have taken place.

22 It's hard to quantify those, but what we're seeing
23 now is that impact working its way through. So it's a
24 huge impact that people weren't there, we weren't there,
25 and there will be other organisations like us that

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1 weren't there.
2 Q. His Lordship is probably familiar with CAMHS, but in
3 case anyone else isn't, could you just explain who CAMHS
4 are?
5 A. Yes. So they work with children's mental health. So ---
6 and I think you have got SAMH as the adult mental
7 health, and CAMHS as children's mental health. This is
8 where they would normally be referred, normally by a
9 doctor, for mental health support.
10 Q. You've alluded to it a moment ago, but would your
11 service hopefully preempt some of the need for that
12 referral?
13 A. Yes, so I touch on again now, when we talk about public
14 services, and that --- people don't always realise how
15 much third sector do that, but I have mental health
16 first aiders and mental health trained professionals in
17 my organisation who will provide tier 1 mental health
18 support. Hopefully what you do is you get them in tier
19 1 and they don't escalate to tier 2, tier 3. And tier
20 2, tier 3 is when you start to move into CAMHS and into
21 medical interventions, which is something that we try
22 and avoid.
23 Q. Thank you. You've touched upon quite a lot of the
24 impacts as we have been talking during the pandemic. As
25 we move forward into post-pandemic, are you seeing any

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1 different behaviours or effects continuing in terms of
2 what you're seeing in children now, as a result of what
3 happened in the pandemic?

4 A. I think --- so a couple of things that we're seeing,
5 although we do nought to 26, if I had looked at the
6 organisation six or seven years ago, I would probably
7 have said the bulk of children and young people we work
8 with is probably about 15 and upwards. We're seeing
9 that from 10 and upwards now.

10 Can I directly causal that to COVID? No. Do I
11 think it correlates? Yes. Do I think we'll get to a
12 stage where, when we look back, we'll say that's
13 absolutely? I think we will.

14 So we're seeing that intensity of behaviour, that ---
15 I think through normal transition and maturation
16 processes would have come to the fore. So we're seeing
17 that now. Maybe at the end I'll come on to it, I don't
18 think we listened enough to the voices of children and
19 young people through COVID, and we didn't hear what they
20 were saying well enough. We listened to other groups,
21 but not children and young people.

22 And we put them in a situation where school and home
23 suddenly intertwined, and that's really hard for them,
24 then, to understand when we say: you have to go to
25 school; they say: when it suits, we don't. And I'm

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1 being really simplistic about that, but essentially
2 that's what we did with them.

3 So we're starting to see that, in terms of some of
4 the behaviours that are coming through. And an older
5 group, you know, we've got young people in university or
6 in apprenticeships who never had to deal with exams and
7 putting them under that sort of pressure, and are
8 struggling with it. That's become hugely challenging.

9 I think we did a couple of surveys through --- and
10 research through that period of time, and after that
11 period of time, as I said, I think the impact of the
12 second lockdown was colossal, and we're starting to see
13 that play through now.

14 I think probably the families that we see, we
15 started off, and we've not touched on it, but we started
16 off --- and COVID didn't create poverty in the families
17 that we work with. That was already there. It
18 amplified that poverty. And when we started off, we
19 were giving them vouchers etc and I think if you
20 remember early on, when you said about --- one of the
21 issues is stigma, we stigmatised them right at the
22 outset. They were already stigmatised, or they already
23 felt that way, but we stigmatised them even further. We
24 gave them vouchers, and then we stigmatised their
25 children because they got vouchers, and it took us time

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1 to unpick from that. It's still there.
 2 So I think — I think we're probably now in a place
 3 where we are suffering more from it and not fully
 4 realising how much damage it did.
 5 Q. I would like to talk to you now about potential lessons
 6 in the way that we might deliver support. You have
 7 mentioned one there in terms of stigmatisation; is there
 8 a better way of — or is there a way of avoiding that
 9 stigmatisation?
 10 A. I think government came through with what they call cash
 11 first, and started to trust — sorry, I'll be careful
 12 when I say — so when I talk about government, I mean
 13 big government, small government as well, so central
 14 government and local authorities. So the move to cash
 15 first was the right thing to do. Trust families with
 16 cash, don't give them vouchers, don't ask them to
 17 account for what they've done. So that was a really
 18 good step forward.
 19 I think we have gone backwards on that, and we have
 20 lost sight of some of that, and we have got back into —
 21 rather than trust families, we now want them to account
 22 for everything that they have spent. So it was a good
 23 step. We have gone back.
 24 I think other lessons that we should have picked up
 25 earlier, I would go back to that one around talking and

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1 listening to children and families about their
 2 experience and involving them in the decision-making.
 3 We do a lot of talk about listening to lived
 4 experience. There's a lot of lived experience there
 5 that I'm not sure we're hearing. So I don't know if the
 6 Inquiry is going to talk to young people, but I would
 7 recommend it does, because I think they will give you
 8 lessons more brutally than perhaps I would about what
 9 they went through. So I think that — lessons learnt
 10 for us there.
 11 I suppose — we've not really touched on it, but —
 12 and again, I'll come back — the areas we tend to work
 13 in tend to be the areas of highest deprivation. We
 14 had — we did some work, and we looked at it, and I
 15 think it was 35% of the families that we worked with
 16 were in work, suffering from poverty in work. COVID
 17 came along, and then we put them on 80% of their salary.
 18 So we're already in a place where this is — the
 19 most challenged people, we have in-work poverty, we then
 20 put them on furlough, they're on 80% of what they're on,
 21 and they weren't on a lot to start with, We're also
 22 going to add to them the fact that they're going to have
 23 extra heating bills, they're going to have extra food
 24 bills because the family is at home etc and we wondered
 25 why they got into even worse situation.

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1 So there's something there for me in terms of that,
 2 again, how we bring third sector, public sector, and
 3 private sector together, that says what were the
 4 unintended consequences of some of the things that we
 5 did for whatever — I'm not decrying the reason — the
 6 fact, in terms of furlough, I think, thinking behind it,
 7 I understood completely. It's that application and the
 8 unintended or the unthought-through — consequences of
 9 that application. They were the things for me in terms
 10 of what lessons we could learn and should learn and need
 11 to learn.
 12 Q. You've mentioned the trust put in third sector
 13 organisations, such as Includem —
 14 A. Yes.
 15 Q. — in respect of delivery of funding and the like. Was
 16 Includem involved in delivery of funds to children and
 17 young people?
 18 A. Yes. So one of the benefits that we have — so as an
 19 organisation set up as a charity, but also we're a
 20 business, yes, so my frontline team all have credit
 21 cards and all have access to cash, because we do that,
 22 and it's not unusual for us to support and help a family
 23 out, and because of the way we work, you know, what
 24 I don't want is one of my team phone me up and saying:
 25 someone needs a bed, Martin, can I go and buy them; of

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1 course they can, go and do it.
 2 So we were already set up to do that and basically
 3 all we needed was cash to come in and we could just do
 4 that. Whereas local authority, central government, you
 5 would go through a whole heap of conditions to get that.
 6 So we got funding from Scottish Government, from local
 7 authorities, and from Barclays on cash first, so we
 8 could just go and do direct cash awards and direct
 9 support.
 10 Q. From the supported individuals' perspective, is that an
 11 easier way to get cash? Are there any particular
 12 difficulties which they might suffer in terms of ability
 13 to otherwise access those kinds of funds?
 14 A. Yes, so again, the moment — so I have touched on
 15 vouchers which would stigmatise, and anyone who goes and
 16 gets, I don't know, a £100 factory outlet voucher, and
 17 they're sat there trying to work out: have I spent £100,
 18 have I spent £95, or whatever, and then can't get
 19 change. You wouldn't believe the stress that they go
 20 through with that. So vouchers is really difficult for
 21 them.
 22 So when we talk them through around how do we help
 23 them out, we also have to watch out, if they're on
 24 benefits, and we start putting cash into their bank,
 25 their benefit potentially then could get impacted, and

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1 we need to be very conscious of that.
 2 I think secondly, in terms of what they're buying,
 3 you know, we probably need a few hours if I really went
 4 into this, but some of the families we work with were
 5 nervous about buying and being visibly seen to buy or
 6 have cash at different times, because of the environment
 7 that they're in, or the people that they're operating
 8 with, or the people that are in their lives etc.
 9 So, you know, you give them £100 and say: buy some
 10 technology. And you go back and find that technology is
 11 not there. Part of the reason may be that they have
 12 sold it for a different reason, but also it might be
 13 that they're worried because they can't pay their
 14 ongoing bill. So in terms of cash it's absolute, so
 15 that's £100.
 16 In terms of what --- doing that, that's stopped them
 17 as well in taking out loans and borrowing from other
 18 people, and again, I don't think people fully realise in
 19 terms of --- especially in some of the environments that
 20 we operate in, the impact of other cash sources, so
 21 creating a cash source that wasn't going to impinge on
 22 them is really important.
 23 Q. You've mentioned there the purchase of devices.
 24 A. Yes.
 25 Q. One of the issues which his Lordship has heard, very

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1 often from third sector, is questions of digital
 2 exclusion?
 3 A. Yes.
 4 Q. Was that an issue that you came across as well?
 5 A. Yes, huge, huge issue. I can remember speaking at an
 6 event where --- I think the title of the event was
 7 digital inclusion, and I said: well, the problem I have
 8 is the bulk of people we work with are excluded; and we
 9 can talk all we --- about inclusion, but there are
 10 multiple layers to the digital inclusion. There is that
 11 bit around ongoing cost of it, that for families that we
 12 work with couldn't afford necessarily the ongoing cost.
 13 But there's also --- some of them choose to be
 14 excluded, because we create an environment where they
 15 weren't getting out and you couldn't see them, but
 16 actually you put them online, there's a whole raft of
 17 challenges then, and different issues to deal with, once
 18 they're online, especially with young people. And
 19 again, we're dealing with a lot of that now in terms of
 20 what's happening online.
 21 So sometimes when you talk about exclusion, people
 22 think, as it were, physically or technically, but
 23 there's that understanding of it; so a lot of the
 24 families that we work with, you could buy them
 25 technology, you could support them with technology, but

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1 mum or dad don't know how to use it, so that becomes an
 2 issue; multiple siblings in the family want to use it,
 3 that becomes an issue; real depth of knowledge and
 4 understanding of when you switch that on, what's going
 5 to happen, is missing.
 6 So, you know, it's not just, as it were, because
 7 they don't have a laptop or they don't have a mobile
 8 phone. It's --- they don't necessarily know how to use
 9 that; they don't necessarily know the safeguards in it;
 10 we don't put things in place to help them understand
 11 that. And if you think about it at that time as well,
 12 probably one of the places that you would learn to use
 13 it was school, and school was closed, so we compounded
 14 an issue.
 15 Q. I'm conscious of the time, Mr Dorchester, and there's
 16 just a couple of more things I'm hopeful to get through,
 17 so I'm going to take them relatively quickly, if I may?
 18 A. Okay.
 19 Q. I would like to talk to you very briefly about your
 20 staff, essentially, and the operations of Includem. Did
 21 your staff have key worker status?
 22 A. Yes and no. So the --- I think I put in my statement,
 23 the letter that came out wasn't clear on what a key
 24 worker was, or wasn't clear on what a key worker wasn't;
 25 and that was evidenced by the fact that some authorities

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1 saw us as key workers and some authorities didn't see us
 2 as key workers. So we did get key worker status, but on
 3 a number of authorities, we still had to keep going
 4 through the same loop.
 5 Q. You mentioned in your statement that --- I think there
 6 was a letter issued by a minister of which --- you had
 7 indicated was unclear?
 8 A. Yes.
 9 Q. And then further letters by some local authorities ---
 10 A. Yes.
 11 Q. --- is that correct?
 12 A. Yes.
 13 Q. But ultimately Includem issued its own letter to staff;
 14 is that correct?
 15 A. It was me.
 16 Q. Yes.
 17 A. I did.
 18 Q. Is there a lesson to be learned in that regard, do you
 19 think?
 20 A. Yes. I'll keep coming back now, I hope I don't sound
 21 like a broken record, I think it's that recognition of
 22 the third sector being part of the public services
 23 delivery, and if that was absolutely crystal clear, we
 24 would never have got --- I don't think anyone asked a
 25 policeman: are you a key worker; because we just take

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1 them as granted that they are part of it. So, yes,
2 there is a lesson for me around that's what the third
3 sector does.

4 Q. We've talked about the fact that the services you're
5 providing are effectively the — very often social work
6 services that would otherwise be provided by local
7 authorities and others. You also mentioned very briefly
8 the availability of PPE?

9 A. Yes.

10 Q. In terms of your access to PPE, did you have the same
11 status as statutory workers?

12 A. Not to start with, so I think it was the first month, we
13 had to procure our own. Then when we got granted key
14 worker status — our key local authority, our biggest
15 local authority was Glasgow. Once they granted us key
16 worker status, we could access PPE from Glasgow, but
17 what I would say is again, and this is the inconsistency
18 of it, it may be a lesson to learn, that PPE was not
19 inclusive of wipes.

20 And I think if you remember back at the beginning of
21 COVID, people were convinced it was — you had to clean
22 surfaces down. Just a small point, but that wasn't
23 included in the PPE.

24 Q. You've mentioned to his Lordship how Includem was
25 funded —

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1 A. Yes.

2 Q. — through its contracts and the like. You've mentioned
3 furlough?

4 A. Yes.

5 Q. Were any of your staff furloughed?

6 A. No, we didn't furlough anyone.

7 Q. If they were sick, how were they paid?

8 A. So we changed our sick pay policy, because we were
9 creating a two-tier workforce. So if you were — I'll
10 be careful how I say this, if you were a support
11 services — would traditionally be based in operational
12 offices. If you had COVID but weren't having symptoms
13 for it, you could still work, so you could work from
14 home. If you were a frontline worker and you had COVID,
15 irrespective if you had symptoms or not, you couldn't go
16 out and work.

17 So we changed our sick pay policy to cover that, so
18 that if any of our frontline workers were off sick, we
19 extended to sick pay, so that they got full pay
20 throughout that sickness period.

21 Q. Thank you. What was the financial impact on Includem of
22 the pandemic as an organisation?

23 A. Crikey. I think in year 1, we made a deficit of about
24 half a million pounds, because like a lot of
25 organisations, we dig into our reserves, and we put our

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1 money where our mouth is. We've not really touched on
2 it — one of the reasons that I think the third
3 sector — really suffered through COVID, it was
4 underfunded for many years before that, reliant on us
5 providing our reserves, securing other types of funding,
6 so you don't get a true cost of what the services
7 delivered.

8 Suddenly when you come into period such as a
9 pandemic, and actually you start looking at what's the
10 real cost, it's significant. When you start seeing that
11 you can't necessarily do your fun days out to raise
12 funding over and above what you would get paid for your
13 contracts.

14 So we have made three years' losses subsequent to
15 that, because we keep reinvesting, and without being
16 political, we're still reinvesting because the funding
17 for the third sector is not sufficient, and it needs —
18 we shouldn't need a pandemic to tell people that.

19 Q. Thank you. We just have literally a minute left,
20 Mr Dorchester. I'm going to give you an opportunity —
21 I appreciate it's a very whistle-stop tour we have had.
22 If there's anything particularly key that we haven't
23 touched upon, and you would like to highlight to his

24 Lordship, I'll give you an opportunity to do that now?

25 A. Yes. I think — a couple of things that I would say. I

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1 have touched on it, but we didn't listen and talk to
2 children and young people, and we need to hear their
3 voices and what they went through, I think. Whatever
4 lessons we want to take from COVID, please talk to them.

5 I think, second thing, if we can take a lesson
6 learnt that says the third sector delivers public
7 services, what more do you need to be part of the public
8 sector than deliver public services, because it's beyond
9 me, that, and I think that challenge we had over key
10 worker status, and the fact we had to fight that corner
11 was ridiculous and it wasted time.

12 I think probably the last thing that I would say, on
13 operational, not macro-level huge decision-making, on
14 operational level, we didn't get the public sector, the
15 private sector and the third sector together on a
16 regular basis to talk about what are the impacts of some
17 of the things that we're doing, and can we work together
18 to change this.

19 If we can take something about how we bring — they,
20 for me, are the three pillars of any community, so how
21 we cannot combine them at the time of pandemic again is
22 beyond me, and we still suffer from the fact that we
23 don't fetch it together, and I think it would resolve a
24 multitude of issues.

25 MR TURNER: Thank you.

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1 My Lord, unless you have anything to add, that's all
 2 questions I propose to put to this witness.
 3 THE CHAIR: Thank you very much, Mr Turner. Mr Dorchester,
 4 I will say one thing, and I hope it's reassuring to you,
 5 that primarily through our listening project, Let's Be
 6 Heard, we have listened to and directly taken evidence
 7 from a significant cohort of young people, of children,
 8 and that, of course, will form part of our
 9 decision-making process. So I hope that's of some
 10 comfort to you, but thank you for your evidence and your
 11 time today.
 12 A. Thank you, my Lord.
 13 THE CHAIR: I'm very grateful. Yes, very good. About
 14 11.15, then, for the next witness or witness.
 15 MR TURNER: Thank you, my Lord.
 16 (11.01 am)
 17 (A short break)
 18 (11.17 am)
 19 MR TURNER: My Lord.
 20 THE CHAIR: Good morning again, Mr Turner. Now, you have a
 21 panel for us now.
 22 MRS MAGDA CZARNECKA (called)
 23 MRS MARGARET LANCE (called)
 24 MRS BERTHA YAKUBU (called)
 25

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1 MR EPHRAIM BOROWSKI (called)
 2 MR TURNER: We do indeed, my Lord. We have four
 3 representatives of organisations who are members of
 4 BEMIS. First of all, online, my Lord we have Mrs Magda
 5 Czarnecka, and then we're joined in the room by Mrs
 6 Margaret Lance, Mrs Bertha Yakubu and Mr Ephraim
 7 Borowski.
 8 THE CHAIR: Very good. Good morning to you all. You're
 9 going to be asked some questions by Mr Turner, so I'll
 10 hand over to him now. When you're ready, Mr Turner.
 11 Questions by MR TURNER
 12 MR TURNER: Thank you, my Lord. Good morning, everyone.
 13 MAGDA CZARNECKA: Good morning. Is there any chance I could
 14 see the room? Thank you.
 15 MR TURNER: I'm being told not. Can I just remind
 16 everybody, this morning's hearing will be transcribed.
 17 If you could try and speak as slowly and clearly as
 18 possible, that would help our stenographers greatly, and
 19 if we could all try not to speak over each other.
 20 Unlike Teams, the stenographers do struggle if we're all
 21 talking at the same time.
 22 I'm going to ask you all in turn if you could please
 23 state your full name, the organisation that you are
 24 involved with, and what your role is in that
 25 organisation, and if it was different during the

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1 pandemic, perhaps you could also give that indication.
 2 If I could start with Mrs Czarnecka.
 3 MAGDA CZARNECKA: Hello, I'm Magda Czarnecka. I'm a CEO of
 4 Fenik, and that was my role at the time.
 5 Q. Thank you. Mrs Lance?
 6 MARGARET LANCE: Good morning. My name is Margaret Lance.
 7 During the pandemic, I worked for Waverley Care, but as
 8 a community leader, I was also chair for Women in
 9 Action, as well as a board member for BEMIS.
 10 Q. Thank you. Mrs Yakubu?
 11 BERTHA YAKUBU: My name is Bertha Yakubu from Aberdeen. I
 12 run the African Women's Group. I was the founder, but
 13 I'm now a secretary in the group.
 14 Q. Thank you. And Mr Borowski?
 15 EPHRAIM BOROWSKI: Good morning. I'm Ephraim Borowski. I'm
 16 the director of the Scottish Council of Jewish
 17 Communities, board member of BEMIS. I was at the time,
 18 I think, the treasurer, but I have certainly been the
 19 treasurer and the past chair of BEMIS, and it may be
 20 relevant to an inquiry into COVID that I was asked by
 21 the previous chief constable to join the independent
 22 advisory group that the Scottish Police Authority set up
 23 to — I suppose oversee is the wrong word, but to
 24 comment on the emergency legislation as it came along,
 25 which was about twice a day.

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1 Q. Thank you. Mr Borowski, could I perhaps impose upon you
 2 to explain to his Lordship what BEMIS is?
 3 EPHRAIM BOROWSKI: Yes. BEMIS is the Scottish minority
 4 ethnic infrastructure organisation. A lot of the work
 5 that we do is, as it says, infrastructure. So it
 6 provides support to, for example, start-up community
 7 organisations, helping them draft a constitution,
 8 helping them register with OSCR and so forth.
 9 But it also brings together organisations, and I
 10 think that's one of the things you probably want to
 11 explore, is that BEMIS took the initiative to set up
 12 what was called the Ethnic Minority Resilience Network,
 13 which brought together a lot of minority —
 14 representatives of minority communities, including ones
 15 that very often are not on the radar, and that's maybe
 16 something else we can explore a little bit. I hope that
 17 helps.
 18 Q. Thank you. And could I just expand on that a little;
 19 who are the members of BEMIS, what kinds of
 20 organisations?
 21 EPHRAIM BOROWSKI: Ethnic minority organisations. We were
 22 very careful when we redrafted the constitution,
 23 probably now 10, 15 years ago, because some minority
 24 communities define themselves in terms of ethnicity, and
 25 others define themselves in terms of culture, or, for

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1 that matter, religion . The Jewish community is of
2 course caught by both, as we saw in the Scottish census
3 but not in the English census, where Jewish was
4 mentioned as — there was a prompt to write in "Jewish"
5 under "Other" in the ethnicity question.

6 So in order to capture all of these, we are very
7 clear that we're not looking at race in the binary
8 sense, which some people try to represent it, which of
9 course completely misrepresents the facts, but we're
10 capturing ethnic and cultural minorities, so
11 organisations of a representative kind, so not, for
12 example, communal welfare organisations or education —
13 religious educational organisations, but organisations
14 that have it as their purpose to represent members of a
15 particular community, can then affiliate to BEMIS, which
16 very clearly doesn't speak for them, but gives them an
17 opportunity and encourages them to speak for themselves.

18 Q. Thank you, and you have mentioned there that BEMIS
19 doesn't speak for organisations; it 's bringing these
20 organisations together; is that how I should understand
21 it?

22 EPHRAIM BOROWSKI: Absolutely. It facilitates the
23 communities speaking for themselves.

24 Q. Thank you. Perhaps I could follow up on that and ask
25 you all to speak for yourselves, and perhaps,

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1 Mrs Czarnecka, I could ask you to explain what your
2 organisation, Feniks, is and what they do in your
3 community?

4 MAGDA CZARNECKA: Feniks has been set up 17 years ago to
5 work and support Central Eastern European communities,
6 mostly in Edinburgh, but also through Scotland. We were
7 set up as a mental health organisation, but grew to
8 support the integration, raise awareness on health
9 inequalities, provide advocacy, and since COVID,
10 actually to advocate for human rights of the migrant
11 communities in Scotland.

12 Q. Thank you. And, Mrs Lance, could you tell us about
13 Women in Action, and indeed any other organisations that
14 you have been involved with?

15 MARGARET LANCE: Well, I said earlier on, I work for
16 Waverley Care as community engagement coordinator,
17 which — I no longer work with them, and Waverley Care
18 is an organisation that supports people living with HIV
19 or affected by HIV and other bloodborne viruses. I was
20 the community engagement coordinator at the time, but we
21 do support people with other issues. We are using
22 referral pathways because we couldn't do everything.

23 So for Women in Action, it's just a group of women
24 that have come together, looking at how we can help them
25 change their mindset, shift their mindset and look into

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1 issues that matter to them. It could be domestic
2 violence, it could be parenting, whatever issues they
3 had.

4 But based on the fact we didn't have funding, we had
5 partners that we could identify the issues, listen to
6 the women and then signpost them, or accompany them to
7 wherever their referral was made. And education as
8 well. Many of them come with qualifications but they're
9 still quite confused what they want to do, getting jobs.
10 So it's about bringing them together, sharing and
11 learning new knowledge.

12 Q. Thank you. And Mrs Yakubu, African Women's Group
13 Scotland, could you tell us about that?

14 BERTHA YAKUBU: African Women's Scotland was formed in 1994.
15 We are over 30 years now, and it was formed primarily
16 because we were very few, so there was a lot of
17 isolation, especially for women, because the majority of
18 them came along with their husband that were studying.
19 So the women are the one left with small children in the
20 house.

21 As my colleague here said, they can't get jobs and
22 they don't know anybody, and the further north you go,
23 the less people like me you will see. So we were really
24 very few. I really have to walk down this street,
25 Union Street in Aberdeen, looking for African women; and

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1 not only we are isolated, we are not seen, we are not
2 heard, we don't feature in anything. And yet these
3 women have a lot of experience and a lot to give, and
4 yet they don't have the opportunity.

5 So I formed the group so that we can have a voice,
6 we can do things for ourself, find out our own problems
7 and solve it. But COVID came and turn everything upside
8 down. Because majority of the people that I work with,
9 they don't have recourse to public funds, and they work,
10 if they were a student, they work to pay their school
11 fees or pay rent, and if — and it is sometimes only the
12 woman that works, the man is studying.

13 And during COVID, everything was shut down, and so I
14 have never seen an African person beg for food, ask for
15 food, but during COVID, I was getting calls, and we are
16 just a charity without funding, so we just — when they
17 say everything shut down, we shut down, and just — we
18 don't have an office, we don't have staff, we do
19 everything on voluntary basis. And suddenly women were
20 phoning, and they were crying and children were crying,
21 you can hear the children crying because there's no food
22 in the house.

23 And so that is how we got involved with the COVID
24 thing. It's not something that we prepare for, or have
25 resources for, but we were forced to do something about

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1 it .

2 Q. Thank you. And Mr Borowski, the Scottish Council of
 3 Jewish Communities, could you tell us about that?

4 EPHRAIM BOROWSKI: It was established between the devolution
 5 referendum and devolution actually happening, because a
 6 number of us took the view that we needed to have a
 7 single one-stop shop that could engage with the new
 8 stratum of Scottish politics .

9 Until that time, the Glasgow community, which was by
 10 far the largest community, was well structured. The
 11 Glasgow Jewish Representative Council is now more than
 12 110 years old, and had in those days about 50 affiliated
 13 organisations involved in different aspects of communal
 14 life , but because -- I was going to say the Scottish
 15 Government, but of course it wasn't. The
 16 Scottish Office was based across the road from here.
 17 What actually happened was that if the Scottish Office
 18 wanted to obtain a Jewish view on something, so to
 19 speak, they would tap a Jewish civil servant on the
 20 shoulder.

21 That, of course, is not a way of getting a
 22 representative view, even if the civil servant was in
 23 fact my wife, but that's by the by, so we decided that
 24 we really needed to set up -- there was this umbrella in
 25 Glasgow, and we needed either to expand that to cover

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1 the whole country, or to have, so to speak, a super
 2 umbrella above the umbrella, that also included the
 3 other communities. And it was the latter that we did,
 4 and Scottish Council of Jewish Communities is that
 5 higher level organisation which encompasses the Glasgow
 6 community, which still has its own representative
 7 structure. Edinburgh is growing, but doesn't have a
 8 representative body of its own, although that may change
 9 actually in the fairly near future.

10 And there are -- until very recently, there were
 11 synagogues in Dundee and Aberdeen. Aberdeen is still
 12 there, Dundee closed about five years ago, maybe
 13 slightly more, and the Tayside and Fife community, as
 14 it's now called, is actually in a cupboard in St Andrews
 15 University chaplaincy. I could explain that if you
 16 really want to know more.

17 But then in addition to that, there's something like
 18 20% cent of the people who identify as Jewish in
 19 Scotland are actually not in the cities at all. And one
 20 of the problems with the Scottish census is that we
 21 ask -- the religion question in Scotland asks: what
 22 faith or belief do you belong to; whereas in England and
 23 Wales, it asks: what are you; and therefore if there
 24 isn't anything to belong to, people will truthfully say:
 25 none of the above.

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1 And that was why we, SCoJeC, pressed for "Jewish" to
 2 be mentioned in the ethnicity question, and we have been
 3 proven right, because figures were published about a
 4 fortnight ago, that actually said that there were 1,466
 5 people who had not ticked the religion box, who wrote in
 6 "Jewish" under the ethnicity question.

7 And it's interesting, actually, that you have got
 8 Magda and myself, because we are two of the communities
 9 that are missing from the census data, and there was
 10 research published just last week by a team based at St
 11 Andrews University that actually used the census
 12 ethnicity classification tweaked by adding the Eastern
 13 European community and the Jewish community.

14 So a lot of the data that you're looking at actually
 15 needs to be looked at more closely, because, frankly, it
 16 is not granular enough to pick up actual differences
 17 between communities that are actually different from one
 18 another, but are pushed into the same pigeonhole by the
 19 census.

20 Q. Thank you. I would like to talk to you now about the
 21 engagement that your groups had with the Scottish
 22 Government. We've mentioned, or Mr Borowski has
 23 mentioned, first of all the Ethnic Minority National
 24 Resilience Network. Mrs Lance, I wonder whether you
 25 were involved with that?

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1 MARGARET LANCE: Okay. Yes, as part of BEMIS in the
 2 national resilience network that was set up, it was
 3 great, because I thought that was quite a rapid response
 4 to what had happened. It was then as a community leader
 5 and a supporter of people that I serve, I had to keep
 6 them posted on updates, what was going on.

7 I was also the cochair of the African Caribbean
 8 network, and it's during the time that we also
 9 commissioned a research on COVID resistance. Of course,
 10 we know during that time there was a lot of uncertainty,
 11 and you have numerous calls from community members, from
 12 people who are concerned, either it was about their
 13 children, or it was about taking the vaccine, why should
 14 they take the vaccine; and some of those questions, yes,
 15 we could answer some, but some we couldn't answer.

16 But we were also keeping ourselves updated with
 17 information, information from the Scottish Government,
 18 from the NHS, and from Glasgow City Council, and just
 19 encouraging individuals where to get information,
 20 because they were getting information from social media,
 21 which was creating more panic, and we tried -- as Women
 22 in Action, we also tried to create some engaging
 23 activities, like homework out, like parenting skills,
 24 because we were having issues, you are trying to work
 25 from home, then your child comes to ask for milk, or no,

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1 there's no bread. You have to stop whatever you're
 2 doing.
 3 Nobody was prepared to work from home in order to
 4 teach their children, as I said earlier on, most parents
 5 became teachers by default, because they had to figure
 6 out how to help their child, and getting frustrated
 7 also, especially if they're not skilled enough to
 8 support their children, maybe mathematics or basic
 9 English, which they themselves don't have that language.
 10 So we were having all these issues, and trying to
 11 suss out partners who can help, and what we could do, we
 12 could do, like the homework out, it was getting them
 13 involved, and their children; just inviting other
 14 experts, like for mental health, relationship, to come
 15 on our platform and speak to them, raise aware. It was
 16 just looking what is it that can help them cope with ---
 17 not --- be more resilient with the situation at hand
 18 because there was a lot going on. Because of
 19 confidentiality --- sorry.
 20 Q. Sorry, no, I don't wish to interrupt.
 21 MARGARET LANCE: Yes, I was going to say ---
 22 Q. For his Lordship's benefit, could I perhaps ask who set
 23 up the resilience network?
 24 MARGARET LANCE: That was BEMIS. I thought I said that
 25 before. I said it was a rapid response by BEMIS to have

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1 set up that network, to bring all the ethnic minority
 2 communities together. And I think that was brilliant,
 3 because, you know, for years we haven't really come
 4 together as a community, and then everyone is sharing
 5 the same information, you know, you kind of think: oh,
 6 I'm not alone, they are saying the same thing, they are
 7 facing the same thing, so how can we move on together as
 8 a community? So the resilience network --- through the
 9 resilience network, that's how the COVID hesitancy
 10 research came about. I don't know if you need me to go
 11 into ---
 12 Q. If I could ask you to pause there, Mrs Lance, for a
 13 moment. We'll come back to the hesitancy research in a
 14 little while.
 15 Mr Borowski, prior to the setting-up of the
 16 resilience network, was there any mechanism for BEMIS
 17 or, indeed, any of its representative groups to engage
 18 with the Scottish Government?
 19 EPHRAIM BOROWSKI: Collectively, I think, probably not.
 20 I mean, some of us will have had networks of our own and
 21 so forth, and I wouldn't want to downplay that, but
 22 I think one of the points I would want to make is to
 23 draw a comparison between what the Scottish Government
 24 did for faith communities, and what they didn't do for
 25 ethnic minority communities, and again, because the

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1 Jewish community sits with one leg in each of those
 2 categories, I could make that comparison.
 3 As Margaret says, I certainly want to commend BEMIS
 4 for coming up with the idea of the network and
 5 proactively taking it forward, and I in particular found
 6 that very useful, because as I said earlier, when I was
 7 introducing myself, I also sat on the Police Scotland
 8 independent advisory group that was looking at the COVID
 9 legislation. And it was very useful to be able to talk
 10 about the lived experience that I was hearing about at
 11 the network, and feed some of that back to the IAG, but
 12 directly on the question that you asked, the Scottish
 13 Government took the initiative to bring faith
 14 communities together, I was going to say round a table,
 15 except of course it wasn't round a table, it was on a
 16 screen. But that was very useful, because we shared
 17 experience, we shared advice with one another.
 18 I went round my synagogue pinning up notices that
 19 said "Church of Scotland" at the top, because they had
 20 shared them with me. And therefore, exactly, I think as
 21 Margaret says, we knew we weren't alone, we weren't
 22 making it up. We were always being accused by people of
 23 making up absurd regulations. The fact we were able to
 24 say, sorry, these are the rules, and this is how they
 25 are being followed by faith communities in general, was

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1 actually therefore in a practical way very helpful.
 2 But that contrast, the Scottish Government taking
 3 the initiative in setting that up, and it started out,
 4 I think, with the intent of being a channel of
 5 communication from government to the communities, and
 6 thereby to their members, it then turned into, as it
 7 should have been, a two-way street because it also
 8 allowed us when we met to say: well, these are the
 9 pressure points, these are the issues that people are
 10 raising, these are the questions they're asking.
 11 And in fact, the value of that round table has been
 12 proven by the fact that two years later, it still exists
 13 as a sort of general channel of communication between
 14 the Scottish Government and faith communities.
 15 Now, I contrast that with the fact that there was
 16 nothing of that kind to bring ethnic minority
 17 communities together, either as a one-direction channel
 18 of communication, or as a general round table to discuss
 19 the kinds of issues that were constantly being reported
 20 to the Minority Resilience Network.
 21 And I think it's unfortunate the Scottish Government
 22 didn't take that initiative, and I think BEMIS is very
 23 much to be commended for having filled that gap, and I
 24 hope the Inquiry at some stage will actually hear from
 25 BEMIS as such, rather than from us as members.

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1 BERTHA YAKUBU: I think there's a lot of press for BEMIS.
 2 They did their best, and under the circumstance, but at
 3 the same time, I would say BEMIS couldn't reach
 4 everybody, you know. Especially, as I said, the further
 5 you are from Glasgow Edinburgh, if you are a minority
 6 person, you don't get anything, you don't hear anything.
 7 I know about BEMIS because I belong here, I'm even
 8 one of the founders of BEMIS, so I know about it, but
 9 many other people don't know about that. I interact
 10 with people in Fife, in Dundee, in Angus, nobody knows
 11 about BEMIS. Not that BEMIS deliberately kept them
 12 away, but BEMIS only knew a few and deal with those
 13 people, and they did their best, but then they don't
 14 have much to give people, apart from calling us for
 15 meetings and meetings and meetings, and we go there to
 16 listen .
 17 The information is just one way all the time, and
 18 with the African community, they don't differentiate, or
 19 the minority generally, they don't differentiate between
 20 information from Scotland and information from England.
 21 So when the first information came out that ethnic
 22 minority people died a lot in COVID, everybody panicked,
 23 and that contributed to people not taking the vaccine,
 24 because it's like many of Africans and Asians, they are
 25 in healthcare system, and doctors were dying and nurses

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1 and all this. So people panicked.
 2 It was later on, when we are looking for Scottish
 3 information: are these deaths in Scotland or somewhere
 4 else; then we discover that there are more deaths down
 5 south than up here, and that most of the information is
 6 coming from white doctors. And you can imagine that
 7 George Floyd has just been killed during COVID; Black
 8 people are already angry and say that white people want
 9 to kill them. Now you see these doctors come and tell
 10 the nurse to go and vaccinate. Nobody
 11 wanted to do that. How we are sure they are not
 12 going — they are not planning to kill us.
 13 Then with the social medias telling all kinds of
 14 theories and all these things, it made a lot — even
 15 this morning, the taxi person that brought me to the
 16 train station told me that he didn't take the vaccine.
 17 He said: I wish I was the one coming to give this
 18 report, I would have given them an earful of what the
 19 whole thing is about. There are people who still
 20 believe that it was not real, it was something
 21 different .
 22 So for our own community, there was hesitancy, there
 23 was anger. It's like — many African doctors are
 24 working with NHS, but they can't find one person to
 25 speak to the community. It's the same thing all the

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1 time. There are no senior Africans there, there are no
 2 women, even white women coming to talk, it's always men
 3 coming to tell us what to do.
 4 So there are so many theories that make people not
 5 to — take the vaccination, and as for ethnic minority,
 6 it's like we were not on the table at all. Anything
 7 that came, it was afterthought, maybe pressure from
 8 community group, saying what about us, what about us,
 9 what about us, because most of the community groups,
 10 they are not funded. They are just people coming
 11 together to solve little problems. But now the problem
 12 has grown out of proportion. You don't know who to
 13 contact. For me, I would say my local government tried,
 14 because we know some people, we just knock at their
 15 door, but help coming from the central government to
 16 community groups, small groups, no.
 17 Q. Thank you. Mrs Czarnecka, could I bring you in here,
 18 and I'll ask you a more general question if I may: what
 19 was your experience in terms of engagement with
 20 government?
 21 MAGDA CZARNECKA: If I can be blunt, for over a year and a
 22 half, there was no engagement with the government, with
 23 the Polish community in general, but broadly probably
 24 speaking with any migrant community, I would say that
 25 BEMIS was the only organisation that was interested in

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1 the experiences of our communities. We had some limited
 2 capacity to engage with the resilience network, and
 3 I think in that sense, the network was incredible
 4 resource, but also support network for — other members
 5 of the panel said already that we were — it was the way
 6 to understand also from the political level that we were
 7 not alone in being misrepresented and, true to say,
 8 neglected by the government.
 9 So what we did, as an organisation, we had to
 10 obviously very quickly change our work to work online,
 11 to support our communities online, but we also quickly
 12 realised that there was no materials or engagement
 13 available in our community languages, and it was up to
 14 our staff who at the right moment had the capacity to
 15 translate the ever-changing regulations around the
 16 social isolation — isolating, so we were — we felt
 17 like we were left alone, but with full responsibility
 18 for our service users who are very often very
 19 vulnerable.
 20 These are people who experienced the same problems
 21 as the local communities in terms of physical
 22 vulnerabilities, but additionally, they have problems in
 23 the language barrier, and for instance, our group, we
 24 call them active 50 plus, but actually members, most of
 25 the members were 70 plus. So they experienced the

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1 language barriers, digital barriers, the physical
 2 barriers, and with the lack of information from the
 3 government, they couldn't really understand what was
 4 happening and what regulations were active at the time.
 5 So we took on ourselves, and we felt really responsible
 6 for the lives at the time.
 7 Q. Can I ask you, Mrs Czarnecka, do you think that the
 8 Scottish Government had an understanding of your
 9 community?
 10 MAGDA CZARNECKA: Absolutely not. And I think it came out
 11 very quickly — not very quickly, it came out only
 12 during the first month of the vaccination roll-out, that
 13 maybe there was a low vaccination, the COVID vaccination
 14 uptake, it was the first time that we heard from the
 15 government any level of interest in Polish community.
 16 Q. When you say a low level of uptake, do you mean within
 17 the Polish community?
 18 MAGDA CZARNECKA: (inaudible) yes, Polish community.
 19 Q. And was that immediately apparent?
 20 MAGDA CZARNECKA: No, that's — obviously took a few months
 21 since the roll-out of the vaccination, so probably a
 22 year and a half since the beginning of the pandemic.
 23 Q. Was there any reason why that information hadn't been
 24 apparent earlier?
 25 MAGDA CZARNECKA: It's probably the question to the

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1 government, but it's definitely something that we were
 2 asking the government through the resilience network,
 3 because we had no other channels to engage with the
 4 government, but any ethnicity data that was provided
 5 always showed that Polish and other European communities
 6 were always put into white categories, so therefore,
 7 pretty much until the first information about the
 8 vaccination happened, we didn't have any information
 9 about the impact of — on — of — of the pandemic on
 10 the Polish community.
 11 Q. Just to clarify that, Mrs Czarnecka, the Polish position
 12 was amalgamated with other, as you say, white European
 13 groups, and therefore was lost within that data
 14 initially?
 15 MAGDA CZARNECKA: Correct. Initially, and probably still,
 16 it was interesting to learn that Public Health Scotland
 17 and also the NHS collects the information — ethnicity
 18 information, but at some point in — the decision was
 19 made that if — when the ethnicity data was published,
 20 it didn't include — or disaggregated information on
 21 ethnic minorities within white, white ethnic category.
 22 Q. You mentioned that Feniks was approached to potentially
 23 address that issue?
 24 MAGDA CZARNECKA: Yes. It was through — really through
 25 BEMIS and through the — it was the vaccination fund

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1 provided by the Scottish Government to organise a
 2 campaign, to raise awareness. Probably initially the
 3 idea was coming to convince the community to take the
 4 vaccination, but at this time, it was impossible to
 5 convince anybody to take the vaccination. So what we
 6 were all only able to do was to promote the informed
 7 consent. Yes, I think the community was neglected for
 8 such a long time that the level of trust was breached
 9 with the government, and with local authorities in the
 10 regulations, that at the time we were not able to do
 11 more than just providing information, and to make sure
 12 that it was true — true to the science at the time.
 13 Q. Could I just ask, how much money did you get to support
 14 that work?
 15 MAGDA CZARNECKA: We received £1,500 to organise the whole
 16 campaign.
 17 Q. Thank you.
 18 MAGDA CZARNECKA: And if I can add, to compare, I think NHS,
 19 or in England, there was the whole PR agency employed to
 20 engage with ethnic minorities in England, so that —
 21 probably also with larger funds to provide this work.
 22 Q. Thank you. Sorry, Mrs Yakubu?
 23 BERTHA YAKUBU: Yes, in terms of information and help,
 24 whether the government communicated with us, they
 25 didn't, but we make effort to get in touch with the

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1 government. We tried to contact the — some of the
 2 MSPs, and in one of the meetings we had with an MSP, it
 3 was a disaster, because we were just telling her what
 4 was going on in the community, the hardship that was
 5 going on. And her first response was that: you know,
 6 you Africans, you are very corrupt, you want money, if
 7 we give you the money, you have to use it for what it's
 8 meant for because you are very corrupt.
 9 And the people that attended this meeting, and they
 10 were doctors, PhD people, community leaders, and they
 11 were just shocked, they were looking at her. And I just
 12 banged the table, I said: this is not on, we live in
 13 Scotland, no one has charged us of corruption, we are
 14 not in Africa, whatever your experience with Africa, you
 15 shouldn't bring it here, this is something that is
 16 happening right here, right now.
 17 And after that, all of them, the leaders just lost
 18 interest in the whole thing. They don't want to go
 19 there any more. Most of the information that we got,
 20 fortunately as I said, there are a lot of people that
 21 work in NHS, and because of COVID, we now have online
 22 meetings, and so they are able to give us more
 23 information, try to help the people, encourage the
 24 community to go and vaccinate. Especially, there's a
 25 GP, a Nigerian GP that go from church to church and

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1 mosque to encourage minority people. That is the only
2 thing that we see.

3 But to have — some ministers, we wrote to them,
4 they promised they will get back to us, they never got
5 back to us. So I'm sorry, my experience with them is
6 not very positive.

7 Q. Thank you, Mrs Yakubu. Mrs Lance, if I could bring you
8 back in here, you mentioned vaccine hesitation as well
9 earlier, and some research that was commissioned. Could
10 you tell his Lordship about that?

11 MARGARET LANCE: Right, following the series of meetings
12 that BEMIS was having, and I'm sure some of the Scottish
13 Government representatives were on this board, they
14 attended some of these meetings, just that some of the
15 questions that were asked, we didn't get the answers.

16 So what happened is encouraging people to take the
17 vaccine, it was just about giving them information, so
18 they could make informed choices. It wasn't about
19 telling them: go and get your vaccine. And they were
20 asked: have you taken; yes, I have taken, do you think I
21 should go take; well, you can think about it.

22 And we brought different scenarios where: why would
23 you trust nurses, why would you trust healthcare
24 providers, and trust God, but you don't trust God in
25 this vaccine. It wasn't about telling them that: go and

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1 get it; because, you know, nobody knew better at the
2 time.

3 Now, and what happened with the — that what
4 followed the COVID hesitancy, so some took the first,
5 some didn't take, some took the first, didn't take the
6 second; some took the second, didn't take the third;
7 some took the third, and all of them shared their
8 experiences. So having a conversation with Josephine
9 and BEMIS, we thought: right, we can't just give people
10 vaccine without going back to them to kind of let them
11 share their experiences, and that's how this research
12 came about.

13 So with Women in Action, we didn't have the money,
14 so we told Josephine: we're going to go back to BEMIS.
15 So we went back to BEMIS. That was on the African and
16 Caribbean subgroup. So BEMIS got some funding through
17 the Scottish Government, and that's how we commissioned
18 Dr Adekola to carry out this.

19 At the same time, the Scottish Government was also
20 running a research, a consultation at some point. So
21 what happened is that we then had a joint launch of
22 that, so the report, if anyone would like to read, is on
23 the BEMIS website. I just need to kind of rewind my
24 brain a bit to bring out some of the things.

25 Yes, so that's how that research came about, and a

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1 lot was shared during that research, why people didn't
2 want to take it, why they took the first or second or
3 not take it at all, because of the uncertainty which
4 they had before. And as we shared last time, it was
5 like: oh, no one ever thought about us, they want to use
6 us now like guinea pigs, and we were not the ones who
7 told them that, no, this is not it, but to find
8 information that could help them make informed choices
9 and take the vaccines. But we were not saying: go for
10 it. I was happy to say I have taken it, and that was
11 it.

12 Q. Again, Mrs Lance, do you feel that the Scottish
13 Government had an understanding of your community and
14 how these kind of things would impact?

15 MARGARET LANCE: I don't — maybe some do, but I would
16 generally say I don't think they do, because a common
17 word that I've heard over the years, is addressing us
18 like a hard to reach community, but I keep saying
19 repeatedly: there is no hard to reach community. Why,
20 because if you find people in the usual places, you
21 don't see them go to the unusual places, and that would
22 be working with the community leaders who have already
23 built trust with the people themselves. That is an easy
24 gateway, and BEMIS already opened that door for them to
25 say: okay, this is what we want to do, can you help us

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1 bring the community leaders. Africa is a continent with
2 54 countries, and all of these countries are as diverse
3 as the continent itself, so getting to —

4 Q. Sorry, Mrs Lance, can I just stop you there. I am being
5 informed that we have a potential breach, my Lord.

6 THE CHAIR: I heard a name being made, although it was a
7 first name only, I have to say.

8 MR TURNER: My Lord, taking the cautious approach, we're
9 just going to have that addressed.

10 THE CHAIR: Okay. We'll have to have a pause then, ladies
11 and gentlemen, while a potential breach, I'm not sure it
12 was but it might be, a potential breach is investigated,
13 so I suspect they'll probably switch me off for a minute
14 or two. Sorry for the interruption.

15 (12.03 pm)

(A short break)

17 (12.06 pm)

18 MR TURNER: My Lord.

19 THE CHAIR: Mr Turner, all sorted?

20 MR TURNER: All is fine, my Lord. I understand our
21 abundance of caution is unnecessary.

22 THE CHAIR: Better safe than sorry.

23 MR TURNER: Mrs Lance, if I could ask you, you were telling
24 us about your research.

25 MARGARET LANCE: Sorry about the hiccup. Yes, so this

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1 research was commissioned just to go back to individuals
2 and find out how they felt, what make them not to take,
3 to take one and not the other, just general experience
4 and the discussion. But you also asked if the Scottish
5 Government kind of did engage or is engaging with the
6 community, and I was saying that not as much as they
7 could have done. They could do better, if they go
8 through BEMIS or other organisations that are serving
9 these communities.

10 And I said that the common phrase that I hear is
11 that — the hard to reach communities. They're not hard
12 to reach communities, because I said if you can't find
13 people in usual places, you can always get them through
14 the unusual places, which will be through the community
15 leaders that have their own communities, through the
16 faith communities where they've already established; and
17 saying that, Africa with 54 countries, these countries
18 are as diverse as the individuals living in it. So you
19 can't take somebody from west of Africa to feel that,
20 oh, they're the same as somebody from the southern part
21 or Horn of Africa.

22 You may not know, but — it's not something I can
23 elaborate more, but just looking at the map and seeing
24 the divisions. Some people don't speak English, some
25 people speak English but they're not literate in the

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1 language. Even to say that: oh, we have provided
2 resources in various languages. People are not
3 certainly literate in certain languages, even though
4 they speak these languages. So how would we know? We
5 can only know if we engage with the communities. To
6 support a community, you have to engage with them. If
7 you don't have ways, get through those who already have
8 that, the platform that you can engage with them.

9 Personally, I had lots of issues reaching out to
10 those communities myself. Even though I am from Africa,
11 I'm still learning, for over 20 years, I'm still
12 learning, and COVID and the lockdown, the COVID pandemic
13 and the lockdown really made me to see things that
14 I wouldn't have seen, and that stretched me out to seek
15 ways of supporting the communities.

16 We want to say a big thank you again to BEMIS,
17 because having no resources, they were able to send us
18 to identify individuals within the community that may
19 need support, who were digitally disconnected, which was
20 a major issue. How do you even call your GP, how do you
21 even call someone to say: I don't have food; what am I
22 entitled to; can I even take this food; shall I even
23 take this device; I have no recourse to public funds;
24 are they going to ask for my details; I'm not going to
25 take that if they're going to request my details because

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1 this could expose me.

2 But because they know us, our phones keep ringing or
3 messages coming: can you support this person? I would
4 also call: do you know anyone in Aberdeen, this person
5 better, can you support so—and—so in Aberdeen?

6 And most of these organisations that we were
7 contacting had just volunteers, so the volunteers had to
8 go out at that time. That is how we supported each
9 other with a little funding support that was coming from
10 BEMIS as well.

11 So for me in particular, I don't have funding. My
12 previous organisation was also supporting our service
13 users, not the general public. So if you were not a
14 service user of that particular organisation, you
15 wouldn't go there. And then those also living with the
16 condition didn't also want to be signposted, because
17 they didn't want to be disclosed: if I go there, they're
18 going to know that I'm living with a condition and
19 I don't want to go, could you go get it for me.

20 Some of the things, some of the requests were kind
21 of overwhelming sometimes for us, because we didn't know
22 exactly what to do or how to respond to certain
23 situations, where you see a single mum with children
24 don't have food. So, yes, it was tough.

25 BERTHA YAKUBU: For me, one of the reasons, or some of the

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1 reasons why people were hesitant in taking the vaccine,
2 as I have said, there was already suspicion about
3 Africans being used for drug experiments, even in
4 Africa, you know, there are instances where companies
5 have gone to test their drugs.

6 So there are people that are already suspicious that
7 this new vaccine, they have not tested it, they will use
8 us as a guinea pig to do it, they won't do it. Another
9 reason is like there are people that have no recourse to
10 the public, so they have no food to eat, they can't pay
11 their rent and now the government say: go and vaccinate.
12 I have to live before I vaccinate. Right now, you are
13 more interested for me to go and vaccinate, but you
14 don't know whether I eat or I don't eat, so why should I
15 go and vaccinate? So there are many reasons.

16 And then the third reason is just that a lot of
17 people were just afraid. They don't know the outcome,
18 how it will affect them. And then there's the faith.
19 Every research with — especially with Africans, they
20 always go to health system at a later time, because they
21 believe in divine intervention. They will pray to God
22 first. They will say: God forbid, I won't get COVID.

23 So there's this cultural thing that we have to go
24 through. So — and that is why I was critical of the
25 government not bringing ethnic minority, in terms of

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1 giving information, because they would have reassured
 2 their people that: it is safe, it is okay, because they
 3 come from the same area, you can't just kill your own
 4 people.
 5 But when somebody else is telling you, and you have
 6 history of the same people trying this thing in Africa,
 7 with children, with women, with everything, in America,
 8 they just did the experiment. So many people were just
 9 skeptic about the vaccination, and they wouldn't take
 10 it.
 11 And during the discussion, because after they post
 12 research, they have to discuss the outcome of the
 13 research with community group, and that was what was
 14 coming out of the discussion. The reason why people
 15 weren't going to vaccinate because some were afraid,
 16 some don't believe, some think the government doesn't
 17 care about them. Why would they care about vaccination?
 18 It's only that they want to experiment with us.
 19 Q. Thank you. Mr Borowski, can I ask you, were there any
 20 particular impacts on your community that you wish to
 21 highlight?
 22 EPHRAIM BOROWSKI: Could I just make a general observation
 23 first, that relates to what I think all of us have said.
 24 Last time I spoke, I drew attention to the fact that you
 25 have got representatives of two communities that

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1 generally get left out of the standard ethnicity
 2 categorisation.
 3 The points that you have been just been hearing is,
 4 to put it crudely, Africa is quite a big place, but as
 5 far as the census is concerned, it's all in the same
 6 box. So that's kind of mirror image of exactly the same
 7 issue.
 8 There's another aspect of diversity which gets
 9 ignored very often, which has been touched on by a
 10 couple of us already, which is, for want of a better
 11 expression, geographical diversity.
 12 Now, it makes perfectly good sense, if you're doling
 13 out resources, to dole them out to where the largest
 14 number of people are, but the greatest need actually
 15 might be where the smallest number of people are who
 16 fall between the cracks, because they're, to all intents
 17 and purposes, invisible.
 18 There was one point, for example, when one of our
 19 local authorities, maybe I shouldn't say which, referred
 20 to --- would respond to questions in this area by saying:
 21 oh, it's okay, I've provided resources for its ethnic
 22 minority community. Notice the singular. And that
 23 shows the mindset; not ethnic minority communities,
 24 which are as diverse, as different from one another, as
 25 society at large.

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1 Your specific question about the Jewish community;
 2 we were, I think, differentially affected because of the
 3 timing, not of the pandemic but of the lockdown, which
 4 came two weeks before Passover. Now, that meant that ---
 5 I suppose it's partly to do with the age profile of the
 6 community, whichever --- the vast majority of the people
 7 go away. They join their families who are not in
 8 Scotland. They're in London or the States or Israel.
 9 It's a family time, and people were planning to go away
 10 and therefore had made no provision to stay here, at a
 11 time when there are specific dietary restrictions.
 12 So we were in a position where people were
 13 completely wrongfooted, their travel plans were now all
 14 cancelled, they are stuck at home and they have got
 15 nothing to eat for the next fortnight.
 16 So that was something that had to be addressed. The
 17 Scottish Government set up emergency funding, not just
 18 for us, but there was a fund that they made available to
 19 minorities and we, SCoJeC, arranged with the various
 20 welfare organisations to make that available for people
 21 who might otherwise have been left completely high and
 22 dry during the week-long festival. So that was a very
 23 specific effect on the Jewish community. Pardon me.
 24 In addition to that, the Institute for Jewish Policy
 25 Research, based in London, was tracking COVID-related

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1 deaths, not just in the UK but comparing them with
 2 Europe, and they've done some very deep and very
 3 detailed studies of those. Refreshing my memory about
 4 that last night, they came to the conclusion that the
 5 most reliable statistic was actually excess deaths,
 6 because you can't rely on death certificates which are
 7 to some extent subjective. They're not being completed
 8 by pathologists. They are completed by the last medical
 9 professional to have anything to do with this particular
 10 deceased patient.
 11 So --- and also there was --- I mean, everybody was
 12 always making the distinction between dying of COVID and
 13 dying with COVID, so all of that is in the mix, so they
 14 decided that the only thing they could actually look at
 15 was gross numbers. And what they spotted was that the
 16 excess deaths in Scotland were significantly higher than
 17 the excess deaths in England. I don't know if they've
 18 ever come up with an explanation for that. I was
 19 looking at that again last night, and in fact the vast
 20 majority of the excess deaths in the Jewish community in
 21 Scotland were in Glasgow. There were very few in
 22 Edinburgh --- I think in Edinburgh they had four rather
 23 than an expected three, so that's going to be within the
 24 margin of error, no matter what statistical tests you
 25 apply. And in the other communities, it was a uniform

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1 zero because they're very small. But in Glasgow, people
 2 were definitely concerned by the numbers of funerals
 3 that they were hearing about.
 4 What I think was the case, and this may not be 100%
 5 accurate, but when I tried to dig a little deeper, it
 6 turned out that the vast majority of the deaths that
 7 people were concerned about were of people in their 90s,
 8 with one exception who was in her late 80s, so these may
 9 have been excess deaths, they may not have taken place
 10 exactly when they did, but they weren't, shall we say,
 11 entirely unexpected.
 12 So you have to factor all that in. There are lots
 13 of variables when you're looking at these statistics,
 14 but those, I think, were the two things that had an
 15 impact directly on the community. The vast majority of
 16 the Jewish community in Scotland are, at the very least,
 17 third generational, so we don't have some of the
 18 problems that my colleagues have been talking about with
 19 language, or whatever it might be. From that
 20 perspective, they are more part of the majority.
 21 I'm not aware of any vaccine resistance out of the
 22 ordinary. There may be concern about some of the
 23 restrictions on social gathering and travel and that
 24 kind of thing, but I think one of the things that I
 25 picked up very much from the resilience network and

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1 passed on to the police, and for that matter, the
 2 politicians, was that those restrictions were always
 3 going to have a differential impact in terms of social
 4 deprivation, for example. If you have a car and a big
 5 back garden, you're far less likely to be in breach of
 6 COVID regulations than if you're on the 17th floor of a
 7 high-rise.
 8 So these kinds of things have an impact, and there's
 9 actually an ethnic dimension to those statistics as
 10 well, because there's a correlation between economic
 11 activity, how long people have been in this country etc
 12 etc so it's going -- it's always going to be extremely
 13 difficult to unpick that.
 14 Q. Thank you. Could I perhaps move on slightly. We've
 15 spoken about communications with the Scottish
 16 Government, I would now like to just ask --
 17 Mrs Czarnecka, could I ask about how you were helping
 18 your community, in terms of information or other support
 19 at the time?
 20 MAGDA CZARNECKA: In terms of information sharing, we were
 21 translating the information, actually, the first stage
 22 was analysing and understanding that -- what the new
 23 regulations were. So we were kind of able to dissect
 24 them into small chunks of understandable information,
 25 and then translate them to Polish.

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1 We were often finding ourselves reading four, three
 2 different documents to understand whether you can now
 3 meet your friends or not meet your friends, what's the
 4 number of people you can meet. At the time the
 5 information wasn't clear, so with -- little resource --
 6 first of all, we had no support from the Scottish
 7 Government to do that. So we were using whatever the
 8 capacity of staff we had at the time and volunteers as
 9 well, and then we were sharing this information on --
 10 through -- through the social media, because we still
 11 think our community is the most -- it's the most active
 12 on certain groups on social media platforms.
 13 But in terms of direct support, as a mental health
 14 organisation, we were increasing our capacity to provide
 15 mental health support, but also information sharing, and
 16 also helping directly, especially our mostly vulnerable
 17 and older service users, we were supporting them in
 18 accessing healthcare.
 19 Because what happened, every GP practice introduced
 20 the answering machine that were extremely difficult to
 21 go through if you didn't know the language. There was
 22 no language support from any other -- on this very basic
 23 level of accessing healthcare. There were already
 24 barriers, but they were absolutely impossible to go
 25 through by our service users.

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1 So our community development worker at the time took
 2 on the role of pretty much advocacy or careworker to
 3 access health, request prescriptions, talk to the
 4 pharmacy. So we took on the role of supporting the
 5 community, where we were not exactly set up to do that.
 6 We also saw an increase obviously in social
 7 isolation, and also in mental health problems, also
 8 domestic abuse. All our waiting list for mental health
 9 support have increased pretty much by 100%. The amount
 10 of domestic abuse as well increased by 60%, in terms of
 11 how many women we supported at the time, referred to for
 12 support from other organisations.
 13 So -- yes, we had a very dire picture of the
 14 community at the time, and we think we did everything we
 15 could, actually, with the little resource which we
 16 received.
 17 Q. Thank you. And just to be clear, did you receive any
 18 additional resource to assist with your work?
 19 MAGDA CZARNECKA: Yes, we, applied for the resilience --
 20 there were a few emergency funds also from the Scottish
 21 Government, but also other funders, that we had the
 22 relationship with. So they funded our mental health
 23 support mostly, but, yes, we had no kind of -- like for
 24 information sharing that was -- there was nothing at the
 25 time. We were -- through actually the resilience

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1 network, we worked with partners from other --- from
 2 other cities , like PKAVS for instance, that at the time
 3 also had very active minority ethnic census. So we were
 4 using the kind of partnerships that were shaped during
 5 the --- at the network to address the need --- information
 6 sharing within the communities.
 7 Q. Can I just --- excuse me, before I move on,
 8 Mrs Czarnecka, could I ask you, you mentioned there
 9 mental health, which --- obviously one of the issues that
 10 your organisation deals with prominently. We know from
 11 Mrs Yakubu in other communities that members of the
 12 community can be disparate, and that can have an impact
 13 in terms of their ability to see each other and to be
 14 around each other. Does that apply to your community at
 15 all?
 16 MAGDA CZARNECKA: Absolutely. So I think what --- the
 17 general messaging at the time within --- in the media was
 18 that the neighborhood group worked really well for ---
 19 the neighbour support was really --- working really well
 20 for the community, but it turned out it wasn't working
 21 for the Polish community points, because --- since my ---
 22 our members live in --- quite often in precarious
 23 conditions, but also in the areas of the cheaper
 24 housing. So quite frequently multiple deprivation areas
 25 as well, but seems like they build connections and

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1 support through the network --- the network --- let's say
 2 they are reaching a lot further than the, whatever, the
 3 20 minutes neighbourhood. So many of them were left
 4 isolated and with no capacity to connect with friends.
 5 We also saw a huge impact on single parents who are
 6 often --- the ones we support are often survivors of
 7 domestic abuse, and then they were basically trapped at
 8 home also through the school regulations. So the
 9 schools were closed, and they were not able to organise
 10 a --- childcare for themselves, for the children , so they
 11 had to resign from work in order to support the
 12 children , and that led them to destitution.
 13 We were --- I don't have the number off the top of my
 14 head, but we were supporting a number of women to
 15 accessing food and accessing food banks, and also other
 16 financial support if possible; because --- yes, people ---
 17 women who were often in between making decisions, either
 18 looking after the children or going to work and having
 19 food on the table, and that was --- yes, it was really
 20 distressing also for the staff to making sure to provide
 21 for those people.
 22 Q. Thank you. Mrs Lance, could I ask you a similar
 23 question. Were there any particular reasons why people
 24 in your community needed support, and what support was
 25 available for them?

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1 MARGARET LANCE: The answer is, yes, they needed support.
 2 Most of them are --- as discussed earlier on, are --- have
 3 got no recourse to public funds, single parents, between
 4 one and four, five children, young children. Some were
 5 trapped --- I agree with what my colleague just said
 6 there, trapped in abusive relationships . I got lots of
 7 calls , and shared parenting, if the mother is living
 8 with the child , and you get the child say: I want to see
 9 my dad, I want to see my dad. There was this to and
 10 fro, and some would leave the relationship, and then
 11 instantly they wanted to go back, because: I can't cope
 12 with going to see my dad or not going to see my dad. So
 13 they were trapped in that relationship because of the
 14 situation that they found themselves in. Others were
 15 trapped in abusive relationships because of the
 16 immigration status. They didn't know what was going to
 17 happen to them.
 18 In terms of picking up medications, some couldn't,
 19 so we facilitated arranging to get their medication
 20 either delivered to them or we would pick them up. It
 21 was quite a --- tough and encouraged people to take the
 22 medication with uncertainty, oh, I better just die,
 23 maybe it's the time for me to die now, let me just die.
 24 So sometimes have to school yourself to be strong
 25 enough when you're asking somebody to be resilient. You

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1 have to school yourself to be strong enough to provide
 2 the support that that person needed. And sometimes we
 3 don't have all the answers to the questions that they
 4 would ask. And in terms of picking up food, yes, I
 5 already said, some are --- have got no recourse to public
 6 funds, most of those who worked in hospitality --- can't
 7 even pronounce it, in the hospitality industry, had
 8 to --- they lost their jobs. Some --- those who were in
 9 care home or working on zero hour contracts, they lost
 10 their jobs, which means that they couldn't afford basic
 11 needs for themselves and their children.
 12 That's where coordinating and working with other
 13 organisations was really important. Rewinding, it's ---
 14 I'm just trying to think of a situation that --- came
 15 across and was a young lady, single parents, with a
 16 young baby, who passed away during the pandemic, because
 17 she couldn't get the support that she needed. She
 18 was --- I think she gave up on herself, with her baby
 19 dying --- I mean, she died, three days the baby was by
 20 her side. The housing didn't know. It's a partner that
 21 finally came, because calling, calling , calling , she
 22 wasn't picking . He decided to come closer. The door
 23 was locked. Informed the neighbours, informed the
 24 police, they break through the door and found that she
 25 was already dead. I wouldn't reveal the postmortem

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1 about it, but it's something that could have been
 2 prevented. Fortunately the baby was alive and is still
 3 alive.
 4 And you look at us like -- you know, community
 5 leaders or workers during that time, and all the
 6 information that you absorb, or something that you come
 7 across, you also need to look after your own health and
 8 wellbeing to be able to support somebody. Some of us
 9 had to seek counselling as well, because it was very
 10 tough to be supporting somebody, and tomorrow the person
 11 is no longer there -- or just see photos.
 12 So there was a lot that people needed, those who
 13 couldn't speak a language. Lots of deaths were about.
 14 We -- the next day, you just hear -- oh, you know, this
 15 person has passed away. And you kind of think: oh, I
 16 wish I could do more. Sometimes you think you can do
 17 more, and COVID has taught me, and I'm sure all of us,
 18 the power of communities coming together and showing
 19 love and kindness to everyone, because everyone stepped
 20 up. There was no single referral that I made and they
 21 said no. Somebody would go out there to support. I
 22 personally didn't have funding, but I was just there to
 23 share knowledge and make sure that the women that I
 24 serve had a platform where they see themselves as
 25 family.

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1 Another thing with this community is that the only
 2 time that they can actually get together is over the
 3 weekend, or late in the evening, and that's why I
 4 created that platform, so I could bring them up. At
 5 that time, most offices are closed, 5 o'clock, everyone
 6 is gone, you can't get anybody, but they needed to speak
 7 to somebody. And that's why we would work, evenings,
 8 Saturdays and Sundays, because that's the only time we
 9 reach these communities, and if we -- I'm not saying
 10 that everyone should do it, but that's a better way to
 11 do it, or get in touch with somebody to facilitate that.
 12 It makes it easier for us to reduce some of the issues
 13 and challenges. Yes, the African community, we had lots
 14 of issues to deal with, and we could only do that with
 15 what we had at the time. Thank you.
 16 Q. Thank you. We have just a few minutes left. What I'm
 17 going to do is I'm going to ask you each in turn if
 18 there's anything that you would particularly like to
 19 highlight, either something we have touched on before or
 20 something else that you would like to highlight.
 21 One of the things his Lordship will be doing in the
 22 Inquiry is identifying and learning lessons. If there
 23 is any particular lessons that you think his Lordship
 24 should consider, I would be particularly interested to
 25 hear that. Mr Borowski, could I perhaps give you the

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1 floor first, if there is anything that you would like to
 2 raise with his Lordship?
 3 EPHRAIM BOROWSKI: I was afraid of that. I think, first of
 4 all, just an observation on what Margaret has been
 5 saying. Obviously, my focus, from things I have been
 6 saying earlier, has been largely on the small P
 7 political aspects of the pandemic and its effects on the
 8 community. But as far as the welfare organisations
 9 within the Jewish community are concerned, there's often
 10 a false perception that we are by and large a middle
 11 class and fairly wealthy community and so forth, and
 12 therefore the kinds of issues that the others have been
 13 talking about don't apply. That is untrue.
 14 And, in fact, I referred earlier to the timing of
 15 the first lockdown. The result of that was that we had
 16 to put in place -- and as I said, we did have some
 17 emergency funding from the Scottish Government, we had
 18 to put in place mechanisms to give people food parcels,
 19 not just because of the practicalities of getting the
 20 special Passover food, but because of the cost, and
 21 because people had to be in effect provided with the
 22 same kind of resources that other minority communities
 23 find, that also groups of more recent refugees and so
 24 forth who are loosely affiliated to the community, and
 25 when there are pressures on them, of course, we will

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1 hear about them more than we would, as it were, in
 2 normal day-to-day activity.
 3 So many of these issues applied to us as well.
 4 I think the most general point I would make, in
 5 terms of lessons to learn, is the contrast that I made
 6 earlier between how the Scottish Government engaged with
 7 faith communities, and how it failed to engage with
 8 ethnic minority communities, quite aside from the
 9 paucity of proper ethnicity data, because what data are
 10 collected or not collected in a way that actually
 11 reflects people's self identification with communities.
 12 So lesson learned number 1 for me would be, and this
 13 applies to everything and not just to pandemics, is that
 14 the issue about census data needs to be resolved across
 15 the entire piece. We need to have proper data, proper
 16 disaggregated data. It is simply not the case that
 17 there are 14 ethnic groups in Scotland, full stop.
 18 That's simply not true, and you have heard examples
 19 facing in both directions so there's lesson number 1.
 20 Lesson number 2 is that if there is ever an
 21 emergency of this kind or indeed of any other kind in
 22 the future, the Scottish Government needs to think about
 23 how it communicates with communities. Now, that will
 24 include issues about translation of the kind that we've
 25 heard from Magda. It will include issues about

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1 geography and the very thin spread of minorities in the
 2 north and the south that I referred to earlier .
 3 Naturally, most of us have a focus on the M8, and
 4 indeed the two ends of the M8. It's natural, but we
 5 have to overcome it if we're actually going to support
 6 people in Scotland. So that's a second point.
 7 And related to that is finding the right kind of
 8 network, as they did, and I'll -- I'm commending them
 9 for this, as they did with faith communities, so that
 10 they have got a channel from government to
 11 representatives of faith communities, and through
 12 representatives of faith communities to their local
 13 branches, for want of a better word, and through them to
 14 the members of the community who are in fact people in
 15 Scotland.
 16 So it may be a three or four-step process, but it's
 17 extremely valuable for getting those messages out there.
 18 And the other is to pay a lot of attention to the
 19 social deprivation. Magda mentioned that as well, that
 20 not everybody is challenged in the same way, and if
 21 you're going to help people in Scotland, hyphenated
 22 again, to overcome the challenges that are unasked for,
 23 then you have to do it where they are, and that means
 24 being able to identify where they are, not just
 25 physically, but psychologically as well.

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1 Q. Thank you. Mrs Yakubu, could I come to you next, and
 2 I'm conscious we are short of time, so if you could try
 3 to be as brief as possible, I would be grateful.
 4 BERTHA YAKUBU: I think COVID has just shown us that not
 5 everybody has the resilience to withstand such a thing,
 6 so -- especially the minority groups. So I -- we hope
 7 that the government look at this, that not all community
 8 can withstand some of the pressures that they have.
 9 In terms of mental health, I think one of the group
 10 that is forgotten in this conversation is students.
 11 Students went through hell, because many of them do work
 12 to pay their school fees or pay their rent, and during
 13 that time, there was no work, so they have nothing.
 14 And we have two instances, we have students phone
 15 us, thinking of ending it all, until we say: okay, we'll
 16 give you the vouchers for food or pay the rent for some
 17 months; and all this .
 18 So -- and then some of them, the university, because
 19 they couldn't pay fees, they couldn't even use the
 20 facilities in the school because they were locked out of
 21 the portal. They couldn't see their supervisors. So
 22 there was a lot of stress in that area of students, so
 23 we have to remember that.
 24 If we allow students to come here, and something
 25 like this happened, the government have to think of the

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1 people that live here. You know, they couldn't travel
 2 back home because nobody is allowed to travel, and yet
 3 they are stuck, and some landlord chase them out of
 4 their house, so students must be factored in to this --
 5 the equation.
 6 And as I said, community groups think they have
 7 resilience, but COVID show us that we don't have
 8 resilience. We also don't have a voice. We also don't
 9 have a face. So the government should think of all
 10 these things, that this is a multicultural society, if
 11 you want to reach everybody, representation matters.
 12 Q. Thank you. Mrs Czarnecka, could I come to you next and
 13 again, if I could ask you, please, if possible, to be
 14 brief .
 15 MAGDA CZARNECKA: Sure. If there is one lesson learned for
 16 sure was that I think public sector equality duties were
 17 sort of forgotten at the time where the response to the
 18 pandemic was rolled out, and it included the roll-out of
 19 the vaccination campaign.
 20 What I would also say, it seemed that there was some
 21 sort of selective approach through the minority,
 22 where -- and pretty much the migrant were -- migrant
 23 groups were completely forgotten in the whole process,
 24 even though it's proven that many worked -- essential
 25 workers, providing and producing food for the whole

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1 Scotland, and even though they haven't had enough
 2 recognition for the work, but also recognition for the
 3 conditions, the work they provided -- they lived -- they
 4 worked and also they lived.
 5 So it's the access to -- and multiplied by the --
 6 and exacerbated by the issues they've already
 7 experienced, the language barrier, the cultural barrier
 8 in accessing any sort of support before the pandemic and
 9 during the pandemic.
 10 And I think another lesson to be learned is by
 11 public health to engage with the community ahead, and
 12 maintain the relationships with the community ahead of
 13 events like pandemic, which we are apparently expecting
 14 another one at some point in our lifetime, so this
 15 engagement should exist even ahead of -- before events
 16 like this .
 17 And what I would like to say as well, that this
 18 engagement needs to be meaningful, and also the
 19 community leaders need to be supported, through funding
 20 or in other -- through information, because otherwise it
 21 looks like a tick boxing exercise, that for some things,
 22 like for some people, they think they do their job by
 23 sending information to us, but it's not really -- still,
 24 we don't have resources to further engage with
 25 communities on very specific topics that they might be

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1 promoting.
 2 Q. Thank you. Mrs Lance, I said I would give you a brief
 3 opportunity; if you could be very, very brief, if you
 4 have anything else you would like to mention?
 5 MARGARET LANCE: Thank you very much. I suppose I would
 6 just kind of reiterate there the issue of
 7 representation. We know that the Scottish Government
 8 can do better. They're doing a fantastic job, but it
 9 can get better if they communicate well with the
 10 communities. If there is representations, I am aware of
 11 certain committees that are representing the ethnic
 12 minority community, but none of the ethnic minority
 13 members are there. And it's unfair to represent me when
 14 you haven't approached me to know what are the issues
 15 going on in my life, how can I help. So I think they
 16 can do better, if they do that.
 17 And also everyone has spoken about engagement.
 18 I believe that engagement and communications, these are
 19 the keys to reach out to people. If you don't engage
 20 with people, how can you support them? There are means
 21 to do that if they wish to, because the platforms are
 22 already out there, and not to lump people together,
 23 because when you lump people together, it's very
 24 difficult.
 25 I know that each and every one is playing their

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1 part, but how can we delegate or just say: you do this,
 2 you do that. Research is good, academics are good, but
 3 we cannot rely on what part of information to represent
 4 to people.
 5 And the last thing I'm going to say is with regards
 6 to consultations and surveys, the government needs to
 7 give the people the time, because if we give two weeks,
 8 two months — I mean, one month, it has never been two
 9 months, it's difficult to reach the people that need
 10 that information or that needs to give you the
 11 information that is required. So, yes, thank you very
 12 much.
 13 MR TURNER: Thank you.
 14 My Lord, that draws this panel to a close, unless
 15 your Lordship has anything you wish to ask directly?
 16 THE CHAIR: No. Thank you very much, Mr Turner, and thank
 17 the panel members for their participation and attendance
 18 here this morning. That's all. We'll come back after
 19 lunch at 1.45.
 20 (12.53 pm)
 21 (Luncheon adjournment)
 22 (1.46 pm)
 23 MS VAN DER WESTHUIZEN: Good afternoon, my Lord.
 24 THE CHAIR: Good afternoon, Ms van der Westhuizen. Now, we
 25 have a panel this afternoon, I believe.

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1 MR ANEEL SINGH BHOPAL (called)
 2 MISS REBECCA DADGE (called)
 3 MS VAN DER WESTHUIZEN: We do, my Lord. We have a panel of
 4 representatives of two organisations that are members of
 5 the Scottish Refugee Council. We have Mr Aneel Singh
 6 Bhopal, who is deputy chief executive of West of
 7 Scotland Regional Equality Council, or WSREC. We have
 8 Ms Rebecca Dadge, who's currently a volunteer with Forth
 9 Valley Welcome.
 10 THE CHAIR: Very good. Good afternoon, Mr Bhopal and
 11 Miss Dadge. There will be some questions for you, so I
 12 will just pass over now.
 13 Questions by MS VAN DER WESTHUIZEN
 14 MS VAN DER WESTHUIZEN: Thank you, my Lord. Before we
 15 start, if I could, please, remind you both that the
 16 proceedings are being transcribed, and if you could
 17 please speak slowly and clearly, and I will try to
 18 remember to do the same.
 19 I'll start by asking you each in turn to confirm,
 20 please, your full names, the name of the organisation
 21 you represent, and your roles both now and during the
 22 pandemic. Perhaps we can start with Mr Bhopal, followed
 23 by Miss Dadge.
 24 ANEEL SINGH BHOPAL: So my name is Aneel Singh Bhopal. I
 25 currently work as the deputy chief executive officer for

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1 the West of Scotland Regional Equality Council, or more
 2 commonly referred to as WSREC. During the pandemic,
 3 I was working part time with WSREC and also part time
 4 with the Scottish Refugee Council, as one of their
 5 regional integrity coordinators for the southwest of
 6 Scotland. So supporting communities working with
 7 refugees and asylum seekers across nine local
 8 authorities in the southwest of Scotland.
 9 Q. Thank you very much. And Miss Dadge?
 10 REBECCA DADGE: So I am here as a volunteer for Forth Valley
 11 Welcome, which is a small charity that supports New
 12 Scots refugees across Stirling and Clackmannanshire. At
 13 the time of the pandemic, I was the manager of that
 14 organisation.
 15 Q. Thank you. You both previously attended a roundtable
 16 meeting with other organisations that were members of
 17 the Scottish Refugee Council and the Inquiry team, and
 18 that report has been approved.
 19 My Lord, for reference, that can be found under
 20 SCI-WT0205-000001. The intention today is for his
 21 Lordship to hear about some of the key issues and
 22 impacts experienced by the organisations you represent,
 23 and the groups and individuals that they support under a
 24 number of broad themes.
 25 Before I outline those themes, could I please ask

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1 you each to provide a brief overview of the
 2 organisations that you represent, including their usual
 3 or non-pandemic roles, the types of work they ordinarily
 4 carry out, and the groups of individuals that they
 5 normally support or represent. Perhaps if we can start
 6 with Mr Bhopal, again, followed by Miss Dadge?
 7 ANEEL SINGH BHOPAL: Yes, so I work for the West of Scotland
 8 Regional Equality Council. We are an equalities and
 9 human rights charity based in Glasgow. We cover Glasgow
 10 as part of our remit, but we also work across 11 other
 11 local authorities across the west of Scotland, to
 12 support people from minority ethnic communities,
 13 including refugees, asylum seekers and new migrants.
 14 So we run several initiatives to support communities
 15 that vary in terms of theme. Our project work covers
 16 employability, health and wellbeing, community
 17 development, and we also deliver a lot of casework
 18 support for victims of hate crime and discrimination.
 19 During the pandemic, I worked for the Scottish
 20 Refugee Council, who are Scotland's national refugee
 21 charity. Every year they support thousands of men,
 22 women and children as they rebuild their lives in
 23 Scotland, and they provide direct support and advice
 24 services, promoting community integration, and they
 25 stand up for refugee rights and campaign for a more

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1 fair, humane asylum system in Scotland.
 2 Q. Thank you very much. And Miss Dadge?
 3 REBECCA DADGE: So Forth Valley Welcome supports refugees
 4 coming into Stirling and Clackmannanshire in a variety
 5 of ways. At the time of the pandemic, we had two
 6 members of staff, so it was a very small charity, and
 7 about 70 to 80 volunteers, and we support them in
 8 various ways.
 9 So we often provide befrienders for families to help
 10 them integrate into the area, show them how things work,
 11 show them where they can get food that they like, just
 12 be a friendly face. Informal English practice, we put
 13 on events for them again around English practice, or
 14 just outings, for — to keep them entertained and show
 15 them how — what areas of interest there are in those
 16 local authority areas.
 17 We supply them with material needs above and beyond
 18 what the council might supply; again, maybe to make
 19 their house more homey, or find things that they like,
 20 rather than what are chosen for them. Toys for the
 21 children, small household items, small electrical items,
 22 all of that kind of stuff, and that's all done with the
 23 support of the volunteers, who do a lot, in particular
 24 when they first arrive, of taking them to medical
 25 appointments. Quite a few have health issues. So we do

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1 all that kind of support work around the families.
 2 Q. Thank you very much. Time permitting, I propose to have
 3 a discussion around issues and impacts under the
 4 following broad themes. There's quite a bit to get
 5 through, but if we don't finish everything, we do have
 6 the roundtable report, so all of those impacts will be
 7 taken into account.
 8 But time permitting, the following broad themes are
 9 refugees, asylum seekers and New Scots.
 10 Secondly, organisational adaptations and roles of
 11 your organisations during the pandemic.
 12 Thirdly, issues around digital inclusion.
 13 Fourthly, issues in relation to food — access to
 14 food and other essentials.
 15 Fifthly, particular challenges for single parents or
 16 other groups.
 17 Sixthly, information of pandemic information.
 18 Seventhly, collaborative working and community
 19 connections.
 20 Eighthly, financial support and access to that.
 21 Finally, potential lessons to be learned.
 22 So if we could perhaps start with the first broad
 23 theme, refugees, asylum seekers and New Scots, and
 24 really just try and, for his Lordship's benefit, get
 25 some background information relating to refugees, asylum

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1 seekers and New Scots, including, for example, the types
 2 of issues they experienced before coming to the UK;
 3 pre-existing inequalities and issues experienced
 4 pre-pandemic, for example, financial, mental health,
 5 social, language etc just in very general terms; and
 6 also the distinction between the rights of asylum
 7 seekers compared with refugees; and any other relevant
 8 key issues in terms of how different groups or — how
 9 there are distinctions between different groups within
 10 those that you support.
 11 But perhaps we can start by just having a brief
 12 discussion about the types of issues that those you
 13 support experienced before coming to the UK, and perhaps
 14 we can start again with Mr Bhopal followed by
 15 Miss Dadge, and we'll swap about in due course.
 16 ANEEL SINGH BHOPAL: Thank you. Yes, so many of the people
 17 that we work with seeking asylum, or are here with
 18 confirmed refugee status, will have fled countries where
 19 they will have directly or indirectly experienced war,
 20 violence, persecution and torture.
 21 So a lot of people that come to our country seeking
 22 asylum or seeking refuge experience not just one single
 23 trauma, but hundreds of traumas. And just to give you a
 24 bit of background information into what constitutes
 25 being a refugee under the 1951 United Nations Refugee

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1 Convention, a refugee is defined as a person who is
2 unable or unwilling to return to their country of
3 origin, owing to a well-founded fear of being persecuted
4 for reasons of race, religion, nationality, membership
5 of a particular social group or political opinion.

6 So in the UK, a refugee is entitled to the same
7 social and economic rights as any UK citizen, so
8 refugees have full access to medical treatment,
9 education, benefits, housing and employment, but despite
10 this, there's still a number of inequalities that exist,
11 including difficulties with adapting to cultural
12 differences and barriers, and understanding and speaking
13 English, which, along with various other factors, leads
14 to a number of issues in terms of being able to properly
15 access employment, education, housing and healthcare.

16 And when we look at the rights of asylum seekers in
17 the UK, in comparison with refugees, the situation is a
18 lot more complex. So a person seeking asylum is someone
19 who has asked the government to recognise their refugee
20 status, and is waiting to hear the outcome of their
21 application. People seeking asylum do not have the same
22 rights and entitlements as refugees, because of
23 restrictions applied under UK immigration legislation
24 rules and policy.

25 People seeking asylum can access services in

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1 Scotland such as healthcare and education whilst they
2 await their decision from the Home Office, but they
3 cannot work, choose where they live or access a vast
4 majority of financial benefits, including Universal
5 Credit, and are provided with less than the sum of £50
6 per week for the purchase of basic necessities, such as
7 food, toiletries and clothing.

8 Q. Thank you very much. And Miss Dadge, if I could ask you
9 then to come in with your contribution on this?

10 REBECCA DADGE: So in addition to what Aneel said, which I
11 would concur with, the difference with the areas that I
12 worked in is that at that time, everybody that we
13 supported came in through various UK resettlement
14 schemes, and the difference with that is that in each
15 council area, the council will have accepted that person
16 or family. They will have sourced somewhere for them to
17 live, they will have checked in with them, the NHS and
18 the police, that there was capacity there for them to
19 have support in those regards. So even amongst
20 refugees, there's different kinds of support available,
21 so as I say, everybody that we were dealing with in
22 those days were under resettlement schemes.

23 Now, in order to qualify for resettlement schemes,
24 you're generally not in your country of origin. So for
25 instance the Syrians would all have been living in

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1 refugee camps, sometimes for many years, before they
2 were accepted on to a scheme and then accepted to come
3 to Scotland.

4 Sometimes you will have people fleeing from a
5 country, like Sudan or South Sudan, and they would end
6 up in Egypt, again, sometimes for many, many years and
7 living there in very unstable environments with no
8 rights in that country. And in order — the
9 qualification for the resettlement schemes differs from
10 scheme to scheme. There's a lot — actually, there was
11 supposed to be a plan to make them all one resettlement
12 scheme before the pandemic, but obviously that got
13 derailed because of the pandemic.

14 But all of the qualifications for the resettlement
15 schemes differ slightly, but generally speaking, it's
16 things like you have small children, you have a medical
17 issue, you have been persecuted for your race or
18 sexuality or something like that, or you have been the
19 victim of torture, or a mixture of all those things.
20 And those are the people that we supported during the
21 pandemic.

22 Q. Thank you. Just in terms of pre-existing inequalities,
23 I think you mentioned that you concur with everything
24 that Mr Bhopal said. Is there anything else you want to
25 add in terms of pre-existing inequalities of those you

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1 support?

2 REBECCA DADGE: No, exactly the same sort of things that
3 Aneel deals with, but I would say that in Glasgow, in
4 the west of Scotland, the things that Aneel was dealing
5 with, there is more variety, more complexity around the
6 cases that he deals with. The people in the
7 resettlement schemes, they got our support, but they
8 also got support from various council workers. So even
9 amongst refugees and people with refugee status, the
10 kinds of support they can access differs quite a bit as
11 well.

12 Q. Thank you very much. The next broad theme we have is
13 organisational adaptations and role during the pandemic,
14 and if you could please describe to his Lordship for
15 things such as, for example, how your organisations
16 adapted their service delivery during the pandemic, and
17 how their roles changed, including changes to the way of
18 working, for example, moving to digital remote working;
19 how you maintained engagement with the groups and
20 individuals you support; and any challenges associated
21 with these changes and adaptations, given the types of
22 services that your organisations provide. And if we
23 could perhaps start with Miss Dadge on this, followed by
24 Mr Bhopal?

25 REBECCA DADGE: So at the time of the pandemic, the staff,

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1 that was me and another --- my co-worker, we already
2 worked from home, so it wasn't too much of an upheaval
3 in that regard. We had to stop --- we have quite a lot
4 of the volunteers going into people's houses to do
5 support and get to know the family. That all had to
6 stop, obviously, and the volunteers then moved as far as
7 they could to try and keep communication going through
8 FaceTiming people, talking to them, some people did
9 practice with English with emails, sometimes people ---
10 some of the volunteers would get maybe a cooking lesson
11 from a Syrian woman over the line, again, just trying to
12 keep the communication going.

13 We did welfare checks, we did food drops sometimes
14 for them, but it was another way of just checking that
15 they were okay. They all had our phone numbers if they
16 needed any extra support. As time went on, we tried to
17 think of things to keep the engagement going, and that
18 would be --- the vast majority of them were on our
19 WhatsApp group, so we ran photography competitions and
20 scavenger hunts and picture competitions. We did craft
21 drop-offs for the children, you know, things that they
22 could make, so that they could then --- then we would run
23 a competition to see what they had made.

24 All of that was translated into the languages they
25 used. At that point, there was a lot of --- mostly

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1 Arabic speakers, so that was all translated, so they
2 could understand what we were saying. And --- what else
3 have I said? And then we also communicated some things
4 about the pandemic as it was going along that we thought
5 was vital. We did that often in conjunction with the
6 councils, just to make sure that the messages were the
7 same, and it was kept as clear and simple as possible,
8 but that's basically how we moved it.

9 We stopped any of the volunteers taking any of the
10 family members to medical appointments, because they
11 still went on to some extent, and I did all of those. I
12 took anybody that needed a medical appointment in the
13 car to do that. So those were the main things we
14 changed.

15 Q. Thank you very much. Mr Bhopal?

16 ANEEL SINGH BHOPAL: Yes, I mean, I think from an
17 organisational perspective, at the Scottish Refugee
18 Council and also as WSREC, there was a bit of a culture
19 shock in terms of having to adapt to a new way of
20 working, similar to a lot of organisations up and down
21 the country, of course, but a lot of us at the Refugee
22 Council hadn't worked remotely from a digital working
23 perspective previously, so adapting to using Microsoft
24 Teams and Zoom, and making sure you had the appropriate
25 level of wi-fi in the house, as well as PC equipment to

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1 work with, was a bit of a challenge to begin with.

2 And also, similar to a lot of people having to adapt
3 to working from home, will have been different according
4 to your individual family life, and it would have been
5 more challenging for some than others, but I think a
6 particularly challenging role for a lot of colleagues
7 within the sector that I work in, and Rebecca works in,
8 is that our roles are very much front-facing so we work
9 at the heart of communities, and losing that
10 face-to-face contact and social connection with people
11 that we --- used to seeing on a regular basis was
12 difficult.

13 And there's also a required sense of camaraderie,
14 I guess, to keep ourselves motivated in such a
15 challenging sector as well, so there's a tendency for a
16 lot of us to have shared sets of values and beliefs,
17 working towards a common cause. To lose that and not be
18 able to lean on your colleagues for that sense of
19 support was difficult. And also a lot of colleagues
20 working in more of a casework setting and having to hear
21 traumatic testimony from people who had experienced
22 trauma, as we have already explained, it's difficult
23 having to do that in isolation from their bedroom or
24 their living room, with no support of colleagues or
25 senior management to lend an ear.

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1 So that loss of close social networks in the
2 workplace was difficult for a lot of people to adapt to,
3 and I include myself in that category.

4 Q. Thank you very much. This probably leads neatly on to
5 digital inclusion, and it has been touched on
6 tangentially, but if you could please explain to his
7 Lordship, challenges faced by the individuals that you
8 support in accessing and using digital technologies, and
9 support provided in relation to those or any other key
10 issues in relation to digital inclusion. And perhaps we
11 can start with Mr Bhopal this time, followed by
12 Miss Dudge?

13 ANEEL SINGH BHOPAL: So, again, there would have been
14 differences in terms of experiences between refugees and
15 asylum seekers, but on the whole, a lack of access to
16 suitable devices was a significant problem for refugees
17 that we were working with during the pandemic,
18 particularly at the start, and whilst access amongst
19 this community in terms of smartphones was widespread,
20 access to tablets and laptops and other devices was far
21 more limited, and this will have affected parents and
22 children's ability in particular to engage with
23 schooling, especially when accessing online learning
24 resources, but also adult learning was also affected.

25 So a lot of the people that we support receive

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1 online support --- sorry, receive ESOL support, and as
 2 that was being moved online, people were finding it
 3 difficult to access classes because of the fact that
 4 they didn't have the appropriate devices to receive the
 5 information on.
 6 And the situation was worse for asylum seekers in
 7 relation to each of those aspects, so as well as having
 8 limited access to devices, there was also very limited
 9 access to smartphones, mobile data and also internet
 10 access, so the very basics of digital connection really.
 11 So Scottish Refugee Council, along with other
 12 charities supporting refugees and asylum seekers, were
 13 able to support the provision of digital equipment
 14 during lockdown, as well as support smaller
 15 organisations to deliver their services online. There
 16 was quite a few funds that came through, particularly at
 17 the start of the pandemic, which had --- which supported
 18 that means of work. And one notable example was
 19 Foundation Scotland's Response, Recovery and Resilience
 20 Fund, which provided just under quarter of a million
 21 pounds to the Scottish Refugee Council to distribute
 22 into communities to address digital exclusion and
 23 digital poverty amongst refugees and asylum seekers.
 24 Q. And was that being distributed to smaller grassroots
 25 organisations, or was that being used to fund --- to buy

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1 digital advices or time?
 2 ANEEL SINGH BHOPAL: So, as far as I'm aware, money was
 3 distributed to smaller organisations. I think the exact
 4 number would have been around 57. That money was then
 5 used by those respective organisations to buy the
 6 necessary equipment, the necessary digital provision, to
 7 then pass on to communities.
 8 Q. Thank you. Anything else in relation to ---
 9 ANEEL SINGH BHOPAL: No, that's everything.
 10 Q. Thank you. Miss Dadge?
 11 REBECCA DADGE: So very similar kinds of things to what
 12 Aneel has just said. We, before the pandemic, gave
 13 quite a few people refurbished laptops that we got from
 14 various places and they all started --- not all of them,
 15 a lot of them started to break down. It was very
 16 difficult to get them fixed, because there was nowhere
 17 open to get them fixed, although we'd found a way to do
 18 that to some extent. But it was becoming apparent that
 19 a lot of the laptops we had given out were no longer fit
 20 for purpose, so this became a bigger and bigger issue.
 21 For us, getting funding for laptops took quite a
 22 while. It's hard to remember because it was a while ago
 23 now, but I think it was around about nine months before
 24 that all started to happen, and we got quite a lot of
 25 funding for quite a lot of laptops from various places.

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1 I think that the third sector organisations managed a
 2 fund on behalf of the government for digital funding.
 3 I think we got some from Foundation Scotland as well,
 4 and then we started an exercise to see who had what
 5 laptops and who needed what laptops.
 6 And then at some point it became apparent that
 7 education departments were giving children Chromebooks,
 8 so we were able, with one of the local authorities we
 9 worked with, to figure out who had what in their house,
 10 so that we tried to make it so that people had enough to
 11 get online if they were able to.
 12 That only solved a bit of the problem, though,
 13 because the biggest problem is the low levels of digital
 14 literacy, and even getting on to a Zoom call or
 15 something like that was very difficult for a lot of
 16 people who had never used a laptop, and as Aneel said, a
 17 lot of them are very competent with smartphones, because
 18 that's what they have used a lot of the time when
 19 they're in refugee camps, they will still have a
 20 smartphone and they can use that. But using laptops is
 21 different.
 22 So when we gave out the laptops, we tried to come up
 23 with subjects that they would be interested in to get
 24 over that hurdle. Well, I have that as well, I don't
 25 want to learn any more technology, because you think you

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1 just can't do it.
 2 So we did things that we thought would interest
 3 them, so like how banks work. A lot of them --- a lot of
 4 our --- things in Scotland are very different from where
 5 they've come from, and that some of them are very
 6 cash-based societies. So we try to teach them things
 7 like how banks work, how current accounts work. Energy
 8 prices was a big concern when the energy prices started
 9 to rise. So teaching them a bit about that, and how you
 10 save money, again, something that would interest them.
 11 So we did --- we started to do digital sessions, this
 12 is mostly with the adults, to try and get them to use
 13 the laptops that we gave out. So as I say, that all
 14 took quite a while.
 15 Q. And practically, if some of the people you were
 16 representing were digitally challenged, how did you
 17 provide the lessons? Was that via the smartphones?
 18 REBECCA DADGE: No. What we did --- normally we would give a
 19 laptop and just say: that's your laptop. And what we
 20 did this time was: you can only have this laptop if you
 21 try and do these things. Before that we put out a list:
 22 these are all the subjects we're thinking about doing
 23 sessions on, what would you be interested in learning?
 24 And we did the sessions based on that.
 25 We worked with quite a lot of other organisations to

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1 deliver those, so like energy saving Scotland for
2 instance. We didn't really have any intention of taking
3 the laptop back; it was just to try and get them to try
4 to use their laptops. So we tried to use Zoom. We
5 steered away from Teams, at that time anyway, Zoom was a
6 lot easier to use. Some of them had started to access
7 it on their phone a bit when they were doing their ESOL
8 lessons. So again, their digital literacy was getting a
9 little bit better, so we tried to use that as a way of
10 incentivising them, to come on, try and use their laptop
11 for other sorts of things. Again, trying to make it as
12 simple as possible.

13 So it would just be a screen, they had to click on
14 the screen, and then there would be a presentation. It
15 was very basic stuff. There was no writing, there was
16 no chat or any of that sort of stuff. It was just
17 information that we could provide them about different
18 subjects of interest.

19 Q. Thank you very much. If we could then move on to the
20 next topic, which is really impacts on the people you
21 represent, and it's really access to food and other
22 essentials in particular. And this will cover as wide
23 or as narrow topics as you wish, but, for example,
24 financial issues; challenges in accessing foods and
25 other essentials, including culturally appropriate food;

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1 the support provided; any particular role of faith
2 institutions in supporting communities in this regard;
3 and any other relevant to key matters in relation to
4 accessing food and other essentials.

5 Perhaps we can start with Mr Bhopal?
6 ANEEL SINGH BHOPAL: Yes, so I think the access of
7 culturally appropriate food was difficult, due to the
8 travel restrictions imposed on people during the
9 lockdowns. A lot of people that we support are from
10 Muslim communities, so being able to access halal food
11 was an issue, and that's something which was supported
12 by food banks and faith institutions up and down the
13 country, but beyond that, there was also issues with
14 people being able to access culturally appropriate food
15 from various parts of world.

16 So as you're all probably aware, there will be hubs
17 of areas within each of our bigger cities, where people
18 can access food. Not being able to use public transport
19 to obtain that food was proving difficult, and again,
20 that's where community initiatives and charities and
21 food banks and faith institutions stepped in.

22 We also found that a lot of people, again, due to
23 the travel restrictions, were unable to access cheaper
24 food in bulk, cash and carries or supermarkets. So they
25 found themselves paying a higher price at local

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1 convenience stores, which proved to be particularly
2 difficult for people seeking asylum, who, as I mentioned
3 earlier, were already receiving a very low sum of money
4 to manage their weekly food bills.

5 So, yes, food banks, faith institutions and
6 charities stepped up, and helped to deliver culturally
7 appropriate food packages to people's doorsteps.
8 I think it's something that maybe wasn't given enough
9 recognition during the pandemic.

10 There were a lot of local gurdwaras, mosques and
11 churches in Glasgow, for example, that utilised their
12 building spaces and worked in partnership with one
13 another to obtain food, sanitary products, and create
14 packages to deliver to some of our most vulnerable
15 communities, and I feel they should be commended more
16 for that.

17 And also, there's a lot of very good online and
18 mobile networking between charities to try and
19 coordinate food support as well. So Interfaith Glasgow
20 set up a food justice network which allowed people to
21 coordinate support for people in particular need during
22 the pandemic to receive necessary food items as well.

23 Q. Thank you very much. Miss Dadge, I'm not sure if this
24 is relevant to the organisations or the communities you
25 support, but do you have anything to add in relation

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1 to ---
2 REBECCA DADGE: Just before the pandemic, generally
3 speaking, the Muslim families in our areas already
4 travelled to Glasgow for halal meat. That was the
5 biggest issue. They didn't like buying it locally. It
6 was difficult to buy it locally, and they didn't like
7 the quality of what they could get locally.

8 So that was their biggest issue, and it was quite
9 difficult for us to find a way to help them with that.

10 What we ended up doing was we got some money from ---
11 I can't remember where, I think it was from councils for
12 food and security, and we got a local butcher to bulk
13 buy in halal meat in from Glasgow, which he agreed to
14 vacuum pack into various packages for the families, and
15 we ended up delivering them with a few volunteers
16 locally, just doing doorstep drops.

17 That was the major --- other things didn't seem --- we
18 certainly didn't hear that they were struggling with
19 that. That was the biggest thing, and we were worried
20 that they were going to continue driving to Glasgow when
21 they weren't really supposed to, to try and get the food
22 in the house that they wanted. So that's what we did
23 around that.

24 Q. Thank you very much. Unless either of you have anything
25 to add in relation to access to food and other

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1 essentials , we can perhaps move on to the next topic,
 2 which is particular challenges for single parents or
 3 other vulnerable groups, including, for example, lack of
 4 support networks and flexibility ; ability to access
 5 essentials due to childcare constraints; or any other
 6 relevant matters. Perhaps we could start with
 7 Miss Dadge first on this one?
 8 REBECCA DADGE: Yes, there were a couple of incidents during
 9 the pandemic around single parents, which I thought was
 10 quite challenging. This wouldn't have been -- this
 11 wouldn't have just applied to refugees. I would imagine
 12 this applies to other single parents, but they had
 13 particular challenges in addressing it.
 14 So, for instance, we had one woman who is a single
 15 parent. She had -- she's a diabetic. She was
 16 struggling to get the medication she needed in the time
 17 that she needed it. There was something going on at the
 18 time with both her GP and her pharmacy, so it was all a
 19 bit -- was quite a few -- she needed the meds that day.
 20 The deadline was that day when she needed them.
 21 The supermarket where she got her -- that had a
 22 pharmacy where she got her medication wouldn't let her
 23 in the supermarket with her children, and of course
 24 she's here on her own with no kind of wider support
 25 network as such, so there's nobody who could hover

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1 outside the house, keeping an eye on the children, nor
 2 can she take them into the supermarket, and it just
 3 seemed like she was stuck in a place where she's got no
 4 solution to get the medication she needs.
 5 She was hospitalised a few times because of her
 6 issues around her diabetes, so that just seemed quite
 7 strange to me, and it was quite difficult to find a
 8 solution to that. I think what happened was I ended up
 9 going in to get her medication for her.
 10 The other one was a woman quite early on who it
 11 sounded like -- she had COVID, single parent of two
 12 little girls , and she was quite sick. She had about
 13 three or four miles to go and get tested. She couldn't
 14 take the girls with her, she couldn't leave them at
 15 home, the taxi didn't want to take her because she was
 16 so sick. She wasn't keen on getting on a bus because
 17 she was so sick. She couldn't really walk the distance
 18 because she was so sick.
 19 And it just seemed to be that there was no solution
 20 offered for that kind of situation for single parents,
 21 which struck me at the time as quite a gap.
 22 Q. Particularly , as you say, if it 's a single parent with
 23 no other support, in those circumstances.
 24 REBECCA DADGE: Exactly, not like people who have friends --
 25 I know you weren't supposed to go into other people's

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1 houses at the time, but I'm presuming other people found
 2 a way around it, at least they could be in the vicinity
 3 and keep a visual eye on the children , but they don't
 4 have those kind of networks. So, again, I thought that
 5 was a bit of a gap there.
 6 Q. Thank you. Mr Bhopal, I don't know if you would like to
 7 come in on this topic, and not necessarily in relation
 8 to single parents, but any particular groups of those
 9 you represent, subgroups of those you represent that had
 10 particular challenges?
 11 ANEEL SINGH BHOPAL: I mean, I think just using that example
 12 of single parents that Rebecca has touched on there,
 13 I guess those examples there helped to lay bare those
 14 existing inequalities that already were clear to see
 15 pre-pandemic, that affected many refugees and asylum
 16 seekers that we were working with. So a lot of people
 17 that come to this country, obviously with a very limited
 18 awareness of how culture works and how to communicate
 19 effectively , in terms of being able to speak English at
 20 a certain level , but also a real lack of support
 21 networks and social connections which they can lean on
 22 in terms of -- in times of adversity and those issues
 23 were clearly exacerbated during lockdowns, and we'd have
 24 had particularly detrimental effects on single parents,
 25 single people living alone, younger people, older

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1 people.
 2 So I guess intersectionally we can see how people of
 3 a particular background and living within particular
 4 circumstances are more affected than others. Yes.
 5 Q. Thank you. The next topic on my list is one I think I
 6 forgot to highlight when I read out the list , and I
 7 think it 's something, perhaps, Mr Bhopal, we can start
 8 with you. It 's housing, homelessness and related
 9 issues, including, for example, access to housing;
 10 particular challenges faced by asylum seekers living in
 11 hotel accommodation, for example, challenges in
 12 accessing food and other basic necessities and services,
 13 some of the issues we have already spoken about; support
 14 provided to those; and any other relevant key matters.
 15 So if I could invite you, Mr Bhopal, perhaps to
 16 start speaking about those issues.
 17 ANEEL SINGH BHOPAL: Yes. I mean, part of my role during
 18 the time was supporting asylum seekers that were living
 19 in hotel accommodation, so, I mean, from testimony and
 20 from what I've heard from colleagues who were working
 21 more directly with people living in the hotels at the
 22 time, they were under particular stress and isolation ,
 23 so having to be cooped up essentially in a hotel room
 24 for 23 hours of the day is unimaginable for a lot of us.
 25 I mean, you consider the level of trauma that people

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1 will have experienced before coming to the country, and
 2 then being forced to be left alone with their thoughts
 3 in an isolated space with very limited means of
 4 communicating with the outside world, it's obviously
 5 incredibly challenging; and doing that with limited
 6 monetary means, limited access to the outdoors, limited
 7 access to technology, those issues only exacerbated the
 8 situation for a lot of people.

9 So, you know, severe mental health issues were
 10 obviously experienced by a lot of people that were
 11 having to live in hotel accommodation during the
 12 pandemic, and many of the asylum seekers that I was in
 13 contact with, and colleagues that were in contact with
 14 after the Park Inn incident in July 2020, commented on
 15 how that made things even more difficult for them, not
 16 just because of the scale of what happened, and the
 17 worry and the anxiety associated with the fact that
 18 something similar could happen to them in their own
 19 accommodation, but also the worry of public outcry, and
 20 the further scapegoating of a community that have
 21 already been tarnished with a certain image by some of
 22 our politicians and media.

23 So, yes, a very difficult time for a lot of people
 24 living in hotel accommodation in particular, and, you
 25 know, really again helped to highlight those

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1 pre-existing inequalities, in the sense that these were
 2 people that were already very vulnerable to poorer
 3 mental health than the average population, and this
 4 brought those issues to the fore even more clearly, and
 5 increased isolation and loneliness and stress and
 6 anxiety brought on by the lockdown, and having to live
 7 in such a confined space again exacerbated that.

8 Q. Thank you, Mr Bhopal. And you mentioned — thank you —
 9 that mental health, welfare and isolation that — we've
 10 heard a lot about this across wide groups and obviously,
 11 as you said, it's exacerbated and more pronounced for
 12 people with preexisting inequalities.

13 To what extent were those issues felt by the wider
 14 refugee and asylum-seeking community that you represent,
 15 not just those in the hotel accommodation?

16 ANEEL SINGH BHOPAL: Yes, I mean, it would have been a
 17 different situation, but again, very difficult —
 18 I mean, I talked about those various traumas that people
 19 come to our country with, so having to manage those
 20 during the lockdown would have been difficult in itself,
 21 especially when you lose that social support. So like
 22 with everyone, we had limited access to who we could
 23 speak to directly in terms of family and friends, but a
 24 lot of the refugees that we support with rely on
 25 community support, whether that's through ESOL classes,

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1 community cafes, health and wellbeing activities, all
 2 that was put to a halt, and not having that face-to-face
 3 contact seemed to exacerbate pre-existing mental health,
 4 physical health issues.

5 And obviously the sector did try, and I believe did
 6 a good job of adapting to delivering work online to try
 7 and alleviate some of that loss, but it still wasn't the
 8 same. So still very difficult for a lot of people from
 9 a refugee background, but when we compare it to the
 10 situation of asylum seekers living in hotel
 11 accommodation, you know, the situation was a lot worse
 12 there, obviously.

13 Q. Thank you very much. Miss Dadge, I think you had
 14 mentioned right at the start when speaking about what
 15 your organisation does, befriending services; to what
 16 extent were mental health and wellbeing and social
 17 isolation issues for the communities that you represent
 18 as a consequence of the pandemic?

19 REBECCA DADGE: It certainly wasn't as severe as the things
 20 that Aneel experienced. The housing is already
 21 established because they were already accepted by the
 22 councils. We didn't at the time have too many people
 23 living on their own. There was a situation where a
 24 couple arrived with a baby, and then the man left their
 25 home once — she had just arrived in the country at the

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1 start of the pandemic, so she was on her own.

2 But we found ways to keep connection with anybody in
 3 that situation, either by visiting them outside their
 4 home, making sure that they had company at some point in
 5 the day, and the volunteers worked really hard to keep
 6 in connection with the people that they were
 7 befriending. A lot of the people that we have were
 8 families, though, with a lot of children so they didn't
 9 experience isolation in that same way.

10 So the few that we did have like that, we were able
 11 to make sure that we were keeping an eye on those, and
 12 we also, particularly with one of the councils, had a
 13 very good relationship with the council, so anybody that
 14 they were worried about or concerned about, we would
 15 talk about that and try and find ways to make sure that
 16 they weren't left on their own too much, and that
 17 somebody was checking in with them regularly.

18 Q. Thank you. Well, that leads us neatly on to the next
 19 topic, which is communication of pandemic information.
 20 If you could please just explain to his Lordship any
 21 issues that were experienced in relation to pandemic
 22 information. For example, access to information,
 23 methods of communication, any cultural differences,
 24 language barriers, literacy issues or any other relevant
 25 key matters in relation to pandemic information; and

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1 when I say pandemic information, I'm talking about, for
 2 example, rules, regulations and guidance that were being
 3 issued around that time.
 4 Perhaps we can start with Miss Dudge, and then
 5 followed by Mr Bhopal?
 6 REBECCA DADGE: I think probably one of the things that
 7 puzzled me the most would be if one of the refugees got
 8 a notification on their phone that their test had proved
 9 positive, that was given in writing in English, and as
 10 far as I know, there was no way -- that there was no
 11 other communication given to them, and there was -- and
 12 as far as I know, none of the NHS staff, even though
 13 they would have seen that person and been aware that
 14 they didn't speak very good English, to make sure that
 15 they understood what was trying to be communicated to
 16 them. And that seemed quite -- to me quite
 17 counterproductive, if you're trying to stop the spread
 18 of a disease.
 19 I have a general thing about the way that a lot of
 20 agencies communicate to people, not just people not
 21 speaking English as -- English well or as a second
 22 language; there's all other kind of people that have
 23 literacy issues or barriers, and it seems to me we have
 24 a lot of ways of communicating now, and they still stick
 25 to the written English, and I think that they should

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1 generally be a bit more imaginative about how they try
 2 and communicate things.
 3 That was the biggest thing for us. There was no
 4 kind of -- I know it's difficult with private
 5 information, but there didn't seem to be any reaching
 6 out from GPs or the NHS testing centres for other
 7 organisations to make sure: can you make sure that this
 8 person can find a way to understand this message; even
 9 if they weren't able to give it to them in their own
 10 language.
 11 We have quite a lot of people that have no literacy
 12 even in their own language, so again, as I say, as far
 13 as I know, there was no kind of other way of making sure
 14 that those people understood what was trying to be
 15 communicated to them, all through the pandemic, as far
 16 as I know.
 17 Q. You mentioned earlier that you obviously were quite a
 18 small organisation. I think you mentioned two staff
 19 members, but you had a number of volunteers. How did
 20 you find the accessibility and clarity of the guidance
 21 that was coming out that might have applied to your
 22 volunteers in carrying out their roles? Was that an
 23 issue or not for your organisation?
 24 REBECCA DADGE: That was all fine. The Scottish Government
 25 information, as things changed and rules changed, I

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1 found it quite easy to find: this is what you're allowed
 2 to do and this is what you're not allowed to do. All of
 3 our volunteers are English speaking, so that's not an
 4 issue for them. So it was really rules for them about
 5 what they could and couldn't do, and that went out
 6 through our regular newsletter, and that was fine.
 7 We did, as far as possible, try and get them to also
 8 communicate with the families about what was going on,
 9 because they were in more regular contact with them, and
 10 they had ways of getting their point across, even if
 11 somebody didn't speak much English. The councils
 12 obviously helped with that as well.
 13 In Stirling Council, certainly, there was a
 14 person -- the main officer there speaks Arabic, which
 15 was also hugely helpful. So he can put things out -- if
 16 we were communicating anything about the actual -- about
 17 COVID itself through our own WhatsApp groups, we always
 18 got those translated into Arabic, and for those families
 19 we knew there was no literacy of any kind, so they
 20 wouldn't be able to read that even in Arabic, we found
 21 somebody that spoke their language to phone them up and
 22 tell them what that said, and what the guidance was.
 23 So that's how we managed it. At that time we didn't
 24 have such huge numbers of those kinds of people that
 25 made it impossible. I would imagine in areas like

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1 Glasgow, where you're dealing with much more varied --
 2 that was much more challenging. For us that wasn't too
 3 bad, though. We managed to do that in every instance,
 4 as far as I can remember.
 5 Q. Thank you very much. Mr Bhopal, if I could invite you
 6 to come in in relation to communication of pandemic
 7 information and any particular issues that those you
 8 represent experienced?
 9 ANEEL SINGH BHOPAL: Yes, I think there was generally
 10 positive feedback on what the communities received, in
 11 terms of accurate information on COVID-19 and adhering
 12 to the restrictions etc and that included information
 13 provided through the Scottish Government, through
 14 information that people were receiving online, through
 15 news services etc.
 16 And I think that could be backed up by the sense
 17 that there seemed to be generally a high level of
 18 compliance with public health measures, and that was
 19 outlined by a survey that the Scottish Refugee Council
 20 undertook with a select number of participants from a
 21 refugee background between March and August of 2020.
 22 So, yes, generally, I think the feedback was that
 23 most information that was provided on COVID-19 was
 24 relatively easily understandable, and I think that's
 25 testament to the quick and good work that public

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1 agencies did during the pandemic and did during a time
 2 where they wouldn't have any real sense of precedence in
 3 delivering that type of resource to communities. So a
 4 good number of resources with translations produced in
 5 various languages. There seemed to be simplification of
 6 language to get core messages across to communities in a
 7 straightforward manner. Public agencies seemed to have
 8 latched on to the idea that visual images and videos are
 9 good in terms of getting targeted messages across to
 10 people with limited English, and this information seemed
 11 to be distributed well, both physically and digitally
 12 throughout Scotland.

13 And in terms of my own personal experience of
 14 working with public sector organisations, normally with
 15 the Scottish Government, good in terms of reaching out
 16 to ourselves and seeking advice on how information
 17 should be prepared and who it should be communicated to,
 18 but the likes of the NHS and Police Scotland also seemed
 19 to up their game in terms of reaching out as well, and
 20 producing stuff that was more accessible than it had
 21 been in the past.

22 So overall, good feedback. Of course, things can be
 23 better and be improved, but the situation was
 24 unprecedented, so...

25 Q. Thank you very much. Unless either of you have anything

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1 else to add in relation to communication of pandemic
 2 information, we can perhaps move on to our next topic,
 3 which is collaborative working and community
 4 connections, and I think you've both touched on this in
 5 passing, but if you could just explain a bit more to his
 6 Lordship about how that worked in practice for your
 7 organisations, including, for example, collaboration
 8 amongst third sector organisations, yourself and other
 9 third sector organisations; availability of other
 10 services, both third sector and public; collaboration
 11 with local authorities and the Scottish Government; and
 12 any other relevant key matters in relation to
 13 collaborative working and community connections.

14 And if we could perhaps start with Mr Bhopal,
 15 followed by Miss Dadge?

16 ANEEL SINGH BHOPAL: Yes, and so luckily enough at the
 17 Scottish Refugee Council, a year before the pandemic, we
 18 had set up something called New Scots Connect which
 19 comprised an online forum, an online map and a team of
 20 five regional coordinators working across the country to
 21 act as a link between communities, the public and third
 22 sector, and those supporting refugees and asylum seekers
 23 and new migrants.

24 So the fact that that had been set up proved to be a
 25 real benefit during the pandemic. The online forum

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1 allowed organisations or anyone working with refugees,
 2 asylum seekers and new migrants across the country to
 3 share information, knowledge and learnings. So any
 4 information or good practice on what was being done well
 5 within communities in the Highlands, for example, could
 6 be shared with groups working in Edinburgh or Glasgow,
 7 and that was all done via a very simple to use
 8 straightforward online forum.

9 The forum was also accompanied by a map which
 10 indicated who was doing what in particular areas in
 11 terms of support for communities. So if we were working
 12 with the likes of Police Scotland or the NHS, we could
 13 direct them to this map. They could then simply plug in
 14 a postcode, and then locate what group was doing what in
 15 which area. So a very efficient and convenient way of
 16 working during a time when key public sector agencies
 17 such as the NHS and Police Scotland were looking to work
 18 with people quickly.

19 As I mentioned, there was five regional coordinators
 20 who effectively acted as officials, covering the
 21 entirety of Scotland and acting as a link between
 22 communities and the public and third sector.

23 So I covered the southwest of Scotland, which
 24 included nine local authorities, but the remaining 23
 25 were also covered by four of my other colleagues. So

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1 they acted as a conduit between refugees, asylum seekers
 2 and faith institutions, local authorities, businesses,
 3 higher education sector, charities, so that — that
 4 package as a whole acted as a really effective tool,
 5 I believe, for supporting communities during an
 6 especially difficult time.

7 I think also, there was improved partnership working
 8 across the sectors and within the third sector as well.
 9 And I guess that really demonstrated that when backs are
 10 against the wall and when we are in a state of
 11 emergency, barriers tend to come down, and I think
 12 that's the way that we should look at things moving
 13 forward, and the pandemic really demonstrated that great
 14 things are possible if those parties, third sector
 15 public bodies, work together more efficiently all the
 16 time.

17 And I think overall, the speed of adaptation of
 18 service delivery again proved testament to the
 19 resilience of the charity sector as a whole.

20 Q. Thank you very much. Miss Dadge?

21 REBECCA DADGE: In my area, one of the things — one of the
 22 particularly helpful things that happened was the third
 23 sector interfaces known as TSIs. Very early on, I think
 24 pretty much shortly after lockdown first started, they
 25 invited all the charities in the area to come on to a

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1 call , and that varied in the two areas between 30 and 50
2 organisations , and we were able to talk about what we
3 were doing, what our plans were, what — if anybody had
4 any issues or concerns.

5 And the scope and reach of those organisations was
6 amazing, actually. Both of my — the areas that I
7 worked in have quite big rural parts, so there was a bit
8 of concern that there was going to be people in areas
9 that you wouldn't know about, but the amount of
10 organisations and that people that they knew, it was
11 down to street level in terms of people that needed help
12 and how they were trying to support them.

13 So that was very reassuring for me, in the sense
14 that if I couldn't get something, say, a prescription or
15 something to somebody in that particular area, I had any
16 number of organisations that I could tap in to make sure
17 that that was done for that person.

18 As it was, I didn't have to use that too much,
19 except on a couple of occasions when there was a bit of
20 a shortage for diapers at one point, there was a bit of
21 a shortage for formula at one point, and there was a few
22 families struggling to get these items, and I was able
23 to get — to tap in to get those through the food banks
24 in one of the areas and that was really helpful ; and the
25 TSIs were very helpful if I ever had any questions about

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1 what was happening.

2 The other good thing that happened about that in
3 terms of the public and charitable sector , as Aneel
4 said, in both of those situations , somebody from the
5 council sat in in those talks, and often that person
6 would chip in and tell you about services or funding
7 that was becoming available because of COVID, and you
8 could tap in to that person that had held that budget.

9 So I think, if memory serves correct, for instance,
10 we got some quite quick money for food drops, for people
11 to try and sort out the halal meat situation.

12 So all of that worked pretty well and pretty
13 quickly, and as Aneel said, it was incredible to watch
14 it, actually, the scope — the scope that the third
15 sector had about delivering support to people in need.

16 Q. Thank you very much. I don't know if either of you have
17 any particular thing to say about your engagement with
18 the Scottish Government, whether you sat on any, or your
19 organisations sat on any groups, but now would be the
20 opportunity just to identify — highlight how that
21 worked, or if there were any issues or room for
22 improvement on that communication with the Scottish
23 Government?

24 ANEEL SINGH BHOPAL: Yes, I mean, I think there would have
25 been more senior management level engagement with

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1 officials at Scottish Government, during my time there
2 that I wasn't involved with, but I had a couple of very
3 good links with some key officials within the Scottish
4 Government at the time, and we were in regular contact
5 about how to produce marketing material and improve
6 outreach and engagement with communities, and that was
7 something that in my experience hadn't existed before.

8 So to have had that link during such a crucial time
9 for our communities was very useful and very helpful,
10 and, yes, it proved to be incredibly fruitful in terms
11 of getting key messaging out to people, and it's a
12 relationship that's thankfully continued between
13 Scottish Refugee Council and the Scottish Government,
14 but also beyond that.

15 So again, I guess that can be seen as another
16 positive example of something coming out of a very
17 difficult situation .

18 Q. Thank you. And, Miss Dadge, anything that you would
19 like to add to that?

20 REBECCA DADGE: As far as I remember, we didn't have any
21 direct contact with the Scottish Government. I think
22 all of the messaging around that, apart from what you
23 could access directly , would come through the Scottish
24 Refugee Council for us, so any messaging that they were
25 sending out would come down to us, but — not that I can

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1 remember, I don't think we had anything direct.

2 Q. Thank you. Well, if we can then move on to the next
3 topic, and I think it's possibly the penultimate one,
4 which is financial support, and if you could please just
5 highlight for his Lordship any issues or positives
6 around accessibility of funding, speed of funding,
7 flexibility of funding; the role of large organisations
8 as conduits to reach smaller groups in relation
9 specifically to funding; challenges in connecting with
10 harder to reach communities; and any other relevant key
11 matters. If we could perhaps start with Miss Dadge and
12 then Mr Bhopal?

13 REBECCA DADGE: In terms of our own funders, so the
14 Foundation Scotland, community fund, that kind of thing,
15 we have a bit of a mixed bag of funders, they were all
16 extremely proactive in speaking to us right early on in
17 the pandemic, in the sense of they would email to say:
18 if you need to spend the money differently, we envisaged
19 that when you gave the money, just go ahead and do it,
20 you don't have to ask for permission. Some of them
21 would say: I know you'll be writing a report, an impact
22 report for the community fund, you can just give us that
23 same report, you don't have to write something
24 different .

25 I have worked in the charitable sector for a long

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1 time, and that was quite new and different. It was very
 2 welcome. Very easy to speak to them if you had any
 3 questions.
 4 Other kinds of funding like the digital funding that
 5 we talked about, I think was quite slow to come, given
 6 that somebody somewhere must have realised that we
 7 were --- that this was what was going to happen --- well,
 8 I suppose they didn't know how long it was going to
 9 last, but it became apparent that the digital isolation
 10 issue was going to be huge.
 11 So that, as I said earlier, I think took at least
 12 nine months to come through to us, to be able to afford
 13 laptops and start giving them to people. And again, as
 14 I said before, that was only half the battle. Sometimes
 15 I got a bit of an impression that the funders thought:
 16 oh, well, we've given you enough money, everyone's got a
 17 laptop now, job done. That is just the start of a very
 18 tough mountain to climb with some people, myself
 19 included sometimes, about learning how to use those
 20 tools correctly.
 21 And also, if you're trying to teach somebody how to
 22 learn a laptop remotely, when they have very low digital
 23 literacy, it's a real tricky thing to try and achieve.
 24 So those, I think, were the big issues.
 25 The other smaller bits of funding we got from the

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1 councils. Some of that might have been coming through
 2 the Scottish Government for, like, food parcels and
 3 things like that. All of that was quite quick and easy,
 4 and pretty straightforward to access, so I didn't have
 5 any issues with any of that sort of funding.
 6 Q. Thank you very much. Mr Bhopal?
 7 ANEEL SINGH BHOPAL: Yes, I mean, I guess, working directly
 8 within the Refugee Council, I got to see firsthand how
 9 quick a turnaround was produced, in terms of securing a
 10 release of funds into communities. So a lot of funding
 11 during those first six months of the lockdown was
 12 largely distributed by the Refugee Council through money
 13 provided by various sources, including the Scottish
 14 Government, the Asylum, Migration and Integration Fund
 15 which came through the European Union, and also the
 16 likes of Corra Foundation and Foundation Scotland.
 17 There was a lot of support in terms of administering
 18 the funding as well, from other grant providers and
 19 charities, including the National Lottery Community
 20 Fund, and it seemed to me, sitting on the other side of
 21 the fence at WSREC at the time, where I was trying to
 22 secure funding myself, that grant providers seemed to
 23 make the application process more simplified to allow
 24 for quicker applications to be produced, and there also
 25 seemed to be a flexibility of funding available to allow

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1 for a wide range of themes to be explored.
 2 So organisational priorities would have differed,
 3 according to where they were based and who they were
 4 supporting, and that was taken into consideration,
 5 I believe, by a lot of the funders at the time. So
 6 whilst there might have been charities that would have
 7 seen digital poverty or food poverty as being a
 8 priority, there would have been others that would have
 9 perhaps viewed social isolation and loneliness as being
 10 more of a pressing issue, and that was considered
 11 broadly by a lot of funders.
 12 Q. Thank you very much. Before we move on to our last
 13 theme, which is really an opportunity to provide any
 14 suggestions for potential lessons, I would like to give
 15 you both an opportunity if you would like to take it up
 16 just to highlight to his Lordship any other key issues
 17 that we have not touched on today. We have obviously
 18 got the roundtable report and all of that will be taken
 19 into account, but if there's anything else you would
 20 like to flag up before we move on to lessons learned,
 21 please feel free to do so now and that can include
 22 ongoing issues and impacts as well so I don't want to
 23 put you on the spot so don't feel you have to answer but
 24 if there's anything you would like to flag in
 25 particular, please do so.

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1 REBECCA DADGE: It sort of goes to the last point we're
 2 going to get to when we were talking about the
 3 communication around COVID was in some of the refugee
 4 communities because they couldn't access the information
 5 in a way that they could understand, the rumour --- the
 6 rumour mill started amongst them, misinformation started
 7 to swirl amongst them, about what --- how dangerous it
 8 was or wasn't and it seemed to be a bit of a rise in
 9 people not believing that it was such a --- it was such a
 10 dangerous disease, and I think if the communication had
 11 been provided in a more variety of ways that people
 12 could access it, maybe the government could have
 13 combated that sooner. As it was, the Scottish Refugee
 14 Council started to do some small films with people
 15 speaking different languages to sort of say, yes, it
 16 was --- I know what it was, it was about resistance to
 17 get the vaccine. That was all sort of swirling around.
 18 The Scottish Refugee Council did eventually do some
 19 films about that but it was quite late on and it just
 20 seemed to me that if the communication had been provided
 21 in a more accessible way to more people that they might
 22 have been able to head that off a bit before it got ---
 23 it got a lot of people not taking the vaccine because of
 24 that misinformation swirling about.
 25 Q. Thank you. Mr Bhopal, anything particular you would

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1 want to flag that we haven't touched on already?
 2 ANEEL SINGH BHOPAL: Nothing for the moment.
 3 Q. Okay, thank you. Then if we could move on to our last
 4 theme, which is potential lessons to be learned, and if
 5 I could invite you both based on the experiences of,
 6 well, yourselves and your organisations during the
 7 pandemic, if you could perhaps provide suggestions to
 8 his Lordship of what the Scottish Government could do to
 9 mitigate any ongoing impacts of the strategic response
 10 to the pandemic on the communities you represent or
 11 could do differently to improve matters in the event of
 12 another pandemic or similar emergency and perhaps
 13 I could start with Miss Dadge and then end with
 14 Mr Bhopal.
 15 REBECCA DADGE: Well, I'm just going to go to be repeating
 16 myself, I'm afraid, Laura. It's really again just about
 17 communication. It just seems to me that we live in a
 18 time where there are many, many ways we can communicate
 19 now: we have got voicenotes; we can make little films;
 20 we've got AI that can make quite fancy things in
 21 different languages presumably; yet it seems we go back
 22 to written English over and over again and I just think
 23 that's not the way to communicate and we should be using
 24 much more variety of platforms in different languages,
 25 different visual images, different ways of communicating

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1 the same thing to different people and that's very
 2 accessible and easy for them, using the tools that
 3 they're familiar with so they can get that information
 4 on smartphones rather than laptops and all that kind of
 5 thing. And I don't just mean that for pandemics; I mean
 6 that for across the board for public information that's
 7 useful for people they're dealing with. You know, it's
 8 hard to imagine somebody coming into a country where
 9 every single thing they hear and see is different from
 10 what they saw and heard yesterday, and there's so many
 11 more ways we could make that easier for people to
 12 understand, and I think that's a lesson to be learned
 13 not just for pandemics but for day-to-day life.
 14 Q. Thank you very much. Mr Bhopal?
 15 ANEEL SINGH BHOPAL: Yes, I mean for me, I think, keeping up
 16 that level of engagement with communities who have lived
 17 experience of issues that people are looking to address
 18 is imperative so government officials working more
 19 directly with not just senior management teams or policy
 20 teams within charities but also people working on the
 21 ground at a grassroots level to seek direct advice and
 22 guidance and support on how to best engage and reach
 23 communities, I think for me, that's a key priority for
 24 anything that may happen again in the future in this
 25 vein. And also public sector bodies in general,

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1 I believe, should have more of a positive attitude and
 2 not be scared to engage directly with third sector
 3 organisations working on the ground. I don't know
 4 whether there's a bit of a stereotype associated with
 5 organisations working with minority ethnic communities
 6 including refugees and asylum seekers that there could
 7 be barriers in terms of reaching out to them, whether
 8 that be cultural or linguistic and that could and has
 9 potentially in the past acted as a deterrent to any
 10 potential partnership work being formed but I think the
 11 lockdown has proven that that clearly isn't the case and
 12 there isn't any reason for officials from the public
 13 sector not to reach out to us directly and seek our
 14 support. And also touching on what Rebecca has just
 15 discussed there, continue to provide accessible
 16 information in different formats and listen to the
 17 communities that you're serving so produce stuff that's
 18 linguistically, culturally and visually appropriate. I
 19 understand as well, of course, that immigration is a
 20 reserved matter for Westminster, but if there's any
 21 possibility or opportunity for Scottish Government to
 22 keep up pressure on the Home Office and policymakers to
 23 recognise that those living in unsuitable accommodation
 24 and living in enforced poverty can be justified at any
 25 time, especially during extreme situations such as a

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1 worldwide pandemic when some of our most vulnerable
 2 people are already suffering from a multitude of issues,
 3 most notably those relating to mental health.
 4 Q. Thank you both very much.
 5 MS VAN DER WESTHUIZEN: My Lord, I don't have any further
 6 questions unless your Lordship has anything to ask?
 7 THE CHAIR: Nothing I want to say, thank you very much
 8 indeed. All that remains for me to do is to thank both
 9 members of the panel today for their attendance and for
 10 the evidence they gave. That brings today's proceedings
 11 to an end and we return tomorrow for the last of the
 12 hearings in this particular portfolio at 10 o'clock.
 13 Thank you all; until 10 o'clock tomorrow morning.
 14 MS VAN DER WESTHUIZEN: Thank you, my Lord.
 15 (2.56 pm)
 16 (The hearing was adjourned to 10.00 am on Wednesday, 18
 17 December 2024.)
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