

Tuesday, 18 February 2025

(10.30 am)

Opening introductory remarks by THE CHAIR

MS BLACKWELL: Good morning, my Lady. May I just check that you can see us and hear us?

LADY HALLETT: I can. Thank you very much indeed, Ms Blackwell.

Good morning, everyone. This morning, we begin the first preliminary hearing for our final module, Module 10, the impact of the Covid-19 pandemic on society.

By the time I reach the hearings for Module 10 in early 2026, the Inquiry will have gathered, and I will have heard, a great deal of evidence on the impact of the pandemic and the response to it on society. I will be assisted by that evidence in making my findings and any recommendations in Module 10. However, the evidence gathered to date will not suffice to fulfil my terms of reference.

We have yet to gather, and I have yet to hear, important additional evidence relating to various groups of people specified in my terms of reference. Moreover, where I have heard evidence relating to a specific group, for example, the bereaved, there remain issues that we must explore in greater detail.

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Review, expert material and the instruction of expert witnesses, Rule 9 requests, and Every Story Matters and its role within Module 10.

Fourth, the disclosure process for Core Participants.

Fifth, future hearing dates and next steps.

And sixth, and finally, the submissions received from Core Participants.

There will then be an opportunity for those who have been designated as Core Participants to make submissions if they wish to do so.

My Lady, pursuant to Rule five of the Inquiry Rules of 2006, the following 14 applicants were designated as Core Participants for Module 10. I introduce them and their representatives in no particular order. Covid-19 Bereaved Families for Justice, represented by Ms Stone; Northern Ireland Covid-19 Bereaved Families for Justice, represented by Ms McDermott; Covid-19 Bereaved Families for Justice Cymru, represented by Mr Stanton; Scottish Covid Bereaved, represented by Dr Mitchell, King's Counsel; Clinically Vulnerable Families, represented by Mr Wagner; the Disabled People's Organisations, represented by Ms Beattie; the DA Group, represented by Ms Davies, King's Counsel; Shelter, represented by Mr Westgate, King's Counsel; the Justice Sector

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I shall now ask Ms Blackwell, Ms Kate Blackwell, King's Counsel, to outline the approach the Inquiry team intends to adopt in conducting Module 10 and any issues I need to decide at this stage. I shall then hear from any Core Participants.

Ms Blackwell.

Statement by LEAD COUNSEL TO THE INQUIRY FOR MODULE 10

MS BLACKWELL: Thank you, my Lady. Module 10 of the Inquiry concerns the impact of Covid-19 pandemic on society, as my Lady has already said, with a particular focus on the experiences of key workers, the most vulnerable and the bereaved.

I appear this morning along with the other members of the counsel team, my learned friends Ms Rahman, King's Counsel, Ms Vitte, Mr Phipps and Mr Ndow-Njie.

In accordance with the agenda for today's preliminary hearing, I will address the following six areas:

First, some practical arrangements, and I will address the designation of Core Participants.

Second, the provisional outline of scope for Module 10.

Third, the Inquiry's approach to gathering information and evidence which will include the following: roundtable events, a Systematic Evidence

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Coalition, represented by Ms Munroe, King's Counsel; the Prison and Immigration Detention Advocacy Group, represented by Mr O'Ceallaigh, King's Counsel; the Migrants' Rights Consortium, represented by Ms Moffatt; the Trades Union Congress, represented by Ms Peacock; the Local Government Association, the Welsh Local Government Association, and the Convention of Scottish Local Authorities, represented by Ms Stober; and Mind, represented by Ms Livermore.

A full list of Core Participants in Module 10 and their legal representatives will be published on the Inquiry website in due course.

Turning then to the practical arrangements for today's hearing, the proceedings are being recorded and live streamed to other locations. This allows the hearing to be followed by a greater number of people than would be able to be accommodated in the hearing room, which satisfies the obligation set out in section 18 of the Inquiries Act for my Lady to take such steps as you consider reasonable to ensure that members of the public are able to attend and see and hear a simultaneous transmission of the proceedings.

In addition, as is routine in public inquiries, the broadcasting of this hearing will be conducted with a three-minute delay. This provides the opportunity for

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1 the feed to be paused if anything unexpected is aired --
2 which should not be. We don't expect this to arise over
3 the course of today, but I mention it so that those who
4 are following proceedings from further afield can
5 understand the reasons for any such short delay.

6 I have already set out the names of those
7 organisations which have been granted Core Participant
8 status for Module 10. For those who are either not
9 granted Core Participant status, or for those who did
10 not apply to be a designated Core Participant, I wish to
11 reiterate that not being a Core Participant in no way
12 precludes any person, entity, or group from
13 participating in the following ways: bringing any matter
14 to the attention of the Inquiry; providing the Inquiry
15 with relevant information and evidence; where
16 appropriate, and relevant, giving evidence at a hearing;
17 whereupon receipt of an invitation, attending
18 a roundtable organised by the Inquiry; and in the case
19 of an individual affected by the pandemic, taking part
20 in the Inquiry's nationwide listening exercise, Every
21 Story Matters.

22 My Lady, I will now turn to address the scope of
23 Module 10 and then the evidence gathering and
24 investigation stage that has already begun for the
25 module.

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1 shield for prolonged periods, often in isolation,
2 raising concerns about mental health, loneliness, and
3 access to essential services. Those living in temporary
4 or overcrowded housing or experiencing homelessness
5 encountered particular difficulties in adhering to
6 public health guidance, while victims of domestic abuse
7 were placed at even greater risk due to lockdown
8 measures that made it harder to seek help or escape
9 unsafe environments.

10 The justice system was also significantly affected,
11 with court closures, delays, and restrictions on visits
12 to prisons and immigration detention centres, leaving
13 many isolated in periods of uncertainty.

14 The mental health and wellbeing of the population
15 was also impacted by the pandemic, with effects
16 exacerbated by social isolation, financial insecurity,
17 loss of routine, and fear of the virus.

18 The restrictions on social, cultural and religious
19 life had a deep impact on individuals and communities.
20 The closure of places of worship, community centres,
21 sports facilities, theatres and other cultural spaces
22 disrupted fundamental aspects of social and spiritual
23 life with consequences for mental health, social bonds,
24 and community cohesion.

25 The restrictions on travel, leisure and hospitality,

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1 The provisional outline for scope. The societal
2 impact of the Covid-19 pandemic was profound and far
3 reaching, altering almost every aspect of daily life in
4 the United Kingdom. The pandemic reshaped social
5 interactions, mental health, community cohesion, and
6 access to public services. From the strictest periods
7 of national lockdowns to the gradual reopening of
8 society, individuals and communities faced unprecedented
9 restrictions, hardships and uncertainty, with some
10 consequences that continue to be felt today.

11 There will be few, if any, individuals or groups who
12 were unaffected by the consequences of the pandemic.
13 The challenges extended from key workers who served on
14 the frontline at significant personal risk, to those in
15 communal or institutional settings, who faced severe
16 restrictions on their daily lives. The bereaved
17 families who lost loved funds in exceptionally difficult
18 and often isolating circumstances endured profound
19 grief. For many, this was compounded by the lack of
20 ability to perform their traditional rites of mourning
21 and the lack of social support structures that are so
22 fundamental to the human experience.

23 The pandemic had disproportionate effects on
24 different parts of society. The clinically vulnerable
25 and clinically extremely vulnerable were required to

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1 not only had a significant economic impact but also
2 disrupted the way people engaged with society, family
3 and friends. Many individuals were unable to visit sick
4 or elderly relatives or to travel to, and to attend
5 significant life events or say farewell to loved ones in
6 their final moments. For some, this compounded feelings
7 of grief, loneliness and frustration.

8 However, the pandemic also brought about
9 extraordinary acts of resilience, solidarity and
10 community innovation. Many individuals, organisations
11 and local communities mobilised themselves to support
12 those in need. The role of charities and the voluntary
13 sector more generally was vital in helping those facing
14 financial or social hardship. Communities adapted to
15 maintain social and cultural connections with many
16 moving services online, accelerating digital
17 transformation and providing new ways of connecting.

18 The Inquiry will examine such examples of social,
19 societal adaption and collective resilience, ensuring
20 that any positive lessons learned can also inform the
21 UK's preparedness for future crises.

22 The Inquiry will maintain a focus on the key themes
23 in and issues emerging from the evidence. The impact of
24 the pandemic on society was vast and multifaceted. The
25 wide scope of the module necessitates efficient use of

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1 investigative time to ensure these themes are
2 effectively examined.

3 The provisional outline of scope for Module 10,
4 which has been published on the Inquiry website, in both
5 English and Welsh, states as follows:

6 "Module 10 is the final module of the Covid-19 UK
7 Inquiry and, in accordance with its terms of reference,
8 will examine the impact of Covid on the population of
9 the United Kingdom with a particular focus on key
10 workers, the most vulnerable, the bereaved, mental
11 health and wellbeing. It will investigate the impact of
12 the pandemic and the measures put in place to combat the
13 disease and any disproportionate impact. The module
14 will also seek to identify where societal strengths,
15 resilience, and/or innovation reduced any adverse
16 impact.

17 "Module 10 will therefore examine the pandemic and
18 the measures put in place on the following:

19 "1. The general population of the UK, including the
20 impact on mental health and wellbeing of the population.
21 This will include the community-level impact on sport
22 and leisure and cultural institutions, and the societal
23 impact of the closure and opening restrictions imposed
24 on the hospitality, retail, travel and tourism
25 industries. It will also cover the impact of

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1 The scope remains provisional and will continue to
2 be reflected upon as evidence is received throughout the
3 Module 10 investigation. The Module 10 team is also
4 mindful of other module's investigations that may touch
5 upon issues relevant to the impact of the pandemic on
6 society. This includes, although is not limited to,
7 Module 3, which has dealt with the impact of the
8 pandemic on health care systems; Module 8, which
9 addresses children and young people; and Module 9, which
10 will look at the economic response to the pandemic. The
11 Inquiry teams will continue to work together to avoid
12 any unnecessary duplication.

13 However, whilst the scope remains provisional, to
14 assist Core Participants, we have identified questions
15 that the Inquiry is likely to consider in Module 10.

16 This will be expanded upon in the list of issues which
17 will be circulated ahead of the final hearings for
18 Module 10. These questions include the following:

19 How did the general adult population's mental health
20 and wellbeing change during the pandemic?

21 What were the risk factors for the development of
22 mild to moderate anxiety and depression, and were there
23 any protective factors?

24 Were there inequalities in terms of the impact
25 within and between different demographic groups?

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1 restrictions on worship, resulting from the closure and
2 reopening of places of worship.

3 "2. Key workers, excluding health and social care
4 workers but including those working in the police
5 service, fire and rescue workers, teachers, cleaners,
6 transport workers, taxi and delivery drivers, funeral
7 workers, security guards and public-facing sales and
8 retail workers. It will cover the impact of
9 implementing government decisions, any inequality in the
10 impact of interventions, including lockdown, testing and
11 workplace safety, and any inequality on the impact on
12 health outcomes, such as infections, mortality and
13 mental and physical wellbeing.

14 "3. The most vulnerable, including those outlined
15 in the Inquiry's equality statement, as well as the
16 clinically vulnerable and clinically extremely
17 vulnerable. It will include the following topics:
18 housing and homelessness, safeguarding and support for
19 victims of domestic abuse, those within the immigration
20 and asylum system, those within prisons and other places
21 of detention, and those affected by the operation of the
22 justice system.

23 "4. The bereaved, including restrictions and
24 arrangements for funeral and burials and
25 post-bereavement support."

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1 What were the changes in symptoms during the
2 pandemic for individuals with severe mental health
3 conditions, including those in communal and
4 institutional settings?

5 Was there a treatment gap in providing services to
6 people with diagnosed and severe mental health
7 conditions?

8 What was the impact of the pandemic on physical
9 activity levels of the population?

10 What were the consequences of closures and
11 restrictions on sports, leisure and cultural
12 institutions?

13 How did the closure and reopening of places of
14 worship affect religious practices, and how did faith
15 groups and places of worship adapt to the changes brought
16 about by the pandemic?

17 What was the societal impact of the closure and
18 reopening restrictions on the hospitality, retail,
19 travel and tourism industries?

20 Were key workers disproportionately impacted by the
21 pandemic in terms of infections, mortality rates and
22 physical and mental health outcomes?

23 What was the impact of increased workloads, staff
24 shortages, and having to isolate from family members on
25 the general wellbeing of key workers, and were there

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1 disparities in that impact across different key worker
2 groups and different demographic groups of key workers?

3 What was the impact of the pandemic and measures put
4 in place on the most vulnerable in society, including
5 the impact on access to support services?

6 What was the impact of the pandemic on the bereaved,
7 including access to support services for the bereaved,
8 and which innovations or changes in practice which
9 emerged during the pandemic, if any, could inform future
10 pandemic responses?

11 The Inquiry is grateful for the additional questions
12 and issues suggested by Core Participants in their
13 written submissions. These contributions, informed as
14 they are by Core Participants' expertise and the lived
15 experience of their memories, are invaluable in shaping
16 the Inquiry's approach.

17 I would like to clarify that the questions which
18 I've just outlined are intended to provide only
19 an illustrative list of issues that Module 10 is likely
20 to consider, rather than an exhaustive list. As the
21 Inquiry's work progresses, this list will be developed
22 and expanded to ensure that Module 10 comprehensively
23 addresses the full range of relevant matters. The
24 Module 10 team have carefully considered and will
25 continue to consider the submissions of Core

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1 The Inquiry remains committed to a thorough and
2 inclusive investigation within the scope of Module 10.
3 Core Participants' contributions continue to be
4 a crucial part of this process, and the Inquiry looks
5 forward to engaging further on the issues that fall
6 within the module's remit.

7 My Lady, a number of costs have provided detailed
8 written submissions regarding the provisional outline of
9 scope for Module 10, and these submissions reflect the
10 breadth of issues covered within this module and the
11 importance of ensuring that all aspects of societal
12 impact are thoroughly investigated. The Inquiry has
13 carefully considered these submissions and will continue
14 to do so. In many instances, they align with the
15 Inquiry's planned approach. Some submissions raise
16 points of clarification or refinement, while others
17 advocate for additional areas of investigation.

18 The Inquiry is mindful that Module 10 serves as the
19 final module of the Inquiry and, as such, Core
20 Participants have expressed a showing desire to ensure
21 that any gaps are addressed before the conclusion of the
22 Inquiry's work. Given the breadth of issues raised, it
23 is not practical to address all points of detail today.
24 However, I will highlight the most significant themes
25 and concerns emerging from the Core Participants'

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1 Participants on key issues and, where appropriate, they
2 will be incorporated into areas for investigation.

3 It is, however, important to also clarify that some
4 of the proposed questions and issues, so far suggested,
5 fall outside the provisional scope for Module 10 and are
6 therefore unlikely to be included in this module's
7 investigation, for example decision-making processes.

8 Some submissions suggest questions that relate to
9 the decision-making process within government, how
10 decisions were made, whether they were appropriate and
11 whether certain contains should have been made
12 differently. This falls outside of the scope of
13 Module 10, which will not address decision making but
14 rather focus on the impact of restrictions on the
15 general population.

16 Issues beyond the relevant period of investigation.
17 Some submissions raise issues that extend beyond the
18 timeframe covered by Module 10, and therefore are
19 unlikely to be included within this module's scope.

20 And the impact on children and young people. Where
21 questions relate specifically to the impact of the
22 pandemic on children and young people, these will also
23 fall outside the remit of this module, given that the
24 Inquiry has a specific module considering children and
25 young people. That is Module 8.

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1 submissions, each of whom will, of course, have the
2 opportunity to expand on their positions during their
3 oral submissions today.

4 So, first, the effect of the pandemic and lockdown.

5 The DA Group has submitted that the Inquiry's
6 framing of its investigation should explicitly recognise
7 that the pandemic and lockdown were distinct events,
8 each contributing to harm in different ways. They argue
9 that lockdown was not simply an inevitable byproduct of
10 the pandemic but was a policy decision that had its own
11 distinct and measurable effects on individuals and
12 communities.

13 The Inquiry recognises that the pandemic and the
14 measures implemented in response to it, such as
15 lockdowns, must be examined together. However, as
16 lockdowns were a consequence of the pandemic, my Lady
17 may consider that the existing language of the
18 provisional outline of scope, which refers to the
19 "impact of the pandemic" and the "measures put in place
20 to combat the disease" sufficiently encapsulates this.
21 Nonetheless, should the investigation reveal that
22 a clearer distinction is necessary, this could be
23 reflected.

24 Long-term and ongoing effects of the pandemic.

25 Several Core Participants, including the Prison and

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1 Immigration Detention Advocacy Group, Clinically
2 Vulnerable Families and the Trades Union Congress, have
3 urged the Inquiry to extend its examination beyond the
4 immediate pandemic period to include the ongoing,
5 long-term impact of Covid-19. They have emphasised the
6 need to consider the following: the lasting effects of
7 Covid-19 on the prisoner state and immigration
8 detention; the long-term health, employment and
9 financial consequences for clinically vulnerable people;
10 and the disproportionate and enduring impact of long
11 Covid, particularly on key workers.

12 The Inquiry's terms of reference state that it will
13 examine, consider and report on preparations and the
14 response to the pandemic in England, Wales, Scotland and
15 Northern Ireland, up to and including the Inquiry's
16 formal setting update, which was 28 June 2022.

17 However, Module 10's focus on impact may include
18 an assessment of the likely impact which may extend
19 beyond the above date, for example, in relation to
20 ongoing or long-term impact.

21 Mental health and wellbeing.

22 The Inquiry's focus on mental health in Module 10
23 has been positively received by Mind, the Disabled
24 People's Organisations and the DA Group. These
25 organisations have requested that the investigation

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1 being confined to a single section. This has already
2 been considered in the design of the information and
3 evidence gathering process for Module 10 and, therefore,
4 my Lady may consider that the current framework is
5 flexible enough to capture these concerns.

6 Economic impact.

7 The DA Group has urged the Inquiry to consider the
8 economic effects of the pandemic, particularly on those
9 in casual, insecure or informal employment, and those
10 who experienced an increase in debt. The economic
11 response to the pandemic is primarily within the remit
12 of Module 9 but, that being said, Module 10 recognises
13 it is inevitable that information will be received that
14 touches upon the economic and financial impacts of the
15 pandemic.

16 With respect to key workers, this will likely
17 include the financial impact on key workers, including
18 issues related to sick pay, furlough and wages, to the
19 extent that these impacted on the wellbeing of key
20 workers. In light of this, your Ladyship may consider
21 that the existing scope sufficiently addresses economic
22 hardship within the context of key workers.

23 On to key workers themselves.

24 Whilst the provisional outline of scope includes
25 teachers, police, fire and rescue workers, cleaners,

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1 explicitly examines community mental health services and
2 not just hospital-based services; the impact of the
3 pandemic on all mental health conditions, rather than
4 just severe mental health conditions, be addressed; that
5 the proportionate impact of the pandemic on disabled
6 people's mental health is specifically considered; and
7 that the Inquiry assess how the provision and
8 accessibility of mental health care changed during the
9 pandemic.

10 The Inquiry has already sought expert evidence
11 regarding the operation of mental health services at all
12 levels, including community-based care, and the systemic
13 evidence review will also consider disparities in mental
14 health outcomes between demographic groups. Given this,
15 my Lady may consider that the Inquiry remains committed
16 to fully exploring these issues.

17 The general population, integrating the experiences
18 of disabled and clinically vulnerable people.

19 The Disabled People's Organisations and Clinically
20 Vulnerable Families, have expressed concern that the
21 experiences of disabled and clinically vulnerable people
22 should not be treated as separate from the general
23 population. The Inquiry recognises that issues of
24 disability and clinical vulnerability must be fully
25 considered throughout the investigation, rather than

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1 transport workers, taxi and delivery drivers, funeral
2 workers, security guards and public-facing retail
3 workers, several Core Participants have argued that this
4 list does not fully capture the breadth of key workers
5 who ensured society continued to function during the
6 pandemic. Amongst, others, it has been suggested that
7 the provisional scope ought to be updated to explicitly
8 include homelessness services workers, as suggested by
9 Shelter; early years and educational workers, rather
10 than just teachers; and logistics and delivery workers,
11 rather than just delivery drivers, as suggested by the
12 Trades Union Congress.

13 My Lady, the list of key workers explicitly listed
14 in the provisional outline of scope is not intended to
15 be exhaustive. As a result, my Lady may reasonably
16 consider that no further refinements are necessary. The
17 fact that a key worker is not explicitly listed in the
18 provisional outline of scope does not mean they will not
19 be considered in the module's investigation. Several
20 Core Participants have pointed to significant
21 disparities in how different groups of key workers
22 experience the pandemic, and have highlighted key
23 concerns which warrant consideration when considering
24 the impact on key workers. The Inquiry is grateful for
25 these submissions and will take these considerations

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1 into account.

2 The most vulnerable.

3 Several Core Participants have made submissions
4 regarding the categorisation of "the most vulnerable",
5 in particular, the Disabled People's Organisations has
6 cautioned against treating vulnerability as an inherent
7 characteristic, rather than something shaped by social,
8 economic and political factors. Shelter has urged the
9 Inquiry to fully consider the impact of poor housing
10 conditions, particularly overcrowding. The Migrants'
11 Rights Consortium has requested express confirmation
12 that all migrants, not just those within the formal
13 immigration and asylum system, will be considered.

14 The Inquiry's evidence-gathering strategy for this
15 module has included consideration for disparities in
16 vulnerability to be explored, including those arising
17 from housing disability and immigration status. There
18 is also no intention for the impact of the pandemic on
19 undocumented migrants to be expressly excluded from the
20 module's consideration, although we recognise that
21 obtaining reliable information in this regard may prove
22 challenging.

23 In light of this, amendments to the provisional
24 scope to reflect these submissions are not proposed at
25 this stage, but the Inquiry will continue to take these

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1 material, Rule 9 requests, and Every Story Matters.
2 Careful consideration will be given to which method or
3 methods of investigation are appropriate for each aspect
4 of the module's scope.

5 Roundtables. These are a core part of the Inquiry's
6 information-gathering strategy for Module 10. These
7 sessions are one of the methods being deployed to enable
8 a diverse range of organisations to provide their
9 perspectives on the societal impact of the pandemic.

10 A total of nine roundtables are planned, with the
11 first being held this month, and the final roundtable
12 due to take place in June of this year. The roundtable
13 events will cover the following topics:

14 The Faith Groups and Places of Worship Roundtable
15 will examine the experiences of religious institutions
16 and faith communities due to closures and restrictions
17 on worship and adaptations during the pandemic.

18 The Key Workers Roundtable will hear from
19 organisations representing key workers across a wide
20 range of sectors about the unique pressures and risks
21 they faced during the pandemic.

22 The Domestic Abuse Support and Safeguarding
23 Roundtable will engage with organisations that support
24 victims and survivors of domestic abuse to understand
25 how lockdown measures and restrictions impacted access

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1 considerations into account in the implementation of its
2 evidence-gathering process.

3 And finally on this topic, lessons learned and
4 innovations. Several Core Participants, including the
5 Trades Union Congress, Shelter, and the Disabled
6 People's Organisations, have stressed the importance of
7 ensuring Module 10 is not solely retrospective but also
8 identifies positive lessons from the pandemic.

9 This perspective is welcomed. As outlined in the
10 provisional outline of scope, Module 10 will seek to
11 identify societal strengths and resilience that
12 mitigated harm, and the Inquiry remains committed to
13 ensuring that positive lessons from the pandemic are not
14 overlooked.

15 So I turn now, my Lady, to deal with the Inquiry's
16 approach to gathering information and evidence.

17 We are committed to conducting an evidence-based
18 investigation into the societal impact of the pandemic.
19 This work will involve gathering information and
20 evidence from a wide range of sources to ensure that the
21 experiences of individuals, communities, and
22 organisations, are fully captured.

23 As outlined earlier, the information gathering and
24 evidence-gathering processes will include the use of
25 roundtable events, a Systematic Evidence Review, expert

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1 to support services and their ability to provide
2 assistance to those that needed it the most.

3 The Funerals, Burials and Bereavement Support
4 Roundtable will explore the effects of restrictions on
5 funerals and how bereaved families navigated their grief
6 during the pandemic.

7 The Justice System Roundtable will address the
8 impact on those in prisons and detention centres and
9 those affected by court closures and delays.

10 The Hospitality, Retail, Travel and Tourism
11 Industries Roundtable will engage with business leaders
12 to examine how closures, restrictions, and the reopening
13 measures impacted these critical sectors.

14 The Community-Level Sport and Leisure Roundtable
15 will investigate the impact of restrictions on
16 community-level sports, fitness and recreational
17 activities.

18 The Cultural Institutions Roundtable will seek to
19 investigate the effects of closures and restrictions on
20 museums, theatres and other cultural institutions.

21 And finally, the Housing and Homelessness Roundtable
22 will explore how the pandemic affected housing
23 insecurity, eviction protections, and homelessness
24 support services.

25 Each roundtable will be chaired by a senior member

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1 of the Inquiry Secretariat, with discussions facilitated
2 by an external provider to ensure a structured and
3 productive dialogue. A report summarising the
4 discussions will be produced for each roundtable and
5 shared with Core Participants to inform the
6 investigation.

7 Core Participants have generally welcomed the
8 inclusion of roundtable events as a means of gathering
9 information and facilitating discussions among affected
10 groups. However, several Core Participants have raised
11 questions regarding gaps in representation, breadth of
12 topics covered, and the format of discussions.

13 The Inquiry welcomes the feedback on the roundtable
14 events and will reflect on the issues raised.

15 Further, some Core Participants have made
16 submissions about the location and/or accessibility of
17 the roundtable events, which the Inquiry has carefully
18 considered. Having regard to logistics and available
19 resources, the in-person roundtable events are being,
20 where possible, held at Dorland House here in London.
21 Some roundtables will be taking place by remote
22 attendance, and there will be a facility for attendees
23 to participate virtually.

24 The Inquiry will remain mindful of ensuring that
25 voices from across all sectors of society are included

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1 identifying any risk and protective factors for changes
2 and whether there were any disparities in mental health
3 outcomes based on equality characteristics.

4 The key questions that the review will consider are:
5 how did the general adult population's mental health and
6 wellbeing change during the pandemic, if at all,
7 compared to pre-pandemic trends? And: what were the
8 risk and protective factors for changes in mental health
9 and wellbeing during the pandemic, relative to
10 pre-pandemic trajectories?

11 The review will also seek to identify the influence
12 of factors such as:

13 Behaviours or activities that have a positive impact
14 on mental health, such as physical activity levels,
15 participation in cultural activities, and participation
16 in religious worship, and:

17 The relationships between mental health and
18 wellbeing and other characteristics, such as age,
19 disability, sex, race, pregnancy and maternity, gender
20 reassignment, religion and belief, sexual orientation,
21 socioeconomic status, geographical differences,
22 clinically vulnerable and clinically extremely
23 vulnerable, occupation, immigration status, residential
24 status, and other vulnerable populations such as those
25 in prison or those with severe mental illness.

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1 in the investigation for this module and will carefully
2 consider how different organisations can contribute to
3 roundtable discussions or otherwise engage with the
4 investigation.

5 The Systematic Evidence Review.

6 The Inquiry is aware that the topic of mental health
7 and wellbeing in the pandemic has been a very
8 substantial area of scientific inquiry with a large
9 number of studies having been published that cover these
10 topics. The Inquiry is commissioning a Systematic
11 Evidence Review to provide a detailed and comprehensive
12 analysis of the available research on the societal
13 impact of the pandemic insofar as it relates to mental
14 health and wellbeing of the general population.

15 Following a competitive procurement process, the
16 Inquiry has appointed the Centre for Strategic and
17 Evaluation Services to undertake this. They have
18 previously led work for the European Parliament on the
19 socioeconomic consequences of the pandemic, have led
20 a mental health evidence review for the Department for
21 Digital, Culture, Media and Sport, and evaluations of
22 government policies for other departments.

23 The review will compare changes in the mental health
24 and wellbeing of the population during the pandemic
25 against pre-pandemic trends, focusing on UK research and

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1 This systematic review will culminate in a detailed
2 written report which will present the findings of the
3 review, and a copy of this report will be provided to
4 Core Participants.

5 Core Participants broadly support the Systematic
6 Evidence Review as a means of gathering research on the
7 impact of the pandemic on mental health and wellbeing.
8 A number of Core Participants have made suggestions
9 about the areas of potential inclusion regarding the
10 Systematic Review for Module 10, and these will be given
11 careful consideration.

12 Some of these are as follows: the DA Group suggests
13 that the Systematic Review should include published
14 research on the effects of the pandemic and lockdown on
15 both victims and survivors of domestic violence and the
16 effects on their mental health of those victims and
17 survivors. In addition, the DA Group requests that
18 research into the disproportionate impact on black,
19 minoritised and migrant victims and survivors, including
20 their access to health care, be incorporated.

21 The DA Group also makes submissions that the
22 Systematic Review ought to include research into access
23 to domestic abuse services and any increased demand on
24 such services, including access to healthcare, housing
25 services, police responses to domestic abuse, and the

28

1 accessibility of the justice systems, both during and
 2 after the pandemic.

3 The submissions from the Justice Sector Coalition
 4 request that the Systematic Review should include
 5 consideration of the following: the effects on lack of
 6 access to justice, particularly in the aftermath of
 7 lockdown; the effects of the lack of legal aid; key
 8 workers and effects on mental health; the amount of
 9 unrepresented people in all courts and immigration
 10 tribunals; the increased demand post-lockdown on
 11 immigration, civil and family services, if any; the
 12 disconnection from support services and social
 13 isolation; the reality of insufficient data collected by
 14 the Home Office and the Ministry of Justice on these
 15 issues, and the shift to remote hearings and the impact
 16 of those who are digitally excluded or have data
 17 poverty.

18 The Prison and Immigration Detention Advocacy Group
 19 makes submissions that a Systematic Evidence Review be
 20 considered in the context of both prisoners and people
 21 in immigration detention who ought to be among the
 22 demographic groups that are identified for
 23 consideration. They also suggest that the position of
 24 those incarcerated be considered when assessing the
 25 impact of the pandemic on physical activity and the lack

29

1 have already been considered as part of our work to date
 2 and, if not, how they might inform the evidence
 3 gathering of this module.

4 Turning to expert material and the instruction of
 5 expert witnesses.

6 Module 10 has commenced the process of identifying
 7 the areas where expert evidence is likely to be of
 8 assistance. This process naturally benefits from early
 9 discussion with possible experts and such discussions
 10 will help to ensure that any eventual reports are
 11 comprehensive.

12 The Inquiry is currently engaging in such
 13 discussions with those whose expertise enabled them to
 14 consider the disproportionate impact of the pandemic on
 15 people from a range of specific, sociodemographic
 16 backgrounds.

17 Module 10 has instructed two psychiatric experts,
 18 Professors Jayati Das-Munshi and David Osborn to produce
 19 a joint expert report. Professor Das-Munshi is
 20 a professor of social and psychiatric epidemiology at
 21 King's College London and an honorary consultant liaison
 22 psychiatrist. Her work focuses on mental health
 23 inequalities. Professor Osborn is a Professor of
 24 psychiatric epidemiology at UCL and his work focuses on
 25 the interface between mental health and physical health.

31

1 of access to support services.

2 And the Covid Bereaved Families for Justice UK and
 3 Northern Ireland invited the Inquiry to provide Core
 4 Participants with further information as to the criteria
 5 for this process and the nature of the expertise that is
 6 sought.

7 We are grateful to all the submissions made by Core
 8 Participants regarding the Systematic Evidence Review.
 9 The Inquiry recognises the value of ensuring that the
 10 Systematic Evidence Review is as comprehensive as
 11 possible while remaining manageable and methodologically
 12 robust.

13 The Systematic Review is intended to be an expansive
 14 piece of research as the Inquiry acknowledges the vast
 15 amount of available data regarding the impact of the
 16 pandemic and restrictions on the wellbeing and mental
 17 health of the population. While it is not practical for
 18 Module 10 to carry out a similar Systematic Evidence
 19 Review on all the topics within the provisional outline
 20 of scope, other topics will be examined via other
 21 methods in line with our information and
 22 evidence-gathering strategy for this module.

23 Where Core Participants have identified or referred
 24 to other available research in their submissions, the
 25 Inquiry will carefully consider the extent to which they

30

1 The Inquiry has already identified number of expert
 2 reports produced in previous modules, which are relevant
 3 to Module 10 issues. These are being considered by the
 4 Module 10 legal team to determine the extent to which
 5 they may assist the investigation for Module 10.

6 The identities of further instructed experts will be
 7 contained in the Solicitor to the Inquiry's update
 8 notes. Once experts are instructed, these notes will
 9 also provide further details of the topics which the
 10 experts will address in their reports, thereby enabling
 11 Core Participants to comment on those matters, should
 12 they wish to do so. In addition to this, as in other
 13 modules, Core Participant organisations will have the
 14 opportunity to comment substantially on the content of
 15 a draft version of the reports.

16 It is envisaged that any experts instructed will
 17 produce written reports and, where appropriate, they may
 18 also give oral evidence at the public hearings for
 19 Module 10.

20 A number of Core Participants in their submissions
 21 have made suggestions about areas for potential expert
 22 evidence for Module 10 and these will be given careful
 23 consideration.

24 Some of these include the following:

25 Covid Bereaved Families for Justice UK and Northern

32

1 Ireland suggest expert evidence to examine the
 2 emotional, psychological and societal consequences of
 3 bereavement during the pandemic and on the availability,
 4 accessibility and adequacy of bereavement support
 5 services during and after the pandemic. They also
 6 request that an expert should be instructed to examine
 7 the cumulative impact of bereavement, financial hardship
 8 and social inequalities.

9 The Trades Union Congress request expert evidence to
 10 examine the impact of outsourced and agency work upon
 11 key workers and the role this may have played in terms
 12 of inequality of impact.

13 Shelter encourage the inclusion of expert evidence
 14 addressing the intersection of homelessness and poor
 15 housing with race and other inequality issues.

16 Mind suggest the instruction of experts with
 17 sufficient experience of working with a diverse range of
 18 patients across a range of mental health settings in
 19 England and Wales.

20 The DA Group request the instruction of experts to
 21 examine both the impact of the pandemic on those with
 22 pre-existing mental health conditions who experienced
 23 domestic abuse, those who experienced domestic abuse
 24 and, as a result, experienced an effect on their mental
 25 health.

33

1 Disability.

2 The Covid Bereaved Families for Justice UK and
 3 Northern Ireland request psychiatric evidence relating
 4 to the impact on the bereaved and that expert evidence
 5 should be obtained on the emotional, psychological, and
 6 social consequences of bereavement during the pandemic
 7 and on the availability, accessibility and adequacy of
 8 bereavement support services and, in addition, that any
 9 expert should examine the cumulative impact of
 10 bereavement, financial hardship and social inequalities.

11 We are grateful for all of the submissions made by
 12 the Core Participants, and will continue to consider
 13 these submissions as our investigation progresses.

14 Our investigation is, and will remain, dynamic, and
 15 the Inquiry is continuing to consider which other
 16 aspects of the provisional scope would benefit from
 17 expert evidence. Core Participants will be kept updated
 18 on expert instructions via the monthly update provided.

19 Rule 9 requests. The Inquiry is at an advanced
 20 stage in relation to issuing the first tranche of formal
 21 requests for evidence pursuant to Rule 9 of the Inquiry
 22 Rules 2006, to a number of individuals and
 23 organisations, which appear to have an important role in
 24 matters relevant to Module 10.

25 The Inquiry is grateful to Core Participants for

35

1 The Justice Sector Coalition request expert evidence
 2 to examine access to frontline advice and legal
 3 services, particularly for those vulnerable groups,
 4 including those with mental health needs. They also
 5 make submissions that expert evidence on the
 6 relationship between access to justice and health
 7 outcomes during the pandemic ought to be explored.

8 The Prison and Immigration Detention Advocacy Group
 9 makes submissions for experts' psychiatric evidence to
 10 be obtained in the context of both prisoners and people
 11 in immigration detention, and submits that at least one
 12 of the experts should have expertise in the field of
 13 psychiatry, specifically in the context of both
 14 immigration and criminal incarceration.

15 The Disabled People's Organisations request expert
 16 evidence to examine the following: the impact of
 17 loneliness on pre-existing mental health issues for
 18 those isolated and shielding; the impact of other
 19 aspects of the pandemic response on the mental health
 20 and wellbeing of disabled people; the impact on disabled
 21 people detained under the Mental Health Act 2007; and
 22 the mental health impact on young people, insofar as it
 23 supplements matters to be considered in Module 8. The
 24 Disabled People's Organisations also request that any
 25 expert report should be informed by the Social Model of

34

1 identifying potential recipients of Rule 9 requests and
 2 will consider these as part of the ongoing
 3 investigation. The Inquiry does not intend to share any
 4 Rule 9 requests with Core Participants. This is on the
 5 basis that disclosure to Core Participants of the Rule 9
 6 requests themselves, as opposed to the relevant
 7 documents and materials generated by them, is neither
 8 required by the rules, nor generally established in past
 9 practice. However, the Module 10 lead solicitor will
 10 continue to keep Core Participants informed about the
 11 progress of Rule 9 requests via the monthly update
 12 notes.

13 The Module 10 team is considering not only the
 14 requests already made by other Inquiry modules but also
 15 those made by the Scottish Inquiry. This process means
 16 that it may take a little more time to issue Rule 9
 17 requests to Scottish bodies but it is hoped that this
 18 process will avoid unnecessary repetition as between the
 19 Inquiries. In that regard, on 23 February 2022, the
 20 Inquiry published a memorandum of understanding setting
 21 out how this Inquiry and the Scottish Covid-19 Inquiry
 22 intend to work effectively together, and I am aware that
 23 your Ladyship has met with the Chair of the Scottish
 24 Inquiry, Lord Brailsford, to discuss the constructive
 25 ways in which the two Inquiries can collaborate and

36

1 cooperate.

2 Finally on this topic, Every Story Matters, and its
3 role within Module 10.

4 This is the Inquiry's nationwide listening exercise.
5 The Inquiry's terms of reference make clear that,
6 although the Inquiry will not investigate individual
7 cases of harm or death in detail, listening to the
8 accounts and experiences of the bereaved families and
9 others who suffered hardship or loss will inform the
10 Inquiry's understanding of the impact of the pandemic
11 and the response, and of lessons to be learned.

12 Every Story Matters is therefore the process by
13 which the public can contribute to the Inquiry so that
14 it will be able not just to hear the voices of the
15 people of the UK and to reflect upon their experiences
16 but also to incorporate the emerging themes into its
17 work.

18 Contributions provided through Every Story Matters
19 will be analysed and turned into themed reports called
20 records, which are submitted into each relevant
21 investigation. These reports will be anonymised,
22 disclosed to the Inquiry's Core Participants and used in
23 evidence. The reports are expected to identify trends
24 and themes and include illustrative case studies which
25 will assist in bringing a personalised viewpoint to

37

1 Disclosure will be subject to three procedures:
2 firstly a relevance review so that only relevant
3 documents are disclosed; second, a deduplication
4 exercise; and third, redactions in accordance with the
5 Inquiry's redactions protocol.

6 Disclosure is likely to be in tranches made on
7 a rolling basis and it will be made via the electronic
8 data management and disclosure system, Relativity.

9 Disclosure updates will be provided by the Module 10
10 solicitors team informing the Core Participants of the
11 progress which has been made in obtaining relevant
12 documents and we will also provide a further update at
13 the next preliminary hearing.

14 The Inquiry has begun by reviewing documents from
15 previous modules that have been identified as having
16 potential relevance to Module 10 issues. The process of
17 disclosure to Core Participants in this module is
18 anticipated to begin in late spring this year.

19 The Inquiry will be asking document providers to
20 locate and disclose documents that are likely to be
21 relevant to the Module 10 investigation. Where the
22 Inquiry has any queries or concerns about a provider's
23 processes for locating relevant documents, it will raise
24 them and pursue them and, of course, as documents are
25 reviewed and gaps identified, further documents will be

39

1 different themes of impact. Every Story Matters records
2 have already been used in hearings for Modules 3 and 4.

3 It is not too late for anyone to contribute.

4 Although the public events phase has now ended, Every
5 Story Matters wishes to obtain insights and information
6 from anyone in the UK and over 18 who was impacted by
7 the pandemic and wishes to share their experience.

8 There are different ways for people to share their
9 experience of the pandemic with the Inquiry. This can
10 be done via our webform and a variety of alternative
11 formats including Easy Read and paper forms.

12 The Inquiry acknowledges the helpful submissions
13 provided by Core Participants, particularly in relation
14 to the range of experiences to be reflected in the ESM
15 records and the need to capture the experiences of
16 various groups whose voices are seldom heard. Module 10
17 is giving careful consideration to these matters and
18 will provide a further update in the coming weeks.

19 My Lady, my penultimate topic this morning is
20 disclosure. In common with the approach taken in
21 previous modules, Module 10 will adopt the following
22 approach to disclosure:

23 All Core Participants will receive all documents
24 disclosed in Module 10, not just those documents
25 relevant to them.

38

1 sought.

2 Should the need arise, then your Ladyship has the
3 power to compel the production of documents under
4 Section 21 of the Inquiries Act. In addition to which,
5 there are provisions in Section 35 of the Inquiries Act,
6 which makes it an offence during the course of
7 an inquiry for a person to do anything to alter or
8 distort a relevant document or prevent any relevant
9 document being produced to the Inquiry, or to
10 intentionally destroy, suppress or conceal a relevant
11 document.

12 With regards to the disclosure generally, the Covid
13 Bereaved Families for Justice UK and Northern Ireland
14 request that the Inquiry should set a firm deadline by
15 which the bulk of Module 10 disclosure will be completed
16 and request that this should be no later than two months
17 before the start of the module. The Inquiry understands
18 that disclosure is only meaningful if it is provided in
19 good time, allowing both the Inquiry and Core
20 Participants to properly review material and make
21 informed contributions. The Inquiry will remain focused
22 on timely disclosure to ensure an effective process.

23 Finally, my Lady, I turn to future hearing dates and
24 other matters.

25 As you know, the current plans are for a further

40

1 preliminary hearing for Module 10 to take place here at
2 Dorland House towards the end of this year, and then for
3 the public hearings to take place here over three weeks
4 in early 2026. Further timetabling details will be
5 provided by way of an update to Core Participants and
6 announced on the Inquiry's website once those details
7 are finalised.

8 My Lady, I know that, once you have had
9 an opportunity to consider the written submissions and
10 those that are going to be made orally to you today, you
11 will publish any appropriate directions in due course.
12 It is a matter for your discretion as to whether any of
13 the written submissions received by you should be
14 published on the Inquiry's website.
15 That concludes all of the matters upon which I wish
16 to address you this morning. Your Ladyship has received
17 written submissions from 13 Core Participants, many of
18 which have been referred to within my oral address.
19 I understand that 12 Core Participants also wish to
20 address my Lady orally and so, unless I can assist you
21 any further, may I invite you to hear firstly from
22 Ms Stone who represents the Covid-19 Bereaved Families
23 for Justice.

24 **LADY HALLETT:** Thank you very much indeed, Ms Blackwell.
25 Certainly. Ms Stone, I would be grateful to hear

41

1 Sorry about this Ms Stone, nothing personal,
2 I assure you.

3 **MS STONE:** No, I did actually see it happen to Ms Campbell,
4 so I wasn't primed but I understood what was happening.

5 My Lady, you can see and hear me okay now, I trust?
6 Good morning. I am mindful of what you say, my Lady,
7 about time.

8 As you know, I represent Covid Bereaved Families for
9 Justice UK, which comprises a wide range of around 7,000
10 people who were bereaved by Covid-19 across the UK. As
11 you also know well, the goal of CBFFJ UK has always been
12 to establish the truth about how our members' loved ones
13 died, to participate effectively in pursuit of that
14 truth and, in doing so, to ensure accountability and
15 prevent future deaths.

16 Within this Inquiry, we seek to assist you in
17 achieving those goals, my Lady, and we welcome the
18 opportunity to participate in, and assist you with, this
19 important last module of the Inquiry. My Lady, you're
20 familiar with that background and also, I think, with
21 our overarching procedural submissions, including those,
22 for example, on disclosure which have been addressed by
23 Ms Blackwell, King's Counsel this morning.

24 As always, we'd be keen to work in partnership with
25 your team to ensure that this module is rigorous and

43

1 what you have to say.

2 Can I just say this on behalf in respect of all Core
3 Participants: we've got a lot to get through so I'm
4 afraid I'm going to have to be tough on timing, and so
5 I urge people not to try to exceed their time estimate.

6 Ms Stone.

7 **Submissions on behalf of Covid-19 Bereaved Families for
8 Justice UK by MS STONE**

9 **MS STONE:** My Lady, good morning. Could I just check that
10 you can see and hear me okay?

11 **LADY HALLETT:** Can't hear you, Ms Stone.

12 **MS STONE:** You can't hear me, the microphone is on.

13 **LADY HALLETT:** It might be that seat. We had problems
14 before.

15 **MS STONE:** Still no good?

16 **LADY HALLETT:** No.

17 **MS STONE:** No?

18 **LADY HALLETT:** I will do a thumbs-up when I can hear you.

19 **MS STONE:** I am grateful for that, thank you.

20 **MS BLACKWELL:** My Lady, can you hear me?

21 **LADY HALLETT:** Yes, I can. This happened before.

22 **MS BLACKWELL:** Yes, I'm going to invite Ms Stone to come and
23 take my place.

24 **LADY HALLETT:** Yes, we had this with Ms Campbell, who had to
25 do exactly the same.

42

1 thorough and, in this regard, my Lady, we note that
2 we're still at an early stage in this module, and we
3 respectfully agree with the TUC written submission that
4 the length of hearings that will ultimately take place
5 should be kept under review.

6 My Lady, this morning could I address you briefly,
7 please, on three topic areas: the first is scope; the
8 second is the Systematic Review and expert evidence; and
9 the third is the evidence of the bereaved.

10 On the first, scope, this module rightly, in our
11 respectful submission, seeks to address the impact of
12 the pandemic on the population as a whole, with
13 particular focus on a number of groups affected in
14 different ways, including the bereaved.

15 We support the Inquiry and its intention to consider
16 the specific impact on other groups, including key
17 workers and those who were disproportionately affected
18 by the pandemic. We would submit that this can only be
19 done effectively by considering pre-existing
20 inequalities, considering structural and institutional
21 discrimination and how those inequalities were
22 exacerbated both by the pandemic and also by the
23 response to it, and how we can address and mitigate
24 those impacts for the future.

25 My Lady, as you have heard throughout this Inquiry,

44

1 the time to do this work is now, and we submit that the
2 Inquiry must be a strong force in driving those efforts.

3 My Lady, our members come from across UK society and
4 many of them were directly affected by the pandemic, not
5 only through their bereavement, although that was
6 profound, but also from their particular perspectives,
7 for example as key workers or as members of minoritised
8 communities, and those intersectional impacts will be
9 a key aspect, I know, of your investigation in this
10 module.

11 My Lady, the written submissions emphasise the
12 singularity of the experience of bereavement in the
13 pandemic, and I know again this is something that you
14 will have well in mind, including as a result of the
15 evidence that you've heard to date in other modules.

16 As our written submissions have it, our families
17 navigated grief in circumstances where restrictions on
18 hospital visits, funerals, other rituals, deeply altered
19 the experience of bereavement and mourning, depriving
20 the bereaved of the solace which many of us find in
21 those rituals, and increasing the trauma associated with
22 profound loss. This was also a context in which social
23 networks were disrupted and access to bereavement
24 support services was often limited.

25 So this impact, in both its personal and societal
45

1 how, firstly, disruptions to children and family life,
2 including education, and secondly, the economic impacts
3 of the pandemic affected the experience of the bereaved
4 and other focus groups, and we welcome the indication
5 from Ms Blackwell this morning that your team is mindful
6 of the potential relevance of modules eight and nine
7 here.

8 Turning then to the second topic which is the
9 Systematic Review and expert evidence. As to the
10 Systematic Review, we welcome the provision of further
11 information this morning, and we will take that
12 information away and reflect upon it. We do invite the
13 Inquiry to provide further opportunities for input from
14 Core Participants on that process, including the
15 bereaved, before the process is finalised.

16 As to expert evidence, we pause here to note the
17 value of this evidence in the modules you've heard to
18 date, and submit that again in Module 10 this is likely
19 to provide you with crucial information to assist in
20 your wide-ranging scope of Inquiry. We would submit
21 substantively that expert evidence from Module 2 on
22 inequalities should inform the investigations on
23 Module 10, with proper consideration with input from
24 Core Participants, on whether supplementary reports
25 should be sought from the experts that you instructed in
47

1 impacts, must be examined in this module as a formal
2 record and also as a means of learning both what went
3 right, and crucially, what can and should be improved
4 for the next pandemic.

5 It's clear, my Lady, that the impact of bereavement
6 will have been experienced differently for different
7 people, and we again welcome the Inquiry's commitment to
8 identify it and consider where the impact was
9 disproportionately felt and how we might address that
10 for the future.

11 We appreciate, my Lady, that you have carefully
12 considered how best to fulfil your terms of reference
13 through the modular structure of the Inquiry. However,
14 the pandemic doesn't lend itself easily to being neatly
15 divided into sections, and no one, I know, is more aware
16 of the cross-cutting nature of many of these issues than
17 you, my Lady.

18 But that has particular resonance in this module,
19 which as you pre-figured in your opening remarks,
20 requires you to examine how many of the issues which by
21 then you'll have heard evidence about impacted society
22 as a whole.

23 And in our written document we've touched on two
24 particular areas where this arises, and we submit that
25 your Module 10 consideration of impact should consider
46

1 Module 2 of the Inquiry.

2 The second substantive submission I make is one that
3 Ms Blackwell has again mentioned this morning, which is
4 one of expert evidence relating to impact on the
5 bereaved. We would submit that this is necessary in at
6 least two respects, the first being expert evidence to
7 assist you in understanding how bereavement, loss and
8 grief are fundamentally changed by the experience of
9 loss in a pandemic situation, what that particular
10 context does to the grieving process, and we would
11 submit that that will inform your understanding of
12 mental health impacts of the pandemic and how we might
13 prepare better for the future to mitigate those adverse
14 impacts.

15 The second submission we make in respect of expert
16 evidence is that we would invite you to obtain
17 an overview of the range of the bereavement support
18 services across the UK, their effectiveness during the
19 pandemic, and what would be in place in a future
20 emergency, to include, in my respectful submission,
21 practical suggestions for improvement for the future to
22 assist you in making robust recommendations and we
23 appreciate, again, the indication from Ms Blackwell that
24 those submissions will be considered.

25 Finally, my Lady, may I turn to the key topic of
48

1 evidence from the bereaved. My Lady, in our submission,
 2 your Inquiry to date has been enriched by hearing
 3 directly from those who have been affected by the topic
 4 areas under consideration, including the bereaved.
 5 Their powerful evidence has provided an essential
 6 reminder of the human impact of Covid, and there is
 7 a particular imperative, in our respectful submission,
 8 to hear that evidence in this module, which is dedicated
 9 to the impact on the population.

10 In our submission, whatever their value as
 11 a parallel process, the roundtables and similar
 12 processes are no substitute for oral evidence. We also
 13 emphasise in our written submissions the need to ensure
 14 that those processes are truly inclusive and
 15 trauma-informed, and we welcome the indication this
 16 morning that the Core Participants' submissions on those
 17 processes will be reflected upon by your team.

18 As far as oral evidence is concerned, though, from
 19 the perspective of Covid Bereaved Families for
 20 Justice UK, you've heard most recently from Jean
 21 Rossiter in Module 4, who was able to articulate number
 22 of her concerns and those of the wider group around the
 23 provision of vaccines and therapeutics for Covid-19.

24 As well as her powerful evidence about the
 25 experience of her son Peter, a teacher, a key worker,
 49

1 are my submissions.

2 **LADY HALLETT:** I'm extremely grateful, Ms Stone. Very
 3 helpful. In relation to the circumstances of unusual
 4 deaths, as you will know and I'm sure as you've advised
 5 your clients, I'm forbidden to investigate, by my terms
 6 of reference, but I do understand the points you made
 7 about bereavement during the time of pandemic and I'm
 8 very grateful to you.

9 **MS STONE:** Thank you.

10 **LADY HALLETT:** Right. We'll break now and I shall return at
 11 11.55. Thank you.

12 (11.40 am)

(A short break)

14 (11.55 am)

15 **MS BLACKWELL:** My Lady, I think we're now ready to turn to
 16 Ms McDermott, who will address you on behalf of Covid
 17 Bereaved Families for Justice Northern Ireland.

18 **LADY HALLETT:** Thank you very much. Ms McDermott, I hope
 19 your microphone is working.

20 **Submissions on behalf of Covid-19 Bereaved Families For
 21 Justice Northern Ireland by MS McDERMOTT**

22 **MS McDERMOTT:** Hopefully so, my Lady. I certainly can hear
 23 myself.

24 My Lady, thank you. I represent the Northern
 25 Ireland Covid Bereaved Families for Justice led by Peter
 51

1 and the depth of her loss, she said this:

2 "I believe all of our families really deserve to be
 3 heard and for those cases to be taken into account."

4 My Lady, we submit that this has resonance
 5 throughout your Inquiry and particularly in this module.
 6 We recognise the Inquiry's position in respect of
 7 individual cases, although our members remain concerned
 8 about the lack of effective mechanisms to examine
 9 individual deaths during the pandemic, and we invite you
 10 to include mechanisms of investigation as part of the
 11 Inquiry's consideration of the impact of bereavement in
 12 this module.

13 But may I finish, my Lady, by repeating the call
 14 made in writing by us and other Core Participants for
 15 the Inquiry to prioritise calling a significant number
 16 of witnesses who were directly affected, and whose lives
 17 were profoundly changed by this pandemic. It can never
 18 be comprehensive but a diverse range of accounts will,
 19 in our submission, assist you in fully appreciating
 20 those impacts. We submit that giving due prominence in
 21 the hearings to the voices of those impacted, including
 22 the bereaved, is essential both to their understanding,
 23 but also to ensuring that the public recognises their
 24 importance and centrality to this Inquiry.

25 My Lady, unless I can assist you any further, those
 50

1 Wilcock KC, Brenda Campbell KC, and instructed by PA
 2 Duffy Solicitors. And may I start by thanking you for
 3 the opportunity to address you on Module 10.

4 Now, my Lady, I note your comments this morning
 5 about being tough on time limits, and you can fully
 6 appreciate you'll have no cause to be tough on me today.

7 My Lady, you are all too aware of the written
 8 submissions that we've already presented, and we're
 9 grateful for the thoughtful way in which they were
 10 addressed this morning by Ms Blackwell KC.

11 Our message, however, remains clear: the primary
 12 mission of the Northern Ireland Covid Bereaved Families
 13 for Justice has, and always will be, to expose the
 14 failures within the systems that left our loved ones
 15 vulnerable to a deadly virus. These systems tragically
 16 did not protect them and, in turn, the pain suffered by
 17 those left behind is profound. We firmly believe that
 18 things could and should have been different. The UK
 19 could have been better prepared. Families could have
 20 been better protected.

21 From the very beginning, the Northern Ireland Covid
 22 Bereaved Families for Justice have striven to contribute
 23 meaningfully to this Inquiry, and today's submissions
 24 are made in the same spirit of constructive
 25 collaboration and, as always, to echo and adopt the
 52

1 powerful submissions made by Ms Stone this morning for
2 the Covid Bereaved UK team.

3 For our clients, Module 10 is a critical juncture in
4 this process. It offers the crucial opportunity to
5 explore not just the pain of loss but the breakdown in
6 support systems and, most importantly, the lessons that
7 must be learned to ensure this never happens again.

8 The experience of bereavement during the pandemic
9 was a uniquely harrowing one. Grieving families found
10 themselves in a world where the very rituals that
11 sustained us through loss for centuries were ripped
12 away.

13 The absence of these practices, the denial of
14 traditional wakes and funerals, and the inability to
15 gather for a final farewell, these were more than just
16 inconveniences; they were wounds upon wounds. In a time
17 of loss, families were left isolated and abandoned,
18 forced to navigate their grief alone.

19 As you are aware, the restrictions placed upon us
20 during this time and the inconsistent, often illogical,
21 nature of these rules meant that our family group were
22 not just a minor inconvenience; they were a cruel denial
23 of the human need to say goodbye.

24 Within our group, we've heard from countless
25 families about the crushing heartbreak of not being able

53

1 Loss has a lasting impact, and removal of
2 traditional mourning rituals left families as though
3 adrift, orbiting grief, with no tether to steady them.

4 Those customs, which have supported us for
5 generations, are not merely for the dead; they're for
6 the living, for the ones left behind. To strip away
7 those rituals was to strip away the very foundation that
8 helps us heal. It left families suspended in grief
9 without the community support that should have been
10 theirs.

11 I'm very grateful to Ms Blackwell KC for her
12 submissions this morning recognising the impact, as she
13 so eloquently put it, the lack of support structure that
14 are so fundamental to the human experience. And we note
15 the inclusion within this module of the restrictions and
16 arrangements for funeral and burial arrangements and
17 post-bereavement support.

18 To that end, it is essential that Module 10
19 considers the deep emotional toil of this bereavement.
20 It's not just about the loss of life; it's about the
21 loss of everything that should have helped people mourn.
22 We believe it is imperative that the Inquiry addresses
23 these devastating realities so that no other family has
24 to suffer in this way.

25 And to that end, I echo Ms Stone's submissions and

55

1 to lay loved ones to rest in the way they should have
2 been, surrounded by family, with the support of
3 a community. Instead, families were made to feel as
4 though their loved ones, already taken by the virus,
5 were nothing more than a dangerous object, treated as
6 hazardous waste, rather than cherished people.

7 One poignant account is that of Claire Smith, who
8 told the heart-wrenching story of how her mother was
9 sealed in a body bag, placed in a coffin, and taken away
10 by the funeral home. Claire had no choice but to leave
11 her mother behind. She was not allowed to bring her
12 home, and it was as though her mother was treated as
13 a threat even in death.

14 The funeral was limited to just 15 people, and at
15 the crematorium, they were forced to watch the service
16 from a distance, watching on by way of video link. Was
17 it really impossible to even shelter those who came to
18 mourn, to allow them the smallest of comfort to being
19 together if only in spirit?

20 Annetta Milliken, another of our clients, has shared
21 devastating ongoing effects of her father's death. Her
22 family's grief is raw, and her mother continues to
23 struggle with the trauma. Annetta's words echo the
24 anguish that so many families feel: our lives are
25 shattered.

54

1 implore your Ladyship to hear as many voices as you can.
2 It is only then that you can truly feel the texture of
3 their experience.

4 As we have seen in the testimonies from other
5 members of the Covid Bereaved Families for Justice, both
6 in Northern Ireland and across the UK, bereavement
7 during the pandemic didn't occur in isolation. It was
8 compounded by financial hardship, educational
9 disruption, and the broader societal inequalities that
10 so many are already grappling with.

11 The financial devastation of losing a loved one,
12 especially for those in precarious employment, was made
13 infinitely worse by the pandemic's relentless toll.
14 Many families not only mourned the death of a loved one,
15 they also found themselves plunged into poverty, unable
16 to make ends meet.

17 Regrettably, it is common case that Northern Ireland
18 has some of the poorest areas in the United Kingdom,
19 historically suffering from lack of budgetary planning,
20 given the various absences in government, most recently
21 between 2017 to 2020, and then again from February 2022
22 until February 2024, and it therefore follows that the
23 implementation of effective economic measures to assist
24 those most vulnerable is perhaps even more significant
25 in Northern Ireland than any other part in the UK, given

56

1 its already susceptible economic state.
 2 Furthermore, Northern Ireland, together with other
 3 devolved administrations, is inextricably linked
 4 financially to the UK Treasury, both during peacetime
 5 and during pandemic. These decisions made by the UK
 6 Treasury had a significant impact in the nature and time
 7 of economic interventions in all of the devolved
 8 governments during the pandemic, and the lack of
 9 autonomy and such vital issues for Northern Ireland
 10 means that fair and balanced economic interventions by
 11 the UK Government during Covid carried even more
 12 importance than it otherwise would.

13 In addition, the interruption of education for
 14 children and young people, many of whom lost parents or
 15 caregivers, was devastating. The emotional burden of
 16 losing a parent while already struggling with an
 17 educational system in chaos compounded the anguish. For
 18 families already dealing with the grief of losing
 19 someone they loved, the financial and educational impact
 20 was almost too much to bear.

21 Whilst the Northern Ireland Covid Bereaved Families
 22 for Justice were not CP to Module 8, we do have
 23 a particular interest in, and importantly, can assist
 24 issues that perhaps, we would suggest, this Inquiry is
 25 now best to consider in Module 10, and that is the

57

1 We urge the Inquiry to consider these intersections
 2 to explore not just the immediate effects of bereavement
 3 but the long lasting, multifaceted repercussions that
 4 ripple through society.

5 We are aware of the Inquiry's plans to gather
 6 information through roundtable events and Every Story
 7 Matters, but we strongly believe that these events must
 8 be conducted with great care. Bereaved families need
 9 an environment where they can speak freely, without fear
 10 of retraumatisation. We urge that these events be
 11 organised with the guidance of professionals trained in
 12 bereavement support, to ensure that they're conducted in
 13 a sensitive and compassionate way.

14 Fundamentally, the voices of the bereaved must be at
 15 the heart of this module. We cannot allow for the
 16 voices of ordinary people, those who suffered the
 17 greatest losses, to be drowned out. Politicians may
 18 have had their say, but it is the lived experience of
 19 those left behind, the families of the lost, that must
 20 drive this Inquiry forward. Therefore, voices must not
 21 only be heard but they must also be prioritised.

22 To that end, we note the clarification from
 23 Ms Blackwell KC this morning setting out the proposed
 24 arrangements for the roundtable meetings but we continue
 25 to be concerned that an unfortunate and unwanted side

59

1 extent to which Northern Ireland Assembly planned and
 2 considered the impact of a pandemic on children and
 3 young people.

4 Many of our group have profound experiences of their
 5 children and grandchildren suffering severe mental
 6 health issues because of the pandemic. Many children
 7 and young people were wholly unable to cope with the
 8 anxiety of the pandemic, including coping with
 9 bereavement and tragedy in their families -- for many,
 10 experienced not before or immediately anticipated -- and
 11 an inability to seek comfort and mourn with others
 12 because of the lack of funeral rites, and challenges in
 13 dealing with the shock and trauma of losing a loved one
 14 who previously was physically fit and healthy.

15 Singularly, and cumulatively, these experiences
 16 stripped children of the resilience which has led to
 17 long-term mental health problems brought about by the
 18 trauma they've experienced. I note the comments made by
 19 Ms Blackwell KC this morning in respect of matters which
 20 will be considered in Module 8 will not naturally be
 21 revisited in Module 10, but we do feel we have
 22 contribution to make on this topic and invite your
 23 Ladyship to extend the Inquiry's examination in this
 24 respect under the guise of mental health and/or ongoing
 25 long-term impact.

58

1 effect of the approach taken may be to add to the
 2 perception of many of the group that I represent that
 3 Northern Ireland issues, albeit not intentionally, have
 4 been sidelined during the course of the Inquiry.

5 Finally, we stress that the Inquiry must include
 6 expert evidence on emotional, psychological and social
 7 consequences of bereavement during the pandemic. The
 8 pandemic's impact on families was not just an abstract
 9 statistic, it was felt in the hearts and minds of those
 10 who were left to pick up the pieces. We must understand
 11 the full breath of this pain and we urge the Inquiry to
 12 bring in expertise necessary to fully grasp the scope of
 13 emotional and social toll that has been borne.

14 We note the comments made by Ms Blackwell KC that
 15 our submissions in respect of expert evidence are under
 16 continued consideration as your investigation
 17 progresses.

18 In conclusion, my Lady, the pandemic was not only
 19 a time of loss; it was a time when the very systems
 20 meant to support us failed.

21 For the bereaved families, it was a time when grief
 22 became almost unbearable, compounded by trauma of
 23 isolation, financial hardship and societal disruption.
 24 We urge you to assent to the voices of the bereaved in
 25 to Module 10, and to ensures that the lessons learned

60

1 from their suffering guide the response to a future
 2 crisis.
 3 My Lady, those are the submissions made on behalf of
 4 the Northern Ireland Covid Bereaved, thank you.
 5 **LADY HALLETT:** Thank you very much indeed, Ms McDermott.
 6 Very, very grateful.
 7 Mr Stanton is next, I think.
 8 **Submissions on behalf of COVID-19 BEREAVED FAMILIES FOR**
 9 **JUSTICE CYMRU by MR STANTON**
 10 **MR STANTON:** Thank you, my Lady. I hope you can hear me.
 11 My Lady, these submissions are made on behalf of the
 12 Covid-19 Bereaved Families for Justice Cymru and concern
 13 the nature of the impact evidence to be provided by the
 14 bereaved. The group welcomes the Inquiry's intention to
 15 hold roundtable events and to utilise the accounts
 16 provided through the Every Story Matters process.
 17 However, we suggest that the most effective and
 18 public means of considering the impacts on the bereaved
 19 will be to allow sufficient time within the Inquiry's
 20 hearings for these issues to be comprehensively and
 21 sensitively addressed in a public forum.
 22 As outlined in the group's Module 6 submissions on
 23 impact evidence in relation to care homes, the group's
 24 view is that it will not be sufficient for a single
 25 group member to summarise the collective experiences of

61

1 Third, while it is appreciated that the Inquiry is
 2 able to receive evidence in a number of forms and gives
 3 careful consideration to all information provided, the
 4 hearings are widely seen as the gold standard and it
 5 will be important for impact evidence from the bereaved
 6 to be taken in this forum.
 7 Fourth, because of the sheer scale of these impacts
 8 on the population of the country, with millions of
 9 people having experienced bereavement during the
 10 pandemic.
 11 Fifth, impact evidence illuminates and gives context
 12 to many of the complex and technical issues that the
 13 Inquiry is required to consider.
 14 For example, in Module 3, the Inquiry heard evidence
 15 from a physiotherapist who provided close personal care
 16 to a patient with Covid-19 in the first wave of the
 17 pandemic and who specifically requested an FFP3
 18 respirator to protect against infection. This was
 19 refused and led to the physiotherapist becoming infected
 20 and developing long Covid with devastating ongoing
 21 consequences for her professional and personal life.
 22 We suggest that impact evidence such as this, which
 23 crystallises the real-life consequences of technical and
 24 contentious issues, search as aerosol transmission and
 25 the precautionary principle, has been invaluable to the

63

1 the bereaved families and that, to do justice to the
 2 impacts experienced, it will be necessary to take
 3 a range of witness statements from bereaved group
 4 members. We suggest this could be achieved with
 5 somewhere in the region of between 10 to 15 witness
 6 statements from each group, from which a lesser number
 7 of witnesses could be selected for oral evidence, and
 8 that these statements could be kept to a manageable
 9 length.
 10 We also suggest that the same process for obtaining
 11 impact evidence could be managed across Modules 6 and
 12 10.
 13 The Cymru group entirely accepts that it is outside
 14 the scope of the Inquiry to investigate and determine
 15 individual circumstances of harm and death. However, we
 16 submit that it will be important to obtain a range of
 17 statements and to hear from a number of witnesses at
 18 Inquiry hearings for the following reasons:
 19 First, to properly understand the full range of the
 20 devastating impacts experienced.
 21 Second, as part of a process of catharsis, alongside
 22 initiatives such as Every Story Matters, particularly
 23 for the members of the Bereaved Families groups, who
 24 have campaigned so tirelessly for so long and have been
 25 so actively within the Inquiry's proceedings.

62

1 Inquiry's understanding and that impact evidence from
 2 bereaved groups will have a similar evidential
 3 significance, for example the experiences of many
 4 families when a parent with underlying health issues was
 5 admitted to hospital for treatment during the pandemic,
 6 knowing that this was the least safe place for them to
 7 because of the poor state of NHS estates and the
 8 inability to control infection in these environments,
 9 and the terrible foreboding, as their worst fears were
 10 realised when a loved one became infected while in
 11 hospital and, in too many cases, tragically died.
 12 The group's written submissions set out a lengthy
 13 list of impacts experienced, from which I propose to
 14 highlight just three issues to further illustrate the
 15 benefits of impact evidence in helping the Inquiry
 16 determine complex and contentious issues, all of which
 17 might also form the basis of recommendations for the
 18 future.
 19 The first is the lack of information provided to
 20 families about the circumstances in which their loved
 21 one died and the subsequent handling of complaints.
 22 Given the circumstances in which people in hospitals and
 23 care homes died, often alone, due to visiting
 24 restrictions, many families understandably sought
 25 further information. However, the responses provided

64

1 were often insufficient, incomplete and contradictory
2 and, in many cases, this led to formal complaints which
3 were themselves characterised by insufficient and
4 contradictory responses.

5 The failure to provide timely, accurate and
6 sufficient information can sometimes lead to grieving
7 families constructing their own narratives to fill the
8 vacuum out of a need for closure but, without access to
9 the full facts, these narratives are not always accurate
10 and it can often take many years for the truth to be
11 established, if at all.

12 The group suggests that the Inquiry's understanding
13 of these issues and the way that bereavement is
14 prolonged and exacerbated by the failure to provide
15 adequate and timely information would benefit from
16 expert evidence, particularly so the Inquiry is able to
17 make recommendations for improvements in this area.

18 Issues specific to Wales in this regard are the
19 National Nosocomial Covid-19 Programme, established in
20 April 2022, which the Cymru group understood would
21 comprehensively investigate individual deaths from
22 nosocomial infection but was subsequently limited to
23 a thematic review and an inadequate 24-page final
24 report.

25 Separately, the NHS duty of candour was only
65

1 Wales, which has been justified on the basis of
2 documenting the pandemic for journalistic purposes in
3 the public interest but which the group says occurred
4 without consent. The taking and subsequent publication
5 of photographs of this type, including in morgues and of
6 intubated and unconscious patients, where consent could
7 not possibly have been obtained, has caused huge
8 distress to bereaved families.

9 While the Cymru group does not expect the Inquiry to
10 determine any individual breaches of data protection and
11 confidentiality, it is an issue of widespread public
12 concern that would benefit from the Inquiry's scrutiny,
13 including the role of trusts and boards in permitting
14 this type of activity and the extent to which patient
15 confidentiality can be overridden by the public interest
16 in recording an event, such as a pandemic, which the
17 Cymru group seriously doubts could ever be justified in
18 the absence of express consent.

19 Finally, my Lady, a point about cross-cutting issues
20 and evidence. By the time the Inquiry hears evidence in
21 Module 10 it will have heard and considered a huge range
22 of evidence across 12 prior modules, as has already been
23 mentioned. This will include significant amounts of
24 impact evidence in a variety of forms, including witness
25 statements, oral evidence, and documentary evidence.
67

1 introduced in Wales in April 2023, five years after
2 Scotland and three years after England, and also the
3 lack of a strong voice in Wales to speak on behalf of
4 patients, which is particularly important, given the
5 deficiencies in the provision of information, the
6 inadequate investigations and complaints processes, and
7 the absence of effective regulation in Wales.

8 The second issue is the quality of bereavement
9 support services within health and social care settings
10 in Wales. There have been a number of initiatives since
11 the pandemic, however, they have failed to deliver the
12 change needed because of a lack of engagement with
13 families and a lack of learning from the awful
14 experiences of the pandemic. In this respect, the group
15 asks that the Inquiry considers issuing a Rule 9 request
16 to the Welsh Government bereavement lead, as set out in
17 the written submissions.

18 The group also suggests that the Inquiry could
19 usefully consider the Charter for Families Bereaved
20 Through Public Tragedy, which was drafted in response to
21 the Hillsborough tragedy, and, again, that this is
22 an area that would benefit from recommendations for
23 improvement.

24 The third issue to mention is the circumstances in
25 which photographs of patients were taken in hospitals in
66

1 The group suggests that Core Participant groups who have
2 participated in a number of Inquiry modules are well
3 placed to assist the Inquiry to identify impact evidence
4 from previous modules for use in Module 10, and that
5 engagement of this kind could be managed in
6 a proportionate way, without the need for a formal
7 protocol, and would utilise the knowledge and unique
8 perspectives of Core Participants, built up over
9 a number of years at the Inquiry, to the Inquiry's
10 benefit.

11 My Lady, those are the submissions on behalf of the
12 Covid Bereaved Families for Justice Cymru.

13 **LADY HALLETT:** Thank you very much indeed, Mr Stanton. Very
14 helpful.

15 Dr Mitchell, I think you're next.

16 **Submissions on behalf of SCOTTISH COVID BEREAVED by DR**
17 **MITCHELL KC**

18 **DR MITCHELL:** My Lady, the Scottish Covid Bereaved thank the
19 Chair for their designation as Core Participant in this
20 module and are grateful to Ms Blackwell KC to the
21 Inquiry for providing a detailed note in advance of
22 today's hearing and for the submissions this morning.
23 We have already put our thanks for the Inquiry's work
24 and its workers in writing and we repeat it here.

25 I would like to address the following two matters:
68

1 1. Roundtable events. The bereaved hears that
2 roundtable events are to be held in London for logistic
3 and resource reasons. Somewhat ironically, it's for the
4 exact same reasons, in relation to their logistics and
5 resources, that the Scottish Covid Bereaved would ask
6 that a roundtable be held in Scotland.

7 This is, of course, an Inquiry for the whole of the
8 United Kingdom and while travel expenses are to be
9 reimbursed, those are not the only barriers to many of
10 the bereaved, particularly for those outwith the
11 southeast of England. A one-day roundtable in London
12 may necessitate two to three days away from home in
13 Scotland. For those with, for example, childcare and
14 other caring responsibilities, this may be a significant
15 factor, including where they may have lost a care
16 partner as part of their Covid experience.

17 There are additional considerations in relation to
18 travel for those with disabilities. The Scottish Covid
19 Bereaved ask the Inquiry to consider holding roundtable
20 events in Scotland to allow for equal opportunity for
21 all those who suffered to outline the impacts on the
22 pandemic that they had. It's respectfully submitted
23 that setting up a day in Scotland, perhaps liaising with
24 the Scottish Inquiry to minimise cost for a location to
25 carry out a roundtable, would not be a significant

69

1 We submit that the Chair may be assisted from more
2 of such witnesses, hearing directly from those who
3 suffered and those who were bereaved as a result of the
4 pandemic, not, of course, to explore the individual case
5 but, as in other modules, to explore certain common
6 important themes.

7 We appreciate this may lead to a slightly longer
8 timetable, but we would submit that it would reap
9 considerable rewards in terms of impact.

10 As we have mentioned before in previous submissions,
11 in order to engage the general public and politicians to
12 support and see merit in recommendations, there is no
13 better way of highlighting the importance of the
14 Inquiry's work than by evidence from the people who were
15 most greatly affected by it. Again, as noted before,
16 the press is most positive when covering stories of
17 those directly affected.

18 The Scottish Covid Bereaved submit that, given the
19 scope of Module 10, the Inquiry should consider hearing
20 directly, perhaps, from more of those witnesses
21 impacted, and we ask the Chair to consider greater use
22 of the impact evidence in the public hearings in this
23 module.

24 My Lady, those are the submissions on behalf of the
25 Scottish Covid Bereaved.

71

1 budgetary strain, particularly if the alternative is
2 that the Inquiry assists with travel and accommodation
3 for those travelling down south, nor may it be
4 a significantly greater logistical problem than has been
5 faced by the Inquiry before and has not been found to be
6 insurmountable.

7 The Scottish Covid Bereaved have felt that the
8 promise that it would truly be a four-nation Inquiry has
9 been kept and we would ask the Chair to consider this
10 submission in light of the foregoing.

11 The second issue is in relation to evidence in
12 Module 2 and perhaps the following submission will not
13 be of surprise to my Lady. It's submitted that the
14 roundtable exercise and Every Story Matters, whilst
15 important, cannot capture, in the same way as direct
16 evidence, the impact that the pandemic had on the
17 bereaved. One only has to recall the impact of hearing
18 of those who have given personal evidence about their
19 experiences and the profound effect they've had on our
20 understanding of the effects of Covid.

21 It was one thing to read that doctors were working
22 beyond capacity with insufficient PPE; it was quite
23 another to see and hear the evidence of Dr Fong talking
24 about it, enhancing our understanding, and the impact
25 felt of those experiences.

70

1 **LADY HALLETT:** Thank you very much indeed, Ms Mitchell.
2 Right, I think Mr Wagner is next.

3 **MR WAGNER:** I am. Can you hear me?

4 **LADY HALLETT:** I can, Mr Wagner, thank you, and I can see
5 you.

6 **Submissions on behalf of CLINICALLY VULNERABLE FAMILIES by**
7 **MR WAGNER**

8 **MR WAGNER:** Thank you. Good afternoon. I act for
9 Clinically Vulnerable Families, CVF, with Margherita
10 Cornaglia, and instructed by Kim Harrison and Shane
11 Smith of Slater & Gordon.

12 CVF represents those who are clinically vulnerable,
13 clinically extremely vulnerable, and the severely
14 immunosuppressed, as well as their households, across
15 all four nations. CVF are grateful to you, Chair, for
16 granting it Core Participant status, having already been
17 granted CP status in Modules 3, 4 and 8. CVF also
18 thanks the Inquiry team, including the staff at Dorland
19 House, for their continuing work on this and other
20 modules.

21 I'll begin with the broader picture, and what the
22 impact of society means from the perspective of the
23 clinically vulnerable. Module 10 provides an important
24 opportunity, we say the final opportunity, given it's
25 the final module, for the Inquiry to take account of the

72

1 severe and lasting impact that the pandemic has had on
2 clinically vulnerable people and their families.

3 Clinically vulnerable people had a different
4 experience of the pandemic, being most at risk of severe
5 injury and death from Covid-19. When society reopened
6 for many, it did not reopen for some who were clinically
7 vulnerable. Many remained in their homes with no choice
8 but to shield themselves, even after formal shielding
9 ended, from a virus which, if they became infected,
10 would potentially lead to their deaths.

11 There is an important point about how the Inquiry
12 frames this part of the investigation. The first part
13 of the outline of scope refers to the measures put in
14 place to combat the disease and any disproportionate
15 impact and, later, it refers to restrictions imposed on
16 various parts of society.

17 CVF says that the more neutral wording of "measures"
18 should be used going forward. The distinction is
19 an important one, because whichever is chosen will frame
20 the way the Inquiry approaches the impact on society.
21 Often, protective measures, such as social distancing
22 rules, compulsory mask wearing, were described as
23 "restrictions", and the lifting of those measures was
24 often referred to as the "return of freedom". Without
25 doubt, some felt restricted by those measures, as

73

1 and long term, to protect the public.

2 Speaking of the longer term, it was reassuring to
3 hear Ms Blackwell KC's submissions this morning that
4 Module 10's focus on impact may include an assessment of
5 the likely impact which may extend beyond the date range
6 in the Inquiry's terms of reference. For example, in
7 relation to ongoing or longer term impact.

8 As I have submitted previously, and your Ladyship
9 accepted in an early ruling, it's necessary to consider
10 both present and future in order to make effective
11 recommendations. That's just common sense.

12 People who are particularly vulnerable to pathogens
13 existed before Covid, but during the pandemic, for
14 a brief moment, clinically vulnerable people became
15 visible to everyone else. For that brief moment, the
16 opportunity was there to educate the public, businesses
17 and public authorities, on the importance of
18 high-quality masks, ventilation, and clean air, and make
19 steps towards lasting change in those areas. That
20 opportunity wasn't taken. And that applies across the
21 board, including in the spaces this module will focus
22 on, such as courts, prisons, the hospitality sector and
23 places of worship.

24 Covid-19 may no longer kill as many people as it did
25 in 2020, but it has not transitioned to a seasonal

75

1 a seatbelt can also be feel restrictive, and when
2 seatbelts were introduced, they were seen by some as
3 a limit on our freedom. Nobody seriously says that now.
4 Why? Because there was a public education campaign and,
5 more simply, there was proof that seatbelts worked.

6 Like seatbelts, pandemic safety measures were needed
7 to keep us safe, particularly for the millions of people
8 at serious risk of injury or death from Covid-19. CVF
9 doesn't say that all of those measures should have
10 continued, of course they shouldn't, but some could have
11 or some could have been developed or evolved. Why?
12 Well, the continuing framing of safety measures as
13 restrictions may have prevented simple measures from
14 making us more safe, such as clean air and mask wearing,
15 from being continued in a proportionate way in the
16 longer term.

17 Unfortunately, the issue of masks was dragged into
18 a culture war, rather than being seen as an important
19 protective public health measure. Your Ladyship heard
20 from Dr Finnis of CVF in her evidence in Module 3 that
21 people who continue to wear masks to this day for health
22 reasons now face public abuse and discrimination.

23 The other, wider consequence of this dynamic is that
24 no serious consideration appears to have been given to
25 what measures can be put in place now, and in the medium

74

1 virus, and it's still rife, as are flu, norovirus and
2 other airborne pathogens such as RSV.

3 A more enlightened approach to ventilation and other
4 safety measures would reduce the spread of all airborne
5 infections, not just in a future pandemic but now.

6 Investment in those measures would also reduce the
7 need, in a future pandemic, for social distancing
8 measures and to make those spaces safer not just for
9 high-risk people but for everyone.

10 The failure to do this has had profound impacts for
11 clinically vulnerable people. Immunocompromised
12 clinically vulnerable people have no preventative
13 medication to rely on, and many cannot depend on
14 vaccinations. The antivirals programme is in disarray,
15 providing little reassurance to people at high risk of
16 Covid-19 should they become infected, and many millions,
17 including the majority of clinically vulnerable and
18 formerly -- and clinically extremely vulnerable, as
19 formerly described, face being removed from the Covid
20 vaccination programme later this year.

21 Some of those issues are wider issues for different
22 modules, but the overall impact and the impact on
23 society, as this module is considering, is a great loss,
24 not just for clinically vulnerable people but for
25 society at large.

76

1 Many clinically vulnerable people have ended up
2 feeling excluded from a society which left them behind
3 in the rush to escape from restrictions and towards the
4 false promise of freedom day. Excluded from the
5 workplace, from crowded and poorly ventilated spaces,
6 and certainly from the public consciousness, from
7 visible to invisible, again.

8 Against those wider points, I turn to the
9 provisional outline of scope.

10 The clinically vulnerable cannot remain invisible,
11 and CVF are concerned that the provisional scope makes
12 only passing reference to clinically vulnerable people
13 without properly integrating them into the three
14 provisional scope topics or into the 13 questions which
15 the Inquiry team has posed itself, albeit we've been
16 told this morning they are very much provisional.

17 There is no clinically vulnerable roundtable. There
18 is no reference to clinical vulnerability in the
19 potential instruction of experts. And we note and
20 welcome Ms Blackwell KC's reassurance that the team is
21 listening to Core Participant concerns, but we also note
22 that she did not announce any changes to the scope or
23 even the indicative questions. And it's important, we
24 submit, that there are changes before the
25 evidence-gathering process properly begins.

77

1 a court, to people who weren't clinically vulnerable.

2 CVF does not propose any amendment to this topic but
3 assumes that any inequality in the impact of -- the
4 wording of the provisional outline of scope -- will
5 include consideration of clinically vulnerable key
6 workers, given the overall focus of this module.

7 And on provisional scope topic 3, it's important
8 that this topic, which is about vulnerability, makes
9 clear reference to the clinically vulnerable, not just
10 in its text, but in its substance. And CVF is concerned
11 that there is insufficient focus on how clinically
12 vulnerable people will be considered within this topic,
13 because, of course, vulnerability is a wide concept.

14 And CVF has also raised an additional issue at
15 paragraph 27 about the variation of support and the
16 variation in safety measures across different parts of
17 the UK.

18 CVF, from paragraph 28, has proposed a number of
19 additional questions and some slight edits to some of
20 the indicative questions that the Inquiry team have
21 posed themselves. And I don't read them out now, but
22 they are there for your Ladyship's consideration from
23 paragraph 28 of our submissions.

24 Expert reports.

25 We submit that the expert evidence should explicitly

79

1 The experience of clinically vulnerable people
2 should be considered in relation to all the subtopics in
3 this module. This is because in every social space
4 where the pandemic impacted, that impact was different
5 and often more severe for those who are clinically
6 vulnerable. That includes the places Module 10 will be
7 investigating.

8 CVF have proposed some amendments to the provisional
9 scope and certain questions to ensure the experiences of
10 clinically vulnerable people are not left out of
11 accounts. So on provisional scope, topic 1, we have
12 proposed a relatively small change, adding a simple line
13 to the long paragraph:

14 "... including the impact of those who could not
15 benefit from reopening, such as many clinically
16 vulnerable people."

17 This, again, is about framing because reopening
18 implies -- or it does more than imply -- that society
19 was open for everyone, but from the perspective of
20 clinically vulnerable people, it simply was not. And
21 for some, it still is not to this day.

22 On provisional scope topic 2, it's important that
23 the experience of clinically vulnerable key workers are
24 covered by Module 10 because, again, they had a very
25 different experience, whether in a school or a prison or

78

1 cover the impact on clinically vulnerable people, both
2 on their mental health and generally.

3 Roundtables.

4 It's very important to CVF that a roundtable is
5 added to assess the impact of the pandemic on the
6 clinically vulnerable, but in any case, clinically
7 vulnerable representative groups should be invited to
8 the existing roundtables.

9 And finally, final substantive point on the length
10 of hearing, I don't think CTI dealt with this in her
11 submissions this morning, but it is a topic that's
12 raised by a number of CPs, and we say simply this: that
13 similar submissions about the length were made in the
14 build-up to Module 4, which was also three weeks, which
15 ultimately ended up being about 12 days or 11 days of
16 evidence. And whilst the Inquiry team did an excellent
17 job of packing in the witnesses, four or five per day,
18 the inevitable impact is it reduces the length of time
19 for questioning by Core Participants to very, very
20 little; a maximum of five minutes, I think, in Module 4.
21 And in my respectful submission, that should be
22 prioritised in Module 10, particularly as this is the
23 impact on society module, and given the breadth of
24 topics, it may simply not be practical to do anything
25 different to have a module with any less than four or

80

1 five witnesses per day, so I do respectfully ask that
 2 your Ladyship considers that point.
 3 In conclusion, it's a mistake to see clinically
 4 vulnerable people as somehow detached from the general
 5 public. They represent millions of people. Everyone
 6 either has or had or will have a loved one who is
 7 clinically vulnerable if they're not clinically
 8 vulnerable themselves. But clinically vulnerable people
 9 have been consistently left behind and sidelined. And
 10 this is why CVF had proposed, and proposed again, that
 11 clinical vulnerability is added as a protected
 12 characteristic in the Equality Act. This would prevent
 13 the dynamic that I have referred to where they go in and
 14 out of visibility. Enshrining in law is one way -- not
 15 the only way, but one way -- that clinical vulnerability
 16 can become a permanent part of institutions'
 17 consideration of safety measures, reasonable
 18 adjustments, lack of discrimination, and other matters.
 19 And whether your Ladyship is initially attracted to
 20 this idea or not, we ask that consideration is at least
 21 given to supplementing the Inquiry's expert evidence to
 22 include clinical vulnerability and consider what can be
 23 done better in the future. Many thanks.

24 **LADY HALLETT:** Thank you very much indeed, Mr Wagner.

25 I think the next person to speak is Ms Beattie.

81

1 Module 10 throws into sharp relief the social model
 2 which the DPO have advocated throughout the Inquiry,
 3 which identifies the interaction of impairments or
 4 conditions with barriers and attitudes in society as
 5 hindering the full and effective participation of
 6 disabled people on an equal basis with others.

7 The Inquiry will see how, in contrast with disabled
 8 people, the rest of society generally lives without
 9 appreciation of the accommodations they enjoy, but did
 10 not recognise as such until Covid brought some of them
 11 into jeopardy.

12 We unconsciously live with adjustments and
 13 accommodations to make our work and lifestyles possible,
 14 many of which rely on key workers to make them happen.
 15 We do not call them adjustments, but they are.

16 Take food as an example. We might think that we can
 17 feed ourselves, but we rely on shops and services
 18 staffed at all hours by retail workers, cleaners, and
 19 security guards, and supplied by distribution and
 20 transport workers and delivery drivers to provide us
 21 with access to food or to deliver it to our doors.

22 For some, the reality of dependency and our reliance
 23 on adjustments only dawned during the pandemic. For
 24 disabled people, awareness of that reality was not new
 25 but required navigation through what professors

83

1 **Submissions on behalf of DISABLED PEOPLE'S ORGANISATIONS by**

2 **MS BEATTIE**

3 **MS BEATTIE:** My Lady, we act for three Disabled People's
 4 Organisations, or DPO, from across the UK. They are
 5 Disability Rights UK, Inclusion Scotland, and Disability
 6 Action Northern Ireland. The DPO thank you for
 7 recognising them as Core Participants in Module 10.

8 I start with vulnerability. For Module 10, where
 9 the Inquiry is setting out expressly to examine the
 10 impact of the pandemic on the most vulnerable, the DPO
 11 repeat our previous encouragement to be constructively
 12 critical about the term. We are all vulnerable at
 13 different times in different ways. Each of us may also
 14 find ourselves, at one or more times in our lives, and
 15 unexpectedly, among some of the most vulnerable, as
 16 identified in issue 3 of the provisional outline of
 17 scope for Module 10, facing unsuitable or insecure
 18 housing, or homelessness, being a victim of domestic
 19 abuse, or affected by the justice system.

20 For disabled people, pre-existing inequalities
 21 determined by social, economic, and political choice
 22 made the risk of such circumstances even greater and
 23 made the impact of the pandemic, including on mental
 24 health and wellbeing, even harsher.

25 My Lady, the combination of issues to be covered in

82

1 Shakespeare and Watson called the triple jeopardy, from:
 2 one, the virus itself; two, reduced care for
 3 pre-existing needs; and three, the disproportionate
 4 impact on disabled people because of non-pharmaceutical
 5 interventions.

6 My Lady, on the approach to Module 10, the DPO make
 7 five points.

8 First, disabled people are of course part of the
 9 general population referred to in issue 1 of the
 10 provisional outline of scope. The DPO are reassured by
 11 Counsel to the Inquiry's remarks today that there will
 12 be no inadvertent lapse into examining the impact on the
 13 mental health and wellbeing of the population without
 14 taking into account the triple jeopardy faced by
 15 disabled people, who form 24% of the UK population and
 16 without considering the disproportionate impact of the
 17 pandemic on disabled people's mental health and
 18 wellbeing.

19 My Lady, we set out at paragraph 3.1 of our written
 20 submissions some of the many ways in which disabled
 21 people's mental health and wellbeing was
 22 disproportionately affected.

23 Module 10 will also be the opportunity to examine
 24 the cumulative and compounding impact on disabled
 25 people's mental health and wellbeing of other aspects of

84

1 the pandemic, which the Inquiry will have looked at in
2 other modules. Be that disproportionate mortality rates
3 of disabled people, DNACPR notices, vaccine
4 prioritisation decisions, prolonged shielding by those
5 who cannot take vaccines, the clinical frailty scale and
6 ceilings of care in hospitals, school closures, or local
7 authority easements to statutory duties under the
8 Care Act and the Children and Families Act, all of which
9 the Inquiry will have heard about by the time of
10 Module 10. For disabled people, these matters did not
11 happen in isolation. They were not experienced as
12 separate events but were combined and felt relentless.

13 The DPO therefore welcome Counsel to the Inquiry's
14 commitment and reassurance this morning that Module 10
15 and the expert evidence will consider whether there were
16 inequalities in the impact on mental health and
17 wellbeing within and between different demographic
18 groups, including disabled people.

19 We invite the Inquiry to ask professors Shakespeare
20 and Watson to provide a short report on the impact of
21 the pandemic on disabled people to supplement their
22 Module 2 report on the structural inequality which
23 disabled people faced at the pandemic's outset.

24 Second, as with the general population, disabled
25 people are among those working in the key worker

85

1 The position of disabled key workers must be
2 examined and the DPO invite the Inquiry to build on the
3 work of the TUC in their June 2021 report on disabled
4 workers' experiences during the pandemic.

5 This must also include the impact of interventions
6 on key workers who have disabled family members, who
7 faced the risk of spreading Covid if they continued to
8 work but were unable to access alternative sources of
9 income or financial support.

10 Third, the DPO welcome Counsel to the Inquiry's
11 confirmation that the proposed expert evidence will
12 consider operation of mental health services at all
13 levels, including community-based care, which we
14 understand is not limited to people with severe mental
15 health conditions, and inequalities of impact within and
16 between different demographic groups. NHS Digital
17 statistics, while incomplete, suggest that during 2020
18 to 2021, the overall use of the Mental Health Act
19 increased by about 4.5%. At the same time, external
20 monitoring of institutional settings reduced, as the CQC
21 suspended onsite visits to carry out Mental Health Act
22 monitoring reviews which were replaced with remote
23 monitoring via video calls. Onsite visits did not start
24 again until July 2021. Visits from family, friends and
25 advocates were also restricted and for periods ceased

87

1 occupations in issue 2, and the DPO urge the Inquiry to
2 consider the position of disabled workers in relation to
3 each of the subtopics listed.

4 One of the primary ways to avoid disease exposure at
5 work was to work at home. But despite higher clinical
6 vulnerability and the advent in many occupations of home
7 working, disabled people in employment in the UK were
8 more likely to be going out to work during the pandemic
9 rather than working from home, and disabled people were
10 working in occupations that were more exposed to Covid
11 than the occupations of non-disabled workers.

12 Of the key worker groups mentioned in the
13 provisional outline of scope, the DPO are aware of some
14 research suggesting that disabled workers are more
15 likely to work in key public services, food and other
16 necessary goods occupations, and in local and national
17 government, but less likely to work in transport.

18 But this research also suggests that the
19 occupational distribution of disabled workers, although
20 particularly important, given the risks faced by
21 different occupations during the pandemic, has not been
22 extensively explored.

23 What is known is that 3 million disabled workers
24 earn less than £15 per hour, with disabled people more
25 likely to be on precarious zero-hours contracts.

86

1 totally.

2 The DPO invite the Inquiry to scrutinise what, if
3 any, safeguarding measures were put in place to ensure
4 those isolated in psychiatric wards were protected and
5 whether reasonable adjustments were made, including
6 allowing visits from family and friends, supporting
7 communication and digital access needs and involving
8 people in decision making and co-production of care. As
9 already envisaged, the Inquiry will need to consider
10 communal settings, other mental health services and
11 whether there were gaps in service provision.

12 Fourth, on the Inquiry's proposed approach to
13 Module 10, the DPO are keen to participate in the
14 proposed roundtable events, each of which will consider
15 aspects of the pandemic which affected disabled people.
16 Hearing from disabled people as participants in each of
17 the roundtables will be an important part of the
18 Inquiry's information-gathering exercise.

19 In addition to the inviting DPO to the roundtables
20 already listed, the Inquiry would likely benefit from
21 a separate roundtable focusing on issues impacting on
22 disabled people that have not been addressed, or not
23 addressed sufficiently in the earlier sessions. The
24 size of the population of disabled people across the UK
25 and the discrete issues affecting them call for that

88

1 consideration.

2 In our written submissions, the DPO have set out how
3 disabled people are disproportionately affected when it
4 comes to issues of housing and homelessness, as victims
5 of domestic abuse, in prisons and other places of
6 detention, and in the justice system.

7 My Lady, you are hearing today from other Core
8 Participants on a number of these areas and so I will
9 not repeat those points, save to mention that, in
10 Module 2, the Inquiry received relevant evidence on the
11 pre-pandemic situation affecting disabled people. It
12 will be for Module 10 to complete the evidence about the
13 impact of the pandemic itself on disabled people.

14 Fifth and finally, Module 10 will seek to identify
15 where societal strengths, resilience and/or innovation
16 reduced any adverse impact. For disabled people, the
17 pandemic presented a number of innovations, some of
18 which disabled people had long called for but had not
19 been realised. For example, working from home enabled
20 many disabled people to work more or to return to work:
21 a reasonable adjustment which should always have been
22 available, but which only became widely accepted once
23 the pandemic forced it upon the population as a whole.
24 The use of masks reduced infection risk for
25 immunocompromised people.

89

1 The DPO welcome the opportunity to contribute to the
2 Inquiry's exploration of both innovations and potential
3 for change, in order that such system resilience can be
4 attained and lessons learned to inform preparations for
5 future pandemics across the UK.

6 Thank you, my Lady.

7 **LADY HALLETT:** Thank you very much indeed, Ms Beattie.

8 Ms Davies, if you'd like to take us up to lunch?

9 **MS DAVIES:** Thank you, my Lady. Can my Lady hear and see
10 me?

11 **LADY HALLETT:** Can't hear you at the moment and can't see
12 you.

13 **MS DAVIES:** Can you do both now?

14 **LADY HALLETT:** I can see you and hear you. Got it.

15 **Submissions on behalf of THE DOMESTIC ABUSE GROUP by MS
16 DAVIES KC**

17 **MS DAVIES:** I'm delighted, my Lady. Thank you very much.

18 My Lady, the Domestic Abuse Group, which we've been
19 calling the DA Group -- it's important to have the full
20 name at the beginning of submissions -- were pleased to
21 have been given CP status for Module 10. You will
22 recall two of the organisations in our group, Southall
23 Black Sisters and Solace Women's Aid, who were
24 represented in Module 2, and they have been joined by
25 a third organisation, Latin American Women's Rights

91

1 But to be fully inclusive must take into account
2 must take the needs of deaf and hearing-impaired people
3 and resources to communicate access needs were
4 co-designed by disabled people and achieved what
5 pre-existing legal duties to provide accessible
6 information did not.

7 The Inquiry has heard evidence in several modules
8 about the benefit of DPO and other civil society groups
9 becoming involved in co-design of policy, including at
10 the stages of data collection, equality impact
11 assessments and in co-production more broadly. The DPO
12 are keen that Module 10 explores this method of policy
13 making beyond slogans, so that it can become the
14 ordinary way in which government works and, indeed,
15 a new way of binding state and society together.

16 My Lady, returning to the DPO's starting point for
17 all your Ladyship's modules: it was the system that was
18 vulnerable, not people. In looking at societal
19 strengths and innovation, the DPO cautioned your
20 Ladyship against seeking out individual instances of
21 resilience, rather it is for systems themselves to
22 become resilient. They achieve this by being responsive
23 to the people they are designed to serve, responsive to
24 the fluctuating vulnerability of the human condition in
25 all its manifestations.

90

1 Service or LAWRS, and I don't need to explain their
2 purpose because the name is self-explanatory. They're
3 represented by myself and Ms Sergides, and we're
4 instructed by Public Interest Law Centre.

5 These oral submissions are in addition to the
6 Group's written submissions which we know, and indeed it
7 was made very clear by Ms Blackwell this morning, that
8 you and your counsel and solicitor team have taken into
9 consideration.

10 I want to start with the proposals for roundtables.
11 We very much welcome this initiative and we hope that
12 a number of violence against women and girls
13 organisations would be able to participate and we
14 offered in our written submissions to provide a list of
15 possible invitees. I have to say, therefore, my Lady
16 that we were very surprised when we received
17 an invitation to one roundtable event on domestic abuse
18 and two, but not all three of our organisations, were
19 invited to attend. So our first ask is that the omitted
20 group, Solace Women's Aid, receive an invitation.

21 We do not agree that just because their services are
22 delivered to survivors in London, that makes their
23 experience unimportant. In 2020, Solace supported over
24 10,000 domestic abuse survivors. With SBS, they lobbied
25 for funding to establish a Crisis emergency refuge and

92

1 then ran that refugee. They provide refuge
2 accommodation directly, unlike the other two
3 organisations.

4 So SBS and LAWRS are pleased to have been invited to
5 participate but they feel strongly that Solace should
6 also be invited, not least because SBS and LAWRS are by
7 and for organisations. They provide services by members
8 of particular communities to those particular
9 communities, whereas Solace has a different remit and we
10 say the Inquiry would be depriving itself of valuable
11 accounts of experience on the ground if Solace is not
12 invited to the roundtable.

13 Secondly, we are surprised that there is only one
14 roundtable on the subject of domestic abuse and that it
15 is only in London. We heard explanation this morning,
16 but we reiterate that the roundtable exercise would want
17 to obtain a wide range of views from a national,
18 regional and different community perspective, reflecting
19 the diversity of those who experienced domestic abuse.
20 We support the submissions from Scotland, for example,
21 that attendance remotely or payment of travel expenses
22 is not the same as being able to attend roundtables more
23 locally than that.

24 If roundtable meetings do take place out of London,
25 and we are aware of resources, but we say a more

93

1 asylum, and more broadly migrants' rights are not lost,
2 and both ourselves and the Migrants' Rights Coalition
3 noticed that initially in the CTI note they did appear
4 to have dropped down.

5 We hope that the focus on key workers will include
6 those workers in the domestic abuse sector who were
7 delivering frontline services, and those who were not
8 frontline but providing necessary support. We gave
9 evidence in Module 2 of the confusion over the status
10 for domestic abuse workers, whether they could access
11 schooling, vaccination, as key workers, et cetera, and
12 we hope that the Inquiry will accept that those dealing
13 with survivors of domestic abuse are self-evidently key
14 workers, and should be treated as such, both by this
15 Inquiry and by government in future pandemics.

16 We have made the point in written submissions that
17 for survivors of domestic abuse, the most obvious harm
18 from the pandemic was lockdown, which we know resulted
19 in a significant increase in domestic abuse and
20 difficulty in seeking help, support and a place of
21 safety. But we also say that the overall harm of the
22 pandemic and lockdown was more nuanced than that. It
23 involved the potential harm to health from the virus,
24 the isolation of lockdown and the ability of
25 perpetrators to use both the fear of the virus and

95

1 representative national picture of the experience of the
2 domestic abuse sector will be obtained, not least
3 because many violence against women and girls
4 organisations are outside London are precisely those by
5 and for organisations and can bring diverse voices to
6 the table.

7 We would suggest that the Inquiry suggest this
8 directly with the Domestic Abuse Group on invitations to
9 the roundtables and where they could be heard, so that
10 there's a good mix of national, regional providers and
11 the voices of diverse communities, and we'd be delighted
12 to cooperate with that.

13 We also recognise, in relation to the roundtable,
14 that the different issues, domestic abuse, justice,
15 housing, and so forth, don't entirely operate in silos,
16 and we suggest that consideration is given so that
17 organisations whose primary concern is one of those
18 issues, in our case domestic abuse, are also invited to
19 participate on housing, justice and key workers because
20 otherwise we believe the valuable experience will be
21 lost.

22 My Lady, I can be shorter on my four other points
23 which are scope, further evidence gathering, disclosure,
24 and the time estimate.

25 On scope, we urge that issues round immigration and

94

1 lockdown against victims.

2 We heard Ms Blackwell today and we appreciate that
3 CTI recognises this is not a semantic point but that all
4 different harmful effects of the pandemic and of
5 lockdown and of the other measures will be considered,
6 and we support the point made eloquently just now by the
7 Disabled People's Organisations around triple jeopardy,
8 where she was effectively making the same point.

9 On evidence gathering, we do propose that the remit
10 of expert evidence is expanded beyond diagnosed and
11 severe mental health conditions to include prevalence of
12 trauma, requests for counselling services, and other
13 mental health conditions that may not have been
14 diagnosed as severe, and our experience is that women
15 seeking support from the domestic abuse sector reported
16 a significant increase in the complexity of their cases,
17 and also the aggravation of mental health conditions.

18 We stress that the approach at all stages of
19 evidence gathering should be based on an understanding
20 of intersectionality. Individuals suffered different
21 types of harm during the pandemic and lockdown,
22 depending on their different circumstances. Men were
23 less likely to experience domestic abuse than women,
24 black and minoritised women's experience of domestic
25 abuse can be different to those of white women. We

96

1 agree with the point made by the Disabled People's
2 Organisations that disabled people disproportionately
3 experience domestic abuse, and we remind the Inquiry of
4 the triple abuse experienced by migrant survivors of
5 domestic abuse: the pandemic, and the opportunity for
6 further control by perpetrators who can threaten reports
7 to the Home Office or destitution.

8 The Migrants' Rights Coalition has made a further
9 point about the even more vulnerable position of
10 undocumented migrants and, clearly, undocumented migrant
11 survivors of domestic abuse were in a yet further worse
12 position, and all those different structural constraints
13 need to be understood in relation to expert evidence,
14 the Systematic Evidence Review and the roundtable.

15 We would welcome the opportunity to suggest existing
16 research, some of it indeed adduced by the Southall
17 Black Sisters and Solace Women's Aid in Module 2 as part
18 of the Systematic Review.

19 In Module 2 we also invited other domestic abuse
20 organisations to give accounts of their experience and
21 those of the survivors during the pandemic and lockdown,
22 and we reported those to the Inquiry, and, if helpful,
23 we'll be happy to repeat the exercise. We support the
24 submissions already made that both expert evidence and
25 impact evidence already provided for Module 2 should be

97

1 **MS BLACKWELL:** Thank you.
2 (1.03 pm)

3 (The Short Adjournment)

4 (2.00 pm)

5 **MS BLACKWELL:** Good afternoon, my Lady. Can you see and
6 hear me?

7 **LADY HALLETT:** Good afternoon. I can, thank you.

8 **MS BLACKWELL:** I think we're ready now to go to Mr Westgate,
9 King's Counsel, who will address you on behalf of
10 Shelter.

11 **LADY HALLETT:** Mr Westgate.

12 **Submissions on behalf of SHELTER by MR WESTGATE KC**

13 **MR WESTGATE:** Thank you. I hope you can hear me.

14 **LADY HALLETT:** I can.

15 **MR WESTGATE:** Thank you. I act on behalf of Shelter,
16 a charity working across the fields of housing and
17 homelessness, providing legal help and services, and
18 also acting as a campaigning and research organisation
19 engaging with national and local government.

20 Shelter is grateful to be designated as a Core
21 Participant and it welcomes the opportunity to
22 contribute to the work of the Inquiry. We've made
23 written submissions -- we don't repeat those -- and we
24 recognise the careful and thoughtful engagement that we
25 heard this morning from Counsel to the Inquiry about

99

1 within the remit of Module 10 to consider.

2 Finally, my final two very short points, my Lady,
3 which are practical matters. We support the suggestion
4 that disclosure should be completed, indeed fully
5 completed, two months prior to the start of the hearing,
6 and we suggest that those documents that were disclosed
7 in earlier modules are labelled as such because those
8 CPs who have been involved in earlier modules will find
9 it much easier then to analyse the documents.

10 On the time estimate, we agree that three weeks is
11 probably insufficient. We would have thought four weeks
12 but we think it's right to keep it under review.

13 We reiterate that we are delighted to cooperate with
14 any requests from the Inquiry on evidence gathering or
15 anything else, and particularly to help the Inquiry on
16 arranging the roundtables and appropriate invitees.

17 Thank you very much, my Lady.

18 **LADY HALLETT:** Thank you very much indeed, Ms Davies. Quite
19 a canter. I assure those whom you represent that I will
20 obviously bear very much in mind all that is contained
21 in your written submissions.

22 Very well, Ms Blackwell, shall we break now for
23 lunch --

24 **MS BLACKWELL:** Yes, please, my Lady.

25 **LADY HALLETT:** -- and return for 2.00, please.

98

1 suggestions made in ours and various other submissions,
2 and we note what's said about key workers and the focus
3 on lessons to be learned, including action on evictions.

4 We particularly welcome the commitment to hearing
5 the voices of those who are often overlooked or hard to
6 access, and Shelter is keen to engage in how to make
7 this effective, especially for those who have
8 experienced homelessness.

9 Rather than repeat our written submission, what we
10 want to do is stress two themes: firstly, the centrality
11 of housing issues to this model and the need to
12 understand, we say, the extent of housing vulnerability
13 and inequality before the pandemic started. This, we
14 suggest, needs to be a broad enquiry, not only to focus
15 on specific areas such as temporary accommodation,
16 important though that is. The second point is about
17 access to housing services and particularly the Everyone
18 In initiative.

19 On the first point, Shelter believes that access to
20 housing and housing quality played a key role in how the
21 pandemic and lockdown impacted. The injunction in
22 March 2020 that you must "stay at home" meant very
23 different things depending on what home, if any, you
24 had. That's in the background where, in the autumn of
25 2019, over 4,000 people were estimate to have no home at

100

1 all and to be sleeping rough. A far larger proportion,
2 a far larger number, were in temporary accommodation as
3 homeless persons. By December 2020, these numbered more
4 than a quarter million, and as we set out in our
5 submissions, 17% of those were in bed and breakfast and
6 hostels. The multiple adverse effects on their
7 wellbeing were recorded in a contemporary report by
8 Shelter in that year.

9 But beyond this, there's a wider and chronic problem
10 of poor housing conditions. In 2020, 3.5 million homes
11 didn't meet the Decent Homes Standard, and 941,000 had
12 serious damp. And often, many problems in housing
13 overlap.

14 In addition to that, according to the 2021 census,
15 some 1.1 million households in England and Wales were
16 overcrowded. Many homes had no private plot or outdoor
17 space for use by the occupier. And all of this is
18 compounded by unaffordable rents and inadequate help for
19 those struggling to pay, which reduces housing choice
20 and means that accommodation when it is found is often
21 precarious.

22 Now, against that background, we of course
23 understand that the Inquiry isn't charged with making
24 recommendations about the general state of housing in
25 the UK or what can be done to remedy it, but it does

101

1 harshly on the wellbeing of those in overcrowded and
2 poor housing, in addition, potentially exposing to other
3 health risks quite apart from Covid. And mitigations,
4 thirdly, available to others don't apply. There's often
5 going to be no space to take advantage of something like
6 working from home, and of course less ability to move or
7 go and stay with others.

8 And it's that last point that leads on to our second
9 general theme, which is access to housing services and
10 Everyone In.

11 During the pandemic, numbers in temporary
12 accommodation appear to have increased, and the Inquiry
13 should, we consider, consider how effectively people
14 were able to obtain housing and homelessness services
15 and the quality and type of accommodation they were able
16 to secure through that route and how it affected them,
17 and we're pleased to note that this is specifically
18 under consideration and is a topic to be included in the
19 roundtable headings.

20 The second point we make, and linked to this, is
21 about a specific initiative, Everyone In, under which
22 local authorities were asked to provide accommodation
23 for all who were at risk of street homelessness. There
24 are, as we've said in our written submissions, a number
25 of positive lessons to be learned from this, and we are

103

1 need, we suggest, to be fully apprised of the
2 pre-existing prevalence of housing disadvantage and how
3 that was liable to compromise occupiers' resilience and
4 their ability to cope.

5 The need to address that is all the more pressing
6 because housing disadvantage of this kind is more likely
7 or more severe for those who already suffer
8 discrimination or who are particularly vulnerable. We
9 have dealt with that in our written submissions, and
10 it's something the Inquiry has rightly stressed as a
11 priority. Other submissions speak powerfully to this,
12 and it's critical the Inquiry gives full attention to
13 it. But it should do so against the wider background of
14 low quality and insecure housing, where this often
15 overlaps with other factors such as low income. This,
16 we say, is crucial to understanding how the pandemic
17 affected the population generally, and also necessary to
18 model the effects of a similar emergency in the future
19 and identify what steps are necessary to avoid it.

20 There's a general correlation between ill health and
21 poor housing, and the issues here include:
22 a vulnerability to Covid infection and the ability to
23 keep safe and take measures to avoid infection, such as
24 ventilation, distancing, and keeping clean; and also the
25 fact that measures restricting movement bear more

102

1 happy to be able to work with the Inquiry in identifying
2 those. But the problem also suffered from a lack of
3 clarity and consistency with too many people being
4 turned away for a variety of reasons, and support was
5 sometimes difficult to access.

6 A particular problem arose for those who were
7 ineligible for housing and most other assistance because
8 of their immigration status. It would have been
9 possible to alter this in perhaps the same way that
10 there were easements for other statutory duties, but
11 that wasn't done, and nor was there any clear guidance.

12 Now, there may be a number of ways to address this
13 in a future, similar pandemic, and Shelter would favour
14 a specific emergency duty. But what happened was that
15 the system was insufficiently agile when faced with
16 a clash between a measure imposed for one purpose,
17 immigration control and limiting access to state help,
18 and the demands of public safety.

19 This is -- we understand what's been said about the
20 Inquiry not trespassing into decision making in this
21 module, but we don't understand an Inquiry of this kind
22 to fall on the wrong side of the line.

23 So those -- so in conclusion, those are two issues
24 that we've identified. We've identified a number of
25 others in our written submissions, and by focusing on

104

1 two, we don't intend to sideline the other points. But
 2 we do, of course, recognise, though, that the Inquiry is
 3 going to have to be proportionate and selective in what
 4 it addresses, given a module of this width. But even
 5 with that, we agree with other Core Participants that
 6 a three-week hearing may be insufficient to deal with
 7 all the many issues that arise, and we support the
 8 suggestion that that should be kept under review. Those
 9 are our submissions.

10 **LADY HALLETT:** Thank you very much indeed, Mr Westgate,
 11 especially for focusing on the main issues that you
 12 wished to highlight. Thank you. I will take into
 13 account, obviously, all the other matters you raise in
 14 your written submissions.

15 Right, Ms Munroe.

16 **Submissions on behalf of JUSTICE SECTOR COALITION by MS**
 17 **MUNROE**

18 **MS MUNROE:** Good afternoon, my Lady. Can you hear me and
 19 see me?

20 **LADY HALLETT:** I can. You've changed horses, Ms Munroe.

21 **MS MUNROE:** I'm wearing a different hat today in a different
 22 location.

23 Good afternoon, my Lady. Today I make oral
 24 submissions on behalf of the Justice Sector Coalition,
 25 herein I'll refer to simply as JSC, who I represent,
 105

1 five points: access to justice, the roundtables, data
 2 and stats, Rule 9 and disclosure, all of those in light
 3 of Ms Blackwell's very helpful submissions this morning.

4 But before that, just by way of a brief
 5 introduction, my Lady, the hallmark of a properly
 6 functioning society is how it treats its most vulnerable
 7 citizens and, in terms of the justice systems, they are
 8 illustrative of that fact in many instances because it
 9 is the most vulnerable in our society who often find
 10 themselves at the interface of the civil, family,
 11 criminal courts and tribunals.

12 We heard in Module 1 in particular about the state
 13 of preparedness and planning of the healthcare systems,
 14 across the four nations, and the question of resilience
 15 or otherwise of those systems was brought starkly into
 16 focus.

17 We say an analogy can be drawn with the justice
 18 systems. Like health, the justice systems are
 19 cornerstones of our society. They employ tens of
 20 thousands of individuals, professionals from a variety
 21 of skills and seniority. These professionals, by dint
 22 of their employment, come into direct and close contact
 23 with members of the public, often when they are at their
 24 lowest, weakest and most in need of help. In a very
 25 real and obvious sense, these are frontline key workers,
 107

1 along with Ms Sergides and Ms Twite, instructed by
 2 Joseph Latimer of Public Interest Law Centre. JSC
 3 brings together 12 groups -- they are listed on the
 4 heading of our submission, so I won't read them all out
 5 now -- but they encompass charities and legal
 6 professional bodies, legal aid groups, law centres, who
 7 are representative of the whole of the UK.

8 JSC's evidence will provide the Inquiry, we hope,
 9 with the insight into the operation of the legal system
 10 during the pandemic, across multiple areas of law
 11 affecting the vulnerable communities outlined in the
 12 Inquiry's Equality Statement.

13 When speaking of the justice system, we say it is
 14 important not to conflate justice system and places of
 15 detention, for example. For JSC, the justice system
 16 includes the obvious -- civil, family and criminal
 17 courts -- but also advice services, ability of our
 18 members to enter mental health establishments, police
 19 stations, interview rooms and prisons.

20 My Lady, I'm grateful that you've read and are fully
 21 aware of our written submissions. I will not address
 22 all matters in that document due to the time available,
 23 but we do not resile from any of the important points
 24 that we raise there.

25 I do propose simply to highlight, in short form,
 106

1 and, like health, the justice system needed to be strong
 2 and resilient at the time the pandemic broke.

3 It is important, we say, to contextualise the
 4 justice systems at the start of the pandemic. Like
 5 health, justice systems faced increasing difficulties
 6 and challenges to sustain themselves and properly meet
 7 the demands of the public and society to have effective,
 8 fair, open and transparent accessible justice systems.

9 That is important to understand, in order to grasp
 10 what happened to them and what happened to those who
 11 tried to access and use them. It is their lived
 12 experiences that highlight and perhaps best illustrate
 13 the problems and difficulties that were faced.

14 We have also seen, my Lady, throughout the modules
 15 in this Inquiry the theme of discrimination and
 16 inequalities and how the pandemic exacerbated existing
 17 societal inequalities, particularly in terms of class
 18 and structural racism. It will come as no surprise to
 19 your Ladyship that we also find those patterns when one
 20 dissects what was going on in the justice systems at the
 21 time of and during the pandemic?

22 So, one, access to justice.

23 Delays in the system led to vulnerable people
 24 failing to access justice in a timely manner. Without
 25 full and proper access to justice, there is no fairness
 108

1 or effective participation. Everything flows from
2 access. For many of those most vulnerable people in
3 society, the pandemic directly and severely impeded
4 their ability to access such justice. The pandemic and
5 the ensuing lockdowns and social restrictions had
6 an immediate and profound impact on those systems,
7 causing postponements, cancellations, delays in
8 applications, processes, hearings and judgments. This
9 had a direct bearing on the service-users themselves,
10 who were unable to access justice when, where and how it
11 was required.

12 It is often said that justice delayed is justice
13 denied and in the family and criminal court certainly,
14 even before the pandemic, they already faced backlogs
15 and delays and lengthy waiting times. The pandemic
16 exacerbated and increased that.

17 Taking crime as an example, my Lady, custody time
18 limits were routinely extended leaving remand defendants
19 and children -- though that was changed following legal
20 challenge in relation to children -- languishing for
21 extended periods in custody awaiting trial. It also
22 meant that witnesses, including those who were victims
23 of crime, were waiting longer to give evidence.

24 The ramifications were particularly starkly observed
25 in the family courts. Delay and adjourning cases

109

1 properly considered in the planning. Remote hearings
2 were often not remotely fair. By way of example, poorer
3 families and excluded communities found it more
4 difficult to access the relevant technology, due to not
5 having sufficient phone credits, access to smartphones
6 or computers, or indeed lacking in understanding or
7 capacity to use them. One practitioner described how,
8 in a family proceeding, where there were very difficult
9 family dynamics, one party, the father, could only
10 participate by using his phone from his car, whilst
11 other parties connected to Skype for Business from the
12 family home. He was also unable to communicate and give
13 instructions to his lawyer.

14 Witnesses sometimes had to give evidence remotely
15 from their own homes, where they could not access any
16 emotional or psychological support. Again,
17 a practitioner gave us a very graphic example of a case
18 involving a ceiling of care for a child and whether or
19 not they should be ventilated. Counsel for the parents
20 had to contact them individually because they were in
21 different locations, and tell them the tragic news of
22 their son's situation. The mother, inevitably
23 distressed, was at home with other children who
24 overheard what was going on, leading to one of the
25 children tearfully pleading with the mother's barrister

111

1 involved in domestic abuse, child protection, serious
2 fact finding and welfare hearings in care proceedings
3 left vulnerable children and families in limbo. Care
4 proceedings placed the welfare of the child at the very
5 centre, yet these were often the very proceedings most
6 impacted. Children and families already facing
7 uncertain futures had that uncertainty increased due to
8 the delays and, in turn, negatively impacted upon their
9 welfare and stability.

10 Family justice saw a surge in cases post-lockdown
11 with the child protection referrals increasing rapidly
12 after schools reopened, and concerns about hidden harms
13 to children coming to light. More research, we say, and
14 data analysis is required in this area in order to have
15 a fuller, clearer picture.

16 Applications for non-molestation orders and
17 occupation orders also rose significantly. Mental
18 health -- which of course is a central theme for this
19 module, mental health concerns amongst parents became
20 a leading cause of child protection referrals.

21 Digital exclusion and data poverty. In many
22 respects, when the pandemic struck, the move to remote
23 hearings was seen as heralding innovative and speedy
24 remedies to delays in the justice system but, in fact,
25 digital exclusion and data poverty sadly were not

110

1 to ensure he could do all he can to save his brother's
2 life.

3 Some practitioners have reported that judges were
4 not always amenable to allowing them time to take
5 instructions mid-hearing, for fear that pausing the link
6 may potentially lose the link and, even where telephones
7 and computers could be accessed, the platforms were not
8 tried and tested. Telephone facilities often failed,
9 especially in certain secure psychiatric hospitals and
10 prison environments where mobile phones were not
11 allowed, and those who needed to rely on these had to
12 rely on video link facilities provided by the
13 institutions. These were often overwhelmed and worked
14 intermittently.

15 In certain housing matters, we have reports of the
16 lack of access to technology leading in some cases to
17 hearings happening without clients being present. Legal
18 firms were sometimes asked to host clients and
19 occasionally witnesses in their own offices for virtual
20 hearing, thus transforming them into mini courtrooms,
21 a solution to the difficulties faced by the courts, but
22 without any support or risk assessment to those firms
23 and lawyers.

24 Again, examples from the family court, my Lady,
25 practitioners had reported judges bypassing legal reps

112

1 and speaking directly to parents on remote hearings on
 2 matters of importance, such as their views on
 3 a particular order. But without that parent having
 4 recourse to a private consultation with their lawyer,
 5 without them having given instructions and, importantly,
 6 without them having received legal advice.
 7 Understandably, lawyers saw this as highly
 8 disadvantageous to their clients.

9 In other instances, judges heard cases on
 10 submissions only without oral testimony from the usual
 11 roster of witnesses, such as social workers and parents,
 12 due to difficulties in hearing witnesses remotely.

13 A tier down from remote hearings were those
 14 conducted by telephone alone, which produced further
 15 problems and, we say, unfairness both in terms of the
 16 process and the outcomes.

17 Mental health was perhaps a very stark example of
 18 the difficulties that both practitioners and,
 19 importantly, their clients faced. Practitioners noticed
 20 that it was always very difficult gaining trust and
 21 rapport with new clients over the telephone but
 22 particularly so in the setting of mental health
 23 tribunals. When MHRTs were conducted over telephone
 24 facilities, this did impact upon the effective
 25 participation for inpatients, due to their inability to

113

1 roundtables will entail. These are important because
 2 they potentially are discussions that could provide
 3 highly relevant useful information and material to
 4 assist your Ladyship and the Inquiry in terms of fact
 5 finding and determining what happened in the justice
 6 system during the pandemic, as importantly, these
 7 discussions may assist going forward in terms of how we
 8 plan better and prepare for the future and the next
 9 pandemic. We are concerned that no opportunities are
 10 lost.

11 With that in mind, I echo what has already been
 12 said, in particular the submissions made on behalf of
 13 the group by Ms Davies, King's Counsel: the issues
 14 should not be considered in silo or isolation. What
 15 happens in our civil, criminal and family courts did not
 16 operate independently of what happened elsewhere and the
 17 lived experience of other groups; they intersect, and it
 18 is important that the justice sector roundtables do not
 19 become mere echo chambers. To that end, we say that the
 20 process would benefit rather than from one roundtable,
 21 but from a series of roundtables, targeted and focused,
 22 because of the sheer size of issues under consideration.

23 We appreciate the indication that the roundtables
 24 will be moderated and minuted, and we note that non-CPs
 25 will be invited to take part, although the

115

1 use technology or other communication issues. It also,
 2 on occasions, fuelled their own mental health or
 3 paranoia about how such tribunals were being conducted,
 4 this was also particularly difficult for those using
 5 interpreters, and there was genuine concern amongst
 6 practitioners that, as a result, many people did not
 7 exercise their right to legal representation because
 8 they felt unable to do so without a face-to-face
 9 interaction.

10 My Lady, those are just a few of the examples that
 11 we could give, and perhaps chimes with this point about
 12 impact witnesses, and how they have given the Inquiry,
 13 thus far, some of the most important visceral and
 14 memorable evidence that has fed into reports that have
 15 already been written, and will be written in future.

16 Two, Roundtables. I can say, pausing here, that we
 17 are grateful and welcome Ms Blackwell's discussions with
 18 the advocates this morning at very short notice.
 19 Ms Blackwell, King's Counsel, and her team were able to
 20 discuss with us some of the matters arising and, going
 21 forward, we certainly are confident that this
 22 collaborative approach of working together will
 23 continue.

24 We are heartened by what has been said in terms of
 25 fleshing-out some of the skeleton of what the

114

1 practicalities of that is obviously something that needs
 2 to be further considered.

3 We understand there will be reports, and they will
 4 form part of the evidence for this module. The reports,
 5 we say, should be made public and obviously inform the
 6 Inquiry's decision-making process.

7 Three, stats and data. Data or the lack thereof has
 8 quite rightly been a running theme in this Inquiry. We
 9 have done our own minor research and some data analysis
 10 in respect of the Met Police, employment tribunals and
 11 the family courts. Taking the police data, for example.
 12 Whilst police work in areas such as seizing drugs did
 13 not significantly change the ability of the Magistrates
 14 Courts and the Crown Courts to deal with it did.

15 The mental health tribunals and the social security
 16 and child support and immigration tribunals all showed
 17 a significant reduction, though they started to climb
 18 quickly again thereafter.

19 This limited work that we've been able to do in the
 20 time underpins our submission that the Inquiry would
 21 benefit from instructing an expert who would collate and
 22 analyse the available data in order to form a clearer
 23 view.

24 **LADY HALLETT:** Ms Munroe, I'm sorry to interrupt. I'm
 25 afraid I'm going to have to ask you to bring your

116

1 submissions to a close.

2 **MS MUNROE:** I will, my Lady.

3 The only other matter, then, is in relation to the
4 Rule 9. We've got our paragraph 21, we set out five
5 named individuals and organisations. We would also
6 request that Rule 9 approach be made to the National
7 Appropriate Adult Network, which is an organisation that
8 was particularly involved in remote representation for
9 vulnerable people at police stations.

10 **LADY HALLETT:** Thank you very much indeed, Ms Munroe. I'm
11 sorry I had to interrupt.

12 **MS MUNROE:** Not at all.

13 **LADY HALLETT:** Right, I think Mr O'Ceallaigh? Have
14 I pronounced it correctly?

15 **MR O'CEALLAIGH:** O'Ceallaigh, my Lady. Can you see and hear
16 me?

17 **LADY HALLETT:** I can now.

18 **Submissions on behalf of PRISON AND IMMIGRATION DETENTION**
19 **ADVOCACY GROUP by MR O'CEALLAIGH KC**

20 **MR O'CEALLAIGH:** I'm very grateful. I appear for the Prison
21 and Immigration Detention Advisory Group alongside Paul
22 Clark, instructed by Joseph Latimer of the Public
23 Interest Law Centre.

24 It is a long-established legal principle that those
25 incarcerated at the hands of the state are in

117

1 contact with persons who are detained in prison,
2 including those who are especially vulnerable in that
3 category, such as children, and policy and campaigning
4 work.

5 During the pandemic, the Howard League provided
6 support to prisoners, in particular children and young
7 people, as the charity runs the only dedicated legal
8 advice line for children and young people in custody
9 aged 21 and under in England and Wales.

10 Bail for Immigration Detainees, or BID, is a charity
11 devoted to securing access to justice for people in
12 immigration detention. BID supports thousands of
13 detainees annually by providing representation in bail
14 applications all across the UK, as well as free legal
15 advice, both in person and by telephone. BID is one of
16 only a handful of organisations that works across the
17 country and across the entirety of the detention estate.
18 BID also conducts field research and uses case sample
19 analyses of its casework as the basis for extensive
20 publications and gives evidence to government and
21 international human rights bodies.

22 The Prison Reform Trust is a charity that conducts
23 extensive research into the workings of the prison
24 system in order to inform prisoners, prison staff and
25 the wider public and to encourage public debate on

119

1 a singularly vulnerable position and that, as a result,
2 the state has a duty to protect them. This module will
3 be the first to consider the respects in which during
4 the Covid-19 pandemic the British state either met that
5 duty or failed to meet it. As a body composed of
6 leading national charities representing the interests of
7 those detained both in the criminal justice system and
8 pursuant to immigration detention powers, the Prison and
9 Immigration Detention Advisory Group, or PIDAG, is very
10 grateful to have been designated a Core Participant in
11 this module.

12 In these short submissions, I propose to address the
13 charities briefly, and I want to say a little about
14 decision making, roundtable events, the systematic
15 evidence review, and then some matters arising from what
16 the other CPs have said this morning.

17 We commend our written submissions to my Lady, and
18 we don't propose to repeat them. PIDAG would
19 particularly like to emphasise the list of potentially
20 important issues that we set out at paragraph 14 of that
21 document.

22 By way of very short introduction, PIDAG is composed
23 of four charities. First, the Howard League for Penal
24 Reform is the world's oldest prison charity. It engages
25 in a broad range of activities which encompass direct

118

1 prison conditions and the treatment of prisoners. It
2 also provides advice and assistance to prisoners and
3 their families in the form of written guides and
4 a telephone advice line. PRT publishes extensively,
5 including both detailed research reports on the penal
6 system and short, focussed briefings.

7 Importantly, during the pandemic, PRT initiated the
8 urgent Covid-19 Action Prison Project: Tracking
9 Innovation, Valuing Experience, or CAPPTIVE, through its
10 Prisoner Policy Network, which described and recorded
11 life in prison during the pandemic in prisoners' own
12 voices following hundreds of responses.

13 Medical Justice is a charity that works to uphold
14 the health and associated legal rights of people in
15 immigration detention. Working with clinicians and
16 interpreters, MJ facilitates the provision of
17 independent medical advice and assessment of those
18 detained under immigration powers, as well as conducting
19 research into issues affecting people in immigration
20 detention, and producing detailed reports. MJ handles
21 between 500 and 1,000 cases a year and continued its
22 work during the pandemic.

23 The pandemic was a frightening time for all, but
24 there's a particular terror that comes from facing the
25 disaster through a locked door. Some prisoners were

120

1 kept in their cells for 23 and a half hours a day,
 2 people were held for longer than necessary and in worse
 3 conditions. Whilst many of the dangers that apply to
 4 society at large were applicable in prison, there were
 5 additional dangers faced by prisoners and immigration
 6 detainees that simply did not apply to the general
 7 population. People died, for example, because of the
 8 limitations placed on the assessment, care and custody
 9 and teamwork system because of changes to the prison
 10 regime and for other reasons which were specific to
 11 detention as a context. Many of these reasons persisted
 12 long after the pandemic was over. That is a long tail
 13 of Covid-19. We're very grateful to Ms Blackwell King's
 14 Counsel's indication that there is room for considering
 15 the ongoing impact of the pandemic.

16 The PIDAG charities hope to assist the Inquiry in
 17 examining the particular consequences of the pandemic on
 18 the especially vulnerable cohorts they try to speak for,
 19 including the ongoing consequences, and that long
 20 shadow.

21 In respect of decision making, we fully accept and
 22 understand what Ms Blackwell KC had to say about the
 23 fact that there has already been a separate module on
 24 decision making, but as far as we're aware, Module 2 did
 25 not consider what happened behind the locked doors of

121

1 In our written submissions, we flag three reasons
 2 for adopting that position:

3 First, those imprisoned by the state are in
 4 a position that's uniquely separate from the rest of
 5 society. Their experiences during the pandemic were
 6 vastly different from those of people who had their
 7 liberty. In circumstances where this is the module to
 8 fully examine those experiences, there is considerable
 9 value in having a roundtable dedicated to them.

10 Second, while those who were in detention during the
 11 pandemic will inevitably have experienced the justice
 12 system in one form or another, there will be many
 13 detainees and prisoners for whom the experience of the
 14 justice system itself wasn't critical to their
 15 experience of the pandemic, for example because it
 16 predated March 2020.

17 Third, the justice system itself is a very broad
 18 topic that merits its own roundtable and will require
 19 consideration of those issues outside the scope or the
 20 experience of most prisoners or detainees, as you've
 21 heard very eloquently from Ms Munroe, King's Counsel.

22 There is a real issue, in our submission, that if
 23 those issues are addressed at a roundtable together with
 24 issues facing detainees and prisoners, neither set of
 25 issues is examined adequately. To those reasons we

123

1 detention centres in prisons. To understand what
 2 happened in those dark places, there will have to be
 3 some consideration of, for example, first, the policy
 4 choice not to have a proper early-release system;
 5 second, the policy choice to continue to use immigration
 6 detention with no time limit as a tool at a time when
 7 removals, the supposed purpose of such detention, was
 8 literally impossible.

9 PIDAG is anxious that the careful delineation of
 10 issues necessary in such a broad inquiry as this is not
 11 at the expense of allowing it to understand where
 12 impacts and harms arose directly from deliberate policy
 13 decisions. Without that analysis, it will not be
 14 possible for the Inquiry to make the recommendations
 15 that will lead to better outcomes in any future
 16 pandemic.

17 On roundtable events, I'd like to briefly address
 18 the proposals we've had. I set out in our submissions
 19 PIDAG very much welcomes the concept of the roundtable
 20 events. However, it remains our position that the
 21 category of prisons and other places of detention and
 22 those affected by the operation of the justice system is
 23 just too broadly drawn. PIDAG is very anxious that both
 24 of those topics are examined fully and, in our view,
 25 that is likely to mean separate roundtables.

122

1 would add a fourth: the key purpose of this Inquiry is
 2 to learn lessons for the next one. Prisoners and
 3 immigration detainees are a group that will by
 4 definition be affected differently and, almost
 5 certainly, more severely than the general public in any
 6 future pandemic. It is important that the analysis of
 7 the failings and successes of the pandemic in this
 8 important metric is not swamped by the many complex
 9 issues caused by the pandemic in respect of the justice
 10 system more generally. In that context we endorse the
 11 comments of the Justice Sector Coalition in paragraph 12
 12 of their helpful submissions.

13 We have had a useful conversation with Ms Blackwell
 14 KC, to which Ms Munroe has already referred, this
 15 morning, and her team, and we appreciate them taking the
 16 time to speak to us. We also appreciate, if I may say,
 17 the collegiate approach suggested by that discussion and
 18 by her submissions this morning. We've been given to
 19 understand that there will be proper moderation and
 20 separate breakout rooms now at these roundtables, which
 21 may facilitate at least some detailed examination of the
 22 issues affecting immigration detainees and prisoners,
 23 Ms Blackwell KC helpfully indicated that further details
 24 of the roundtables will be provided, that detail will be
 25 essential.

124

1 PIDAG sees the roundtables as an enormous
2 opportunity for really effective evidence gathering and
3 is anxious that the opportunity is taken. We would
4 welcome the opportunity to have input into the
5 structures of those roundtables. If, contrary to our
6 submissions, my Lady takes the view that it is not
7 appropriate to have separate roundtables for the justice
8 system and for those incarcerated, we would ask that the
9 Inquiry keep under review the possibility of having
10 further roundtables if the experience of conducting them
11 shows that this is required.

12 In respect of the Systematic Evidence Review, I'd
13 like to deal shortly with that. Again, PIDAG is very
14 supportive of this approach, which will hopefully
15 provide the Inquiry with an extremely useful evidence
16 base. The charities wish, however, to flesh out three
17 short points flagged by Ms Blackwell KC earlier on.

18 First, the specific context of incarceration means
19 that it is vital that both prisoners and people in
20 immigration detention are among the demographic groups
21 that are identified for consideration. As I've already
22 noted, it is highly likely to be of use in planning for
23 and responding to any future pandemic.

24 Second, the work of each of PIDAG's constituent
25 organisations, who have done a vast amount of work on

125

1 Third, we endorse the query raised by Mind
2 paragraph 16, the TUC at paragraph 18 and Shelter and
3 the DA Group today in respect of the question of whether
4 three weeks will be sufficient time to hear important
5 evidence. This is a concern raised in our own
6 submissions and one that will apply with greater force
7 if the roundtables don't turn out to be as effective as
8 hoped.

9 Finally, we endorse the request that the DA Group at
10 paragraph 14 for confirmation that the list of potential
11 invitees supplied by Core Participants for roundtable
12 events will be considered.

13 In conclusion, my Lady, and to recall something said
14 by Ms Munroe KC earlier, it was the American author,
15 Pearl Buck, who wrote that the test of a civilisation is
16 the way that it cares for its helpless members. Those
17 incarcerated by the state are, particularly during
18 a national emergency like a pandemic, among its most
19 helpless, most powerless, most vulnerable members.
20 PIDAG looks forward to assisting the Inquiry as much as
21 it can in its task of determining whether the United
22 Kingdom passed that test during the pandemic and setting
23 out ways of ensuring that in any future pandemic it does
24 better.

25 Those are our submissions.

127

1 this, should be part of a Systematic Review of any
2 available reach.

3 Third, PIDAG considers that it will be particularly
4 important to consider the position of those incarcerated
5 and those subject to extreme limitations on the ability
6 to exercise when assessing the impact of the pandemic on
7 physical activity, as well as access to support
8 services.

9 In respect of the comments made by some of the other
10 Core Participants, we've had an opportunity to consider
11 them now. We wish to adopt the following submissions:

12 First, the submissions from the Covid-19 Bereaved
13 Families for Justice UK and Northern Ireland Covid-19
14 Bereaved Families for Justice at paragraph 17, that
15 roundtable events should be organised with advice from
16 an expert, such as a bereavement counsellor, or
17 psychologist, and approached in a trauma-focused way
18 which facilitates participation and creates
19 an atmosphere in which the bereaved feel heard.

20 Second, the submission of the Disabled People's
21 Organisations in paragraph 3.6, that the Inquiry must
22 examine the position of disabled people in prison, to
23 which we would add that it must also consider the
24 position of disabled people who are in immigration
25 detention.

126

1 **LADY HALLETT:** Thank you very much indeed, Mr O'Ceallaigh.
2 Just to assure you and a previous Core Participant who
3 mentioned it, everything we do is a trauma-informed
4 approach, so please ensure your clients that we'll bear
5 that very much in mind.

6 Next up, I think, is Ms Moffatt. Ms Moffatt? There
7 you are.

8 **Submissions on behalf of MIGRANTS' RIGHTS CONSORTIUM by MS**
9 **MOFFATT**

10 **MS MOFFATT:** My Lady, I am here.

11 I appear before you on behalf of the Migrants'
12 Rights Consortium or MRC, led by Piers Marquis and
13 Ms Weeraratne KC, who cannot be with us in person today,
14 and instructed by the Public Interest Law Centre.
15 I should say at the outset, that the MRC is grateful for
16 the opportunity to assist the work of the Inquiry as
17 a Core Participant in this module.

18 The MRC is made up of a range of organisations, nine
19 of them, whose specific focuses and activities are
20 diverse but all of which have experience and expertise
21 in a range of topics relevant to the impact of the
22 pandemic on migrant people. Such topics include medical
23 and healthcare outreach, labour exploitation and
24 precarious employment practices, people without recourse
25 to public funds, the immigration and asylum system, the

128

1 asylum support system and undocumented people.

2 My Lady, the MRC wishes to address you on three
3 matters this afternoon: first the duration of hearings;
4 secondly, provisional scope; and, thirdly, evidence
5 gathering, in particular, roundtable events and the
6 Rule 9 requests.

7 I can deal with the first very briefly to say that
8 we respectfully echo the request made by a number of
9 other Core Participants in this module, that the
10 duration of the public hearings be kept under review,
11 given the breadth and complexity of the four topics to
12 be covered.

13 Turning secondly to scope. We acknowledge that the
14 outline of scope for Module 10 remains provisional and
15 that the core issues will be identified as the module
16 progresses and as evidence is obtained. With this in
17 mind, we make the following three submissions:

18 First, that the meaning of the most vulnerable
19 should be interpreted broadly to include also those
20 migrant people who fall outside the immigration and
21 asylum system and, indeed, we are grateful to Counsel to
22 the Inquiry's indication this morning that the
23 undocumented people are not expressly excluded. We
24 welcome this since precariousness that accompanies
25 a lack of immigration status means that undocumented

129

1 and in written submissions.

2 Additional to the topics covered by the existing
3 questions, as identified by Counsel to the Inquiry, the
4 particular impacts of the pandemic on migrant people are
5 likely to include impacts on those who are undocumented
6 or have no recourse to public funds, those in asylum
7 support accommodation, those in immigration detention,
8 those affected by the closure of borders, and those
9 affected by delays and backlogs in Home Office decision
10 making.

11 The MRC respectfully requests that these points be
12 taken into account as the core issues are identified and
13 redefined, and when other procedural decisions relating
14 to scope are made.

15 Finally, the third topic on which the MRC wishes to
16 address you: evidence gathering and, in particular,
17 roundtables and Rule 9 requests. Our submission on
18 roundtables is related to our submission on scope, and
19 I should say at the outset that the MRC welcomes the
20 roundtable events, given the importance in Module 10 on
21 focusing on the experience of those affected by the
22 pandemic. However, we consider that the absence of
23 a roundtable to address specifically the impact of the
24 pandemic on migrant people is a material omission.
25 Within the roundtables, as currently envisaged, we

131

1 people were particularly vulnerable to the effects of
2 the pandemic. Many of the constituent organisations of
3 the MRC worked with undocumented people during the
4 pandemic and would be able to assist with evidence
5 gathering relating to the impact of Covid-19 on this
6 highly vulnerable group.

7 Secondly, the MRC observes that immigration status
8 creates vulnerability in diverse ways, and the
9 experiences and vulnerabilities of our client base are
10 diverse. However, we also acknowledge that, in general
11 terms, migrants, as distinct from citizens, are
12 vulnerable in two overarching ways: first, they are
13 excluded, with certain exceptions, from the demographic
14 franchise and they do not have equal political rights to
15 citizens; and, secondly, they're subject to some form of
16 state control over their ability to enter and reside in
17 the United Kingdom, which means, in particular,
18 a vulnerability to forms of state coercive power,
19 including detention, control over the ability to work or
20 access benefits and, ultimately, exclusion and expulsion
21 from the UK.

22 Thirdly, the MRC submits that the impact of the
23 pandemic on migrant people should be a separate question
24 to be investigated under Module 10. We note that
25 a similar submission is being made by the DA Group today

130

1 consider that there are categories of migrant people
2 whose experiences and interests would not be covered or
3 heard.

4 An obvious example of this is simply those affected
5 by the operation of the asylum and immigration system,
6 including those affected by delays and other problems in
7 the processing of applications.

8 The omission of the migrant experience from the
9 roundtables, as currently envisaged, is striking, we
10 say, particularly given that other groups of people
11 within the provisional outline of scope, which the
12 module identifies as the most vulnerable, will have
13 dedicated roundtable events, such as housing and
14 homelessness, prisons and those affected by the
15 operation of the justice system.

16 Whilst we acknowledge that the roundtables are not
17 the exclusive or only means of evidence gathering to be
18 used by the Inquiry, we suggest that the Inquiry would
19 benefit from a roundtable specifically addressing the
20 impact on migrant people to ensure that voices from all
21 sectors from society are included and to give parity in
22 evidence gathering with other groups identified as the
23 most vulnerable.

24 In the absence of a roundtable specifically
25 addressing the impact on migrant people, however, the

132

1 Consortium would be grateful for further information and
2 clarification as the alternative means that will be
3 proposed by the Inquiry and when such evidence will be
4 gathered.

5 Finally and relatedly, in respect of rule 9
6 requests, the MRC is eager to assist the Inquiry through
7 the provision of witness evidence, which we consider is
8 particularly relevant to Module 10's focus on impact.
9 In making decisions on Rule 9 requests, my Lady, we ask
10 you to take account of the diversity and number of the
11 MRC's constituent organisations which we believe is
12 inimical to the provision of witness evidence through
13 a sole statement on behalf of the group as a whole.

14 I close, my Lady, by saying that the MRC is
15 committed to supporting the Inquiry's important and
16 significant work on Module 10, and to make it as
17 considered, thorough and effective as possible.

18 **LADY HALLETT:** Thank you very much indeed, Ms Moffatt.

19 Lastly, Ms Peacock.

20 **MS PEACOCK:** Thank you, my Lady. I hope you can hear me?

21 **LADY HALLETT:** I can.

22 **Submissions on behalf of TRADES UNION CONGRESS by MS PEACOCK**

23 **MS PEACOCK:** I appear on behalf of the Trades Union Congress
24 led by Sam Jacobs and instructed by Thompsons
25 Solicitors. I need not emphasise to you, my Lady, the
133

1 approach, as it would be to overlook some of the most
2 vulnerable and worse impacted groups of key workers. By
3 way of example, I intend to address in these submissions
4 manufacturing workers, construction workers and
5 warehousing workers.

6 In the first preliminary hearing in Module 7
7 I addressed you, my Lady, on the risk faced by
8 manufacturing workers due to a lack of sick pay.
9 I referred to the outbreak at a Bakkavor food processing
10 factory which was followed by 100 workers testing
11 positive for Covid, and the deaths of two factory
12 workers. Similarly, a series of outbreaks in the
13 Leicester garment factories was such a cause for concern
14 that Public Health England sent a team of officials to
15 Leicester to investigate the cause in June 2020.

16 As has been heard in other modules, data from the
17 Office for National Statistics shows that process, plant
18 and machine operatives were among the worst affected in
19 terms of both infection and mortality. Indeed, in our
20 written opening submissions in Module 1, if we cast our
21 minds back, we highlighted that the rates of deaths of
22 Covid-19 for factory operatives was over six times
23 higher than those in professional occupations.

24 If you'll oblige me, my Lady, I intend to read just
25 four short extracts from the survey responses received
135

1 critical importance of this module to those who
2 I represent and to the over 5 million working people who
3 make up the TUC's 48 affiliated unions.

4 Counsel to the Inquiry referred this morning to the
5 great personal risk faced by key workers during the
6 pandemic. For many, that risk transpired. Thousands of
7 workers died with Covid-19 and many more continued to
8 suffer lasting physical and mental harms as a result of
9 the virus.

10 Turning first to the scope of the module. We
11 welcome the inclusion in the provisional outline of
12 scope of a range of sectors and roles and we are
13 grateful to Counsel to the Inquiry for indication this
14 morning that the list of key worker groups is not
15 exhaustive.

16 However, we remain concerned that the key worker
17 groups identified in the provisional outline of scope
18 focus upon the roles which were public facing and, in
19 respect of sales and retail workers, it is specifically
20 identified that those who were public facing are those
21 whose experiences will be considered. The implication
22 potentially being that those who were not public facing
23 would not be considered.

24 If the intention is to focus on public facing
25 workers, we consider that this would be an unhelpful
134

1 by the TUC.

2 A production operative working on a conveyor belt in
3 a food processing factory in London said:

4 "For a long time, even after the pandemic had
5 started, no one was wearing any mouth protection and
6 never was I able to distance myself from the person next
7 to me further than 2 feet. Mostly, my social distancing
8 was limited to 1 foot."

9 A bakery operative at a factory in the West Midlands
10 recounted that:

11 "Our employers expected us to carry on as usual.
12 Eventually social distancing was put in place but we
13 were refused masks. We lost a very close colleague
14 during the pandemic and only then did we feel that
15 people were taking this seriously. I was scared and no
16 one at work seemed to care."

17 A lead technician in the northwest told the TUC:

18 "I didn't feel safe. There was pressure placed on
19 the production staff to attend work regardless. I was
20 clinically vulnerable and asked for a mask but initially
21 my request was ignored. They were more interested in
22 production than wellbeing."

23 Finally, my Lady, a bakery operative in the
24 southeast said:

25 "I didn't feel safe at all. They put some measures
136

1 in place but we could not social distance and we got
2 different agency workers in every night. I was sharing
3 a workstation computer with up to ten different people
4 each shift."

5 Turning to construction workers, the prevalence of
6 insecure work and low pay in this sector led to high
7 levels of presenteeism. A survey of construction
8 workers in 2022 reported that for 59% of respondents,
9 financial pressures meant that they would continue to go
10 to work, even if they test positive for Covid-19. ONS
11 data from 2020 found that, for men, the highest rate of
12 death involving Covid-19 was in elementary workers,
13 which includes construction workers, refuse workers and
14 cleaners.

15 In April 2020, ONS reported that there had already
16 been 87 Covid-19 related deaths of workers in the
17 skilled construction and building trades category, and
18 90 deaths among workers in the skilled metal, electrical
19 and electronic trades.

20 Turning finally then to warehouse workers. Those in
21 warehouses faced similarly elevated risks. In April
22 2020, GMB issued a statement on behalf of their members
23 employed by Amazon. They explained that the workers are
24 being made to clock in and out at the same time as
25 hundreds of other workers, while packed company buses

137

1 and ordinarily their work takes place behind closed
2 doors, with little public scrutiny of their working
3 conditions.

4 A higher degree of physical proximity to others has,
5 in numerous sources of evidence before this Inquiry,
6 been linked to greater risk from Covid-19. However, it
7 is not the case that that proximity needs to be to
8 members of the public. There is clear risk posed from
9 proximity to colleagues. Indeed, we heard expert
10 evidence from Dr Warne in Module 3 that a significant
11 part of the risk for health care workers was worker to
12 worker transmission, rather than transmission directly
13 from patients.

14 For those reasons, we say that this module ought not
15 to take as its focus only those key workers who were
16 public facing but should analyse the situation for those
17 who had to attend workplaces in person and could not
18 work from home.

19 Turning to this module's approach to
20 recommendations. We are grateful to Counsel to the
21 Inquiry for her indication this morning in response to
22 our written submissions that this module would be
23 forward looking and would seek to identify strengths and
24 resilience that mitigated harm to ensure that positive
25 lessons from the pandemic are not overlooked.

139

1 ferry workers back and forth. GMB members report being
2 made to pack and pick items in cramped aisles with no
3 hand sanitiser, gloves or masks available.

4 Similarly, an outbreak in May 2020 at an ASOS
5 warehouse, which employs 4,000 workers. A survey by GMB
6 of 500 workers at the factory found that 98% felt unsafe
7 at work due to Covid-19. Workers reported no social
8 distancing measures, a complicated clocking in system,
9 which meant large numbers of people gathered at the same
10 time in a small area and a lack of staggered work
11 breaks.

12 A recent study, cited in our written submissions at
13 paragraph 8 reported:

14 "An analysis of Covid-19 workplace outbreaks across
15 England between May and October 2020 found that
16 warehousing workplaces, including storage and
17 distribution centres had some of the highest outbreak
18 rates, second only to manufacturers and packers of
19 food."

20 In the manufacturing, construction and warehousing
21 sectors, workers did not typically have direct contact
22 with the public but they faced grave risks and lasting
23 impacts of the pandemic nonetheless.

24 Indeed, it appears likely that some of the increased
25 risk was precisely because these workers are not visible

138

1 We welcome that approach. We note -- and this is
2 perhaps simply a point of emphasis, my Lady -- that
3 there may be lessons to learn from the negative impacts
4 of the pandemic. We must consider carefully the
5 weaknesses and the vulnerabilities which the pandemic
6 laid bare. Recommendations flowing from this module
7 should be responsive to the harm suffered during the
8 pandemic, which may require this Inquiry to look beyond
9 what occurred during the pandemic retrospectively, but
10 to consider what ought to happen in the next pandemic.

11 In respect of expert evidence, Counsel to the
12 Inquiry referred to our request that this module obtain
13 expert evidence which considers the impact of outsourced
14 and agency work upon workers and the role this may have
15 played in terms of the inequality of impact. We are
16 grateful to Ms Blackwell KC for her indication that this
17 matter will remain under review.

18 We say only that we consider that this is a gap in
19 the evidence received in previous modules. It's an area
20 where expert evidence, we say, would be particularly
21 enlightening, given the vulnerability of workers in this
22 category, who are often excluded from workplace
23 statistics, and may be slow to come forward with their
24 experiences due to the insecurity of their positions.

25 We heard, for example, from an outsourced cleaner in

140

1 Module 3 who gave evidence only after their identity was
 2 concealed. There will be many more, we suspect, who
 3 were too fearful to give evidence and about whom expert
 4 evidence would be critical.

5 My Lady, I now turn to Rule 9 requests for
 6 information. Mr Jacob addressed you on behalf of the
 7 TUC during the recent preliminary hearing in Module 6 on
 8 the need for the Inquiry to obtain firsthand witness
 9 evidence from workers who were on the ground in the care
 10 sector during the pandemic. We consider that those
 11 submissions apply equally in respect of this module and
 12 the key workers it focuses upon.

13 The need for impact evidence from a range of
 14 witnesses has been raised in writing and orally today by
 15 a number of Core Participants. We support those
 16 submissions. We consider that there must be space in
 17 this module for the human stories we heard in Module 3.
 18 We say that there is no substitute for hearing from
 19 workers directly and inside this Inquiry room. We stand
 20 ready to assist in identifying appropriate witnesses
 21 across a range of sectors.

22 Finally, I turn to timetabling.

23 We make the submission in writing, and it has been
 24 addressed and endorsed by a number of other Core
 25 Participants. It is not a submission we make lightly,
 141

1 earlier, I intend to take into account all the written
 2 submissions as well as, always, the very constructive
 3 submissions that I've heard during the course of today.
 4 I'm very grateful to everybody, and that concludes
 5 today's hearing.

6 **MS BLACKWELL:** Thank you, my Lady. Good afternoon.

7 **LADY HALLETT:** Thank you.

8 (2.55 pm)

9 (The hearing concluded)

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1 nor is it one we've made in every module.

2 The final module, we say, should be a meaningful,
 3 substantive analysis of the impact upon society and what
 4 we should learn in advance of a future pandemic to avoid
 5 those impacts occurring again. It must, we say, avoid
 6 becoming a whistlestop tour of harm suffered during the
 7 pandemic.

8 Thank you, my Lady. Those are the submissions of
 9 the TUC.

10 **LADY HALLETT:** Thank you very much indeed, Ms Peacock.
 11 Extremely grateful, as ever.

12 I think, Ms Blackwell, that completes the
 13 submissions, unless there's anything you wish to say by
 14 way of reply?

15 **MS BLACKWELL:** No, thank you, my Lady. There are no matters
 16 in relation to which we wish to respond today, save and
 17 except to say that we have been listening carefully to
 18 the oral submissions made on behalf of all Core
 19 Participants, and we will take those away and continue
 20 to listen throughout the course of this module. Thank
 21 you.

22 **LADY HALLETT:** Thank you very much indeed.

23 And, obviously, I'll discuss with you anything that
 24 has occurred to me during the course of the submissions.

25 They were all extremely helpful, and as I indicated
 142

1 **INDEX**

2 Opening introductory remarks by THE CHAIR 1

3

4 Statement by LEAD COUNSEL TO THE INQUIRY 2

5 FOR MODULE 10

6

7 Submissions on behalf of Covid-19 Bereaved 42

8 Families for Justice UK by MS STONE

9

10 Submissions on behalf of Covid-19 Bereaved 51

11 Families For Justice Northern Ireland by

12 MS McDERMOTT

13

14 Submissions on behalf of COVID-19 BEREAVED 61

15 FAMILIES FOR JUSTICE CYMRU by MR STANTON

16

17 Submissions on behalf of SCOTTISH COVID 68

18 BEREAVED by DR MITCHELL KC

19

20 Submissions on behalf of CLINICALLY 72

21 VULNERABLE FAMILIES by MR WAGNER

22

23 Submissions on behalf of DISABLED PEOPLE'S 82

24 ORGANISATIONS by MS BEATTIE

25

1	Submissions on behalf of THE DOMESTIC ABUSE ... 91
2	GROUP by MS DAVIES KC
3	
4	Submissions on behalf of SHELTER by 99
5	MR WESTGATE KC
6	
7	Submissions on behalf of JUSTICE SECTOR 105
8	COALITION by MS MUNROE
9	
10	Submissions on behalf of PRISON AND 117
11	IMMIGRATION DETENTION ADVOCACY GROUP by
12	MR O'CEALLAIGH KC
13	
14	Submissions on behalf of MIGRANTS' RIGHTS 128
15	CONSORTIUM by MS MOFFATT
16	
17	Submissions on behalf of TRADES UNION 133
18	CONGRESS by MS PEACOCK
19	
20	
21	
22	
23	
24	
25	

<p>DR MITCHELL: [1] 68/18</p> <p>LADY HALLETT: [36] 1/6 41/24 42/11 42/13 42/16 42/18 42/21 42/24 51/2 51/10 51/18 61/5 68/13 72/1 72/4 81/24 91/7 91/11 91/14 98/18 98/25 99/7 99/11 99/14 105/10 105/20 116/24 117/10 117/13 117/17 128/1 133/18 133/21 142/10 142/22 143/7</p> <p>MR O'CEALLAIGH: [2] 117/15 117/20</p> <p>MR STANTON: [1] 61/10</p> <p>MR WAGNER: [2] 72/3 72/8</p> <p>MR WESTGATE: [2] 99/13 99/15</p> <p>MS BEATTIE: [1] 82/3</p> <p>MS BLACKWELL: [11] 1/4 2/8 42/20 42/22 51/15 98/24 99/1 99/5 99/8 142/15 143/6</p> <p>MS DAVIES: [3] 91/9 91/13 91/17</p> <p>MS McDERMOTT: [1] 51/22</p> <p>MS MOFFATT: [1] 128/10</p> <p>MS MUNROE: [4] 105/18 105/21 117/2 117/12</p> <p>MS PEACOCK: [2] 133/20 133/23</p> <p>MS STONE: [7] 42/9 42/12 42/15 42/17 42/19 43/3 51/9</p> <hr/> <p>1</p> <p>1,000 [1] 120/21 1.03 [1] 99/2 1.1 million [1] 101/15 10 [92] 1/10 1/12 1/17 2/3 2/7 2/8 2/22 3/3 3/14 4/10 5/8 5/23 9/3 9/6 9/17 11/3 11/3 11/15 11/18 13/19 13/22 13/24 14/5 14/13 14/18 15/2 15/9 15/18 17/22 19/3 19/12 22/7 22/10 23/6 28/10 30/18 31/6 31/17 32/3 32/4 32/5 32/19 32/22 35/24 36/9 36/13 37/3 38/16</p>	<p>38/21 38/24 39/9 39/16 39/21 40/15 41/1 46/25 47/18 47/23 52/3 53/3 55/18 57/25 58/21 60/25 62/5 62/12 67/21 68/4 71/19 72/23 78/6 78/24 80/22 82/7 82/8 82/17 83/1 84/6 84/23 85/10 85/14 88/13 89/12 89/14 90/12 91/21 98/1 129/14 130/24 131/20 133/16 144/5</p> <p>10's [3] 17/17 75/4 133/8</p> <p>10,000 [1] 92/24 10.30 [1] 1/2 100 [1] 135/10 11 days [1] 80/15 11.40 [1] 51/12 11.55 [2] 51/11 51/14 12 [5] 41/19 67/22 80/15 106/3 124/11 13 [2] 41/17 77/14 14 [3] 3/13 118/20 127/10 15 [3] 54/14 62/5 86/24 16 [1] 127/2 17 [2] 101/5 126/14 18 [3] 4/19 38/6 127/2</p> <p>18 February 2025 [1] 1/1</p> <p>19 [40] 1/10 2/9 3/15 3/17 3/18 6/2 9/6 17/5 17/7 36/21 41/22 42/7 43/10 49/23 51/20 61/8 61/12 63/16 65/19 73/5 74/8 75/24 76/16 118/4 120/8 121/13 126/12 126/13 130/5 134/7 135/22 137/10 137/12 137/16 138/7 138/14 139/6 144/7 144/10 144/14</p> <hr/> <p>2</p> <p>2 feet [1] 136/7 2.00 [2] 98/25 99/4 2.55 [1] 143/8 2006 [2] 3/13 35/22 2007 [1] 34/21 2017 [1] 56/21 2019 [1] 100/25 2020 [14] 56/21 75/25 87/17 92/23 100/22 101/3 101/10 123/16 135/15 137/11 137/15 137/22 138/4 138/15 2021 [4] 87/3 87/18 87/24 101/14</p>	<p>2022 [5] 17/16 36/19 56/21 65/20 137/8 2023 [1] 66/1 2024 [1] 56/22 2025 [1] 1/1 2026 [2] 1/13 41/4 21 [3] 40/4 117/4 119/9 23 [1] 121/1 23 February [1] 36/19 24 [1] 84/15 24-page [1] 65/23 27 [1] 79/15 28 [2] 79/18 79/23 28 June [1] 17/16</p> <hr/> <p>3</p> <p>3 million [1] 86/23 3.1 [1] 84/19 3.5 million [1] 101/10 3.6 [1] 126/21 35 [1] 40/5</p> <hr/> <p>4</p> <p>4,000 [2] 100/25 138/5 4.5 [1] 87/19 48 [1] 134/3</p> <hr/> <p>5</p> <p>5 million [1] 134/2 500 [2] 120/21 138/6 59 [1] 137/8</p> <hr/> <p>7</p> <p>7,000 [1] 43/9</p> <hr/> <p>8</p> <p>87 [1] 137/16</p> <hr/> <p>9</p> <p>90 [1] 137/18 941,000 [1] 101/11 98 [1] 138/6</p> <hr/> <p>A</p> <p>abandoned [1] 53/17 ability [12] 6/20 24/1 95/24 102/4 102/22 103/6 106/17 109/4 116/13 126/5 130/16 130/19 able [16] 4/17 4/21 37/14 49/21 53/25 63/2 65/16 92/13 93/22 103/14 103/15 104/1 114/19 116/19 130/4 136/6 about [50] 7/2 8/8 12/16 23/20 25/16 28/9 32/21 36/10 39/22 43/1 43/7 43/12 46/21 49/24 50/8 51/7</p>	<p>52/5 53/25 55/20 55/20 58/17 64/20 67/19 70/18 70/24 73/11 78/17 79/8 79/15 80/13 80/15 82/12 85/9 87/19 89/12 90/8 97/9 99/25 100/2 100/16 101/24 103/21 104/19 107/12 110/12 114/3 114/11 118/13 121/22 141/3</p> <p>above [1] 17/19 absence [5] 53/13 66/7 67/18 131/22 132/24 absences [1] 56/20 abstract [1] 60/8 abuse [36] 7/6 10/19 23/22 23/24 28/23 28/25 33/23 33/23 74/22 82/19 89/5 91/15 91/18 92/17 92/24 93/14 93/19 94/2 94/8 94/14 94/18 95/6 95/10 95/13 95/17 95/19 96/15 96/23 96/25 97/3 97/4 97/5 97/11 97/19 110/1 145/1</p> <p>accelerating [1] 8/16 accept [2] 95/12 121/21 accepted [2] 75/9 89/22 accepts [1] 62/13 access [40] 6/6 7/3 13/5 13/7 23/25 28/20 28/22 28/24 29/6 30/1 34/2 34/6 45/23 65/8 83/21 87/8 88/7 90/3 95/10 100/6 100/17 100/19 103/9 104/5 104/17 107/1 108/11 108/22 108/24 108/25 109/2 109/4 109/10 111/4 111/5 111/15 112/16 119/11 126/7 130/20 accessed [1] 112/7 accessibility [5] 18/8 25/16 29/1 33/4 35/7 accessible [2] 90/5 108/8 accommodated [1] 4/17 accommodation [9] 70/2 93/2 100/15 101/2 101/20 103/12 103/15 103/22 131/7 accommodations [2] 83/9 83/13 accompanies [1] 129/24 accordance [3] 2/16</p>	<p>9/7 39/4 according [1] 101/14 account [11] 21/1 22/1 50/3 54/7 72/25 84/14 90/1 105/13 131/12 133/10 143/1 accountability [1] 43/14 accounts [6] 37/8 50/18 61/15 78/11 93/11 97/20 accurate [2] 65/5 65/9 achieve [1] 90/22 achieved [2] 62/4 90/4 achieving [1] 43/17 acknowledge [3] 129/13 130/10 132/16 acknowledges [2] 30/14 38/12 across [24] 13/1 23/19 25/25 33/18 43/10 45/3 48/18 56/6 62/11 67/22 72/14 75/20 79/16 82/4 88/24 91/5 99/16 106/10 107/14 119/14 119/16 119/17 138/14 141/21 act [12] 4/19 34/21 40/4 40/5 72/8 81/12 82/3 85/8 85/8 87/18 87/21 99/15 acting [1] 99/18 action [3] 82/6 100/3 120/8 actively [1] 62/25 activities [5] 24/17 27/13 27/15 118/25 128/19 activity [5] 12/9 27/14 29/25 67/14 126/7 acts [1] 8/9 actually [1] 43/3 adapt [1] 12/15 adaptations [1] 23/17 adapted [1] 8/14 adaption [1] 8/19 add [3] 60/1 124/1 126/23 added [2] 80/5 81/11 adding [1] 78/12 addition [10] 4/23 28/17 32/12 35/8 40/4 57/13 88/19 92/5 101/14 103/2 additional [8] 1/21 13/11 15/17 69/17 79/14 79/19 121/5 131/2 address [27] 2/17</p>
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A	advocates [2] 87/25 114/18	65/11 69/21 72/15 74/9 76/4 78/2 82/12 83/18 85/8 87/12 90/17 90/25 92/18 96/3 96/18 97/12 98/20 101/1 101/17 102/5 103/23 105/7 105/13 106/4 106/22 107/2 112/1 116/16 117/12 119/14 120/23 128/20 132/20 136/25 142/18 142/25 143/1	although [8] 11/6 21/20 37/6 38/4 45/5 50/7 86/19 115/25 always [9] 43/11 43/24 52/13 52/25 65/9 89/21 112/4 113/20 143/2 am [8] 1/2 36/22 42/19 43/6 51/12 51/14 72/3 128/10 Amazon [1] 137/23 amenable [1] 112/4 amendment [1] 79/2 amendments [2] 21/23 78/8 American [2] 91/25 127/14 among [8] 25/9 29/21 82/15 85/25 125/20 127/18 135/18 137/18 amongst [3] 20/6 110/19 114/5 amount [3] 29/8 30/15 125/25 amounts [1] 67/23 analogy [1] 107/17 analyse [3] 98/9 116/22 139/16 analysed [1] 37/19 analyses [1] 119/19 analysis [7] 26/12 110/14 116/9 122/13 124/6 138/14 142/3 anguish [2] 54/24 57/17 Annetta [1] 54/20 Annetta's [1] 54/23 announce [1] 77/22 announced [1] 41/6 annually [1] 119/13 anonymised [1] 37/21 another [3] 54/20 70/23 123/12 anticipated [2] 39/18 58/10 antivirals [1] 76/14 anxiety [2] 11/22 58/8 anxious [3] 122/9 122/23 125/3 any [53] 1/17 2/3 2/5 5/5 5/12 5/13 6/11 8/20 9/13 9/15 10/9 10/11 11/12 11/23 13/9 15/21 27/1 27/2 28/23 29/11 31/10 32/16 34/24 35/8 36/3 39/22 40/8 41/11 41/12 41/21 50/25 56/25 67/10 73/14 77/22 79/2 79/3 80/6 80/25 88/3 89/16 98/14 100/23 104/11	106/23 111/15 112/22 122/15 124/5 125/23 126/1 127/23 136/5 anyone [2] 38/3 38/6 anything [6] 5/1 40/7 80/24 98/15 142/13 142/23 apart [1] 103/3 appear [7] 2/13 35/23 95/3 103/12 117/20 128/11 133/23 appears [2] 74/24 138/24 applicable [1] 121/4 applicants [1] 3/13 applications [4] 109/8 110/16 119/14 132/7 applies [1] 75/20 apply [6] 5/10 103/4 121/3 121/6 127/6 141/11 appointed [1] 26/16 appreciate [8] 46/11 48/23 52/6 71/7 96/2 115/23 124/15 124/16 appreciated [1] 63/1 appreciating [1] 50/19 appreciation [1] 83/9 apprised [1] 102/1 approach [20] 2/2 2/23 13/16 15/15 22/16 38/20 38/22 60/1 76/3 84/6 88/12 96/18 114/22 117/6 124/17 125/14 128/4 135/1 139/19 140/1 approached [1] 126/17 approaches [1] 73/20 appropriate [10] 5/16 14/1 14/10 23/3 32/17 41/11 98/16 117/7 125/7 141/20 April [4] 65/20 66/1 137/15 137/21 are [169] area [6] 26/8 65/17 66/22 110/14 138/10 140/19 areas [15] 2/18 14/2 15/17 28/9 31/7 32/21 44/7 46/24 49/4 56/18 75/19 89/8 100/15 106/10 116/12 argue [1] 16/8 argued [1] 20/3 arise [3] 5/2 40/2 105/7 arises [1] 46/24 arising [3] 21/16 114/20 118/15
address... [26] 2/20 5/22 14/13 15/23 24/7 32/10 41/16 41/18 41/20 44/6 44/11 44/23 46/9 51/16 52/3 68/25 99/9 102/5 104/12 106/21 118/12 122/17 129/2 131/16 131/23 135/3 addressed [11] 15/21 18/4 43/22 52/10 61/21 88/22 88/23 123/23 135/7 141/6 141/24 addresses [5] 11/9 13/23 19/21 55/22 105/4 addressing [3] 33/14 132/19 132/25 adduced [1] 97/16 adequacy [2] 33/4 35/7 adequate [1] 65/15 adequately [1] 123/25 adhering [1] 7/5 adjourning [1] 109/25 Adjournment [1] 99/3 adjustment [1] 89/21 adjustments [5] 81/18 83/12 83/15 83/23 88/5 administrations [1] 57/3 admitted [1] 64/5 adopt [4] 2/3 38/21 52/25 126/11 adopting [1] 123/2 adrift [1] 55/3 adult [3] 11/19 27/5 117/7 advance [2] 68/21 142/4 advanced [1] 35/19 advantage [1] 103/5 advent [1] 86/6 adverse [4] 9/15 48/13 89/16 101/6 advice [9] 34/2 106/17 113/6 119/8 119/15 120/2 120/4 120/17 126/15 advised [1] 51/4 Advisory [2] 117/21 118/9 Advocacy [6] 4/2 17/1 29/18 34/8 117/19 145/11 advocate [1] 15/17 advocated [1] 83/2	aerosol [1] 63/24 affect [1] 12/14 affected [29] 5/19 7/10 10/21 24/9 24/22 25/9 44/13 44/17 45/4 47/3 49/3 50/16 71/15 71/17 82/19 84/22 88/15 89/3 102/17 103/16 122/22 124/4 131/8 131/9 131/21 132/4 132/6 132/14 135/18 affecting [5] 88/25 89/11 106/11 120/19 124/22 affiliated [1] 134/3 afield [1] 5/4 afraid [2] 42/4 116/25 after [9] 29/2 33/5 66/1 66/2 73/8 110/12 121/12 136/4 141/1 aftermath [1] 29/6 afternoon [7] 72/8 99/5 99/7 105/18 105/23 129/3 143/6 again [19] 45/13 46/7 47/18 48/3 48/23 53/7 56/21 66/21 71/15 77/7 78/17 78/24 81/10 87/24 111/16 112/24 116/18 125/13 142/5 against [10] 21/6 26/25 63/18 77/8 90/20 92/12 94/3 96/1 101/22 102/13 age [1] 27/18 aged [1] 119/9 agency [3] 33/10 137/2 140/14 agenda [1] 2/16 aggravation [1] 96/17 agile [1] 104/15 agree [5] 44/3 92/21 97/1 98/10 105/5 ahead [1] 11/17 aid [5] 29/7 91/23 92/20 97/17 106/6 air [2] 74/14 75/18 airborne [2] 76/2 76/4 aired [1] 5/1 aisles [1] 138/2 albeit [2] 60/3 77/15 align [1] 15/14 all [57] 15/11 15/23 18/3 18/11 21/12 25/25 27/6 29/9 30/7 30/19 35/11 38/23 38/23 41/15 42/2 50/2 52/7 57/7 63/3 64/16	74/9 76/4 78/2 82/12 83/18 85/8 87/12 90/17 90/25 92/18 96/3 96/18 97/12 98/20 101/1 101/17 102/5 103/23 105/7 105/13 106/4 106/22 107/2 112/1 116/16 117/12 119/14 120/23 128/20 132/20 136/25 142/18 142/25 143/1 allow [4] 54/18 59/15 61/19 69/20 allowed [2] 54/11 112/11 allowing [4] 40/19 88/6 112/4 122/11 allows [1] 4/15 almost [4] 6/3 57/20 60/22 124/4 alone [3] 53/18 64/23 113/14 along [2] 2/13 106/1 alongside [2] 62/21 117/21 already [31] 2/10 5/6 5/24 18/10 19/1 31/1 32/1 36/14 38/2 52/8 54/4 56/10 57/1 57/16 57/18 67/22 68/23 72/16 88/9 88/20 97/24 97/25 102/7 109/14 110/6 114/15 115/11 121/23 124/14 125/21 137/15 also [75] 7/10 7/15 8/1 8/8 8/20 9/14 9/25 11/3 14/3 14/22 18/13 21/18 22/7 27/11 28/21 29/23 32/9 32/18 33/5 34/4 34/24 36/14 37/16 39/12 41/19 43/11 43/20 44/22 45/6 45/22 46/2 49/12 50/23 56/15 59/21 62/10 64/17 66/2 66/18 72/17 74/1 76/6 77/21 79/14 80/14 82/13 84/23 86/18 87/5 87/25 93/6 94/13 94/18 95/21 96/17 97/19 99/18 102/17 102/24 104/2 106/17 108/14 108/19 109/21 110/17 111/12 114/1 114/4 117/5 119/18 120/2 124/16 126/23 129/19 130/10 alter [2] 40/7 104/9 altered [1] 45/18 altering [1] 6/3 alternative [4] 38/10 70/1 87/8 133/2		

<p>A</p> <p>arose [2] 104/6 122/12</p> <p>around [3] 43/9 49/22 96/7</p> <p>arrangements [6] 2/19 4/13 10/24 55/16 55/16 59/24</p> <p>arranging [1] 98/16</p> <p>articulate [1] 49/21</p> <p>as [207]</p> <p>ask [12] 2/1 69/5 69/19 70/9 71/21 81/1 81/20 85/19 92/19 116/25 125/8 133/9</p> <p>asked [3] 103/22 112/18 136/20</p> <p>asking [1] 39/19</p> <p>asks [1] 66/15</p> <p>ASOS [1] 138/4</p> <p>aspect [3] 6/3 23/3 45/9</p> <p>aspects [6] 7/22 15/11 34/19 35/16 84/25 88/15</p> <p>Assembly [1] 58/1</p> <p>assent [1] 60/24</p> <p>assess [2] 18/7 80/5</p> <p>assessing [2] 29/24 126/6</p> <p>assessment [5] 17/18 75/4 112/22 120/17 121/8</p> <p>assessments [1] 90/11</p> <p>assist [21] 11/14 32/5 37/25 41/20 43/16 43/18 47/19 48/7 48/22 50/19 50/25 56/23 57/23 68/3 115/4 115/7 121/16 128/16 130/4 133/6 141/20</p> <p>assistance [4] 24/2 31/8 104/7 120/2</p> <p>assisted [2] 1/16 71/1</p> <p>assisting [1] 127/20</p> <p>assists [1] 70/2</p> <p>associated [2] 45/21 120/14</p> <p>Association [2] 4/6 4/7</p> <p>assumes [1] 79/3</p> <p>assure [3] 43/2 98/19 128/2</p> <p>asylum [8] 10/20 21/13 95/1 128/25 129/1 129/21 131/6 132/5</p> <p>at [82] 2/4 5/16 6/14 7/7 11/10 18/11 21/24 25/20 27/6 31/20</p>	<p>31/24 32/18 34/11 35/19 39/12 41/1 44/2 48/5 51/10 54/14 59/14 62/17 65/11 68/9 72/18 73/4 74/8 76/15 76/25 79/14 81/20 82/12 82/14 83/18 84/19 85/1 85/23 86/4 86/5 87/12 87/19 90/9 90/18 91/11 91/20 96/18 100/22 100/25 103/23 107/10 107/23 108/2 108/4 108/20 110/4 111/23 114/18 117/9 117/12 117/25 118/20 121/4 122/6 122/11 123/23 124/20 124/21 126/14 127/2 127/9 128/15 131/19 135/9 136/9 136/16 136/25 137/24 138/4 138/6 138/7 138/9 138/12</p> <p>atmosphere [1] 126/19</p> <p>attained [1] 91/4</p> <p>attend [6] 4/21 8/4 92/19 93/22 136/19 139/17</p> <p>attendance [2] 25/22 93/21</p> <p>attendees [1] 25/22</p> <p>attending [1] 5/17</p> <p>attention [2] 5/14 102/12</p> <p>attitudes [1] 83/4</p> <p>attracted [1] 81/19</p> <p>author [1] 127/14</p> <p>authorities [3] 4/8 75/17 103/22</p> <p>authority [1] 85/7</p> <p>autonomy [1] 57/9</p> <p>autumn [1] 100/24</p> <p>availability [2] 33/3 35/7</p> <p>available [10] 25/18 26/12 30/15 30/24 89/22 103/4 106/22 116/22 126/2 138/3</p> <p>avoid [7] 11/11 36/18 86/4 102/19 102/23 142/4 142/5</p> <p>awaiting [1] 109/21</p> <p>aware [10] 26/6 36/22 46/15 52/7 53/19 59/5 86/13 93/25 106/21 121/24</p> <p>awareness [1] 83/24</p> <p>away [8] 47/12 53/12 54/9 55/6 55/7 69/12 104/4 142/19</p> <p>awful [1] 66/13</p>	<p>B</p> <p>back [2] 135/21 138/1</p> <p>background [4] 43/20 100/24 101/22 102/13</p> <p>backgrounds [1] 31/16</p> <p>backlogs [2] 109/14 131/9</p> <p>bag [1] 54/9</p> <p>bail [2] 119/10 119/13</p> <p>bakery [2] 136/9 136/23</p> <p>Bakkavor [1] 135/9</p> <p>balanced [1] 57/10</p> <p>bare [1] 140/6</p> <p>barriers [2] 69/9 83/4</p> <p>barrister [1] 111/25</p> <p>base [2] 125/16 130/9</p> <p>based [6] 18/2 18/12 22/17 27/3 87/13 96/19</p> <p>basis [6] 36/5 39/7 64/17 67/1 83/6 119/19</p> <p>be [236]</p> <p>bear [4] 57/20 98/20 102/25 128/4</p> <p>bearing [1] 109/9</p> <p>Beattie [5] 3/23 81/25 82/2 91/7 144/24</p> <p>became [6] 60/22 64/10 73/9 75/14 89/22 110/19</p> <p>because [29] 58/6 58/12 63/7 64/7 66/12 73/19 74/4 78/3 78/17 78/24 79/13 84/4 92/2 92/21 93/6 94/3 94/19 98/7 102/6 104/7 107/8 111/20 114/7 115/1 115/22 121/7 121/9 123/15 138/25</p> <p>become [5] 76/16 81/16 90/13 90/22 115/19</p> <p>becoming [3] 63/19 90/9 142/6</p> <p>bed [1] 101/5</p> <p>been [66] 3/10 5/7 9/4 14/11 17/23 19/2 20/6 26/7 26/9 31/1 38/2 39/11 39/15 41/18 43/11 43/22 46/6 49/2 49/3 52/18 52/19 52/20 54/2 55/9 60/4 60/13 62/24 63/25 66/10 67/1 67/7 67/22 70/4 70/5 70/9</p>	<p>72/16 74/11 74/24 77/15 81/9 86/21 88/22 89/19 89/21 91/18 91/21 91/24 93/4 96/13 98/8 104/8 104/19 114/15 114/24 115/11 116/8 116/19 118/10 121/23 124/18 135/16 137/16 139/6 141/14 141/23 142/17</p> <p>before [16] 15/21 40/17 42/14 42/21 47/15 58/10 70/5 71/10 71/15 75/13 77/24 100/13 107/4 109/14 128/11 139/5</p> <p>begin [3] 1/8 39/18 72/21</p> <p>beginning [2] 52/21 91/20</p> <p>begins [1] 77/25</p> <p>begun [2] 5/24 39/14</p> <p>behalf [41] 42/2 42/7 51/16 51/20 61/3 61/8 61/11 66/3 68/11 68/16 71/24 72/6 82/1 91/15 99/9 99/12 99/15 105/16 105/24 115/12 117/18 128/8 128/11 133/13 133/22 133/23 137/22 141/6 142/18 144/7 144/10 144/14 144/17 144/20 144/23 145/1 145/4 145/7 145/10 145/14 145/17</p> <p>Behaviours [1] 27/13</p> <p>behind [8] 52/17 54/11 55/6 59/19 77/2 81/9 121/25 139/1</p> <p>being [29] 4/14 5/11 19/1 19/12 23/7 23/11 25/19 32/3 40/9 46/14 48/6 52/5 53/25 54/18 73/4 74/15 74/18 76/19 80/15 82/18 90/22 93/22 104/3 112/17 114/3 130/25 134/22 137/24 138/1</p> <p>belief [1] 27/20</p> <p>believe [6] 50/2 52/17 55/22 59/7 94/20 133/11</p> <p>believes [1] 100/19</p> <p>belt [1] 136/2</p> <p>benefit [11] 35/16 65/15 66/22 67/12 68/10 78/15 88/20 90/8 115/20 116/21 132/19</p> <p>benefits [3] 31/8 64/15 130/20</p> <p>bereaved [75] 1/24 2/12 3/16 3/17 3/18</p>	<p>3/20 6/16 9/10 10/23 13/6 13/7 24/5 30/2 32/25 35/2 35/4 37/8 40/13 41/22 42/7 43/8 43/10 44/9 44/14 45/20 47/3 47/15 48/5 49/1 49/4 49/19 50/22 51/17 51/20 51/25 52/12 52/22 53/2 56/5 57/21 59/8 59/14 60/21 60/24 61/4 61/8 61/12 61/14 61/18 62/1 62/3 62/23 63/5 64/2 66/19 67/8 68/12 68/16 68/18 69/1 69/5 69/10 69/19 70/7 70/17 71/3 71/18 71/25 126/12 126/14 126/19 144/7 144/10 144/14 144/18</p> <p>bereavement [30] 10/25 24/3 33/3 33/4 33/7 35/6 35/8 35/10 45/5 45/12 45/19 45/23 46/5 48/7 48/17 50/11 51/7 53/8 55/17 55/19 56/6 58/9 59/2 59/12 60/7 63/9 65/13 66/8 66/16 126/16</p> <p>best [3] 46/12 57/25 108/12</p> <p>better [8] 48/13 52/19 52/20 71/13 81/23 115/8 122/15 127/24</p> <p>between [14] 11/25 18/14 27/17 31/25 34/6 36/18 56/21 62/5 85/17 87/16 102/20 104/16 120/21 138/15</p> <p>beyond [10] 14/16 14/17 17/3 17/19 70/22 75/5 90/13 96/10 101/9 140/8</p> <p>BID [4] 119/10 119/12 119/15 119/18</p> <p>binding [1] 90/15</p> <p>black [4] 28/18 91/23 96/24 97/17</p> <p>Blackwell [28] 1/7 2/1 2/1 2/6 41/24 43/23 47/5 48/3 48/23 52/10 55/11 58/19 59/23 60/14 68/20 75/3 77/20 92/7 96/2 98/22 114/19 121/13 121/22 124/13 124/23 125/17 140/16 142/12</p> <p>Blackwell's [2] 107/3 114/17</p> <p>board [1] 75/21</p> <p>boards [1] 67/13</p> <p>bodies [3] 36/17 106/6 119/21</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B	burials [2] 10/24 24/3	91/3 91/9 91/13 91/14	causing [1] 109/7	116/16
body [2] 54/9 118/5	buses [1] 137/25	94/5 94/22 96/25 97/6	cautioned [2] 21/6	childcare [1] 69/13
bonds [1] 7/23	business [2] 24/11	99/5 99/7 99/13 99/14	90/19	children [21] 11/9
borders [1] 131/8	111/11	101/25 105/18 105/20	CBFFJ [1] 43/11	14/20 14/22 14/24
borne [1] 60/13	businesses [1] 75/16	107/17 112/1 114/16	ceased [1] 87/25	47/1 57/14 58/2 58/5
both [30] 9/4 28/15	but [95] 5/3 8/1 10/4	117/15 117/17 127/21	ceiling [1] 111/18	58/6 58/16 85/8
29/1 29/20 33/21	14/13 16/10 19/12	129/7 133/20 133/21	ceilings [1] 85/6	109/19 109/20 110/3
34/10 34/13 40/19	21/25 22/7 36/14	can't [4] 42/11 42/12	cells [1] 121/1	110/6 110/13 111/23
44/22 45/25 46/2	36/17 37/16 43/4 45/6	91/11 91/11	census [1] 101/14	111/25 119/3 119/6
50/22 56/5 57/4 75/10	46/18 50/13 50/18	cancellations [1]	central [1] 110/18	119/8
80/1 91/2 91/13 95/2	50/23 51/6 53/5 54/10	109/7	centrality [2] 50/24	chimes [1] 114/11
95/14 95/25 97/24	58/21 59/3 59/7 59/18	candour [1] 65/25	100/10	choice [6] 54/10 73/7
113/15 113/18 118/7	59/21 59/24 65/8	cannot [6] 59/15	centre [6] 26/16 92/4	82/21 101/19 122/4
119/15 120/5 122/23	65/22 67/3 71/5 71/8	70/15 76/13 77/10	106/2 110/5 117/23	122/5
125/19 135/19	73/8 74/10 75/13	85/5 128/13	128/14	chosen [1] 73/19
bought [1] 12/15	75/25 76/5 76/9 76/22	canter [1] 98/19	centres [6] 7/12 7/20	chronic [1] 101/9
Brailsford [1] 36/24	76/24 77/21 78/19	capacity [2] 70/22	24/8 106/6 122/1	circulated [1] 11/17
breaches [1] 67/10	79/2 79/10 79/21 80/6	111/7	138/17	circumstances [10]
breadth [6] 15/10	80/11 81/8 81/15 83/9	CAPTIVE [1] 120/9	centuries [1] 53/11	6/18 45/17 51/3 62/15
15/22 20/4 25/11	83/15 83/17 83/25	capture [4] 19/5 20/4	certain [6] 14/11 71/5	64/20 64/22 66/24
80/23 129/11	85/12 86/5 86/17	38/15 70/15	78/9 112/9 112/15	82/22 96/22 123/7
break [3] 51/10 51/13	86/18 87/8 89/18	captured [1] 22/22	130/13	cited [1] 138/12
98/22	89/22 90/1 92/18 93/5	car [1] 111/10	certainly [6] 41/25	citizens [3] 107/7
breakdown [1] 53/5	93/16 93/25 95/8	care [23] 10/3 11/8	51/22 77/6 109/13	130/11 130/15
breakfast [1] 101/5	95/21 96/3 98/12	18/8 18/12 28/20 59/8	114/21 124/5	civil [5] 29/11 90/8
breakout [1] 124/20	101/9 101/25 102/13	61/23 63/15 64/23	cetera [1] 95/11	106/16 107/10 115/15
breaks [1] 138/11	104/2 104/10 104/14	66/9 69/15 84/2 85/6	CHAIR [8] 1/3 36/23	civilisation [1]
breath [1] 60/11	104/21 105/1 105/4	85/8 87/13 88/8 110/2	68/19 70/9 71/1 71/21	127/15
Brenda [1] 52/1	106/5 106/17 106/23	110/3 111/18 121/8	72/15 144/2	Claire [2] 54/7 54/10
brief [3] 75/14 75/15	107/4 110/24 112/21	136/16 139/11 141/9	chaired [1] 24/25	clarification [3]
107/4	113/3 113/21 115/21	Care Act [1] 85/8	challenge [1] 109/20	15/16 59/22 133/2
briefings [1] 120/6	120/23 121/24 128/20	careful [7] 23/2 28/11	challenges [3] 6/13	clarify [2] 13/17 14/3
briefly [4] 44/6	136/12 136/20 137/1	32/22 38/17 63/3	58/12 108/6	clarity [1] 104/3
118/13 122/17 129/7	138/22 139/16 140/9	99/24 122/9	challenging [1] 21/22	Clark [1] 117/22
bring [4] 54/11 60/12	bypassing [1] 112/25	carefully [8] 13/24	chambers [1] 115/19	clash [1] 104/16
94/5 116/25	byproduct [1] 16/9	15/13 25/17 26/1	change [7] 11/20	clash [1] 108/17
bringing [2] 5/13	C	30/25 46/11 140/4	27/6 66/12 75/19	clean [3] 74/14 75/18
37/25	call [3] 50/13 83/15	142/17	78/12 91/3 116/13	102/24
brings [1] 106/3	88/25	caregivers [1] 57/15	changed [5] 18/8	cleaner [1] 140/25
British [1] 118/4	called [3] 37/19 84/1	cares [1] 127/16	48/8 50/17 105/20	cleaners [4] 10/5
broad [4] 100/14	89/18	caring [1] 69/14	109/19	19/25 83/18 137/14
118/25 122/10 123/17	calling [2] 50/15	carried [1] 57/11	changes [9] 12/1	clear [7] 37/5 46/5
broadcasting [1]	91/19	carry [4] 30/18 69/25	12/15 13/8 26/23 27/1	52/11 79/9 92/7
4/24	calls [1] 87/23	87/21 136/11	27/8 77/22 77/24	104/11 139/8
broader [2] 56/9	came [1] 54/17	case [9] 5/18 37/24	121/9	clearer [3] 16/22
72/21	campaign [1] 74/4	56/17 71/4 80/6 94/18	chaos [1] 57/17	110/15 116/22
broadly [5] 28/5	campaigned [1]	111/17 119/18 139/7	characterised [1]	clearly [1] 97/10
90/11 95/1 122/23	62/24	cases [11] 37/7 50/3	65/3	client [1] 130/9
129/19	campaigning [2]	50/7 64/11 65/2 96/16	characteristic [2]	clients [9] 51/5 53/3
broke [1] 108/2	99/18 119/3	109/25 110/10 112/16	21/7 81/12	54/20 112/17 112/18
brother's [1] 112/1	Campbell [3] 42/24	113/9 120/21	characteristics [2]	113/8 113/19 113/21
brought [4] 8/8 58/17	43/3 52/1	casework [1] 119/19	27/3 27/18	128/4
83/10 107/15	can [63] 1/5 1/6 5/4	cast [1] 135/20	charged [1] 101/23	climb [1] 116/17
Buck [1] 127/15	8/20 26/2 36/25 37/13	casual [1] 19/9	charities [7] 8/12	clinical [7] 18/24
budgetary [2] 56/19	38/9 41/20 42/2 42/10	categories [1] 132/1	106/5 118/6 118/13	77/18 81/11 81/15
70/1	42/18 42/20 42/21	categorisation [1]	118/23 121/16 125/16	81/22 85/5 86/5
build [2] 80/14 87/2	43/5 44/18 44/23 46/3	21/4	charity [6] 99/16	clinically [49] 3/21
build-up [1] 80/14	50/17 50/25 51/22	category [4] 119/3	118/24 119/7 119/10	6/24 6/25 10/16 10/16
building [1] 137/17	52/5 56/1 56/2 57/23	122/21 137/17 140/22	119/22 120/13	17/1 17/9 18/18 18/19
built [1] 68/8	59/9 61/10 65/6 65/10	catharsis [1] 62/21	Charter [1] 66/19	18/21 27/22 27/22
bulk [1] 40/15	67/15 72/3 72/4 72/4	cause [4] 52/6	check [2] 1/4 42/9	72/6 72/9 72/12 72/13
burden [1] 57/15	74/1 74/25 81/16	110/20 135/13 135/15	cherished [1] 54/6	72/23 73/2 73/3 73/6
burial [1] 55/16	81/22 83/16 90/13	caused [2] 67/7	child [6] 110/1 110/4	75/14 76/11 76/12
		124/9	110/11 110/20 111/18	76/17 76/18 76/24

C	comment [2] 32/11 32/14	13/22 61/20 65/21	consequences [13] 6/10 6/12 7/23 12/10 17/9 26/19 33/2 35/6 60/7 63/21 63/23 121/17 121/19	constructing [1] 65/7
clinically... [23] 77/1 77/10 77/12 77/17 78/1 78/5 78/10 78/15 78/20 78/23 79/1 79/5 79/9 79/11 80/1 80/6 80/6 81/3 81/7 81/7 81/8 136/20 144/20	comments [5] 52/4 58/18 60/14 124/11 126/9	comprises [1] 43/9	compromise [1] 102/3	construction [6] 135/4 137/5 137/7 137/13 137/17 138/20
clinicians [1] 120/15	commissioning [1] 26/10	computer [1] 137/3	compulsory [1] 73/22	constructive [3] 36/24 52/24 143/2
clock [1] 137/24	commitment [3] 46/7 85/14 100/4	computers [2] 111/6 112/7	conceal [1] 40/10	constructively [1] 82/11
clocking [1] 138/8	committed [5] 15/1 18/15 22/12 22/17 133/15	concealed [1] 141/2	concept [2] 79/13 122/19	consultant [1] 31/21
close [5] 63/15 107/22 117/1 133/14 136/13	common [4] 38/20 56/17 71/5 75/11	concern [7] 18/20 61/12 67/12 94/17 114/5 127/5 135/13	concerned [7] 49/18 50/7 59/25 77/11 79/10 115/9 134/16	consultation [1] 113/4
closed [1] 139/1	communal [3] 6/15 12/3 88/10	concerns [10] 2/9 7/2 15/25 19/5 20/23 39/22 49/22 77/21 110/12 110/19	concluded [1] 143/9	contact [4] 107/22 111/20 119/1 138/21
closure [7] 7/20 9/23 10/1 12/13 12/17 65/8 131/8	communicate [2] 90/3 111/12	concludes [2] 41/15 143/4	conclusion [5] 15/21 60/18 81/3 104/23 127/13	contained [2] 32/7 98/20
closures [7] 7/11 12/10 23/16 24/9 24/12 24/19 85/6	communication [2] 88/7 114/1	condition [1] 90/24	conditions [15] 12/3 12/7 18/3 18/4 21/10 33/22 83/4 87/15 96/11 96/13 96/17 101/10 120/1 121/3 139/3	contains [1] 14/11
co [4] 88/8 90/4 90/9 90/11	communities [13] 6/8 7/19 8/11 8/14 16/12 22/21 23/16 45/8 93/8 93/9 94/11 106/11 111/3	conducted [6] 4/24 59/8 59/12 113/14 113/23 114/3	conducting [4] 2/3 22/17 120/18 125/10	contemporary [1] 101/7
co-design [1] 90/9	community [13] 6/5 7/20 7/24 8/10 9/21 18/1 18/12 24/14 24/16 54/3 55/9 87/13 93/18	conducts [2] 119/18 119/22	confident [1] 114/21	content [1] 32/14
co-designed [1] 90/4	community-based [2] 18/12 87/13	confidentiality [2] 67/11 67/15	confidence [1] 19/1	contentious [2] 63/24 64/16
co-production [2] 88/8 90/11	community-level [3] 9/21 24/14 24/16	confined [1] 19/1	confirmation [3] 21/11 87/11 127/10	context [10] 19/22 29/20 34/10 34/13 45/22 48/10 63/11 121/11 124/10 125/18
Coalition [9] 4/1 29/3 34/1 95/2 97/8 105/16 105/24 124/11 145/8	company [1] 137/25	conflates [1] 106/14	conflate [1] 106/14	contextualise [1] 108/3
coercive [1] 130/18	compare [1] 26/23	confusion [1] 95/9	Congress [8] 4/5 17/2 20/12 22/5 33/9 133/22 133/23 145/18	continue [15] 6/10 11/1 11/11 13/25 15/3 15/13 21/25 35/12 36/10 59/24 74/21 114/23 122/5 137/9 142/19
coffin [1] 54/9	compared [1] 27/7	connected [1] 111/11	connecting [1] 8/17	continues [1] 54/22
cohesion [2] 6/5 7/24	compassionate [1] 59/13	connections [1] 8/15	consciousness [1] 77/6	continuing [3] 35/15 72/19 74/12
cohorts [1] 121/18	compel [1] 40/3	consciousness [1] 77/6	consent [3] 67/4 67/6 67/18	contracts [1] 86/25
collaborate [1] 36/25	competitive [1] 26/15	consequence [2] 16/16 74/23	considerable [2] 71/9 123/8	contradictory [2] 65/1 65/4
collaboration [1] 52/25	complaints [3] 64/21 65/2 66/6		consideration [28] 20/23 21/15 21/20 23/2 28/11 29/5 29/23 32/23 38/17 46/25 47/23 49/4 50/11 60/16 63/3 74/24 79/5 79/22 81/17 81/20 89/1 92/9 94/16 103/18 115/22 122/3 123/19 125/21	contrary [1] 125/5
collaborative [1] 114/22	complete [1] 89/12		considerations [3] 20/25 22/1 69/17	contrast [1] 83/7
collate [1] 116/21	completed [3] 40/15 98/4 98/5		considered [28] 13/24 15/13 18/6 18/25 19/2 20/19 21/13 25/18 29/20 29/24 31/1 32/3 34/23 46/12 48/24 58/2 58/20 67/21 78/2 79/12 96/5 111/1 115/14 116/2 127/12 133/17 134/21 134/23	contribute [6] 26/2 37/13 38/3 52/22 91/1 99/22
colleague [1] 136/13	completes [1] 142/12		considering [9] 14/24 20/23 36/13 44/19 44/20 61/18 76/23 84/16 121/14	contributing [1] 16/8
colleagues [1] 139/9	complex [3] 63/12 64/16 124/8		considers [5] 55/19 66/15 81/2 126/3 140/13	contribution [1] 58/22
collected [1] 29/13	complexity [2] 96/16 129/11		consistency [1] 104/3	contributions [4] 13/13 15/3 37/18 40/21
collection [1] 90/10	complicated [1] 138/8		consistently [1] 81/9	control [5] 64/8 97/6 104/17 130/16 130/19
collective [2] 8/19 61/25	composed [2] 118/5 118/22		Consortium [6] 4/4 21/11 128/8 128/12 133/1 145/15	Convention [1] 4/7
College [1] 31/21	compounded [6] 6/19 8/6 56/8 57/17 60/22 101/18		constituent [3] 125/24 130/2 133/11	conversation [1] 124/13
collegiate [1] 124/17	compounding [1] 84/24		constraints [1] 97/12	conveyor [1] 136/2
combat [3] 9/12 16/20 73/14	comprehensive [4] 26/11 30/10 31/11 50/18			cooperate [3] 37/1 94/12 98/13
combination [1] 82/25	comprehensively [3]			cope [2] 58/7 102/4
combined [1] 85/12				coping [1] 58/8
come [5] 42/22 45/3 107/22 108/18 140/23				copy [1] 28/3
comes [2] 89/4 120/24				
comfort [2] 54/18 58/11				
coming [2] 38/18 110/13				
commenced [1] 31/6				
commend [1] 118/17				

C	<p>court [5] 7/11 24/9 79/1 109/13 112/24</p> <p>courtrooms [1] 112/20</p> <p>courts [10] 29/9 75/22 106/17 107/11 109/25 112/21 115/15 116/11 116/14 116/14</p> <p>cover [5] 9/25 10/8 23/13 26/9 80/1</p> <p>covered [8] 14/18 15/10 25/12 78/24 82/25 129/12 131/2 132/2</p> <p>covering [1] 71/16</p> <p>Covid [79] 1/10 2/9 3/15 3/17 3/18 3/20 6/2 9/6 9/8 17/5 17/7 17/11 30/2 32/25 35/2 36/21 40/12 41/22 42/7 43/8 43/10 49/6 49/19 49/23 51/16 51/20 51/25 52/12 52/21 53/2 56/5 57/11 57/21 61/4 61/8 61/12 63/16 63/20 65/19 68/12 68/16 68/18 69/5 69/16 69/18 70/7 70/20 71/18 71/25 73/5 74/8 75/13 75/24 76/16 76/19 83/10 86/10 87/7 102/22 103/3 118/4 120/8 121/13 126/12 126/13 130/5 134/7 135/11 135/22 137/10 137/12 137/16 138/7 138/14 139/6 144/7 144/10 144/14 144/17</p> <p>Covid-19 [40] 1/10 2/9 3/15 3/17 3/18 6/2 9/6 17/5 17/7 36/21 41/22 42/7 43/10 49/23 51/20 61/8 61/12 63/16 65/19 73/5 74/8 75/24 76/16 118/4 120/8 121/13 126/12 126/13 130/5 134/7 135/22 137/10 137/12 137/16 138/7 138/14 139/6 144/7 144/10 144/14</p> <p>CP [3] 57/22 72/17 91/21</p> <p>CPs [4] 80/12 98/8 115/24 118/16</p> <p>CQC [1] 87/20</p> <p>cramped [1] 138/2</p> <p>creates [2] 126/18 130/8</p> <p>credits [1] 111/5</p> <p>crematorium [1] 54/15</p> <p>crime [2] 109/17</p>	<p>109/23</p> <p>criminal [6] 34/14 106/16 107/11 109/13 115/15 118/7</p> <p>crises [1] 8/21</p> <p>crisis [2] 61/2 92/25</p> <p>criteria [1] 30/4</p> <p>critical [7] 24/13 53/3 82/12 102/12 123/14 134/1 141/4</p> <p>cross [2] 46/16 67/19</p> <p>cross-cutting [2] 46/16 67/19</p> <p>crowded [1] 77/5</p> <p>Crown [1] 116/14</p> <p>crucial [4] 15/4 47/19 53/4 102/16</p> <p>crucially [1] 46/3</p> <p>cruel [1] 53/22</p> <p>crushing [1] 53/25</p> <p>crystallises [1] 63/23</p> <p>CTI [3] 80/10 95/3 96/3</p> <p>culminate [1] 28/1</p> <p>cultural [8] 7/18 7/21 8/15 9/22 12/11 24/18 24/20 27/15</p> <p>culture [2] 26/21 74/18</p> <p>cumulative [3] 33/7 35/9 84/24</p> <p>cumulatively [1] 58/15</p> <p>current [2] 19/4 40/25</p> <p>currently [3] 31/12 131/25 132/9</p> <p>custody [4] 109/17 109/21 119/8 121/8</p> <p>customs [1] 55/4</p> <p>cutting [2] 46/16 67/19</p> <p>CVF [15] 72/9 72/12 72/15 72/17 73/17 74/8 74/20 77/11 78/8 79/2 79/10 79/14 79/18 80/4 81/10</p> <p>Cymru [9] 3/19 61/9 61/12 62/13 65/20 67/9 67/17 68/12 144/15</p>	<p>damp [1] 101/12</p> <p>dangerous [1] 54/5</p> <p>dangers [2] 121/3 121/5</p> <p>dark [1] 122/2</p> <p>Das [2] 31/18 31/19</p> <p>Das-Munshi [1] 31/18</p> <p>data [17] 29/13 29/16 30/15 39/8 67/10 90/10 107/1 110/14 110/21 110/25 116/7 116/7 116/9 116/11 116/22 135/16 137/11</p> <p>date [7] 1/18 17/19 31/1 45/15 47/18 49/2 75/5</p> <p>dates [2] 3/6 40/23</p> <p>David [1] 31/18</p> <p>Davies [6] 3/24 91/8 91/16 98/18 115/13 145/2</p> <p>dawned [1] 83/23</p> <p>day [8] 69/11 69/23 74/21 77/4 78/21 80/17 81/1 121/1</p> <p>days [3] 69/12 80/15 80/15</p> <p>dead [1] 55/5</p> <p>deadline [1] 40/14</p> <p>deadly [1] 52/15</p> <p>deaf [1] 90/2</p> <p>deal [6] 1/14 22/15 105/6 116/14 125/13 129/7</p> <p>dealing [3] 57/18 58/13 95/12</p> <p>dealt [3] 11/7 80/10 102/9</p> <p>death [8] 37/7 54/13 54/21 56/14 62/15 73/5 74/8 137/12</p> <p>deaths [9] 43/15 50/9 51/4 65/21 73/10 135/11 135/21 137/16 137/18</p> <p>debate [1] 119/25</p> <p>debt [1] 19/10</p> <p>December [1] 101/3</p> <p>December 2020 [1] 101/3</p> <p>Decent [1] 101/11</p> <p>decide [1] 2/4</p> <p>decision [11] 14/7 14/9 14/13 16/10 88/8 104/20 116/6 118/14 121/21 121/24 131/9</p> <p>decision-making [3] 14/7 14/9 116/6</p> <p>decisions [7] 10/9 14/10 57/5 85/4 122/13 131/13 133/9</p> <p>dedicated [4] 49/8 119/7 123/9 132/13</p>	<p>deduplication [1] 39/3</p> <p>deep [2] 7/19 55/19</p> <p>deeply [1] 45/18</p> <p>defendants [1] 109/18</p> <p>deficiencies [1] 66/5</p> <p>definition [1] 124/4</p> <p>degree [1] 139/4</p> <p>delay [3] 4/25 5/5 109/25</p> <p>delayed [1] 109/12</p> <p>delays [9] 7/11 24/9 108/23 109/7 109/15 110/8 110/24 131/9 132/6</p> <p>deliberate [1] 122/12</p> <p>delighted [3] 91/17 94/11 98/13</p> <p>delineation [1] 122/9</p> <p>deliver [2] 66/11 83/21</p> <p>delivered [1] 92/22</p> <p>delivering [1] 95/7</p> <p>delivery [5] 10/6 20/1 20/10 20/11 83/20</p> <p>demand [2] 28/23 29/10</p> <p>demands [2] 104/18 108/7</p> <p>demographic [8] 11/25 13/2 18/14 29/22 85/17 87/16 125/20 130/13</p> <p>denial [2] 53/13 53/22</p> <p>denied [1] 109/13</p> <p>Department [1] 26/20</p> <p>departments [1] 26/22</p> <p>depend [1] 76/13</p> <p>dependency [1] 83/22</p> <p>depending [2] 96/22 100/23</p> <p>deployed [1] 23/7</p> <p>depression [1] 11/22</p> <p>depriving [2] 45/19 93/10</p> <p>depth [1] 50/1</p> <p>described [4] 73/22 76/19 111/7 120/10</p> <p>deserve [1] 50/2</p> <p>design [2] 19/2 90/9</p> <p>designated [5] 3/10 3/13 5/10 99/20 118/10</p> <p>designation [2] 2/20 68/19</p> <p>designed [2] 90/4 90/23</p> <p>desire [1] 15/20</p> <p>despite [1] 86/5</p>
----------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

D	11/25 13/1 13/2 16/8 20/21 26/2 38/1 38/8 44/14 46/6 52/18 73/3 76/21 78/4 78/25 79/16 80/25 82/13 82/13 85/17 86/21 87/16 93/9 93/18 94/14 96/4 96/20 96/22 96/25 97/12 100/23 105/21 105/21 111/21 123/6 137/2 137/3	disclose [1] 39/20 disclosed [4] 37/22 38/24 39/3 98/6 disclosure [17] 3/4 36/5 38/20 38/22 39/1 39/6 39/8 39/9 39/17 40/12 40/15 40/18 40/22 43/22 94/23 98/4 107/2 disconnection [1] 29/12 discrete [1] 88/25 discretion [1] 41/12 discrimination [5] 44/21 74/22 81/18 102/8 108/15 discuss [3] 36/24 114/20 142/23 discussion [2] 31/9 124/17 discussions [10] 25/1 25/4 25/9 25/12 26/3 31/9 31/13 114/17 115/2 115/7 disease [4] 9/13 16/20 73/14 86/4 disparities [5] 13/1 18/13 20/21 21/15 27/2 disproportionate [9] 6/23 9/13 17/10 28/18 31/14 73/14 84/3 84/16 85/2 disproportionately [6] 12/20 44/17 46/9 84/22 89/3 97/2 disrupted [3] 7/22 8/2 45/23 disruption [2] 56/9 60/23 disruptions [1] 47/1 dissects [1] 108/20 distance [3] 54/16 136/6 137/1 distancing [6] 73/21 76/7 102/24 136/7 136/12 138/8 distinct [3] 16/7 16/11 130/11 distinction [2] 16/22 73/18 distort [1] 40/8 distress [1] 67/8 distressed [1] 111/23 distribution [3] 83/19 86/19 138/17 diverse [8] 23/8 33/17 50/18 94/5 94/11 128/20 130/8 130/10 diversity [2] 93/19 133/10 divided [1] 46/15	DNACPR [1] 85/3 do [31] 3/11 15/14 32/12 40/7 42/18 42/25 45/1 47/12 51/6 57/22 58/21 62/1 76/10 80/24 81/1 83/15 91/13 92/21 93/24 96/9 100/10 102/13 105/2 106/23 106/25 112/1 114/8 115/18 116/19 128/3 130/14 doctors [1] 70/21 document [7] 39/19 40/8 40/9 40/11 46/23 106/22 118/21 documentary [1] 67/25 documenting [1] 67/2 documents [13] 36/7 38/23 38/24 39/3 39/12 39/14 39/20 39/23 39/24 39/25 40/3 98/6 98/9 does [9] 20/4 20/18 36/3 48/10 67/9 78/18 79/2 101/25 127/23 doesn't [2] 46/14 74/9 doing [1] 43/14 domestic [35] 7/6 10/19 23/22 23/24 28/15 28/23 28/25 33/23 33/23 82/18 89/5 91/15 91/18 92/17 92/24 93/14 93/19 94/2 94/8 94/14 94/18 95/6 95/10 95/13 95/17 95/19 96/15 96/23 96/24 97/3 97/5 97/11 97/19 110/1 145/1 don't [11] 5/2 79/21 80/10 92/1 94/15 99/23 103/4 104/21 105/1 118/18 127/7 done [7] 38/10 44/19 81/23 101/25 104/11 116/9 125/25 door [1] 120/25 doors [3] 83/21 121/25 139/2 Dorland [3] 25/20 41/2 72/18 doubt [1] 73/25 doubts [1] 67/17 down [3] 70/3 95/4 113/13 DPO [19] 82/4 82/6 82/10 83/2 84/6 84/10 85/13 86/1 86/13 87/2 87/10 88/2 88/13 88/19 89/2 90/8 90/11	90/19 91/1 DPO's [1] 90/16 Dr [7] 3/20 68/15 68/16 70/23 74/20 139/10 144/18 Dr Finnis [1] 74/20 Dr Fong [1] 70/23 Dr Mitchell [2] 3/20 68/15 Dr Warne [1] 139/10 draft [1] 32/15 drafted [1] 66/20 dragged [1] 74/17 drawn [2] 107/17 122/23 drive [1] 59/20 drivers [4] 10/6 20/1 20/11 83/20 driving [1] 45/2 dropped [1] 95/4 drowned [1] 59/17 drugs [1] 116/12 due [15] 4/12 7/7 23/12 23/16 41/11 50/20 64/23 106/22 110/7 111/4 113/12 113/25 135/8 138/7 140/24 Duffy [1] 52/2 duplication [1] 11/12 duration [2] 129/3 129/10 during [63] 11/20 12/1 13/9 16/2 18/8 20/5 23/17 23/21 24/6 26/24 27/6 27/9 29/1 33/3 33/5 34/7 35/6 40/6 48/18 50/9 51/7 53/8 53/20 56/7 57/4 57/5 57/8 57/11 60/4 60/7 63/9 64/5 75/13 83/23 86/8 86/21 87/4 87/17 96/21 97/21 103/11 106/10 108/21 115/6 118/3 119/5 120/7 120/11 120/22 123/5 123/10 127/17 127/22 130/3 134/5 136/14 140/7 140/9 141/7 141/10 142/6 142/24 143/3 duties [3] 85/7 90/5 104/10 duty [4] 65/25 104/14 118/2 118/5 dynamic [3] 35/14 74/23 81/13 dynamics [1] 111/9
	disadvantage [2] 102/2 102/6 disadvantageous [1] 113/8 disarray [1] 76/14 disaster [1] 120/25	disclosure [17] 3/4 36/5 38/20 38/22 39/1 39/6 39/8 39/9 39/17 40/12 40/15 40/18 40/22 43/22 94/23 98/4 107/2 disconnection [1] 29/12 discrete [1] 88/25 discretion [1] 41/12 discrimination [5] 44/21 74/22 81/18 102/8 108/15 discuss [3] 36/24 114/20 142/23 discussion [2] 31/9 124/17 discussions [10] 25/1 25/4 25/9 25/12 26/3 31/9 31/13 114/17 115/2 115/7 disease [4] 9/13 16/20 73/14 86/4 disparities [5] 13/1 18/13 20/21 21/15 27/2 disproportionate [9] 6/23 9/13 17/10 28/18 31/14 73/14 84/3 84/16 85/2 disproportionately [6] 12/20 44/17 46/9 84/22 89/3 97/2 disrupted [3] 7/22 8/2 45/23 disruption [2] 56/9 60/23 disruptions [1] 47/1 dissects [1] 108/20 distance [3] 54/16 136/6 137/1 distancing [6] 73/21 76/7 102/24 136/7 136/12 138/8 distinct [3] 16/7 16/11 130/11 distinction [2] 16/22 73/18 distort [1] 40/8 distress [1] 67/8 distressed [1] 111/23 distribution [3] 83/19 86/19 138/17 diverse [8] 23/8 33/17 50/18 94/5 94/11 128/20 130/8 130/10 diversity [2] 93/19 133/10 divided [1] 46/15	E each [13] 16/1 16/8 23/3 24/25 25/4 37/20 62/6 82/13 86/3 88/14 88/16 125/24 137/4	

E	elsewhere [1] 115/16	enough [1] 19/5	109/14 112/6 136/4	125/12 125/15 127/5
eager [1] 133/6	emerged [1] 13/9	enquiry [1] 100/14	137/10	129/4 129/16 130/4
earlier [7] 22/23	emergency [5] 48/20	enriched [1] 49/2	event [2] 67/16 92/17	131/16 132/17 132/22
88/23 98/7 98/8	92/25 102/18 104/14	Enshrining [1] 81/14	events [27] 2/25 8/5	133/3 133/7 133/12
125/17 127/14 143/1	127/18	ensuing [1] 109/5	16/7 22/25 23/13 25/8	139/5 139/10 140/11
early [7] 1/13 20/9	emerging [3] 8/23	ensure [19] 4/20 9/1	25/14 25/17 25/19	140/13 140/19 140/20
31/8 41/4 44/2 75/9	15/25 37/16	13/22 15/20 22/20	38/4 59/6 59/7 59/10	141/1 141/3 141/4
122/4	emotional [7] 33/2	25/2 31/10 40/22	61/15 69/1 69/2 69/20	141/9 141/13
early-release [1]	35/5 55/19 57/15 60/6	43/14 43/25 49/13	85/12 88/14 118/14	evidence-based [1]
122/4	60/13 111/16	53/7 59/12 78/9 88/3	122/17 122/20 126/15	22/17
earn [1] 86/24	emphasis [1] 140/2	112/1 128/4 132/20	127/12 129/5 131/20	evidence-gathering
easements [2] 85/7	emphasise [4] 45/11	139/24	132/13	[5] 21/14 22/2 22/24
104/10	49/13 118/19 133/25	ensured [1] 20/5	eventual [1] 31/10	30/22 77/25
easier [1] 98/9	emphasised [1] 17/5	ensures [1] 60/25	Eventually [1] 136/12	evidential [1] 64/2
easily [1] 46/14	employ [1] 107/19	ensuring [8] 8/19	ever [2] 67/17 142/11	evidently [1] 95/13
Easy [1] 38/11	employed [1] 137/23	15/11 22/7 22/13	every [16] 3/2 5/20	evolved [1] 74/11
echo [6] 52/25 54/23	employers [1] 136/11	25/24 30/9 50/23	6/3 23/1 37/2 37/12	exacerbated [5] 7/16
55/25 115/11 115/19	employment [7] 17/8	127/23	37/18 38/1 38/4 59/6	44/22 65/14 108/16
129/8	19/9 56/12 86/7	entail [1] 115/1	61/16 62/22 70/14	109/16
economic [14] 8/1	107/22 116/10 128/24	enter [2] 106/18	78/3 137/2 142/1	exact [1] 69/4
11/10 19/6 19/8 19/10	employs [1] 138/5	130/16	everybody [1] 143/4	exactly [1] 42/25
19/14 19/21 21/8 47/2	enable [1] 23/7	entirely [2] 62/13	everyone [8] 1/8	examination [3] 17/3
56/23 57/1 57/7 57/10	enabled [2] 31/13	94/15	75/15 76/9 78/19 81/5	58/23 124/21
82/21	89/19	entirety [1] 119/17	100/17 103/10 103/21	examine [19] 8/18
edits [1] 79/19	enabling [1] 32/10	entity [1] 5/12	everything [3] 55/21	9/8 9/17 17/13 23/15
educate [1] 75/16	encapsulates [1]	environment [1] 59/9	109/1 128/3	24/12 33/1 33/6 33/10
education [3] 47/2	16/20	environments [3] 7/9	eviction [1] 24/23	33/21 34/2 34/16 35/9
57/13 74/4	encompass [2] 106/5	64/8 112/10	evictions [1] 100/3	46/20 50/8 82/9 84/23
educational [4] 20/9	118/25	envisaged [4] 32/16	evidence [142] 1/14	123/8 126/22
56/8 57/17 57/19	encountered [1] 7/5	88/9 131/25 132/9	1/16 1/17 1/21 1/23	examined [7] 9/2
effect [4] 16/4 33/24	encourage [2] 33/13	epidemiology [2]	2/24 2/25 5/15 5/16	16/15 30/20 46/1 87/2
60/1 70/19	119/25	31/20 31/24	5/23 8/23 11/2 18/10	122/24 123/25
effective [14] 40/22	encouragement [1]	equal [3] 69/20 83/6	18/13 19/3 21/14 22/2	examines [1] 18/1
50/8 56/23 61/17 66/7	82/11	130/14	22/16 22/17 22/20	examining [2] 84/12
75/10 83/5 100/7	end [5] 41/2 55/18	equality [5] 10/15	22/24 22/25 26/5	121/17
108/7 109/1 113/24	55/25 59/22 115/19	27/3 81/12 90/10	26/11 26/20 28/6	example [24] 1/24
125/2 127/7 133/17	ended [4] 38/4 73/9	106/12	29/19 30/8 30/10	14/7 17/19 43/22 45/7
effectively [6] 9/2	77/1 80/15	equally [1] 141/11	30/18 30/22 31/2 31/7	63/14 64/3 69/13 75/6
36/22 43/13 44/19	endorse [3] 124/10	escape [2] 7/8 77/3	32/18 32/22 33/1 33/9	83/16 89/19 93/20
96/8 103/13	127/1 127/9	ESM [1] 38/14	33/13 34/1 34/5 34/9	106/15 109/17 111/2
effectiveness [1]	endorsed [1] 141/24	especially [6] 56/12	34/16 35/3 35/4 35/17	111/17 113/17 116/11
48/18	ends [1] 56/16	100/7 105/11 112/9	35/21 37/23 44/8 44/9	121/7 122/3 123/15
effects [20] 6/23 7/15	endured [1] 6/18	119/2 121/18	45/15 46/21 47/9	132/4 135/3 140/25
16/11 16/24 17/6 19/8	enduring [1] 17/10	essential [5] 7/3 49/5	47/16 47/17 47/21	examples [3] 8/18
24/4 24/19 28/14	engage [5] 23/23	50/22 55/18 124/25	48/4 48/6 48/16 49/1	112/24 114/10
28/16 29/5 29/7 29/8	24/11 26/3 71/11	establish [2] 43/12	49/5 49/8 49/12 49/18	exceed [1] 42/5
54/21 59/2 70/20 96/4	100/6	92/25	49/24 60/6 60/15	excellent [1] 80/16
101/6 102/18 130/1	engaged [1] 8/2	established [4] 36/8	61/13 61/23 62/7	except [1] 142/17
efficient [1] 8/25	engagement [3]	65/11 65/19 117/24	62/11 63/2 63/5 63/11	exceptionally [1]
efforts [1] 45/2	66/12 68/5 99/24	establishments [1]	63/14 63/22 64/1	6/17
eight [1] 47/6	engages [1] 118/24	106/18	64/15 65/16 67/20	exceptions [1]
either [3] 5/8 81/6	engaging [3] 15/5	estate [1] 119/17	67/20 67/22 67/24	130/13
118/4	31/12 99/19	estates [1] 64/7	67/25 67/25 68/3	excluded [8] 21/19
elderly [1] 8/4	England [8] 17/14	estimate [4] 42/5	70/11 70/16 70/18	29/16 77/2 77/4 111/3
electrical [1] 137/18	33/19 66/2 69/11	94/24 98/10 100/25	70/23 71/14 71/22	129/23 130/13 140/22
electronic [2] 39/7	101/15 119/9 135/14	et [1] 95/11	74/20 77/25 79/25	excluding [1] 10/3
137/19	138/15	et cetera [1] 95/11	80/16 81/21 85/15	exclusion [3] 110/21
elementary [1]	English [1] 9/5	European [1] 26/18	87/11 89/10 89/12	110/25 130/20
137/12	enhancing [1] 70/24	Evaluation [1] 26/17	90/7 94/23 95/9 96/9	exclusive [1] 132/17
elevated [1] 137/21	enjoy [1] 83/9	evaluations [1] 26/21	96/10 96/19 97/13	exercise [9] 5/20
eloquently [3] 55/13	enlightened [1] 76/3	even [15] 7/7 54/13	97/14 97/24 97/25	37/4 39/4 70/14 88/18
96/6 123/21	enlightening [1]	54/17 56/24 57/11	98/14 106/8 109/23	93/16 97/23 114/7
else [2] 75/15 98/15	140/21	73/8 77/23 82/22	111/14 114/14 116/4	126/6
	enormous [1] 125/1	82/24 97/9 105/4	118/15 119/20 125/2	exhaustive [3] 13/20

E	30/5 31/13 34/12 60/12 128/20 experts [11] 31/9 31/17 32/6 32/8 32/10 32/16 33/16 33/20 34/12 47/25 77/19 experts' [1] 34/9 explain [1] 92/1 explained [1] 137/23 explanation [1] 93/15 explanatory [1] 92/2 explicitly [6] 16/6 18/1 20/7 20/13 20/17 79/25 exploitation [1] 128/23 exploration [1] 91/2 explore [7] 1/25 24/4 24/22 53/5 59/2 71/4 71/5 explored [3] 21/16 34/7 86/22 explores [1] 90/12 exploring [1] 18/16 expose [1] 52/13 exposed [1] 86/10 exposing [1] 103/2 exposure [1] 86/4 express [2] 21/11 67/18 expressed [2] 15/20 18/20 expressly [3] 21/19 82/9 129/23 expulsion [1] 130/20 extend [5] 14/17 17/3 17/18 58/23 75/5 extended [3] 6/13 109/18 109/21 extensive [2] 119/19 119/23 extensively [2] 86/22 120/4 extent [6] 19/19 30/25 32/4 58/1 67/14 100/12 external [2] 25/2 87/19 extracts [1] 135/25 extraordinary [1] 8/9 extreme [1] 126/5 extremely [9] 6/25 10/16 27/22 51/2 72/13 76/18 125/15 142/11 142/25	121/5 134/5 135/7 137/21 138/22 facilitate [1] 124/21 facilitated [1] 25/1 facilitates [2] 120/16 126/18 facilitating [1] 25/9 facilities [4] 7/21 112/8 112/12 113/24 facility [1] 25/22 facing [12] 8/13 10/7 20/2 82/17 110/6 120/24 123/24 134/18 134/20 134/22 134/24 139/16 fact [7] 20/17 102/25 107/8 110/2 110/24 115/4 121/23 factor [1] 69/15 factories [1] 135/13 factors [7] 11/21 11/23 21/8 27/1 27/8 27/12 102/15 factory [6] 135/10 135/11 135/22 136/3 136/9 138/6 facts [1] 65/9 failed [4] 60/20 66/11 112/8 118/5 failing [1] 108/24 failings [1] 124/7 failure [3] 65/5 65/14 76/10 failures [1] 52/14 fair [3] 57/10 108/8 111/2 fairness [1] 108/25 faith [3] 12/14 23/14 23/16 fall [5] 14/5 14/23 15/5 104/22 129/20 falls [1] 14/12 false [1] 77/4 familiar [1] 43/20 families [67] 3/16 3/17 3/18 3/21 6/17 17/2 18/20 24/5 30/2 32/25 35/2 37/8 40/13 41/22 42/7 43/8 45/16 49/19 50/2 51/17 51/20 51/25 52/12 52/19 52/22 53/9 53/17 53/25 54/3 54/24 55/2 55/8 56/5 56/14 57/18 57/21 58/9 59/8 59/19 60/8 60/21 61/8 61/12 62/1 62/23 64/4 64/20 64/24 65/7 66/13 66/19 67/8 68/12 72/6 72/9 73/2 85/8 110/3 110/6 111/3 120/3 126/13 126/14 144/8 144/11 144/15 144/21	family [21] 8/2 12/24 29/11 47/1 53/21 54/2 55/23 87/6 87/24 88/6 106/16 107/10 109/13 109/25 110/10 111/8 111/9 111/12 112/24 115/15 116/11 family's [1] 54/22 far [7] 6/2 14/4 49/18 101/1 101/2 114/13 121/24 farewell [2] 8/5 53/15 father [1] 111/9 father's [1] 54/21 favour [1] 104/13 fear [4] 7/17 59/9 95/25 112/5 fearful [1] 141/3 fears [1] 64/9 February [4] 1/1 36/19 56/21 56/22 February 2022 [1] 56/21 February 2024 [1] 56/22 fed [1] 114/14 feed [2] 5/1 83/17 feedback [1] 25/13 feel [10] 54/3 54/24 56/2 58/21 74/1 93/5 126/19 136/14 136/18 136/25 feeling [1] 77/2 feelings [1] 8/6 feet [1] 136/7 felt [9] 6/10 46/9 60/9 70/7 70/25 73/25 85/12 114/8 138/6 ferry [1] 138/1 few [2] 6/11 114/10 FFP3 [1] 63/17 field [2] 34/12 119/18 fields [1] 99/16 Fifth [3] 3/6 63/11 89/14 figured [1] 46/19 fill [1] 65/7 final [13] 1/9 8/6 9/6 11/17 15/19 23/11 53/15 65/23 72/24 72/25 80/9 98/2 142/2 finalised [2] 41/7 47/15 finally [17] 3/7 22/3 24/21 37/2 40/23 48/25 60/5 67/19 80/9 89/14 98/2 127/9 131/15 133/5 136/23 137/20 141/22 financial [13] 7/16 8/14 17/9 19/14 19/17 33/7 35/10 56/8 56/11 57/19 60/23 87/9 137/9	financially [1] 57/4 find [5] 45/20 82/14 98/8 107/9 108/19 finding [2] 110/2 115/5 findings [2] 1/16 28/2 finish [1] 50/13 Finnis [1] 74/20 fire [2] 10/5 19/25 firm [1] 40/14 firmly [1] 52/17 firms [2] 112/18 112/22 first [27] 1/9 2/19 16/4 23/11 35/20 44/7 44/10 48/6 62/19 63/16 64/19 73/12 84/8 92/19 100/19 118/3 118/23 122/3 123/3 125/18 126/12 129/3 129/7 129/18 130/12 134/10 135/6 firsthand [1] 141/8 firstly [4] 39/2 41/21 47/1 100/10 fit [1] 58/14 fitness [1] 24/16 five [8] 3/12 66/1 80/17 80/20 81/1 84/7 107/1 117/4 flag [1] 123/1 flagged [1] 125/17 flesh [1] 125/16 fleshing [1] 114/25 fleshing-out [1] 114/25 flexible [1] 19/5 flowing [1] 140/6 flows [1] 109/1 flu [1] 76/1 fluctuating [1] 90/24 focus [20] 2/10 8/22 9/9 14/14 17/17 17/22 44/13 47/4 75/4 75/21 79/6 79/11 95/5 100/2 100/14 107/16 133/8 134/18 134/24 139/15 focused [3] 40/21 115/21 126/17 focuses [4] 31/22 31/24 128/19 141/12 focusing [5] 26/25 88/21 104/25 105/11 131/21 focussed [1] 120/6 followed [2] 4/16 135/10 following [22] 2/17 2/25 3/13 5/4 5/13 9/18 10/17 11/18 17/6 23/13 26/15 29/5 32/24 34/16 38/21 62/18 68/25 70/12 109/19 120/12 126/11
----------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

F	fulfil [2] 1/18 46/12	132/17 132/22	99/19 119/20	106/6 115/17 125/20
following... [1] 129/17	full [9] 4/10 13/23	gave [3] 95/8 111/17 141/1	governments [1] 57/8	132/10 132/22 134/14
follows [3] 9/5 28/12 56/22	60/11 62/19 65/9 83/5	gender [1] 27/19	gradual [1] 6/7	134/17 135/2
Fong [1] 70/23	91/19 102/12 108/25	general [18] 9/19	grandchildren [1] 58/5	guards [3] 10/7 20/2 83/19
food [6] 83/16 83/21 86/15 135/9 136/3 138/19	fully [15] 18/16 18/24 20/4 21/9 22/22 50/19 52/5 60/12 90/1 98/4 102/1 106/20 121/21 122/24 123/8	11/19 12/25 14/15 18/17 18/22 26/14 27/5 71/11 81/4 84/9 85/24 101/24 102/20 103/9 121/6 124/5 130/10	granted [3] 5/7 5/9 72/17	guidance [3] 7/6 59/11 104/11
foot [1] 136/8	function [1] 20/5	generally [8] 8/13 25/7 36/8 40/12 80/2 83/8 102/17 124/10	granting [1] 72/16	guide [1] 61/1
forbidden [1] 51/5	functioning [1] 107/6	generated [1] 36/7	graphic [1] 111/17	guides [1] 120/3
force [2] 45/2 127/6	fundamental [3] 6/22 7/22 55/14	generations [1] 55/5	grappling [1] 56/10	guise [1] 58/24
forced [3] 53/18 54/15 89/23	fundamentally [2] 48/8 59/14	genuine [1] 114/5	grasp [2] 60/12 108/9	H
foreboding [1] 64/9	funding [1] 92/25	geographical [1] 27/21	grateful [28] 13/11 20/24 30/7 35/11 35/25 41/25 42/19 51/2 51/8 52/9 55/11 61/6 68/20 72/15 99/20 106/20 114/17 117/20 118/10 121/13 128/15 129/21 133/1 134/13 139/20 140/16 142/11 143/4	had [42] 6/23 7/19 8/1 16/10 41/8 42/13 42/24 42/24 54/10 57/6 59/18 69/22 70/16 70/19 73/1 73/3 76/10 78/24 81/6 81/10 89/18 89/18 100/24 101/11 101/16 109/5 109/9 110/7 111/14 111/20 112/11 112/25 117/11 121/22 122/18 123/6 124/13 126/10 136/4 137/15 138/17 139/17
foregoing [1] 70/10	funeral [7] 10/6 10/24 20/1 54/10 54/14 55/16 58/12	get [1] 42/3	grave [1] 138/22	half [1] 121/1
form [8] 64/17 84/15 106/25 116/4 116/22 120/3 123/12 130/15	funerals [4] 24/3 24/5 45/18 53/14	girls [2] 92/12 94/3	great [4] 1/14 59/8 76/23 134/5	hallmark [1] 107/5
format [7] 17/16 21/12 35/20 46/1 65/2 68/6 73/8	furlough [1] 19/18	give [8] 32/18 97/20 109/23 111/12 111/14 114/11 132/21 141/3	greater [8] 1/25 4/16 7/7 70/4 71/21 82/22 127/6 139/6	hand [1] 138/3
formats [1] 25/12	further [28] 5/4 15/5 20/16 25/15 30/4 32/6 32/9 38/18 39/12 39/25 40/25 41/4 41/21 47/10 47/13 50/25 64/14 64/25 94/23 97/6 97/8 97/11 113/14 116/2 124/23 125/10 133/1 136/7	given [28] 14/23 15/22 18/14 23/2 28/10 32/22 56/20 56/25 64/22 66/4 70/18 71/18 72/24 74/24 79/6 80/23 81/21 86/20 91/21 94/16 105/4 113/5 114/12 124/18 129/11 131/20 132/10 140/21	greatest [1] 59/17	handful [1] 119/16
formerly [2] 76/18 76/19	Furthermore [1] 57/2	gives [4] 63/2 63/11 102/12 119/20	greatly [1] 71/15	handles [1] 120/20
forms [4] 38/11 63/2 67/24 130/18	future [27] 3/6 8/21 13/9 40/23 43/15 44/24 46/10 48/13 48/19 48/21 61/1 64/18 75/10 76/5 76/7 81/23 91/5 95/15 102/18 104/13 114/15 115/8 122/15 124/6 125/23 127/23 142/4	giving [3] 5/16 38/17 50/20	grief [11] 6/19 8/7 24/5 45/17 48/8 53/18 54/22 55/3 55/8 57/18 60/21	handling [1] 64/21
forth [2] 94/15 138/1	G	gloves [1] 138/3	ground [2] 93/11 141/9	hands [1] 117/25
forum [2] 61/21 63/6	gaining [1] 113/20	GMB [3] 137/22 138/1 138/5	group [50] 1/24 3/23 4/2 5/12 16/5 17/1 17/24 19/7 28/12 28/17 28/21 29/18 33/20 34/8 49/22 53/21 53/24 58/4 60/2 61/14 61/25 62/3 62/6 62/13 65/12 65/20 66/14 66/18 67/3 67/9 67/17 68/1 91/15 91/18 91/19 91/22 92/20 94/8 115/13 117/19 117/21 118/9 124/3 127/3 127/9 130/6 130/25 133/13 145/2 145/11	happen [4] 43/3 83/14 85/11 140/10
forward [8] 15/5 59/20 73/18 114/21 115/7 127/20 139/23 140/23	gap [2] 12/5 140/18	go [4] 81/13 99/8 103/7 137/9	group's [4] 61/22 61/23 64/12 92/6	happened [8] 42/21 104/14 108/10 108/10 115/5 115/16 121/25 122/2
found [8] 53/9 56/15 70/5 101/20 111/3 137/11 138/6 138/15	gaps [4] 15/21 25/11 39/25 88/11	goal [1] 43/11	groups [33] 1/21 6/11 11/25 12/15 13/2 13/2 18/14 20/21 23/14 25/10 29/22 34/3 38/16 44/13 44/16 47/4 62/23 64/2 68/1 80/7 85/18 86/12 87/16 90/8 106/3	happens [2] 53/7 115/15
foundation [1] 55/7	garment [1] 135/13	goals [1] 43/17	grouching [1] 11/17	happy [2] 97/23 104/1
four [10] 70/8 72/15 80/17 80/25 94/22 98/11 107/14 118/23 129/11 135/25	gather [3] 1/20 53/15 59/5	going [12] 41/10 42/4 42/22 73/18 86/8 103/5 105/3 108/20 111/24 114/20 115/7 116/25	harmful [1] 96/4	hard [1] 100/5
fourth [4] 3/4 63/7 88/12 124/1	gathered [4] 1/13 1/18 133/4 138/9	gold [1] 63/4	harms [3] 110/12 122/12 134/8	harder [1] 7/8
frailty [1] 85/5	gathering [26] 2/23 5/23 19/3 21/14 22/2 22/16 22/19 22/23 22/24 23/6 25/8 28/6 30/22 31/3 77/25 88/18 94/23 96/9 96/19 98/14 125/2 129/5 130/5 131/16	good [13] 1/4 1/8 40/19 42/9 42/15 43/6 72/8 94/10 99/5 99/7 105/18 105/23 143/6	harmful [1] 96/4	hardship [7] 8/14 19/22 33/7 35/10 37/9 56/8 60/23
frame [1] 73/19	gathering [1] 113/20	goods [1] 86/16	harmful [1] 96/4	hardships [1] 6/9
frames [1] 73/12	gap [2] 12/5 140/18	Gordon [1] 72/11	harmful [1] 96/4	harm [11] 16/8 22/12 37/7 62/15 95/17 95/21 95/23 96/21 139/24 140/7 142/6
framework [1] 19/4	gaps [4] 15/21 25/11 39/25 88/11	got [4] 42/3 91/14 117/4 137/1	harmful [1] 96/4	harms [3] 110/12 122/12 134/8
framing [3] 16/6 74/12 78/17	garment [1] 135/13	government [13] 4/6 4/7 10/9 14/9 26/22 56/20 57/11 66/16 86/17 90/14 95/15	harmful [1] 96/4	harrowing [1] 53/9
franchise [1] 130/14	gather [3] 1/20 53/15 59/5		harmful [1] 96/4	harsher [1] 82/24
free [1] 119/14	gathered [4] 1/13 1/18 133/4 138/9		harmful [1] 96/4	harshly [1] 103/1
freedom [3] 73/24 74/3 77/4	gathering [26] 2/23 5/23 19/3 21/14 22/2 22/16 22/19 22/23 22/24 23/6 25/8 28/6 30/22 31/3 77/25 88/18 94/23 96/9 96/19 98/14 125/2 129/5 130/5 131/16		harmful [1] 96/4	has [74] 2/10 5/24 9/4 11/7 14/24 15/12
freely [1] 59/9			harmful [1] 96/4	
friends [4] 2/14 8/3 87/24 88/6			harmful [1] 96/4	
frightening [1] 120/23			harmful [1] 96/4	
frontline [5] 6/14 34/2 95/7 95/8 107/25			harmful [1] 96/4	
frustration [1] 8/7			harmful [1] 96/4	
fuelled [1] 114/2			harmful [1] 96/4	

H	125/25 128/20 130/14 131/6 132/12 138/21 140/14 142/17	hearing [31] 1/9 2/17 3/6 4/14 4/16 4/17 4/24 5/16 39/13 40/23 41/1 49/2 68/22 70/17 71/2 71/19 80/10 88/16 89/7 90/2 98/5 100/4 105/6 112/5 112/20 113/12 135/6 141/7 141/18 143/5 143/9	highlight [5] 15/24 64/14 105/12 106/25 108/12	24/21 24/22 28/24 33/15 82/18 89/4 94/15 94/19 99/16 100/11 100/12 100/17 100/20 100/20 101/10 101/12 101/19 101/24 102/2 102/6 102/14 102/21 103/2 103/9 103/14 104/7 112/15 132/13
has... [68] 16/5 17/23 18/10 19/1 19/7 20/6 21/5 21/8 21/11 21/15 25/17 26/7 26/16 31/6 31/17 32/1 36/23 38/4 39/11 39/14 39/22 40/2 41/16 43/11 46/18 48/3 49/2 49/5 50/4 52/13 54/20 55/1 55/23 56/18 58/16 60/13 63/25 67/1 67/7 67/22 70/4 70/5 70/8 70/17 73/1 75/25 76/10 77/15 79/14 79/18 81/6 86/21 90/7 93/9 97/8 102/10 114/14 114/24 115/11 116/7 118/2 121/23 124/14 135/16 139/4 141/14 141/23 142/24	having [12] 12/24 25/18 26/9 39/15 63/9 72/16 111/5 113/3 113/5 113/6 123/9 125/9	highlighted [2] 20/22 135/21	how [41] 11/19 12/13 12/14 14/9 18/7 20/21 23/25 24/5 24/12 24/22 26/2 27/5 31/2 36/21 43/12 44/21 44/23 46/9 46/12 46/20 47/1 48/7 48/12 54/8 73/11 79/11 83/7 89/2 100/6 100/20 102/2 102/16 103/13 103/16 107/6 108/16 109/10 111/7 114/3 114/12 115/7	
has... 40/2 41/16 43/11 46/18 48/3 49/2 49/5 50/4 52/13 54/20 55/1 55/23 56/18 58/16 60/13 63/25 67/1 67/7 67/22 70/4 70/5 70/8 70/17 73/1 75/25 76/10 77/15 79/14 79/18 81/6 86/21 90/7 93/9 97/8 102/10 114/14 114/24 115/11 116/7 118/2 121/23 124/14 135/16 139/4 141/14 141/23 142/24	hazardous [1] 54/6	historically [1] 56/19	Howard [2] 118/23 119/5	
he [3] 111/12 112/1 112/1	hearing-impaired [1] 90/2	Hillsborough [1] 66/21	however [22] 1/17 8/8 11/13 14/3 15/24 16/15 17/17 25/10 36/9 46/13 52/11 61/17 62/15 64/25 66/11 122/20 125/16 130/10 131/22 132/25 134/16 139/6	
heading [1] 106/4	hears [2] 67/20 69/1	holding [1] 69/19	huge [2] 67/7 67/21	
headings [1] 103/19	heart [2] 54/8 59/15	home [17] 29/14 54/10 54/12 69/12 86/5 86/6 86/9 89/19 97/7 100/22 100/23 100/25 103/6 111/12 111/23 131/9 139/18	human [7] 6/22 49/6 53/23 55/14 90/24 119/21 141/17	
heal [1] 55/8	heart-wrenching [1] 54/8	Home Office [3] 29/14 97/7 131/9	hundreds [2] 120/12 137/25	
health [89] 6/5 7/2 7/6 7/14 7/23 9/11 9/20 10/3 10/12 11/8 11/19 12/2 12/6 12/22 17/8 17/21 17/22 18/1 18/3 18/4 18/6 18/8 18/11 18/14 26/6 26/14 26/20 26/23 27/2 27/5 27/8 27/14 27/17 28/7 28/16 28/20 29/8 30/17 31/22 31/25 31/25 33/18 33/22 33/25 34/4 34/6 34/17 34/19 34/21 34/22 48/12 58/6 58/17 58/24 64/4 66/9 74/19 74/21 80/2 82/24 84/13 84/17 84/21 84/25 85/16 87/12 87/15 87/18 87/21 88/10 95/23 96/11 96/13 96/17 102/20 103/3 106/18 107/18 108/1 108/5 110/18 110/19 113/17 113/22 114/2 116/15 120/14 135/14 139/11	heartbreak [1] 53/25	homeless [1] 101/3	humble [1] 136/6	
healthcare [3] 28/24 107/13 128/23	heartened [1] 114/24	homelessness [13] 7/4 10/18 20/8 24/21 24/23 33/14 82/18 89/4 99/17 100/8 103/14 103/23 132/14	I	
healthy [1] 58/14	hearts [1] 60/9	homes [7] 61/23 64/23 73/7 101/10 101/11 101/16 111/15	I able [1] 136/6	
hear [31] 1/5 1/20 2/4 4/21 23/18 37/14 41/21 41/25 42/10 42/11 42/12 42/18 42/20 43/5 49/8 51/22 56/1 61/10 62/17 70/23 72/3 75/3 91/9 91/11 91/14 99/6 99/13 105/18 117/15 127/4 133/20	held [5] 23/11 25/20 69/2 69/6 121/2	honorary [1] 31/21	I act [2] 72/8 99/15	
heard [30] 1/14 1/23 38/16 44/25 45/15 46/21 47/17 49/20 50/3 53/24 59/21 63/14 67/21 74/19 85/9 90/7 93/15 94/9 96/2 99/25 107/12 113/9 123/21 126/19 132/3 135/16 139/9 140/25 141/17 143/3	help [8] 7/8 31/10 95/20 98/15 99/17 101/18 104/17 107/24	hope [9] 51/18 61/10 92/11 95/5 95/12 99/13 106/8 121/16 133/20	I address [1] 44/6	
	helped [1] 55/21	hoped [2] 36/17 127/8	I addressed [1] 135/7	
	helpful [7] 38/12 51/3 68/14 97/22 107/3 124/12 142/25	hopefully [2] 51/22 125/14	I am [5] 36/22 42/19 43/6 72/3 128/10	
	helpfully [1] 124/23	horses [1] 105/20	I appear [4] 2/13 117/20 128/11 133/23	
	helping [2] 8/13 64/15	hospital [4] 18/2 45/18 64/5 64/11	I assure [2] 43/2 98/19	
	helpless [2] 127/16 127/19	hospital-based [1] 18/2	I believe [1] 50/2	
	helps [1] 55/8	hospitality [5] 7/25 9/24 12/18 24/10 75/22	I can [16] 1/6 41/20 42/18 42/21 50/25 72/4 72/4 91/14 94/22 99/7 99/14 105/20 114/16 117/17 129/7 133/21	
	her [21] 31/22 49/22 49/24 49/25 50/1 54/8 54/11 54/11 54/12 54/21 54/21 54/22 55/11 63/21 74/20 80/10 114/19 124/15 124/18 139/21 140/16	host [1] 112/18	I certainly [1] 51/22	
	heralding [1] 110/23	hostels [1] 101/6	I close [1] 133/14	
	here [9] 25/20 41/1 41/3 47/7 47/16 68/24 102/21 114/16 128/10	hour [1] 86/24	I did [1] 43/3	
	herein [1] 105/25	hours [3] 83/18 86/25 121/1	I didn't [2] 136/18 136/25	
	hidden [1] 110/12	House [3] 25/20 41/2 72/19		
	high [4] 75/18 76/9 76/15 137/6	households [2] 72/14 101/15		
	high-quality [1] 75/18	housing [32] 7/4 10/18 21/9 21/17		
	high-risk [1] 76/9			
	higher [3] 86/5 135/23 139/4			
	highest [2] 137/11 138/17			

I	68/25	129/20 129/25 130/7 131/7 132/5 145/11	improvements [1] 65/17	increased [8] 12/23 28/23 29/10 87/19 103/12 109/16 110/7 138/24
I do [3] 51/6 81/1 106/25	I'd [2] 122/17 125/12	immunocompromise d [2] 76/11 89/25	inability [4] 53/14 58/11 64/8 113/25	increasing [3] 45/21 108/5 110/11
I don't [2] 79/21 92/1	I'll [3] 72/21 105/25 142/23	immunosuppressed [1] 72/14	inadequate [3] 65/23 66/6 101/18	indeed [23] 1/6 41/24 61/5 68/13 72/1 81/24 90/14 91/7 92/6 97/16 98/4 98/18 105/10 111/6 117/10 128/1 129/21 133/18 135/19 138/24 139/9 142/10 142/22
I echo [1] 115/11	I'm [17] 42/3 42/4 42/22 51/2 51/4 51/5 51/7 55/11 91/17	impact [147]	inadvertent [1] 84/12	independent [1] 120/17
I finish [1] 50/13	105/21 106/20 116/24 116/24 116/25 117/10 117/20 143/4	impacted [14] 7/15 12/20 19/19 23/25 24/13 38/6 46/21 50/21 71/21 78/4 100/21 110/6 110/8 135/2	inadvertently [5] 29/24 117/25 125/8 126/4 127/17	independently [1] 115/16
I had [1] 117/11	I've [3] 13/18 125/21 143/3	impairing [1] 88/21	incarceration [2] 34/14 125/18	indicated [2] 124/23 142/25
I have [5] 1/20 1/23 5/6 81/13 92/15	idea [1] 81/20	impacts [21] 19/14 44/24 45/8 46/1 47/2 48/12 48/14 50/20 61/18 62/2 62/20 63/7 64/13 69/21 76/10 122/12 131/4 131/5 138/23 140/3 142/5	include [28] 2/24 9/21 10/17 11/18 17/4 17/17 19/17 20/8 22/24 28/13 28/22 29/4 32/24 37/24 48/20 50/10 60/5 67/23 75/4 79/5 81/22 87/5 95/5 96/11 102/21 128/22 129/19 131/5	indication [9] 47/4 48/23 49/15 115/23 121/14 129/22 134/13 139/21 140/16
I hope [4] 51/18 61/10 99/13 133/20	identified [16] 11/14 29/22 30/23 32/1 39/15 39/25 82/16 104/24 104/24 125/21 129/15 131/3 131/12 132/22 134/17 134/20	impaired [1] 90/2	includes [5] 11/6 19/24 78/6 106/16 137/13	indicative [2] 77/23 79/20
I indicated [1] 142/25	identifies [3] 22/8 83/3 132/12	impairments [1] 83/3	included [6] 14/6 14/19 21/15 25/25 103/18 132/21	individual [9] 5/19 37/6 50/7 50/9 62/15 65/21 67/10 71/4 90/20
I intend [3] 135/3 135/24 143/1	identify [9] 9/14 22/11 27/11 37/23 46/8 68/3 89/14 102/19 139/23	impeded [1] 109/3	including [48] 9/19 10/4 10/10 10/14 10/23 12/3 13/4 13/7 16/25 17/15 18/12 19/17 21/16 22/4 28/19 28/24 34/4 38/11 43/21 44/14 44/16 45/14 47/2 47/14 49/4 50/21 58/8 67/5 67/13 67/24 69/15 72/18 75/21 76/17 78/14 82/23 85/18 87/13 88/5 90/9 100/3 109/22 119/2 120/5 121/19 130/19 132/6 138/16	individually [1] 111/20
I introduce [1] 3/14	identifying [5] 27/1 31/6 36/1 104/1 141/20	imperative [2] 49/7 55/22	indicates [5] 11/6 19/24 78/6 106/16 137/13	individuals [12] 6/8 6/11 7/19 8/3 8/10 12/2 16/11 22/21 35/22 96/20 107/20 117/5
I invite [1] 41/21	identities [1] 32/6	implementation [2] 22/1 56/23	indicates [5] 11/6 19/24 78/6 106/16 137/13	industries [3] 9/25 12/19 24/11
I just [3] 1/4 42/2 42/9	identity [1] 141/1	implemented [1] 16/14	includes [5] 11/6 19/24 78/6 106/16 137/13	ineligible [1] 104/7
I know [4] 41/8 45/9 45/13 46/15	if [29] 3/11 5/1 6/11 13/9 27/6 29/11 31/2 40/18 54/19 65/11 70/1 73/9 81/7 87/7 88/2 91/8 93/11 93/24 97/22 100/23 123/22 124/16 125/5 125/10 127/7 134/24 135/20 135/24 137/10	implementing [1] 10/9	includes [5] 11/6 19/24 78/6 106/16 137/13	inequalities [13] 11/24 31/23 33/8 35/10 44/20 44/21 47/22 56/9 82/20 85/16 87/15 108/16 108/17
I make [2] 48/2 105/23	ignores [1] 136/21	implication [1] 134/21	includes [5] 11/6 19/24 78/6 106/16 137/13	inequality [8] 10/9 10/11 33/12 33/15 79/3 85/22 100/13 140/15
I may [1] 124/16	ill [1] 102/20	implies [1] 78/18	includes [5] 11/6 19/24 78/6 106/16 137/13	inevitable [3] 16/9 19/13 80/18
I mention [1] 5/3	illness [1] 27/25	implore [1] 56/1	includes [5] 11/6 19/24 78/6 106/16 137/13	inevitably [2] 111/22 123/11
I need [2] 2/4 133/25	illogical [1] 53/20	imply [1] 78/18	includes [5] 11/6 19/24 78/6 106/16 137/13	inextricably [1] 57/3
I note [2] 52/4 58/18	illuminates [1] 63/11	importance [9] 15/11 22/6 50/24 57/12 71/13 75/17 113/2 131/20 134/1	includes [5] 11/6 19/24 78/6 106/16 137/13	infected [4] 63/19 64/10 73/9 76/16
I now [1] 141/5	illustrate [2] 64/14 108/12	important [34] 1/21 14/3 35/23 43/19 62/16 63/5 66/4 70/15 71/6 72/23 73/11 73/19 74/18 77/23 78/22 79/7 80/4 86/20 88/17 91/19 100/16 106/14 106/23 108/3 108/9 114/13 115/1 115/18 118/20 124/6 124/8 126/4 127/4 133/15	includes [5] 11/6 19/24 78/6 106/16 137/13	infection [7] 63/18 64/8 65/22 89/24 102/22 102/23 135/19
I pronounced [1] 117/14	illustrative [3] 13/19 37/24 107/8	importance [9] 15/11 22/6 50/24 57/12 71/13 75/17 113/2 131/20 134/1	includes [5] 11/6 19/24 78/6 106/16 137/13	infections [3] 10/12 12/21 76/5
I propose [2] 64/13 118/12	immediate [3] 17/4 59/2 109/6	importantly [6] 53/6 57/23 113/5 113/19 115/6 120/7	includes [5] 11/6 19/24 78/6 106/16 137/13	infinitely [1] 56/13
I reach [1] 1/12	immediately [1] 58/10	imposed [3] 9/23 73/15 104/16	includes [5] 11/6 19/24 78/6 106/16 137/13	influence [1] 27/11
I referred [1] 135/9	immigration [41] 4/2 7/12 10/19 17/1 17/7 21/13 21/17 27/23 29/9 29/11 29/18 29/21 34/8 34/11 34/14 94/25 104/8 104/17 116/16 117/18 117/21 118/8 118/9 119/10 119/12 120/15 120/18 120/19 121/5 122/5 124/3 124/22 125/20 126/24 128/25	imposed [3] 9/23 73/15 104/16	includes [5] 11/6 19/24 78/6 106/16 137/13	
I represent [5] 43/8 51/24 60/2 105/25 134/2		impossible [2] 54/17 122/8	includes [5] 11/6 19/24 78/6 106/16 137/13	
I set [1] 122/18		imprisoned [1] 123/3	includes [5] 11/6 19/24 78/6 106/16 137/13	
I shall [3] 2/1 2/4 51/10		improved [1] 46/3	includes [5] 11/6 19/24 78/6 106/16 137/13	
I should [2] 128/15 131/19		improvement [2] 48/21 66/23	includes [5] 11/6 19/24 78/6 106/16 137/13	
I start [2] 52/2 82/8			includes [5] 11/6 19/24 78/6 106/16 137/13	
I think [11] 43/20 51/15 61/7 68/15 72/2 80/20 81/25 99/8 117/13 128/6 142/12			includes [5] 11/6 19/24 78/6 106/16 137/13	
I trust [1] 43/5			includes [5] 11/6 19/24 78/6 106/16 137/13	
I turn [5] 22/15 40/23 48/25 77/8 141/22			includes [5] 11/6 19/24 78/6 106/16 137/13	
I understand [1] 41/19			includes [5] 11/6 19/24 78/6 106/16 137/13	
I understood [1] 43/4			includes [5] 11/6 19/24 78/6 106/16 137/13	
I urge [1] 42/5			includes [5] 11/6 19/24 78/6 106/16 137/13	
I want [1] 92/10			includes [5] 11/6 19/24 78/6 106/16 137/13	
I was [3] 136/15 136/19 137/2			includes [5] 11/6 19/24 78/6 106/16 137/13	
I wasn't [1] 43/4			includes [5] 11/6 19/24 78/6 106/16 137/13	
I will [12] 1/13 1/15 2/17 2/19 5/22 15/24 42/18 89/8 98/19 105/12 106/21 117/2			includes [5] 11/6 19/24 78/6 106/16 137/13	
I wish [2] 5/10 41/15			includes [5] 11/6 19/24 78/6 106/16 137/13	
I would [2] 13/17			includes [5] 11/6 19/24 78/6 106/16 137/13	

I	insecurity [3] 7/16 24/23 140/24	interpreted [1] 129/19	invitation [3] 5/17 92/17 92/20	66/15
inform [10] 8/20 13/9 25/5 31/2 37/9 47/22 48/11 91/4 116/5 119/24	inside [1] 141/19	interpreters [2] 114/5 120/16	invitations [1] 94/8	it [147]
informal [1] 19/9	insight [1] 106/9	interrupt [2] 116/24 117/11	invite [9] 41/21 42/22 47/12 48/16 50/9 58/22 85/19 87/2 88/2	it's [20] 46/5 55/20 55/20 69/3 69/22 70/13 72/24 75/9 76/1 77/23 78/22 79/7 80/4 81/3 91/19 98/12
information [28] 2/24 5/15 19/2 19/13 21/21 22/16 22/19 22/23 23/6 25/9 30/4 30/21 38/5 47/11 47/12 47/19 59/6 63/3 64/19 64/25 65/6 65/15 66/5 88/18 90/6 115/3 133/1 141/6	insights [1] 38/5	interruption [1] 57/13	invited [9] 30/3 80/7 92/19 93/4 93/6 93/12 94/18 97/19 115/25	102/10 102/12 103/8 140/19
information-gatherin g [2] 23/6 88/18	insofar [2] 26/13 34/22	intersect [1] 115/17	invitees [3] 92/15 98/16 127/11	items [1] 138/2
informed [6] 13/13 34/25 36/10 40/21 49/15 128/3	instances [4] 15/14 90/20 107/8 113/9	intersection [1] 33/14	inviting [1] 88/19	its [24] 3/3 9/7 16/6 16/10 17/3 22/1 37/2 37/16 44/15 45/25 57/1 68/24 79/10 79/10 90/25 107/6 119/19 120/9 120/21 123/18 127/16 127/18 127/21 139/15
informing [1] 39/10	instead [1] 54/3	intersectional [1] 45/8	involve [1] 22/19	57/10 90/25 107/6 119/19 120/9 120/21 123/18 127/16 127/18 127/21 139/15
inherent [1] 21/6	institutions [4] 6/15 12/4 44/20 87/20	intersectionality [1] 96/20	involved [5] 90/9 95/23 98/8 110/1 117/8	itself [7] 46/14 77/15 84/2 89/13 93/10 123/14 123/17
inimical [1] 133/12	institutions [6] 9/22 12/12 23/15 24/18 24/20 112/13	intersections [1] 59/1	involving [3] 88/7 111/18 137/12	
initially [3] 81/19 95/3 136/20	institutions' [1] 81/16	interventions [5] 10/10 57/7 57/10 84/5 87/5	Ireland [23] 3/17 17/15 30/3 33/1 35/3 40/13 51/17 51/21 51/25 52/12 52/21 56/6 56/17 56/25 57/2 57/9 57/21 58/1 60/3 61/4 82/6 126/13 144/11	J
initiated [1] 120/7	instructed [13] 31/17 32/6 32/8 32/16 33/6 47/25 52/1 72/10 92/4 106/1 117/22 128/14 133/24	interview [1] 106/19	ironically [1] 69/3	Jacob [1] 141/6
initiative [3] 92/11 100/18 103/21	instructing [1] 116/21	into [33] 14/2 21/1 22/1 22/18 28/18 28/22 37/16 37/19 37/20 46/15 50/3 56/15 74/17 77/13 77/14 83/1 83/11 84/12 84/14 90/1 92/8 104/20 105/12 106/9 107/15 107/22 112/20 114/14 119/23 120/19 125/4 131/12 143/1	is [241]	Jacobs [1] 133/24
initiatives [2] 62/22 66/10	instruction [5] 3/1 31/4 33/16 33/20 77/19	introduce [1] 3/14	isn't [1] 101/23	Jayati [1] 31/18
injunction [1] 100/21	instructions [4] 35/18 111/13 112/5 113/5	introduced [2] 66/1 74/2	isolate [1] 12/24	Jean [1] 49/20
injury [2] 73/5 74/8	insufficient [7] 29/13 65/1 65/3 70/22 79/11 98/11 105/6	introduction [2] 107/5 118/22	isolated [4] 7/13 34/18 53/17 88/4	jeopardy [4] 83/11 84/1 84/14 96/7
innovation [5] 8/10 9/15 89/15 90/19 120/9	insufficiently [1] 104/15	introductory [2] 1/3 144/2	isolating [1] 6/18	job [1] 80/17
innovations [4] 13/8 22/4 89/17 91/2	insurmountable [1] 70/6	intubated [1] 67/6	isolation [8] 7/1 7/16 29/13 56/7 60/23 85/11 95/24 115/14	joined [1] 91/24
innovative [1] 110/23	integrating [2] 18/17 77/13	intuable [2] 13/15 63/25	issue [11] 36/16 66/8 66/24 67/11 70/11 74/17 79/14 82/16 84/9 86/1 123/22	joint [1] 31/19
inpatients [1] 113/25	intend [6] 36/3 36/22 105/1 135/3 135/24 143/1	investigate [8] 9/11 24/15 24/19 37/6 51/5 62/14 65/21 135/15	issued [1] 137/22	Joseph [2] 106/2 117/22
input [3] 47/13 47/23 125/4	intended [3] 13/18 20/14 30/13	investigated [2] 15/12 130/24	issues [66] 1/24 2/3 8/23 11/5 11/16 13/12 13/19 14/1 14/4 14/16 14/17 15/5 15/10 15/22 18/16 18/23 19/18 25/14 29/15 32/3 33/15 34/17 39/16 46/16 46/20 57/9 57/24 58/6 60/3 61/20 63/12 63/24 64/4 64/14 64/16 65/13 65/18 67/19 76/21 76/21 82/25 88/21 88/25 89/4 94/14 94/18 94/25 100/11 102/21 104/23 105/7 105/11 114/1 115/13 115/22 118/20 120/19 122/10 123/19 123/23 123/24 123/25 124/9 124/22 129/15 131/12	judgments [1] 109/8
inquiries [6] 4/19 4/23 36/19 36/25 40/4 40/5	intends [1] 2/3	investigation [27] 5/24 11/3 14/2 14/7 14/16 15/2 15/17 16/6 16/21 17/25 18/25 20/19 22/18 23/3 25/6 26/1 26/4 32/5 35/13 35/14 36/3 37/21 39/21 45/9 50/10 60/16 73/12	issuing [2] 35/20	July [1] 87/24
inquiry [181]	intention [4] 21/18 44/15 61/14 134/24	investigating [1] 78/7		junction [1] 53/3
Inquiry's [48] 2/23 5/20 10/15 13/16 13/21 15/15 15/22 16/5 17/12 17/15 17/22 21/14 22/15 23/5 32/7 37/4 37/5 37/10 37/22 39/5 41/6 41/14 46/7 50/6 50/11 58/23 59/5 61/14 61/19 62/25 64/1 65/12 67/12 68/9 68/23 71/14 75/6 81/21 84/11 85/13 87/10 88/12 88/18 91/2 106/12 116/6 129/22 133/15	intentionally [2] 40/10 60/3	investigative [1] 9/1		June [4] 17/16 23/12 87/3 135/15
insecure [4] 19/9 82/17 102/14 137/6	interaction [2] 83/3 114/9	Investment [1] 76/6		87/3 135/15

J	94/19 95/5 95/11 95/13 100/2 100/20 107/25 124/1 134/5 134/14 134/16 135/2 139/15 141/12 kill [1] 75/24 Kim [1] 72/10 kind [3] 68/5 102/6 104/21 King's [14] 2/2 2/15 3/20 3/24 3/25 4/1 4/3 31/21 43/23 99/9 114/19 115/13 121/13 123/21 Kingdom [6] 6/4 9/9 56/18 69/8 127/22 130/17 know [10] 40/25 41/8 43/8 43/11 45/9 45/13 46/15 51/4 92/6 95/18 knowing [1] 64/6 knowledge [1] 68/7 known [1] 86/23	Ladyship [13] 19/20 36/23 40/2 41/16 56/1 58/23 74/19 75/8 81/2 81/19 90/20 108/19 115/4 Ladyship's [2] 79/22 90/17 laid [1] 140/6 language [1] 16/17 languishing [1] 109/20 lapse [1] 84/12 large [4] 26/8 76/25 121/4 138/9 larger [2] 101/1 101/2 last [2] 43/19 103/8 lasting [7] 17/6 55/1 59/3 73/1 75/19 134/8 138/22 Lastly [1] 133/19 late [2] 38/3 39/18 later [3] 40/16 73/15 76/20 Latimer [2] 106/2 117/22 Latin [1] 91/25 law [7] 81/14 92/4 106/2 106/6 106/10 117/23 128/14 LAWRS [3] 92/1 93/4 93/6 lawyer [2] 111/13 113/4 lawyers [2] 112/23 113/7 lay [1] 54/1 lead [9] 2/7 36/9 65/6 66/16 71/7 73/10 122/15 136/17 144/4 leaders [1] 24/11 leading [4] 110/20 111/24 112/16 118/6 leads [1] 103/8 League [2] 118/23 119/5 learn [3] 124/2 140/3 142/4 learned [9] 2/14 8/20 22/3 37/11 53/7 60/25 91/4 100/3 103/25 learning [2] 46/2 66/13 least [7] 34/11 48/6 64/6 81/20 93/6 94/2 124/21 leave [1] 54/10 leaving [2] 7/12 109/18 led [10] 26/18 26/19 51/25 58/16 63/19 65/2 108/23 128/12 133/24 137/6 left [12] 52/14 52/17	53/17 55/2 55/6 55/8 59/19 60/10 77/2 78/10 81/9 110/3 legal [18] 4/11 29/7 32/4 34/2 90/5 99/17 106/5 106/6 106/9 109/19 112/17 112/25 113/6 114/7 117/24 119/7 119/14 120/14 Leicester [2] 135/13 135/15 leisure [4] 7/25 9/22 12/11 24/14 lend [1] 46/14 length [5] 44/4 62/9 80/9 80/13 80/18 lengthy [2] 64/12 109/15 less [5] 80/25 86/17 86/24 96/23 103/6 lesser [1] 62/6 lessons [13] 8/20 22/3 22/8 22/13 37/11 53/6 60/25 91/4 100/3 103/25 124/2 139/25 140/3 level [3] 9/21 24/14 24/16 levels [5] 12/9 18/12 27/14 87/13 137/7 liable [1] 102/3 liaising [1] 69/23 liaison [1] 31/21 liberty [1] 123/7 life [10] 6/3 7/19 7/23 8/5 47/1 55/20 63/21 63/23 112/2 120/11 lifestyles [1] 83/13 lifting [1] 73/23 light [5] 19/20 21/23 70/10 107/2 110/13 lightly [1] 141/25 like [12] 13/17 68/25 74/6 91/8 103/5 107/18 108/1 108/4 118/19 122/17 125/13 127/18 likely [20] 11/15 13/19 17/18 19/16 31/7 39/6 39/20 47/18 75/5 86/8 86/15 86/17 86/25 88/20 96/23 102/6 122/25 125/22 131/5 138/24 limbo [1] 110/3 limit [2] 74/3 122/6 limitations [2] 121/8 126/5 limited [7] 11/6 45/24 54/14 65/22 87/14 116/19 136/8 limiting [1] 104/17 limits [2] 52/5 109/18 line [5] 30/21 78/12	104/22 119/8 120/4 link [4] 54/16 112/5 112/6 112/12 linked [3] 57/3 103/20 139/6 list [12] 4/10 11/16 13/19 13/20 13/21 20/4 20/13 64/13 92/14 118/19 127/10 134/14 listed [5] 20/13 20/17 86/3 88/20 106/3 listen [1] 142/20 listening [5] 5/20 37/4 37/7 77/21 142/17 literally [1] 122/8 little [5] 36/16 76/15 80/20 118/13 139/2 live [2] 4/15 83/12 lived [4] 13/14 59/18 108/11 115/17 Livermore [1] 4/9 lives [5] 6/16 50/16 54/24 82/14 83/8 living [2] 7/3 55/6 lobbied [1] 92/24 local [8] 4/6 4/6 4/8 8/11 85/6 86/16 99/19 103/22 locally [1] 93/23 locate [1] 39/20 locating [1] 39/23 location [3] 25/16 69/24 105/22 locations [2] 4/15 111/21 lockdown [18] 7/7 10/10 16/4 16/7 16/9 23/25 28/14 29/7 29/10 95/18 95/22 95/24 96/1 96/5 96/21 97/21 100/21 110/10 lockdowns [4] 6/7 16/15 16/16 109/5 locked [2] 120/25 121/25 logistic [1] 69/2 logistical [1] 70/4 logistics [3] 20/10 25/18 69/4 London [9] 25/20 31/21 69/2 69/11 92/22 93/15 93/24 94/4 136/3 loneliness [3] 7/2 8/7 34/17 long [18] 16/24 17/5 17/8 17/10 17/20 58/17 58/25 59/3 62/24 63/20 75/1 78/13 89/18 117/24 121/12 121/12 121/19 136/4
K	Kate [1] 2/1 KC [23] 52/1 52/1 52/10 55/11 58/19 59/23 60/14 68/17 68/20 91/16 99/12 117/19 121/22 124/14 124/23 125/17 127/14 128/13 140/16 144/18 145/2 145/5 145/12 KC's [2] 75/3 77/20 keen [4] 43/24 88/13 90/12 100/6 keep [5] 36/10 74/7 98/12 102/23 125/9 keeping [1] 102/24 kept [7] 35/17 44/5 62/8 70/9 105/8 121/1 129/10 key [54] 2/11 6/13 8/22 9/9 10/3 12/20 12/25 13/1 13/2 14/1 17/11 19/16 19/17 19/19 19/22 19/23 20/4 20/13 20/17 20/21 20/22 20/24 23/18 23/19 27/4 29/7 33/11 44/16 45/7 45/9 48/25 49/25 78/23 79/5 83/14 85/25 86/12 86/15 87/1 87/6	labelled [1] 98/7 labour [1] 128/23 lack [21] 6/19 6/21 29/5 29/7 29/25 50/8 55/13 56/19 57/8 58/12 64/19 66/3 66/12 66/13 81/18 104/2 112/16 116/7 129/25 135/8 138/10 lacking [1] 111/6 Lady [94] 1/4 2/8 2/10 3/12 4/19 5/22 15/7 16/16 18/15 19/4 20/13 20/15 22/15 38/19 40/23 41/8 41/20 42/9 42/20 43/5 43/6 43/17 43/19 44/1 44/6 44/25 45/3 45/11 46/5 46/11 46/17 48/25 49/1 50/4 50/13 50/25 51/15 51/22 51/24 52/4 52/7 60/18 61/3 61/10 61/11 67/19 68/11 68/18 70/13 71/24 82/3 82/25 84/6 84/19 89/7 90/16 91/6 91/9 91/9 91/17 91/18 92/15 94/22 98/2 98/17 98/24 99/5 105/18 105/23 106/20 107/5 108/14 109/17 112/24 114/10 117/2 117/15 118/17 125/6 127/13 128/10 129/2 133/9 133/14 133/20 133/25 135/7 135/24 136/23 140/2 141/5 142/8 142/15 143/6	learn [3] 124/2 140/3 142/4 learned [9] 2/14 8/20 22/3 37/11 53/7 60/25 91/4 100/3 103/25 learning [2] 46/2 66/13 least [7] 34/11 48/6 64/6 81/20 93/6 94/2 124/21 leave [1] 54/10 leaving [2] 7/12 109/18 led [10] 26/18 26/19 51/25 58/16 63/19 65/2 108/23 128/12 133/24 137/6 left [12] 52/14 52/17	line [5] 30/21 78/12

L	make [24] 3/10 34/5 37/5 40/20 48/2 48/15 56/16 58/22 65/17 75/10 75/18 76/8 83/13 83/14 84/6 100/6 103/20 105/23 122/14 129/17 133/16 134/3 141/23 141/25	matter [4] 5/13 41/12 117/3 140/17	79/16 81/17 88/3 96/5 102/23 102/25 136/25 138/8	metal [1] 137/18
long-term [6] 16/24 17/5 17/8 17/20 58/17 58/25	makes [7] 28/21 29/19 34/9 40/6 77/11 79/8 92/22	matters [32] 3/2 5/21 13/23 23/1 32/11 34/23 35/24 37/2 37/12 37/18 38/1 38/5 38/17 40/24 41/15 58/19 59/7 61/16 62/22 68/25 70/14 81/18 85/10 98/3 105/13 106/22 112/15 113/2 114/20 118/15 129/3 142/15	mechanisms [2] 50/8 50/10	method [2] 23/2 90/12
longer [7] 71/7 74/16 75/2 75/7 75/24 109/23 121/2	making [17] 1/16 14/7 14/9 14/13 48/22 74/14 88/8 90/13 96/8 101/23 104/20 116/6 118/14 121/21 121/24 131/10 133/9	may [45] 1/4 11/4 16/17 17/17 17/18 18/15 19/4 19/20 20/15 21/21 32/5 32/17 33/11 36/16 41/21 48/25 50/13 52/2 59/17 60/1 69/12 69/14 69/15 70/3 71/1 71/7 74/13 75/4 75/5 75/24 80/24 82/13 96/13 104/12 105/6 112/6 115/7 124/16 124/21 138/4 138/15 140/3 140/8 140/14 140/23	Media [1] 26/21	methodologically [1] 30/11
look [2] 11/10 140/8	managed [2] 62/11 68/5	maximum [1] 80/20	medical [3] 120/13 120/17 128/22	methods [3] 23/3 23/7 30/21
looked [1] 85/1	management [1] 39/8	may [45] 1/4 11/4 16/17 17/17 17/18 18/15 19/4 19/20 20/15 21/21 32/5 32/17 33/11 36/16 41/21 48/25 50/13 52/2 59/17 60/1 69/12 69/14 69/15 70/3 71/1 71/7 74/13 75/4 75/5 75/24 80/24 82/13 96/13 104/12 105/6 112/6 115/7 124/16 124/21 138/4 138/15 140/3 140/8 140/14 140/23	medication [1] 76/13	metric [1] 124/8
looked at [1] 85/1	manifestations [1] 90/25	McDermott [6] 3/18 51/16 51/18 51/21 61/5 144/12	medium [1] 74/25	MHRTs [1] 113/23
looking [2] 90/18 139/23	manner [1] 108/24	me [17] 42/10 42/12 42/20 43/5 52/6 61/10 72/3 91/10 99/6 99/13 105/18 105/19 117/16 133/20 135/24 136/7 142/24	meet [4] 56/16 101/11 108/6 118/5	microphone [2] 42/12 51/19
looks [2] 15/4 127/20	manufacturers [1] 138/18	mean [2] 20/18 122/25	meetings [2] 59/24 93/24	mid [1] 112/5
Lord [1] 36/24	manufacturing [3] 135/4 135/8 138/20	meaning [1] 129/18	member [2] 24/25 61/25	mid-hearing [1] 112/5
Lord Brailsford [1] 36/24	many [56] 6/19 7/13 8/3 8/10 8/15 15/14 41/17 45/4 45/20 46/16 46/20 54/24 56/1 56/10 56/14 57/14 58/4 58/6 58/9 60/2 63/12 64/3 64/11 64/24 65/2 65/10 69/9 73/6 73/7 75/24 76/13 76/16 77/1 78/15 81/23 83/14 84/20 86/6 89/20 94/3 101/12 101/16 104/3 105/7 107/8 109/2 110/21 114/6 121/3 121/11 123/12 124/8 130/2 134/6 134/7 141/2	meaningful [2] 40/18 142/2	members [18] 2/13 4/20 12/24 45/3 45/7 50/7 56/5 62/4 62/23 87/6 93/7 106/18 107/23 127/16 127/19 137/22 138/1 139/8	Midlands [1] 136/9
lose [1] 112/6	March [2] 100/22 123/16	meaningfully [1] 52/23	members' [1] 43/12	might [6] 31/2 42/13 46/9 48/12 64/17 83/16
losing [4] 56/11 57/16 57/18 58/13	March 2020 [1] 100/22	means [13] 25/8 28/6 36/15 46/2 57/10 61/18 72/22 101/20 125/18 129/25 130/17 132/17 133/2	memorable [1] 114/14	migrant [12] 28/19 97/4 97/10 128/22 129/20 130/23 131/4 131/24 132/1 132/8 132/20 132/25
loss [14] 7/17 37/9 45/22 48/7 48/9 50/1 53/5 53/11 53/17 55/1 55/20 55/21 60/19 76/23	Margherita [1] 72/9	meant [6] 53/21 60/20 100/22 109/22 137/9 138/9	memorandum [1] 36/20	migrants [4] 21/12 21/19 97/10 130/11
losses [1] 59/17	Marquis [1] 128/12	measure [2] 74/19 104/16	memories [1] 13/15	migrants' [8] 4/4 21/10 95/1 95/2 97/8 128/8 128/11 145/14
lost [8] 6/17 57/14 59/19 69/15 94/21 95/1 115/10 136/13	mask [3] 73/22 74/14 136/20	measures [30] 7/8 9/12 9/18 13/3 16/14 16/19 23/25 24/13 56/23 73/13 73/17 73/21 73/23 73/25 74/6 74/9 74/12 74/13 74/25 76/4 76/6 76/8	men [2] 96/22 137/11	mild [1] 11/22
lot [1] 42/3	masks [6] 74/17 74/21 75/18 89/24 136/13 138/3	mean [2] 20/18 122/25	mental [71] 6/5 7/2 7/14 7/23 9/10 9/20 10/13 11/19 12/2 12/6 12/22 17/21 17/22 18/1 18/3 18/4 18/6 18/8 18/11 18/13 26/6 26/13 26/20 26/23 27/2 27/5 27/8 27/14 27/17 27/25 28/7 28/16 29/8 30/16 31/22 31/25 33/18 33/22 33/24 34/4 34/17 34/19 34/21 34/22 48/12 58/5 58/17 58/24 80/2 82/23 84/13 84/17 84/21 84/25 85/16 87/12 87/14 87/18 87/21 88/10 96/11 96/13 96/17 106/18 110/17 110/19 113/17 113/22 114/2 116/15 134/8	Milliken [1] 54/20
loved [13] 6/17 8/5 43/12 52/14 54/1 54/4 56/11 56/14 57/19 58/13 64/10 64/20 81/6	material [6] 3/1 23/1 31/4 40/20 115/3 131/24	mean [2] 20/18 122/25	members' [1] 43/12	million [5] 86/23 101/4 101/10 101/15 134/2
low [3] 102/14 102/15 137/6	materials [1] 36/7	meaning [1] 129/18	memorable [1] 114/14	millions [4] 63/8 74/7 76/16 81/5
lowest [1] 107/24	maternity [1] 27/19	meaningful [2] 40/18 142/2	memorandum [1] 36/20	mind [9] 4/8 17/23 33/16 45/14 98/20 115/11 127/1 128/5 129/17
lunch [2] 91/8 98/23		meaningfully [1] 52/23	memories [1] 13/15	mindful [5] 11/4 15/18 25/24 43/6 47/5
M		means [13] 25/8 28/6 36/15 46/2 57/10 61/18 72/22 101/20 125/18 129/25 130/17 132/17 133/2	men [2] 96/22 137/11	minds [2] 60/9 135/21
machine [1] 135/18		meant [6] 53/21 60/20 100/22 109/22 137/9 138/9	mental [71] 6/5 7/2 7/14 7/23 9/10 9/20 10/13 11/19 12/2 12/6 12/22 17/21 17/22 18/1 18/3 18/4 18/6 18/8 18/11 18/13 26/6 26/13 26/20 26/23 27/2 27/5 27/8 27/14 27/17 27/25 28/7 28/16 29/8 30/16 31/22 31/25 33/18 33/22 33/24 34/4 34/17 34/19 34/21 34/22 48/12 58/5 58/17 58/24 80/2 82/23 84/13 84/17 84/21 84/25 85/16 87/12 87/14 87/18 87/21 88/10 96/11 96/13 96/17 106/18 110/17 110/19 113/17 113/22 114/2 116/15 134/8	mini [1] 112/20
made [50] 7/8 14/10 14/11 21/3 25/15 28/8 30/7 32/21 35/11 36/14 36/15 39/6 39/7 39/11 41/10 50/14 51/6 52/24 53/1 54/3 56/12 57/5 58/18 60/14 61/3 61/11 80/13 82/22 82/23 88/5 92/7 95/16 96/6 97/1 97/8 97/24 99/22 100/1 115/12 116/5 117/6 126/9 128/18 129/8 130/25 131/14 137/24 138/2 142/1 142/18		measure [2] 74/19 104/16	ment [3] 5/3 66/24 89/9	minimise [1] 69/24
Magistrates [1] 116/13		measures [30] 7/8 9/12 9/18 13/3 16/14 16/19 23/25 24/13 56/23 73/13 73/17 73/21 73/23 73/25 74/6 74/9 74/12 74/13 74/25 76/4 76/6 76/8	mentioned [5] 48/3 67/23 71/10 86/12 128/3	Ministry [1] 29/14
main [1] 105/11		mean [2] 20/18 122/25	mere [1] 115/19	minor [2] 53/22 116/9
maintain [2] 8/15 8/22		meaning [1] 129/18	merely [1] 55/5	minoritised [3] 28/19 45/7 96/24
majority [1] 76/17		meaningful [2] 40/18 142/2	merit [1] 71/12	minute [1] 4/25
		means [13] 25/8 28/6 36/15 46/2 57/10 61/18 72/22 101/20 125/18 129/25 130/17 132/17 133/2	merits [1] 123/18	minuted [1] 115/24
		meant [6] 53/21 60/20 100/22 109/22 137/9 138/9	message [1] 52/11	minutes [1] 80/20
		measure [2] 74/19 104/16	met [3] 36/23 116/10 118/4	mission [1] 52/12
		measures [30] 7/8 9/12 9/18 13/3 16/14 16/19 23/25 24/13 56/23 73/13 73/17 73/21 73/23 73/25 74/6 74/9 74/12 74/13 74/25 76/4 76/6 76/8		mistake [1] 81/3
		mean [2] 20/18 122/25		Mitchell [5] 3/20 68/15 68/17 72/1 144/18
		meaning [1] 129/18		mitigate [2] 44/23 48/13
		meaningful [2] 40/18 142/2		mitigated [2] 22/12 139/24
		means [13] 25/8 28/6 36/15 46/2 57/10 61/18 72/22 101/20 125/18 129/25 130/17 132/17 133/2		mitigations [1] 103/3
		meant [6] 53/21 60/20 100/22 109/22 137/9 138/9		mix [1] 94/10
		measure [2] 74/19 104/16		
		measures [30] 7/8 9/12 9/18 13/3 16/14 16/19 23/25 24/13 56/23 73/13 73/17 73/21 73/23 73/25 74/6 74/9 74/12 74/13 74/25 76/4 76/6 76/8		

M	modules [25] 32/2 32/13 36/14 38/2 38/21 39/15 45/15 47/6 47/17 62/11 67/22 68/2 68/4 71/5 72/17 72/20 76/22 85/2 90/7 90/17 98/7 98/8 108/14 135/16 140/19	132/12 132/23 135/1 Mostly [1] 136/7 mother [5] 54/8 54/11 54/12 54/22 111/22 mother's [1] 111/25 mourn [3] 54/18 55/21 58/11 mourned [1] 56/14 mourning [3] 6/20 45/19 55/2 mouth [1] 136/5 move [2] 103/6 110/22 movement [1] 102/25 moving [1] 8/16 Mr [25] 2/15 2/15 3/19 3/22 3/25 4/3 61/7 61/9 68/13 72/2 72/4 72/7 81/24 99/8 99/11 99/12 105/10 117/13 117/19 128/1 141/6 144/15 144/21 145/5 145/12 Mr Jacob [1] 141/6 Mr Ndow-Njie [1] 2/15 Mr O'Ceallaigh [4] 4/3 117/13 128/1 145/12 Mr Phipps [1] 2/15 Mr Stanton [3] 3/19 61/7 68/13 Mr Wagner [4] 3/22 72/2 72/4 81/24 Mr Westgate [5] 3/25 99/8 99/11 105/10 145/5 MRC [12] 128/12 128/15 128/18 129/2 130/3 130/7 130/22 131/11 131/15 131/19 133/6 133/14 MRC's [1] 133/11 Ms [91] 1/7 2/1 2/1 2/6 2/14 2/15 3/16 3/18 3/23 3/24 4/1 4/4 4/5 4/8 4/9 41/22 41/24 41/25 42/6 42/8 42/11 42/22 42/24 43/1 43/3 43/23 47/5 48/3 48/23 51/2 51/16 51/18 51/21 52/10 53/1 55/11 55/25 58/19 59/23 60/14 61/5 68/20 72/1 75/3 77/20 81/25 82/2 91/7 91/8 91/15 92/3 92/7 96/2 98/18 98/22 105/15 105/16 105/20 106/1 106/1 107/3 114/17 114/19 115/13 116/24 117/10 121/13	121/22 123/21 124/13 124/14 124/23 125/17 127/14 128/6 128/6 128/8 128/13 133/18 133/19 133/22 140/16 142/10 142/12 144/8 144/12 144/24 145/2 145/8 145/15 145/18 Ms Beattie [3] 3/23 81/25 91/7 Ms Blackwell [27] 1/7 2/1 2/6 41/24 43/23 47/5 48/3 48/23 52/10 55/11 58/19 59/23 60/14 68/20 75/3 77/20 92/7 96/2 98/22 114/19 121/13 121/22 124/13 124/23 125/17 140/16 142/12 Ms Blackwell's [2] 107/3 114/17 Ms Campbell [2] 42/24 43/3 Ms Davies [4] 3/24 91/8 98/18 115/13 Ms Kate [1] 2/1 Ms Livermore [1] 4/9 Ms McDermott [5] 3/18 51/16 51/18 61/5 144/12 Ms Mitchell [1] 72/1 Ms Moffatt [4] 4/4 128/6 128/6 133/18 Ms Munroe [8] 4/1 105/15 105/20 116/24 117/10 123/21 124/14 127/14 Ms Peacock [3] 4/5 133/19 142/10 Ms Rahman [1] 2/14 Ms Sergides [2] 92/3 106/1 Ms Stober [1] 4/8 Ms Stone [9] 3/16 41/22 41/25 42/6 42/11 42/22 43/1 51/2 53/1 Ms Stone's [1] 55/25 Ms Twite [1] 106/1 Ms Vitte [1] 2/15 Ms Weeraratne [1] 128/13 much [25] 1/6 41/24 51/18 57/20 61/5 68/13 72/1 77/16 81/24 91/7 91/17 92/11 98/9 98/17 98/18 98/20 105/10 117/10 122/19 127/20 128/1 128/5 133/18 142/10 142/22 multifaceted [2] 8/24 59/3 multiple [2] 101/6	106/10 Munroe [10] 4/1 105/15 105/17 105/20 116/24 117/10 123/21 124/14 127/14 145/8 Munshi [2] 31/18 31/19 museums [1] 24/20 must [23] 1/25 16/15 18/24 45/2 46/1 53/7 59/7 59/14 59/19 59/20 59/21 60/5 60/10 87/1 87/5 90/1 90/2 100/22 126/21 126/23 140/4 141/16 142/5 my [109] 1/4 1/16 1/18 1/22 2/8 2/10 2/14 3/12 4/19 5/22 15/7 16/16 18/15 19/4 20/13 20/15 22/15 38/19 38/19 40/23 41/8 41/18 41/20 42/9 42/20 42/23 43/5 43/6 43/17 43/19 44/1 44/6 44/25 45/3 45/11 46/5 46/11 46/17 48/20 48/25 49/1 50/4 50/13 50/25 51/1 51/5 51/15 51/22 51/24 52/4 52/7 60/18 61/3 61/10 61/11 67/19 68/11 68/18 70/13 71/24 80/21 82/3 82/25 84/6 84/19 89/7 90/16 91/6 91/9 91/9 91/17 91/18 92/15 94/22 94/22 98/2 98/2 98/17 98/24 99/5 105/18 105/23 106/20 107/5 108/14 109/17 112/24 114/10 117/2 117/15 118/17 125/6 127/13 128/10 129/2 133/9 133/14 133/20 133/25 135/7 135/24 136/7 136/21 136/23 140/2 141/5 142/8 142/15 143/6 my Lady [35] 5/22 22/15 40/23 43/6 43/17 44/1 46/5 46/11 46/17 48/25 50/13 51/15 60/18 61/10 61/11 67/19 68/11 68/18 84/19 98/2 107/5 108/14 109/17 112/24 118/17 127/13 133/9 133/14 133/20 135/7 135/24 136/23 140/2 141/5 142/15 myself [3] 51/23 92/3 136/6
----------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>N</p> <p>named [1] 117/5</p> <p>names [1] 5/6</p> <p>narratives [2] 65/7 65/9</p> <p>nation [1] 70/8</p> <p>national [11] 6/7 65/19 86/16 93/17 94/1 94/10 99/19 117/6 118/6 127/18 135/17</p> <p>nations [2] 72/15 107/14</p> <p>nationwide [2] 5/20 37/4</p> <p>naturally [2] 31/8 58/20</p> <p>nature [5] 30/5 46/16 53/21 57/6 61/13</p> <p>navigate [1] 53/18</p> <p>navigated [2] 24/5 45/17</p> <p>navigation [1] 83/25</p> <p>Ndow [1] 2/15</p> <p>neatly [1] 46/14</p> <p>necessary [12] 16/22 20/16 48/5 60/12 62/2 75/9 86/16 95/8 102/17 102/19 121/2 122/10</p> <p>necessitate [1] 69/12</p> <p>necessitates [1] 8/25</p> <p>need [21] 2/4 8/12 17/6 38/15 40/2 49/13 53/23 59/8 65/8 68/6 76/7 88/9 92/1 97/13 100/11 102/1 102/5 107/24 133/25 141/8 141/13</p> <p>needed [5] 24/2 66/12 74/6 108/1 112/11</p> <p>needs [8] 34/4 84/3 88/7 90/2 90/3 100/14 116/1 139/7</p> <p>negative [1] 140/3</p> <p>negatively [1] 110/8</p> <p>neither [2] 36/7 123/24</p> <p>Network [2] 117/7 120/10</p> <p>networks [1] 45/23</p> <p>neutral [1] 73/17</p> <p>never [3] 50/17 53/7 136/6</p> <p>new [4] 8/17 83/24 90/15 113/21</p> <p>news [1] 111/21</p> <p>next [12] 3/6 39/13 46/4 61/7 68/15 72/2 81/25 115/8 124/2 128/6 136/6 140/10</p> <p>NHS [3] 64/7 65/25</p>	<p>87/16</p> <p>night [1] 137/2</p> <p>nine [3] 23/10 47/6 128/18</p> <p>Njie [1] 2/15</p> <p>no [38] 3/15 5/11 20/16 21/18 40/16 42/15 42/16 42/17 43/3 46/15 49/12 52/6 54/10 55/3 55/23 71/12 73/7 74/24 75/24 76/12 77/17 77/18 84/12 100/25 101/16 103/5 108/18 108/25 115/9 122/6 131/6 136/5 136/15 138/2 138/7 141/18 142/15 142/15</p> <p>Nobody [1] 74/3</p> <p>non [4] 84/4 86/11 110/16 115/24</p> <p>non-CPs [1] 115/24</p> <p>non-disabled [1] 86/11</p> <p>non-molestation [1] 110/16</p> <p>non-pharmaceutical [1] 84/4</p> <p>nonetheless [2] 16/21 138/23</p> <p>nor [4] 36/8 70/3 104/11 142/1</p> <p>norovirus [1] 76/1</p> <p>Northern [23] 3/17 17/15 30/3 32/25 35/3 40/13 51/17 51/21 51/24 52/12 52/21 56/6 56/17 56/25 57/2 57/9 57/21 58/1 60/3 61/4 82/6 126/13 144/11</p> <p>Northern Ireland [1] 58/1</p> <p>northwest [1] 136/17</p> <p>nosocomial [2] 65/19 65/22</p> <p>not [138] 1/18 5/2 5/8 5/10 5/11 8/1 11/6 14/13 15/23 16/9 18/2 18/22 20/4 20/14 20/17 20/18 20/18 21/12 21/24 22/7 22/13 30/17 31/2 36/3 36/13 37/6 37/14 38/3 38/24 42/5 45/4 52/16 53/5 53/22 53/25 54/11 55/5 55/20 56/14 57/22 58/10 58/20 59/2 59/20 60/3 60/8 60/18 61/24 65/9 67/7 67/9 69/9 69/25 70/5 70/12 71/4 73/6 75/25 76/5 76/8 76/24 77/22 78/10 78/14</p>	<p>78/20 78/21 79/2 79/9 80/24 81/7 81/14 81/20 83/10 83/15 83/24 85/10 85/11 86/21 87/14 87/23 88/22 88/22 89/9 89/18 90/6 90/18 92/18 92/21 93/6 93/11 93/22 94/2 95/1 95/7 96/3 96/13 100/14 104/20 106/14 106/21 106/23 110/25 111/2 111/4 111/15 111/19 112/4 112/7 112/10 114/6 115/14 115/15 115/18 116/13 117/12 121/6 121/25 122/4 122/10 122/13 124/8 125/6 129/23 130/14 132/2 132/16 133/25 134/14 134/22 134/23 137/1 138/21 138/25 139/7 139/14 139/17 139/25 141/25</p> <p>note [16] 44/1 47/16 52/4 55/14 58/18 59/22 60/14 68/21 77/19 77/21 95/3 100/2 103/17 115/24 130/24 140/1</p> <p>noted [2] 71/15 125/22</p> <p>notes [3] 32/8 32/8 36/12</p> <p>nothing [2] 43/1 54/5</p> <p>notice [1] 114/18</p> <p>noticed [2] 95/3 113/19</p> <p>notices [1] 85/3</p> <p>now [26] 2/1 5/22 22/15 38/4 43/5 45/1 51/10 51/15 52/4 57/25 74/3 74/22 74/25 76/5 79/21 91/13 96/6 98/22 99/8 101/22 104/12 106/5 117/17 124/20 126/11 141/5</p> <p>nuanced [1] 95/22</p> <p>number [29] 4/16 15/7 26/9 28/8 32/1 32/20 35/22 44/13 49/21 50/15 62/6 62/17 63/2 66/10 68/2 68/9 79/18 80/12 89/8 89/17 92/12 101/2 103/24 104/12 104/24 129/8 133/10 141/15 141/24</p> <p>numbered [1] 101/3</p> <p>numbers [2] 103/11 138/9</p> <p>numerous [1] 139/5</p>	<p>O</p> <p>O'Ceallaigh [6] 4/3 117/13 117/15 117/19 128/1 145/12</p> <p>object [1] 54/5</p> <p>obligation [1] 4/18</p> <p>oblige [1] 135/24</p> <p>observed [1] 109/24</p> <p>observes [1] 130/7</p> <p>obtain [7] 38/5 48/16 62/16 93/17 103/14 140/12 141/8</p> <p>obtained [5] 34/10 35/5 67/7 94/2 129/16</p> <p>obtaining [3] 21/21 39/11 62/10</p> <p>obvious [4] 95/17 106/16 107/25 132/4</p> <p>obviously [5] 98/20 105/13 116/1 116/5 142/23</p> <p>occasionally [1] 112/19</p> <p>occasions [1] 114/2</p> <p>occupation [2] 27/23 110/17</p> <p>occupational [1] 86/19</p> <p>occupations [7] 86/1 86/6 86/10 86/11 86/16 86/21 135/23</p> <p>occupier [1] 101/17</p> <p>occupiers' [1] 102/3</p> <p>occur [1] 56/7</p> <p>occurred [3] 67/3 140/9 142/24</p> <p>occurring [1] 142/5</p> <p>October [1] 138/15</p> <p>October 2020 [1] 138/15</p> <p>offence [1] 40/6</p> <p>offered [1] 92/14</p> <p>offers [1] 53/4</p> <p>Office [4] 29/14 97/7 131/9 135/17</p> <p>offices [1] 112/19</p> <p>officials [1] 135/14</p> <p>often [23] 6/18 7/1 45/24 53/20 64/23 65/1 65/10 73/21 73/24 78/5 100/5 101/12 101/20 102/14 103/4 107/9 107/23 109/12 110/5 111/2 112/8 112/13 140/22</p> <p>okay [2] 42/10 43/5</p> <p>oldest [1] 118/24</p> <p>omission [2] 131/24 132/8</p> <p>omitted [1] 92/19</p> <p>on [296]</p> <p>once [4] 32/8 41/6 41/8 89/22</p>	<p>one [39] 23/7 34/11 46/15 48/2 48/4 53/9 54/7 56/11 56/14 58/13 64/10 64/21 69/11 70/17 70/21 73/19 81/6 81/14 81/15 82/14 84/2 86/4 92/17 93/13 94/17 104/16 108/19 108/22 111/7 111/9 111/24 115/20 119/15 123/12 124/2 127/6 136/5 136/16 142/1</p> <p>one-day [1] 69/11</p> <p>ones [6] 8/5 43/12 52/14 54/1 54/4 55/6</p> <p>ongoing [10] 16/24 17/4 17/20 36/2 54/21 58/24 63/20 75/7 121/15 121/19</p> <p>online [1] 8/16</p> <p>only [33] 8/1 13/18 36/13 39/2 40/18 44/18 45/5 54/19 56/2 56/14 59/21 60/18 65/25 69/9 70/17 77/12 81/15 83/23 89/22 93/13 93/15 100/14 111/9 113/10 117/3 119/7 119/16 132/17 136/14 138/18 139/15 140/18 141/1</p> <p>ONS [2] 137/10 137/15</p> <p>onsite [2] 87/21 87/23</p> <p>open [2] 78/19 108/8</p> <p>opening [5] 1/3 9/23 46/19 135/20 144/2</p> <p>operate [2] 94/15 115/16</p> <p>operation [7] 10/21 18/11 87/12 106/9 122/22 132/5 132/15</p> <p>operative [3] 136/2 136/9 136/23</p> <p>operatives [2] 135/18 135/22</p> <p>opportunities [2] 47/13 115/9</p> <p>opportunity [23] 3/9 4/25 16/2 32/14 41/9 43/18 52/3 53/4 69/20 72/24 72/24 75/16 75/20 84/23 91/1 97/5 97/15 99/21 125/2 125/3 125/4 126/10 128/16</p> <p>opposed [1] 36/6</p> <p>or [97] 5/9 5/12 6/11 6/15 7/4 7/4 7/8 8/4 8/4 8/5 8/14 9/15 13/8 15/16 17/20 19/9 23/2 25/16 26/3 27/13</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

O
or... [77] 27/25 29/16
30/23 37/7 37/9 39/22
40/7 40/8 40/9 40/10
45/7 57/14 58/10
58/24 74/8 74/11
74/11 75/7 77/14
77/22 78/18 78/25
78/25 80/15 80/17
80/25 81/6 81/6 81/20
82/4 82/14 82/17
82/18 82/19 83/3
83/21 85/6 87/9 88/22
89/15 89/20 92/1
93/21 97/7 98/14
100/5 101/16 101/25
102/7 102/8 103/6
107/15 109/1 111/6
111/6 111/6 111/16
111/18 112/22 114/1
114/2 115/14 116/7
118/5 118/9 119/10
120/9 123/12 123/19
123/20 126/16 128/12
130/19 131/6 132/2
132/17 138/3
oral [11] 16/3 32/18
41/18 49/12 49/18
62/7 67/25 92/5
105/23 113/10 142/18
orally [3] 41/10 41/20
141/14
orbiting [1] 55/3
order [9] 3/15 71/11
75/10 91/3 108/9
110/14 113/3 116/22
119/24
orders [2] 110/16
110/17
ordinarily [2] 59/16
139/1
ordinary [1] 90/14
organisation [3]
91/25 99/18 117/7
organisations [38]
3/22 5/7 8/10 17/24
17/25 18/19 21/5 22/6
22/22 23/8 23/19
23/23 26/2 32/13
34/15 34/24 35/23
82/1 82/4 91/22 92/13
92/18 93/3 93/7 94/4
94/5 94/17 96/7 97/2
97/20 117/5 119/16
125/25 126/21 128/18
130/2 133/11 144/24
organised [3] 5/18
59/11 126/15
orientation [1] 27/20
Osborn [2] 31/18
31/23
other [73] 2/13 4/15
7/21 10/20 11/4 24/20

26/22 27/18 27/24
30/20 30/20 30/24
32/12 33/15 34/18
35/15 36/14 40/24
44/16 45/15 45/18
47/4 50/14 55/23 56/4
56/25 57/2 69/14 71/5
72/19 74/23 76/2 76/3
81/18 84/25 85/2
86/15 88/10 89/5 89/7
90/8 93/2 94/22 96/5
96/12 97/19 100/1
102/11 102/15 103/2
104/7 104/10 105/1
105/5 105/13 111/11
111/23 113/9 114/1
115/17 117/3 118/16
121/10 122/21 126/9
129/9 131/13 132/6
132/10 132/22 135/16
137/25 141/24
others [9] 15/16 20/6
37/9 58/11 83/6 103/4
103/7 104/25 139/4
otherwise [4] 26/3
57/12 94/20 107/15
ought [6] 20/7 28/22
29/21 34/7 139/14
140/10
our [81] 1/9 30/21
31/1 35/13 35/14
38/10 43/12 43/21
44/10 45/3 45/16
45/16 46/23 49/1 49/7
49/10 49/13 50/2 50/7
50/19 52/11 52/14
53/3 53/21 53/24
54/20 54/24 58/4
60/15 68/23 70/19
70/24 74/3 79/23
82/11 82/14 83/13
83/21 83/22 84/19
89/2 91/22 92/14
92/18 92/19 94/18
96/14 100/9 101/4
102/9 103/8 103/24
104/25 105/9 106/4
106/17 106/21 107/9
107/19 115/15 116/9
116/20 117/4 118/17
122/18 122/20 122/24
123/1 123/22 125/5
127/5 127/25 130/9
131/17 131/18 135/19
135/20 136/11 138/12
139/22 140/12
ours [1] 100/1
ourselves [3] 82/14
83/17 95/2
out [30] 4/18 5/6
30/18 36/21 59/17
59/23 64/12 65/8
66/16 69/25 78/10
79/21 81/14 82/9

84/19 86/8 87/21 89/2
90/20 93/24 101/4
106/4 114/25 117/4
118/20 122/18 125/16
127/7 127/23 137/24
outbreak [3] 135/9
138/4 138/17
outbreaks [2] 135/12
138/14
outcomes [7] 10/12
12/22 18/14 27/3 34/7
113/16 122/15
outdoor [1] 101/16
outline [22] 2/2 2/21
6/1 9/3 15/8 16/18
19/24 20/14 20/18
22/10 30/19 69/21
73/13 77/9 79/4 82/16
84/10 86/13 129/14
132/11 134/11 134/17
outlined [6] 10/14
13/18 22/9 22/23
61/22 106/11
outreach [1] 128/23
outset [3] 85/23
128/15 131/19
outside [7] 14/5
14/12 14/23 62/13
94/4 123/19 129/20
outsourced [3] 33/10
140/13 140/25
outwith [1] 69/10
over [14] 5/2 38/6
41/3 68/8 92/23 95/9
100/25 113/21 113/23
121/12 130/16 130/19
134/2 135/22
overall [4] 76/22 79/6
87/18 95/21
overarching [2]
43/21 130/12
overcrowded [3] 7/4
101/16 103/1
overcrowding [1]
21/10
overheard [1] 111/24
overlap [1] 101/13
overlaps [1] 102/15
overlook [1] 135/1
overlooked [3] 22/14
100/5 139/25
overridden [1] 67/15
overview [1] 48/17
overwhelmed [1]
112/13
own [9] 16/10 65/7
111/15 112/19 114/2
116/9 120/11 123/18
127/5

P

PA [1] 52/1
pack [1] 138/2
packed [1] 137/25

packers [1] 138/18
packing [1] 80/17
page [1] 65/23
pain [3] 52/16 53/5
60/11
pandemic [195]
pandemic's [3] 56/13
60/8 85/23
pandemics [2] 91/5
95/15
paper [1] 38/11
paragraph [14] 78/13
79/15 79/18 79/23
84/19 117/4 118/20
124/11 126/14 126/21
127/2 127/2 127/10
138/13
paragraph 12 [1]
124/11
paragraph 14 [2]
118/20 127/10
paragraph 16 [1]
127/2
paragraph 18 [1]
127/2
paragraph 21 [1]
117/4
paragraph 27 [1]
79/15
paragraph 28 [2]
79/18 79/23
paragraph 3.1 [1]
84/19
paragraph 3.6 [1]
126/21
paragraph 8 [1]
138/13
parallel [1] 49/11
paranoia [1] 114/3
parent [3] 57/16 64/4
113/3
parents [5] 57/14
110/19 111/19 113/1
113/11
parity [1] 132/21
Parliament [1] 26/18
part [19] 5/19 15/4
23/5 31/1 36/2 50/10
56/25 62/21 69/16
73/12 73/12 81/16
84/8 88/17 97/17
115/25 116/4 126/1
139/11
Participant [13] 5/7
5/9 5/10 5/11 32/13
68/1 68/19 72/16
77/21 99/21 118/10
128/2 128/17
participants [59] 2/5
2/20 3/5 3/8 3/10 3/14
4/10 11/14 13/12 14/1
15/20 16/25 20/3
20/20 21/3 22/4 25/5
25/7 25/10 25/15 28/4

28/5 28/8 30/4 30/8
30/23 32/11 32/20
35/12 35/17 35/25
36/4 36/5 36/10 37/22
38/13 38/23 39/10
39/17 40/20 41/5
41/17 41/19 42/3
47/14 47/24 50/14
68/8 80/19 82/7 88/16
89/8 105/5 126/10
127/11 129/9 141/15
141/25 142/19
Participants' [4]
13/14 15/3 15/25
49/16
participate [8] 25/23
43/13 43/18 88/13
92/13 93/5 94/19
111/10
participated [1] 68/2
participating [1] 5/13
participation [6]
27/15 27/15 83/5
109/1 113/25 126/18
particular [25] 2/10
3/15 7/5 9/9 21/5
44/13 45/6 46/18
46/24 48/9 49/7 57/23
93/8 93/8 104/6
107/12 113/3 115/12
119/6 120/24 121/17
129/5 130/17 131/4
131/16
particularly [32]
17/11 19/8 21/10 29/6
34/3 38/13 50/5 62/22
65/16 66/4 69/10 70/1
74/7 75/12 80/22
86/20 98/15 100/4
100/17 102/8 108/17
109/24 113/22 114/4
117/8 118/19 126/3
127/17 130/1 132/10
133/8 140/20
parties [1] 111/11
partner [1] 69/16
partnership [1] 43/24
parts [3] 6/24 73/16
79/16
party [1] 111/9
passed [1] 127/22
passing [1] 77/12
past [1] 36/8
pathogens [2] 75/12
76/2
patient [2] 63/16
67/14
patients [5] 33/18
66/4 66/25 67/6
139/13
patterns [1] 108/19
Paul [1] 117/21
pause [1] 47/16
paused [1] 5/1

P	perform [1] 6/20	139/1	121/7	113/19 114/6
pausing [2] 112/5 114/16	perhaps [10] 56/24 57/24 69/23 70/12 71/20 104/9 108/12 113/17 114/11 140/2	placed [7] 7/7 53/19 54/9 68/3 110/4 121/8 136/18	population's [2] 11/19 27/5	pre [12] 26/25 27/7 27/10 33/22 34/17 44/19 46/19 82/20 84/3 89/11 90/5 102/2
pay [4] 19/18 101/19 135/8 137/6	period [2] 14/16 17/4	places [12] 7/20 10/2 10/20 12/13 12/15 23/14 75/23 78/6 89/5 106/14 122/2 122/21	populations [1] 27/24	pre-existing [7] 33/22 34/17 44/19 82/20 84/3 90/5 102/2
payment [1] 93/21	periods [5] 6/6 7/1 7/13 87/25 109/21	plan [1] 115/8	posed [3] 77/15 79/21 139/8	pre-figured [1] 46/19
peacetime [1] 57/4	permanent [1] 81/16	planned [3] 15/15 23/10 58/1	position [13] 29/23 50/6 86/2 87/1 97/9 97/12 118/1 122/20 123/2 123/4 126/4 126/22 126/24	pre-pandemic [4] 26/25 27/7 27/10 89/11
Peacock [5] 4/5 133/19 133/22 142/10 145/18	perpetrators [2] 95/25 97/6	planning [4] 56/19 107/13 111/1 125/22	positions [2] 16/2 140/24	precarious [4] 56/12 86/25 101/21 128/24
Pearl [1] 127/15	persisted [1] 121/11	plans [2] 40/25 59/5	positive [9] 8/20 22/8 22/13 27/13 71/16 103/25 135/11 137/10 139/24	precariousness [1] 129/24
penal [2] 118/23 120/5	person [8] 5/12 25/19 40/7 81/25 119/15 128/13 136/6 139/17	plant [1] 135/17	positively [1] 17/23	precautionary [1] 63/25
penultimate [1] 38/19	personal [7] 6/14 43/1 45/25 63/15 63/21 70/18 134/5	platforms [1] 112/7	possibility [1] 125/9	precisely [2] 94/4 138/25
people [127] 1/22 4/16 8/2 11/9 12/6 14/20 14/22 14/25 17/9 18/18 18/21 29/9 29/20 31/15 34/10 34/20 34/21 34/22 37/15 38/8 42/5 43/10 46/7 54/6 54/14 55/21 57/14 58/3 58/7 59/16 63/9 64/22 71/14 73/2 73/3 74/7 74/21 75/12 75/14 75/24 76/9 76/11 76/12 76/15 76/24 77/1 77/12 78/1 78/10 78/16 78/20 79/1 79/12 80/1 81/4 81/5 81/8 82/20 83/6 83/8 83/24 84/4 84/8 84/15 85/3 85/10 85/18 85/21 85/23 85/25 86/7 86/9 86/24 87/14 88/8 88/15 88/16 88/22 88/24 89/3 89/11 89/13 89/16 89/18 89/20 89/25 90/2 90/4 90/18 90/23 97/2 100/25 103/13 104/3 108/23 109/2 114/6 117/9 119/7 119/8 119/11 120/14 120/19 121/2 121/7 123/6 125/19 126/22 126/24 128/22 128/24 129/1 129/20 129/23 130/1 130/3 130/23 131/4 131/24 132/1 132/10 132/20 132/25 134/2 136/15 137/3 138/9	personalised [1] 37/25	played [3] 33/11 100/20 140/15	possible [8] 25/20 30/11 31/9 83/13 92/15 104/9 122/14 133/17	precludes [1] 5/12
people's [17] 3/22 17/24 18/6 18/19 21/5 22/6 34/15 34/24 82/1 82/3 84/17 84/21 84/25 96/7 97/1 126/20 144/23	persons [2] 101/3 119/1	pleading [1] 111/25	possibly [1] 67/7	predated [1] 123/16
per [3] 80/17 81/1 86/24	perspective [5] 22/9 49/19 72/22 78/19 93/18	please [4] 44/7 98/24 98/25 128/4	post [4] 10/25 29/10 55/17 110/10	pregnancy [1] 27/19
perception [1] 60/2	perspectives [3] 23/9 45/6 68/8	pleased [3] 91/20 93/4 103/17	post-bereavement [2] 10/25 55/17	preliminary [6] 1/9 2/17 39/13 41/1 135/6 141/7
	Peter [2] 49/25 51/25	plot [1] 101/16	post-lockdown [2] 29/10 110/10	preparations [2] 17/13 91/4
	pharmaceutical [1] 84/4	plunged [1] 56/15	postponements [1] 109/7	prepare [2] 48/13 115/8
	phase [1] 38/4	pm [3] 99/2 99/4 143/8	potential [9] 28/9 32/21 36/1 39/16 47/6 77/19 91/2 95/23 127/10	prepared [1] 52/19
	Phipps [1] 2/15	poignant [1] 54/7	potentially [6] 73/10 103/2 112/6 115/2 118/19 134/22	preparedness [2] 8/21 107/13
	phone [2] 111/5 111/10	point [17] 67/19 73/11 80/9 81/2 90/16 95/16 96/3 96/6 96/8 97/1 97/9 100/16 100/19 103/8 103/20 114/11 140/2	poverty [4] 29/17 56/15 110/21 110/25	present [3] 28/2 75/10 112/17
	phones [1] 112/10	pointed [1] 20/20	power [2] 40/3 130/18	presented [2] 52/8 89/17
	photographs [2] 66/25 67/5	points [13] 15/16 15/23 51/6 77/8 84/7 89/9 94/22 98/2 105/1 106/23 107/1 125/17 131/11	powerful [3] 49/5 49/24 53/1	presenteeism [1] 137/7
	physical [9] 10/13 12/8 12/22 27/14 29/25 31/25 126/7 134/8 139/4	police [8] 10/4 19/25 28/25 106/18 116/10 116/11 116/12 117/9	powerfully [1] 102/11	press [1] 71/16
	physically [1] 58/14	policies [1] 26/22	powerless [1] 127/19	pressing [1] 102/5
	physiotherapist [2] 63/15 63/19	policy [8] 16/10 90/9 90/12 119/3 120/10 122/3 122/5 122/12	powers [2] 118/8 120/18	pressure [1] 136/18
	pick [2] 60/10 138/2	political [3] 21/8 82/21 130/14	practical [7] 2/19 4/13 15/23 30/17 48/21 80/24 98/3	pressures [2] 23/20 137/9
	picture [3] 72/21 94/1 110/15	politicians [2] 59/17 71/11	practicalities [1] 116/1	prevalence [3] 96/11 102/2 137/5
	PIDAG [11] 118/9 118/18 118/22 121/16 122/9 122/19 122/23 125/1 125/13 126/3 127/20	poor [6] 21/9 33/14 64/7 101/10 102/21 103/2	practice [2] 13/8 36/9	prevent [3] 40/8 43/15 81/12
	PIDAG's [1] 125/24	poorer [1] 111/2	practices [3] 12/14 53/13 128/24	preventative [1] 76/12
	piece [1] 30/14	poorest [1] 56/18	practitioner [2] 111/7 111/17	prevented [1] 74/13
	pieces [1] 60/10	poorly [1] 77/5	practitioners [5] 112/3 112/25 113/18	previous [8] 32/2 38/21 39/15 68/4 71/10 82/11 128/2 140/19
	Piers [1] 128/12	population [22] 7/14 9/8 9/19 9/20 12/9 14/15 18/17 18/23 26/14 26/24 30/17 44/12 49/9 63/8 84/9 84/13 84/15 85/24 88/24 89/23 102/17		previously [3] 26/18 58/14 75/8
	place [20] 9/12 9/18 13/4 16/19 23/12 25/21 41/1 41/3 42/23 44/4 48/19 64/6 73/14 74/25 88/3 93/24 95/20 136/12 137/1			primarily [1] 19/11
				primary [3] 52/11 86/4 94/17
				primed [1] 43/4
				principle [2] 63/25 117/24
				prior [2] 67/22 98/5

P	producing [1] 120/20	protective [5] 11/23 27/1 27/8 73/21 74/19	74/4 74/19 74/22 75/1 75/16 75/17 77/6 81/5 86/15 92/4 104/18 106/2 107/23 108/7 116/5 117/22 119/25 119/25 124/5 128/14 128/25 129/10 131/6 134/18 134/20 134/22 134/24 135/14 138/22 139/2 139/8 139/16	ran [1] 93/1
prioritisation [1] 85/4	production [6] 40/3 88/8 90/11 136/2 136/19 136/22	protocol [2] 39/5 68/7	public-facing [2] 10/7 20/2	range [23] 13/23 22/20 23/8 23/20 31/15 33/17 33/18 38/14 43/9 48/17 50/18 62/3 62/16 62/19 67/21 75/5 93/17 118/25 128/18 128/21 134/12 141/13 141/21
prioritise [1] 50/15	productive [1] 25/3	prove [1] 21/21	publication [1] 67/4	ranging [1] 47/20
prioritised [2] 59/21 80/22	professional [3] 63/21 106/6 135/23	provide [22] 13/18 23/8 24/1 26/11 30/3 32/9 38/18 39/12 47/13 47/19 65/5 65/14 83/20 85/20 90/5 92/14 93/1 93/7 103/22 106/8 115/2 125/15	publications [1] 119/20	rapidly [1] 110/11
priority [1] 102/11	professionals [3] 59/11 107/20 107/21	provided [19] 15/7 28/3 35/18 37/18 38/13 39/9 40/18 41/5 49/5 61/13 61/16 63/3 63/15 64/19 64/25 97/25 112/12 119/5 124/24	publish [1] 41/11	rapport [1] 113/21
prison [22] 4/2 16/25 27/25 29/18 34/8 78/25 112/10 117/18 117/20 118/8 118/24 119/1 119/22 119/23 119/24 120/1 120/8 120/11 121/4 121/9 126/22 145/10	professor [4] 31/19 31/20 31/23 31/23	provider [1] 25/2	published [6] 4/11 9/4 26/9 28/13 36/20 41/14	rate [1] 137/11
prisoner [2] 17/7 120/10	Professor	provider's [1] 39/22	publishes [1] 120/4	rates [4] 12/21 85/2 135/21 138/18
prisoners [14] 29/20 34/10 119/6 119/24 120/1 120/2 120/25 121/5 123/13 123/20 123/24 124/2 124/22 125/19	Professor Osborn [1] 31/23	providers [2] 39/19 94/10	purpose [4] 92/2 104/16 122/7 124/1	rather [14] 13/20 14/14 18/3 18/25 20/9 20/11 21/7 54/6 74/18 86/9 90/21 100/9 115/20 139/12
prisoners' [1] 120/11	professors [3] 31/18 83/25 85/19	provides [3] 4/25 72/23 120/2	purposes [1] 67/2	raw [1] 54/22
prisons [9] 7/12 10/20 24/8 75/22 89/5 106/19 122/1 122/21 132/14	profound [9] 6/2 6/18 45/6 45/22 52/17 58/4 70/19 76/10 109/6	providing [8] 5/14 8/17 12/5 68/21 76/15 95/8 99/17 119/13	pursuant [3] 3/12 35/21 118/8	reach [2] 1/12 126/2
private [2] 101/16 113/4	profoundly [1] 50/17	provision [8] 18/7 47/10 49/23 66/5 88/11 120/16 133/7 133/12	pursue [1] 39/24	reaching [1] 6/3
probably [1] 98/11	programme [3] 65/19 76/14 76/20	provisional [33] 2/21 6/1 9/3 11/1 11/13 14/5 15/8 16/18 19/24 20/7 20/14 20/18 21/23 22/10 30/19 35/16 77/9 77/11 77/14 77/16 78/8 78/11 78/22 79/4 79/7 82/16 84/10 86/13 129/4 129/14 132/11 134/11 134/17	put [11] 9/12 9/18 13/3 16/19 55/13 68/23 73/13 74/25 88/3 136/12 136/25	read [6] 38/11 70/21 79/21 106/4 106/20 135/24
problem [4] 70/4 101/9 104/2 104/6	progress [2] 36/11 39/11	provisions [1] 40/5	quality [5] 66/8 75/18 100/20 102/14 103/15	ready [3] 51/15 99/8 141/20
problems [6] 42/13 58/17 101/12 108/13 113/15 132/6	progresses [4] 13/21 35/13 60/17 129/16	proximity [3] 139/4 139/7 139/9	quarter [1] 101/4	real [3] 63/23 107/25 123/22
procedural [2] 43/21 131/13	Project [1] 120/8	PRT [2] 120/4 120/7	queries [1] 39/22	real-life [1] 63/23
procedures [1] 39/1	prolonged [3] 7/1 65/14 85/4	psychiatric [7] 31/17 31/20 31/24 34/9 35/3 88/4 112/9	query [1] 127/1	realised [2] 64/10 89/19
proceeding [1] 111/8	prominence [1] 50/20	psychiatrist [1] 31/22	question [3] 107/14 127/3 130/23	realities [1] 55/23
proceedings [7] 4/14 4/22 5/4 62/25 110/2 110/4 110/5	promise [2] 70/8 77/4	psychiatry [1] 34/13	questioning [1] 80/19	reality [3] 29/13 83/22 83/24
process [27] 3/4 14/9 15/4 19/3 22/2 26/15 30/5 31/6 31/8 36/15 36/18 37/12 39/16 40/22 47/14 47/15 48/10 49/11 53/4 61/16 62/10 62/21 77/25 113/16 115/20 116/6 135/17	pronounced [1] 117/14	psychological [4] 33/2 35/5 60/6 111/16	really [3] 50/2 54/17 125/2	reality [3] 29/13 83/22 83/24
processes [8] 14/7 22/24 39/23 49/12 49/14 49/17 66/6 109/8	proof [1] 74/5	psychologist [1] 126/17	reap [1] 71/8	really [3] 50/2 54/17 125/2
processing [3] 132/7 135/9 136/3	proper [4] 47/23 108/25 122/4 124/19	public [51] 4/21 4/23 6/6 7/6 10/7 20/2 32/18 37/13 38/4 41/3 50/23 61/18 61/21 66/20 67/3 67/11 67/15 71/11 71/22	reasonable [4] 4/20 81/17 88/5 89/21	reap [1] 71/8
procurement [1] 26/15	properly [7] 40/20 62/19 77/13 77/25 107/5 108/6 111/1	publications [1] 67/4	reasonably [1] 20/15	reap [1] 71/8
produce [2] 31/18 32/17	proposals [2] 92/10 122/18	public-facing [2] 10/7 20/2	reasons [11] 5/5 62/18 69/3 69/4 74/22 104/4 121/10 121/11 123/1 123/25 139/14	reassignment [1] 27/20
produced [4] 25/4 32/2 40/9 113/14	propose [6] 64/13 79/2 96/9 106/25 118/12 118/18	publications [1] 67/4	reassignment [1] 27/20	reassurance [3] 76/15 77/20 85/14

R	refugee [1] 93/1	35/14 40/21 50/7	representative [3]	141/11
recent... [1] 141/7	refuse [1] 137/13	77/10 134/16 140/17	80/7 94/1 106/7	respect of [1] 42/2
recently [2] 49/20	refused [2] 63/19	remained [1] 73/7	representatives [2]	respectful [4] 44/11
56/20	136/13	remaining [1] 30/11	3/15 4/11	48/20 49/7 80/21
recipients [1] 36/1	regard [5] 21/21	remains [8] 11/1	represented [16]	respectfully [5] 44/3
recognise [7] 16/6	25/18 36/19 44/1	11/13 15/1 18/15	3/16 3/18 3/19 3/20	69/22 81/1 129/8
21/20 50/6 83/10	65/18	22/12 52/11 122/20	3/21 3/23 3/23 3/24	131/11
94/13 99/24 105/2	regarding [7] 15/8	129/14	4/1 4/3 4/4 4/5 4/8 4/9	respects [3] 48/6
recognises [6] 16/13	18/11 21/4 25/11 28/9	remand [1] 109/18	91/24 92/3	110/22 118/3
18/23 19/12 30/9	30/8 30/15	remarks [4] 1/3	representing [2]	respirator [1] 63/18
50/23 96/3	regardless [1]	46/19 84/11 144/2	23/19 118/6	respond [1] 142/16
recognising [2]	136/19	remedies [1] 110/24	represents [2] 41/22	respondents [1]
55/12 82/7	regards [1] 40/12	remedy [1] 101/25	72/12	137/8
recommendations	regime [1] 121/10	remind [1] 97/3	reps [1] 112/25	responding [1]
[11] 1/17 48/22	region [1] 62/5	reminder [1] 49/6	request [16] 29/4	125/23
64/17 65/17 66/22	regional [2] 93/18	remit [6] 14/23 15/6	33/6 33/9 33/20 34/1	response [11] 1/15
71/12 75/11 101/24	94/10	19/11 93/9 96/9 98/1	34/15 34/24 35/3	11/10 16/14 17/14
122/14 139/20 140/6	Regrettably [1] 56/17	remote [8] 25/21	40/14 40/16 66/15	19/11 34/19 37/11
record [1] 46/2	regulation [1] 66/7	29/15 87/22 110/22	117/6 127/9 129/8	44/23 61/1 66/20
recorded [3] 4/14	reimbursed [1] 69/9	111/1 113/1 113/13	136/21 140/12	139/21
101/7 120/10	reiterate [3] 5/11	117/8	requested [3] 17/25	responses [6] 13/10
recording [1] 67/16	93/16 98/13	remotely [4] 93/21	21/11 63/17	28/25 64/25 65/4
records [3] 37/20	relate [2] 14/8 14/21	111/2 111/14 113/12	requests [19] 3/2	120/12 135/25
38/1 38/15	related [3] 19/18	removal [1] 55/1	23/1 28/17 35/19	responsibilities [1]
recounted [1] 136/10	131/18 137/16	removals [1] 122/7	35/21 36/1 36/4 36/6	69/14
recourse [3] 113/4	relatedly [1] 133/5	removed [1] 76/19	36/11 36/14 36/17	responsive [3] 90/22
128/24 131/6	relates [1] 26/13	rents [1] 101/18	96/12 98/14 129/6	90/23 140/7
recreational [1]	relating [6] 1/21 1/23	reopen [1] 73/6	131/11 131/17 133/6	rest [3] 54/1 83/8
24/16	35/3 48/4 130/5	reopened [2] 73/5	133/9 141/5	123/4
redactions [2] 39/4	131/13	110/12	require [2] 123/18	restricted [2] 73/25
39/5	relation [16] 17/19	reopening [7] 6/7	140/8	87/25
redefined [1] 131/13	35/20 38/13 51/3	10/2 12/13 12/18	required [7] 6/25	restricting [1] 102/25
reduce [2] 76/4 76/6	61/23 69/4 69/17	24/12 78/15 78/17	36/8 63/13 83/25	restrictions [27] 6/9
reduced [5] 9/15	70/11 75/7 78/2 86/2	repeat [7] 68/24	109/11 110/14 125/11	6/16 7/11 7/18 7/25
84/2 87/20 89/16	94/13 97/13 109/20	82/11 89/9 97/23	requires [1] 46/20	9/23 10/1 10/23 12/11
89/24	117/3 142/16	99/23 100/9 118/18	rescue [2] 10/5 19/25	12/18 14/14 23/16
reduces [2] 80/18	relationship [1] 34/6	repeating [1] 50/13	research [18] 26/12	23/25 24/4 24/12
101/19	relationships [1]	repercussions [1]	26/25 28/6 28/14	24/15 24/19 30/16
reduction [1] 116/17	27/17	59/3	28/18 28/22 30/14	45/17 53/19 55/15
refer [1] 105/25	relative [1] 27/9	repetition [1] 36/18	30/24 86/14 86/18	64/24 73/15 73/23
reference [11] 1/19	relatively [1] 78/12	replaced [1] 87/22	97/16 99/18 110/13	74/13 77/3 109/5
1/22 9/7 17/12 37/5	relatives [1] 8/4	reply [1] 142/14	116/9 119/18 119/23	restrictive [1] 74/1
46/12 51/6 75/6 77/12	Relativity [1] 39/8	report [12] 17/13	120/5 120/19	result [7] 20/15 33/24
77/18 79/9	release [1] 122/4	25/3 28/2 28/3 31/19	reshaped [1] 6/4	45/14 71/3 114/6
referrals [2] 110/11	relentless [2] 56/13	34/25 65/24 85/20	reside [1] 130/16	118/1 134/8
110/20	85/12	85/22 87/3 101/7	residential [1] 27/23	resulted [1] 95/18
referred [9] 30/23	relevance [3] 39/2	138/1	resile [1] 106/23	resulting [1] 10/1
41/18 73/24 81/13	39/16 47/6	reported [8] 96/15	resilience [11] 8/9	retail [7] 9/24 10/8
84/9 124/14 134/4	relevant [22] 5/15	97/22 112/3 112/25	8/19 9/15 22/11 58/16	12/18 20/2 24/10
135/9 140/12	5/16 11/5 13/23 14/16	137/8 137/15 138/7	89/15 90/21 91/3	83/18 134/19
refers [3] 16/18	32/2 35/24 36/6 37/20	138/13	102/3 107/14 139/24	retraumatisation [1]
73/13 73/15	38/25 39/2 39/11	reports [17] 31/10	resilient [2] 90/22	59/10
refinement [1] 15/16	39/21 39/23 40/8 40/8	32/2 32/10 32/15	108/2	retrospective [1]
refinements [1]	40/10 89/10 111/4	32/17 37/19 37/21	resonance [2] 46/18	22/7
20/16	115/3 128/21 133/8	37/23 47/24 79/24	50/4	retrospectively [1]
reflect [5] 15/9 21/24	reliable [1] 21/21	97/6 112/15 114/14	resource [1] 69/3	140/9
25/14 37/15 47/12	reliance [1] 83/22	116/3 116/4 120/5	resources [4] 25/19	return [4] 51/10
reflected [4] 11/2	relief [1] 83/1	120/20	69/5 90/3 93/25	73/24 89/20 98/25
16/23 38/14 49/17	religion [1] 27/20	represent [7] 43/8	respect [18] 19/16	returning [1] 90/16
reflecting [1] 93/18	12/14 23/15 27/16	51/24 60/2 81/5 98/19	42/2 48/15 50/6 58/19	reveal [1] 16/21
Reform [2] 118/24	religious [4] 7/18	105/25 134/2	58/24 60/15 66/14	review [38] 3/1 18/13
119/22	12/14 23/15 27/16	representation [4]	116/10 121/21 124/9	22/25 26/5 26/11
refuge [2] 92/25 93/1	rely [5] 76/13 83/14	25/11 114/7 117/8	125/12 126/9 127/3	26/20 26/23 27/4
	83/17 112/11 112/12	119/13	133/5 134/19 140/11	27/11 28/1 28/3 28/6
	remain [8] 1/24 25/24			

R	24/25 25/4 25/8 25/13 25/17 25/19 26/3 59/6 59/24 61/15 69/1 69/2 69/6 69/11 69/19 69/25 70/14 77/17 80/4 88/14 88/21 92/17 93/12 93/14 93/16 93/24 94/13 97/14 103/19 115/20 118/14 122/17 122/19 123/9 123/18 123/23 126/15 127/11 129/5 131/20 131/23 132/13 132/19 132/24	136/3 136/24 sales [2] 10/7 134/19 Sam [1] 133/24 same [11] 42/25 52/24 62/10 69/4 70/15 87/19 93/22 96/8 104/9 137/24 138/9 sample [1] 119/18 sanitiser [1] 138/3 satisfies [1] 4/18 save [3] 89/9 112/1 142/16 saw [2] 110/10 113/7 say [38] 8/5 42/1 42/2 43/6 53/23 59/18 72/24 74/9 80/12 92/15 93/10 93/25 95/21 100/12 102/16 106/13 107/17 108/3 110/13 113/15 114/16 115/19 116/5 118/13 121/22 124/16 128/15 129/7 131/19 132/10 139/14 140/18 140/20 141/18 142/2 142/5 142/13 142/17 saying [1] 133/14 says [3] 67/3 73/17 74/3 SBS [3] 92/24 93/4 93/6 scale [2] 63/7 85/5 scared [1] 136/15 school [2] 78/25 85/6 schooling [1] 95/11 schools [1] 110/12 scientific [1] 26/8 scope [54] 2/21 5/22 6/1 8/25 9/3 11/1 11/13 14/5 14/12 14/19 15/2 15/9 16/18 19/21 19/24 20/7 20/14 20/18 21/24 22/10 23/4 30/20 35/16 44/7 44/10 47/20 60/12 62/14 71/19 73/13 77/9 77/11 77/14 77/22 78/9 78/11 78/22 79/4 79/7 82/17 84/10 86/13 94/23 94/25 123/19 129/4 129/13 129/14 131/14 131/18 132/11 134/10 134/12 134/17	scrutinise [1] 88/2 scrutiny [2] 67/12 139/2 sealed [1] 54/9 search [1] 63/24 seasonal [1] 75/25 seat [1] 42/13 seatbelt [1] 74/1 seatbelts [3] 74/2 74/5 74/6 second [18] 2/21 39/3 44/8 47/8 48/2 48/15 62/21 66/8 70/11 85/24 100/16 103/8 103/20 122/5 123/10 125/24 126/20 138/18 secondly [6] 47/2 93/13 129/4 129/13 130/7 130/15 Secretariat [1] 25/1 section [4] 4/19 19/1 40/4 40/5 section 18 [1] 4/19 Section 21 [1] 40/4 Section 35 [1] 40/5 sections [1] 46/15 sector [15] 3/25 8/13 29/3 34/1 75/22 94/2 95/6 96/15 105/16 105/24 115/18 124/11 137/6 141/10 145/7 sectors [7] 23/20 24/13 25/25 132/21 134/12 138/21 141/21 secure [2] 103/16 112/9 securing [1] 119/11 security [4] 10/7 20/2 83/19 116/15 see [16] 1/5 4/21 42/10 43/3 43/5 70/23 71/12 72/4 81/3 83/7 91/9 91/11 91/14 99/5 105/19 117/15 seek [9] 7/8 9/14 22/10 24/18 27/11 43/16 58/11 89/14 139/23 seeking [3] 90/20 95/20 96/15 seeks [1] 44/11 seemed [1] 136/16 seen [6] 56/4 63/4 74/2 74/18 108/14 110/23 sees [1] 125/1 seizing [1] 116/12 seldom [1] 38/16 selected [1] 62/7 selective [1] 105/3 self [2] 92/2 95/13 self-evidently [1] 95/13	self-explanatory [1] 92/2 semantic [1] 96/3 senior [1] 24/25 seniority [1] 107/21 sense [2] 75/11 107/25 sensitive [1] 59/13 sensitively [1] 61/21 sent [1] 135/14 separate [9] 18/22 85/12 88/21 121/23 122/25 123/4 124/20 125/7 130/23 Separately [1] 65/25 Sergides [2] 92/3 106/1 series [2] 115/21 135/12 serious [4] 74/8 74/24 101/12 110/1 seriously [3] 67/17 74/3 136/15 serve [1] 90/23 served [1] 6/13 serves [1] 15/18 service [5] 10/5 54/15 88/11 92/1 109/9 service-users [1] 109/9 services [39] 6/6 7/3 8/16 12/5 13/5 13/7 18/1 18/2 18/11 20/8 24/1 24/24 26/17 28/23 28/24 28/25 29/11 29/12 30/1 33/5 34/3 35/8 45/24 48/18 66/9 83/17 86/15 87/12 88/10 92/21 93/7 95/7 96/12 99/17 100/17 103/9 103/14 106/17 126/8 sessions [2] 23/7 88/23 set [12] 4/18 5/6 40/14 64/12 66/16 84/19 89/2 101/4 117/4 118/20 122/18 123/24 setting [7] 17/16 36/20 59/23 69/23 82/9 113/22 127/22 settings [6] 6/15 12/4 33/18 66/9 87/20 88/10 several [7] 16/25 20/3 20/19 21/3 22/4 25/10 90/7 severe [13] 6/15 12/2 12/6 18/4 27/25 58/5 73/1 73/4 78/5 87/14 96/11 96/14 102/7 severely [3] 72/13
----------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

S	shows [2] 125/11 135/17	32/12 37/13 39/2 41/20 42/3 42/4 43/4 43/14 45/25 51/22 54/24 55/13 55/14 55/23 56/10 62/24 62/24 62/25 65/16 78/11 81/1 89/8 90/13 92/19 93/4 94/9 94/15 94/16 102/13 104/23 104/23 106/4 108/22 113/22 114/8 128/4	114/25 116/9 118/15 120/25 122/3 124/21 126/9 130/15 135/1 136/25 138/17 138/24	stand [1] 141/19 standard [2] 63/4 101/11 Stanton [5] 3/19 61/7 61/9 68/13 144/15 stark [1] 113/17 starkly [2] 107/15 109/24 start [7] 40/17 52/2 82/8 87/23 92/10 98/5 108/4 started [3] 100/13 116/17 136/5 starting [1] 90/16 state [15] 17/7 17/12 57/1 64/7 90/15 101/24 104/17 107/12 117/25 118/2 118/4 123/3 127/17 130/16 130/18 statement [6] 2/7 10/15 106/12 133/13 137/22 144/4 statements [5] 62/3 62/6 62/8 62/17 67/25 states [1] 9/5 stations [2] 106/19 117/9 statistic [1] 60/9 statistics [3] 87/17 135/17 140/23 stats [2] 107/2 116/7 status [13] 5/8 5/9 21/17 27/21 27/23 27/24 72/16 72/17 91/21 95/9 104/8 129/25 130/7 statutory [2] 85/7 104/10 stay [2] 100/22 103/7 steady [1] 55/3 steps [4] 3/6 4/20 75/19 102/19 still [4] 42/15 44/2 76/1 78/21 Stober [1] 4/8 Stone [11] 3/16 41/22 41/25 42/6 42/8 42/11 42/22 43/1 51/2 53/1 144/8 Stone's [1] 55/25 storage [1] 138/16 stories [2] 71/16 141/17 story [13] 3/2 5/21 23/1 37/2 37/12 37/18 38/1 38/5 54/8 59/6 61/16 62/22 70/14 strain [1] 70/1 Strategic [1] 26/16 strategy [3] 21/14 23/6 30/22 streamed [1] 4/15 street [1] 103/23
severely... [2] 109/3 124/5 sex [1] 27/19 sexual [1] 27/20 shadow [1] 121/20 Shakespeare [2] 84/1 85/19 shall [4] 2/1 2/4 51/10 98/22 Shane [1] 72/10 shaped [1] 21/7 shaping [1] 13/15 share [3] 36/3 38/7 38/8 shared [2] 25/5 54/20 sharing [1] 137/2 sharp [1] 83/1 shattered [1] 54/25 she [5] 50/1 54/11 55/12 77/22 96/8 sheer [2] 63/7 115/22 shelter [16] 3/24 20/9 21/8 22/5 33/13 54/17 99/10 99/12 99/15 99/20 100/6 100/19 101/8 104/13 127/2 145/4 shield [2] 7/1 73/8 shielding [3] 34/18 73/8 85/4 shift [2] 29/15 137/4 shock [1] 58/13 shops [1] 83/17 short [12] 5/5 51/13 85/20 98/2 99/3 106/25 114/18 118/12 118/22 120/6 125/17 135/25 shortages [1] 12/24 shorter [1] 94/22 shortly [1] 125/13 should [56] 5/2 14/11 16/6 16/21 18/22 28/13 29/4 32/11 33/6 34/12 34/25 35/5 35/9 40/2 40/14 40/16 41/13 44/5 46/3 46/25 47/22 47/25 52/18 54/1 55/9 55/21 71/19 73/18 74/9 76/16 78/2 79/25 80/7 80/21 89/21 93/5 95/14 96/19 97/25 98/4 102/13 103/13 105/8 111/19 115/14 116/5 126/1 126/15 128/15 129/19 130/23 131/19 139/16 140/7 142/2 142/4 shouldn't [1] 74/10 showed [1] 116/16 showing [1] 15/20	sick [3] 8/3 19/18 135/8 side [2] 59/25 104/22 sideline [1] 105/1 sidelined [2] 60/4 81/9 significance [1] 64/3 significant [16] 6/14 8/1 8/5 15/24 20/20 50/15 56/24 57/6 67/23 69/14 69/25 95/19 96/16 116/17 133/16 139/10 significantly [4] 7/10 70/4 110/17 116/13 silo [1] 115/14 silos [1] 94/15 similar [7] 30/18 49/11 64/2 80/13 102/18 104/13 130/25 similarly [3] 135/12 137/21 138/4 simple [2] 74/13 78/12 simply [10] 16/9 74/5 78/20 80/12 80/24 105/25 106/25 121/6 132/4 140/2 simultaneous [1] 4/22 since [2] 66/10 129/24 single [2] 19/1 61/24 singularity [1] 45/12 singularly [2] 58/15 118/1 Sisters [2] 91/23 97/17 situation [4] 48/9 89/11 111/22 139/16 six [2] 2/17 135/22 sixth [1] 3/7 size [2] 88/24 115/22 skeleton [1] 114/25 skilled [2] 137/17 137/18 skills [1] 107/21 Skype [1] 111/11 Slater [1] 72/11 sleeping [1] 101/1 slight [1] 79/19 slightly [1] 71/7 slogans [1] 90/13 slow [1] 140/23 small [2] 78/12 138/10 smallest [1] 54/18 smartphones [1] 111/5 Smith [2] 54/7 72/11 so [43] 3/11 5/3 6/21 14/4 15/14 16/4 22/15	41/20 42/3 42/4 43/4 43/14 45/25 51/22 54/24 55/13 55/14 55/23 56/10 62/24 62/24 62/25 65/16 78/11 81/1 89/8 90/13 92/19 93/4 94/9 94/15 94/16 102/13 104/23 104/23 106/4 108/22 113/22 114/8 128/4 social [33] 6/4 6/21 7/16 7/18 7/22 7/23 8/14 8/15 8/18 10/3 21/7 29/12 31/20 33/8 34/25 35/6 35/10 45/22 60/6 60/13 66/9 73/21 76/7 78/3 82/21 83/1 109/5 113/11 116/15 136/7 136/12 137/1 138/7 societal [17] 6/1 8/19 9/14 9/22 12/17 15/11 22/11 22/18 23/9 26/12 33/2 45/25 56/9 60/23 89/15 90/18 108/17 society [36] 1/11 1/15 2/9 6/8 6/24 8/2 8/24 11/6 13/4 20/5 25/25 45/3 46/21 59/4 72/22 73/5 73/16 73/20 76/23 76/25 77/2 78/18 80/23 83/4 83/8 90/8 90/15 107/6 107/9 107/19 108/7 109/3 121/4 123/5 132/21 142/3 sociodemographic [1] 31/15 socioeconomic [2] 26/19 27/21 solace [8] 45/20 91/23 92/20 92/23 93/5 93/9 93/11 97/17 sole [1] 133/13 solely [1] 22/7 solicitor [3] 32/7 36/9 92/8 solicitors [3] 39/10 52/2 133/25 solidarity [1] 8/9 solution [1] 112/21 some [46] 2/19 6/9 8/6 14/3 14/8 14/17 15/15 25/15 25/21 28/12 32/24 56/18 73/6 73/25 74/2 74/10 74/11 76/21 78/8 78/21 79/19 79/19 82/15 83/10 83/22 84/20 86/13 89/17 97/16 101/15 112/3 112/16 114/13 114/20	114/25 116/9 118/15 120/25 122/3 124/21 126/9 130/15 135/1 136/25 138/17 138/24 somehow [1] 81/4 someone [1] 57/19 something [6] 21/7 45/13 102/10 103/5 116/1 127/13 sometimes [4] 65/6 104/5 111/14 112/18 Somewhat [1] 69/3 somewhere [1] 62/5 son [1] 49/25 son's [1] 111/22 sorry [3] 43/1 116/24 117/11 sought [5] 18/10 30/6 40/1 47/25 64/24 sources [3] 22/20 87/8 139/5 south [1] 70/3 Southall [2] 91/22 97/16 southeast [2] 69/11 136/24 space [4] 78/3 101/17 103/5 141/16 spaces [4] 7/21 75/21 76/8 77/5 speak [6] 59/9 66/3 81/25 102/11 121/18 124/16 speaking [3] 75/2 106/13 113/1 specific [11] 1/23 14/24 31/15 44/16 65/18 100/15 103/21 104/14 121/10 125/18 128/19 specifically [9] 14/21 18/6 34/13 63/17 103/17 131/23 132/19 132/24 134/19 specified [1] 1/22 speedy [1] 110/23 spirit [2] 52/24 54/19 spiritual [1] 7/22 sport [3] 9/21 24/14 26/21 sports [3] 7/21 12/11 24/16 spread [1] 76/4 spreading [1] 87/7 spring [1] 39/18 stability [1] 110/9 staff [4] 12/23 72/18 119/24 136/19 staffed [1] 83/18 stage [5] 2/4 5/24 21/25 35/20 44/2 stages [2] 90/10 96/18 staggered [1] 138/10	

S	98/21 99/12 99/23 100/1 101/5 102/9 102/11 103/24 104/25 105/9 105/14 105/16 105/24 106/21 107/3 113/10 115/12 117/1 117/18 118/12 118/17 122/18 123/1 124/12 124/18 125/6 126/11 126/12 127/6 127/25 128/8 129/17 131/1 133/22 135/3 135/20 138/12 139/22 141/11 141/16 142/8 142/13 142/18 142/24 143/2 143/3 144/7 144/10 144/14 144/17 144/20 144/23 145/1 145/4 145/7 145/10 145/14 145/17 submit [15] 44/18 45/1 46/24 47/18 47/20 48/5 48/11 50/4 50/20 62/16 71/1 71/8 71/18 77/24 79/25 submits [2] 34/11 130/22 submitted [5] 16/5 37/20 69/22 70/13 75/8 subsequent [2] 64/21 67/4 subsequently [1] 65/22 substance [1] 79/10 substantial [1] 26/8 substantially [1] 32/14 substantive [3] 48/2 80/9 142/3 substantively [1] 47/21 substitute [2] 49/12 141/18 subtopics [2] 78/2 86/3 successes [1] 124/7 such [44] 4/19 5/5 8/18 10/12 15/19 16/14 27/12 27/14 27/18 27/24 28/24 31/9 31/12 57/9 62/22 63/22 67/16 71/2 73/21 74/14 75/22 76/2 78/15 82/22 83/10 91/3 95/14 98/7 100/15 102/15 102/23 109/4 113/2 113/11 114/3 116/12 119/3 122/7 122/10 126/16 128/22 132/13 133/3 135/13 suffer [3] 55/24 102/7 134/8	suffered [9] 37/9 52/16 59/16 69/21 71/3 96/20 104/2 140/7 142/6 suffering [3] 56/19 58/5 61/1 suffice [1] 1/18 sufficient [6] 33/17 61/19 61/24 65/6 111/5 127/4 sufficiently [3] 16/20 19/21 88/23 suggest [18] 14/8 29/23 33/1 33/16 57/24 61/17 62/4 62/10 63/22 87/17 94/7 94/7 94/16 97/15 98/6 100/14 102/1 132/18 suggested [6] 13/12 14/4 20/6 20/8 20/11 124/17 suggesting [1] 86/14 suggestion [2] 98/3 105/8 suggestions [4] 28/8 32/21 48/21 100/1 suggests [5] 28/12 65/12 66/18 68/1 86/18 summarise [1] 61/25 summarising [1] 25/3 supplement [1] 85/21 supplementary [1] 47/24 supplementing [1] 81/21 supplements [1] 34/23 supplied [2] 83/19 127/11 support [47] 6/21 8/11 10/18 10/25 13/5 13/7 23/22 23/23 24/1 24/3 24/24 28/5 29/12 30/1 33/4 35/8 44/15 45/24 48/17 53/6 54/2 55/9 55/13 55/17 59/12 60/20 66/9 71/12 79/15 87/9 93/20 95/8 95/20 96/6 96/15 97/23 98/3 104/4 105/7 111/16 112/22 116/16 119/6 126/7 129/1 131/7 141/15 supported [2] 55/4 92/23 supporting [2] 88/6 133/15 supportive [1] 125/14	supports [1] 119/12 supposed [1] 122/7 suppress [1] 40/10 sure [1] 51/4 surge [1] 110/10 surprise [2] 70/13 108/18 surprised [2] 92/16 93/13 surrounded [1] 54/2 survey [3] 135/25 137/7 138/5 survivors [11] 23/24 28/15 28/17 28/19 92/22 92/24 95/13 95/17 97/4 97/11 97/21 susceptible [1] 57/1 suspect [1] 141/2 suspended [2] 55/8 87/21 sustain [1] 108/6 sustained [1] 53/11 swamped [1] 124/8 symptoms [1] 12/1 system [37] 7/10 10/20 10/22 21/13 24/7 39/8 57/17 82/19 89/6 90/17 91/3 104/15 106/9 106/13 106/14 106/15 108/1 108/23 110/24 115/6 118/7 119/24 120/6 121/9 122/4 122/22 123/12 123/14 123/17 124/10 125/8 128/25 129/1 129/21 132/5 132/15 138/8 systematic [23] 2/25 22/25 26/5 26/10 28/1 28/5 28/10 28/13 28/22 29/4 29/19 30/8 30/10 30/13 30/18 44/8 47/9 47/10 97/14 97/18 118/14 125/12 126/1 systemic [1] 18/12 systems [17] 11/8 29/1 52/14 52/15 53/6 60/19 90/21 107/7 107/13 107/15 107/18 107/18 108/4 108/5 108/8 108/20 109/6	112/4 115/25 133/10 139/15 142/19 143/1 taken [11] 38/20 50/3 54/4 54/9 60/1 63/6 66/25 75/20 92/8 125/3 131/12 takes [2] 125/6 139/1 taking [8] 5/19 25/21 67/4 84/14 109/17 116/11 124/15 136/15 talking [1] 70/23 targeted [1] 115/21 task [1] 127/21 taxi [2] 10/6 20/1 teacher [1] 49/25 teachers [3] 10/5 19/25 20/10 team [20] 2/2 2/14 11/3 13/24 32/4 36/13 39/10 43/25 47/5 49/17 53/2 72/18 77/15 77/20 79/20 80/16 92/8 114/19 124/15 135/14 teams [1] 11/11 teamwork [1] 121/9 tearfully [1] 111/25 technical [2] 63/12 63/23 technician [1] 136/17 technology [3] 111/4 112/16 114/1 telephone [6] 112/8 113/14 113/21 113/23 119/15 120/4 telephones [1] 112/6 tell [1] 111/21 temporary [4] 7/3 100/15 101/2 103/11 ten [1] 137/3 tens [1] 107/19 term [11] 16/24 17/5 17/8 17/20 58/17 58/25 74/16 75/1 75/2 75/7 82/12 terms [21] 1/18 1/22 9/7 11/24 12/21 17/12 33/11 37/5 46/12 51/5 71/9 75/6 107/7 108/17 113/15 114/24 115/4 115/7 130/11 135/19 140/15 terrible [1] 64/9 terror [1] 120/24 test [3] 127/15 127/22 137/10 tested [1] 112/8 testimonies [1] 56/4 testimony [1] 113/10 testing [2] 10/10 135/10 tether [1] 55/3 text [1] 79/10 texture [1] 56/2
----------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

T	36/7 38/25 39/24 39/24 45/4 52/16 54/18 55/3 64/6 77/2 77/13 79/21 82/7 83/10 83/14 83/15 88/25 103/16 106/4 108/10 108/11 111/7 111/20 111/21 112/4 112/20 113/5 113/6 118/2 118/18 123/9 124/15 125/10 126/11 128/19	23/5 23/6 24/13 26/9 28/10 28/12 29/14 32/3 32/8 32/22 32/24 35/13 36/2 37/21 38/17 46/16 52/15 53/13 53/15 53/21 55/23 57/5 58/15 59/1 59/7 59/10 61/11 61/20 62/8 63/7 64/8 65/9 65/13 85/10 89/8 92/5 101/3 107/21 107/25 110/5 112/11 112/13 115/1 115/6 118/12 121/11 124/20 131/11 135/3 138/25	those [177] though [8] 49/18 54/4 54/12 55/2 100/16 105/2 109/19 116/17 thought [1] 98/11 thoughtful [2] 52/9 99/24 thousands [3] 107/20 119/12 134/6 threat [1] 54/13 threaten [1] 97/6 three [20] 4/25 39/1 41/3 44/7 64/14 66/2 69/12 77/13 80/14 82/3 84/3 92/18 98/10 105/6 116/7 123/1 125/16 127/4 129/2 129/17 through [15] 37/18 42/3 45/5 46/13 53/11 59/4 59/6 61/16 66/20 83/25 103/16 120/9 120/25 133/6 133/12 throughout [7] 11/2 18/25 44/25 50/5 83/2 108/14 142/20 throws [1] 83/1 thumbs [1] 42/18 thus [2] 112/20 114/13 tier [1] 113/13 time [36] 1/12 9/1 36/16 40/19 42/5 43/7 45/1 51/7 52/5 53/16 53/20 57/6 60/19 60/19 60/21 61/19 67/20 80/18 85/9 87/19 94/24 98/10 106/22 108/2 108/21 109/17 112/4 116/20 120/23 122/6 122/6 124/16 127/4 136/4 137/24 138/10 timeframe [1] 14/18 timely [4] 40/22 65/5 65/15 108/24 times [4] 82/13 82/14 109/15 135/22 timetable [1] 71/8 timetabling [2] 41/4 141/22 timing [1] 42/4 tirelessly [1] 62/24 today [17] 5/3 6/10 15/23 16/3 41/10 52/6 84/11 89/7 96/2 105/21 105/23 127/3 128/13 130/25 141/14 142/16 143/3 today's [5] 2/16 4/14 52/23 68/22 143/5 together [9] 11/11 16/15 36/22 54/19	57/2 90/15 106/3 114/22 123/23 toil [1] 55/19 told [3] 54/8 77/16 136/17 toll [2] 56/13 60/13 too [7] 38/3 52/7 57/20 64/11 104/3 122/23 141/3 tool [1] 122/6 topic [19] 22/3 26/6 37/2 38/19 44/7 47/8 48/25 49/3 58/22 78/11 78/22 79/2 79/7 79/8 79/12 80/11 103/18 123/18 131/15 topics [14] 10/17 23/13 25/12 26/10 30/19 30/20 32/9 77/14 80/24 122/24 128/21 128/22 129/11 131/2 total [1] 23/10 totally [1] 88/1 touch [1] 11/4 touched [1] 46/23 touches [1] 19/14 tough [3] 42/4 52/5 52/6 tour [1] 142/6 tourism [3] 9/24 12/19 24/10 towards [3] 41/2 75/19 77/3 Tracking [1] 120/8 trades [10] 4/5 17/2 20/12 22/5 33/9 133/22 133/23 137/17 137/19 145/17 traditional [3] 6/20 53/14 55/2 tragedy [3] 58/9 66/20 66/21 tragic [1] 111/21 tragically [2] 52/15 64/11 trained [1] 59/11 trajectories [1] 27/10 tranche [1] 35/20 tranches [1] 39/6 transformation [1] 8/17 transforming [1] 112/20 transitioned [1] 75/25 transmission [4] 4/22 63/24 139/12 139/12 transparent [1] 108/8 transpired [1] 134/6 transport [4] 10/6 20/1 83/20 86/17 trauma [9] 45/21
than [34] 4/17 13/20 18/3 18/25 20/10 20/11 21/7 40/16 46/16 53/15 54/5 54/6 56/25 57/12 70/4 71/14 74/18 78/18 80/25 86/9 86/11 86/24 93/23 95/22 96/23 100/9 101/4 115/20 121/2 124/5 135/23 136/7 136/22 139/12 thank [41] 1/6 2/8 41/24 42/19 51/9 51/11 51/18 51/24 61/4 61/5 61/10 68/13 68/18 72/1 72/4 72/8 81/24 82/6 91/6 91/7 91/9 91/17 98/17 98/18 99/1 99/7 99/13 99/15 105/10 105/12 117/10 128/1 133/18 133/20 142/8 142/10 142/15 142/20 142/22 143/6 143/7 thanking [1] 52/2 thanks [3] 68/23 72/18 81/23 that [482] that's [4] 75/11 80/11 100/24 123/4 theatres [2] 7/21 24/20 their [88] 3/15 4/11 6/16 6/20 8/6 13/12 13/15 16/2 16/2 23/8 24/1 24/5 28/16 28/20 30/24 32/10 32/20 33/24 37/15 38/7 38/8 42/5 45/5 45/6 48/18 49/5 49/10 50/22 50/23 53/18 54/4 56/3 58/4 58/9 59/18 61/1 64/9 64/20 65/7 68/19 69/4 69/16 70/18 72/14 72/19 73/2 73/7 73/10 80/2 85/21 87/3 92/1 92/21 92/22 96/16 96/22 97/20 101/6 102/4 104/8 107/22 107/23 108/11 109/4 110/8 111/15 111/22 112/19 113/2 113/4 113/8 113/19 113/25 114/2 114/7 120/3 121/1 123/5 123/6 123/14 124/12 130/16 137/22 139/1 139/2 140/23 140/24 141/1 theirs [1] 55/10 them [37] 3/14 31/13	themed [1] 37/19 themes [8] 8/22 9/1 15/24 37/16 37/24 38/1 71/6 100/10 themselves [13] 8/11 19/23 36/6 53/10 56/15 65/3 73/8 79/21 81/8 90/21 107/10 108/6 109/9 then [16] 2/4 3/9 4/13 5/23 40/2 41/2 46/21 47/8 56/2 56/21 93/1 98/9 117/3 118/15 136/14 137/20 therapeutics [1] 49/23 there [56] 1/24 3/9 6/11 11/22 11/24 12/5 12/25 21/17 25/22 27/2 38/8 40/5 49/6 66/10 69/17 71/12 73/11 74/4 74/5 75/16 77/17 77/17 77/24 79/11 79/22 84/11 85/15 88/11 93/13 103/23 104/10 104/11 104/12 106/24 108/25 111/8 114/5 116/3 121/4 121/14 121/23 122/2 123/8 123/12 123/22 124/19 128/6 132/1 136/18 137/15 139/8 140/3 141/2 141/16 141/18 142/15 there's [6] 94/10 101/9 102/20 103/4 120/24 142/13 thereafter [1] 116/18 thereby [1] 32/10 therefore [9] 9/17 14/6 14/18 19/3 37/12 56/22 59/20 85/13 92/15 thereof [1] 116/7 these [64] 9/1 11/18 13/13 14/22 15/9 15/13 17/24 18/16 19/5 19/19 20/25 20/25 21/24 21/25	92/5 101/3 107/21 107/25 110/5 112/11 112/13 115/1 115/6 118/12 121/11 124/20 131/11 135/3 138/25 they [80] 3/11 13/14 14/1 14/10 15/14 16/8 17/5 20/18 23/21 26/17 29/23 30/25 31/2 32/5 32/12 32/17 33/5 34/4 52/9 53/16 53/22 54/1 54/15 56/15 57/19 59/9 59/21 66/11 69/15 69/22 73/9 74/2 74/10 76/16 77/16 78/24 79/22 81/5 81/13 82/4 83/9 83/15 85/11 87/7 90/22 90/23 91/24 92/24 93/1 93/5 93/7 94/9 95/3 95/10 103/15 106/3 106/5 107/7 107/19 107/23 109/14 111/15 111/19 111/20 114/8 114/12 115/2 115/17 116/3 116/17 121/18 130/12 130/14 136/21 136/25 137/9 137/10 137/23 138/22 142/25 they're [5] 55/5 59/12 81/7 92/2 130/15 they've [2] 58/18 70/19 thing [1] 70/21 things [2] 52/18 100/23 think [14] 43/20 51/15 61/7 68/15 72/2 80/10 80/20 81/25 83/16 98/12 99/8 117/13 128/6 142/12 third [11] 2/23 39/4 44/9 63/1 66/24 87/10 91/25 123/17 126/3 127/1 131/15 thirdly [3] 103/4 129/4 130/22 this [247] Thompsons [1] 133/24 thorough [3] 15/1 44/1 133/17 thoroughly [1] 15/12		

T	typically [1] 138/21	129/1 129/23 129/25 130/3 131/5	urged [3] 17/3 19/7 21/8	92/16 98/2 98/17 98/18 98/20 98/22 100/22 105/10 107/3 107/24 110/4 110/5 111/8 111/17 113/17 113/20 114/18 117/10 117/20 118/9 118/22 121/13 122/19 122/23 123/17 123/21 125/13 128/1 128/5 129/7 133/18 136/13 142/10 142/22 143/2 143/4
trauma... [8] 49/15 54/23 58/13 58/18 60/22 96/12 126/17 128/3	U	unexpected [1] 5/1 unexpectedly [1] 82/15	urgent [1] 120/8	107/24 110/4 110/5 111/8 111/17 113/17 113/20 114/18 117/10 117/20 118/9 118/22 121/13 122/19 122/23 123/17 123/21 125/13 128/1 128/5 129/7 133/18 136/13 142/10 142/22 143/2 143/4
trauma-informed [1] 49/15	UCL [1] 31/24	unfairness [1] 113/15	us [19] 1/5 1/5 45/20 50/14 53/11 53/19 55/4 55/8 60/20 74/7 74/14 82/13 83/20 91/8 111/17 114/20 124/16 128/13 136/11	128/1 128/5 129/7 133/18 136/13 142/10 142/22 143/2 143/4
travel [9] 7/25 8/4 9/24 12/19 24/10 69/8 69/18 70/2 93/21	UK [36] 9/6 9/19 26/25 30/2 32/25 35/2 37/15 38/6 40/13 42/8 43/9 43/10 43/11 45/3 48/18 49/20 52/18 53/2 56/6 56/25 57/4 57/5 57/11 79/17 82/4 82/5 84/15 86/7 88/24 91/5 101/25 106/7 119/14 126/13 130/21 144/8	unfortunate [1] 59/25 Unfortunately [1] 74/17	use [13] 8/25 22/24 68/4 71/21 87/18 89/24 95/25 101/17 108/11 111/7 114/1 122/5 125/22	128/1 128/5 129/7 133/18 136/13 142/10 142/22 143/2 143/4
travelling [1] 70/3	UK Government [1] 57/11	unhelpful [1] 134/25	used [4] 37/22 38/2 73/18 132/18	via [6] 30/20 35/18 36/11 38/10 39/7 87/23
Treasury [2] 57/4 57/6	UK's [1] 8/21	unimportant [1] 92/23	useful [3] 115/3 124/13 125/15	victim [1] 82/18
treated [4] 18/22 54/5 54/12 95/14	ultimately [3] 44/4 80/15 130/20	Union [8] 4/5 17/2 20/12 22/5 33/9 133/22 133/23 145/17	usefully [1] 66/19	victims [9] 7/6 10/19 23/24 28/15 28/16 28/19 89/4 96/1 109/22
treating [1] 21/6	unable [7] 8/3 56/15 58/7 87/8 109/10 111/12 114/8	unions [1] 134/3	users [1] 109/9	video [3] 54/16 87/23 112/12
treatment [3] 12/5 64/5 120/1	unaffected [1] 6/12	unique [2] 23/20 68/7	uses [1] 119/18	view [4] 61/24 116/23 122/24 125/6
treats [1] 107/6	unaffordable [1] 101/18	uniquely [2] 53/9 123/4	using [2] 111/10 114/4	viewpoint [1] 37/25
trends [3] 26/25 27/7 37/23	unbearable [1] 60/22	United [6] 6/4 9/9 56/18 69/8 127/21 130/17	usual [2] 113/10 136/11	views [2] 93/17 113/2
trespassing [1] 104/20	uncertain [1] 110/7	United Kingdom [3] 6/4 56/18 69/8	utilise [2] 61/15 68/7	violence [3] 28/15 92/12 94/3
trial [1] 109/21	uncertainty [3] 6/9 7/13 110/7	unless [3] 41/20 50/25 142/13	V	virtual [1] 112/19
tribunals [7] 29/10 107/11 113/23 114/3 116/10 116/15 116/16	unconscious [1] 67/6	unlikely [1] 93/2	vaccination [2] 76/20 95/11	virtually [1] 25/23
tried [2] 108/11 112/8	unconsciously [1] 83/12	unlikely [2] 14/6 14/19	vaccinations [1] 76/14	virus [9] 7/17 52/15 54/4 73/9 76/1 84/2 95/23 95/25 134/9
triple [4] 84/1 84/14 96/7 97/4	under [18] 34/21 40/3 44/5 49/4 58/24 60/15 85/7 98/12 103/18 103/21 105/8 115/22 119/9 120/18 125/9 129/10 130/24 140/17	unnecessary [2] 11/12 36/18	vaccine [1] 85/3	visceral [1] 114/13
truly [3] 49/14 56/2 70/8	underlying [1] 64/4	unprecedented [1] 6/8	vaccines [2] 49/23 85/5	visibility [1] 81/14
trust [3] 43/5 113/20 119/22	underpins [1] 116/20	unrepresented [1] 29/9	vacuum [1] 65/8	visible [3] 75/15 77/7 138/25
trusts [1] 67/13	understand [17] 5/5 23/24 41/19 51/6 60/10 62/19 87/14 100/12 101/23 104/19 104/21 108/9 116/3 121/22 122/1 122/11 124/19	unsafe [2] 7/9 138/6	valuable [2] 93/10 94/20	visit [1] 8/3
truth [3] 43/12 43/14 65/10	understandably [2] 64/24 113/7	unsuitable [1] 82/17	value [4] 30/9 47/17 49/10 123/9	visiting [1] 64/23
try [2] 42/5 121/18	understanding [12] 36/20 37/10 48/7 48/11 50/22 64/1 65/12 70/20 70/24 96/19 102/16 111/6	until [3] 56/22 83/10 87/24	Valuing [1] 120/9	visits [6] 7/11 45/18 87/21 87/23 87/24 88/6
TUC [7] 44/3 87/3 127/2 136/1 136/17 141/7 142/9	understands [1] 40/17	unusual [1] 51/3	variation [2] 79/15 79/16	vital [3] 8/13 57/9 125/19
TUC's [1] 134/3	understood [3] 43/4 65/20 97/13	unwanted [1] 59/25	variety [4] 38/10 67/24 104/4 107/20	Vitte [1] 2/15
Tuesday [1] 1/1	undertake [1] 26/17	up [13] 17/15 42/18 60/10 68/8 69/23 77/1 80/14 80/15 91/8 128/6 128/18 134/3 137/3	various [5] 1/21 38/16 56/20 73/16 100/1	voice [1] 66/3
turn [11] 5/22 22/15 40/23 48/25 51/15 52/16 77/8 110/8 127/7 141/5 141/22	undocumented [8] 21/19 97/10 97/10	update [7] 17/16 32/7 35/18 36/11 38/18 39/12 41/5	value [4] 30/9 47/17 49/10 123/9	voices [14] 25/25 37/14 38/16 50/21 56/1 59/14 59/16 59/20 60/24 94/5 94/11 100/5 120/12 132/20
turned [2] 37/19 104/4		updated [2] 20/7 35/17	variation [2] 79/15 79/16	voluntary [1] 8/12
Turning [8] 4/13 31/4 47/8 129/13 134/10 137/5 137/20 139/19		updates [1] 39/9	variety [4] 38/10 67/24 104/4 107/20	vulnerabilities [2] 130/9 140/5
Twite [1] 106/1		uphold [1] 120/13	various [5] 1/21 38/16 56/20 73/16 100/1	vulnerability [17] 18/24 21/6 21/16 77/18 79/8 79/13 81/11 81/15 81/22 82/8 86/6 90/24 100/12 102/22 130/8 130/18 140/21
two [19] 31/17 36/25 40/16 46/23 48/6 68/25 69/12 84/2 91/22 92/18 93/2 98/2 98/5 100/10 104/23 105/1 114/16 130/12 135/11		upon [18] 11/2 11/5 11/16 19/14 33/10 37/15 41/15 47/12 49/17 53/16 53/19 89/23 110/8 113/24 134/18 140/14 141/12 142/3	vast [3] 8/24 30/14 125/25	vulnerable [84] 2/11 3/21 6/24 6/25 9/10
type [3] 67/5 67/14 103/15		urge [7] 42/5 59/1 59/10 60/11 60/24 86/1 94/25	vastly [1] 123/6	
types [1] 96/21			ventilated [2] 77/5 111/19	

V	65/22 65/25 66/20 70/21 70/22 73/23 74/4 74/5 74/17 75/2 75/16 78/4 78/19 78/20 80/14 83/24 84/21 86/5 90/17 90/17 92/7 95/18 95/22 96/8 102/3 104/4 104/11 104/14 104/15 107/15 108/20 109/11 109/19 110/23 111/12 111/23 111/24 113/17 113/20 114/4 114/5 117/8 120/23 121/12 122/7 127/14 135/10 135/13 135/22 136/5 136/6 136/8 136/12 136/15 136/18 136/19 136/21 137/2 137/12 138/25 139/11 141/1	41/6 41/14 week [1] 105/6 weeks [6] 38/18 41/3 80/14 98/10 98/11 127/4 Weeratne [1] 128/13 welcome [17] 43/17 46/7 47/4 47/10 49/15 77/20 85/13 87/10 91/1 92/11 97/15 100/4 114/17 125/4 129/24 134/11 140/1 welcomed [2] 22/9 25/7 welcomes [5] 25/13 61/14 99/21 122/19 131/19 welfare [3] 110/2 110/4 110/9 well [12] 10/15 43/11 45/14 49/24 68/2 72/14 74/12 98/22 119/14 120/18 126/7 143/2 wellbeing [26] 7/14 9/11 9/20 10/13 11/20 12/25 17/21 19/19 26/7 26/14 26/24 27/6 27/9 27/18 28/7 30/16 34/20 82/24 84/13 84/18 84/21 84/25 85/17 101/7 103/1 136/22 Welsh [3] 4/6 9/5 66/16 went [1] 46/2 were [124] 3/13 6/12 6/25 7/7 8/3 11/21 11/22 11/24 12/1 12/10 12/20 12/25 14/10 14/10 16/7 16/16 27/2 27/7 43/10 44/17 44/21 45/4 45/23 50/16 50/17 52/9 53/11 53/15 53/16 53/17 53/21 53/22 54/3 54/5 54/15 57/22 58/7 60/10 64/9 65/1 65/3 66/25 70/21 71/3 71/14 73/6 73/22 74/2 74/2 74/6 80/13 85/11 85/12 85/15 86/7 86/9 86/10 87/8 87/22 87/25 88/3 88/4 88/5 88/11 90/3 91/20 91/23 92/16 92/18 95/6 95/7 96/22 97/11 98/6 100/25 101/2 101/5 101/7 101/15 103/14 103/15 103/22 103/23 104/6 104/10 108/13 109/10 109/18 109/22 109/23 109/24	110/5 110/25 111/2 111/8 111/20 112/3 112/7 112/10 112/13 112/18 113/13 113/23 114/3 114/19 120/25 121/2 121/4 121/4 121/10 123/5 123/10 130/1 134/18 134/20 134/22 135/18 136/13 136/15 136/21 139/15 141/3 141/9 142/25 weren't [1] 79/1 West [1] 136/9 Westgate [6] 3/25 99/8 99/11 99/12 105/10 145/5 what [46] 11/21 12/1 12/8 12/10 12/17 12/23 13/3 13/6 27/7 42/1 43/4 43/6 46/2 46/3 48/9 48/19 72/21 74/25 81/22 83/25 86/23 88/2 90/4 100/9 100/23 101/25 102/19 104/14 105/3 108/10 108/10 108/20 111/24 114/24 114/25 115/5 115/11 115/14 115/16 118/15 121/22 121/25 122/1 140/9 140/10 142/3 what's [2] 100/2 104/19 whatever [1] 49/10 when [24] 20/23 29/24 42/18 60/19 60/21 64/4 64/10 71/16 73/5 74/1 89/3 92/16 101/20 104/15 106/13 107/23 108/19 109/10 110/22 113/23 122/6 126/6 131/13 133/3 where [33] 1/23 5/15 9/14 14/1 14/20 25/20 30/23 31/7 32/17 39/21 45/17 46/8 46/24 53/10 59/9 67/6 69/15 78/4 81/13 82/8 89/15 94/9 96/8 100/24 102/14 109/10 111/8 111/15 112/6 112/10 122/11 123/7 140/20 whereas [1] 93/9 whereupon [1] 5/17 whether [14] 14/10 14/11 27/2 41/12 47/24 78/25 81/19 85/15 88/5 88/11 95/10 111/18 127/3 127/21 which [123] 2/24 4/18 5/2 5/7 9/4 11/7	11/8 11/9 11/16 13/8 13/8 13/17 14/13 16/18 17/16 17/18 20/23 23/2 25/17 28/2 30/25 32/2 32/4 32/9 35/15 35/23 36/25 37/13 37/20 37/24 39/11 40/4 40/6 40/15 41/15 41/18 43/9 43/22 45/20 45/22 46/19 46/20 47/8 48/3 49/8 52/9 55/4 58/1 58/16 58/19 62/6 63/22 64/13 64/16 64/20 64/22 65/2 65/20 66/4 66/20 66/25 67/1 67/3 67/14 67/16 73/9 75/5 77/2 77/14 79/8 80/14 80/14 83/2 83/3 83/14 84/20 85/1 85/8 85/22 87/13 87/22 88/14 88/15 89/18 89/21 89/22 90/14 91/18 92/6 94/23 95/18 98/3 101/19 103/9 103/21 110/18 113/14 117/7 118/3 118/25 120/10 121/10 124/14 124/20 125/14 126/18 126/19 126/23 128/20 130/17 131/15 132/11 133/7 133/11 134/18 135/10 137/13 138/5 138/9 140/5 140/8 140/13 142/16 whichever [1] 73/19 while [12] 7/6 15/16 30/11 30/17 57/16 63/1 64/10 67/9 69/8 87/17 123/10 137/25 whilst [9] 11/13 19/24 57/21 70/14 80/16 111/10 116/12 121/3 132/16 whistlestop [1] 142/6 white [1] 96/25 who [93] 3/9 5/3 5/8 5/9 6/11 6/13 6/15 6/17 19/10 20/5 29/16 29/21 33/22 33/23 37/9 38/6 41/22 42/24 43/10 44/17 49/3 49/21 50/16 51/16 54/7 54/17 58/14 59/16 60/10 62/23 63/15 63/17 68/1 69/21 70/18 71/2 71/3 71/14 72/12 73/6 74/21 75/12 78/5 78/14 79/1 81/6 84/15 85/5 87/6 87/6 91/23 93/19 95/6 95/7 97/6 98/8 99/9 100/5 100/7
W	wages [1] 19/18 Wagner [6] 3/22 72/2 72/4 72/7 81/24 144/21 waiting [2] 109/15 109/23 wakes [1] 53/14 Wales [10] 17/14 33/19 65/18 66/1 66/3 66/7 66/10 67/1 101/15 119/9 want [4] 92/10 93/16 100/10 118/13 war [1] 74/18 wards [1] 88/4 warehouse [2] 137/20 138/5 warehouses [1] 137/21 warehousing [3] 135/5 138/16 138/20 Warne [1] 139/10 warrant [1] 20/23 was [105] 6/2 6/19 7/10 7/15 8/13 8/24 12/5 12/8 12/17 12/23 13/3 13/6 16/9 16/10 17/16 38/6 43/4 45/5 45/22 45/24 46/8 49/21 53/9 54/8 54/11 54/12 54/12 54/14 54/16 55/7 56/7 56/12 57/15 57/20 58/14 60/8 60/9 60/18 60/19 60/21 63/18 64/4 64/6	wasn't [4] 43/4 75/20 104/11 123/14 waste [1] 54/6 watch [1] 54/15 watching [1] 54/16 Watson [2] 84/1 85/20 wave [1] 63/16 way [27] 5/11 8/2 41/5 52/9 54/1 54/16 55/24 59/13 65/13 68/6 70/15 71/13 73/20 74/15 81/14 81/15 81/15 90/14 90/15 104/9 107/4 111/2 118/22 126/17 127/16 135/3 142/14 ways [13] 5/13 8/17 16/8 36/25 38/8 44/14 82/13 84/20 86/4 104/12 127/23 130/8 130/12 we [254] we'd [2] 43/24 94/11 we'll [3] 51/10 97/23 128/4 we're [8] 44/2 51/15 52/8 92/3 99/8 103/17 121/13 121/24 we've [16] 42/3 46/23 52/8 53/24 77/15 91/18 99/22 103/24 104/24 104/24 116/19 117/4 122/18 124/18 126/10 142/1 weakest [1] 107/24 weaknesses [1] 140/5 wear [1] 74/21 wearing [4] 73/22 74/14 105/21 136/5 webform [1] 38/10 website [4] 4/12 9/4		

W	141/8	138/1 138/5 138/6 138/7 138/21 138/25 139/11 139/15 140/14 140/21 141/9 141/12 141/19	106/21 114/15 114/15 118/17 120/3 123/1 131/1 135/20 138/12 139/22 143/1	14/20 14/22 14/25 34/22 57/14 58/3 58/7 119/6 119/8
who... [34] 102/7 102/8 103/23 104/6 105/25 106/6 107/9 108/10 109/10 109/22 111/23 112/11 116/21 119/1 119/2 123/6 123/10 125/25 126/24 127/15 128/2 128/13 129/20 131/5 134/1 134/2 134/20 134/22 139/15 139/17 140/22 141/1 141/2 141/9	witnesses [17] 3/2 31/5 50/16 62/7 62/17 71/2 71/20 80/17 81/1 109/22 111/14 112/19 113/11 113/12 114/12 141/14 141/20	workers' [1] 87/4 working [16] 10/4 33/17 51/19 70/21 85/25 86/7 86/9 86/10 89/19 99/16 103/6 114/22 120/15 134/2 136/2 139/2	wrong [1] 104/22 wrote [1] 127/15	your [36] 19/20 36/23 40/2 41/12 41/16 43/25 45/9 46/12 46/19 46/25 47/5 47/20 48/11 49/2 49/17 50/5 51/5 51/19 52/4 56/1 58/22 60/16 74/19 75/8 79/22 81/2 81/19 90/17 90/19 92/8 98/21 105/14 108/19 115/4 116/25 128/4
whole [6] 44/12 46/22 69/7 89/23 106/7 133/13	women [5] 92/12 94/3 96/14 96/23 96/25	workings [1] 119/23 workloads [1] 12/23 workplace [4] 10/11 77/5 138/14 140/22	Y	year [6] 23/12 39/18 41/2 76/20 101/8 120/21
wholly [1] 58/7	women's [5] 91/23 91/25 92/20 96/24 97/17	workplaces [2] 138/16 139/17	years [5] 20/9 65/10 66/1 66/2 68/9	yes [4] 42/21 42/22 42/24 98/24
whom [5] 16/1 57/14 98/19 123/13 141/3	won't [1] 106/4	works [3] 90/14 119/16 120/13	yet [4] 1/20 1/20 97/11 110/5	you [125] 1/5 1/6 2/8 4/20 40/25 41/8 41/10 41/10 41/13 41/16 41/20 41/21 41/24 42/1 42/10 42/11 42/12 42/18 42/19 42/20 43/2 43/5 43/6 43/8 43/11 43/16 43/18 44/6 44/25 45/13 46/11 46/17 46/19 46/20 47/19 47/25 48/7 48/16 48/22 50/9 50/19 50/25 51/4 51/6 51/8 51/9 51/11 51/16 51/18 51/24 52/2 52/3 52/5 52/7 53/19 56/1 56/2 60/24 61/4 61/5 61/10 61/10 68/13 72/1 72/3 72/4 72/5 72/8 72/15 81/24 82/6 89/7 91/6 91/7 91/9 91/11 91/12 91/13 91/14 91/14 91/17 91/21 92/8 98/17 98/18 98/19 99/1 99/5 99/7 99/9 99/13 99/13 99/15 100/22 100/23 105/10 105/11 105/12 105/13 105/18 116/25 117/10 117/15 128/1 128/2 128/7 128/11 129/2 131/16 133/10 133/18 133/20 133/20 133/25 135/7 141/6 142/8 142/10 142/13 142/15 142/21 142/22 142/23 143/6 143/7
whose [7] 31/13 38/16 50/16 94/17 128/19 132/2 134/21	wording [2] 73/17 79/4	workstation [1] 137/3	you'd [1] 91/8 you'll [3] 46/21 52/6 135/24	your Ladyship [1] 115/4
why [3] 74/4 74/11 81/10	words [1] 54/23	world [1] 53/10	zero [1] 86/25	Z
wide [7] 8/25 22/20 23/19 43/9 47/20 79/13 93/17	work [46] 11/11 13/21 15/22 22/19 26/18 31/1 31/22 31/24 33/10 36/22 37/17 43/24 45/1 68/23 71/14 72/19 83/13 86/5 86/5 86/8 86/15 86/17 87/3 87/8 89/20 89/20 99/22 104/1 116/12 116/19 119/4 120/22 125/24 125/25 128/16 130/19 133/16 136/16 136/19 137/6 137/10 138/7 138/10 139/1 139/18 140/14	world's [1] 118/24	zero-hours [1] 86/25	
wide-ranging [1] 47/20	worked [3] 74/5 112/13 130/3	worse [4] 56/13 97/11 121/2 135/2		
widely [2] 63/4 89/22	worker [9] 13/1 20/17 49/25 85/25 86/12 134/14 134/16 139/11 139/12	worship [9] 7/20 10/1 10/2 12/14 12/15 23/14 23/17 27/16 75/23		
wider [7] 49/22 74/23 76/21 77/8 101/9 102/13 119/25	workers [92] 2/11 6/13 9/10 10/3 10/4 10/5 10/6 10/7 10/8 12/20 12/25 13/2 17/11 19/16 19/17 19/20 19/22 19/23 19/25 20/1 20/2 20/3 20/4 20/8 20/9 20/10 20/13 20/21 20/24 23/18 23/19 29/8 33/11 44/17 45/7 68/24 78/23 79/6 83/14 83/18 83/20 86/2 86/11 86/14 86/19 86/23 87/1 87/6 94/19 95/5 95/6 95/10 95/11 95/14 100/2 107/25 113/11 134/5 134/7 134/19 134/25 135/2 135/4 135/4 135/5 135/8 135/10 135/12 137/2 137/5 137/8 137/12 137/13 137/13 137/16 137/18 137/20 137/23 137/25	worst [2] 64/9 135/18		
widespread [1] 67/11		would [58] 4/17 13/17 35/16 41/25 44/18 47/20 48/5 48/10 48/16 48/19 57/12 57/24 65/15 65/20 66/22 67/12 68/7 68/25 69/5 69/25 70/8 70/9 71/8 71/8 73/10 76/4 76/6 81/12 88/20 92/13 93/10 93/16 94/7 97/15 98/11 104/8 104/13 115/20 116/20 116/21 117/5 118/18 124/1 125/3 125/8 126/23 130/4 132/2 132/18 133/1 134/23 134/25 135/1 137/9 139/22 139/23 140/20 141/4		
width [1] 105/4		wounds [2] 53/16 53/16		
Wilcock [1] 52/1		wrenching [1] 54/8		
will [194]		writing [4] 50/14 68/24 141/14 141/23		
wish [9] 3/11 5/10 32/12 41/15 41/19 125/16 126/11 142/13 142/16		written [38] 13/13 15/8 28/2 32/17 41/9 41/13 41/17 44/3 45/11 45/16 46/23 49/13 52/7 64/12 66/17 84/19 89/2 92/6 92/14 95/16 98/21 99/23 100/9 102/9 103/24 104/25 105/14		
wished [1] 105/12				
wishes [4] 38/5 38/7 129/2 131/15				
within [28] 3/3 10/19 10/20 11/25 14/9 14/19 15/2 15/6 15/10 19/11 19/22 21/12 30/19 37/3 41/18 43/16 52/14 53/24 55/15 61/19 62/25 66/9 79/12 85/17 87/15 98/1 131/25 132/11				
without [20] 55/9 59/9 65/8 67/4 68/6 73/24 77/13 83/8 84/13 84/16 108/24 112/17 112/22 113/3 113/5 113/6 113/10 114/8 122/13 128/24				
witness [6] 62/3 62/5 67/24 133/7 133/12				