Witness Name:
Statement No.:
Exhibits:
Dated:

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MR HETAN SHAH

I, Hetan Shah, on behalf of the British Academy, will say as follows: -

1. The British Academy is the UK's national academy for the humanities and social sciences. It was established by royal charter in 1902. The Academy is a registered charity, number 233176. The Academy is a fellowship of outstanding scholars and distinguished researchers; it is a community for everyone engaged in the humanities and social sciences; and it is a funder, supporting research and working for the benefit of the public.

2. Our purpose is to deepen and share understanding of people, societies and cultures across time and place, enabling everyone to learn, progress and prosper. We achieve this purpose by mobilising the humanities and social sciences to understand the world and shape a brighter future. Today's complex challenges can only be addressed by deepening our insight into people, cultures and societies across time and place. The complicated effects of Covid-19 pandemic on people are a prime example. We therefore invest in researchers and projects across the UK and overseas to create new knowledge and insights, we engage with the public in fresh thinking and debates, and we bring together scholars, government, business and civil society to influence policy for the benefit of everyone.

A note on the context through which our evidence should be interpreted

3. The British Academy has long provided independent evidence and insights to enlighten the context, meaning and practicalities of challenges in public policy, education, skills and research. Many of our previous policy projects and programmes have provided insights that could support better planning and preparedness. Our *Cohesive Societies* programme, for instance, which ran from 2017 to 2020, examined how societies could remain cohesive in the face of rapid political, social, economic and technological change. Our *Governing England* programme, established in 2016, highlighted issues in the multi-level governance structures in England following constitutional changes since devolution, which influence the effectiveness these governance structures in planning for and responding to crises. Our *Where we live now* programme in 2017 identified issues with the UK government's 'place-blind' approach to many areas of policy and advocated a more place-sensitive approach to policymaking and the delivery of critical services, including those focused on community support, health and wellbeing, social security, and education to ensure better responsiveness, effectiveness and integration.
4. The Academy's past policy programmes, prior to 2020, were not directly aimed at influencing the government's approach to emergency and pandemic planning and preparedness, but they have produced important findings and recommendations that, if taken up by governments, would have, in our view, improved the preparedness for the pandemic and made communities more resilient to its effects. Our evidence for this is set out in the subsequent sections.

Evidence on the importance of humanities and social sciences to the UK's emergency pandemic planning, preparedness and resilience

5. The British Academy believes that humanities and social science disciplines are essential for wider and deeper understanding of complex situations and challenging standardised responses. The Academy also believes that early integration and continuous use of a wider range of humanities and social science research and insights would have improved the UK's pandemic preparedness and planning.
6. However, in pandemic preparedness and planning, humanities and social science evidence and advice is still often confined to narrow policy and operational fields, such as 'community engagement' and 'risk communication'. There are instances,

outlined below, where other key humanities and social science expertise has seemed, based on our awareness, to have been omitted by government in relation to the country's planning, preparedness and resilience. The British Academy believes that this may have, subsequently, weakened the country's planning, preparedness and resilience.

7. The British Academy first directly engaged with the issue of pandemic preparedness in a workshop organised with the Wellcome Trust on 20 January 2020. Prior to this, the Academy had not provided any specific evidence or advice to government on emergency pandemic planning, preparedness and resilience, though as stated in paragraphs 3 and 4 above, the Academy had worked on a range of policy programmes that would have provided governments with useful insights that may have indirectly supported good practice in these areas.
8. The pandemics workshop on 20 January 2020 was planned as part of a series of events convening researchers, policymakers, and health professionals to discuss relevant health policy issues with the help of insights from the humanities and social sciences. The topic of pandemics had been agreed prior to the emergence of Covid-19 in China. Senior civil servants from the Department for Health and Social Care and the Department for International Development were in attendance at the workshop, including senior officials from NHS England and the World Health Organization.
9. The discussion at the workshop highlighted how the humanities and social sciences can provide key insights to help to improve pandemic preparedness and response. For instance, participants discussed how anthropology and other social sciences bring to the fore aspects of social complexity that may not be considered in more straightforward or standardised models of pandemic response. The Ebola Response Anthropology Platform was cited as a good example, which was set up to integrate anthropological research and local knowledge around a range of issues from burial practices to the politics of distrust into response work. Work also continues through platforms such as 'Social Science in Humanitarian Action', funded by Wellcome, DFID, UNICEF and others, to mobilize and disseminate the social science and humanities at a local level.[1]

[1] British Academy (2020) 'Pandemics Workshop. Discussions at a British Academy & Wellcome workshop on Monday 20 January 2020' [HS/04 – INQ000137297]

10. The examples above show how humanities and social sciences are being used effectively in international development. However, the social sciences and particularly the humanities, can still be overlooked or sidelined in domestic policy discussions around pandemics. There have been missed opportunities in which the valuable insights of the social sciences and humanities could have been taken up by government in relation to pandemic preparedness and response, and this is true of both past pandemics and Covid-19.[2]
11. On 26 March 2020, the Government Office for Science shared, on behalf of the GCSA, a draft version of the 'science plan for Covid-19' [HS/14 – INQ000137307] and asked the Academy to give 'input on any major issues' that should be included in the plan. The Academy responded the same day with its comments, as requested.
12. The Academy was concerned that the original draft of the 'science plan for Covid-19' had a section that was too narrowly focused on 'behavioural science' and ignored all other social science. The Academy included additional questions for social science that it felt ought to be considered. These included questions of how to respond to mental health issues that might emerge from measures taken to control the virus, how to redeploy spare capacity and skills within the labour market and the retired population, and, crucially, examining where the pandemic will have differentiated effects upon particular groups, including those on low incomes, those unable to work from home, the elderly, women, and children.
13. The Academy was sent a final document, titled 'Science for Covid' [HS/13 – INQ000137306] for reference on 7 April 2020. This document did not contain any of the Academy's suggested changes. Many of the questions that our Fellowship deemed important, and were suggested to government, pointed to key issues that were experienced during the pandemic, such as differentiated effects on vulnerable groups, labour and skills shortages, changing work and social practices. Nowhere in the final document shared with the Academy were there questions about the impact of, and effect on, pre-existing inequalities.
14. The final document also displayed a misunderstanding of the scope of what behavioural science could answer, as it included questions under the 'behavioural science' section such as 'What will be the short-, medium- and long-term impact

[2] British Academy (2020) 'Pandemics Workshop. Discussions at a British Academy & Wellcome workshop on Monday 20 January 2020' [HS/04 – INQ000137297]

of the wider social changes required on, for example, crime, the legal system and education?' which are clearly not just questions of human behaviour but require wider social science and humanities insights.

15. A key part of this important set of disciplinary insights that support preparedness and planning is the use of historical evidence. A workshop in our *Shape the Future* series, held on 3 July 2020, explored how we can learn from – and not forget the lessons of – plagues, pandemics and crises through the lens of history. Participants raised concerns that historians with expertise in outbreak control and endemic disease were not involved in government advisory committees in the initial response to COVID-19. It was argued that ensuring this representation may have avoided any delays around localised track and trace and planning.[3]
16. In its report *Shaping the Covid Decade*, the Academy highlighted how 'decisions should be made with hindsight of past successes and failures, and a widely held knowledge of history, with effective transfer of knowledge of what works, and the lessons learned from what does not.'[4] It is apparent that the UK government did not necessarily take on board important historical lessons from past health crises, including the Swine Flu pandemic of 2009. Health historians have pointed out that planning for how to move from the containment stage during the Swine Flu pandemic was hindered by a lack of local knowledge in the decision-making process and confusion between the different agencies with responsibilities for public health. While reforms were made in 2012 and 2013 to give local government more control over public health decisions, evidence suggests that discoordination similar to that of the past continued in the initial stages of the Covid-19 pandemic, particularly in the social care response.[5] Similarly, dealing with the extreme shortage of PPE should have been one of the key 'lessons learned' from previous epidemics such as SARS, where there had been a similar worldwide shortage of protective masks, gloves and respirators, yet the historical insights on the difficulties in managing priorities and trade-offs relating to PPE may not have been adequately considered in emergency preparedness and planning prior to the

[3] British Academy (2020) 'Appendix 19: Plagues, pandemics and crises in the lens of history: roads to recovery', *Journal of the British Academy*, 8, 253–256 [HS/11 – INQ000137304]
[4] British Academy (2021) *Shaping the Covid Decade* [HS/05 – INQ000137298]
[5] British Academy (2021) *The Covid Decade* [HS/06 – INQ000137299]

Covid-19 pandemic.[6] Both examples relate to knowledge that a health historian would have been well-placed to provide to government, had such expertise been sought and, ideally, permanently built in to advisory structures of government.

Evidence on the impact of cuts to public funding on the UK's emergency pandemic planning, preparedness and resilience

17. The Academy's exploration into the impact of the pandemic with experts from our disciplines has also highlighted how key policy agendas of governments since 2010 have impacted on pandemic preparedness and left the country more vulnerable than it may otherwise have been. In particular, we found evidence that cuts to public services, particularly cuts to local public health funding, reduced the resilience of the NHS prior to the pandemic and contributed to the UK's lack of preparedness in facing the crisis.[7] These cuts continued well beyond the period of the Conservative-Liberal Democrat coalition government, with a £700 million real terms reduction in the public health grant - which allocates funding for local authorities to provide local health services - between 2014-15 and right up to the start of the pandemic in 2019-20.[8]
18. Cuts to public funding also severely impacted the wider funding available for investment in local services and social infrastructure: local authority budgets (excluding social care) fell by 32.6% between 2011-12 and 2016-17.[9] Evidence from the early stages of the Covid-19 pandemic suggests that areas with strong community-led infrastructure – which includes 'connected networks of residents, community leadership, trust, relationships with agencies, and access to money' - responded better than those where it was weaker.[10] There are concerns, therefore, that cuts to local funding may have weakened community-led infrastructures that are an essential part of local emergency response and community resilience, leaving certain communities less prepared for crises, whether they be health

---

[6] Royal Society DELVE Initiative (2020) *Economic Aspects of the COVID-19 Crisis in the UK* [HS/12 – INQ000137305]
[7] British Academy (2021) *The Covid Decade,* p.66 [HS/06 – INQ000137299]
[8] British Academy (2021) *The Covid Decade,* p.66 [HS/06 – INQ000137299]
[9] British Academy (2021) *The Covid Decade,* p.66 [HS/06 – INQ000137299]
[10] British Academy (2021) *The Covid Decade,* p.67 [HS/06 – INQ000137299]

related or something different, such as the cost of living crisis or environmental impacts such as flooding.[11]

Evidence of the impact of multi-level governance on the UK's emergency pandemic planning, preparedness and resilience

19. The Academy's evidence has also pointed to issues in multi-level governance structures within the UK which have impacted on the effectiveness of emergency planning and preparedness. The fiscal borrowing and reserved powers settlement for devolved governments was never suitably adapted to account for the flexibility each administration would need to plan for and manage a national emergency within their territory. The Barnett Formula does not provide enough flexibility to ensure devolved administrations can draw on and use the funding required to respond to the unique demographic, social and economic circumstances of each part of the UK. This was made clear by the short-notice decisions and revision of funding by the UK government during the Covid-19 pandemic which constrained planning in devolved administrations.[12]
20. The Academy also highlighted the longstanding tensions between local and central governments as a key barrier to well-coordinated and effective emergency planning and preparedness in its *Covid Decade* reports. The Academy warned that 'a legacy of longstanding and unresolved issues and disagreements over the best models for devolution and decentralisation have undermined policy coherence, particularly in times of crisis.'[13] One of the most important missing pieces in coordinating emergency planning and preparedness in multi-level governance structures has been the lack of local knowledge and information to feed up the channels. Evidence from previous health crises has suggested that local and community knowledge, including knowledge held within local government, is a vital resource in combating and recovering from epidemics.[14] Localisation of evidence and analytical capacity should have been given greater priority in the government's

---

[11] British Academy & Power to Change (2023) *Space for Community: Strengthening our Social Infrastructure* [HS/02 – INQ000137295]; British Academy (2021) *The Covid Decade*, p.67-70 [HS/06 – – INQ000137299]
[12] British Academy (2021) *Shaping the Covid Decade*, p. 22 [HS/05 – INQ000137298]
[13] British Academy (2021) *Shaping the Covid Decade*, p. 20 [HS/05 – INQ000137298]
[14] British Academy (2021) *The Covid Decade*, pp.65-6 [HS/06 – INQ000137299]

approach to emergency planning and preparedness. This would have allowed policymakers to learn better and more quickly from existing knowledge and experience at local levels, something which has been put to good practice in Africa during recent Ebola outbreaks.[15]

Our available evidence on inequalities and vulnerabilities in relation to pandemic planning and preparedness

21. It is not possible to fully determine from our evidence the extent to which the better planning and preparedness by government could have prevented the pandemic from exacerbating existing inequalities, as our focus was on providing advice on how to tackle the ongoing crisis and improve the country's prospects for long-term recovery and future resilience. Nevertheless, it appears reasonable to suggest that the government would have been better prepared to avoid exacerbating pre-existing inequalities and vulnerabilities had it incorporated more research and insights from the range of experts on these issues in the humanities and social sciences. For example, social scientists with expertise in health inequalities and health justice do not appear to have been adequately represented on the expert committees advising the UK Government on pandemic preparedness prior to the Covid-19 pandemic, nor were they prevalent enough on those committees advising the UK Government on its response during the COVID-19 pandemic.
22. The British Academy has looked in some depth at the impact of Covid-19 on pre-existing inequalities and vulnerabilities. Given the extensive expertise of researchers in the humanities and social sciences to explore inequality, the Academy has sought to provide evidence and advice to government and other key actors on these issues. Much of this activity occurred after 20 January 2020 and was focused on decision-making during the crisis, rather than planning and preparedness, but the evidence we have collected has important implications for planning and preparedness as well as lessons learned and it has also uncovered areas where government *should* have been more prepared to consider inequalities and vulnerabilities in relation to pandemics.

[15] Abrams, D. *et al* (2020) *What factors make a community more vulnerable to COVID-19?,* British Academy [HS/01 – INQ000137294]

23. In the Academy's *Lessons for Recovery* paper, published in July 2020, experts pulled together key lessons from previous disasters and emergencies. One of the most prominent of these lessons was:

> *When a major crisis such as COVID-19 occurs, it does not nullify pre-existing problems, such as food insecurity, disempowerment or gender-based violence: these persist and may become exacerbated in its aftermath. The disruptions it creates may also give rise to new forms of stress, quite distinct from the nature of the hazard itself. The impacts of decisions made during crises such as incurring debt to provide food for the family can continue to ripple through a person's life long after the event has finished.*[16]

24. There is an abundance of evidence supporting the point that pre-existing inequalities will not only remain in the event of a crisis, but may also become exacerbated by the crisis. This means that some groups and some geographical areas are more vulnerable than others to the impacts of pandemics and associated containment strategies. It seems reasonable, both from the evidence of previous crises and from the way in which inequalities and vulnerabilities affect the implementation and impact of policies in times of relative stability or normality, to have expected government to be better prepared for how to deal with the exacerbating effects of a crisis like Covid-19 on pre-existing inequalities.
25. The findings of the British Academy's report *The Covid Decade* highlighted the impact of the pandemic on three types of inequality. First, the report found evidence of widening spatial inequalities, revealing how existing inequalities between places and regions led to some of the most deprived communities being hit the hardest by the pandemic, and how the importance of existing issues to emergency planning, such as unequal digital access, had been potentially underplayed.[17]
26. Second, the report found that health outcomes for COVID-19 followed patterns of existing health inequalities. The evidence pointed to numerous deficiencies in planning for home and community care infection prevention and control measures,

---

[16] Few, R. *et al* (2020) *COVID-19 crisis: Lessons for recovery*, British Academy, p.6 [HS/10 – INQ000137303]
[17] British Academy (2021) *The Covid Decade* [HS/06 – INQ000137299]

as well as inequalities in the structure and funding of social care provision. The fact that the health service was already under considerable strain prior to the pandemic also contributed to worsened health outcomes for certain more vulnerable groups.[18]

27. Third, the report showed how existing structural inequalities in income and wealth, socioeconomic inequalities in education and skills, and intergenerational inequalities, had been exacerbated by the pandemic and aspects of the government's response to it.[19] The Academy had previously examined these issues in a workshop, chaired by the UK National Statistician, Professor Sir Ian Diamond FBA, on what we know and need to know about the factors affecting the prevalence of COVID-19 in different communities. There was consensus at the workshop on the need for governments to recognise existing structural and health inequalities to address their role as underlying causes of vulnerability.[20] Further research funded by the Academy found that 'tackling broader structural inequalities, strengthening social protection and developing a fair provision of services in partnership with diverse communities can increase community outreach and help build pandemic preparedness.'[21]
28. One key example of the exacerbation of inequalities above is in education and skills, where the closure of schools to all or some pupils as part of Covid-19 containment strategies increased inequalities in educational outcomes. The substantial gap in attainment associated with socioeconomic background was well-known prior to the pandemic and was considered a priority issue by government. There is a considerable and growing literature on the long-observed inequalities in compulsory education as well as the factors which drive it. It seems reasonable to suggest that had such evidence, largely from the social sciences, been considered in emergency planning, more appropriate steps could have been taken to mitigate the risk of compounding existing educational inequalities.[22]

---

[18] British Academy (2021) *The Covid Decade* [HS/06 – INQ000137299]
[19] British Academy (2021) *The Covid Decade* [HS/06 – INQ000137299]
[20] Abrams, D. *et al* (2020) *What factors make a community more vulnerable to COVID-19?,* British Academy [HS/01 – INQ000137294]
[21] British Academy (2022) *COVID-19 Recovery: Building Future Pandemic Preparedness and Understanding Citizen Engagement in the G7,* p.4 [HS/08 – INQ000137301]
[22] British Academy (2021) *The Covid Decade* [HS/06 – INQ000137299]

Our engagement and communication with government on the state of the UK's emergency planning, preparedness and resilience and lessons learned

29. The British Academy did not have, to my knowledge, any direct engagement with government on the state of the UK's emergency planning, preparedness and resilience and lessons learned prior to 21 January 2020. As mentioned earlier, the Academy did hold a workshop on pandemics on 20 January 2020 attended by senior government representatives, and other stakeholders, during which discussions on pandemic preparedness and planning took place.
30. The Academy has engaged with government on questions of resilience and lessons learned since 21 January 2020. A chronology of both direct and indirect engagement with government that may have involved engagement on resilience and lessons learned has been submitted alongside this statement [HS/09 – INQ000137302]. The Academy believes it worthwhile elaborating on some of these below.
31. During 2020, most of the Academy's engagement with government on Covid-19 was through the Government Office for Science (GO-Science) Covid-19 Response Team, the Office of the Chief Scientific Adviser, and the Council for Science and Technology, of which the President of the British Academy is an ex-officio member.
32. Following discussions with the GO-Science Covid-19 Response Team in June 2020, the British Academy agreed to co-organise a workshop with GO-Science on the impact of Covid-19 on vulnerable populations, to be chaired by the UK National Statistician, Professor Sir Ian Diamond FBA. The workshop took place on 23 July 2020 and a summary note of the workshop discussion was prepared by the British Academy and sent to GO-Science.
33. On 2 September 2020, I was involved in a call with Sir Patrick Vallance, the UK Government Chief Scientific Adviser, and our Director of Policy, Dr Molly Morgan Jones during which Sir Patrick asked whether the British Academy would be able to help provide independent insight into the longer-term societal impacts of Covid-19. The Academy agreed that it would attempt to collate available evidence on the long-term societal impacts of the pandemic and report back early in 2021.
34. The British Academy kept in regular contact with Sir Patrick on its progress in examining the long-term societal impacts of Covid-19. On 10 February 2021, The Academy provided Sir Patrick with the first full drafts of its reports *The Covid*

Decade and *Shaping the Covid Decade*. On 16 February 2021, a short call was held between Sir Patrick, Dr Morgan Jones, and me to discuss the first drafts of the reports. On 26 February 2021, the Academy presented the key findings of the reports to the Permanent Secretaries Strategy Seminar. The Academy then briefed the media on the reports through the Science Media Centre on 22 March 2021 before publicly launching the reports on 23 March 2021.

35. A range of further dissemination activities occurred following the launch of the *Covid Decade* reports, some of which involved direct engagement with government. The President of the British Academy and myself also wrote directly to MPs, peers and ministers across the UK and devolved governments on the findings of the Covid Decade reports. Further details of the Academy's engagement with government on the *Covid Decade* reports can be found in the chronology of events [HS/09 – INQ000137302].
36. The Academy believes it had the full support of the Chief Scientific Adviser and his office throughout the *Covid Decade* project.

Further evidence on communication in emergency pandemic response

37. Good communication is of course key to effective emergency response, and the Academy has wider evidence on government communication that it believes may be of value to the Inquiry.
38. A rapid review by the British Academy and the Royal Society on the effectiveness of face masks pointed to the need for 'consistent and effective public messaging' to ensure public adherence of wearing face masks, and that 'conflicting policy advice generates confusion and lack of compliance.'[23] This was known from the evidence of non-pharmaceutical interventions in Canada during the SARS outbreak and from studies of communications in Spain and the UK during the 2009 Swine Flu outbreak.[24] The report also found that lack of clear recommendations

[23] British Academy & Royal Society (2020) *Face masks and coverings for the general public: Behavioural knowledge, effectiveness of cloth coverings and public messaging*, p.1 [HS/03 – INQ000137296]
[24] British Academy & Royal Society (2020) *Face masks and coverings for the general public: Behavioural knowledge, effectiveness of cloth coverings and public messaging*, p.21 [HS/03 – INQ000137296]

and general low uptake of mask wearing in the UK in the early stage of the pandemic were likely the result of a number of factors which included the 'inconsistent and changing advice from supranational organisations (WHO, ECDC) and other nations with variation in policy even within the UK.'[25]

39. The British Academy also examined the quality and quantity of public information and communication during the pandemic and found that, while most people in the UK were well informed about the measures they could take to protect themselves, some groups, such as children, disabled people, and people for whom English is a second language, had varying levels of access to information. The Academy suggested that 'there is an opportunity to build on the lessons learned to create improved, evidence-based, cross-linguistic and cross-cultural health communication, both to improve future pandemic response and to reduce health inequalities.'[26]
40. The Academy's work on the impact of Covid-19 on children found that many children and young people felt they had been 'left in the dark', particularly on information about their education, leaving them with additional stress and anxiety from last minute changes and inconsistent information on exams.[27] This suggests that government ought to have considered more carefully in its planning how to communicate to children and young people during emergencies about the key matters that affect them, such as education. Some have also suggested that the lack of communication and engagement with children was a sign that the UK government was breaking its duties to children under the UN Convention on the Rights of the Child, for which the UK is a signatory.[28] This evidence points to important lessons to be learned on considering the information needs of marginalised groups such as children in future planning and preparedness.

Our available evidence on the lessons that can be learned for future pandemics and whole-system civil emergencies

---

[25] British Academy & Royal Society (2020) *Face masks and coverings for the general public: Behavioural knowledge, effectiveness of cloth coverings and public messaging*, p.2 [HS/03 – INQ000137296]
[26] British Academy (2021) *The Covid Decade*, pp.55-6 [HS/06 – INQ000137299]
[27] British Academy (2021) *The Impacts of Covid-19 on Children and Young People* [HS/07 – INQ000137300]
[28] British Academy (2021) *The Impacts of Covid-19 on Children and Young People* [HS/07 – INQ000137300]

41. Much of the British Academy's policy work since the start of the pandemic has focused on analysing the available research and evidence to provide government and other actors with important lessons for long-term recovery and resilience, and to improve planning and preparedness for future pandemics and emergencies.
42. The most comprehensive of these lessons learned can be found in our reports *The Covid Decade* and *Shaping the Covid Decade*, published in March 2021.
43. In *The Covid Decade*, the Academy outlined nine areas of long-term societal impact for governments to consider and learn lessons from. These are:
    - Increased importance of local communities
    - Low and unstable levels of trust in governance
    - Widening geographic inequalities
    - Exacerbated structural inequalities
    - Worsened health outcomes and growing health inequalities
    - Greater awareness of the importance of mental health
    - Pressure on revenue streams across the economy
    - Rising unemployment and changing labour markets
    - Renewed awareness of education and skills
44. *Shaping the Covid Decade* provided policymakers with seven policy goals for responding to the crisis and ensuring the UK is more resilient to future crises. These are:
    - Build multi-level governance structures based on empowering participation, engagement and cooperation to strengthen the capacity to identify and respond to local needs;
    - Improve the way we develop, share and communicate knowledge, data and information to enable all decision-makers to work from shared understanding of the facts;
    - Prioritise investment in digital infrastructure as a critical public service to eliminate the digital divide, improve communication and joint problem-solving and create a more equitable basis for education and employment;
    - Reimagine urban spaces to support sustainable and adaptable local businesses, amenities and lifestyles;

- Create a more agile, responsive education and training system capable of meeting the needs of a new social and economic environment and acting as a catalyst to develop and enhance our future;
- Strengthen and expand community-led social infrastructure that underpins the vital services and support structures needed to enhance local resilience, particularly in the most deprived areas;
- Empower a range of actors, including business and civil society, to work together with a sense of social purpose to help drive a solid strategy for recovery across the economy and society.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data _____

Dated: __11th April 2023_____