## OPUS<sub>2</sub>

Scottish Covid-19 Inquiry

Day 75

December 16, 2024

Opus 2 - Official Court Reporters

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1	Monday, 16 December 2024	1	Rights Consortium Scotland, and the Inquiry team, and a
2	(10.00 am)	2	report of that roundtable meeting has been approved. My
3	MS VAN DER WESTHUIZEN: Good morning, my Lord.	3	Lord, for reference, that can be found under
4	THE CHAIR: Good morning, Ms van der Westhuizen. Now,	4	SCI-WT0521-0000001.
5	I understand you have a panel for us today.	5	So the intention today is for his Lordship to hear
6	MISS FRANCES HUME (called)	6	about some of the key issues and impacts experienced by
7	MR CHRISTOPHER CLANNACHAN (called)	7	your organisations by their members and/or by the
8	MS VAN DER WESTHUIZEN: I do, my Lord, I have a panel of	8	organisations that they supported during the pandemic
9	two, representatives of two organisations, that are	9	and by the wider communities that were supported, and
10	members of the Human Rights Consortium Scotland. We	10	this will be under a number of broad themes.
11	have Miss Frances Hume from Interfaith Scotland, and	11	Before I outline those themes, could I please ask
12	Mr Clannachan, Christopher Clannachan, from the Equality	12	you each to provide a brief overview of the
13		13	•
	Network. My Lord, we were due to be a panel of three		organisations that you represent, including the usual or
14	today. Unfortunately one of the panellists couldn't	14	non—pandemic role that they fulfil, the type of work
15	make it. We do have an hour and a half, but we may ——	15	they ordinarily carry out, and the organisations and/or
16	it's there if we need it, but we may finish slightly	16	communities that they normally support or represent.
17	earlier .	17	Again, if we could start perhaps with Miss Hume
18	THE CHAIR: Good.	18	followed by Mr Clannachan?
19	MS VAN DER WESTHUIZEN: I would also mention, my Lord, that	19	FRANCES HUME: Thank you. Interfaith Scotland is a
20	we're joined today by pupils and staff in the public	20	membership organisation of 50 member bodies from
21	gallery from Craigmount High School, so I extend my	21	different religions, religious denominations and belief
22	welcome to them today.	22	communities. It facilitates constructive dialogue and
23	THE CHAIR: Indeed, thank you. Well, good morning,	23	engagement between these different communities through
24	Miss Hume and Mr Clannachan, and, indeed, the pupils of	24	educational activities , interfaith dialogue, civic
25	Craigmount High School. I'm very happy to see you all	25	engagement and promotion of religious equality.
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1 2	here. Right, when you're ready, Miss Hume and Mr	1 2	Our regular remit is multifaceted. I run a schools
2	here. Right, when you're ready, Miss Hume and Mr Clannachan, Ms van der Westhuizen will have some	2	Our regular remit is multifaceted. I run a schools programme where we bring in people from different
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the Human 25 Police Scotland, NHS

24

partnership with a number of organisations, for example,

Police Scotland, NHS, and BBC Scotland, and we have also

24

25

Q. Thank you very much. You both previously attended a

roundtable meeting with other members of the Human

1	worked on hate crime initiatives .	1	And we recently participated in this Inquiry's Let's
2	And one of our largest annual events is Scottish	2	Be Heard project, providing LGBTI experiences in a
3	Interfaith Week, which $$ approximately 80	3	report to the Let's Be Heard project, which I would be
4	organisations, faith communities, schools and local	4	happy to share after the session if useful.
5	interfaith groups put on events to promote inclusion and	5	Q. Thank you very much. So time permitting, and I think we
6	celebrate our religious and cultural diversity.	6	will have enough time, we propose to discuss issues and
7	Q. Thank you very much. And Mr Clannachan?	7	impacts under the following broad themes.
8	CHRISTOPHER CLANNACHAN: Yes, thank you. As I mentioned,	8	Firstly, organisational adaptations and role during
9	the Equality Network is a national charity in Scotland,	9	the pandemic.
10	working for LGBTI, equality and human rights. Our work	10	Secondly, impacts on individuals, relating
11	is founded on the engagement with and empowerment of	11	specifically to food and other essentials.
12	diverse groups of LGBTI people across the country, and	12	Impacts on individuals in relation to mental health,
13	as an organisation, since 1997, we have played a key	13	wellbeing and social impacts.
14	role in achieving lasting change for LGBTI people in	14	Impacts on individuals in relation to pandemic
15	Scotland, including the repeal of section 28, the	15	information.
16	passing of same—sex marriage, legislation to address	16	Financial support.
17	hate crime, and the introduction of the NHS Scotland	17	Sixthly, impacts on organisations in relation to
18	gender re—assignment protocol.	18	staffing and operational matters.
19	To achieve our impact, we take an intersectional	19	Seventhly, potential lessons to be learned.
20	human rights based approach, and we put community voices	20	In relation to organisational adaptations and role
21	at the centre of all our work and everything that we do.	21	during the pandemic which is the first theme, we can
22	We do our work and achieve our impact in partnership	22	perhaps start with Miss Hume, again, followed by
23	with LGBTI community members, organisations, as well as	23	Mr Clannachan.
24	working with the Scottish Government and other public	24	We've heard a bit about your organisations and how
25	agencies and human rights defenders here in Scotland.	25	they normally operate. Under this theme, I would invite
	5		7
	5		7
1	5 Internally , the Equality Network is split into	1	7  you to describe for his Lordship how your organisations
1 2		1 2	
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2	Internally , the Equality Network is split into several teams, myself and part of the policy team, but	2	you to describe for his Lordship how your organisations adapted their service delivery during the pandemic and
2 3	Internally, the Equality Network is split into several teams, myself and part of the policy team, but we also have a team working on disability,	2	you to describe for his Lordship how your organisations adapted their service delivery during the pandemic and how the role changed. It would be helpful if you could,
2 3 4	Internally, the Equality Network is split into several teams, myself and part of the policy team, but we also have a team working on disability, neurodiversity and inclusion. We have a training team,	2 3 4	you to describe for his Lordship how your organisations adapted their service delivery during the pandemic and how the role changed. It would be helpful if you could, for example, include information about changes to the
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25 people were teamed with

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now, whether that be our human rights work, our work in

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healthcare or our research work.

We had one scheme called Interfaith Buddies, where

people were teamed with somebody from a different

1 In terms of the workload itself, as I mentioned, we religion and would have more quality time to find out 2 about each other. We discovered the Scottish Government 3 actually took that up with their staff team as well, 4 which was lovely to hear. 5 We really had a lot of online systems which were 6 created during the pandemic, so, for example, using 7 Google Drive to share files with one another, the use of 8 Zoom for staff meetings; we had much more regular staff 9 meetings, meeting every week, again, to support each 10 10 other emotionally and practically as well. We had our 11 online calendar, and -- this was a way of -- because a 11 12 lot of what we do is community based, it's very 12 13 important to be able to have that dialogue, both as a 13 14 staff team and with our local communities to reduce 14 isolation and for creativity of ideas as well. 15 15 as well. 16 I also took part in what was a weekly meeting with 16 17 the Scottish Government and faith and belief bodies, so 17 18 that was to discuss the latest  $\ensuremath{\mathsf{COVID}}\xspace --$  sorry,  $\ensuremath{\mathsf{COVID}}\xspace$ 18 19 regulations for places of worship, and we cascaded that 19 20 information weekly to all our faith community bodies and 20 21 local interfaith groups. 21 22 And I also joined the BEMIS, ethnic minorities, 22 23 meetings, again, which was a regular meeting, and that 23 2.4 24 way I found out more about the impact of COVID on ethnic 25 minority communities as well, so I had that dual 25 1 approach as well. 1 2 Q. Thank you very much. Mr Clannachan? 2 CHRISTOPHER CLANNACHAN: Thank you. I will firstly speak to the working arrangements in our organisation, before 4 5 touching on how our workload changed, but in terms of

at the Equality Network are split into various teams, and the bulk of our work, the majority of our work that we do is the policy work. So actually that was able to continue relatively the same as it was, albeit at a little bit of a slower pace. Fortunately, our work was able to go on, and a lot of our work is meeting with MSPs and discussing policy and legislation. So instead of doing that in the Scottish Parliament building, we were doing that on Zoom instead, which was -- fortunate that that could continue.

In terms of the things that we were working on at the time as well, things like our reproductive health work, our online survey work, that was able to continue

But one thing that we were working on at the time was the Hate Crime and Public Order (Scotland) Bill, now the Hate Crime and Public Order (Scotland) Act, and instead of giving evidence in person to the Equalities, Human Rights and Civil Justice Committee, we gave evidence online for that as it instead. And I spoke to colleagues at the time who were working, and they said that that work was still continuing at normal albeit a little bit slower.

The main area of work that I would say that probably

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changed for us was our community engagement and development work. So as well as engaging with individual members of the LGBTI community in Scotland, our community engagement officer also develops LGBTI groups in Scotland; and pre-pandemic, that involved travelling around Scotland, visiting groups in person, supporting them, building their capacity. 8 And so when the restrictions were put in place and

lockdown happened, we had to spend quite a bit of time at the beginning to figure out how we would still be able to support different LGBTI groups across the country in the same way. And as no surprise, most of that was taking place online, on platforms like Zoom, Microsoft Teams and so forth.

We did actually receive additional funding to support this community engagement work and the adaptation to working online, and I will be happy to provide more information on that later on when we discuss financial assistance and funding.

Thank you.

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21 Q. Thank you very much. The next topic I have relates to impacts on individuals, in particular in relation to food and other essentials.

> If I could ask Mr Clannachan to start off on this one, followed by Miss Hume, and if you could include,

6 the arrangements for staff, we, like many other 7 organisations, switched to flexible working during the 8

> Fortunately for us, we had moved most staff members over to using laptops the year before, and we had also switched our main server over to a cloud-based server. which meant that when the lockdown happened and the restrictions were put in place, staff members were able to change quite easily to working from home because of the introduction of laptops the year before.

> However, there were a few things that we had to change as an organisation to enable working from home to take place. One of those was we had to buy an additional laptop, as our accounts was managed on a desktop in the office. We had to set up a new answerphone machine to access that digitally from home, and although staff had their own laptops, we also had to buy external monitors, desks and suitable chairs for some staff members to make working from home as comfortable as possible.

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1	for example, issues related to the need for support in	1	people did not access financial support for essential
2	relation to food and other essentials, and the reasons	2	items.
3	why $$ or some of the reasons why there might have been	3	Of the people that we spoke to who did access
4	an increase in need for that support. Physical	4	financial support, they told us that this was very
5	restrictions on access to food and other essentials;	5	helpful, but actually the process of getting that
6	digital inclusion issues, possibly particular issues for	6	financial support was very difficult and complex.
7	those in the shielding group if applicable to those you	7	One of our participants told us that due to the high
8	support; cultural and religious considerations in the	8	demand, the application process was lengthy and complex
9	provision of food support; disproportionate impacts on	9	and very difficult to understand.
10	any particular groups of people; the types of support	10	Another thing that came through in our engagement
11	provided by your organisation or by the organisations	11	with the community was a particular difficulty for
12	they supported; or any other relevant key issues under	12	pregnant women at the time who were relying on food
13		13	
	this topic. So Mr, Clannachan?		banks. They told us that the food banks were very
14	CHRISTOPHER CLANNACHAN: Thank you. The people that we have	14	helpful and supportive, but that it was very challenging
15	engaged with so far, in terms of LGBTI community members	15	to access them regularly with the restrictions ,
16	in both our research and through our community	16	especially during lockdowns, and when they had to keep
17	engagement, has found that LGBTI people, or a large	17	up their required diet to keep their mother and baby
18	proportion of LGBTI people that we spoke to, had	18	healthy.
19	difficulty accessing essential items. That includes	19	We also heard from the same group of people that
20	things like food and other essential services.	20	pregnant women were disproportionately impacted by
21	And there's a few drivers for this, but I think some	21	digital poverty, which meant that they were unable to
22	of the main reasons that we have seen during COVID was,	22	access certain information about accessing financial
23	first of all, poverty, and second of, all just general	23	assistance and essential items which that $$ digital
24	financial instability .	24	poverty compounded that experience. Thank you.
O.E.	In the second of COTI and I compared the second control of the sec	25	Q. Thank you very much. Miss Hume?
25	In terms of poverty, LGBTI people are more likely to	25	Q. Thank you very much. Miss Hume!
45		25	
45	in terms or poverty, LGBTT people are more likely to	25	Q. Thank you very much. Miss Hume:
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	13		15
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for the family and support them in their shopping.

ethnic communities, we heard about how people were

adversely affected. This included things like language

Through attending meetings with BEMIS, for minority

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left a mental scar on them.

In terms of accessing support, the LGBTI people that

we spoke to had said that -- or that the experience was

mixed. Some people were able to access support and some

1 wanted to add? barriers, reading materials; some were less likely to 2 access vaccines due to suspicion of government from FRANCES HUME: No. 3 perhaps the countries that they were from, where they Q. Thank you. Mr Clannachan? 4 had escaped from. CHRISTOPHER CLANNACHAN: Thank you. Almost everyone that we 5 There's a piece of research which has just come out, heard, from the LGBTI community, told us that they had 6 called "Racism, belonging and COVID's legacy of ethnic faced some form of social isolation in one way or 7 inequalities in Scotland", and that highlights the fact another which had a negative impact on their mental 8 that there was a higher risk of death of someone close 8 health and wellbeing. 9 to you; that is 68% for other ethnic groups, 44% for We had community members who told us that during the 10 10 Indian nationality and 38 for Pakistani nationality, pandemic, they had lost friends because they were not 11 compared to 25% of national average. So this can lead 11 able to meet up in person with them, and they had 12 to higher levels of bereavement, financial demands and 12 difficulty maintaining friendships on different 13 13 platforms like WhatsApp, for example, where caring responsibility. 14 One practical issue in relation to food support is 14 communication was different than it would be in person. 15 15 the provision of food for culturally specific religious We also heard from community members that there were 16 needs as well, and whether that could be provided or 16 concerns for older people, older members of the LGBTI 17 17 community, particularly in rural locations where they 18 Q. Thank you very much. The next theme is impacts on 18 may not have a digital connection or access to friends, 19 other LGBTI friends who were living in urban areas. 19 individuals in relation to mental health and wellbeing 20 and social impacts. 20 One thing that came through strongly for us in 21 If we could perhaps start with you, Miss Hume, this 21 speaking to the participants, and one of the causes of 22 time, followed by Mr Clannachan, and if you could touch 22 social isolation, was the potential to have unsupportive 23 on, if applicable, impacts on mental health and 23 family members, and by unsupportive, I mean family 2.4 24 wellbeing: issues around loneliness and isolation: members who did not accept or support an individual's 25 digital inclusion issues; access to support services; sexual orientation, or gender identity, and of course 1 disproportionate impacts on any particular groups of 1 this had a very negative impact on individuals who 2 2 people in relation to this: and the types of support experienced that. 3 provided by your organisation, or by the organisations The Scottish Government, in their messaging and 4 that it in turn supported; or any other relevant key 4 their guidelines, were -- or made the assumption that 5 issues relating to mental health and wellbeing and everybody would have a traditional, stereotypical family 6 social impacts. unit. And this is a very heteronormative view, and in 7 FRANCES HUME: Thank you. Again, I will be referring to the fact for a lot of LGBTI people in Scotland, that's 8 funding that we were providing, which gave us a greater 8 unfortunately not the case. So that contributed to the 9 insight to what the needs were at that time. social isolation that they were feeling. 10 10 Particularly for those who were elderly in religious We also heard, unfortunately, from other community 11 11 congregations, they might not have been able to access members that they faced social isolation and they were 12 the internet, which would make them disproportionately 12 not able to access essential services, because they were 13 affected, for example, if services went online, which 13 forced to stay at home with someone who was abusing 14 can lead to greater Ioneliness and isolation. Perhaps 14 them, and these survivors of domestic abuse recounted to 15 they might not have the mobile phones or iPads or 15 us the horrendous situations in which they -- and in 16 computers in order to be able to access these. Also, in 16 which they stayed during the pandemic. 17 terms of information, they might not see online 17 We had someone who told us that they were prevented 18 information as well that could support their mental 18 from accessing services, they were cut off from other health and wellbeing. 19 19 people, they had undergone forced servitude, and they 20 20 Q. Miss Hume, could I ask you just to speak a little bit thought that they would not live through the pandemic. 21 louder. I suspect they might be struggling to pick you 21 And I think the mental health and wellbeing impact of

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FRANCES HUME: Thank you. Shall I repeat what I was saying?

else in relation to mental health and wellbeing that you

Q. No, I think we probably got that. Was there anything

Pride events that take place across Scotland. These

Another thing that we have seen for LGBTI people

facing social isolation was the loss of in-person LGBT

that probably speaks for itself .

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events are not just a day out; they are a chance for the LGBTI community to really come together to connect, to reflect on progress and to demonstrate for ongoing equality issues in Scotland, and the community really felt the impact of that not being the case during the pandemic with the restrictions. Some Prides were fortunately able to take place online, albeit in a very different setting and a different atmosphere to what would normally taken place at an in-person Pride in Scotland; and this particularly highlighted a lack of visibility for LGBTI people, particularly in rural

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In terms of the digital inclusion aspect of that, we heard from individuals who told us that they had a positive experience with digital inclusion, which contributed to some of the negative experiences of social isolation that they were feeling. One thing that did impact this was for people who had existing access to technology, those individuals were able to stay more connected with other community members.

We had people tell us that they were able to continue university online and able to meet with classmates online which contributed to negating some of the social isolation and mental health impacts of the pandemic.

One thing that almost all of the people we spoke to said that where they were able to access LGBTI safe spaces online, LGBTI community groups, those individuals had a positive experience of digital inclusion, and that really contributed to, as I said, negating some of the impacts of social isolation and the negative impacts on mental health and wellbeing. We had a community member tell us that actually this provided a sense of connection and understanding and "reduced the isolation that I was feeling".

In terms of digital inclusion, and the opposite, as a negative experience, as I have mentioned, we have seen that a lot of LGBTI pregnant women were facing digital poverty, and that had an impact on the connections that they were able to make, the information they were able to access, and that contributed to the social isolation and negative mental health impacts that they were

I can definitely say more about what the Equality Network did in terms of trying to combat some of that social isolation and some steps that the Scottish Government took as well with funding, but I would be happy to elaborate on that later during our financial support section.

Q. Okay, thank you very much. Before we move on to the

next topic, could I just ask you both, and you may not be able to answer this, but are there or to what extent are there ongoing impact, mental health and wellbeing impacts and/or social impacts, some of the negative ones that you described amongst the communities that you support; are those ongoing, or are you not able to contribute in relation to that? 8 FRANCES HUME: I wouldn't be able to contribute on that at this stage. In terms of our work, everything has

9 10 returned to in-person, so that has been supportive for 11 communities in reducing isolation, but we also continue 12 to have online engagement as well for those who may 13 continue to be isolated. 14

Q. Thank you. And Mr Clannachan?

CHRISTOPHER CLANNACHAN: Yes, in terms of the ongoing 15 16 impacts of the pandemic, there is definitely -- the17 experience of people that we have spoke to is varied. 18 Some people have found a lasting impact on themselves. 19 For example, I previously mentioned that one community 20 member had told us this had left a mental scar on them 21 that wouldn't go away. So we definitely know that there are some people still experiencing negative aspects of 22 23 the pandemic.

> I wouldn't be able to generalise, because everybody is different, we are not one homogenous group. However,

1 what I would say is that we have seen, in terms of the 2 events that we are doing, and from an accessibility perspective, we are running more things online now, and we have heard from people that that increases the accessibility of accessing LGBTI spaces, particularly 6 for disabled members of the community.

So whilst I can't say that -- I can't speak for everyone in the community, I can definitely say that there has been some positive impacts that are ongoing now as a result of the pandemic that have changed some of the ways that people are engaging on the ground, but also some of the ways that we are engaging as an

13 14 Q. Thank you very much. The next and fourth topic relates 15 to impacts on individuals, specifically relating to 16 pandemic information. And if we could perhaps start 17 with Mr Clannachan this time, followed by Miss Hume, and 18 if you could cover where applicable, for example, 19 digital inclusion and access to information, and this is 20 pandemic information; timing of that information; 21 clarity and complexity of information; any particular 22 language issues; disproportionate impacts on any 23 particular groups of people in relation to pandemic 24 information; and the role of your organisation or the organisations it supported in disseminating information

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and providing related support; and any other relevant 2 key issues relating to pandemic information. 3 And when I talk about pandemic information, I'm 4 talking about sort of information about particular rules 5 and guidance in relation to that, and more generally 6 iust about the spread of virus and, you know, information that's available to individuals. 8 CHRISTOPHER CLANNACHAN: Thank you. I would say that one 9 thing that came through very strongly for us and the 10 people that we engaged with was, as I have mentioned, 11 there was an assumption by the Scottish Government of 12 very stereotypical heteronormative family units, and we 13 actually conducted a piece of research called our 14 Further Out report, which examined and heard from LGBTI 15 people living in rural areas. And that report told us 16 that the rules, guidelines and messaging around support 17 networks felt as though they were built around a 18 stereotypical, heteronormative family. Participants 19 told us that they felt that as though the government and 20 media messaging, suggesting that a person might rely on 21 a neighbour if they were to be housebound due to COVID, 22 or advising people to stay home with family members, did 23  $not\ understand\ the\ non-heteronormative\ relationships,$ 2.4 family structures, carer responsibilities and different 25 kinship groups that LGBTI people might have.

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We also heard from one participant in that report, who was living in a rural location just outside of Glasgow, that she was -- she felt like banging her head off of a wall, trying to comprehend how she would cope without the support networks that the Scottish Government had assumed. She would like to see more thought given to LGBTI people who live on their own about how they might manage this.

So I think in terms of the information that was available for the pandemic, that was given in one format and one way, and I think learnings for future would be not to do that, not just for the LGBTI community, but that would also benefit the general population more broadly, from people who are maybe estranged from family members, who have been able to escape domestic abuse settings, and I think that's something we could really

In terms of pandemic information more generally, and adding an intersectional lens to this, we heard from disabled members of the community, or members of the community who were living with a disabled family member at the time, who told us that there was a real lack of information for people with disabilities , and actually contacting the social care department was very difficult, it caused a big disruption and resulted in

much more stress on the family as a whole and made their quality of life even harder to look after the family

So I think it's clear to us that there were various barriers for LGBTI people when accessing pandemic information, and of course people who were experiencing digital poverty would have again been disproportionately impacted by that.

Thank you.

Q. Thank you. Miss Hume?

11 FRANCES HUME: Thank you. I have already spoken in terms of language issues for people who needed translation of 13 various online and paper resources, as Christopher has 14 mentioned, in terms of the digital exclusion, 15 particularly for the elderly in terms of not receiving 16 online information.

> I mentioned already that we attended the meeting for religious and belief groups every week with the Scottish Government. I have to say. I was pretty impressed in terms of the information that was shared every single week, because in a continuously changing environment, information on places of worship and whether they could be open and how many people could attend was constantly changing from. So from that point of view we heard very quickly about these changes. Some faith communities -

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maybe not quickly enough, if they heard  $\operatorname{mid}$ -week, and then they had to cancel a service or something like that. But that was quite difficult to achieve when things were changing on a daily basis.

In terms of our role as an organisation, as soon as we received any updates, we would disseminate this via email and e-newsletter to all our major faith communities. As I mentioned, there are 50 bodies, both of religious groups and local interfaith groups, who would disseminate at a local area to the different faith communities that were engaged with those groups. So we thought that was a really important way to continue to keep people in the loop.

We also have an annual public lecture, which was given by Jason Leitch, who was our keynote speaker at that, and again, he was able to share the continued medical issues and ways of staying safe during the

Q. Thank you very much. Unless there's anything to add on that topic, the next topic is financial support, and I would invite you both to describe for his Lordship the key issues and impacts relating to financial support to include, for example, funding available to your organisations to deliver welfare assistance and support; the distribution of funds to other organisations; the

1	accessibility of funds; the time taken to receive funds
2	and any issues around that; the communication and
3	advertisement of funds by Scottish Government and
4	funders, if either of you can speak about the
5	Connecting Scotland programme; financial support for
6	business administration and operations of organisations
7	ie your own organisations and those you support;
8	extension of core funding; and any other relevant key
9	issues .
10	If we can perhaps start with Miss Hume, followed by
11	Mr Clannachan on this one?
12	FRANCES HUME: Thank you very much. I mentioned that we
13	received £25,000 in funding for both faith communities
14	and local interfaith groups, of which £500 was available
15	per group, and they did not need to register as a
16	charity to be able to apply for funding, which was very
17	helpful, for local community groups that didn't have a
18	constitution. This was very quickly delivered, in terms
19	of the funding was open between April and June, and it
20	was my role to administer this fund, which was the first
21	time doing anything in this regard, so that was a
22	learning process and obviously took extra work for our
23	financial manager as well, but we were able to deliver
24	that.
25	The first round of funding, we had 69 applications
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and were able to fund 67 of that. So we had —— this included Hindu communities, Muslim, Jewish, variety of different Christian denominations, Buddhist, Sikh and Bahá'i communities, and local interfaith groups in Edinburgh, Glasgow, Fife, Aberdeen, Skye and East Renfrewshire, all were able to distribute welfare and assistance.

So I'm going to mention a few of these and give some examples as well. So in order to overcome social isolation , particularly churches, Buddhist places of worship, mosques and Jewish communities organised online services , either live streamed or Zoom, whether it's Christian worship or meditation, and that -- supported those who were able to access this.

For those who were not able to access online services, these were printed and posted, and DVDs were sometimes made of services and posted or delivered by volunteers, and youth groups and community groups continued to meet online as well.

So another example, from Glasgow Jewish Representative Council and the Scottish Council of Jewish Communities, they held large events, so again, we were able to fund —— Zoom —— a higher Zoom for people to attend, so 650 people registered for a klezmer concert,

300 people came to a prayer service for people suffering

from the pandemic.

Local interfaith groups were very much able to support locals —— local communities through food aid, and also top—up for people's mobile phones, so they could stay in contact with family and friends, particularly those separated from those during the pandemic. They were also involved in projects, sewing masks for people. East Renfrewshire Faith Forum had volunteers sewing masks; Edinburgh Women's Interfaith Group provided 100 masks for Edinburgh sick children's hospital; Varapunya Meditation Centre provided 400 face masks from overseas.

A lot of practical aid as well, and I'm just taking a few examples: so the Al—Khair Foundation, which is a Muslim charity, provided food packages for the homeless, those shielding, those waiting for benefits, those who had lost their jobs, and European families who were told they were not entitled to benefits.

I mentioned earlier the Indian students and the Hindu temples in Scotland provided rice, wheat and Ientils for them. Seva Scotland, which is a Sikh organisation, distributed an amazing 100,000 food packages, and to mention that as well that they were culturally and religiously appropriate, and provided things, for example, during festivals, of Easter eggs,

so that people would feel personally supported and included.

Another Roman Catholic church charity provided essentials, so, for example, toiletries, laundry supplies, purchased cooking pots to make hot food for 70 people every week.

Another Catholic church assisted the homeless living in hotels where all food had to be brought in ready made, and also helping with prescriptions and delivery of medications as well.

Another Sikh charity, Sikh Sanjog, also provided culturally specific food and kept their telephone lines open, receiving 300 calls which could support people with food provision, benefit support, family support, domestic violence, employment, immigration, housing, relationship and mental health advice amongst other things.

As I already mentioned, Bridging the Gap project supporting destitute asylum seekers as well.

The second fund that we received was for the second lockdown, which took place in the autumn of 2020, so this fund was provided in October. Again, it was £25,000 up to £500 per group, whether it's place of worship or local interfaith group, and that was to support places of worship to reopen safely and support

people as well who were too vulnerable to come back to their place of worship, including things such as mobile devices and telephone calls and mail—outs.

So again, we had a lot of applications. We had 58

So again, we had a lot of applications. We had 58 applications and 56 were funded. And again, throughout all the different faiths, Hindu, Muslim, Jewish, Christian, Buddhist and Sikh.

And the report that we had back was that this really helped with people's emotional and mental health. For example, Varapunya Meditation Centre in Aberdeen had daily live broadcasts of talks, chanting and meditation, and the feedback was it helped people overcome anxiety, isolation, PTSD and — through having almost died in hospital, supported them to come back to emotional health as well.

And in terms of places of worship, many places of worship were able to reopen safely, being supplied with PPE, face masks, face shields, sanitiser and track and trace facilities, and also showing and guiding people where to go, so they could stay metres apart and that sort of thing as well.

And leaflets were continued to be distributed, and funding for things like Christmas cards and services of places of worship, so that those who were still isolated could continue to feel included in their place of

1 worship.

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Q. Thank you. Before we come on to you, Mr Clannachan, I just want to ask, you mentioned, for example, during the first lockdown, I think funding being provided for, for example, face masks and food packaging, and in the second lockdown you mentioned various —— including, for example, daily talks.

We have heard a fair bit about third sectors organisations — pivoting and doing things that they wouldn't ordinarily do. To what extent were they applying for funding to fill gaps that they saw, versus the Scottish Government approaching them and asking them to fulfil roles that they wouldn't ordinarily fulfil, having seen the gaps themselves? It may be difficult to answer?

16 FRANCES HUME: Yes, I'm going to answer your question, but
17 I'm not sure if it's exactly what you're specifically
18 looking for, but what happened is we liaised with the
19 Scottish Government at the start, looking at what the
20 potential issues might be for these different faith

communities, and then we had an approach where we had a
list of things that we thought could support them, so
these included setting up the professional Zoom accounts

these included setting up the professional Zoom account for faith communities to continue to lead their worship,

providing food for those isolated, phoning lonely people

in the community, printing the leaflets for those to
feel included, and working in partnership with others to
support individuals and communities to alleviate
physical and emotional stress.

5 So between liaising with Scottish Government and
6 Interfaith Scotland, when we sent out the funding
7 applications, those were the examples that were given,
8 but people could also respond and explain within their
9 faith communities what they might need as well, and that
10 would have been included and considered within their
11 funding application.

12 Q. That's helpful, thank you. Mr Clannachan?
13 CHRISTOPHER CLANNACHAN: Thank you. In terms of financial
14 support, I will split this into two, in terms of the
15 funding that we received to distribute to other
16 organisations, and then also I'm happy to speak on our
17 core funding during that time.
18 To begin with the funding for other organisations.

To begin with the funding for other organisations, we accessed three different funds. The first of those, which was very early on in the pandemic, was a resilience fund from the Scottish Government to help third sector organisations struggling with COVID—19 and were impacted —— who were impacted financially.

We applied for a grant of about £5,000 which we got within three weeks, and that enabled us to provide free

Zoom licences to LGBTI groups across the country, and we were able to supply approximately 30 licences, and this was able to help LGBTI people to get online to connect and reduce social isolation.

One thing that we also did at the Equality Network was run Zoom training sessions to train other groups how to use Zoom and to manage their meetings online.

The second fund that we accessed from the Scottish Government, which was significantly larger, was the Supporting Communities Fund, which was set up for investment in local responses to the pandemic, and we were one of 373 organisations that received money from that fund.

We actually applied with other LGBTI organisations in the sector in Scotland for a joint bid of £87,700, which we got at the beginning of July 2020, and that money was to be used by the end of 2020 as well.

And we disbursed a lot of that money to different LGBTI groups to organise online meetings, specific COVID—related work, but the main breakdown of what that money was spent on on our end from the LGBTI organisations was an LGBTI microsite, an information site.

We spent a significant amount on cultural activities and LGBTI Prides to ensure that groups could set up

have the capacity as well actually to run a Pride online, which is vastly different from the in—person parades and marches that we would normally have.

We distributed a large amount to different LGBTI groups, LGBTI individuals, LGBTI sports groups, LGBTI asylum projects, LGBTI youth, and there were some admin costs as well for the organisations who were

distributing those funds.

Pride online and people could still attend that, and

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It was actually felt by the organisation that the Scottish Government had acted quite well and quite quickly with that, and actually the funding application was a lot quicker than it normally is, and it wasn't as long as it normally is either. I think the application page was about four pages, which we didn't have to — which we didn't have to evidence with lots and lots of research that we normally would in a funding application, just given the nature of the pandemic and the timing of the emergency.

So it was felt that that was actually a very positive thing that the government did that enabled local action quite quickly.

Another fund that we accessed in 2021 was the Communities Recovery Fund, and this was to support communities and people as we moved into recovery as a

country. And we applied to that fund on our own and received £44,000, which we then disbursed to other LGBTI groups across the country to support their recovery and transition into recovery period.

In terms of our core funding, as I mentioned at the beginning, our core funding comes from the Equality and Human Rights Fund which was established in 2021, and prior to that was three separate smaller grants, and actually our funding was due to run out at the end of September 2020.

However, right at the beginning of the pandemic, in March 2020, the Scottish Government told the recipients of the equality grants that anyone receiving that -- those funds would be extended by another 12 months at the same rate. So our core funding was actually extended.

And this meant that at the beginning of April 2020, we knew that we would be funded to September 2021, and that meant that our CEO at the time could then tell staff that their job was secure until the end of September 2021, which during a time of mass uncertainty, national uncertainty, this was a very positive step that the government did and enabled us to relay that information to staff.

Then, of course, there was the Equality and Human

Rights Fund in February 2021, and organisations were invited to submit applications to that which we did, and we have been funded by the Equality and Human Rights Fund ever since.

One thing that I would say as well about our core funding was that I mentioned at the beginning we had to provide monitors, desks and chairs etc. There wasn't additional money made available for this, but because we were underspending on our grant, we had money available to equip staff with that, so that money came from our core funding, but I'm not aware of additional funds that were available to support staff to work at home in that way. Thank you.

 Q. Thank you very much. Moving on to the next theme and speaking of staff, the next theme is impacts on organisations, in particular in relation to staffing and operational matters, including, for example, increased workloads; impacts on work/life balance; welfare and wellbeing, including isolation support for key workers; any ongoing impacts; and any other relevant key issues relating to impacts on your organisations. And perhaps we can start -- well, we will give you a break, Mr Clannachan, start with Miss Hume and then followed by 

FRANCES HUME: Thank you very much. In terms of workload, I

could say this became more complex. In terms of my own role, I hadn't managed a fund before for external groups and organisations, and that was 123 projects supported in total throughout, from April 2020 up until December 2020.

So this was a learning curve for myself, but I think I managed to rise to the challenge, and of course there's an anxiety around in terms of food aid, making sure that you were able to get that financial support out as soon as humanly possible, and we were lucky that almost all those who applied did get the aid. It just seemed to marry up beautifully in terms of how many people applied and how many people received aid.

In terms of working together on Zoom, that was extremely positive for us as a staff team, because it meant we could continue to meet together, plan events with one another, and keep all our core work continued throughout that process. As I mentioned before, all our dialogues were online, and we also had extra events as well; although we didn't have increased hours, we managed that within our staff time.

One big difference is my remit is all across Scotland, so you can imagine if I'm having events in Aberdeen or Inverness, for example, working in Glasgow, you would have that huge travel time backwards and

1 forwards for meeting. So the fact that we were able to at home during the pandemic but it was felt by the 2 have all those meetings on Zoom actually created more majority of staff at the time that most people enjoyed 3 available time to have events because it wasn't taken up working from home, so there was variable experiences 4 with travel. within the organisation. 5 This is something that's continued. While we do For the minority who were finding it difficult to 6 6 have in-person events, sometimes our planning meetings work at home under the restrictions in lockdown, the 7 will be online to avoid excess staff travel time, so organisation collectively did a few things to try and 8 there's more time and energy to do other things as well. 8 mitigate that. Of course, all of our team meetings were 9 During the pandemic, our -- we were very much now taking place online, but we also had additional 10 10 supported by our board and director, so for example, we meetings called a water cooler meeting, where we would 11 11 meet to just have a friendly chat and friendly catch-up were — posted out care packages on a regular basis. 12 One anecdotal thing to mention is we had our 12 and try and reduce some of the isolation that some staff 13 Christmas dinner from home. We were actually sent a 13 members were feeling from working at home. 14 three course dinner to our houses, and we had an online 14 One thing that was really positive that's continued 15 15 today, actually, is LGBTI organisations in Scotland meeting, an event where we all had our dinner together. 16 and we had games, which is something I normally organise 16 during the pandemic decided to create a shared channel 17 anyway, so really the staff felt really, really 17 to stay in touch during the pandemic to be friendly. 18 18 And now that's something that has continued on, now that supported. For myself, the isolation was -- particularly as a the restrictions have been lifted, and we use that for 19 19 20 single person living alone, and one thing that I have 20 sharing updates, information sharing, collaboration. 21 actually found a little bit disappointing is that we 21 And it's really positive. It's something that I really like, and it's something I noticed when I came to the  $\dot{\ }$ 22 have a hybrid system now which seems to work for the 22 23 majority of staff members, but for myself, I feel that 23 work at the Equality Network was that genuine connection 2.4 24 more in-person staff engagements support -- would be between other organisations that was born during the 25 more supportive for my own mental health. And in terms 25 keeping up to date with each other during the pandemic. 1 of meeting in person, I think that really supports the 1 In terms of staff turnover, our staff turnover 2 2 creativity and collaboration of ideas, as we have an wasn't very different from what it would normally be. 3 open plan office, so when we're all in together, I find 3 We didn't see a massive increase or a massive decrease; 4 it's a more creative process. But we do have two days 4 it was just pretty standard for us. 5 where we all try to come in a week as a staff team, so 5 In terms of the workload, it predominantly stayed 6 we can continue with that, and as I mentioned in terms 6 the same. As I mentioned, a lot of our policy work was 7 of online meetings, it does mean that there's not so taking place, but -- albeit at a slower pace, but where 8 8 we did see the workload changing was in relation to our 9 So we've found there has been pros and cons, and in 9 community engagement and community development. There 10 10 some ways it's great that we have been able to continue was -- although the individual was not travelling around 11 with online events as well as in-person ones, which we 11 Scotland to support groups, they were then doing that 12 found with our Interfaith Week, we have 80 events and it online, which meant that they were saving significant 13 means that people can travel or not travel, according to travel time from travelling across the country. But 13 14 what their needs are, and it also works for us as well. 14 this was offset by having the additional workload of 15 So, for example, during Interfaith Week, I had an 15 distributing Scottish Government funding to different 16 event for teachers. We have just published a new 16 communities, and so the workload probably balanced

> workload increased during the pandemic because they were keeping additional records of all the fund money that we had received, and then the fund money that was distributed as well, so that was an increased job for them.

pandemic.

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Thank you.

staff said that they were finding it difficult to work \$42\$

CHRISTOPHER CLANNACHAN: Thank you. In terms of the impact

resource on supporting the needs of people of different

religions and beliefs, so we had 30 teachers sign up

from all over Scotland. So that's something that I

would not personally have been able to get to myself.

of flexible working on staff members, a minority of

Thank you.

Q. Thank you very much. Mr Clannachan?

itself out, but it definitely did change during the

Our finance officer as well. I would say that their

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Q. Thank you. Before we turn to our final theme, which is 1 potential lessons to be learned. I would just like to give you the opportunity -- we obviously have the 4 roundtable report which will be taken into account, but 5 just to give you both the opportunity to just highlight 6 if there are any other key issues or impacts, either on your organisations or on the organisations you support 8 or the wider communities that we haven't touched on 9 today that you want to just highlight or flag to his 10 Lordship; failing which we can move on to lessons 11 learned, but I will give you each that opportunity now. 12 Perhaps we can start with Miss Hume and then 13 Mr Clannachan. 14 FRANCES HUME: As has just been mentioned, another result 15 for us is continued membership of the religion and 16 belief representatives group, which was started during 17 the pandemic. So while it was on a weekly basis, now we 18 meet every two to three months; that's been a very 19 positive outcome. We actually had -- organised a 20 conference as a group which took place in October, and 21 it's a way of continuing that relationship between the 22 Scottish Government and religion and belief communities 23 that are represented on that group, particularly in 2.4 terms of consultations and issues that come up for faith 25 communities; and the same with the meetings for minority

the pandemic, we found that those experiences, some experiences came forward that people were facing negative attitudes in more rural locations in relation to their sexual orientation or gender identity that they maybe wouldn't have pre-pandemic, or if there was more in-person things taking place with free travel across the country, as opposed to being restricted to one local authority or one rural area. Thanks.

Another thing that came through for us was the

Equality Network conducted a report called the Further

Out report that I think I have mentioned today, which

touches upon rural experiences of LGBTI people. During

 $14\,$   $\,$  Q. Thank you very much. So then if we can move on to the final theme. Based on the experiences of your organisations during the pandemic, I would invite you now to provide suggestions to his Lordship for what the Scottish Government could do to mitigate the ongoing impacts of the strategic response to the pandemic, or could do differently to improve matters in the event of another pandemic or similar emergency.

> Perhaps we can start with Mr Clannachan, followed by Miss Hume?

CHRISTOPHER CLANNACHAN: Thank you. I think just to make a general point before discussing some improvements for

1 ethnic groups organised by BEMIS. Again, it's a great 2 opportunity to continue that relationship, and also for 3 ourselves to act as a conduit for disseminating 4 information through our emails and e-newsletter, which 5 we continue to do on a four-to-six-weekly basis to all 6 our communities. So that's created a stronger channel of communication. I would say. 8 Q. Thank you. And Mr Clannachan, anything else that you 9

would like to add in relation to impacts? CHRISTOPHER CLANNACHAN: Thank you. Yes, there's two things 10 that I would like to add. The first of those is in 11

> relation to healthcare. When we conducted our Let's Be Heard engagement and Let's Be Heard report for the Inquiry, we found that participants detailed how during the pandemic, there was a lack of access to healthcare broadly, but a lack of access specifically to LGBTI-inclusive healthcare, which impacted their experience of the pandemic.

And it was highlighted that some people felt there was a disregard for LGBTI identities more broadly in a healthcare setting, but we also heard, as I have touched on, from pregnant women who was LGBTI, who faced digital poverty, and their pregnancy was impacted during COVID by a lack of access to healthcare and other useful information during pregnancy.

LGBTI people, is that whilst we really welcome the COVID-19 Inquiry, and whilst we really welcome consultation with the LGBTI community, and that's something that we always advocate for, and COVID is no different to that, but we have seen LGBTI provide experiences, evidence, time and time again, and the Inquiry is no different to that.

And what we would really like to see from the Scottish Government is the next step which is the action part of that. We've put into the Inquiry, we've conducted the Let's Be Heard project, we've provided information to the Scottish Government on numerous occasions, and I think, although we're not in a national emergency at the moment, if there ever was one again in the future, hopefully not, but if there was, taking action upon that; and we would understand or we would know from this engagement, the disproportionate impacts on communities, but because we have also engaged with communities, we would know how to mitigate that and make that better.

So I would really like to see this process and other aspects of the Inquiry, that information not just be stored in a file or put in a shelf, but actually be put to some really good use by the government.

Just to touch on LGBTI people more specifically, one

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of the things that I think the Scottish Government could do better in the future is the variety of relaying pandemic information in terms of rules and guidance and the support structures that the Scottish Government may have assumed. As I have mentioned, a lot of community members told

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us that there was an assumption of family or supportive neighbours, which for a lot of LGBTI people, it might not only be the reality , but that might actually put them in danger if they are living with unsupportive family or neighbours.

So that's not always a possibility for LGBTI people. And I think from us, we would like to see more consideration given to that in the future, not just to the benefit of LGBTI people, but other people in the general population as well who are maybe estranged from family or are survivors of domestic abuse or hate crime.

I guess a positive thing that we would say, and something I think that the Scottish Government did quite well, was at the initial stages of the pandemic, when I spoke through some of the financial information and support that was offered to organisations, it was felt by us that the Scottish Government did that quite well, guite fast, the application process wasn't as long as it normally needed to be, and actually that's what was

1 really needed at the time of the emergency, to start to 2 support local action to combat these challenges that 3 communities were facing, and I think that that's 4 definitely something that the Scottish Government should 5 do in future with the same speed and efficiency to 6 support local-led solutions. Thank you. 7 MS VAN DER WESTHUIZEN: Thank you very much. Miss Hume? 8 FRANCES HUME: Yes, I would say similarly, as I have mentioned before, the speed of response of the Scottish 10 Government meant that communities could be supported on 11 a very quick basis, and as I mentioned that they didn't 12 need to be a registered charity to apply for funding. 13 So some of our local interfaith groups weren't 14 registered as charities, and they could support on a 15 very community-led basis for their communities locally.

I think that's important to support the grassroots organisations through trusted national organisations such as ourselves. As I mentioned, we have 50 religious denominations, so that is a huge amount of different religious communities which we have an ongoing and quite close relationship with, so that helped with the speed

The only thing I would say is, and I'm not sure what the answer is on this, but we don't represent every single faith community, denomination, so, for example,

we don't have membership from some of the evangelical churches, such as the Baptist church, and so I don't know if they would have heard through other areas.

4 So there's advantages of using a national organisation to get information out quickly, but also 6 does that mean that some groups might be included because there's isn't a directory of all religious 8 groups and places of worship in Scotland at this present 9

10 So it has positive and perhaps negative results as 11 well. But I would say for the future, continue to work through these national organisations that have that 13 immediate link in with the grassroots, but also to look 14 more widely at where the gaps might be as well and 15 contact those communities directly.

MS VAN DER WESTHUIZEN: Thank you both very much. My Lord, I don't have any further questions unless your Lordship does?

THE CHAIR: No. No, thank you. All that remains for me to 19 20 do is thank both participants for their attendance here 21 today, and we will return at, let me get this right, 22

23 MS VAN DER WESTHUIZEN: 11.45, my Lord, yes. 2.4 THE CHAIR: Thank you very much. That's all.

(11.14 am)

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(A short break)

2 (11.45 am) MS VAN DER WESTHUIZEN: Hello, my Lord.

THE CHAIR: Yes, good morning again, Ms van der Westhuizen. 4

A single person witness this morning again.

MS VAN DER WESTHUIZEN: A single person witness, my Lord.

MS BRONAGH ANDREW (called) 8 MS VAN DER WESTHUIZEN: The next witness is Ms Bronagh

9 Andrew, who is the operations manager for the 10 Trafficking Awareness Raising Alliance, or TARA, as I 11 will be referring to it through the evidence, and Routes 12

13 THE CHAIR: Very good. Good morning Ms Andrew. Right 14 you're going to be asked some questions, so when you're 15 ready, please, Ms van der Westhuizen.

16 Questions by MS VAN DER WESTHUIZEN 17 MS VAN DER WESTHUIZEN: Thank you, my Lord. 18 Ms Andrew, just to remind you again that the proceedings are being recorded and transcribed, so if  $\, \mathsf{I} \,$ 

20 could ask you to speak slowly and clearly and I'll try 21 to do the same. Can I please ask you to start by

22 confirming your name?

23 A. My name is Bronagh Andrew.

2.4 Q. Thank you. You have provided two witness statements to the Inquiry, one in respect of Routes Out and one in

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respect of TARA; is that correct? 1 A. That's correct. Q. My Lord, for reference, the Routes Out one can be found 4 at reference SCI-WT0337-000001, and the witness 5 statement in relation to TARA can be found using 6 reference SCI-WT0337-000002. And, Ms Andrew, TARA and Routes Out have also 8 provided a joint response to a Rule 8 request by the 9 Inquiry; is that correct? 10 A. That's correct. 11 Q. And my Lord, the reference for that is 12 SCI-TARAxx-000003. 13 Ms Andrew, as you're aware, in the time available, 14 we won't be able to cover all of the impacts and issues 15 discussed in your witness statement and the Rule 8 16 response, but the aim is to really hear about some of 17 the key ones. The matters that we don't have time to 18 cover today will nevertheless be taken into account by 19 the Inquiry. 20 If we could perhaps start by discussing your role. 21 In your witness statement, you are described as 22 currently being the operations manager for TARA and for 23 Routes Out. Is that one role or two? 2.4 A. It's a single role that has oversight and responsibility for two services. We would describe the two services as

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1 sister services.

2 Q. Thank you, and for how long have you held that role?

3 A. I have held that role since -- both with TARA for a long time, over ten years, and for Routes Out, since 2021. 4

5 Q. So during the pandemic --

6 A. Yes.

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7 Q. -- you took over that role for that. I will be asking 8 you in a moment to provide an overview of the work that 9 TARA and Routes Out does. But in general terms, what 10 11 those entail?

12 A. So my role is to hold oversight of day-to-day services

13 and provide guidance and support to two service

14 managers. In addition to that role, I also have the

15 policy lead for the issue and I support the team to

16 respond to various consultations, policy developments,

legal consultations, that kind of thing.

18 Q. Thank you. We'll come on shortly to discuss the roles 19 of TARA and Routes Out during the pandemic. But I would 20 first like to ask you just about the key services that

21 they each normally provide, in other words, in

22 non-pandemic times.

23 If we could perhaps start with TARA, and if you 24 could please give his Lordship an overview of TARA.

including the groups or individuals it supports, and

some of the key services that it normally provides ie in non-pandemic times.

A. Okay. So the TARA service has been in operation and providing support specifically to women trafficked to Scotland to meet the demands of the commercial sex

industry. We have been providing that service since

2005, and originally we were funded by the Scottish

Government to support women within Glasgow, but in 2008,

Scottish Government extended our funding to support women identified across Scotland, and they also funded our colleagues in Migrant Help to provide support to all

other adult potential victims of trafficking .

13 TARA operates a 24/7 response where we can provide emergency access to accommodation and support for very vulnerable women, and we will work with women providing that emergency response, safe and secure accommodation,  ${\sf support} \ -- \ {\sf financial} \ {\sf support} \ {\sf with} \ {\sf day-to-day} \ {\sf living}.$ 18 We'll ensure that women get access to legal advice, 19 they'll see a doctor. In some instances we'll support 20 women to report to Police Scotland, if that's what they 21 wish to do, and then we'll work with women on a 22 one-to-one basis to establish a -- what we call a 23 recovery plan, but really to work out what their goals and ambitions are, and we'll support them to work

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towards that, improving their feelings of safety, of

1 independence, personal responsibility. 2

We'll work with women for 12 to 18 months on average, but we'll support women for as long as we assess that there's a need for our service to support them to move forward and recover from their experience of being trafficked, which is a significant human rights abuse.

Thank you.

9 Q. Thank you.

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10 A. That's a very brief summary of the work that the team 11

12 Q. Thank you very much. Well, we'll come on in due course 13 to discuss the work during the pandemic, and you can 14 also elaborate on some of the work that continued or 15 expanded at that time.

16 If we could perhaps then get an overview of Routes 17 Out, including the groups or individuals that it 18 supports, and some of the key services that it normally

19 provides, please?

20 A. So Routes Out provides specialist support to women 21 selling or exchanging sex in Glasgow. Glasgow as a city 22 for a very long time now has provided a specialist 23 response to women in particular caught up in systems of 24 prostitution. So since 1989, the city has had some kind

of dedicated service for those women in one form or

another. That has evolved and grown into the Routes Out service .

So Routes Out will work with women 16 and over who

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So Routes Out will work with women 16 and over who are selling or exchanging sex within Glasgow. That support takes two forms. There is an evening outreach service, where four nights a week, a dedicated team of staff will go out and proactively provide an outreach service to women selling sex on streets in the city.

That includes access to things like needle exchanges, condoms, harm reduction, but they'll also act as a bridge for those women into Routes Out case management service, who will provide holistic support to women in the city. It includes help supporting them to access homeless services, addiction services. They'll provide women with lots of support around their interface with social services within the city, and of course if women wish to do so, that team will work with those women to support them to exit prostitution.

About three—quarters of the women they support have experience of selling sex on—street, but roughly 25% of the women that Routes Out are currently working with have sold sex in off—street venues. So by off—street venues, primarily we mean private residences, flats or AirBNBs within the city.

5 Q. And your witness statements and the Rule 8 response

refer to the fact that the women supported by TARA and Routes Out are very vulnerable, and often have multiple intersecting disadvantages and protected characteristics , and I think the statements in Rule 8 refer to what you describe, I think, is the most common 15 or thereabouts.

Could you please give his Lordship an idea of some of most common -- what some of the most common ones are, please, both in relation to the women TARA supports and Routes Out?

A. So for both those groups of women, we consider them to be amongst some of the most vulnerable and marginalised women within —— residing in Scotland. Both those cohorts of women present to services with a huge range of intersecting needs, but commonly, those women are presenting to services because they are destitute or living in poverty. For many women, there is a need around homelessness services. Lots of women have issues with their mental health and trauma.

Routes Out in particular, many women that Routes Out are engaging with have significant substance misuse challenges, and for women that TARA support, many of those women come from outside the UK and have additional vulnerabilities around, for example, their immigration status, their ability to navigate UK and Scottish

society, language challenges; and for many women there
can be a residual — for both groups, there can be
residual challenges around them engaging with services,
due to previous experiences, either here within Scotland
and Glasgow, or wider within their countries of origin.

Q. Thank you. And I think you also mention other vulnerabilities, for example. Some of them are survivors of child abuse and/or other forms of violence against women and girls, including forced marriage and other forms of cultural abuse.

You speak about care—experienced —— women with offending histories . You have mentioned financial issues . You also mention women with complex health issues including mental health and/or disabilities .

What percentage or approximately — of the women have those, health and/or mental health disabilities?

A. I would say that the overwhelming majority of women accessing both TARA and Routes Out services are living with and surviving some form of trauma. TARA and Routes Out both are able to refer women to specialist psychological support. For potential victims of trafficking, there is a legal right in Scotland to access psychological assessment and treatment required in that as a reflection of the significant trauma that women are living with for both cohorts.

That trauma is multiple, and as you said, Laura, it comes from previous experiences and vulnerabilities of being survivors of other forms of male violence, including childhood exploitation, domestic abuse, other interpersonal forms of violence and FGM, forced marriage. For the women that TARA support, quite often they have been vulnerable to being trafficked, and they have been very vulnerable to being approached by traffickers, because they are fleeing other forms of gender—based violence.

So a lot of women that TARA support, their traffickers took advantage of their situation where they were trying to escape other forms of male violence against women.

For the women that Routes Out support, many have experienced — are care—experienced, have been looked after and accommodated as children, and often that vulnerability is then again further exploited by individuals around them. And for both cohorts, those vulnerabilities, I would argue, are further exploited by the men who are paying to have sex with them.

Q. Thank you. And you also support — or some of the other vulnerabilities you mention are that you support trans women, women separated from their children due to migration or child protection issues, pregnant women and

1 digitally excluded women. 2 We'll come on to talk about some of the impacts and 3 disproportionate impacts shortly, but approximately what 4 percentage of women supported by TARA and/or Routes Out 5 have one or more of these disadvantages or protected 6 characteristics? 7 A. An educated guess, I would say, again, the overwhelming 8 majority of women would have a characteristic -- both 9 groups of women for different reasons are quite often 10 separated from their children. As I said, most have 11 issues around trauma. I would say the majority had 12 previous experiences of other forms of male violence 13 against women, so I would say the majority of women 14 would have one or more of those characteristics. 15 Q. Thank you. I understand that TARA and Routes Out are 16 part of the Encompass Network. Could you please briefly 17 explain to his Lordship what that is? 18 A. So the Encompass Network is a network of services across 19 Scotland who are providing specialist support to women 20 selling or exchanging sex in the country. I think there 21 were originally nine members of that network, I think 22 it's now five, but there are colleagues within that 23 network who are providing services, dedicated services, 2.4 to women in Aberdeen, Dundee, and Edinburgh, and 25 Glasgow. And Perth and Kinross as well, I cannot forget

1 Perth

2 Q. Thank you. Just in terms of -- you've touched on the 3 link with Glasgow City Council. Are TARA and Routes 4 Out, both services provided for by Glasgow City Council,

5 is that the link?

6 A. So both services, both TARA and Routes Out are located within Glasgow City Council and always have been for a 8 number of years. Routes Out supports only women selling 9 or exchanging sex in the Glasgow city area, but TARA are 10 funded to support women identified across Scotland but 11 we're located within Glasgow City Council.

12 Q. Thank you. I would now like to ask you some questions 13 about the role of TARA and Routes Out during the

14 pandemic itself. Can we -- firstly in relation to

15 communication and engagement, how did TARA and Routes

16 Out staff normally communicate with the women they 17

18 A. So pre-pandemic levels, the support would predominantly 19 be face to face. That would be initiated with telephone 20 contact with the woman to check if she wanted to meet

21 with services, had availability to make arrangements,

22 but on the whole, support would be provided on a

23 one—to—one, face—to—face basis.

24 Of course, Routes Out provide their outreach service, so that would be approaching women on streets to check in with them, see how they were doing, find out if they needed access to any supplies or support, but in

the main, it would be on an agreed one-to-one basis in 4 person.

5 Q. And how did that change, that engagement and

telephone.

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communication, or the method of communication and engagement change if at all during the pandemic?

8 A. So that changed to being, for Routes Out particularly, 9 case management work, so that's the one-to-one support 10 work. That predominantly went online, or via the 11

12 For TARA, it was a bit more complex than that, in 13 that many of the women, particularly those women 14 referred to us in situations -- so destitution, where 15 they did not have accommodation, our support had to 16 continue on a face-to-face basis. Many of the women 17 that TARA supported didn't even have access to a basic 18 mobile phone, never mind digital access. So we 19 continued to kind of work with women and work with other 20 services to get women seen by us in person.

> For TARA, women who were already in -- receiving our support and who had outreach services, so who weren't in our accommodation, but were still receiving support from us, that moved again to telephone support, and I'm sure we'll come on to talk about some of the challenges

around moving that to kind of -- that digital access and 1 2 that online or virtual one-to-one support. That was challenging, and I would say that was challenging for 4 both services, especially in the early stages of the pandemic.

6 Q. Did TARA or Routes Out need to make any other adaptations to their service delivery during the 8 pandemic to be able to continue to provide the normal

9 A. So TARA in particular, many of the women that we 10 11 support. English is not their first language, and 12 especially in those early assessment meetings, we would

always have used an interpreter.  $\ensuremath{\mathsf{Pre-pandemic}}$  , that 13 14 interpreter was always face to face. They also were

15 able to provide us with some kind of cultural mediation 16 as well with that, but the -- kind of the pandemic meant

17 that we were more and more reliant on telephone 18 interpreting, and that brings its own challenges as 19

20 Routes Out, there could be challenges for women who

21 maybe didn't have a mobile phone, and Routes Out became 22 very creative in ways. They would leave messages for 23 women at their pharmacies to call their worker, where

24 they knew women were going in to pick up a substitute

prescription. So lots of creativity was put into play

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1 during those early days to make sure women were still able to access our support on an as-needed basis. 3 Q. Thank you. Just to touch on key worker status, were 4 TARA or Routes Out staff designated as key workers by 5 Glasgow City Council, given the nature of the work you 6 were undertaking? 7 A. Both teams were. We were -- I understand it to be 8 category 2 key workers. That happened very quickly for 9 both services, so I think from memory, it's in my 10 statement for accuracy, I think by 23 March, both 11 services had been told we were key workers, and within a 12 week we were both provided -- both services were 13 provided with documentation to evidence that. 14 So we were able to get key worker status very 15 quickly. Given the nature of the work that we do and 16 the vulnerability of the women, and TARA in particular, 17 we needed to be able to be out and about to meet women's 18 19 Q. Do you know whether the staff and volunteers of other 20 similar organisations, either within the 21 Encompass Network or otherwise, were similarly able to 22 get key worker status in other local authorities or 23 within Glasgow City Council? 24 A. My understanding is that was more challenging for our colleagues, particularly those in the third sector. By

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virtue of being part of a local authority, we were

2 very — we were. I suppose, in a privileged position 3 where we were able to access that type of support much 4 more quickly than others. So our chief executive -- the 5 routes up to the chief executive at that time were 6 fairly simple, were made very quickly, and our documentation came through, as I say, within a week, 8 really, of lockdown being introduced. 9 Q. Do you have any insight, and it might be something you 10 can't answer, but any insight into some of the 11 challenges that your colleagues providing similar 12 services perhaps experienced by not having key worker 13 14 A. I wouldn't feel -- I'm not sure I can answer that. 15 I can talk about —— the key worker status meant our team 16 were able to go out, to see women, attend the office. 17 That was done. They were confident in being able to do 18 that. I think without that key worker status, I think 19 that would be quite difficult to do and to do keeping --20 and to keep your services and staff team on the right 21 side of the policy and approach. 22 So I think without that documentation being provided 23 quite quickly, I think being able to provide an ongoing 24 response would have been challenging, based on our

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experience of having it.

Q. Thank you. There's mention in your statement in relation to TARA at paragraph 59, of the fact that at times, the TARA service felt that the key worker status was exploited by other organisations and stakeholders. Could you please provide some examples of why you say this for his Lordship?

7 A. So I think in the early stages, particularly with kind
8 of lockdown, a lot of services and kind of other
9 organisations that we would link in with in the third
10 sector, through to kind of legal advisers, closed their
11 offices and everyone went remote.

Remote working wasn't always achievable for Routes Out or TARA for our service users because of poverty, because of a lack of access. I mean, the women that TARA worked with would present in the clothes they were standing up in. They wouldn't have a smartphone, never mind the means to pay for data to have virtual meetings. So quite often we were the point of contact for other services.

In the early stages, solicitors would ask us to get women's wet signature for legal aid applications until other measures were put in place. We quite often would get phonecalls from other colleagues saying: oh, I need to speak to so and so, she doesn't have a phone, can you go out and give her a phone.

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So because people were aware that both services were still physically providing a service, that felt in the early stages that it was being taken advantage of, and certainly within TARA, we had — in 2020 we had staff expressing, you know, not resentment, but a bit of: it's okay for them, they're home and they're safe, we're out meeting with women and at risk of catching COVID.

So that —— certainly in the early stages, the team felt a bit taken advantage of by other services. We also had other organisation phoning us saying: oh, we have got somebody, we think she might have been trafficked, but she's standing outside our office, we're not very sure what the indicators are, can you deal with that?

So we would then have to be providing contact with women, arranging to get them safely to our accommodation, all of which, particularly in the early stages of the pandemic, was really challenging.

Q. Thank you. We'll come on shortly to discuss some of the
key issues and impacts experienced by the women
supported by TARA and Routes Out, but if you could
please, first, for his Lordship, give an overview of the
types of COVID—19—specific support that TARA and Routes
Out provided; in other words, services that you wouldn't
normally provide in non—pandemic times?

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A. So for both services, a big role of the kind of support workers was to explain a lot of the — kind of the guidance that was coming out, and to explain to women what — what it meant, what restrictions meant, what lockdown meant, how to protect yourself from COVID. We were kind of providing a lot of that advice and guidance.

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For the women that TARA supported, in the early stages, that was tremendously challenging. There was a lot of information out there, but it was all in English, and it didn't really take account of women who could not speak or read English and their needs, didn't really take account of people who -- where literacy was a challenge either.

So for both services, we were having to very quickly keep up with changing guidance and policy approaches, and interpret those, and make sure that women were able to understand what lockdown meant, what they could and they couldn't do.

I think for TARA, that was especially challenging for the first few months, until — and we were doing things like basically Googling for images to try to communicate to women what they could or they couldn't do. Doctors of the World translated guidance, but that came in towards the summer of 2020.

So at those early stages, and that big —— we were all frightened, and it was even more frightening when you knew something was going on, and you didn't really know, and there were maybe members of your community telling you what you could or you couldn't do, but those members had misunderstood, or —— you know, there was a lot of fear around it.

TARA as well, many of the women that we support, you know, their previous experiences of governments in some of their own countries would be quite authoritarian, so there was a real anxiety around not doing the right thing, and we had one woman who -- she had just given birth and she was leaving her house once a week to go to the supermarket and back with her newborn. And it took us a lot of work to reassure her that she was allowed out for exercise, she was allowed out more than that, and that was important for the health of her and her wee one as well. So that was an example for TARA.

Other items like wearing face masks, they too —— we were providing women with face masks. Again, the women that TARA support have very little financial means, and women were coming in, saying masks were for sale in their local shop for a pound; that was outwith their means, or they were rewearing masks, so we were providing masks for women.

And a similar thing with the women that Routes Out
workers were continuing to support. A lot of
interpreting guidance and trying to explain to women
what they could and they couldn't do to keep them —
keep them right and keep them within the bounds of the
law and the guidance at the time.

Q. Thank you. I'll turn now to come on to discuss impacts on these women, on the service users. I think I would like  $\,--\,$  l'II come on in due course, you have already touched on the communication issues, and I'll come on in due course to ask you some more about that. But if I could ask you, please, to start by describing to his Lordship some of the key issues and impacts experienced by the women supported by TARA during the pandemic, and the types of support provided, including in relation to. for example, financial, access to food, digital inclusion issues, mental health and wellbeing etc. 

And as I said, we can come on again to discuss in more detail any particular communication issues. You mentioned earlier challenges for Routes Out and TARA in relation to the shift to moving to digital. Insofar as that applies to this discussion of the impacts, perhaps you can tease these those out as well as you describe the impacts, please?

A. Okay. So, one of the examples that I can give for TARA,

and to lesser extent Routes Out, but certainly for the women that TARA work with is they didn't have bank accounts or access to bank accounts. So while you or I, we were able to do online shops, for example, that couldn't happen for those women without access to a bank account. You know, TARA, we were able to provide women with some cash, but they certainly weren't able to kind of —— or women claiming asylum, they would get their money based on an Aspen card. My understanding is that card didn't work for kind of online shops.

So what -- so some of those steps that we were -- was at our hands wasn't able to be used by the women that TARA supported.

The move online to health services, for example, it all going online, that was really challenging for women who didn't have the IT equipment, who couldn't afford data on their phones. Women are not living in accommodation where they have wi—fi, so it's all on mobile data, which became incredibly expensive. Very difficult for women as well to kind of communicate over the phone with services, with health services too, so there were a lot of assumptions made, and people didn't think about the barriers to those assumptions.

For the women that TARA worked with as well, and Routes Out, there's a whole range of safety

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2 as giving somebody a phone and saving; there's some data 3 on that, off you go. For lots of women, there's no 4 digital literacy, and ongoing online safety as well was 5 another gap that we very quickly identified for women. 6 But that wholesale move to: it's all okay, we'll do everything on Teams or on Zooms, and we'll meet 8 virtually, and it will be fine; that wasn't the case for 9 a lot of women. 10 Q. Access to food, you have spoken obviously about poverty 11 and difficulty accessing funds, and the Aspen card not 12 working. Were there any particular issues in relation 13 to food for the women supported by TARA, and any 14 particular groups of women that were particularly 15 disadvantaged in relation to food? And I'm thinking. 16 for example, women housed in hotel accommodation? 17 A. So we worked very closely with our colleague at 18 Refuweegee at the time to arrange food parcels to women that TARA were supporting. Routes Out were also able to 19 20 access food parcels for their cohort of women through 21 other means. So we were able to undertake that. 22 Refuweegee in particular were pretty good at making 23 sure that the food was kind of culturally appropriate. 2.4 The issue about women being accommodated in hotels, that 25 was a challenge and continues to be a challenge.

considerations about online safety that is not as simple

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So women who had an ongoing claim for asylum or made a claim for asylum during that time were moved into hotel accommodation which were catered, and meals were being provided at that — breakfast, lunch and dinner was available and catered, which meant that for women in asylum hotels, they were provided with an additional  $\pounds 8$  per week as living expenses, for want of a better description .

For many of those women going into hotels, the food

was unfamiliar. They had no control over when they would eat, when they wouldn't eat. There were lots of issues, particularly in the early stages, with the quality of food being provided, and it caused us some concern that it wasn't the most nutritious of meals. Chips with every meal, for example, that's not the best place. That was actively listened to by colleagues in Mears, and some steps were taken, but again in the early stages, there were women in hotels where, do you know, they were in their hotel room with a kettle and that was it, and they were not able to cater for their own food preferences if you like, and that was challenging, to meet their needs, and we worked very closely with Refuweegee around that too.

Q. In relation to, again, the women that TARA supports, any particular mental health and/or wellbeing or social

issues that they encountered?

A. So the women that we worked with, there was a huge —— we had a huge concern about social isolation for those women. A lot of women, particularly when they were kind of newly identified in the early stages of the pandemic were on their own. They didn't have a bubble, they didn't have friends or family living locally, and quite often —— so they would be very, very isolated.

Women who were not in our accommodation and were in asylum accommodation in the community, so flats in the community, quite often they didn't even have a television or a radio in that flat.

So for some of the women that TARA worked with, they were in accommodation where they were sitting in silence on their own, day in, day out, not even a TV with background noise. So we used some sort of our privately donated funds to purchase televisions in order to try to alleviate some of that going forward, but that real lack of just human contact, I suppose.

We undertook a commitment that everyone that we were supporting in 2020/2021 would have —— we didn't close many cases, and everyone, we would phone at least once a week, and for many women our phonecall was the only call they had during that time, and that was really, really challenging. We did organise —— kind of try to get

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women together in parks where we could socially distance
when that was available, and we linked in, but that also
meant women were very vulnerable to — kind of
predators, I suppose, or other people with — who didn't
have their best interests at heart within their
community too.

So there was lots of risks about socially isolating women in that way, and for some of the women that TARA worked with, that mirrored their experiences of being trafficked.

Q. Thank you. Then turning to the women supported by
 Routes Out, are you able to sort of draw out any
 particular key impacts and issues and how they differed
 perhaps from the women that TARA supported?

A. There was kind of similar issues around kind of isolation and also kind of actors within their networks
 who maybe didn't have their best interests at heart, but
 Routes Out were able to very quickly make sure that
 women were getting linked in with services and rights
 and entitlements.

Routes Out talk —— in the statement, we tried to reflect some of the positives that came out from many of the women that Routes Out were supporting. So those women were fast—tracked into support —— fast—tracked into benefits that meant for many of those women, they

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3 the very -- the speed of access to those supports made a 4 difference for some of those women. 5 Q. And just in terms of being able to come out and really, 6 you know, the successfully being able to come out of that, in relation to financial pressures, could you 8 please explain what was observed at the time in relation 9 to incidents of solicitation , and about the demand for 10 paid sex and exploitation during the pandemic, 11 particularly in relation to the types of women that 12 Routes Out supports? 13 A. So Routes Out, as we said earlier, they provided an 14 outreach service in the evenings. At the time of the 15 pandemic, their evening outreach was four nights a week. 16

no longer had to sell sex. They were able to get by on

the supports that were being provided at that time, and

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outreach service in the evenings. At the time of the pandemic, their evening outreach was four nights a week, 8.30 pm to 1.00 am, and that — they continued to provide a drop—in door service during that time, so any woman could still come to the premises, and there would be a socially—distanced appropriate response provided by staff.

The proactive on—foot outreach stopped until August, I think, that year, whenever risk assessments and PPE were available to mitigate against some of the risks. What the Routes Out did see was a drop in the women presenting, because the city centre became so very

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quiet, women were very, very visible, and that certainly, you know, led to very few women being seen during that time.

What Routes Out did find was — we began to look at or observe some of the adult services websites that were available, we began to look at that, just to see if there had been a shift from women on—street, or if there was any impact on those numbers, and we didn't; we found the numbers remained stable, and there's maybe time to go into some of the other nuances we observed.

But what we did see for Routes Out during those weekly observations was —— and shocked us, I have been doing this work for over two decades now, and I was pretty shocked, was that on the likes of Craigslist , on the kind of the small ads, if you like , men were proactively advertising for women, so there were men saying: if you're short of money because of furlough, I will pay so much for this sexual service . Men —— sex for rent , men saying: if you're struggling , you can come and live with me rent free .

And we can provide -- I think there's some quotes within the statements, but that really shocked us, that men were openly advertising for sex online, and paid sex, and taking advantage of women's vulnerability and exploitation. And that was done with impunity, really,

very, very little risk to those men.

Online services that seemed to go and continue with
no real consideration about the close contact nature of
paying for sex, and the risks that those men were
bringing to women, but also returning back, what we know
about the men who pay for sex is they're from all sorts
of backgrounds, the majority have family at home, and
they were risking not only the health of the women we
work with, and their own health, but the health of their
family in terms of COVID and restrictions at the time.

So that was a shock to me.

Q. You spoke about some of the support provided by Routes
 Out to women, the Glasgow women that you support, and
 enabling them to access service and a drop off in
 solicitation; was that the experience of women in
 similar situations across Scotland, or did that differ
 across the country? Obviously, Routes Out is embedded
 in Glasgow City Council; do you have any insight into
 what —— the experiences of women across the country?

20 A. I don't. My sense is — I don't have any evidence for
21 that, I'm afraid. My sense is it was — similar
22 patterns were seen. What I can tell you is TARA
23 continued to get referrals for women from across
24 Scotland, so women who were trafficked to Scotland to
25 meet the demand, we continued to get referrals from

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women who were just being identified and just escaping situations of sexual exploitation, so it was —

3 continued to occur across the country.

Q. And just in terms of women being able to or have
 services provided for them, was that something that was
 universal, or was that different across different local
 authorities?

8 A. In terms of specialist services?

9 Q. Yes, accessibility to services?

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10 A. So my understanding is Routes Out is the only specialist
11 service that is funded by the local authority to meet
12 the needs of that particular cohort. Other cities have
13 specialist services. I don't think they're funded by
14 the local authority. I think they're funded by
15 different routes, and they're certainly not on the same
16 scale as Routes Out in terms of staffing allocated to
17 that.

So I think they were in —— Glasgow again was in a privileged position; because of our history and work with this cohort, we were able to continue and provide a robust response. I know from my time at the —— meetings with and colleagues from the Encompass Network, they were able to access the funds from —— that were provided to Encompass specifically for women selling or exchanging sex across Scotland, so I know they were

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2 provide a service, I think -- probably slightly more challenging context than Routes Out were. 4 Q. Thank you. And just in terms of mental health and 5 wellbeing and social impacts on the women in Glasgow 6 that you were supporting, were there any particular aspects of that that you would want to flag or draw 8 9 A. I think Routes Out -- it was kind of -- it was similar. 10 Do you know, those women about -- again, it was about 11 isolation and it was about -- it was about fear of what 12 it meant, and a lot of the work that we were doing was 13 trying to reassure women's fears around COVID and what 14 they were reading and what they were seeing on 15 television and not fully understanding. 16 So I think both those services, it was about that, 17 but it was also about trying to encourage general 18 health, you know, and not just locking yourself away in 19 your house, you know. There were guidance about, you 20 know, getting out in fresh air, that was there for a 21 reason, and, you know, just again, it was about what's 22 meant by a bubble, what can you, what can't you do, and 23 it was really just trying to encourage women to think 2.4 about what they were doing. Q. And just in terms of particularly vulnerable sub-groups

accessing those funds, I know they were continuing to

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1 of women, were there any particularly vulnerable groups, 2 for example, pregnant women and new mothers, or women 3 with children and any particular challenges that they 4 experienced? 5

A. So, yes, again, TARA are -- unfortunately, a frequent presentation or referral point for us is women who are in the very late stages of pregnancy. The pregnancy has been as a result of sexual exploitation, but they've had no previous antenatal care, so quite often they are referred to us or identified in the very late stages of 11 pregnancy. So for those women, it was really challenging, trying to make sure they were getting 13 access to the supports that they needed.

> It must have been -- we worked very closely with Amma, which are a birth companion service specifically for migrant women, but that was really challenging for those women about -- being out of that situation of exploitation, being in the very late stages of pregnancy that probably came about because of your exploitation. to then having to access unfamiliar services and give birth on your own. I think that was really very, very challenging for that cohort, so for the women that TARA

supported, but also other pregnant women. 2.4 Q. We've touched on already, Ms Andrew, the issues or -sorry, before we move on, were there any other key

issues or impacts in relation to the women Routes Out supports, either in Glasgow or across Scotland, that you would want to flag at this stage? We obviously have 4 your two statements and Rule 8 response?

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6 Q. We've touched on already, then — moving on to pandemic information, communication and guidance challenges, you've already touched on some of the challenges for the women that TARA in particular supports, and some of the 10 work that TARA and Routes Out were doing in terms of relaying or translating guidance. Do TARA and -- how do 12 TARA and Routes Out stay informed about evolving public 13 health guidance and regulations?

14~ A. So that's a big question. So for us, so -- because we 15 were part of the city council, we would get information 16 in that route. We also -- as workers and staff, we were 17 living the pandemic alongside the women, so we were 18 picking up guidance as well in our own lives too that 19 was coming in and informed what our understanding was.

> It was challenging though, although we had very we were lucky that we had a very helpful health and safety colleague who went above and beyond, particularly for TARA, in terms of helping us access in the early stages PPE, it was really difficult to kind of understand the guidance and how quickly it was changing,

and, you know, we're in lockdown, we're out of lockdown, we're not, and just trying to kind of keep on top of

As the operations manager, particularly for TARA in the early stages, I was responsible for trying to pull together our risk assessment and our standard operating procedures going forward, and that was done -- I do not have a background in PPE or contagious diseases, so that was really difficult for me in trying to kind of get the balance between the needs of the service and the women that we were supporting, and the needs of our staff team as well, in trying to make sure everyone was safe during that time, and that we were following the most up-to-date guidance, was really difficult.

TARA provide accommodation that's unsupported accommodation. It's scatter flats . So it's like flats in the community, but they're not staffed, and they're unsupported. So trying to find public health guidance that fitted our service, we were not a residential service, but neither were we a solely outreach service either, so that was really challenging.

We transport women, we have to go and collect women and bring them back to us. So the guidance around how we physically did that was really difficult to kind of get your heads around, and ensure we weren't asking

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1 staff to risk themselves, and we were meeting all of 2 that. 3 So that was really challenging, the speed of change was difficult, and keeping on top of and making sure 4 5 your risk assessment was robust, up to date, reflected 6 changes. Those changes then went into operating procedures. I think I had 13 or 14 different versions 8 of a standard operating procedure for TARA, and Routes 9 Out had similar, you know: what can we do, what can't we 10 do, how do we manage, how do we keep everyone safe in 11 this: and really make sure we were taking account of the 12 wellbeing of our staff as well was a process. 13 Q. Thank you. You obviously did a lot of work in 14 translating guidance for the women you support. Does --15 but for that service that Routes Out and TARA provided. 16 how accessible was the pandemic information for the 17 women that TARA and Routes Out support, and were there 18 any particular issues, you've touched on some already, 19 cultural, language issues etc, what -- if you wouldn't 20 mind just reiterating what those issues were? 21 A. I think, particularly in the early stages, the women 22 that both services supported were really removed from 23 the rest of -- what we were all able to hear. So they 2.4 wouldn't be watching the news, they wouldn't be picking up, they would be listening, and there would be kind of

> rumour mills going, and, you know, they didn't have the same access to the information that the rest of us had. particularly in the beginning.

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And as I say, in particular for the women in TARA, all the guidance about handwashing, for example, that, you know, I mean happy birthday, you know, and this thing, and that's how long you wash your hands for. those women, that was absolutely outwith kind of their frame of reference of where they had been, and, do you know, like a lot of things, the whole information going out, that it was all written in English and did not take account of -- wasn't easily translated either.

So that's the other thing, you know, our jargon and the language that we use isn't readily translated. In the early stages of doing this work, the word "trafficking" as it pertained to human beings, there was -- quite often in other languages, there was no equivalent of it. So that was something that I don't think was really considered either, about keeping things as simple as possible for the purposes of translation.

21 Q. Thank you. You have a fair bit in your statement, so we won't have time to touch on it, about financial support, so that will all be taken into account. But just in terms of impacts on operations, we have touched on some

of that already, but just in terms of impacts

specifically on TARA and Routes Out staff, or any other matters that you would wish to highlight in relation to staff and issues for staff, I would invite you to do 4 that now, please?

5 A. Yes, I think we were the same along with a lot of other kind of frontline colleagues was -- there was just -you know, there were times, I think, that it was easy to forget that we were asking people to go out and undertake face-to-face work that they were doing and 10 were committed to doing, and we forgot -- sometimes we 11 didn't think about the impact on them, staff, and we were as frightened as everyone else was.

I was going into the office, I had somebody at home who was shielding, do you know, all of these things, that all had an impact on frontline staff. I don't think was understood in the early stages, you know, there were anecdotal kind of accounts of staff going out -- with kind of their mask on and then somebody from perhaps police being out with their N95 fitted mask, and we had wee paper masks.

All those kind of things didn't necessarily filter through in the early stages, and it was very frightening for staff, particularly at the beginning. For TARA, one of the examples we have is that we provide women -- for the first 90 days of support, they get access, we

provide them with a financial allowance, and that was provided in cash. We had staff going out to women's houses once a week in the car, pushing an envelope through a window to women, and, you know, women who were really pleased to see staff, and just the impact of that barrier between them, that's not been easily understood.

Our services, they worked at a pace and continued to work at a pace. They were all out providing frontline services in kind of quite a high risk environment, and that meant we were -- we were getting asked for information from a whole lot of different kind of people as well. So we were all working at a pace that kind of continued, and, you know, kind of that physical impact on staff, I don't think is well understood or being understood until now.

But, you know, I think for both Routes Out and TARA, those frontline staff undertook an already complex role in increasingly difficult circumstances, and did it very -- were extremely committed to continuing to support those women.

21 Q. Thank you. Are there any ongoing pandemic-related 22 concerns or issues that you would wish to highlight to 23 his Lordship?

2.4 A. I think for both services, there still is a reliance on kind of virtual meetings and virtual digital inclusion,

1		you know, it's $$ that $$ what am I trying to say? So	1	information to keep themselves and their loved ones
2		during the pandemic, it really came to our attention,	2	safe.
3		the digital exclusion that the women both services	3	MS VAN DER WESTHUIZEN: Thank you very much. Ms Andrew,
4		supported experienced, and one of the things from the	4	I don't have any further questions. My Lord, I don't
5		pandemic is there is still a reliance on virtual	5	have any further questions for Ms Andrew. Unless your
6		engagements with women, and that works for some but not	6	Lordship has any, that concludes the evidence.
7		for all, and that doesn't take account of poverty and	7	THE CHAIR: No, thank you. All that remains for me to do is
8		people's ability to pay for data to continue with that.	8	to, Ms Andrew, thank you for your very helpful evidence.
9		Things have eased off a wee bit, but I think that	9	I'm very grateful for your attendance here today. We
10		kind of that whole $$ we've still got a group of people	10	will sit again at $$ let me get this right $$ 1.45.
11		left behind when it comes to the changes to all of our	11	Thank you.
12		lives around the internet and access to that creates for	12	(12.42 pm)
13		us, and there are still people struggling to follow	13	(Luncheon adjournment)
14		along with that change as we move forward.	14	(1.45 pm)
15	Q.	Before I invite you to give comments on any potential	15	MR STEPHEN: Good afternoon, my Lord.
16		lessons to be learned, are there any other impacts or	16	THE CHAIR: Good afternoon, Mr Stephen. We have a panel
17		issues, either ongoing or pre-existing, that you would	17	this afternoon, I understand.
18		like to flag up at this stage?	18	MISS JAYNE BURNETT (called)
19	Α.	I don't think so. I tried to make sure everything was	19	MR ROBIN MILLER (called)
20		kind of captured in our witness statements and the	20	MRS JO SINCLAIR (called)
21		Rule 8 notification, so nothing has come to mind, I'm	21	MRS SUSAN SMITH (called)
22		afraid . I'm sorry.	22	MR STEPHEN: We do, my Lord. This afternoon, we have a
23	Q.	As I said, we will take all of that into account. Then,	23	panel of four people representing member organisations
24		if I can invite you, if you have any suggestions based	24	of befriending networks. Those four people are Miss
25		on the experience of Routes Out and TARA during the	25	Jayne Burnett of Visiting Friends, Mr Robin Miller of
		89		91
1		nandamic for what the Scattich Covernment could do to	1	Cowal Elderly Befrienders, Mrs Jo Sinclair of Caraidean
1 2		pandemic for what the Scottish Government could do to mitigate ongoing impacts of the strategic response to	1 2	Uibhist and Mrs Susan Smith of Highland Hospice
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4		the pandemic, or could potentially do differently in the future to improve matters in the event of another	4	appearing remotely.  THE CHAIR: Very good. Good afternoon to you all. Now,
5		•		3.0
6		pandemic or similar emergency; what are the key learning	5 6	Mr Stephen will have questions for each of you
	Λ	points for the Scottish Government?	7	individually or collectively, so I'll pass over to him.
7 8	Α.	I think for me, it's about communication and making sure communication is available to everyone, you know, that	8	When you're ready, Mr Stephen.  MR STEPHEN: Obliged, my Lord, and just for completeness, I
9			9	
		information is easily accessible and understood by	10	should say that we also have pupils and teachers from
10		everyone who's residing in Scotland at that time. That includes information, public information being routinely		Leith Academy joining us in the public gallery today
11 12		made available in other languages, whenever we're	11 12	also.
			13	THE CHAIR: Very good. I give a welcome to the pupils from Leith Academy and I hope you enjoy the experience
13 14		writing it, considering, do you know, the impact of	14	Mr Stephen.
15		translating it to make sure it's accurate; and I think —— and I don't have the answers for this, we still	15	Questions by MR STEPHEN
16 17		struggle with it ourselves, but I think it's about how we communicate to those people who are most marginalised	16 17	MR STEPHEN: Thank you, my Lord. Just a gentle reminder at
18			18	the outset that these hearings are being transcribed and
		and most hidden from Scottish society, how we make sure that information is easily $$ is available to them, and		stenographers are noting down everything that you say
19		AND STREET STREE	19	and I say, so please do try and speak slowly and clearly
20		that that supports their —— again, on an accessible	20 21	and not talk over one other, and I'm sure that you
21		basis for those individuals when they need it.	22	won't. Thank you very much.
22		But I think for me, the big thing about the pandemic was: how do we make sure people who don't speak English	23	Can I start firstly , please, by asking each of you to confirm your full name, your role, both now and
24		and who don't understand Scottish society and	24	during the pandemic if that was different, and to give a
44		and who don't understand ocottish society and	24	during the pandernic it that was different, and to give a

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short description of your organisation where you're

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bureaucracy, how they are able to access that

1	based and the work that it does.	1	is contained in that report, and indeed any other
2	If I could start firstly , please, with Miss Burnett	2	documentation that you've provided to the Inquiry, will
3	and we'll work to Mr Miller, Mrs Sinclair and then we'll	3	be taken into account, even if we don't cover it in your
4	come to Mrs Smith on the screen. If we could start with	4	oral evidence today. But hopefully we'll still touch on
5	you, please, Miss Burnett.	5	the main issues that you wish to address.
6	JAYNE BURNETT: Good afternoon, my name is Jayne Burnett.	6	Time permitting, the intention today is to discuss
7	I'm the manager of Visiting Friends befriending service	7	matters, I think, under four broad themes or headings.
8	in Helensburgh. We provide befriending services to	8	Firstly, I would like to start with a brief overview
9	adults in Helensburgh and Lomond, and these are	9	
	volunteers that we manage to provide a weekly visit to	10	of befriending networks, and then what befriending is,
10 11		11	for those that perhaps are unfamiliar with that concept.
12	some of the most vulnerable people in our area. Thank you. Thank you.	12	Secondly, the key issues and impacts experienced by those individuals and groups supported by your
13		13	2
	Q. Thank you. Mr Miller?	14	organisations during the pandemic.
14	ROBIN MILLER: My name is Robin Miller. I'm the project	15	Thirdly, the key issues and impacts experienced by
15	coordinator of Cowal Elderly Befrienders. We provide		your own organisations and staff during the pandemic.
16	services based on two types of befriending, which is the	16	Then fourthly and finally, any potential lessons
17	traditional at home befriending and also we encourage	17	that you feel should be learned. That could be things
18	people to come out in especially adapted minibuses to	18	that perhaps you think were done well, but also things
19	make friends with each other and stay involved in the	19	that you think the Scottish Government could reasonably
20	communities.	20	do differently in the event of another pandemic or
21	Q. Thank you.	21	similar event.
22	JO SINCLAIR: I'm Jo Sinclair, and I'm the project manager	22	So that's the plan for today. I start firstly ,
23	for Caraidean Uibhist, which covers the five island	23	then, with the overview of what befriending networks is,
24	communities in the southern part of the Western Isles of	24 25	and then what befriending is for those that are
25	Eriskay, South Uist, Benbecula, North Uist and Berneray.		
		23	unfamiliar with it . If I could start with you,
	93	23	95
	93		95
1	93 We do the one—to—one befriending events, and also we	1	95 Miss Burnett, just to briefly describe what
1 2	93  We do the one—to—one befriending events, and also we look after and support people living with dementia, and	1 2	95  Miss Burnett, just to briefly describe what Befriending Networks as on organisation is, what it
1 2 3	93  We do the one—to—one befriending events, and also we look after and support people living with dementia, and we also actually provide HR and governance support for	1 2 3	95  Miss Burnett, just to briefly describe what  Befriending Networks as on organisation is, what it does?
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Now, we have limited time today, but everything that  $% \left( 1\right) =\left( 1\right) \left( 1\right)$ 

of that roundtable meeting was produced and approved by

each of your organisations. For the record, the Inquiry

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organisation and is supported at all stages, including

managing the ending of that relationship. Befriending

common goal of enabling meaningful connections. The

can be very diverse in its delivery but it shares a

connection can be between people with shared or

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different life experiences. So some organisations are 1 2 specifically for those with, say, Parkinson's disease: 3 others will be for a general group like the elderly. 4 This connection -- befriending is a planned social 5 interaction, and it can take place in a one-to-one 6 setting or a small group setting and can be delivered in 7 person or at a distance, for example, over the 8 telephone, letter writing or even gaming. So it's very 9 diverse in nature. 10 10 Thank you. 11 Q. Thank you. And could I just ask you to unpack slightly 11 12 the relationship between Befriending Networks itself and 12 13 the member organisations, some of which are on this 13 14 panel today, please? 14 15 JAYNE BURNETT: Yes, of course. Each of the members of 15 16 Befriending Networks pays a small fee, depending on the 16 17 size of their organisation. They join the network and 17 18 as part of the network, they can connect to each other 18 19 19 digitally and in face during the year, and they can take 20 part in training and their quality awards, and the value 20 21 of having a network -- what do you call it, a directory, 22 where we can look out for each other and find similar 23 organisations to ourselves. 2.4 So that's -- each of us here today is actually a 25 member of Befriending Networks and really enjoys the 1 benefits of having that connectedness, because we all 2 work in very -- we can be very remote, and we don't see

3 each other, so it's a burgeoning kind of area. So we 4 get benefit from that.

Q. I'll ask one more question and then perhaps I'll let the rest of the panel contribute anything they wish. Are there any particular reason or reasons as to why people seek the support of a befriending network?

9 JAYNE BURNETT: Absolutely. Because we don't have another 10 kind of professional organisation as such, so 11 Befriending Networks in particular gives us quality and 12 standards and training so that we can achieve good 13 practice. So what we're aiming to do is to make sure 14 that we are working to the very highest standard, and by 15 being members, that's what we hope to achieve. 16

Does that answer your question, sorry?

17 Q. Yes. I'm also interested in why people might wish to 18 seek the support of a befriending organisation or 19 network as well?

20 JAYNE BURNETT: Because for many, many reasons, they know 21 that -- do you mean a client?

22 Q. Yes?

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23 JAYNE BURNETT: Why a client might come to a befriending

organisation; well, there are many reasons by which 24

people become socially isolated, or they can feel

lonely. Loneliness is obviously a very subjective thing. Social isolation is very much more quantifiable, in terms of the numbers of connections and opportunities to connect that people can make, and also it's a measure of how good the quality of those connections.

For many reasons, people can become disconnected from society and their loved ones. We're talking about things like  $\,--\,$  bereavement is a huge one, being a carer is another, having mobility issues or another health issue can make us feel lonely or isolated, and that's across the age range.

So loneliness can affect us from -- if you think of it more as a -- it can be something that helps us to remind us that we need to go out and connect more with other people, but it can also be a debilitating state where people are unable to do that. The problems of chronic loneliness are well documented, from physical harm to mental harm, and that's what befriending seeks to address through that physical and emotional connection with people.

21 Q. Thank you. And we'll come on to the pandemic in due 22 course, but would it be fair to say, then, that people 23 would have been seeking or using the support of these 2.4 organisations prior to the pandemic?

JAYNE BURNETT: Most definitely, and I think without

1 exception, unless the organisation was set up that way, we would all be working with quite large waiting lists as well . So -- because most of us are -- most of the organisations rely on volunteers, there's only a very few that have paid befriending, and it's a different kind of concept, all of us would be working with a waiting list, and some of those waiting lists can be very, very long. You might have 20, 30, 40 people on 9 your waiting list, waiting for a volunteer to match them 10 with, so, yes.

Q. Thank you. Mr Miller, anything you would wish to add on 11 befriending more generally before we move on?

ROBIN MILLER: I don't know -- speaking probably for all of 13 14 us, just to add to what Jayne said, that rural isolation 15 is a big part of what probably all of us do, because we 16 work in, you know, fairly remote and rural areas, 17 particularly yourself . Yes, but that's -- that's a 18 crucial thing.

19 Q. Thank you. Mrs Sinclair?

20 JO SINCLAIR: I think what we probably find with ourselves 21 in the islands is that because of the scattered nature 22 of our communities, there's a lot of loneliness and 23 isolation, and by and through the befriending, which is 24 a very simple and basic model, you can stop the onset of dementia, because if somebody is not speaking or being

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1 with somebody, or interacting with others, then actually 2 their general mental and physical needs become more. 3 So we've got a situation here whereby if -- for the 4 small value of the befriending agencies and the cost of 5 running a befriending agency, actually impacts hugely on 6 statutory services, because actually through the 7 volunteers, we're making sure that certain illnesses or 8 certain things don't come on that would do otherwise, is 9 probably the other thing that I would add. JAYNE BURNETT: Sorry, can I just add to that that 10 11 befrienders definitely do act as an early warning system 12 often, when statutory services are not involved. So for 13 example, if someone is being seen weekly by the 14 befriender, they can notice changes in their health 15 or — mental health, physical or mental health, ves. I 16 would concur. 17 Q. Thank you, and Mrs Smith, anything you wish to add on 18 befriending more generally? 19 SUSAN SMITH: Working in palliative care, we recognise the 20 actual importance and the vitalness of providing good 21 social connections as well, that it's as equally 22 important to people as their clinical and their personal 23 care help. So we see it as an integral part of people's 2.4 overall life , and it actually promotes good quality of 25 life if they're suffering from more degenerative

1 illnesses, rather than — sometimes people think of 2 befriending as a nice add—on, and it's not. It's an 3 actual essential and lifeline to so many people before COVID as well as after COVID. 4

Q. Thank you very much. Against that background, then, I would like to move on to talk about the key issues and impacts that were faced by those that you supported during the pandemic. And that may include, for example, social or community isolation, and we have heard references to that already; access to food or food support: access to essentials, such as prescriptions: digital inclusion; access to pandemic information; any disproportionate or unequal impact that you may wish to highlight, particular groups, for example; and also any other key issues or impacts that you feel are important to your organisation.

If I could start with Mrs Sinclair for this one, and then we'll work our way down the line; we'll then go to Mrs Smith and back to Miss Burnett, and then finally to Mr Miller. Please feel free to build on anything that anybody else on the panel mentions, but anything else that's also key to your own organisation. So if I could start with you, please, Mrs Sinclair?

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24 JO SINCLAIR: Certainly. I'm coming from the point of view,

as I say, from an island perspective, and the rurality

of the island and the scattered communities, and I think -- well, we had situations with us on the islands

that became apparent because of the way that the media

are, that they were -- they -- think things in the 5

central belt work differently, and cultures, I don't think, were recognised during the opening -- during the

pandemic, and so things weren't -- that would maybe have

worked in the central belt or in the mainland didn't

9 necessarily work within the island environment. We

10 had —— we had —— sorry, can you just lead me on

something, and I'll go with it, if you see what I mean.

12 Q. Yes, of course, it's your evidence to give, really, but for social or community inclusion or access to food

14 support, for example?

JO SINCLAIR: Certainly there were situations whereby we had 15 16 very much a war effort mentality going on with the folk 17 on the islands, and they -- after a period of time we 18 would discover that they hadn't actually been out to the 19 shops, their fridges were run down, their cupboards were 20 empty, just because of what they had seen in the media 21 and heard, and on top of that, they had been told to 22 make sure -- or to wash things before and leave them to 23 one side.

> So even if something did come through the door, if a letter was posted, they wouldn't be opening it for a

week in case there were germs on, that sort of thing. So it wasn't even the fact that they were needing a food bank, because actually they had the ability to actually go and get food, but actually they just felt there were other people more deserving or in need of it, so this was the situation that we found, very much that people were -- just wouldn't, and then they were actually too scared to actually go through the door in case that

So, yes, there was a lot of work, and it was very challenging to address situations like that, and those were people who weren't living with dementia or with a secondary illness, or have a drug and alcohol issue, so yes, there was a lot going on there.

15 Q. You mentioned those with dementia. Could I ask you to 16 elaborate to what extent there was an impact on those 17 with dementia in the community that you serve?

JO SINCLAIR: Those with dementia, I mean we actually prior to the pandemic, we used to actually have four or five individuals that would meet up on a regular basis as a group event, rather than actually a one-to-one befriending, and they just didn't understand what was going on. The whole thing with dementia is no memory,

so they didn't really didn't understand the concept. Now, we went on to the telephone, doing telephone

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2 wouldn't even necessarily know who was on the end of the 3 phone, so you would send them a picture so that you 4 could say: keep the picture next to the phone, so when 5 you call, you can see who we are. But without --6 I would say that they all gave up, they all gave up. You know, we did lose them all and their deaths weren't 8 actually from COVID directly, but they didn't actually 9 keep on going because they didn't understand. 10 Q. You mention there telephone befriending. What would 11 have — and this could be for the community at large. 12 not just those with dementia, but what was the access 13 available to -- digital inclusion, I suppose, digital 14 support? 15 JO SINCLAIR: That was very difficult, the digital rather 16 than the telephoning. The telephoning worked for a few 17 weeks, but then nobody actually had anything to say to 18 each other, so it actually again became very challenging 19 for the befriender, because actually -- and because --20 the service users weren't necessarily interacting in the 21 same way, they didn't actually have the ability or want to talk. They were, as I say, not wanting to socialise 22 23 any longer and becoming more and more into themselves. 2.4 But from a digital point of view, when the pandemic 25 hit, we were actually issued with 30 computers to hand

befriending for all of our service users, but they

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out to folk so that they could interact online and that sort of thing. Well, one thing is that -- I could say at that point, it has changed now, but there was probably about 50% digital poverty up with us, so therefore these folk didn't actually have internet in their house, let alone know how to use a computer, and there was nobody in a position to be able to show them how to utilise these things.

So all these computers were sent out with the best will in the world, and absolutely not utilised at all.

- 11 Q. Can I ask what that would then mean in practice in terms of being able to access pandemic information, and by that, I mean perhaps the restrictions or rules that were in place at that time?
- 15 JO SINCLAIR: Right. For the individuals themselves, it 16 actually meant that all they knew was from the 17 television or radio or family members communicated with
- 18 them over the telephone. For ourselves up on the 19 islands, it was very difficult and very confusing
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- sometimes, trying to get hold of the most up-to-date 21 information, and how it related to, and how we were
- 22 meant to -- you would actually speak to one person, and
- 23 they had actually taken it in one way, and you would
- 24 speak to somebody else and they had actually taken it
- another way. So again, there was so much confusion

about guidelines and what was allowed and what wasn't allowed

Q. Thank you. Could I come then to Mrs Smith, please? 4 SUSAN SMITH: Hello. Because I work in a hospice, some issues were easier for us, but were difficult for many of our partners, in that our partner organisations were much smaller, and when the blanket, you know, to go into 8 COVID, go into isolation, you know, and that had first 9 come, a lot of organisations left all their notes behind 10 and they were all on paper. So they didn't therefore 11 have information on each of their clients that they even

> They found it hard then to do communications with their volunteers and keep in touch with people, whereas it wasn't as difficult for us at the hospice, having, you know, centralised -- and I was able to move over to an electronic system quite easily.

So communications between health and social care, and managing to still keep in touch with the most vulnerable people in the communities, and actually managing to know who was struggling and when to put support of that in place.

So I would say that one of the issues was not recognising the importance of social interaction and social support, and managing to have a cohesiveness

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1 between health and social care and personal care.

> I think in the hospice, we had good links with our clinical and healthcare, and we put in an extra service during COVID that enabled us to get referrals or requests right from the healthcare parts of the service, to then enable that they were getting the social care support that they required.

But we did still find that there were many people who, with the information that they were getting, were hearing that they weren't to disturb or to get in touch with healthcare professionals, and so they were really struggling at home and not accessing or receiving the care and support that they actually required for their ongoing health conditions; and many of the health conditions, due to that, deteriorated which was quite

17 Q. You mentioned there struggling at home. Could you 18 elaborate at all on what those struggles were that they 19 were facing?

20 SUSAN SMITH: Some of the struggles -- our client group 21 changed dramatically at COVID time. You know, we've 22 always had people from all ranges of illnesses and all 23 age groups, but because all of the health groups 24 stopped, particularly in relation to people with dementia who were used to relying on going to groups and

interacting in that way, they all stopped, and nothing else seemed to be put in their place. So carers who were giving respite, who needed this respite to actually maintain the quality of their life and the quality of the person they were supporting, missed that respite, and nothing else seemed to be put in its place, and nobody was seeing these people to ensure that vulnerable adults were still safe within their own homes. So it was items mostly around dementia and support for people like that, not actually identifying who was now vulnerable. Q. Thank you very much. Can I come then to you now, Miss Burnett? JAYNE BURNETT: Surely. As in -- our experience of the pandemic when it first happened was that we started to work from home, but we were trying to maintain 40 matches of varying sort of levels of support through distance befriending via telephone, and that was okay for some matches, but not for others, because some had dementia and you couldn't talk for half an hour to somebody with dementia. Then it actually was that -- you've got to remember 2.4 that the profile of a volunteer generally is that some of them might have been old and shielding also, so they were also scared and vulnerable So we had to make sure that our volunteers were okay at the same time, and I suppose the thing that we did that was maybe different or similar to many

So we had to make sure that our volunteers were okay at the same time, and I suppose the thing that we did that was maybe different or similar to many organisations was that we recognised very quickly that there was a huge surge of community involvement, with neighbours helping other people, but there was also potential for vulnerable people to be taken advantage of by cold calling and offering to help.

So we felt that as an established community charity, we could work to help individuals under our charity banner and with our standards of good practice, we could safely coordinate and manage volunteers. So we liaised with Argyll and Bute Council and their Caring for People Helpline, and took referrals from them for food deliveries and befriending.

We recruited and managed a team of 45 new temporary volunteers, who provided help with shopping, so we would match individuals together, a bit like a befriending match. We would then match somebody for shopping. So we would support them, we would make sure that they had some references, and we couldn't PVG them or disclose them very quickly. We weren't going to do things like that because we just didn't have time, but we would take references and do as much as we could.

We liaised with shops and pharmacies to identify anybody needing help, and it might be worth noting that we couldn't liaise with the GPs, we couldn't liaise with the surgeries, we couldn't liaise with social work, because they were just not available. There was no comment. The third sector didn't exist as far as they were concerned, despite the fact that we were out there on the ground.

And I think one of the things that we did recognise was that when we were going out helping people to shop, as the third sector, we had no legitimacy almost. We didn't have the banner of being with the NHS or an emergency service. We were just people out there, and we were worried as well that we might get stopped by the police and asked why we were out and about. But actually, we were the ones providing those most crucial helplines.

We also provided the council with other -- we managed little volunteer groups to do food deliveries , and we successfully developed novel ways to help clients access money, because they couldn't go out to the bank, and yet they were being asked to provide money for shopping.

So we saw a lot of mission creep, as I think a lot of my colleagues here today will have felt, in that the

people requiring help, especially those with dementia, was huge. We had one chap who every day, routine is so important in dementia care, and a person living with dementia needs routine, and this chap went out every day for his lunch, and suddenly he wasn't able to. And he died shortly afterwards. People's health declined seriously as a result of not being able to pursue the things that kept them alive and vital during that time.

Lockdown was particularly hard on our clients. Paradoxically, some of them who had been very vulnerable for a long time almost coped better with those who were now in that position. It didn't mean that they weren't lonely anymore, but they were more used to it. And, yes, it was pretty awful for most of them because they just didn't know when it was going to end, and they were scared, totally scared.

And I think what was really sad was that the focus was on contacting your GP when you became very unwell. There was no focus on giving people their agency and allowing them to take care of their own health, and saying: actually, if you do these simple things you can be sure that you will be minimising your risk of catching COVID.

And so —— yes, what else would I like to say, yes. I think the support and advice for the third sector,

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2 Befriending Networks, because they were distilling 3 advice down from the government as best they could for 4 our sector, but again, I think that idea of not having 5 legitimacy was very difficult for a lot of us, because 6 nobody seemed to know where we fit, because nobody was 7 banging their palms for the third sector, and we didn't 8 want that. We just wanted to know that we could get 9 hold of PPE, which we couldn't. We had to buy it off 10 Amazon and wait for it to arrive. 11 So that was my experience. 12 Q. Thank you. We'll come back to the impact on your 13 organisations and staff. You mentioned there, I think, 14 shopping and access to food; was the role that you were 15 describing there that your organisation was undertaking 16 in relation to food, was that something that would have 17 been done pre-pandemic, or was it something new as a 18 result of the pandemic? JAYNE BURNETT: It was new as a result of it, yes. We don't 19 20 particularly — some organisations that provide 21 befriending also provide shopping, but unless we were 22 taking somebody out specifically to do their shopping as 23 part of the befriending relationship, it's not something 2.4 we offered. Q. What would your view be on the coordination of food 113

I think, was -- that's when we went to

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provision at that time?

JAYNE BURNETT: I think in Argyll and Bute in particular --2 3 was very good. I can't complain. People were getting 4 almost too much at some stages that didn't need it, but 5 I think in terms of coordination, Argyll and Bute 6 Council was particularly good. Despite having real areas of rurality, they were very good at bringing us 8 all together to coordinate a response, and they 9 recognised thoroughly the impact and input of the third 10 sector, which was really heartening, and they supported 11 us really well. I think. 12 In particular, they were able to allow us to access 13 a fund which meant we could work more quickly to do the 14 things that we needed to do, so I had a good experience 15 16 Q. Thank you very much. Mr Miller? 17 ROBIN MILLER: Similarly to Jayne, I think, working in 18 Argyll and Bute, when the pandemic hit to start with, we 19 looked at what our resources were, which maybe unlike 20 some other befriending organisations, we work with a 21 mixture of staff and volunteers. So we had four 22 wheelchair-accessible minibuses, staff and volunteers. 23 So it was straightforward enough for us to move a 24 lot of our clients on to telephone befriending for a

maybe had their own health issues, or their partners had a health issue, so they would work from home and do more of the telephone befriending. We also mailed out newsletters and quizzes and things like that, and other members of the staff team and the volunteers helped out with the shopping and prescription delivery.

There was a kind of vacuum from about March to June 2020, where a lot of services were scrabbling together to find out what to do, and I think how best to serve the community.

So similarly to Jayne, we worked with Argyll and Bute Caring for People Helpline. They referred people to us who were not already clients, so we said we would help people of all ages at that point in time, so in a general week to week, we would be supporting around 200 referred elderly people, and during the March to July period, there was around about 170 additional referrals from Argyll and Bute helpline.

And the help that we gave them ranged from one-off shopping deliveries to doing shopping deliveries every week, to just giving them a phone and having a chat, or things like that. So it varied considerably, and some of those people who were referred during that time stayed with us after that as well, so ... yes. Q. Could I ask you then what you would highlight then as

the key impact or impacts that those you were supporting 2 were feeling at that time, any specific things that you ROBIN MILLER: Yes, a lot of people we support, because they 4

are referred as being lonely -- elderly and lonely and socially isolated in the first place. So for all of them, although we take people who are -- we accept people who are over 65 as a kind of cut-off point, but a lot of them -- the majority of them in fact are in their 80s and 90s anyway, and they have lots of health issues in some cases. So they would not be leaving the house without support in any case. So -- but they would be seeing people through the likes of us or with their families or with other third sector organisations or going to things in village halls and stuff like that.

So I think that -- and a lot of older people can't hear that well on the phone, or if you have dementia, then you maybe don't understand, you know, certain things on the TV, the same way that people without a dementia diagnosis would. So the in-person contact is crucial for a lot of older people for those kinds

So to suddenly have that removed was quite impactful, and I think all of us who are vounger, it was impactful for us being -- you know, staying at home or

period. So we had some of the staff and volunteers, who 114

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2 delivering shopping, but do you know -- during that 3 period, a lot of people were struggling, and the people 4 we support are like that all the time, depending on 5 third sector services or depending on seeing a visiting 6 health professional. But during that period there was a major decrease in statutory support as well. You know, 8 home carers who -- and I always want to say this who 9 worked throughout the pandemic, you know, they were 10 masked and gloved and going into people's houses for the 11 absolute briefest periods of time to provide essential 12 13 So there was much less, you know -- they had --14 didn't have time for niceties , you know, they just had 15 to get around people. So there was less time for them 16 to have conversations and things. So, you know, even 17 for the people who required home care support, they were 18 getting considerably less social interaction from 19 visiting healthcare professionals as well. 20 And I think — ves. in the third sector and the 21 likes of our organisations, we were helping to fill some 22 23 Q. Thank you very much. I would like to move on then, 2.4 I think, to talk about the key issues and impacts 25 experienced by your own organisations and staff during

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the pandemic, I think some of which has been touched on already. But this may include, for example, any ways in which your services had to adapt, and I think we've heard a little bit about telephone befriending, for example, is one example of that thus far.

Any increase in demand for your services versus pre-pandemic; any impact upon your staff; any specific impacts you wish to highlight in relation to those.

Any financial impact upon your organisations; that might be the spending of financial reserves or the funding support that was available for you to deliver welfare assistance during that time.

Any issues experienced in relation to guidance; or in relation to key worker status, or indeed anything else that you feel pertinent to mention.

Can I start, please, on this with Mr Miller and then Mrs Sinclair, Mrs Smith and then we'll come back to Miss Burnett finally . So, Mr Miller, please, if you

20 ROBIN MILLER: At the start of the pandemic, I suppose it felt appropriate for our organisation to provide as much help for our client group as possible, and also for the wider community who were struggling in all sorts of different ways. And it felt that we should use our

resources to try and make things better for people.

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We are absolutely -- there were lots and lots of organisations changing what they did to try and support people as best they could as well, and all sorts of services and supports and shops and things were changing the way that they worked in order to support people around the restrictions.

And in terms of finances, for my organisation at the time, just to explain about third sector finances, we get probably a sixth of our funding from the council, and the rest of it we have to find, which would be external funders and things like that. We don't charge for our services, so clients and families and other people can choose to donate if they wish to, but we don't want to have that as a barrier to people participating.

As it turned out, in the initial pandemic year, we were -- a number of our long-term funds were due to finish, and -- and they duly did finish in November of that year. But because of the uncertain nature of what was happening with COVID and the way we had provided service in the past, we couldn't fill in funding applications requesting money to take large numbers of older people into the community and use our minibuses to bring groups of people together, because nobody would have funded that at that time, which is entirely

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reasonable.

But as the pandemic went on, and things remained uncertain, and, you know, we were steadily increasing our services, or those kind of taking people out, visiting people at home, types of services as restrictions would change, you know, things were still very uncertain, and I think there was quite a big responsibility on the likes of ourselves in that, you know, we were following government guidelines, we were following, you know, guidelines that were available to us from the likes of Befriending Networks, and things like that, but we didn't quite fit into a category.

So it wasn't like -- you know, if you're a shop, you can open, and everybody has to come in one by one and stuff like that. The guidelines were kind of a wee bit looser for us, but I think because of that, and because of the vulnerability of the people we worked with, I think we had -- there was extra responsibility on us to be careful because yes, probably 95 of the -- 95% of the people we would have supported would have been frail elderly people who would have been in the shielding category, and if they had got COVID, it probably would have been a serious health risk for them.

So, yes, a lot of that became guite stressful on our team as well, just having the kind of weight of that

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1 responsibility, and because there was additional 2 pressure on us to do more, because there was less 3 available for people. So to do more and to work around 4 the restrictions and, you know, visit people outside 5 their houses, sitting on chairs and all that kind of 6 stuff when you could do that, all of these things had to be constantly risk —assessed and changed the rules for 8 ourselves in response to what was happening nationally, 9 what was happening from the government guidelines; and 10 balancing that with the damaging effects of continual 11 social isolation and loneliness for our older people who 12 were really struggling with that, and it was having a 13 negative effect on their health, obviously. 14 So to weigh up the risk of COVID against the risk of 15 continuous isolation, that was a major part of what we 16 all did. I think.

Q. You mentioned guidelines, and I just wondered if you had any example or examples of where -- I think the evidence you gave was that you perhaps didn't quite fit in, or it was a bit looser. I think, was the way that you put it. Is there an example you would give of where the guidance could have been clearer or should have been clearer, in respect of an organisation like yours?

ROBIN MILLER: I don't know. I suppose, speaking for us 2.4 collectively, we probably all do slightly different

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things, and the guidelines -- you know, if they were provided to each individual organisation, it would be slightly different.

So at one point I think because there was no respite care for unpaid carers, or people who were looking after a relative who had dementia and stuff like that, we felt, I don't know, under pressure to some extent to maybe take out either the cared—for party to give the unpaid carer a break, things like that. And you're trying to work within the guidelines to see if that would be possible, and what kind of risk procedures you could follow around that.

I can't actually remember off the top of my head at which point in the pandemic it was, but at one point, we were taking out one person on a minibus, and the staff or volunteers were -- I don't think the testing was available at this time, but they would take their temperature, they would be wearing masks and gloves, they would be wiping down the van with disinfectant, they would take the person out for a wee while, and then they would drop them home. Then the entire procedure would be in reverse, so you would be disinfecting the van and maybe take out somebody else.

So all of that kind of thing was very time-consuming as well, because we had 200 of our own clients to

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support, and the referrals from Argyll and Bute helpline in the early stages. And, you know, whereas we normally would have been taking eight or -- elderly people out for an afternoon to socially interact with each other and things like that, you know, when you're taking out one person, it's -- it takes a lot longer to get around everybody, you know.

So, yes, looking back through everything and all the updates that we did over the initial two years, and stuff like this, it was constantly changing in response to what was coming out from the government, and in response to what was being provided locally and what our elderly people were asking for as well. So ... yes.

14 Q. You spoke about, I think there, feeling under pressure 15 and wanting to do what you could. In terms of the 16 demand on your services, I suppose firstly was that 17 increased, and secondly was your organisation doing 18 things perhaps that went beyond what your traditional 19 remit would be?

20 ROBIN MILLER: I think in the third sector, since austerity. 21 we have always gone beyond, because we have had to, 22 because there is no longer the statutory support that 23 there was, and I think COVID made that worse and it 24 remains worse to the current day.

I think the statutory services themselves are under

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vast amounts of pressure, and maybe as a result of COVID, there's recruitment issues, there's financial issues and things like that. So it's not the way it was ten years ago when I -- I was doing this. You know, we provide social support, but it goes way beyond social support.

Q. And you mention financial issues there. What is your view on the financial support that was made available to you to deliver welfare assistance during the pandemic? ROBIN MILLER: There were a number of funds opened up that were quite user friendly. The simple applications, simple application forms and quite rapid response in terms of actually providing funds. Some of our existing funders who we were due to report on, and say what we had done with them -- for their money following certain remits, you know, like we would be taking 200 people out every week between -- you know, certain months of year, obviously during COVID we couldn't do that, so our

The problem for us -- the problems for us came after COVID. There was -- because we couldn't apply for the funds that we would normally have applied for, because there was no certainty about what was going on, then we took the decision to provide as much support as we

existing funders were understanding that we couldn't do

you in a difficult position, because lots of funders do not accept funding applications from charities who do not hold three or six months' worth of reserves. Your reserves are there for the reason that -- you know, when things get tight, then you can carry on providing services. So it felt appropriate to use them, to provide as much support as possible when it was most So beyond the first two years of COVID, I think that's having quite a big effect still on a lot of charities like ourselves. And, you know, during the initial COVID period, I think a lot of smaller groups, like village hall groups and stuff like that, would have weighed up the risks of trying to reopen, or things like that, as well as loss of income from people using a village hall or whatever, and folded as a result of that, you know. And it's taken longer to rebuild the pieces. It's not just the two worst COVID years. Q. Thank you. Mrs Sinclair? JO SINCLAIR: Probably -- we were very different probably to

possibly could, so we used lots of reserves, in fact,

nearly all of our reserves, and that kind of thing puts

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what you've heard before, inasmuch that up with us,

the -- Caraidean in itself and other voluntary sector

organisations on Uist actually worked quite well in

partnership together. We were aware of the vulnerable people within our community because of our community being fairly small.

I might say at this stage that Caraidean has no integrated joint board. We are all voluntary sector funded. So that we were in a similar position to Robin, inasmuch that we did have funding that was coming to an end. Again, the funders were very reasonable.

We also established something up in Uist something called Resilient Uist, and that was all the voluntary sector funders and voluntary services, along with other organisations that came together to ensure that as a community, we worked together.

So the impact on Caraidean itself, we lost 50% of our staff, and I say we lost; they were shielding themselves. They weren't necessarily shielding because they were elderly, but just maybe because they had an illness or they had a child that was poorly or something along those lines.

So it did actually mean that the staff that stayed working or weren't furloughed, they had a lot more pressure put on them to achieve. An awful, awful lot of what we had been achieving was through volunteers, and trying to support these volunteers during that period was very difficult. So I did find that I was telling

staff to really make their presence felt and to come up with ideas and interactions. I mean, we were doing newsletters. We were trying to encourage virtual tea parties even for people that couldn't -- that did have the ability to get to a computer, those sort of things.

And looking back, it was very challenging for Caraidean from various points of view, but actually, the community did really come together, and we experienced an influx of volunteers at the time that actually was really very much appreciated, but fairly detrimental at the end, because we lost them all, along with a lot of others at the end.

So we really did have this situation whereby we peaked and flowed and peaked and flowed.

Q. Thank you. Mrs Smith, can we come to you next, please? SUSAN SMITH: Yes. There was quite a lot of devastating changes within the organisation. I think initially, the organisation and individuals adapted really well, knowing it's lockdown, you know, we have to change our processes. And actually putting the new processes into place for me wasn't the most challenging thing, but listening to the individuals ' impact in the weeks after, in the months after and then for the years, when you were hearing back from either the staff who do the, you know, the visits to the clients to see what their needs

are, and also to the volunteers who had been providing one—to—one support, who were struggling to manage to maintain the — they weren't to go and provide any face—to—face support.

So initially , we had no face—to—face support, and then as individual challenges came in, of somebody phoning up saying: my client has no clue, I'm seeing her at a window when I'm walking past, she doesn't seem to be dressed, I need to —— she's not having any care needs for that going in, what do I do?

And for us, we were always used to providing one—to—one support, so it was quite stressful to know that that was happening, and to relook at what was then possible.

So for some of our volunteers, they came up with very innovative things. They would leave messages for people, they would send — start doing notes, they would start online things if their client was able to do that. They would look at ways of managing that — that dissonance that they had in themselves, but it really did create stress for the volunteers.

Some of the volunteers, if they themselves felt that they should be doing more, and they had to isolate or they were having problems that they needed to look after themselves, they then felt very guilty that they were no

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longer providing carer support for their clients, and in 1 2 particular because the clients usually had health 3 conditions that were deteriorating and continued to 4 deteriorate, and sometimes deteriorated quicker than we 5 would have envisaged pre-COVID, because they weren't 6 receiving the same level of face—to—face or personal care and clinical care support, and we weren't able to 8 do the social element, which I don't think people always 9 recognise the importance for your health and wellbeing 10 and your mental health of having that social connection; 11 and, yes, you can put up things online or that, but 12 actually, in reality, how many of us can really live a 13 full life in that way? 14 So I think for us, the big change for the

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organisation was learning to read and to look at the guidelines, to listen about what the risks were for each individual case, and work out a plan that would meet that person's needs to the best that we could meet them, and to support the volunteer, the staff member in the instances when they didn't feel that it was enough, and they were struggling with that for their own health and wellbeing, and feeling that they weren't doing all that they should be doing.

So they were the kind of challenges that we were faced as an organisation, as well as an increase, as the

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others said in the number of requests for support that we were being asked for, which were different from what we maybe supplied before, and it was much more practical elements of the shopping and the prescriptions, you know, things like that. They were -- and, you know, the influx of people wanting to help, but with the right people wanting to help, and could we get them through the training and have them matched to the right people. when we hadn't been doing as much face to face to actually get a real handle on what the people's social

Q. Thank you. And you mentioned those additional elements, I think you said that your organisation was providing; was that something which was funded or not? 15 SUSAN SMITH: We just subsumed it. I think, into our

general -- in the hospice itself, we subsumed it into our general monies and we did get monies, financial help back, that was for all of our care, social care and personal care services.

So for the core service that we delivered, that was how it was done.

For all of our partners, some areas find it easier than others. In fact, some of them found actually getting funding at that time easier than it had been before. There seemed to be less hurdles for them to get COVID time, they found it a bit easier. There was less  $\,--\,$  they could do quicker to tell how the money was being spent, and there was more understanding that it was going on social needs in a general -- whereas after COVID, as in the other delegates were saying, there was more -- challenges again around funding, around managing

through to actually get their funding. So during actual

8 to secure enough funding to either keep the services 9 that they were doing since COVID, or actually meeting

the gaps -- for the monies that they had lost during 10 11 COVID from their reserves.

12 Q. Thank you. Could I come then to, I think, you now, Miss Burnett?

14 JAYNE BURNETT: I think I mentioned earlier about the specific changes that we made, but our befriending organisation, to give you an idea of the diversity of befriending organisations, ours is run by a team of two, so we were pretty much on call for most of lockdown and beyond. And that was quite stressful at times, because I think as my colleagues have mentioned, that the stories that we were hearing about people were particularly harrowing at times.

> And I think one of the things that was very difficult was that people had different approaches to the risk. Some sort of our elderly felt that they had a

year maybe of life left , and they didn't want to be kept indoors, whereas their befriending might have been very risk averse and saying -- very rule orientated and wanting to make sure that they adhere to all the rules.

And I think as things opened up, for us, it began to get more confusing, because this idea of who was in your bubble and who wasn't in your bubble, and if you had nobody who was in your bubble, if the only people supporting you were having to support other people as well, the rules about how you could travel -- transport was so important for all of these people who are housebound and have mobility issues; how many people could you get in a taxi; could your befriender go with you; would they have to sit in the back; would the window be open.

All of these things that just added to this complete fear-based approach to: what did we do before that? Yes, I think that's all I wanted to add really at that stage, just apart from, I suppose, one of the major things for us, which you may or may not come on to, was that as people who are used to dealing with our clients' health and wellbeing, we did know that there was good evidence that was out there, and major documentation, saving that people who were lonely and isolated were more at risk number 1 of respiratory illness itself , I

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have the papers relating to that; and that they are 1 2 more — they have less of a response to vaccines if 3 they're feeling lonely and isolated. 4 And yet what we were doing to our elderly, or to 5 everybody? We were locking them up and keeping them 6 away from the things that made them healthy. 7 So that was a big issue for us, because we couldn't 8 understand a lot of what was being asked of these very 8 9 vulnerable people. 9 10 10 Thank you. 11 Q. You talked there in your answer about, I think, travel 11 12 between different authorities, for example. I wanted to 13 ask whether your organisation, or indeed any other 13 14 organisations you're aware of, benefited from key worker 14 status, for example? Was that something that staff in 15 15 16 your organisation would have benefited from? 16 17 JAYNE BURNETT: I think we would have benefited from that 17 18 enormously, in that we would have been able to, I think, 18 19 travel more easily and we would have had -- I don't know 19 20 what the key worker benefits were in the end, because we 20 21 weren't entitled to them. We just saw other people kind 21 22 of just having better access to PPE and that sort of 22 23 thing. 23 2.4 24 So to be honest, those other organisations in the 25 health and social care partnership just didn't really 133 1 integrate with the third sector, or not -- that was my 1 2 experience, and many of colleagues in that situation, in 3 other third sector organisations. So we didn't really 4 know what was going on elsewhere. 5 I think one of the things we could really 6 benefited -- would have benefited from would have been good distilled local information. So, you know, if you 8 8

I think one of the things we could really benefited —— would have benefited from would have beer good distilled local information. So, you know, if you have national information, it's a lot more useful when it's kind of moulded for local use, and I think that the health and social care partnership would have been really well placed to do that, and we could have been providing back—up information because most of the time we spent on the phone, we were talking to clients and volunteers about what they were and were not allowed to do and how they should act in certain circumstances, should she get ill.

I think one of the most alarming things for me now is that I see very many older people who are very reluctant now to contact their GPs, and going forward, our GPs kept their barriers up in the surgery for a good two years after COVID, and maintained that idea that there was no kind of -- it was access -- emergency access only. That relationship, I think, was -- has been lost for a lot of older people with their health services . Yes. Sorry, I said I had nothing to say, but

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I managed to say something.

Q. That's fine. That's why we're here.

B JAYNE BURNETT: Thank you.

Q. Did anyone else in the panel have anything else they wish to add on key issues or impacts faced by their own organisations or staff before we move on or ...?

No? All right. In that case we'll move on, thank you very much.

So finally, fourth and finally, we're going to move on then to potential lessons to be learned. As I say, this is an opportunity for each of you to highlight anything that you think worked well, and I think we have heard some examples of that today as to what worked well, but also what the Scottish Government might do differently, either to mitigate ongoing impact of the pandemic, or what could be done differently to improve matters in the event of another pandemic or similar event. For this, please, can I start with Mrs Smith. Thank you

SUSAN SMITH: I think one of the greatest learnings that we had was about community resilience and about innovating in individuals, how they can help with the problem solving, and how, if we enable them to have —— looking at individuals, you know, I know there had to be a blanketness initially, but once that was there and

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people were starting to look at individuals and their needs and the risks. I think then having maybe -- if you have to put out guidance, to have it in a general way that says: this is the overarching; however, helping to see that in health, maybe the social, the clinical and the personal care services will come together to make individual plans for you, and focus on that more, than having so many blanket solutions and guidance that worked for normal populations maybe, but not for the vulnerable adults that needed the one-to-one support. Q. Thank you. Miss Burnett, come to you next. JAYNE BURNETT: I think the lessons and the things that we'll take away from COVID are that third sector organisations like ours are very well placed to act immediately and flexibly to provide an emergency response, and that communication is just key in all of it . And I wish we'd had more with our health and social care partnership, but overall, I think the effects are obviously lasting, and we're forever changed as an

and wellbeing.

But, yes, I think overall, I think we responded pretty well, considering everything that we had to achieve during that time, but it was a challenge, and I

seeing and the way in which we look at people's health

organisation, both in the kind of clients we're now

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2	think the challenge is residual but yes, that's it,	1	stages, it was quite nice to build on that kind of
-	really .	2	relationship; and yet other aspects of the statutory
3	Q. When you say you're forever changed, and then you	3	services were $$ were struggling in the first place,
4	mention about people you're now seeing, could I ask you	4	they were struggling before COVID, and that was putting
5	to elaborate on that a little bit further, please?	5	more pressure on us already. And then they were under
6	JAYNE BURNETT: Yes, we were predominantly seeing older	6	more pressure because they were having to deal with, you
7	people getting referred to us, but now we see a much	7	know, the complexities around COVID and hospitals and GP
8	younger cohort of individuals, mainly with mental health	8	surgeries and stuff like that.
9	issues, anxiety, depression, and that's just since the	9	So people needed more help from the likes of
10	pandemic. So we do see $$ we've had to change the way	10	ourselves, and to a large extent, a lot of that has
11	in which we work, and the information that we $$ and how	11	continued, because I don't think statutory services have
12	we train our volunteers and the types of volunteers that	12	ever got back to what they were before, and they were
13	we now look for to support those individuals.	13	struggling at the time.
14	Q. And at the beginning of your evidence, I think you	14	Other lessons to learn, without sounding too
15	mentioned waiting lists. Can I ask whether that has	15	political, if that's okay, I think there's people
16	changed at all as a result of the pandemic?	16	profiting out of COVID which should not have been
17	JAYNE BURNETT: Our waiting lists initially went up. They	17	allowed to happen, and they should give the money back.
18	have now kind of stabilised out. We are seeing a lot	18	Yes. Because there were a lot of people sacrificing a
19	more —— they have stabilised, and yet we're seeing what	19	lot to look after people as well as they could with very
20	we would term in befriending as more —— people with more	20	few resources.
21	complex referral needs. So we're not just seeing	21	Q. Thank you. Last but not least, Mrs Sinclair.
22	somebody who can't get out of the house. We are seeing	22	JO SINCLAIR: I'd probably start by actually agreeing with
23	somebody who is depressed, cannot get out of the house,	23	Susan that basically from where we were sitting, because
24	and whose partner has dementia.	24	we were so culturally different to other parts of
25	It's very complex now, and quite often, I think	25	Scotland, that actually with regards to guidelines and
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	137		139
1	walta being coop as a last report, and there's a lot of	1	understanding if it had been brought to a more local
1	we're being seen as a last resort, and there's a lot of	1	understanding if it had been brought to a more local
2	things happening locally with social prescribing, where	2	level , we would have been able to have a greater impact.
2	things happening locally with social prescribing, where individuals attached to $$ healthcare professionals	2	level, we would have been able to have a greater impact.  I think also something that hasn't necessarily been
2 3 4	things happening locally with social prescribing, where individuals attached to —— healthcare professionals attached to GP surgeries, for example, will prescribe a	2 3 4	level, we would have been able to have a greater impact. I think also something that hasn't necessarily been touched on and I would like to put forward is the
2 3 4 5	things happening locally with social prescribing, where individuals attached to $$ healthcare professionals attached to GP surgeries, for example, will prescribe a social interaction, and that's all well and good, but	2 3 4 5	level, we would have been able to have a greater impact.  I think also something that hasn't necessarily been touched on and I would like to put forward is the long—term impact on staff. I sat down with my team when
2 3 4 5 6	things happening locally with social prescribing, where individuals attached to $$ healthcare professionals attached to GP surgeries, for example, will prescribe a social interaction, and that's all well and good, but you can only do that with a strong third sector, and if	2 3 4 5 6	level, we would have been able to have a greater impact. I think also something that hasn't necessarily been touched on and I would like to put forward is the long—term impact on staff. I sat down with my team when coming here just to make sure that —— you know, I have
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1	its challenges as well because of mobility issues and	1	INDEX
2	transport and rural areas and that sort of thing so the	2	MISS FRANCES HUME (called)1
3	cost of doing that was greater so the funding pot was $$	3	MR CHRISTOPHER CLANNACHAN (called)1
4	it was $$ it was more difficult but we $$ actually now,	4	Questions by MS VAN DER WESTHUIZEN2
5	where we're at now, it's beginning to balance out and we	5	MS BRONAGH ANDREW (called)52
6	are in the position when we get a referral to actually	6	Questions by MS VAN DER WESTHUIZEN52
7	where the individuals concerned work out in their plan	7	MISS JAYNE BURNETT (called)91
8	whether they're better with a one to one or whether they	8	MR ROBIN MILLER (called)91
9	join at a group activity.	9	MRS JO SINCLAIR (called)91
10	Q. Thank you very much.	10	MRS SUSAN SMITH (called)91
11	JAYNE BURNETT: Could I just add to that, Stephen?	11	Questions by MR STEPHEN92
12	Q. Yes, of course.	12	
13	JAYNE BURNETT: Although our referral numbers have evened	13	
14	off, I would concur with Jo completely that our	14	
15	volunteer numbers have dropped so considerably, and I	15	
16	think that is echoed across the UK, that for various	16	
17	reasons, whether it's now that people have two jobs, or	17	
18	they're just financially not capable of volunteering,	18	
19	our volunteer numbers have plummeted, that we've only	19	
20	had five new volunteers this year as an organisation,	20	
21	which means that we can technically only provide five	21	
22	new matches. And that's 50% less than what we would	22	
23	normally hope to provide.	23	
24	Q. That's something you attribute to the pandemic?	24	
25	JAYNE BURNETT: It's definitely post COVID. Whereas you had	25	
	on the political for the manner, post of the first parties and the first parties and the first parties are the		
	141		143
1	that big influx in the beginning, those volunteers did		
2	not remain. They went back to work, they went back to		
3	their normal lives, and now we're seeing two, three,		
4	four years later that those volunteer numbers, as the		
5	cost of living has increased, our volunteer numbers have		
6	gone down. So our ability to do our job and to actually		
7	meet that increased need and diverse need is now much		
8	harder. Sorry, I just wanted to add that.		
9	MR STEPHEN: Thank you. My Lord, I don't have any further		
10	questions for the panel, subject to anything you wish to		
11	add?		
12	THE CHAIR: No, I have no questions, and I wish nothing to		
13	add; simply thank the panel members for their attendance		
14	here today. I am very grateful. So that brings an end		
15	to proceedings today. We'll adjourn until tomorrow		
16	morning at 10 o'clock. Thank you.		
17	(2.59 pm)		
18	(2.59 pm) (The hearing was adjourned to 10.00 am on Tuesday, 17		
TO	(The hearing was aujourned to 10.00 am on Tuesday, 17		

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