

IN THE UK COVID-19 PUBLIC INQUIRY

BEFORE BARONESS HEATHER HALLETT

IN THE MATTER OF:

THE PUBLIC INQUIRY TO EXAMINE THE COVID-19 PANDEMIC IN THE UK

**STATEMENT OF HELÉNA HERKLOTS CBE,
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1. Introduction

1. I am the former Older People's Commissioner for Wales. This is an independent, statutory role with the remit to protect and promote the rights of older people in Wales. The role is established in the [Commissioner for Older People \(Wales\) Act 2006](#) ("**the 2006 Act**") which provides that "*older person*" means "*a person aged 60 or over*". The 2006 Act also states that "*in considering, for the purposes of this Act, what constitutes the interests of older people in Wales, the Commissioner must have regard to the United Nations Principles for Older Persons*".
2. Although the 2006 Act refers to the Commissioner for Older People in Wales, the Commissioner is, in fact, known as the Older People's Commissioner for Wales.
3. The 2006 Act sets out the functions of the Older People's Commissioner for Wales ("**the Commissioner**") which are to:
 - a. Promote awareness of the interests of older people in Wales and the need to safeguard those interests;
 - b. Promote the provision of opportunities for, and the elimination of discrimination against, older people in Wales;
 - c. Encourage best practice in the treatment of older people in Wales; and
 - d. Keep under review the adequacy and effectiveness of law affecting the interests of older people in Wales.
4. The legal powers of the Commissioner are limited to the areas over which the Welsh Government has competency. The Commissioner is however able to consider and make representations to the Welsh Ministers, the First Minister, and the Counsel General on any matter relating to the interests of older people in Wales and this can include non-devolved, as well as devolved, matters.
5. In summary, the legal powers of the Commissioner are:
 - a. Review of the discharge of functions of public bodies;
 - b. Review of advocacy, whistle-blowing or complaints arrangements;
 - c. Assisting an older person in making a complaint or representation to a public body;

- d. Examining the case of an older person in a matter that affects the interests of a wider group of older people;
 - e. Issuing guidance on best practice to public bodies; and
 - f. Undertaking or commissioning research and educational activities or giving assistance to another in order to do so.
6. The roles, duties and responsibilities of the Commissioner reflect the functions in the 2006 Act, as set out at paragraph 3 above, and include to:
- a. Provide national leadership that will make a difference to older people's lives by establishing strong partnerships and powerful relationships with people and organisations to drive improved outcomes and influence policy, legislation, decision-making and practice that affects older peoples' lives;
 - b. Scrutinise Welsh Government, other public bodies or persons listed in Schedule 2 of the 2006 Act to ensure they deliver responsive services to older people; and
 - c. Champion the voice of older people across Wales and ensure their views and concerns are taken into account by working with older people's groups and networks across Wales.
7. I was appointed Commissioner on 20 August 2018 and served as Commissioner throughout the Covid-19 pandemic ("**the pandemic**"). My term of office ended on 19 August 2024.
8. A requirement of the 2006 Act is that the Commissioner should appoint a Deputy Commissioner who "may discharge the functions of the Commissioner during a vacancy in the office of Commissioner or at any time when the Commissioner is for any reason unable to act". The current Deputy Commissioner also undertook the role of Chief Operating Officer in my team - she served throughout the pandemic and remains in this post.

2. Overview of my work

9. I have been asked to provide an overview of the work conducted by my office, particularly with regard to Test, Trace and Isolate (in Wales it was referred to as Test, Trace, Protect). The impact of Test, Trace and Isolate was one of a number of impacts of the pandemic and its restrictions that older people experienced. Although some of my work focused

specifically on elements of Test, Trace and Isolate, it was also about the cumulative impact on older people of the combination of policies and decisions made by the Welsh and UK Governments.

Working with older people in Wales

10. My engagement included: direct contact such as conversations with older people, their families and friends, and professionals caring for/supporting older people; setting up and facilitating online sessions to hear directly, and gather evidence from, older people across Wales; conducting a survey into people's experiences in care homes; frequent and regular contact with the older people who chair the national older people's organisations; contact with older people's groups across Wales who we have worked with over the years.

Research and evidence

11. I undertook research and gathered evidence about the impacts of the pandemic on older people, including: the effects of decisions taken, or not taken, by the Welsh Government; the impacts of new legislation or suspended legislation; and the impacts of restrictions and lockdown.
12. I brought together evidence from older people and our expert analysis to set out what older people needed from, and could contribute to, the recovery from Covid-19.

Convening organisations and individuals, and setting up working groups

13. I brought together key individuals and organisations working with older people across the United Kingdom ("**the UK**") to enable us to: share information, expertise and understanding; generate ideas and solutions; and speak with a collective voice for older people when their rights were threatened.
14. I engaged with frontline voluntary, community and statutory organisations working with older people across Wales to hear their insights into the experiences of older people and good practice and ideas about what could improve the situation for older people.
15. I established advisory and action groups to bring together organisations and individuals across Wales to work with me: on key issues affecting older people, for example abuse; developments to improve older people's opportunity to age well, for example the

development of age-friendly communities; and provide expertise on specific groups of older people, for example Black, Asian and Minority Ethnic older people.

Assessing the impact of the pandemic and the response

16. I undertook work to identify the risks to older people's health and wellbeing, and the impacts on older people, and on different groups – for example, people living in care homes, those who were digitally excluded, and those at risk of or experiencing abuse.
17. A key focus throughout my work was protecting and promoting the rights of older people.
18. I drew on evidence, expertise, knowledge and insights held by me and my team, and through ongoing contact and engagement with older people.

Scrutinising and influencing Welsh Government and other public bodies

19. I brought before the Welsh Government, experiences, concerns and ideas, from older people.
20. I held the Welsh Government to account through questioning and scrutinising their actions.
21. I responded to Welsh Government consultations to influence their policy and guidance.
22. I engaged with key officials in the Welsh Government, particularly those with responsibility for policy on older people, social care, health, safeguarding, violence against women, domestic abuse and sexual violence (“**VAWDASV**”), digital inclusion and poverty.
23. I attended and contributed to working groups established by the Welsh Government.
24. I also engaged regularly with key bodies including Public Health Wales, Care Inspectorate Wales, Health Inspectorate Wales, the Welsh Local Government Association, the Welsh NHS Confederation, to raise issues about older people, share information and understanding, and propose courses of action.

Engaging with the members of the Senedd and its Committees

- 25. I prepared and gave evidence to Senedd Committees on the impact on older people of the pandemic and decisions of the Welsh Government, proposing actions and changes.
- 26. I provided briefings on the impacts of the pandemic and recommendations for action for Members of the Senedd.
- 27. I provided and signposted Members of the Senedd to information for their constituents and to assist in their surgeries.
- 28. I responded to issues and concerns raised by Members of the Senedd through my Advice and Assistance Service.

Providing information, advice and assistance to older people, their families and friends, those that work with them and the wider public

- 29. Through my Advice and Assistance Service, I helped individual older people, their families and friends drawing on their experiences and insights in the conduct of my work.
- 30. Identifying the areas of concern and where there was a lack of clarity, I developed 'Q and A' documents so that people could access trusted and clear information.
- 31. I helped to promote public health messaging and advised the Welsh Government on how their communications with older people could be improved.
- 32. I engaged with the media to amplify the experiences of older people, to ask questions, and to propose action to better support older people and uphold their rights.
- 33. I ran information campaigns to get key messages out to older people, their families and friends, and professionals working with older people.

3. Impact on Older People

- 34. Older people are particularly at risk and vulnerable to Covid-19, and to the effects of the restrictions implemented by the UK and Welsh Governments during the pandemic. Within the older population, there are groups of people for whom these risks and vulnerabilities

are heightened. This related not just to the health and medical status of older people, but also to, for example:

- a. Where they lived and whether there were local services available to them;
- b. Whether they lived in a care home;
- c. Whether they were online and confident about using digital technology;
- d. Whether they had family and friends to help them;
- e. Whether they were at risk of or experiencing abuse – of all kinds – including domestic violence and financial abuse;
- f. Whether they were Black, Asian or Minority Ethnic; and
- g. Their financial position.

35. For older people in need of care and support at home, issues faced included:

- a. Closure of day centres and other respite services;
- b. Unavailability of domiciliary care or changes to care 'packages';
- c. Cancellation of domiciliary care by families worried about the risk of Covid being brought into the home; and
- d. Increased pressure on unpaid carers including when a loved one was ready to be discharged from hospital.

36. There were particular challenges for older people who were shielding, or who had health conditions but were not in the shielding group, and these are covered in Section 5.

The impact of Test, Trace and Isolate on older people at the beginning of the pandemic.

37. In March 2020, I set up meetings (initially teleconferences and then online) with the older people who chair the national older people's groups in Wales to find out more about how older people were feeling and what I could do as Commissioner to help. The first meeting was held by teleconference on 25 March 2020 and the feedback I received was that:

- a. Older people were frightened; the public messaging was scaring them; and those living alone were experiencing loneliness and feeling shut off with no contact. This was exacerbated if people were not online;
- b. Some older people were experiencing difficulties with getting access to food and medications;
- c. There was worry and uncertainty about the cancellation of hospital appointments; and

- d. It was a challenge for older people to keep up with all the changing information and the chairs of the national older people's groups stressed the importance of consistent and trusted information.

4. Public communications and guidance

38. At the beginning of the pandemic there was some confusion about the messaging being issued by the UK and Welsh Governments. This included messaging about restrictions on all those aged over 70. For example, on 17 March 2020 I issued the following joint statement with Age Cymru:

'Over the past few days, older people have been given inconsistent advice and information on what action they should be taking and what they should be preparing for in relation to the Coronavirus outbreak.

This has led to understandable confusion and concern amongst older people and those that care for them.

It is vital that information is clear and consistent and provided in a way that people can understand in order to be able to make decisions about what action they need to take.

The UK and Welsh Governments must show leadership at this time and take responsibility for ensuring that older people are provided with timely information that is clear, accessible and provides enough detail to enable older people to take the appropriate action.

The Older People's Commissioner and Age Cymru are working together throughout this time to provide support and information to older people and will be engaging further with the Welsh Government to ensure that they are communicating effectively with older people.'

39. The public communications and guidance throughout the pandemic could be confusing and not provide clear information for older people, which added to the challenges and difficulties they experienced. As I stated in my 'Leave No-one Behind' report published on 18 August 2020:

'One of the most important elements of an effective response to a pandemic is ensuring that information and advice is communicated clearly to the public and that a sense of trust is built between those leading the response and those at risk. However, many older people have told the Commissioner that they have

struggled to access the information they need during the past few months, and have been left feeling confused and anxious about what they needed to do to keep themselves safe and well.' [HH7/01 – INQ000181753]

40. Older people had fed back to me that:

'The messaging relating to Covid- 19, has at times been unclear and confusing, particularly during the early stages when stricter advice was given for the over 70s and reports emerged that everyone in this age range may be told to stay at home. This confusion was further exacerbated when shielding arrangements were put in place for those most clinically vulnerable to Covid-19, as some older people thought they should be following that advice and remaining indoors entirely.'

41. A key concern, throughout the pandemic, is that the generic communication to the public was not always effective for older people, and there needed to be more tailored communications, for example, for older people living in care homes and their loved ones.

42. I urged the Welsh Government on numerous occasions, and in recommendations in some of my reports, to undertake specific or tailored communications for older people. For example, I suggested that the daily televised press conferences would be an effective way of speaking directly to older people, particularly those not online who relied heavily on information from television and radio.

43. I was particularly concerned about older people who were not online being able to get the information that they needed, and also having a way of checking that information and seeking clarification if required, especially as messaging changed.

44. It was very disappointing that the Welsh Government did not take my advice about using the televised press conferences to talk specifically to older people and I believe this was a missed opportunity to improve the information older people were able to obtain and give them some reassurance that they were being considered by the Welsh Government.

45. Throughout the pandemic, in relation to all aspects of Test, Trace and Isolate, there was inadequate consideration and provision made for people who were not online:

'So many feel disconnected, mainly because so many don't use social media....This of course makes many feel discriminated against as they don't

get vital information.’ Older person at engagement event, as quoted in ‘Leave No-one Behind’.

46. In my ‘Leave No-one Behind’ report, I called for the following action to be taken immediately:

- a. Public health bodies should take action to ensure that public health messaging is communicated more effectively to older people; and
- b. Undertake community-level audits of older people who have been digitally excluded during the pandemic and provide user-friendly devices with access to the internet.

47. My recommendations for longer term actions included: placing a duty on public bodies in Wales to demonstrate how they will engage with and serve citizens that are not online; and health boards and local authorities establishing outreach programmes to build digital confidence for older people to access digital public services.

48. In light of the rapid shift by public bodies to the provision of information and services through digital means, and the feedback from older people about the difficulty of getting information and services if not online, I used my legal powers under Section 12 of the 2006 Act to issue guidance in November 2021 to local authorities and health boards on how to ensure access to information and services in a digital age, which they must have regard to in discharging their functions. [HH7/02 – INQ000184920]

49. Accessing key information and public health messages was also a challenge for older people whose first language is not English or Welsh. The issue of communications and guidance to older people and staff in care homes is covered in Section 9.

50. The public messages on Test, Trace and Isolate were not heard in isolation from other communications from the UK and Welsh Governments. The combination of messaging heard by older people led to some making decisions detrimental to their health and wellbeing. In my view, drawing on my contact with older people and older people’s groups, the UK and Welsh Governments public messaging of ‘*stay at home*’ and ‘*protect the NHS*’ combined with the reported pressures on the NHS, led to some older people delaying seeking advice, help and treatment from the NHS.

5. Shielding

51. On 23 March 2020, I issued a public statement following the UK Government's announcement that 70,000 people in Wales would be included as part of a 'shielding group' and stressed the importance of ensuring the people who would be included in this group had the information and guidance that they would need, as well as access to supplies and support [HH7/03 – INQ000181734]
52. The messages from the UK Government, particularly in relation to restrictions for people aged over 70 years, created confusion with some older people thinking this meant that everyone over 70 should shield. [HH7/04 – INQ000221542]
53. During the first national lockdown, which ended on 29 May 2020, concerns about shielding were raised with my Advice and Assistance service. These included concerns that the 'shielding letter' from the Chief Medical Officer had not been received to guide the most vulnerable on how best to look after themselves. As the letters were issued in tranches, older people did not know if they were in a tranche yet to be received or had been left off the shielding list with no knowledge of who they should approach for clarity.
54. During June and early July 2020, there were concerns around the accuracy of shielding letters and confusion over whose advice people should take when it was not clear why they had received a letter. For example, an enquirer to my Advice and Assistance service was informed by letter that he was included in the group of individuals who were required to shield. The enquirer did not have a diagnosed medical condition that would require him to shield and so queried with Public Health Wales why he was being told to do so. He shared that Public Health Wales informed him that his GP would be better placed to advise, but his GP advised there was no clear reason for this and was unable to provide an explanation. The enquirer continued to shield but was unclear why he needed to do so.
55. The Welsh Government sought to provide clarification on shielding to their stakeholders. I received helpful clarification from the Welsh Government by email on 22 April 2020 as a member of the Social Care Planning and Response subgroup. This email explained that approximately 90,000 people in Wales had been identified in the shielding group and should have received shielding letters from the Chief Medical Officer for Wales. It stated that in addition to this group, GPs could use their clinical expertise to advise further patients with serious underlying health conditions to shield and issue the Chief Medical Officer letter

to them directly. This information would be passed to local authorities and supermarkets so that people could get access to the support packages and priority delivery slots.

56. My Advice and Assistance service was able to use this information in the advice that we subsequently provided to older people, their families and friends [HH7/05 – INQ000221543]

57. The 'exit strategy' from shielding was a concern and how comfortable and confident people would feel about going out when they were permitted to do so. From my contact with older people and older people's organisations, I heard about loss of confidence and older people's reluctance to go out again.

58. The problems for older people living on their own are illustrated by an enquirer to my Advice and Assistance service, who contacted us in June 2020. The person was shielding but needed to go to hospital and had no family or friends to assist. They were worried and wanted to establish what measures were in place to ensure the hygiene of public transport and taxis.

59. There were also issues for older people with health conditions but who weren't in the shielding group. For example, an enquirer to my Advice and Assistance service described, in an email to us on 22 May 2020, the situation his mother experienced.

60. The enquirer's mother lived with health issues but was not shielding. The District Nursing Team were unable to visit to administer blood tests (it was unclear why). The enquirer's mother was told that she had to attend a GP surgery 7 miles away (not her local surgery which was 3 miles away). This would involve two buses and encountering other people in the surgery. The enquirer's mother was in a 'state' and asked the enquirer to drive her there. Ultimately, the enquirer drove his mother to the surgery and the blood test took place in the surgery's car park – *"I'm disgusted by their attitude. My mother is torn between a fear of going out and a fear of what might happen if she doesn't have her bloods."*

61. I also heard about some good practice with shielding arrangements, for example people in one local authority area who received a 'shielding letter' were actively contacted by the local authority and their details passed forward to relevant organisations should any support be needed.

6. Impact of isolation - risk of abuse

62. *"For the first couple of months...I didn't have the energy or didn't know what to do or who to turn to. I didn't know if there was any help."* Older abuse survivor

63. One of the major issues I was concerned about was the likelihood of an increase in the abuse of older people as a result of the restrictions, as well as those who were already at risk of, or experiencing, abuse finding it more difficult to access the help they needed.

64. This is explained in my report, 'Leave No-one Behind':

'Lockdown will have been a particularly difficult time for the thousands of older people in Wales who experience abuse – a single or repeated act, or lack of appropriate action, which causes harm and distress, such as physical abuse, domestic violence, sexual abuse, psychological or emotional abuse, financial or material abuse, neglect and coercive control.

Many organisations working throughout Wales to protect and safeguard older people have raised concerns that the prevalence of abuse will have increased during the period of lockdown, as older people have been spending more time confined to their homes and have seen significant changes to their normal routines.

Criminals are also using the current situation to exploit and defraud people, often targeting older people specifically due to their perceived vulnerability, and we have seen a number of Covid-19 related crimes and scams, such as impersonating government officials to steal money or personal data, or convince individuals to purchase goods or services that don't exist.'

65. I discussed the impact on older people and the action I assessed was needed with Welsh Government ministers and officials and established the Stopping Abuse Action Group to take action to raise awareness and improve support. The Group, which included older people and specialist abuse organisations, worked throughout the pandemic and, with their support, I secured the commitment of the Welsh Government to develop a National Action Plan to Prevent the Abuse of Older People (later published in February 2024).

66. In my paper 'The impact of the Covid-19 pandemic, and its management, on health and social care in Wales' April 2022, I discussed the evidence on the abuse of older people during the pandemic, as available at that time. [HH7/06 – INQ000181716]

'The pandemic resulted in increased social isolation amongst older people and in situations where usual services and monitoring procedures have been reduced or withdrawn. This made it much more difficult to identify situations of abuse.'

67. I received anecdotal evidence from those specialist organisations involved in the Stopping Abuse Action Group, highlighting increases in the abuse of older people throughout the pandemic. The following example was provided by the 'Live Fear Free' helpline:

'Caller disclosed that her grandfather had been physically and verbally abusive towards her grandmother for many years. Caller feels like the abuse has escalated over the course of the pandemic.'

68. During the pandemic, there were increases in the level of financial crime and scams. Polling that I commissioned found that 75% of older people in Wales were aware of attempts to trick them into parting with money or personal information, and 64% of older people reported that these attempts had increased since the start of the pandemic. [HH7/07 – INQ000184918]

69. Official statistics related to the abuse of older people are limited. ONS figures show that there was an increase in demand for domestic abuse victim services during the coronavirus pandemic among people of all ages, particularly affecting helplines.

70. Data released by the National Police Chief's Council 'Vulnerability Knowledge and Practice Programme' suggest there were more older victims (aged 65+) of domestic homicide during the pandemic compared with previous years. Older victims were killed both by intimate partners and by adult children/grandchildren. It is believed that there are several reasons for increases in the levels of domestic homicide involving older people. These include deteriorating mental and/or physical health (either the victim or perpetrator) and difficulties in providing care because of a disruption in services.

71. The findings of the study show that older people with physical and mental health care needs may be particularly at risk of abuse at home during pandemics and evidence that reductions in service provision, increase the likelihood of abuse taking place.

72. In my 'Leave No-One Behind' report I concluded that rapid action was needed to ensure that older people, who needed to be, were protected and supported. I set out my

recommendations for short-term actions for the following three months, as well as longer-term actions.

73. I called for the following actions to be taken immediately:

- a. Raise awareness of the risk of abuse and where to go for support through the media and via public bodies and networks;
- b. Roll out and promote training to professionals and key workers so they can identify abuse and know what help and support is available; and
- c. Assess the availability of suitable accommodation and support for older people needing to leave abusive relationships and put in place what is needed.

74. My recommendations for longer term actions included: the Welsh Government should develop and publish an All Wales Action Plan to stop the abuse of older people and ensure appropriate resources are available to support its delivery.

7. Testing

75. The two main issues that were raised with me about older people and testing were the lack of testing on discharge from hospital, and the availability of testing for older people and staff in care homes. I was aware that there were also concerns about domiciliary care workers being able to access tests, and concerns about their safety and the safety of the older people they were visiting, but this was not raised with me to the extent of the other two issues.

Discharge of patients from hospitals

76. On 13 March 2020, the Welsh Government announced it was moving from 'contain' to 'delay' phase in its response to the pandemic, which included:

- a. Expedite discharge of vulnerable patients from hospital;
- b. Fast-track placements to care homes by suspending the protocol which gives the rights to a choice of a care home; and
- c. Relax targets and monitoring arrangements.

77. The concerns raised with me by older people, their families, and those working in social care were: the lack of testing for Covid-19 of patients before discharge from hospital; the lack of PPE for social care workers (in care homes and domiciliary care); and concerns

related to discharge to care homes and discharge to people's own homes, or homes of relatives.

78. The discharge of older people from hospitals to care homes without testing for Covid-19 was a key concern in the early weeks and months of the pandemic, which I recollect I discussed at my meetings with the Deputy Minister for HSS. Indeed, the issue of testing for older people in care homes was one of the factors in my call for the Equality and Human Rights Commission to take action, and the subsequent work I carried out with the EHRC in Wales. We published a joint statement on 21 July 2020 stating that 'we share concerns about significant matters including...the slow response by the Welsh Government to make testing widely available to care home residents and staff, and the apparent discharge of Covid-19 positive older people from hospitals into care homes.' [HH7/08 – INQ000181746]
79. In December 2020, the Welsh Government proposed changes to guidance on hospital discharge. At a meeting with the Deputy Minister for HSS on 10 December 2020, the Deputy Minister for HSS and her officials outlined the Welsh Government's proposed changes to discharge guidance and duration of outbreaks in social care, giving me an opportunity to respond and raise any questions.
80. On 11 December 2020, I received a follow up letter from Anthony Jordan, Deputy Director, Inclusion and Business with an opportunity to provide my views on the two Consensus Statements: 'testing criteria for discharge to care homes' and 'defining the outbreaks in closed settings' by 15 December 2020 [HH7/09a – INQ000185021]; [HH7/09b – INQ000185024]; [HH7/09c – INQ000056319]; and [HH7/09d – INQ000227902].
81. I responded to the Deputy Director for Inclusion and Business by email on 14 December 2020, raising a number of questions and concerns [HH7/10 – INQ000185048]. My understanding was that the proposed change in policy involved some increased risk to older people in care homes and there was uncertainty about how the change would work in practice. I was concerned that a policy change may take place to deal with pressures in hospitals, but which would potentially transfer pressure and risks to care homes.
82. I asked whether the policy change would be tested out/piloted before being rolled out more widely, what information patients in hospital would be given about the risks and decisions on discharge, and how would they/their advocates be involved in decisions about their discharge. I also questioned the use of the term 'closed setting' to describe care homes.

83. The Deputy Director for Inclusion and Business responded to my email on 14 December 2020 and specifically to the questions I had raised. However, I had some outstanding concerns and questions which I raised in an email to the Deputy Director for Inclusion and Business dated 16 December 2020, including a request for information on how the Welsh Government would closely monitor the impact of the changes and how my views, and those of other stakeholders, would be reflected in the monitoring [HH7/11 – INQ000185049]

Testing and isolation in care homes

84. The Welsh Government's testing policy initially excluded care home residents and staff, something that greatly concerned me, particularly given the growing evidence of the potential risk of asymptomatic transmission of Covid-19, and the rapidly increasing number of Covid cases in care homes.

85. The Welsh Government's policy on testing was heavily scrutinised, and gradually shifted over a period of several weeks following calls from myself, and many others, for testing to be made available to all care home residents and staff in Wales. In May 2020 it was announced that Covid-19 testing would be made available to older people and care staff in all care homes in Wales.

86. I was very concerned about the speed of the roll-out of testing for Covid-19 for residents and staff in care homes. I raised this in my meetings with the Deputy Minister for HSS, by letter to the Welsh Government and in the joint work with the EHRC in Wales.

87. I undertook rapid work to give voice to people living and working in care homes, their families and friends, during the first months of the pandemic. I issued a survey, and responses were received via an online form, over the telephone, via email and by letter. I also held two online sessions with older people living in care homes in north Wales and south Wales to enable more detailed discussions about their experiences.

88. I published the report of this work, 'Care Home Voices' on 21 June 2020 and shared it with Welsh Government Ministers, including the Deputy Minister for HSS and officials, as well as other key organisations including Care Inspectorate Wales [HH7/12 – INQ000181725]. The report highlighted the issues and challenges faced, changes that were needed, and good practice.

"During [the] early part of pandemic, difficulty accessing PPE for staff, a lot of staff off sick but no testing available, which delayed people coming back and others working with Covid-19 spreading infection. No government guidelines on transfers of residents from hospital our staff going to other homes to help staffing levels, maybe transferring infection back to our home." Care Home Worker

89. Access to testing – both for residents and care home staff – was a key issue highlighted by many of these who responded. It was clear from the responses that testing was seen as a crucial way to keep residents and staff safe, and that the limited availability of testing was a cause of significant worry and concern.

"My Dad is 92, my Mum is 89. Dad says why wasn't NR important enough to have a test. We have all cried many tears and I personally feel care home residents have been sacrificed." Family Member

"Care homes have been totally neglected in this pandemic I feel and lack of testing available to care home residents is shameful." Care Sector Professional

"Testing of staff and residents would have saved a lot of anxiety within the workplace." Care Home Worker

"I got more anxious about my family, colleagues, friends, residents and future. I'm scared every day that I'll bring that virus to my workplace or home" Care Home Worker

"Access to staff for testing when supporting people with Covid – this was only available if symptomatic which left staff feeling vulnerable." Care Home Worker

90. Responses also indicated that despite changes in testing policy, care homes still experienced difficulties in accessing testing for residents and staff:

"When we had a resident who was symptomatic and we requested testing straight away via Public Health Wales – [the Health Board] – decided that the resident at that time was not a priority for testing, this was a particularly anxious time for the resident, her family and staff, it was most unhelpful." Care Home Worker

"More testing at homes. We have tried for weeks to get tested and hopefully this will now happen in the next 7 days." Care Home Worker

"We had to "fight" health agencies to get tests for our residents" Care Home Manager

91. In addition, concerns were shared about difficulties in obtaining test results, the turnaround times for testing and the potential impact of delays in results being received.

"Not being able to get testing results, the care home manager was tested a week ago and still no result. Blanket staff testing is not happening despite a resident being tested positive earlier this week." Care Home Worker

8. Isolation in care homes

92. *It is really difficult not being able to visit my mother and we can see a deterioration in her cognition and state of mind. She is often tearful and we think this is because she does not see her family."* Family member

93. Enforced separation meant that older people were concerned that they would not see their loved ones again. There was a significant impact on the mental health and emotional wellbeing of residents, particularly those having to isolate in their rooms;

"Another impact it has had is on the emotional wellbeing of our residents. Many feel that they have been abandoned by their family and cannot understand why we need to keep them away at the moment." Care Home Worker

94. I was particularly concerned about the impact of restrictions on visiting (both indoor visiting and outdoor visiting), and on people being able to go out from care homes.

95. I raised these issues in my meetings with the Deputy Minister for HSS, with Welsh Government officials, and also with Dr Giri Shankar, Professional Lead Consultant for Public Health Wales.

96. In my opinion, the initial decision making on visiting, under public health guidance, was based on the risks of Covid-19 infection, but did not take account of the harm to health and wellbeing from older people being isolated within their home and not being able to see loved ones. I also felt that it did not take adequate account of the human rights of older people, for example the right to respect for private and family life. I believe that the focus should have been on how to enable safe visiting and the support that would be needed by care homes to help make this happen.

97. A significant early problem appeared to be a lack of clarity about where accountability and responsibility lay for the imposition and withdrawal of restrictions in care homes. This was compounded by rapidly changing guidance and apparent variations in how the guidance was interpreted locally.

98. In my opinion, there was a lack of understanding about care homes and the rights of older people living in them, amongst some key policy and decision makers, which needed to be overcome in order to make progress.

99. In my paper '*The Health and Wellbeing of Older People Recommendations and Action: August 2021*' [HH7/13 – INQ000184992] I summarised the impact of the pandemic on older people living in care homes as follows:

"Lockdown and stringent infection control measures have seen families separated, people unable to participate in the care of their loved ones, increasing numbers of people living with bereavement, and growing recognition of the vital role families and friends play in the wellbeing of care home residents."

100. An enquirer to my Advice and Assistance service described the impact of the different restrictions on people living in care homes compared with those in their own homes as follows:

"Not so long ago I could see mum all the time because we were in a bubble together – now she cannot see her grandchildren face to face. All this is taking a toll on her emotional well-being and her cognitive functioning."

101. Staff in care homes described the impact on residents (Care Home Voices Report)

"When any individual is symptomatic all service users are advised to isolate in their bedrooms for 14 days regardless of results of Covid test. This can happen within days of being unable to access communal areas due to people being vulnerable to chest infections and similar. This has had a huge impact on the mental health and wellbeing of individuals, people eat and drink less when isolated and there is a decrease in mobility."

102. Families and friends of residents, many of whom were older people themselves, also experienced emotional distress. For example, as described in my 'Care Home Voices' report:

"Mum has Alzheimer's and is immobile and prefers to stay in her own room which means she is stimulated by and values family visits. I personally worry that we may never see my Mum again, and her current life experience during lockdown." Family member

9. Communications and guidance to care homes

103. In my 'Care Home Voices' report, I outlined some of the challenges staff working in care homes shared with me in the early weeks of the pandemic:

"A number of responses from care home managers and staff highlighted the difficulties they had faced in accessing crucial information and guidance to support them in minimising the spread of the virus and protecting residents and staff. Particular issues were highlighted about the amount of rapidly changing information that care homes were receiving, often from multiple bodies, which was often confusing or contradictory."

"To have better communication and guidance from the start. I felt that Care Homes were left to deal with this life-threatening pandemic on our own at the beginning."

"It took almost 4 weeks for agencies to get together to co-ordinate sending information through. The information ran to so many pages it took all our time to read it, digest it and put it in a useable form for our staff to understand and implement quickly. It was geared to clinical setting and not to care homes and some entirely inappropriate."

"We would like more direct information, so many reports aren't a true reflection of what is happening. We are sent endless emails every day from 2-4 sources repeating the same information making it impossible to trace the important information needed, or you just don't get the information needed."

104. The need for practical action and support was also shared:

“Clearer guidance from Welsh Government, Care Inspectorate Wales, Public Health Wales and local authorities – which all reflect clear messages with practical advice. Not being bombarded with loads of info (some conflicting) from loads of sources.” Care Home Manager

“More in-depth guidelines on PPE and action plans ready in place by organisations to ensure we are ready for our next crisis.” Care Home Worker

8. Cumulative impacts on older people

105. The restrictions put in place as a result of the pandemic meant that many older people, particularly those who had to shield or self-isolate, were unable to participate in activities that support their health and wellbeing or fully engage with their communities.
106. Many older volunteers had to give up their roles to self-isolate and shield, withdrawing their knowledge, experience and dedication from local society.
107. Older people felt the impact of isolation and staying indoors, experiencing a loss of confidence and being fearful about going back out again. Many older people experienced physical and mental health deterioration as a result, with consequences for their ability to live independently and for their future health and well-being.
108. I captured some of this impact in my ‘Winter Stories’ report based on older people’s experiences between December 2020 and March 2021. [HH7/14 – INQ000181728] An older man described it thus:

“It has given me more time to think about things, and there is something about the winter months which makes it worse, it’s when you close the curtains, you know you are alone then, leaving you with time to think about those you have loved and lost. I’ve got a picture of my family in my hallway, my late wife, children and grandchildren are in it, and I say goodnight to them all every night before I go to bed.”

9. Working across the Four Nations

109. Although the legal remit of the Commissioner covers older people in Wales only, the Commissioner represents the interests of older people in Wales to the UK Government on reserved matters. During the pandemic I also engaged with other institutions, for example the Equality and Human Rights Commission, and the Domestic Abuse Commissioner for England and Wales
110. In March 2020, I established an informal UK Network of Older People's Organisations. This network was for those of us in the UK who were leading older people's organisations and would have a public and evolving role over what, I anticipated at that time, would be the following few months. The aim of this initiative was to support each other and share information and ideas. We also used our meetings to discuss how the different governments and agencies were responding to issues affecting older people, for example policies and approaches in relation to testing and to visiting in care homes.
111. We scrutinised the action being taken in response by governments and public bodies across the UK, with a particular focus on protecting older people's rights. The group issued several media statements, relating to issues including older people's rights, access to treatment and blanket decisions relating to Do Not Attempt CPR notices.
112. The membership of the group included colleagues from England, Scotland and Northern Ireland; Age UK; Independent Age; Age Cymru; the Commissioner for Older People in Northern Ireland; Age Northern Ireland; Scottish Care; Age Scotland; Anchor (for the first two months).

12. Lessons Learned and Recommendations

113. I have been asked to set out any lessons learned and any recommendations that I would like the Inquiry to consider in relation to Test, Trace and Isolate, and older people.

Impact of Isolation

114. It is my view that inadequate attention was given to the impact of isolation on the physical and mental health of older people, as well as the increased risk of abuse arising from isolation. There appeared to be no 'exit strategy' from shielding with measures to help older people regain their confidence and reconnect. Many older people experienced

physical and mental health deterioration as a result of being isolated and not enough was done to help older people regain their physical and mental health. This had detrimental long-term consequences for them, as well as wider implications in terms of the need for support from health and social care services.

115. For older people at risk of or experiencing abuse, isolation increased the risk and made accessing support and services more difficult. The work of my Stopping Abuse Action Group to increase the awareness of the abuse of older people and to secure improvements in support and services provides a positive example of action to help older people. The publication by the Welsh Government of the National Action Plan to Prevent the Abuse of Older People is also an important step forward. However, awareness of the abuse of older people throughout the UK remains low, there are few specialist services for older people who are victims of abuse, and there is a need for training across public services to improve the identification of abuse and appropriate responses and support.
116. For older people in care homes, the impact of isolation could be devastating, as shown in my 'Care Home Voices' report. A robust testing regime was key to breaking this isolation and to enabling families and friends to visit and for older people living in care homes to be connected to those that mattered most to them. Without testing, isolation became the norm for many vulnerable older people.
117. In my work on care homes, I was struck by the lack of knowledge and understanding of care homes and how they operate, amongst some senior policy- and decision-makers, outside of social care. For example, a lack of appreciation of the fact that care homes are people's homes, and that they are not healthcare institutions or clinical settings. This, in my view, was one of the reasons why it took considerable time to improve visiting arrangements.

Communications

118. A common theme throughout the pandemic was the importance of good communication with the older population in all its diversity. It is my view that insufficient attention was given to people who could not access information online, or who could not communicate online – for example making appointments. This led to many older people struggling to get the information they needed and not having an easy means of checking the information they were receiving. The move to online meetings and services during the

pandemic, although beneficial for many, excludes many older people – around a third of people over the age of 75 are not online. The lesson that should be learned is the need not just to encourage and support people to get online, and have ongoing support if needed to stay online, but to ensure that people are not disadvantaged by not being online. However, developments following the pandemic indicate that the situation is getting worse for many older people and others who are not online.

Experience and Expertise

119. One of the roles I played during the pandemic was to gather experiences, issues and evidence from older people, their families and friends, and those that worked with older people. This evidence was vital as it demonstrated the impact of the pandemic and the responses to the pandemic on older people; where there were gaps between what should be happening or in place and what people were experiencing on the ground, issues being experienced that decision-makers might not be aware of, and suggestions for improvements.
120. For example, in the early weeks of the pandemic, a number of care home managers shared their experiences and concerns with me about asymptomatic transfer of Covid-19 and the desperate need for testing. I raised these concerns to the Welsh Government, primarily through discussion with the Deputy Minister for HSS and Welsh Government officials. However, in my view the Welsh Government's decision-making on testing, particularly in the first few weeks and months of the pandemic, did not give the appropriate weight to this evidence. Had due weight been given to what managers and staff were reporting in care homes, it is my view that there may have been a quicker response on testing for Covid-19.

STATEMENT OF TRUTH:

This statement, consisting of [25] pages, is true and accurate to the best of my knowledge and belief.

SIGNED:

PD

DATED: 28.05.25