

Witness Name: Lara Wong

Statement No.: 1

Exhibits:

Dated: 3 February 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF Lara Wong on behalf of Clinically Vulnerable Families

I, Lara Wong, will say as follows: -

1. I am writing this statement in response to the UK Covid 19 Inquiry's request dated 3rd January 2023, for evidence under Rule 9 of the Inquiry Rules 2006 in respect of Module 1. I provide this written response on behalf of Clinically Vulnerable Families ['CVF'] led by myself and Dr Cathy Finnis.

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Irrelevant & Sensitive

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Irrelevant & Sensitive

4. CVF is a grassroots organisation; it is not a legal entity and it does not have Charitable status. It was founded in August 2020 before children returned to schools for the first time following their closure towards the start of the pandemic in late March 2020. At that time, parents were told that schools were safe and that *“all children must be in school”*. We were repeatedly told that children did not catch or spread COVID-19 infections but in spite of that CVF remained concerned because those who were clinically vulnerable could be either the child sent out to school or a parent/guardian and/or other persons either taking/collecting a child from a school setting or a person living in the household to which the child would return.
5. The Department for Education [‘DfE’] guidance at the time advised school leaders that clinically vulnerable families were anxious but nevertheless that the best place for children to be was in school. However, clinically extremely vulnerable persons had been shielded between 21st March 2020 and 1st August 2020, including many clinically vulnerable persons more informally. To these families, nothing had really changed in the pandemic, their unaddressed risks remained and consequently they felt exposed with limited options available to them. COVID-19 still represented a significant and serious threat to the life and the health of their families and communities.
6. Shielding was reinstated in November 2020 and then paused in April 2021 and never resumed. CVF, thereafter, extended the offer of support to all clinically vulnerable persons and those who live in clinically vulnerable households, therefore widened its membership and strategy to incorporate the concerns and needs of all clinically vulnerable families in the UK.
7. CVF currently represents those who are Clinically Vulnerable, those identified as Clinically Extremely Vulnerable (before this terminology was retired) and the Severely Immunosuppressed; and those in their households across all four nations with its concentration initially on education but very quickly broadened its focus to other wide-ranging issues such as on healthcare.
8. Our support group is limited exclusively to those in Clinically Vulnerable households. Entry questions are used to determine whether applicants / household

members meet the criteria as outlined in “Covid-19: the green book, chapter 14a” At present, the combined membership and following of CVF is approximately at 40,347 and is continuing to grow. The group have a significant online presence, through which most of their work is achieved and there are approximately 2,361 members of CVF’s private Facebook group, 9,983 Twitter followers and 1,105 Mastodon followers. Each member/follower tends to represent a family/household and we can therefore reasonably assume that CVF’s reach is at least three times the number of actual members and followers to account for multiple occupancy households, hence the estimate of 40,347 members.

9. CVF’s mission is to support, inform and advocate for those in clinically vulnerable households as they face an ongoing threat posed by Covid-19. Our vision is that one day we will have sufficient protections to restore the freedoms of society’s most vulnerable.

10. CVF has multiple aims and these have evolved since its foundation. CVF primarily aim to support, educate, assist, advocate and campaign for clinically vulnerable families in the United Kingdom due to the risks posed by COVID-19. To further understand the work of the group I have set out how CVF fulfils its functions below:

a. Support

CVF’s social media presence grew and was firmly rooted in our 4 core principles:

- I. To be scientific and evidence based;
- II. To provide peer support and practical assistance (i.e drafting letters, helping with other correspondence and communications for their members);
- III. To address mental health needs of members by offering weekly check-ins with members; and
- IV. To operate exclusively for the clinically vulnerable and their households. Through communication with their members, CVF are able to identify and address any additional needs that arise from a members circumstances, such as the need for legal advice and advocacy.

b. Education

- i. Due to my background and that of Dr Finnis, the group are able to offer a variety of resources to help its members and actively share good quality scientific publications, with possible interpretations, to help assist members to access the information, including, but not limited to: sharing how to assess individual risk and advice on how to reduce risk of COVID-19 infection; providing information on eligibility for additional vaccines and antiviral treatment including advice on any processes involved and commonly experienced difficulties; and regular updates on government policy documents relating to clinically vulnerable families.

c. Assist

- i. CVF aims to identify those members with urgent needs and help them by offering peer support. For example, we have helped members access antiviral treatments within the tight timescales of 5 days by providing basic explanations of how to apply as well as helping to make representations to members MPs in some exceptionally challenging cases.
- ii. Using the combined network of the group we support members who have being fined and/or prosecuted for COVID-19 related absences in school, those who are losing their jobs or being made redundant for COVID-19 related reasons.
- iii. CVF have supported people in making requests for risk assessments and reasonable adjustments within school and employment settings.

d. Advocacy and Campaign

CVF are working collaboratively with various other charities and organisations towards common goals, the main ones being:

- I. Clean indoor air;
- II. Reasonable adjustments in schools and in workplaces;
- III. Improved access to treatments;

- IV. Removing barriers to living 'in' society through improving COVID-19 safety protections;
- V. Access to antivirals;
- VI. End to isolation rules;
- VII. Masks in schools;
- VIII. Masks in healthcare;
- IX. Freedom Day concerns including mask wearing;
- X. Safe access to Healthcare;
- XI. Inequalities for children forced out of schools;
- XII. Access to Covid testing;
- XIII. Safe shopping / food deliveries;
- XIV. Covid Orphans;
- XV. Job losses;
- XVI. Choice between education and lives;
- XVII. Stopping the spread;
- XVIII. Masked carriages on trains and buses;
- XIX. Exam conditions risking infections;
- XX. Inequalities for exams;
- XXI. Illegal off-rolling;
- XXII. Reasonable adjustments;
- XXIII. Access to the National Tutoring Programme;
- XXIV. Ghost Children; and
- XXV. Warm Rooms.

11. To date, CVF have driven policy change through various methods. CVF have:

- I. Shared members' case studies with the local and national media;
- II. Developed and maintained strong links with Parliamentarians who have asked questions in Parliament on behalf of CVF;
- III. Taken part in relevant All-Party Parliamentary Groups ['APPGs'], for example, members of the group were invited to take part in the Coronavirus APPG chaired by Ms Layla Moran. This led to a question being asked in the House of Commons about clinically vulnerable people and schools;
- IV. Joined forces with other campaign and educational groups, such as COVID-19 Bereaved Families for Justice, Independent SAGE (for

example, in relation to 'The COVID-19 Pledge' where as a signatory to the pledge we have advocated for the needs of our members and have worked to raise awareness of the pledge directly with companies and by encouraging our members to raise with their employers and other businesses.), Clean Air Classrooms and Long Covid groups. CVF has brought its unique perspective to these collaborations, a perspective which is not available from any other organisation;

- V. Made connections, established awareness, and raised CVF's profile through social media platforms, aiming always for a better future for the clinically vulnerable and their families;
- VI. CVF are stakeholders of the NICE appraisal for Evusheld and have gathered information to contributed to their recent call for evidence.

12. More information about the group and the work that we do can be found by accessing CVF's website at: <https://www.clinicallyvulnerable.org/>

13. There are a number of ways in which CVF engaged with the Government, following its establishment post August 2020, as set out below:

a) UK Government

Letters / emails / phone calls / meetings with government MPs on the following topics:

- i. Shielding
- ii. Impact on quality of life
- iii. Food
- iv. Supermarket slots
- v. Food boxes
- vi. Testing
- vii. Changes to the availability of testing for Covid-19
- viii. How to identify spikes and new variants without testing
- ix. Heath care rationing
- x. Do Not Resuscitate
- xi. Frailty scores
- xii. School issues including:

- Return to the classroom
 - Masks in schools
 - Home education
 - Risks in schools and specific needs of vulnerable families
 - Exam years
 - Fines and prosecutions
 - Online provision
 - Removal of protections for vulnerable children
- xiii. Workplace issues including:
- Risks to clinically vulnerable employees
 - Risk to businesses
 - Lost jobs
- xiv. Mental Health
- xv. Vaccines
- Access
 - Vaccines for children
 - Vaccines for asthmatics (parliamentary question)
 - Authorisation
 - Vaccine only policy
 - Antivirals Access
- xvi. Living with Covid
- Removal of protections e.g. free lateral flows and mask use
 - Legal obligation to protect vulnerable lives
 - Requested Covid control and safety prevention health measures.
- xvii. Evusheld
- Request Approval

A chronology of some of the key interactions with the UK Government concerning the topics above can be provided as follows:

- 30/11/20 Email to: Boris Johnson – petition sent and risks posed to CV parents and teachers in schools
- 30/11/20 Automatic response from Boris Johnson

- 30/11/20 Email to: Kier Starmer - petition sent and risks posed to CV parents and teachers in schools
- 30/11/20 Automatic response from Kier Starmer
- 12/12/20 (date of website blog not of the letter) The Public Interest Law Center (PILC) represented a number of our members and wrote to the government:
- https://www.pilc.org.uk/blog/school-attendance-for-cev-households-in-covid-19/?fbclid=IwAR3e0SmZIX2LZorWRIPoMujXF_DHz9H7t17NO-wFmNc2aehTu1MT0ZHE_Gw
- Briefing note: <https://www.pilc.org.uk/wp-content/uploads/2020/12/20121214-Notice-to-Parents-School-and-Local-Authorities-1-1.pdf>
- 9/12/20 Response available here: https://www.pilc.org.uk/wp-content/uploads/2020/12/20121209-Response-to-PAP-redacted_.pdf
- 02/02/21 - APPG Coronavirus – schools
- 25/02/21 - Layla Moran asked a question in the House of Commons to Gavin Williamson (Education Secretary) regarding one of our members. <https://hansard.parliament.uk/Commons/2021-02-25/debates/0DB48325-8299-4AE9-8E20-3E7FE35D8C2D/EducationReturnAndAwardingQualificationsIn2021#contribution-77CB4EC0-F57E-402E-A531-E52BC8C872B3>
- 11/03/21 Layla Moran met with Nick Gibb (Schools minister) and presented an array of evidence regarding the issues in schools faced by vulnerable families. CVF briefed Layla on this and our members were encouraged to share their stories with her.
- 24/03/21 In an email sent to CVF, Layla told us that in her meeting with Nick Gibb he stated that *"it was wrong to forcibly off roll students that weren't coming to school for CEV/CV relative reasons"*. He suggested headteachers granted a *"leave of absence"*. Again, pointing to an absence with no access to teaching and learning offered to healthy children isolating for Covid related reasons.
- 26/04/21 Phone call to Nick Gibbs parliamentary office during which we explained the situation facing clinically vulnerable families asked to email the same information.
- 26/04/21 Email to: Nick Gibb – detailed risks posed to CV parents and children in schools, withdrawals, fines and prosecutions
- 26/04/21 Automatic response from Nick Gibb.

- 26/04/21 Phone call to: PHE but they only read out govt docs and could not assist.
- 26/04/21 Phone call to: DfE re: masks on Coronavirus helpline. Escalated after a few calls
- 29/04/21 Response – DfE- Quoted Dr Susan Hopkins. "Not advisable for primary school children to wear face coverings." Guidance silently updated later to allow all children to wear masks but CVF was not informed.
- 04/05/21 - Open letter to Secretary of State for Education regarding the need to continue wearing face coverings as a mitigatory measure against Covid in schools - <https://covidactiongroup.net/open-letter-to-secretary-of-state-for-education>
- 07/05/21 Email to: Nick Gibb - Detailing the need for prioritising vaccines for vulnerable children, ongoing risks, parental choice on masks, optional remote education. Request to communicate directly with him or the DfE.
- 29/07/21 Response on behalf of Nick Gibb (DfE) – Masks protect other people not the wearer and primary pupils are less able to wear them, reiteration of the vaccine guidance, headteachers have the discretion to grant a 'leave of absence'.
- 24/01/22 Children's Commissioner – requested meeting regarding attendance and off-rolling
- 24/02/22 Response - Children's Commissioner – Request for further information
- 24/02/22 Response – CVF – Information supplied
- 08/03/22 Response - Children's Commissioner – Unable to meet, due to capacity and priorities
- 05/12/21 Sent to - Nadhim Zahawi – concerns about risks in schools to clinically vulnerable including the different needs of this group, lack of catch up learning via the National Tutoring Programme, fines and prosecutions, Covid orphans, request for remote / hybrid learning. Request for a meeting.
- 05/12/21 Nadhim Zahawi – Automatic response
- 11/01/22 Response - Robin Walker – repeated government guidance
- 01/02/22 Response - Nadhim Zahawi – repeated government guidance and could not arrange a meeting due to diary.
- 20/06/22 Schools Bill – CVF briefing note supplied case studies:
 1. Amendment 97: 20 Jun 2022: House of Lords debates - TheyWorkForYou
 2. Debate: Schools Bill [HL] - 20th Jun 2022 Baroness Brinton extracts from Schools Bill [HL] (20th June 2022) (paralleparliament.co.uk)
 3. Schools Bill [HL] - Hansard - UK Parliament

- Good Law Project worked with CVF to clarify DfE guidance regarding vulnerable households. GLP received a letter from the government reiterating that a 'leave of absence' could be granted by headteachers in 'exceptional circumstances'.

Timeline below:

1. 10/09/21

<https://goodlawproject.org/update/unlawful-school-covid-guidance/>

2. 12/10/21

<https://goodlawproject.org/update/schools-must-support-cev-families/>

3. 12/11/21

<https://goodlawproject.org/update/cev-families-school-attendance/>

4. 01/12/21

<https://goodlawproject.org/update/mixed-messages-cev-school-absence/>

5. 03/12/21

<https://goodlawproject.org/update/education-secretary-cev-children/>

6. 11/12/21

<https://goodlawproject.org/update/education-secretary-cev-guidance/>

b) Scottish Government

Letters / emails / phone calls / meetings with government MPs on the following topics:

- I. Schools
- II. Safety measures
- III. Vaccines and access in hospitals for long term patients (led to parliamentary question)
- IV. Antivirals and widening access
- V. COVID-19 Recovery Committee 17th Meeting 2022 (Session 6), Thursday 23 June 2022 COVID-19: communication of public health information.
- VI. Written evidence in support of oral evidence session 23 June 2022. Dr Sally Witcher (also a CVF member) p36 <https://www.parliament.scot/~media/committ/3675> and the Minister's response: <https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session->

[6-covid19-recovery-committee/business-items/covid-19-communication-of-public-health-information](#)

c) Welsh Government

Letters / emails / phone calls / meetings with government MPs on the following topics:

- I. Vaccines as Wales had different rules to identify immunosuppressed people for third doses than England
- II. Freedom Day concerns
- III. Masks public transport
- IV. Discussions with Children's Commissioner of Wales on school mitigations, specifically around masking.

14. There are also a number of examples where CVF and its members engaged with APPGs. Examples such as:

a) Our members have submitted evidence to:

- I. APPG Vulnerable Groups to Pandemics
- II. APPG SEND
- III. APPG Coronavirus
 - Financial Impacts – Members submitted information
 - 2 Feb 2021 - Schools (at which 2 of our members invited to attend)
 - Layla Moran MP (chair) subsequently asked a question in the house to Gavin Williamson MP (then Education Secretary) and she then spoke to Nick Gibb MP (then Schools Minister) after calling on us for further evidence.
 - 13 July 2021 - The Impact of lifting Covid restrictions on schools, Long Covid and the Clinically Vulnerable (at which 1 member was invited to attend)

15. CVF also were involved with the following Parliamentary petitions:

- I. <https://petition.parliament.uk/petitions/556586>

- II. <https://petition.parliament.uk/petitions/587194>
- III. <https://petition.parliament.uk/petitions/611884>

16. CVF have published and/or contributed to articles and reports concerning the pandemic for a variety of reasons and these can be found on CVF's website.
17. Local Government did not engage with CVF in respect of their emergency response and preparedness prior to January 2020 because CVF didn't exist at that time, so were unable to do so. However, even if CVF had of existed there is no belief that they would have engaged.
18. CVF is keen to ensure that the Inquiry considers the full impact of the pandemic on the clinically vulnerable, their families and households. Such individuals not only faced but continue to face greater risks to their lives than any other category of person and as such any planning for future pandemics and/or consideration of the public health services needs to do so with the impact on the clinically vulnerable at the forefront of their plans. Through the lived experiences of CVF and its members, their insight into the impact of public policy decisions and subsequent impact upon the clinically vulnerable and their intricate knowledge of the practical effect of the pandemic on the public health service means CVF are in a unique position to offer further assistance during the course of the Inquiry as those experiences are too vast to confine to my witness statement.
19. Through this Inquiry process into the Covid-19 pandemic, lessons need to be learned not just to save lives during future pandemics, or even epidemics but to urgently address the ongoing risk to clinically vulnerable persons and their families and their reintegration into society through improved safety and access to health service provisions to mitigate against their increased and ongoing risk arising out of this pandemic.
20. CVF believe that there are a significant amount of lessons to be learned and we reserve the right to update our position during the course of the Inquiry but at present we feel strongly about the following issues and lessons to be learned:
 - a. There was no consultation with clinically vulnerable groups. There was inconsistency within the UK and regionally when local regulations were

implemented leading to confusion and increasing the risks to the clinically vulnerable.

- b. There was also an appalling lack of communication to those of greater risk.
- c. The ongoing needs of the vulnerable community were not considered from the outset leaving the most vulnerable to fend for themselves under the pretext of 'personal responsibility'.
- d. Inconsistency in use of terminology by the governments which led to confusion.
- e. Devolved Governments were unable to uncouple major decision making from Westminster.
- f. In Wales, letters with guidance for those high risk continued after the UK 'Learning to live with Covid' policy.
- g. To examine the different definitions/terminology that have been used throughout the pandemic as some of the terms such as "clinically extremely vulnerable" have included different groups at different points and indeed has now been replaced by new categories such as "people at higher risk", "people at greatest risk", "severely immunosuppressed" and "people whose immune systems mean they are at higher risk." CVF feels clear and consistent naming convention for at risk groups would likely benefit a future pandemic.
- h. To consider communication around at risk groups and whether individuals were well informed about what at risk group or groups they were included in or removed from during the pandemic.
- i. To consider the decision-making in terms of which conditions and/or treatments meant individuals fell within an at risk group.
- j. To consider the appropriateness of the treatments, mitigations, etcetera, that were applied or not applied to each at risk group.
- k. CVF would like to make clear that in terms of public-health decision making at central government level there should be consideration of the communication messaging at different points of the pandemic and how that impacted on clinically vulnerable individuals, households and families – who have often felt left behind and unprotected.
- l. The position after the official end of a period of shielding needs to be considered. It will also be important to consider the categories included on

the list for shielding and those who were not. Also, the difficulties around obtaining shielding letters and the lack of explanation as to what clinical vulnerability led to an individual receiving a shielding letter.

- m. The impact on children and adults that were asked to shield and their households needs to be carefully considered in any future planning.
- n. The practical difficulties that those who had to shield encountered such as getting food delivered, access to medicines, access to the outdoors (some shielding children will not have had a garden), must be considered along with the psychological impact of shielding and the lack of therapeutic support afterwards as well as how much right an individual or parent/carer should have to decide how to best keep themselves safe should they not wish to be confined to being indoors.
- o. Consideration needs to be given to the social consequences of shielding, and the effect of government guidance. Many vulnerable people are still living restricted lives, staying more often in their homes with no end in sight. Vulnerable people would like to partake in society but public health protections are required in order to reduce their risk profile. Changeable rules around shopping/public transport/theatres etc have left vulnerable people confused and very exposed to the changing rules and the huge effects on their lives.
- p. There are educational issues that clinically vulnerable/clinically extremely individuals and families faced (and continue to face) caused by a lack of planning and preparedness and this needs to be considered.
- q. The timing of lockdowns in terms of vulnerable people not isolating early enough and catching Covid (repeatedly) and the use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings, which was never upgraded to FFP2 minimum as it was in other countries e.g. Germany. Consideration must be given of the 'bubble' system, and particularly guidance for vulnerable people around this.
- r. The Governments need to consider whether the mitigations protected the NHS primarily or lives or whether mitigations were aimed at slowing the spread of the disease within communities or preventing it.

- s. CVF would like to ensure that as part of the consideration of the response of the health and care sector there is consideration of the preparedness and impact on mental health provision for children. young people and adults.
- t. As part of the preparedness of the health and care sector when looking at the development and delivery of therapeutics and vaccines this should include the public health messaging and communication around vaccines, and in particular children's vaccines. This also must include the administrative system set up for the vaccines as for example these were not equipped to offer or record 3rd primary doses of the vaccines (as opposed to a booster) and it did not always flag up family members or carers of immunosuppressed households. Due to variation in the vaccine roll out some who were shielding had to attend large centers far from home. In terms of the delivery of therapeutics – this is a particular area where there are real problems with individuals not being able to access these treatments and a lack of any access to prophylactic antibodies (such as Evusheld - This is not recent, this falls well within the timeframe of the inquiry – Evusheld was available in the USA from December 2021 and the MHRA approved it as safe and effective in 17th March 2022).

Statement of Truth

I, Lara Wong, for and on behalf of CVF, 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**
Lara Wong for and on behalf of CVF

Dated: 03/02/2023