

UK Covid-19 Inquiry

Online roundtable - breakout discussion 2

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Online

The Inquiry held a roundtable with a mix of organisations. This transcript covers one of two breakout discussions.

Participants

Samantha Edwards, UK Covid-19 Inquiry

Kayley Hignell, Citizens Advice

Sumi Rabindrakumar, The Trussell Trust

Rajnish Kashyap, Hindu Council UK

Steven Wibberley, Cruse Bereavement Support

Claudia Mendoza, Jewish Leadership Council

Luke Tiratsoo, UK Covid-19 Inquiry

Peter Riordan, UK Covid-19 Inquiry

Samantha Edwards: [00:01:35] Thank you so much everybody for joining. We've got a slightly smaller group than we probably would have originally had, so we've got a lot of time to talk through things. Before we kick off, just to remind you. So I'm Samantha Edwards, I'm the Director of Communications for the UK Covid-19 Inquiry. I was appointed about a month ago. And I came into a whirlwind tour of meeting individuals like yourselves across the UK to talk about the Terms of Reference. And also, I've been supporting Baroness Hallett on the meetings with bereaved families as well.

So you are our final roundtable – I think we've had about 11 or 12 sessions now. It's been hugely valuable, very, very insightful. We've learnt an awful lot about different perspectives from different sectors right the way through it. So I hope that this group will equally provide us with new insights that perhaps we haven't heard as yet. So that's a really key thing for us to make sure that we hear from the depth and breadth of UK society.

Just before anyone worries about other names and faces. Luke, who is at the bottom middle of my screen, is in our team and he will be taking notes today. Peter who is at the top of my screen, he has just joined my team and this is his second day - so I thought I'd throw him in at the deep end. Before anybody worries about faces that they may not recognise.

What I'd like to do before we delve into the questions is just give you each a chance to introduce yourselves. And for me, just to make sure I know who's who. That'd be really helpful. If it's alright, I'm just going to go with how you appear on my screen. So I've got Kayley – and please all tell me if I don't pronounce your name right. I will do better next time. But Kayley, do you want to kick off?

Kayley Hignell: [00:03:59] Yes. So I'm Kayley Hignell from Citizens Advice. I am our Head of Policy for Families, Welfare and Work, but work closely with colleagues who work on consumer or housing, and debt and employment as well. And I also worked on Citizens Advice's cross-organisational response to the pandemic, so our service delivery arm as well as our policy arm.

Samantha Edwards: [00:04:27] Thank you very much, Kayley. I've got Sumi next.

Sumi Rabindrakumar: [00:04:32] Hi, I'm Sumi, Head of Policy and Research at The Trussell Trust. We support a network of food banks across the UK. I principally work on the advocacy side but with the related inquiries in parliament, in supporting again - similar to Kayley - our cross-organisational response to questions about the pandemic. So covering the operational side as well as the policy response.

Samantha Edwards: [00:05:01] Thank you very much. I then have Rajnish.

Rajnish Kashyap: [00:05:05] Hi, good morning, I'm Rajnish Kashyap, I'm General Secretary of Hindu Council UK. At the same time I was on an advisory board for MEAB, which is the Moral and Ethical Advisory Board which is set up by Government, Number 10 Downing Street dealing with the pandemic; and also another taskforce which was set up by Secretary of State Robert Jenkins when he was a Community Minister. So we dealt with Covid-19 situations, the pandemic, bereavements, lots of other things. Thank you.

Samantha Edwards: [00:05:42] Thank you. I'm going to come to Steven next.

Steven Wibberley: [00:05:45] I am Steven Wibberley, Chief Executive of Cruse Bereavement Support. We're the largest bereavement charity in the UK supporting 100,000 or so bereaved people last year, largely through a team of 4,500 amazing volunteers.

Samantha Edwards: [00:06:03] Thank you so much, and Claudia.

Claudia Mendoza: [00:06:07] Hi, I'm Claudia. I'm the co-Chief Executive of the Jewish Leadership Council. We're an umbrella body organisation in the UK for the Jewish community, mostly charities; we have 37 members, including the main synagogue bodies. The Jewish community was disproportionately affected by Covid-19 deaths at the beginning of the pandemic. And we've worked really closely with our members, the wider community and also with Government to try and make sure that vaccinations were taken up widely across the community. And just try and work with the Government to make sure that measures around places of worship were proportionate and articulated to our members.

Samantha Edwards: [00:06:56] Thank you very much, all of you. And I've not missed anybody. So I've also got Paul from RTS. And he is there to make sure that we don't have any fails on the network, which do continue to plague me wherever I go, it would appear.

Okay, well, we're going to frame this discussion around the Terms of Reference document that we have shared, I hope you've all had a chance to glance through it. We've got four questions and because we've got quite a lot of time and a small group, I'll be happy to give you as much time as you need. And I think we could probably also just look at broadening out some of those points, if helpful to you.

The Terms of Reference are draft. When we finish the consultation, we will make recommendations back to the Prime Minister on any changes that we feel are needed to the Terms of Reference. And, there have definitely been very clear calls from different sectors around whether or not we've looked at things too narrowly. So the one that in particular is quite significant is around education.

So we've had a really interesting conversation with representatives from children and education sectors, where actually the term 'education' is fine, but should we look at children in the round and look at social, mental, physical inequalities, wellbeing, etc. And looking at it from a wider perspective.

So things like that are the sorts of things that have been raised. And I'm hopeful that today, you'll help us look at perhaps other areas where you think maybe, we could improve things. What I cannot promise is that everything that we cover today will then appear in the Terms of Reference.

So the Terms of Reference are essentially a kind of top-level set of topics and a methodology of how the Inquiry will go about its work. What will come after this is once the Terms of Reference have been consulted on with devolved Governments, and the Prime Minister finalises them, we then become the Inquiry. And we will then start to look at things like core participants status, and we'll be holding public hearings later on this year around that. And that will then set the scope. So it's a really, really important thing for us to remember is there's Terms of Reference, and then there is the kind of scoping part which actually enables you to look at how deep and how wide you go into different topics. So this isn't the only opportunity that people will be shaping what the Inquiry looks like.

And then we plan to start the evidential side of hearings, probably 2023. Once we kick off as a formal Inquiry, the call for evidence and document discovery will start. And as you can imagine, this is the biggest Inquiry in the history of all inquiries. And a hugely important topic so it will take some time just to get through all of the information that we'll be asking for as part of the first phase of the Inquiry.

So turning to what you have in front of you, what I'd like us to talk about is whether you feel that the draft Terms of Reference, at present, cover all the areas that you think should be addressed by the Inquiry. And very happy if you just pop hands up when you've got something you'd like to raise. Lovely, I've got Steven first. And then I've got Kayley.

Steven Wibberley: [00:10:53] First of all, thanks for inviting us here today. It's great to be able to contribute through this setting alongside the written response as well. And I completely get the challenge that Terms of Reference can't include everything. They are a starting point, a high-level starting point, it's really helpful to hear about the scope being set out later in the year.

I think probably three or four areas I thought were of significance that weren't included in the Terms of Reference, some that are thinking about the charitable sector, some that are sector-wide, and some that are more specific to Cruse. The one that is sector wide, I didn't see actually any mention of the voluntary sector in the Terms of Reference. And I think if you reflect on the huge contribution the voluntary sector made – everything from very local mutual aid groups,

food banks, keeping hospices running, the huge fundraising through National Emergencies Trust, through to specific services like Cruse, to not have any mention of that, I think is an omission.

And perhaps more specifically the bit about that I think about the funding that DCMS released to the voluntary sector, the £750 million, and I'm not sure any of us really know where that went. So I think that's quite an important issue. You know, what was the process behind that?

More specifically, the other obvious admission was around mental health. There's quite a lot of conversation about physical health, hospitals and healthcare there. But we know the pandemic's had a huge impact on people's mental health. And was that handled in the best way?

And then very specific to Cruse. By our calculations over a million people were bereaved because of Covid-19. Plus all the people who have been bereaved during the pandemic from other issues and the extra complexity and complications of those bereavements because of things like restrictions on hospital visiting, restrictions on funerals – perhaps that should be in there specifically, and just lockdown in general.

So I think acknowledgement that there was an impact after death. And actually, what's been the practical, the financial, and emotional impact of bereavement? And how have the range of services including the bereavement sector been supporting those people have been believed through the pandemic?

Samantha Edwards: [00:13:22] Thank you very much, Steven. Great, I have noted your three points down. Can I bring Kayley in?

Kayley Hignell: [00:13:31] I would agree with much of what Steven's added in there. In addition, one of the things that we spent a lot of time as a service dealing with in the very early days of lockdowns was related to employment rights. And I didn't see that in there – I see sick pay in terms of financial support; we quite specifically saw employment rights as a public health measure, particularly when it came to isolating. To be honest with you, even now, at this stage of the pandemic, I'm not sure we've got to the right answer on what rights workers have and who has those rights as well, quite specifically, when it comes to public health measures like isolating.

So I would potentially make a pitch to say that there is something there about what levers did the Government have to ensure public health measures were taken by employers and to help employees or workers to use those. Because a lot of the early days felt like we were relying on goodwill and if you had a good employer, things were okay, particularly for those who are clinically vulnerable in some way.

Two other things I would chip in that I hadn't seen in the Terms of Reference. There was quite a bit of action on debt forbearance, that was kind of Government led, but then taken by industry and required the Government intervention to say, this is important. The most notable one was around evictions, intervening in the private rented market, but there was stuff around mortgages and around council tax. And to be honest, they were really impactful. And I just kind of don't want us to lose the fact that that was taken as a measure, had a good impact, and should be potentially done again in similar situations.

And the last one, I would add in, not sure exactly where this would go, was around just safeguarding in general, with so many closed services, including our own having to close, their face-to-face or their frontline, kind of access point. We struggled significantly working with other organisations to figure out who was still a point of contact in a face-to-face approach that could identify safeguarding issues, children and adults. So those three feel distinct from what's in the list that we would add in.

Samantha Edwards: [00:16:17] Thank you, Kayley. And both you and Steven have raised a really important point – it's very easy to look at things through almost the negative, what we could have done better as a United Kingdom. And I think the example around debt, the voluntary sector, they're both really good examples where I think, clearly, we've learnt a lot. And that actually, that's where you've done something really well in many cases, and you want to learn from it for the future, not necessarily thinking what didn't go well.

So thank you, it's really helpful to remind ourselves that we shouldn't consider everything in that kind of negative light, which is very easy for us to do I suspect and in this environment. Sumi, can I bring you in?

Sumi Rabindrakumar: [00:16:59] Yes, thank you. Thank you for the chance to feed in. And I think one of the things probably building a little bit on what Kayley was mentioning – so a lot of our work is very focused on the fact that people can't afford the essentials already. And we wondered whether there was something in the public health response section around how people who are experiencing poverty or destitution were supported, or their decision-making and the consequences of this decision-making for those groups of people.

And that can cover some of the things that Kayley was talking about around employment rights, but also around the benefits system, local support, and what systems needed to be in place to ensure people had access to those mechanisms that were needed as a result of the public health response.

And likely there's some interdependence I recognise with some of the economic response. But I think there's something particularly around what happens as a result of public health decision-making. And ensuring that particular group of people on the lowest incomes are considered within that.

The other area I was going to mention was around the economic response section. There was a lot around preparedness and sort of resilience on the public health and health sector. But we know that going into the pandemic, benefit levels were really low, people were already struggling to afford the essentials, which was why they were coming to food banks. And that had been kind of a long-term trend. So I think there's something interesting there to learn around the kind of economic resilience and the part that that played in terms of the economic response that was then required.

And then I know that there's been a lot of talk about thinking about our intrinsic risk. And so just encouraging the Inquiry to think about that in the round.

Again, on the kind of economic response, I know that there's a line around benefits, sick pay and support for vulnerable people. But wanted to particularly pick out – it may not be something that

changes the Terms of Reference, it might be something for a scoping conversation, but the fact that there were some benefits that were left out of the equation. So the treatment of people on legacy benefits, again, as an interesting learning point around just the length of the pandemic response and whether that was anticipated at the start, whether decisions would be changed, had they realised just how long the fallout would be in excluding people on legacy benefits in that response.

It wasn't quite clear from the Terms of Reference whether local welfare support was included in that last bit around support for vulnerable people. There was a huge amount of funding that was given to councils. And so it would be, I think, helpful just to perhaps be a little bit more specific on that. And then, again, related to Kayley's point around debt, something that we actually found was a really useful lesson for pandemics and also just wider emergency responses was that there are a number of easements to benefit rules that maximise access to the support that is given that was really valuable.

So things like suspension of deductions from benefits, changes in guidance to ensure more proactive access for people with no recourse to public funds for local welfare support. That was all really valuable, and I think, probably an important lesson for future resilience and responses.

And sorry to go on just on the voluntary sector point, I also had a similar point to make. And I think there's something building on what we said earlier, not just around what role did the voluntary sector play, what were the expectations of the sector, but also some lessons around what the limits of the sector are. So what is and isn't the role of the voluntary sector.

So I know for the food banks in our network, we were trying to do what we could to ensure that people were getting a cash first response rather than emergency food, because that was what was really needed. So there was a lot of navigation in a very short timeframe of how to position food banks in that sort of crisis support response in a way that was dignified and supported people who are in really difficult situations.

And then just finally, on the lessons section in the Terms of Reference, we're wondering whether there was scope for perhaps more explicit reference to learning beyond just the pandemic, so other emergency responses, because actually, we're finding in our network that a lot of the things that happened during the pandemic, they're really important lessons for the cost of living crisis that we're facing now. If we're talking about accountability within the Inquiry, it's as important for us to think about accountability that is forward-looking and backward-looking. And for us, that would be really valuable if we could stretch it beyond looking at what are transferable lessons beyond just pandemic responses.

Samantha Edwards: [00:22:29] That's a really, really important point for me. It actually came up yesterday as well with trade unions. In point two, we've actually talked specifically about learning for future pandemics. And then later on, we say, 'and other circumstances,' so we've not actually been quite as consistent as perhaps we need to be.

And I think it's a really valuable point. Are we looking at things that we learn in case we have another pandemic? Or are we looking at the resilience of the UK for things that might affect us that might need similar sorts of responses in the future? And I think it depends on how narrow or

how wide we try to kind of cut this cloth - what are we trying to learn for? But yes, it has definitely come up in other meetings. Lovely, thank you. Rajnish, do you want to go next?

Rajnish Kashyap: [00:23:23] Yeah. Good morning again. What can I say after Sumi? Sumi has covered so much, really, and Steven has covered so much. Let me just take you to a completely different – and it is always there. In my opinion, it is always there. And we have come across many, many emergencies, whether it was a terrorist attack in London and this pandemic, which is the faith sector. And I can tell you that the faith sector always has played a very, very important and vital role in any kind of emergencies and the pandemic is no exception as well.

Only problem is that we don't ever get appreciation, but we are always there. And I would say to that, take you back to March 2020, an unprecedented time taking place, lockdown started. I think within three weeks, the Government realised that we need to call upon the faith sector because these are the people who have a massive network. They have volunteers up and down the country. I can give you my example, Hindu Council UK, which is the largest umbrella organisation, we have about 350 religious institutions and temples are part of it.

We reach out to 99% of the people. And straightaway within the three weeks we were contacted that there is a taskforce to be set up. I think like everybody else we had no idea how to go forward, what to do with that. I think we were all grappling about, I think we have our experienced Muslim faith institutions have theirs and Christianity, and the Jewish organisations. We came across really that we, if we just pull ourselves together, we help people – on a bereavement sort of thing, people don't realise, yes, bereavement is important, but the rituals play very important roles in time.

And without rituals, people, whatever religion you belong to – that even in the time of a death, in the time of when you're near to the death, those rituals do play a very, very important role. How do we go about the end, and how do we help? I can tell you something – when was it? I think some time in April, I had a phone call – not because I'm an expert in rituals and bereavement, but because people had read the Hindu Council is the UK's largest Hindu organisation. I had a phone call from a hospital in Birmingham and I think there was a surgeon over there he says, 'Mr Kashyap, I got your number from your website. I've got so many people in ICU, and I know they have just the question of a few hours, we know that in normal circumstances people will come, have some sort of prayer, last rites need to be done. Can you help?'

Can you imagine that? I have absolutely no experience with what to do with that. But we sort of pulled together – how we can give those last rites when a person is dying, their family members can't be allowed in those hospitals. Chaplains are not allowed in there. How do we go?

So these sorts of things we came across, whether it's a bereavement, whether the rituals were taking place, whether different institutions got together. They had collected money and we have phone calls coming from people that have so much yellow labelled [discounted] foods - can you give us those foods so we can prepare those foods? You talk about food parcels, but think behind that food parcel are those institutions who were providing somewhere food can be made, we have provided continuously for two months in kitchens in Ealing Broadway.

Raw materials, able bodies who were young, who were not worried about Covid-19, had the kitchens, institutions provided the rice and other things, food parcels and meat. We contacted these other people who are vulnerable and reached out to them. We got through with a chemist, we had a contract coming from those overseas students.

So what I'm trying to say, yes, we all have it, but I can tell you that the faith sector played such an important role, whether providing food, whether providing medical help, whether providing a listening ear, whether providing the rituals. So in my opinion, the Government knows that the faith sector plays a very, very important role. But we need to be a part of it when doing it.

We should not be forgotten – it is always the case. And I think when I had a meeting with faith based [inaudible], Steven, he said 'Rajnish, you're absolutely right. You're the first port of call when any emergency takes place and you come forward.' Because in our volunteers, I can tell you, in our wallet, if you have accountants, you have doctors, they do things free of charge, and they don't want to take any kind of appreciation. But it is very important when you're making these inquiries, make sure that the role of the faith sector played, they need to be mentioned, because they really played a very, very important role. Thank you.

Samantha Edwards: [00:29:05] Thank you. And I think what you've set out is exactly why I wanted to have this final session, because I felt that there are certain voices we haven't heard sufficiently at all. And if I can beg your indulgence when we get to question four, I think that is definitely something that I would really like to spend a bit of time on. Because I think the ways that we can work with many different sectors, but in particular, faith groups, I think will be incredibly helpful for when we start actually trying to figure out, how do we make this Inquiry accessible? And how do we put people at the absolute heart of it? But I won't get into question four yet, but hopefully you will be willing to help us. I'm going to bring in Claudia now.

Claudia Mendoza: [00:29:57] Thank you. So I think the Terms of Reference are really broad, as they rightly should be given that there isn't a sector or an area that wasn't affected by Covid-19. I really wanted to reiterate what Steven really succinctly said about the omission of the voluntary sector. And of course, it is impossible to include everything in the Terms of Reference. I think, given the disproportionate focus that the voluntary sector played in the pandemic, and the response to the pandemic, I really think it is worth including.

I also wanted to say that I felt there were some glaring omissions. And again, I don't feel like I'm best placed to say whether these are more important than other things. But from the work that we did, I think you mentioned right at the beginning, education, the fact that children and mental health and impact of children hasn't been mentioned in the Terms of Reference is sort of a glaring omission for me, and I'm not sure if it will be covered in other aspects of the Terms of Reference.

The other omission is domestic violence. We have a charity, which is one of our members: Jewish Women's Aid, which works with victims of domestic violence within the Jewish community. So it's quite culturally specific. And they saw a huge rise in the need for their services. So I do wonder if that, again, can be covered.

The reference to closure and reopening of cultural institutions, I was wondering if that actually includes places of worship, because it doesn't seem to be covered elsewhere. So I wanted to see

if it was caught in cultural institutions, because, again, as has been said by others, the the role of faith and places of worship in being able to help, whether it's just making sure that day to day life is seen in a culturally sensitive way, or whether it's dealing with the huge numbers of losses, which disproportionately hit various faith communities. And I think being able to make sure that that's looked at, means that the impact on bereavement and mental health is dealt with earlier on.

The first lockdown coincided with a huge Jewish festival, Passover, two years ago, and there was so much scrambling about how we're going to get people to – this is a very family-orientated festival where people come together. And it was one of the first times that people were basically doing it online. And because of some religious prohibitions about using electric devices on festivals on the Sabbath, that meant that some people really were doing things alone. So I think being able to still consider that. And, again, I don't know if that comes under cultural institutions. But those are the things that kind of stick out to me in terms of what's missing from the Terms of Reference.

Samantha Edwards: [00:33:14] Brilliant, thank you so much. It's a very good point. I don't know the answer about cultural institutions. But we'll note it down as part of the feedback. Anything else on the Terms of Reference themselves? Kayley.

Kayley Hignell: [00:33:27] So just as we were talking on the areas that are covered by the Terms of Reference, I thought, on the health side of things, that it was quite strange to not see community-based health mentioned specifically. If I think about the people who we help at Citizens Advice, many of them have longer-term conditions, and therefore don't have access through hospitals. And also, we had lots of people coming to us around community-based midwife services, and what their rights were in that space. So there was stuff around people not being able to get services that they might normally get from community-based nurses or district nurses as well like that.

I think we often have this challenge with health provision that we think of hospitals, but actually for the people we help, most of the health I think is based in that community setting. So I just wanted to check whether that came under the health or whether it's a scoping question rather than a Terms of Reference question.

Samantha Edwards: [00:34:34] It's a very good question. My instinct when you said it was I feel like that's where you start to scope and you go down, but it's a really good point. Steven?

Steven Wibberley: [00:34:47] Thank you. Two other points of detail. It's good to see visiting mentioned in the care homes paragraph, but it's not mentioned in the hospitals paragraph and I think given the huge number of deaths, both in hospitals and care homes, and we know from many of the people that come to Cruse, not being able to visit their loved ones as they were dying in hospital had a huge impact on them for many months after the death. So I think that's an omission there.

A number of us have talked about funerals. And again, I wonder whether funerals specifically in the list of above around restrictions around hospitality, retail, etc., etc., The point about funerals and my observation around funerals generally, was the limits of numbers kept on changing without any obvious rationale, and not being based on the actual premises concerned, whereas

actually, a risk-based approach would have done it based on a very different issue about numbers at a very big venue, a place of worship, or a very small one.

Samantha Edwards: [00:35:57] Yeah. And not at all related to, for example, the size of the immediate family. So if somebody had four children, perhaps only three of them were allowed to go.

Steven Wibberley: [00:36:13] We've all heard horrible stories like that.

Samantha Edwards: [00:36:15] Indeed someone who used to work for me, she couldn't go to her father's funeral. And her sister could, and they had to make a choice. Horrifying to have to make that decision. Okay, thank you so much. Any further points on Terms of Reference?

Steven Wibberley: [00:36:35] Sorry, can I just build on the funeral side? Again, it's detail as well. The bit about restrictions on funerals. I think there's also something about the preparedness of what's broadly called the 'death care sector' to deal with the pandemic. So that's not just about the funerals, but it's the whole end to end around funeral directors, crematoria, the death registration process, and again, learning about some of the good changes, the move to digital death registration. So thinking about the whole of that death care – apologies for the phrase – death care sector and the death care process, there were real pressures at some stages. Was the country going to run out of crematoria slots? Basically, were we going to get huge backlogs in crematoria and burials, and I think that's an important point as well.

Samantha Edwards: [00:37:31] Yes, thank you. I actually don't think that has come up at all. It's a really interesting one. Yeah, that preparedness of other sectors. Kayley and then Sumi.

Kayley Hignell: [00:37:51] And just a quick one from me here, because I realise I've talked quite a lot already. It wasn't quite clear in the Terms of Reference about the period of time that we were looking at for this. And I know, I can only imagine the challenging conversations you are having about the period of time. But I wanted to stress and this relates to the earlier point around the voluntary sector, when it came to funding, it almost fell into three phases for us – the first was like, how do you adapt to the context, adapt your delivery model? And what funding and support did you need to do that?

The second was like, how do you adapt or how do you deliver services at volume. We were seeing way more people or in different circumstances; I imagine the same as at Trussel and at Cruse, and all of the other organisations that are on this call as well. And then the third one we've had is how do we adapt to the new world, and the new normal, where there is still a virus around that causes challenges for some of our clients, but not for others.

You know, it feels to us when we think about our reflections on the pandemic and our service response that we separate into those three. And I wondered whether the Terms of Reference, or even if you can't comment on a period of time or set a period of time, because it will be intensely difficult to, whether it will include that third one, which is kind of how we're adapting to a new normal [inaudible] world. Specifically within there like unwinding measures, because what I would say is we saw a lot of speed of action at the beginning of the pandemic, then a kind of plateau of action. And then we saw very quick unwinding of some things that seemed a little bit drastic in some instances, and might have led to longer issues than was necessary.

Samantha Edwards: [00:39:58] It's a brilliant question. I think it is left a little bit open ended. And I think the reason for that is just that we don't know what's going to happen next. And, it was a question of, there's a danger of saying, we are going to expand the Inquiry from March 2020 to March 2022. But what happens if another new variant – and also that unwinding, that tailing off, that moving to the new normal, but the other thing I think is an important conversation is, people who've got long Covid-19, that doesn't just switch off on the 1st April. People who have been plunged into poverty, people who have got mental health concerns.

And so there's a question I think around, if you say, it stops here, you don't have the opportunity to look at those long-term effects. That's why the conversation between Baroness Hallett and the Prime Minister has been deliberately – we've got to be careful not to cut. But it's a very good question. Yes. Thank you. Sumi.

Sumi Rabindrakumar: [00:41:05] I was actually going to say something very similar about the decision-making about the longevity of support and about benefits and support for vulnerable people. So I won't rehash it, because it's very similar to the one that Kayley was making. But I think that would be quite interesting for us. So it's not just about that initial decision-making phase, but how do you make decisions towards the tail end of a pandemic and make those judgement calls – that would be an interesting area.

One of the other areas that I didn't mention – I mentioned the kind of consequences for the voluntary sector, as have lots of others. But I think there's also something about consequences for local government, and I wasn't quite sure where that fit in within the existing Terms of Reference. So we know from our work based in communities around the country, that there are a lot of questions about the preparedness of local government to be able to disburse funds, their knowledge and understanding of what the local voluntary sector and crisis response environment look like, whether they had the infrastructure in place to deliver on the kind of calls and asks on their time as a result of public health response and the economic response that was required. So something around that, if it's not already inferred by the terms, the other terms or the existing terms, that would be quite helpful.

And then just to pick up on the role of the voluntary sector. I know in the first section, under public health, there's something around interdepartmental decision-making. I just thought it might be worth raising that that's not just about public health decision-making, but it's about a lot of these decisions. So things like – what is the role of the voluntary sector? What support do they need? Which types of the voluntary sector should be involved in response and which shouldn't?

A lot of that decision-making fell across lots of different Government departments. So we were mostly dealing with DEFRA, but actually, there's the DWP, there was obviously funding through other departments as well, that was specific to the voluntary sector, so it cuts across lots of departments, and I suspect that's the same with lots of other areas that we've talked about, like the impact on children and so on. So yeah, just that as well.

Samantha Edwards: [00:43:24] Thank you, great. And Rajnish.

Rajnish Kashyap: [00:43:29] Yes. While people were discussing that, something very important came into my mind. People mentioned at the start of a pandemic, Rishi Sunak allocated

£750 million for the voluntary sector and charity organisations, but I think people – it's been brought to the Cabinet's attention really, but it's never been mentioned. Due to Covid-19 and forced lockdown, the majority of - not 100% - temples, gurdwaras, mosques, and churches were locked down. I can't speak on behalf of churches, but as far as Hindu temples and gurdwaras, mosques are concerned, they are self-sufficient in means. They raise their own money to run their own temples.

And whilst the lockdown was taking place, 95-98% of their income was completely gone because they were earning from the people's donation. People will come into the temples, they will donate something, they will have some sort of prayers done, they will donate – but their expenses were still there. In my opinion, we are still struggling with that. And a lot of temples reach to their state [inaudible] which were very profitable in the sense that they had reserves money all the time. Now they do not have.

Because restrictions are still there, the fear factor is still there, anxiety. Where people of the first generation, second generations of the community would come to the temple, they're still not coming. So if they are not coming, temples are not generating income. You have over 1,000 temples, mosques, gurdwaras, their income level prior to Covid-19 has not been reached – I can give you an example, because I manage one temple in south London, which is a very big community where a lot of Asians live together. Pre Covid-19, I would say in a week we would have possibly 1,000 to 2,000 people walking in, and we will always have [inaudible].

If you go now, you would see that maybe 15% to 20% of the total people who used to come are coming. Their main income is impacted, but they came together when they needed it. They donate it all from their reserves, from their food. I think the Government need to keep an eye really, these are the sort of institutions who are not as a faith institution, but a community hub as well really, because they do a lot of charity, a lot of volunteers, but from that, that need to be included, because it has a very long-term impact on them. Thank you.

Samantha Edwards: [00:46:26] Thank you. Great. I've been frantically trying to pull together the strong themes. Not that easy. When we go back into the main room, I want to make sure that I reflect the conversation; I think, really helpful conversations around things like death sector preparedness, the role of ritual ceremonies and religion in death, the impact on families, by extension, funerals and capacities, etc.

Omissions around the voluntary sector, mental health, and maybe something on economic impact doesn't feel quite as reflected. I think it's a really interesting point around what is the period that we're looking at. And that kind of coming out of Covid-19, although with high numbers that we've got at the moment, doesn't feel like coming out of it. I feel like I'm spending all my time just dodging people who apparently have it. So a little bit more on that longer term and what we almost inherited as the resilience of the economy and the resilience of certain sectors in particular.

Financial support. Gosh, I've got so much here, I probably won't do sufficient justice to it, which is why we're taking such copious notes and doing a transcript because there's so much in it. It's really, really useful insight, and definitely things that I don't feel that we've heard to the same extent in other meetings. So thank you. With your permission, I'd like to turn to the \$64,000

question. What do you think the Inquiry should look at first? Does anybody have any views on that? Claudia?

Claudia Mendoza: [00:48:25] I don't really have a view, I have more of a question which may help others inform their answers. What does it mean, to look at something first? Does it mean that the issue is more important? Does it mean that we'll hear the answer before we hear about the other issues? I find that I can't really answer the question unless I have clarity on the question, if that makes sense. As we've said, all these issues are so important. I can't imagine whether you put the justice system, safeguarding or the closure or something before – I would need clarity on the purpose of the question before I could answer it. I don't know if other people feel the same but I struggle to answer it really.

Samantha Edwards: [00:49:15] No, it's a very fair point. It's a really hard question to answer, even with more clarity, in all honesty. So the initial thinking is that the Inquiry will run for a period of time, I'm deliberately not going to say how long, I think anyone who has looked at the length of inquiries knows how long these things can take. And this is the biggest. However, we are wanting to do it thoroughly and quickly, which is very challenging as a combination sentence.

The plan is to bring together a look into certain things and then do interim reports so that we don't have something where we basically conclude at the very end, so that we can learn as we go. And that you can actually look to embed things into rules, regulations, society, whatever else that it is that we should learn from. So the idea is not to try and kind of store everything up and unveil this massive tome of report that no one ever looks at.

I think it is really hard to say, what should you look at first? And, there is a question for some people, which is, we think it should be about health. Other people say, please don't look at certain sectors through only one lens. So equality is a really good one. There's a danger of saying, you look at equality as something itself, but that actually runs all the way through; you would look at it from an economic perspective, and the resilience perspective and the preparedness. So understanding that there are certain things that you wouldn't be able to chunk up. But it's a very valuable question back about to what end, but it is a really hard one to answer if it gives you any comfort, many people have said very similarly, it's not really for us to say or it's actually a really hard question to answer. Sumi

Sumi Rabindrakumar: [00:51:16] I think we're [inaudible] the position and as you said, it's a tricky one. I think there's potentially something around thinking about the starting point. So the preparedness, resilience point, going into the pandemic, feel it might be useful, because it cuts across lots of areas. So rather than looking sector specific, looking at preparedness across a different range of lenses. And it allows you to have a more nuanced understanding of the context, as you go into those other conversations about what was the fallout response and so on. But appreciate that that's one way of carving it up, there probably being multiple that you could – multiple routes you can go down.

Samantha Edwards: [00:52:07] Thank you. Kayley.

Kayley Hignell: [00:52:11] Thanks. And that's such a helpful question, Claudia, to put it all in our minds about what do we mean by this, and how to approach it. Just listening to your response

around it makes me think that we might need some immediate action, but it still might be worth looking at earlier, rather than later. And in my mind, what sticks out there as the experiences of people who are still counted as clinically, extremely vulnerable, at this point in time, and we've mentioned through others about the reluctance of some people to re-enter services or settings.

And I think a lot of it will come down to this, whether they've got somebody in their household who falls into that category, or they themselves do. So it feels like it's still a very live question, particularly with the relaxation of lots of restrictions at the moment. So I kind of make a pitch to look at that. And if I think sooner rather than later.

And if I think about during the early days of the pandemic that one felt so scrambled, like in terms of how we approach it, who are these groups of people? How do you communicate to them? What do we know about them? What's the financial support available for them? Who's the right point of contact as well? Like, they just felt like, it felt like a mess for us as a service. It felt like the messiest bit, if you like in terms of figuring out how to support people and how to advise people on what their legal rights were or not. And it's still pretty unclear at this point.

Samantha Edwards: [00:54:01] Thank you. Steven.

Steven Wibberley: [00:54:05] I think it's a really difficult question. I'm quite pleased it's not me that has to give the final answer to this issue about prioritisation because – and the points that Claudia and Kayley made, I think both are really important. I think probably just to reiterate, I was going to make some of the points about preparedness and sort of what can we learn from previous planning – many years ago, I was involved in some of the planning for the bird flu pandemic. And clearly not all of the lessons from that or from swine flu were used. So something there.

And then also a bit about – it's linked to Kayley's point about vulnerable groups - people with health vulnerabilities. There's something about what we don't want to lose. So what has changed for the better and we wouldn't want to lose? There's something there perhaps about what's the – I'm trying to not use the word 'quick wins'. But lots of things that might come out with immediate impact alongside those are the great big long-term policy issues.

And again, in my area, one very specific one was about digital death certification. And I understand that that's not going to be available any more with the – whatever it's called the sunset of the Covid-19 Bill. Whereas actually, most people view that as a very positive thing. So there's something about what did change for the better because of some of the issues of the pandemic that we wouldn't want to lose in the future.

Samantha Edwards: [00:55:39] Thank you very much. Rajnish.

Rajnish Kashyap: [00:55:42] Problem is really, where, how do we start? I mean, it's impacted everything, put it that way. Absolutely, whether it's economically, health, physical, mentally, every sector, everything, whatever it is, has been impacted really. One thing Steven has really pointed out in his comments, there is a national group, we were part of it and we sat in 2015. Again, we were part of a global – national pandemic, if it is – that was SARS two times and the flu, those sort of things. Everything was covered during that time.

My question is did we learn any lessons in 2015? If we did learn something in 2015, why did we not implement it in 2020? So were we prepared for that? It seems to me that we have always had these taskforces and other bodies and I can tell you in those mere taskforces, you have absolutely eminence, people – there are 30 or 40 of them, which covers every part of the society, whether the medical side of it, ethical side of it, the Government side of it. They have discussed everything, what's happening now?

But the question was that we caught on – that is the thread, so we need to start af that really, because how would you say? Economics is very important. Because mental development is very important. Long term Covid-19 is important. Which side of it? How would you pick up? In my opinion going forward really, I think a lot of lessons have been learned. And we need to prepare so that we don't get caught unprepared again, like this clearly. And that is a very important start of that, appreciating, admitting that yes, we do have those groups, but we did not learn anything. Now going forward, we have to learn.

So how would you – if you have a list of 13 important, important priorities, how would you put them into order? And first and foremost admit it that we were caught unprepared even though we spent a huge amount of money discussing the same thing in 2015 and prior to that. Thank you.

Samantha Edwards: [00:58:05] Thank you very much. I fear I'm going to ask the second fairly challenging question, which is, do you feel that we should set a proposed end date for public hearings? This has divided opinion, as I think you can well imagine. So I'd be very interested in any thoughts or feedback from people on whether or not that is useful. Or suggestions of what we might do instead, is also very welcome. Kayley.

Kayley Hignell: [00:58:44] Also do not envy you having to answer this question at all. Something that we've approached when we've had similar challenges – although, nowhere near the scale of this - is trying to figure out why people want an end date. And it is often around kind of certainty and clarity. So I think you can take those principles and apply them to, for example, your milestones or your interim reports, or apply them to when you're making the decision about end dates, without setting an end date at that this point, given what we've just said. And you've mentioned yourself that we're in a big wave at the moment, and we don't know what's coming next.

So, reflecting on the pandemic and the communications around what – when was new public guidance going to be available? When were we going to hear – there's lessons to be learned there about improvements, but actually, the certainty of when we were going to have announcements and the like, was pretty good, I think overall. So I would take some kind of lessons from that, for this in the sense of, could we have some certainty of when interim reports will come and certainty around the decision on the end date? Like when that will happen, rather than necessarily as a fixed period? From my point of view, I have to say that's just based on trying to do very, very small-scale internal stuff like that. And then, as I say, feedback on the overall communications around the pandemic.

Samantha Edwards: [01:00:29] Yeah. Thank you. Any other views? Sumi?

Sumi Rabindrakumar: [01:00:35] Yeah, I was just going to say that – before you mentioned that, during the call - our main response was that, what would be helpful is not to wait to the end, to have recommendations or conclusions or whatever it might be. But given that you've talked about interim findings, I think that feels like the most constructive response.

And so I think, yeah, Kayley's suggestion of certainty, or perhaps a little more certainty around those and how those will fall, and the sort of weight for those interim findings as well, I guess, and who will be considering them, that would be useful to know. How they'll be valued and treated, rather than being sort of dismissed as only interim.

The other thing I was just wondering about in terms of the point there around timely findings and recommendations. I know the question is posed specifically around public hearings. But there's obviously been a huge amount of inquiries within parliament and lots of evidence gathering. So the more that can be done and drawn upon from the evidence outside of public hearings to support that timeliness, I think that would be helpful.

Samantha Edwards: [01:01:57] Any other points on end dates?

Okay, well, I'd like to turn our attention to the last question. And selfishly, I always find these particularly good when I'm chairing these, because this is the area that I'm particularly involved with and trying to shape. So just for a bit of context, there have been other inquiries that have introduced abilities for people to talk about their experiences, and provide actually what has ended up being a body of evidence to an inquiry without necessarily having to effectively go and be in the public hearing for example.

Because of the scale of this, we want to see what we can do that would learn from things like the Infected Blood Inquiry and the Child Sexual Abuse Inquiry in particular, and how we can actually make this Inquiry as accessible to people as possible. And, Rajnish, I'll bring you back to where you started from, because I think this is something that I'd really love to explore with this group a little bit.

We want to put bereaved people and those who are most impacted, I think there's something around the definition of most impacted because I think, depending on who you are, you'll see impact in a very different way. But if you want to give people a voice, and if you want to not only give them an opportunity to talk about what happened to them, but also make sure that by telling this experience, it contributes to something, it adds value, and it has weight. I'd really just like to use the rest of the time, just take a few ideas from you on what we should consider as part of that.

We don't know what the final thing is going to look like, we're very much in the early stages, but we're envisaging something that will run for the lifetime of the Inquiry, but it will be tailored and it will be different according to different sectors and different types of people and what they need from the Inquiry. But that's kind of where our thinking is and we haven't really got much further than that. But I'd really love to get any thoughts that you have on that approach or ideas that we should definitely take account of. Steven.

Steven Wibberley: [01:04:33] Perhaps first kick off with a few slightly unstructured thoughts. First of all, I think it's really important to welcome the commitment of the Inquiry to hearing from

bereaved families and I know there's already been a series of focus groups on the Terms of Reference and having the experience of bereaved families at the centre of it is so important.

I think the real challenge will be how you balance up these different desires I guess, one to hear those individual stories of those hundreds of thousands of families, but then how you synthesise that into something that meets the needs of the Inquiry, the Terms of Reference to the Inquiry, and learning the lessons in a way that's robust and really values that learning but can help pull together those key themes.

It could well be useful to look at some of the work that's already happened, listening to bereaved families over the past two years. So I can think of some of the academics in Cardiff and Bristol who have already written about the impact of the pandemic on bereavement, and look at some of the methodology they've used there.

And part of that methodology is thinking through how those people are supported after they've told those stories. And our experience on some other inquiries, places like Grenfell and the Manchester bombings, it's really important to make sure bereaved people are listened to or felt they were listened to and then supported afterwards, or at least understand where they can get support afterwards. Because, as we all know, telling stories of such an awful event can be both cathartic, but also can be really traumatic. So it's understanding that.

And then there's something about the straightforward methodology about being really clear. And helping people understand when you're asking for evidence from individuals, being as focused as you can be about what it is you're asking for. So taking the issue about visiting. So what was the impact of not being able to visit, did doing virtual visiting help at all, what else would have helped in those circumstances.

So trying to give people both the opportunity to tell the breadth of their story, but focus in on it else you won't be able to – the analysis will be a nightmare. Learning from others who have done something similar, and alongside that commitment to listen, is the commitment to support families as well.

Samantha Edwards: [01:07:01] Thank you very much, Steven. Rajnish.

Rajnish Kashyap: [01:07:03] You asked me to share personal views there, I think. Yes, there are a lot of stories. And Steven is part of bereavement support, I think I can tell you, with certainty that, South Asians especially, I think where there is a bereavement and they need guidance, the majority of the time, they will contact religious people, their temple, their mosque, their gurdwaras. And I think that that's something that is very important. Very few – I'm pretty sure Steven will see it more – if you check his contacts, you will see very little Asian families are coming, or those sorts of things – they contact us the majority of the time.

I'm not saying that is a good thing or bad thing. But this is a lesson we've learned that going forward, we need to have instrumental support really, because as a national organisation, we've never thought that we will be playing this kind of role. We would like to give one example really. I think when Covid-19 happened, the BAME community was impacted. They were – due to very underlying health issues, whatever it is, and I think family – in Asian culture, in Hindu culture they

accepted that, I say, yes, it's a part of the cycles. If you're born, you will die. Whatever the circumstances.

What was more important, really, was that rituals play a very important role there. And one ritual is that when you are dying, and you need to do certain things, and the second thing after the permissions, your ashes need to be immersed in the flowing water. That is very important and I have come across many, many times. I'm not talking about the first generations, the people who came here, I'm talking about a 25-year-old man who contacted us. He said, 'Look, my mother and my father both died because of Covid-19. I accept that. But I know what they said, once we are dead, their ashes need to be immersed, put in flowing water and without it your funeral is not complete. What do I do? Because I can't attend. I've never been there, that funeral has taken place in my absence. And I've seen it on a Zoom link and video link - that is what has happened.'

'And the Government guidance is that I can't have the ashes of my parents. I can't take it. I can't put it in flowing water. But it means my religion, my faith, my ritual says that the soul of my parents has not moved on. What do I do? This is very important for me as a son to carry out.'

So these sorts of things, these are very, very difficult questions, how do you answer? If faith, a ritual which has been part of a community for the last 1,000 years? We did say that, look, you have carried out – we still have this good grace period, you leave it and you will do it whenever the time will come to take the ashes – whether you want to take it back to the Ganges in India, or there are certain places in the River Thames or different places where you can do it.

But the question was that these were very, very difficult questions, I think, in my opinion. When the guidance came, they realised after a certain period, maybe three months, three months later, they said yes, is it okay for it to be flow – but those three months where people died, without their loved one next to them. And they've thought that important bits of their rituals or their custom have not been fulfilled. So these sorts of things which we need the lesson to be learned, going forward, we need to accept that.

The United Kingdom is a multicultural society, and different communities have different rituals really, and that becomes prominent at the time of those important needs. It doesn't seem so important in normal circumstances, but it's become very, very telling, very, very important when you can't do that. So these are the lessons we as a community organisation, we have to learn as ourselves as well, the time will come we need to have something where we can support the community, at the same time the Government needs to learn they may need to have provision provided for these sorts of things. So thanks very much.

Samantha Edwards: [01:11:56] Thank you. And yes, any other thoughts on how we bring people's voices into this. Claudia?

Claudia Mendoza: [01:12:07] I really just want to echo what Rajnish said so eloquently. There are similar concerns in the Jewish community; there's a lot of ritual and religious rites around death and burial, from burial needing to be very soon after the death. It's very similar in the Muslim community too, to the backlog from coroners, funerals, and gathering in the mourner's house for seven days after the funeral.

These are the sorts of things which provide comfort, you know, generation after generation in Jewish communities. And so to have that upheaval, understandable upheaval, and the community did adapt. I do think just to echo what Rajnish said that's something that should be talked about and considered in the scope of the review.

Samantha Edwards: [01:13:07] Thank you. And I think what I've also heard is, there is a willingness to help the Inquiry either gaining access to networks or to work with you to reach people, with the right support that you need to be able to do that, bearing in mind how much is asked of small sectors, but also to work with you on the best way of doing that. I think, to respect religions and rituals and things that people will need.

And I think that probably goes back to my earlier point, we've got to make sure that we do this right with people. People will need very different things, whether it's the Inquiry or whether we're working in partnership with, for example, you, Claudia, and understanding that and making sure that we shape it so that it works for the people who really would want to talk about what needs to be learned, and what their experience was, I think is really important. Sumi.

Sumi Rabindrakumar: [01:14:11] Yeah, just building on what's been discussed already, I think we'd be keen that, when you're looking at the way the question was phrased around people who have suffered harm, thinking about harm in the round, so not just about health, but obviously we've talked about emotional and spiritual aspects. For us, the kind of severe economic harm is what we see on our frontline. So really thinking about the impact that you want to look at, interrogate and give space to hear and learn from is again, seen holistically and particularly that financial aspect.

I think, just in terms of the part of the question around having the voices heard, and the design of it, I'm sure you'll be thinking about this already, but just making sure that that's a space that is supportive and safe, and isn't just about reliving trauma and the risk of re-traumatising people, but is framed in a way that is supportive and not extractive, I guess.

Samantha Edwards: [01:15:16] Yes. Thank you. And Steven, you're probably aware because I know that some of your members came along to one of our events in particular, but throughout – where Baroness Hallett was talking to bereaved families, we did provide a counselling service for people. And, safeguarding is such an important topic. And so I think there's a very important role about safeguarding for all those who are involved because, you know, even as individuals ourselves, having conversations, and perhaps facilitating conversations is actually quite difficult for us. And I think we understand that and will make sure we've got the right support available. But then people who really do find it very traumatic to go through these things, making sure that we have put the right safeguarding in place, the right support for people, they know where to find it, is going to be absolutely vital. And that runs right the way through from the very top of Baroness Hallett in the Inquiry, what support does she need? You know, she's done 12 cities back-to-back, very little breaks. And she's listened to every single person and understood their story and the empathy that she shows. That takes a toll, just like it does on every one of us. Yeah. Kayley.

Kayley Hignell: [01:16:36] Just a quick thing to add here. Because others have covered this so well, just around bearing in mind the different challenges people will face accessing or attending

this, and the Inquiry. So, in our service, we have to think quite clearly about childcare when people are participating in things, we have to think clearly about people who have atypical work, night shifts, all of those kinds of things. And I think with this Inquiry, the impact for people who are on the lowest incomes, those who have disabilities or caring responsibilities, arguably, was higher, so potentially have to do a bit more in that space.

Samantha Edwards: [01:17:29] Yeah, very good points. I think I've lost Kayley.

Kayley Hignell: [01:17:41] I think I – can you hear me but not see me? Is that right? That's fine. Yeah, I think I'd said everything then. But just bearing in mind that, it can be a big barrier for those groups to engage and input into this kind of inquiry.

Samantha Edwards: [01:18:07] You're absolutely right. So, thinking about how do we make it available? So is it online sources? Is it to make things available on evenings and weekends, rather than assuming that people traditionally work a Monday to Friday role, etc.? And how will people get support? And there's something that I'm very conscious of, I think that if somebody does want to be part of public hearings, I think they'll be really intimidating, not because anyone wants to make them intimidating, but I think that it could feel really, really daunting. So working out, how do we support people ahead of that? And how do we make it feel okay to go into it will be really important as well.

Kayley Hignell: [01:18:52] Just to add in there, we run the witness service for the UK, and have advisors who are incredibly experienced in how to support people in that setting, which has a similar level, if not more intimidation level, or higher intimidation level. So I'm quite happy to put you in touch with those advisors and their team leaders, if that's helpful.

Samantha Edwards: [01:19:18] That would be incredibly helpful. Yes.

Right. As if by magic, and I wish I could claim it was really chairing by me but it almost feels like we've reached the end of four questions. And I believe that we're all getting moved into the other room at 11.30. So that might happen over the next minute or so. Thank you so much. I've got some really, really thorough notes. I will do my best to provide an appropriate summary back to everyone so that I can make sure that I haven't left anything huge out, but you know, feel free to pop your hand up if you think that I've not quite represented something. But if I don't mention something, we have taken the notes, we do have the transcript, and it all does feed into the consultation. I know that Luke and Peter have been typing away furiously to take notes, which we've done for all of our meetings.

So I suppose while we're waiting for the magic shift to happen, is there anything final people would like to add before we move? Are there any other questions I can try and answer about the Inquiry as well? Kayley.

Kayley Hignell: [01:20:47] I was just going to ask whether the legislative approach is, in and of itself, something that you're looking at. We mentioned earlier about the challenges of things like the sunset clauses and the approach taken there. And I know it's in earlier on public health, but just generally, if you look across all of the spans of regulations that had to change and then the idea of having a central act that then had a sunset clause, I wonder whether that would kind of come into it. It's more of a secondary issue, but...

Samantha Edwards: [01:21:31] Okay. Thank you. Great question. But I don't know.

Kayley Hignell: [01:21:36] It's a nightmare question. Sorry.

Samantha Edwards: [01:21:39] It's a tough one. Yeah. All right. So hopefully you've got a little notification that the breakout rooms will close, so if you want to return to the main session. We'll reconvene there.

[END OF TRANSCRIPT]