

Wednesday, 25 February 2026

1
2 (10.01 am)
3 **MS BLACKWELL:** Good morning, my Lady. Can you see and hear
4 me?
5 **LADY HALLETT:** Yes, I can do both now. Thank you.
6 **MS BLACKWELL:** Thank you very much. We're going to begin
7 this morning with three witnesses representing
8 homelessness organisations. I then call Ruth Power, Tim
9 Gutteridge and Nicola McCrudden, please.
10 **MS RUTH POWER (affirmed)**
11 **MR TIM GUTTERIDGE (affirmed)**
12 **MS NICOLA MCCRUDDEN (affirmed)**
13 **Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 10**
14 **MS BLACKWELL:** Ms Power, may I come to you first, please.
15 Will you give us your full name.
16 **MS POWER:** Ruth Power.
17 **Q.** Thank you.
18 You should have in front of you, Ms Power, a copy of
19 your witness statement which bears our reference
20 INQ000659786. Can you confirm that that is the witness
21 statement that you have provided to the Inquiry on
22 behalf of Shelter Cymru for the purposes of Module 10?
23 **MS POWER:** It is.
24 **Q.** And can you also confirm, please, that any facts stated
25 within the witness statement are true to the best of

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1 of your knowledge and belief?
2 **MS MCCRUDDEN:** They are.
3 **Q.** Thank you very much.
4 I'm going to begin by providing an overview of each
5 of the organisations that you represent.
6 So Ms Power, you are Chief Executive of Shelter
7 Cymru, which is the Wales national housing and
8 homelessness charity, offering access to independent
9 advice in every authority area in Wales. Is that right?
10 **MS POWER:** Yes, it is.
11 **Q.** Could you tell us a little bit about the work of Shelter
12 Cymru, please, and what it did during the course of the
13 pandemic.
14 **MS POWER:** Shelter Cymru's work is varied, so we provide
15 services in every local authority in Wales, we operate
16 a court duty service, and our work is all focused on
17 defending the right to a safe home. Alongside our
18 advice and support services, we also undertake research
19 and campaigning, and seek to influence policy.
20 We have a key role in advocating for our clients,
21 enabling them to exercise their rights, and we provide
22 those services via a whole variety of means, including
23 online information resources, web chat, a helpline, and
24 in-person advice surgeries, and casework.
25 During the course of the pandemic, the shape of

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1 your knowledge and belief?
2 **MS POWER:** They are.
3 **Q.** Thank you.
4 Mr Gutteridge, will you give us your full name,
5 please.
6 **MR GUTTERIDGE:** Timothy Paul Gutteridge.
7 **Q.** Thank you. You should have in front of you your witness
8 statement, which bears our reference INQ000651746.
9 **A. (Witness nodded)**
10 **Q.** Please can you confirm that is the witness statement
11 you've provided on behalf of Shelter for this Inquiry.
12 **MR GUTTERIDGE:** It is.
13 **Q.** And that any facts stated within it are true to the best
14 of your knowledge and belief.
15 **MR GUTTERIDGE:** They are.
16 **Q.** Thank you.
17 Ms McCrudden, will you give us your full name
18 please.
19 **MS MCCRUDDEN:** Nicola McCrudden.
20 **Q.** Thank you. You should have in front of you a copy of
21 your witness statement, which bears the reference
22 INQ000652189. Can you confirm that that is the witness
23 statement you have provided on behalf Homeless Connect?
24 **MS MCCRUDDEN:** It is.
25 **Q.** And that any facts stated within it are true to the best

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1 those services changed, and shifted substantially to
2 remote service delivery. But through the pandemic we
3 found our services were still just as much needed in
4 terms of providing advice on housing rights and advocacy
5 to enable people to exercise those rights.
6 **Q.** Thank you very much.
7 Mr Gutteridge, you are the chief operating officer
8 of Shelter, the National Campaign for Homeless People,
9 a post that you took up, I think, in April of last year?
10 **MR GUTTERIDGE:** I've been the chief operating officer since
11 May 2018.
12 **Q.** Ah.
13 **MR GUTTERIDGE:** Last year I was the interim chief exec for
14 about six months last year.
15 **Q.** For a period of time. Thank you very much.
16 Shelter's work covers both England and Scotland, via
17 Shelter Scotland, but you are giving evidence from
18 mainly an English perspective. Tell us about your
19 organisation, please, and again, what it did during the
20 course of the pandemic?
21 **MR GUTTERIDGE:** Sure. So, as you say, we work in England
22 and Scotland. We provide, sort of, legal and support
23 services to people who are struggling with their housing
24 needs, or have issues with inadequate housing. We also
25 try to influence national policy and local government

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1 policy and legislation to change to deal with the root
2 causes of homelessness and inadequate housing, and then
3 we also have -- we also do work behind the scenes to
4 raise the money to fund that work, we have a retail arm
5 and those sort of things.

6 **Q.** And during the pandemic, did the work of Shelter change?

7 **MR GUTTERIDGE:** It did. Most of our work went online --

8 **Q.** Yes.

9 **MR GUTTERIDGE:** -- because, you know, we provide
10 face-to-face services, and so all of those -- that work
11 needed to go online.

12 Our helpline obviously continued but that also
13 changed in the way that it approached things.

14 **Q.** Thank you.

15 And Ms McCrudden, you are the chief executive of
16 Homeless Connect, an organisation that was originally
17 set up in 1983 but under a different name and it's
18 a representative organisation for the homelessness
19 sector in Northern Ireland, and it has 42 member
20 organisations. Tell us a little more, please, about
21 your organisation and how it worked during the pandemic.

22 **MS MCCRUDDEN:** Yes, Homeless Connect is a representative
23 organisation for homelessness services across Northern
24 Ireland, so those services would provide hostel
25 accommodation, you know, street outreach and also other

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1 the last week, and indeed yesterday, about the impact of
2 the Covid-19 pandemic on housing and homelessness. And
3 how it impacted the way people experienced the pandemic
4 in multiple, often intersecting, ways. I will ask each
5 of you this morning about those impacts and in
6 particular how those impacts may have varied across the
7 UK, focusing on matters addressed in each of your
8 witness statements.

9 So I'm going to come to you first, please,
10 Mr Gutteridge, to get an overview of the impact of the
11 pandemic on homelessness, and begin by looking at the
12 level of homelessness going into the pandemic.

13 So please could we display on the screen
14 INQ000621075. This is a report which your organisation
15 has provided, Mr Gutteridge. It's a report prepared by
16 Shelter entitled Everyone In: Where Are They Now? And
17 it's the need for a roadmap out of street homelessness
18 in England. We can see that it's dated August of 2021.

19 And could we go, please, to page 12 and display and
20 highlight figure 1. Thank you.

21 Could you tell us, please, Mr Gutteridge, what we
22 see here?

23 **MR GUTTERIDGE:** Okay, so this shows the graph of the number
24 of people who were street homeless in England which had
25 been increasing over the previous decade and there'd

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1 supported accommodation, floating support services and
2 that kind of thing, and we do policy and advocacy, as
3 well.

4 We also operate FareShare in Northern Ireland that
5 we distribute surplus food across charities and
6 not-for-profits across Northern Ireland and we continued
7 during the pandemic to do that, distributing over
8 700 tonnes of food to people, and we also provide
9 essential household items to people who are experiencing
10 homelessness, moving out of homelessness and into their
11 first home, and that continued throughout the pandemic
12 as well.

13 I took up the post as Chief Executive in
14 September 2020 but prior to that I was invited by the
15 sector to take up the role as Covid Liaison Officer and
16 that was really an information-sharing role, getting the
17 sector together, and making sure they had the
18 information that was required, liaising with the Housing
19 Executive, liaising with government departments, making
20 sure people had PPE, that kind of thing.

21 So we also conducted some research, as well, into
22 staffing situations in the sector and how it was
23 impacted by Covid.

24 **Q.** Thank you very much.

25 The Inquiry has heard evidence over the course of

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1 been a small decline into -- in the year before the
2 pandemic. But it is a snapshot taken in time. It's not
3 an accurate count; it's taken by people going out and
4 counting people who are about to bed down, rather than
5 a specific, dedicated, you know, number of people. So
6 it's an estimate.

7 **Q.** Right, thank you, and in explaining what we see in this
8 figure, you have referred to street homelessness --

9 **MR GUTTERIDGE:** Yes.

10 **Q.** -- because there are lots of different types of
11 homelessness, are there not?

12 **MR GUTTERIDGE:** There is. This number doesn't reflect the
13 people who are in temporary accommodation, people who
14 may be sofa surfing, staying with friends. The number
15 of people who are actually homeless is considerably
16 higher than that.

17 **Q.** Yes, thank you. Just before we leave this, is it also
18 right that these figures reflect that the vast majority
19 of those recorded here were men, I think 83%? And that
20 only 14% of women were recorded, but there is evidence
21 that women in particular can be missed because they
22 don't always bed down at night or sleep -- and they
23 sleep in hidden places because they are often afraid of
24 gender-based attack?

25 **MR GUTTERIDGE:** Yes, that's correct.

8

1 Q. Thank you very much.
 2 We can take that down, please.
 3 At paragraph 14 in your witness statement,
 4 Mr Gutteridge, you say that homelessness or being at
 5 risk of homelessness can have profound effects on anyone
 6 at any time. What does being "statutorily homeless"
 7 mean? Does that have a particular phrase -- does that
 8 have a particular meaning?

9 **MR GUTTERIDGE:** Um ...

10 Q. We know, for instance, that sections 175-177 of the
 11 Homelessness Act of 1966 defines it as having no
 12 accommodation available to occupy, being at risk of
 13 domestic violence or abuse, having accommodation, but it
 14 not being reasonable for someone to continue to
 15 occupy it.

16 So there are lots of different aspects to it, aren't
 17 there, and lots of different reasons why somebody might
 18 be homeless?

19 **MR GUTTERIDGE:** There are, there are, yes.

20 Q. If someone is homeless then are they able to make an
 21 application to their local authority for homelessness
 22 assistance under part 7 of the Act?

23 **MR GUTTERIDGE:** They are.

24 Q. And if someone is homeless, eligible for assistance but
 25 not intentionally homeless or in priority need, then are

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1 31 December 2019, 88,310 households were homeless; on
 2 31 March 2020, 92,180 households were homeless; on
 3 30 June 2022, 95,690 households were homeless, and on
 4 31 December 2024, which is the latest data that was
 5 available, 127,890 households were homeless.

6 So it's quite obvious that that figure has been
 7 rising and particularly so more recently.

8 **MR GUTTERIDGE:** Yeah.

9 Q. Is it important to note that numbers of households in
 10 temporary accommodation are now at an all-time high?

11 **MR GUTTERIDGE:** Yes, yes. I mean the latest numbers now put
 12 the 127,000 at over 130,000, so ...

13 Q. Thank you.

14 Ms McCrudden, do you have a similar pattern
 15 reflected in Northern Ireland?

16 **MS MCCRUDDEN:** Yes, and that's largely due to the fact that
 17 during the Covid pandemic, people who were sharing,
 18 people who were hidden homeless, were asked to leave.
 19 Whether that was through, you know, sharing
 20 arrangements, breaking down sharing arrangements or
 21 because of bubbles, etc, but some people will have had
 22 the full duty applicant status, as we call it, which is
 23 the statutory duty that the Housing Executive would
 24 have. So some of those people would be known to the
 25 Housing Executive but weren't actually living in

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1 they owed a duty by the local authority, pursuant to
 2 section 193 of the Act?

3 **MR GUTTERIDGE:** They are owed a duty but there will be
 4 safeguarding put in place or gatekeeping by councils.

5 Q. Right. And what does gatekeeping mean?

6 **MR GUTTERIDGE:** That councils will try and, you know, there
 7 is a finite resources available, and properties
 8 available, and therefore they try and prioritise the
 9 people who are presented to them.

10 Q. So the fact that somebody might be eligible for
 11 assistance, might be owed a duty under the Act, doesn't
 12 necessarily mean that they will be provided with that
 13 assistance because, is it right, that often the need for
 14 assistance far outweighs the level of assistance that's
 15 capable of being provided by a local authority?

16 **MR GUTTERIDGE:** That's absolutely correct.

17 Q. Right. Thank you.

18 I'd like to now display a paragraph from your
 19 witness statement, please, Mr Gutteridge. It's
 20 INQ000651746, page 6, paragraph 17.

21 I'll just read through it:

22 "For the following dates, the number of households
 23 who were homeless and living in temporary accommodation
 24 was ..."

25 And we have the date and the number: on

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1 temporary accommodation, and had made their own
 2 arrangements, and there also would have been others who
 3 weren't in the system, who were just sharing, sofa
 4 surfing, moving around, and as a result of what I just
 5 described, more people then presented to the Housing
 6 Executive in need of temporary accommodation, and that
 7 situation since then has only gotten worse.

8 So what we're finding is something similar in terms
 9 of the English stats, albeit on a smaller scale, given
 10 the Northern Ireland population, but yes, a huge
 11 increase in the numbers needing and requiring temporary
 12 accommodation which means that the Housing Executive
 13 with the statutory responsibility, providing that
 14 interim duty even, is having to use more hotels and
 15 B&Bs.

16 Q. Yes. Sorry, I should have said we need to watch our
 17 pace when giving evidence because, of course, the
 18 stenographer is taking a full, verbatim note.

19 Ms Power, may I come to you, please, now and ask
 20 whether your evidence is that similar patterns were seen
 21 in Wales?

22 **MS POWER:** Yes. Again, elevated homeless as a result of the
 23 pandemic, and persistently high levels of homelessness
 24 post-pandemic, with far greater numbers of people in the
 25 temporary accommodation.

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1 In the post-pandemic period in Wales, that has been
 2 impacted by people who are -- would otherwise be
 3 sleeping on the streets, being included in the priority
 4 needs category, so with priority needs being one of
 5 those key gatekeeping tests, really, that is applied in
 6 order to determine who's eligible for what level of
 7 assistance. So that has impacted figures in the
 8 post-pandemic period. It's a change we welcomed, but it
 9 does have an impact on the number of people in temporary
 10 accommodation. Yes, "stubbornly high" would be the
 11 phrase that we would use, I suppose, in terms of
 12 temporary accommodation and homelessness in the
 13 post-pandemic period.

14 **Q.** Thank you.

15 Remaining with you, Ms Power, if I may, and turning
 16 to paragraph 2.1 of your witness statement, may we look,
 17 please, at factors increasing the risk of homelessness.
 18 You tell us here that:

19 "The principal factor that increases the likelihood
 20 of homelessness is a lack of access to a safe, secure,
 21 suitable and genuinely affordable home."

22 And that the structural barriers that mean that that
 23 can't be offered to every person in Wales are the
 24 primary causes of homelessness, and that should always
 25 be remembered.

13

1 that applied at that time.

2 The -- that response was largely effective and we
 3 saw local authorities offering temporary accommodation
 4 to a far greater number of households than ever before,
 5 although there are some issues that are, sort of,
 6 arising from that that we may come on to later.

7 **Q.** Yes, thank you.

8 Ms McCrudden, was there any such campaign or
 9 provision in Northern Ireland during the pandemic?

10 **MS MCCRUDDEN:** There was, Everyone In, yeah.

11 **Q.** Yes, Everyone In. So was it the same or did it reflect
 12 the same elements of the campaign in England and
 13 Scotland?

14 **MS MCCRUDDEN:** Yeah, it did, largely speaking, yeah. And
 15 there was the use of -- then, of hotels and
 16 bed & breakfast accommodation for those purposes as well
 17 as other hostel accommodation.

18 **Q.** Thank you.

19 Ms McCrudden, I want to just clarify something that
 20 is said in your witness statement. You talk about
 21 a number of presentations. When you refer to
 22 presentations, is that the number of people or
 23 households who present themselves to a local authority
 24 as homeless or at risk of homelessness?

25 **MS MCCRUDDEN:** Okay, so in Northern Ireland we have the

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1 You go on to say at paragraph 2.2 that:

2 "... [your] casework and research set out the
 3 devastating impact that experiencing homelessness has on
 4 individuals and families ..."

5 Is that particularly so with regard to people's
 6 health and wellbeing?

7 **MS POWER:** Absolutely. Absolutely. There are wide-ranging
 8 impacts as a result of homelessness both during the
 9 pandemic and post-pandemic. And while they were
 10 heightened in the pandemic, again, these are persistent
 11 features of the dysfunction, really, within our housing
 12 system.

13 **Q.** Thank you. The Inquiry has heard of the Everyone In
 14 campaign, and we will look at that in a moment. Was
 15 there a similar campaign, Ms Power, across Wales called
 16 No One Left Out? I think it's described, in fact, as an
 17 approach rather than a campaign.

18 **MS POWER: (Witness nodded)**

19 **Q.** Could you describe to us what that was and how it came
 20 about, please.

21 **MS POWER:** Yeah. That, the No One Left Out provisions, were
 22 to ensure that anyone who would otherwise be street
 23 homeless was offered temporary accommodation by local
 24 authorities, so that they could be kept safe, and that
 25 was regardless of whether they met the priority criteria

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1 Northern Ireland Housing Executive, and it's Northern
 2 Ireland-wide, so people don't present to local
 3 authorities or councils.

4 **Q.** Right.

5 **MS MCCRUDDEN:** And we use the word "presentations" because
 6 that means it's a formal presentation or application
 7 from someone who is homeless. So they would be the
 8 number of households.

9 **Q.** Right. Thank you.

10 At paragraph 9 of your report, Ms McCrudden, you
 11 tell us that when it comes to statistics on homelessness
 12 numbers and temporary accommodation during the pandemic,
 13 you would make two observations: firstly the pandemic
 14 did have an impact in terms of homelessness
 15 presentations, which you've just explained, and
 16 acceptances, especially in the initial stages, and you
 17 say that between April to September 2020, there was
 18 a substantial fall in the number of presentations
 19 arising from the loss of private accommodation.

20 Can you tell us about that, please?

21 **MS MCCRUDDEN:** Well, at that time there was an introduction
 22 of legislation or regulations, actually, which meant
 23 that landlords would have to give at least 12 weeks'
 24 notice for a tenant to vacate their accommodation before
 25 getting a court order. Prior to that, and currently, it

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1 was 28 days at that time, so essentially -- I wouldn't
2 say it was a full moratorium but it did delay the
3 eviction process and at that time, prior to that, we
4 were seeing an increase in the number of people becoming
5 homeless because of loss of private rented.

6 So it does show the impact that policy can have in
7 terms of, you know, avoiding risk of homelessness and
8 evictions.

9 **Q.** And I think that was also reflected across England,
10 wasn't it, with protected evictions?

11 **MR GUTTERIDGE:** Yes, it was.

12 **Q.** Yes.

13 But the second point that you make, Ms McCrudden, in
14 your witness statement is that as the pandemic measures
15 came to an end, the number of presentations resulting
16 from the loss of private rental accommodation started to
17 rise and rise substantially as inflation rose rapidly.

18 **MS MCCRUDDEN:** Mm-hm.

19 **Q.** So was that the second pattern that you experienced
20 towards the end?

21 **MS MCCRUDDEN:** Yes, and that was probably largely due to the
22 fact of rent arrears building up, so if someone had --
23 had rent arrears then there was a risk of those rent
24 arrears accruing during that time and also at that time
25 landlords were wanting to leave the sector, as well, so

17

1 Could we display, please, the Housing and
2 Homelessness Roundtable report. It's at INQ000659913.
3 Can we have a look at the impact on access to support
4 services, please.

5 Sorry, my Lady, sorry for the pause. My screen is
6 not working. I thought we were waiting for it to be
7 displayed but of course it was already up.

8 We can see that representatives of organisations who
9 attended the roundtable procedure told of the fact that:

10 "... the pandemic made it harder for homeless people
11 to access some mental health and advice services. For
12 instance, increasing numbers of people in temporary
13 accommodation received inadequate mental health support,
14 as staffing levels and available resources could not
15 meet the scale of demand. There was a particularly
16 negative impact on those with mental health conditions
17 and complex needs. Homeless Connect Northern Ireland
18 emphasised that people with more complex needs found the
19 lack of support during the pandemic made their mental
20 health and/or addiction issues worse. For some, this
21 problem has continued.

22 "Services provided by homelessness charities and
23 housing advocacy organisations, mostly transitioned
24 online and this created significant barriers for service
25 users. Mind reported that people without phones or

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1 they were both directly related to the increase in
2 numbers as a result of loss of private rented.

3 **Q.** Yes, thank you. You've already made reference to this
4 but at paragraph 11 of your statement you say that one
5 of the impacts of the pandemic on homelessness services
6 was a reduction in capacity arising from the
7 requirements for social distancing. So as people were
8 leaving their own accommodation because, I think you
9 mentioned the word "bubbles" or, you know, not being
10 able to safely remain together, that would have
11 increased the capacity of those requiring accommodation,
12 but of course there are only so many beds and refuges
13 and accommodation types available are there not?

14 **MS MCCRUDDEN:** Yes, and there was still people in the
15 hostels and in the temporary accommodation. It's
16 largely due to the design of the buildings. So while we
17 would have a lot of self-contained accommodation, we
18 still would have some of the congregate larger hostels
19 which would have, you know, two beds a room, sharing
20 facilities such as bathrooms, and because of the social
21 distancing requirements then that had to end, and
22 rightly so. So that actually adjusted the capacity then
23 on the number of beds basis that some of the hostels
24 were able to provide.

25 **Q.** Thank you very much.

18

1 Internet access were unable to get the support they
2 needed. Many hotels did not provide Internet access,
3 which prevented residents from accessing digital support
4 services. However, the shift to digital or telephone
5 support benefited some young people, who preferred
6 online help and found it easier to access."

7 And, of course, that final point is something that
8 the Inquiry heard about yesterday from the Migrants'
9 Rights Consortium witness, Ms Humi, who explained that
10 although perhaps older people found it difficult, even
11 those who had access to technology, to work it properly,
12 those who were younger and had more experience in it
13 benefited from online services.

14 Thank you very much. We can take that down, please.

15 Moving to the topic of the Everyone In system, then,
16 please, as it was in England and as it ran throughout
17 the pandemic.

18 Mr Gutteridge, coming to you. You say at
19 paragraph 23 that:

20 "Even outside of a pandemic, rough sleeping has
21 significant health consequences for anyone. For
22 example, homeless people are 3 times more likely to have
23 chronic illnesses ... which was a risk factor [and an
24 increased risk factor] during the course of the
25 pandemic."

20

1 Is that right?

2 **MR GUTTERIDGE:** That's correct, yes.

3 **Q.** Yes. And after the pandemic had started, Shelter was
4 concerned that rough sleepers wouldn't be able to follow
5 guidance to stay at home, wouldn't be able to stay
6 hygienic, because day centres, which were often used for
7 washing, were closed?

8 **MR GUTTERIDGE:** Yes.

9 **Q.** And also wouldn't be able to follow the guidance on
10 isolating. And therefore, you tell us at paragraph 25,
11 that Shelter strongly welcomed the fact that the
12 Homelessness Minister, Luke Hall, took what is described
13 as an unprecedented step, writing to all local
14 authorities in England on 26 March 2020, and asking them
15 to urgently procure accommodation for people who are or
16 who are at risk of sleeping rough, and those who are in
17 accommodation where it's difficult to isolate.

18 Was there an immediate effect to that decision being
19 taken, and how did that impact upon homeless people in
20 England?

21 **MR GUTTERIDGE:** We really welcomed the Everyone In, you
22 know, and it shows what, you know, political will and
23 resources can do to try to deal with the problems we
24 were facing at that time. But we know over time there
25 were a number of issues that then came up, that actually

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1 possible to access safe accommodation.

2 "Representatives commented the Everyone In
3 initiative for adopting a person centred approach that
4 prioritised individuals' needs over immigration status.
5 They particularly welcomed the government guidance
6 clarifying that immigration circumstances should not
7 prevent access to emergency accommodation. This
8 represented a positive change from the typical approach
9 used when engaging with those with insecure immigration
10 status."

11 Now, we know, just before we read -- I read on, we
12 know from the opening submissions that were made on
13 behalf of Shelter that that last paragraph that we've
14 just read wasn't entirely accepted by you, was it?

15 **MR GUTTERIDGE:** No.

16 **Q.** Would you like to explain to the Inquiry what issue you
17 take with that?

18 **MR GUTTERIDGE:** Yeah, I think the issue we have is that it
19 was unclear that it -- it wasn't everyone. And there --
20 we certainly had people who were calling us that then,
21 because of their immigration status, they were being
22 excluded from access to the Everyone In resources.

23 And so I think the data doesn't necessarily show
24 that it was actually about the individual; there were
25 other reasons that then excluded those people, and

23

1 it was unclear who everyone was, and we were starting to
2 get calls from people who were saying it they weren't
3 covered by Everyone, and were being excluded for
4 a number of reasons by councils. And I think there was
5 some -- the lack of guidance at times meant that the
6 interpretation of Everyone at a local level was then
7 different in different places.

8 **Q.** Right.

9 Let's have a look, please, at the Housing and
10 Homelessness Roundtable report again, please, and let's
11 go to "The Everyone In initiative" section. Thank you
12 very much.

13 We can confirm that those who attended the
14 roundtable explained that.

15 "... in England [this initiative] involved providing
16 housing to people who were homeless or living in places
17 where they could not socially distance safely. A range
18 of alternative accommodation became available and was
19 used by local authorities as temporary housing, such as
20 budget hotels, [bed and breakfasts] and holiday lets
21 that were left mostly empty due to restrictions on
22 travel. These properties became available to local
23 authorities as temporary housing solutions.
24 Representatives saw this approach as a good way to
25 provide temporary support to as many homeless people as

22

1 therefore we're not sure that the data really ties up
2 with that statement.

3 **Q.** Thank you.

4 Let's read on, please. There's then a quote from
5 the No Accommodation Network.

6 "I think from a migrant homelessness point of view,
7 really needing to look at the person, the need, before
8 immigration status ... we saw that with Everyone In. We
9 saw positive consequences for individuals knowing what
10 their rights were and knowing their options."

11 So that appears to be describing a slightly better
12 experience than the one that you describe,
13 Mr Gutteridge.

14 And then, finally:

15 "The Everyone In initiative was thought to have
16 identified people who were not previously known to
17 homelessness services in the UK, described as
18 'hidden homeless' [which is a phrase which has already
19 been used this morning], including people who were
20 'sofa surfing' or living in overcrowded conditions.
21 This meant that support could be provided to a wider
22 group of people who had not accessed housing and
23 homelessness services previously. Representatives said
24 that those living in these circumstances were likely to
25 have accessed services through the initiative for the

24

1 first time because social distancing requirements meant
2 that they could no longer live in shared spaces".
3 So, Ms McCrudden, that appears to be supporting what
4 you have already told us this morning.

5 Is it right that in the experience of Homeless
6 Connect, that once the Everyone In policy had been
7 adopted and was up and running, there were people who
8 had not before contacted the homelessness charities and
9 organisations who came through, and for the first time
10 were able to be helped by them?

11 **MS MCCRUDDEN:** Yes. I would completely agree with that.
12 I think the question for me is around the support
13 element of it, because it would be more than a roof over
14 someone's head.

15 **Q.** Yes.

16 **MS MCCRUDDEN:** I think what was missing from that was the,
17 kind of, in-reach support and mental health support you
18 referred to earlier, that wasn't there, it was only for
19 a very short period of time, but it was positive that
20 they did come into the system and became known, because
21 they were hidden before.

22 **Q.** Thank you.

23 And coming to you, please, Ms Power, does that also
24 chime with the experience in Wales?

25 **MS POWER:** Yeah, absolutely. I think hidden homelessness
25

1 benefits, they couldn't apply for permanent
2 accommodation because all of that had moved online.

3 **Q.** Yes.

4 **MR GUTTERIDGE:** And that was true of our services, as well.
5 We were no longer providing face-to-face support on
6 a one-to-one basis. It was all online during that
7 period.

8 **Q.** Yes, thank you.

9 Staying with you if I may, Mr Gutteridge, but moving
10 on to mortality rates. At paragraph 33 in your witness
11 statement you tell us about research carried out by the
12 Museum of Homelessness Dying Homeless Project which
13 found that homeless deaths increased during 2020, but
14 that the main cause of death was not directly related to
15 people dying of Covid-19, and you go on to say that:

16 "Their research found that there was an increase in
17 people dying when they came off the streets. They found
18 that in 2020 there were 976 documented deaths compared
19 to 710 the year before."

20 And it's important to note, you tell us, that:

21 "... more people died from what are sometimes termed
22 as 'deaths of despair' --

23 **MR GUTTERIDGE:** Yes.

24 **Q.** -- such as overdoses and self-harm than they did from
25 Covid-19."

27

1 becoming more visible is a key theme of Covid.

2 **Q.** Thank you.

3 Moving on to deal, please, with access to emergency
4 accommodation, and coming back to you, please,
5 Mr Gutteridge. At paragraph 28 you say that very
6 quickly during the first lockdown, people from all over
7 the country who were street homeless or at risk of this,
8 started contacting Shelter, via your hubs and helpline,
9 stating that, as you have explained, they weren't being
10 included in the Everyone In system.

11 We've touched upon already the fact that once the
12 pandemic struck, many services provided by homelessness
13 organisations went online and became digital.

14 **MR GUTTERIDGE:** Yeah.

15 **Q.** What, if anything, was the impact of the loss of
16 face-to-face provision of services?

17 **MR GUTTERIDGE:** The obvious impact is that those people who
18 didn't have access to wi-fi or Internet or didn't own
19 a phone, didn't actually have access to the services
20 at all.

21 **Q.** Right.

22 **MR GUTTERIDGE:** And even if -- lots of them were -- lots of
23 people were in accommodation where there wasn't wi-fi,
24 so, you know, you had the -- children who couldn't do
25 home schooling but, actually, they couldn't apply for
26

26

1 So what does that tell us?

2 **MR GUTTERIDGE:** I think that tell us that the support
3 services were not there for people who had complex and
4 support needs and if they weren't able to access those
5 needs through an online service that they had no
6 support, and so you sort of see that rise. That would
7 explain some of that rise. I think the issue with this
8 data is that we -- there is a -- it's unclear -- that
9 this doesn't align with the ONS data. So I think it's
10 really hard to draw conclusions of this, because there
11 are discrepancies in datasets.

12 **Q.** Thank you.

13 Ms McCrudden, would you like to add anything from
14 the Northern Ireland perspective about mortality during
15 the pandemic period?

16 **MS MCCRUDDEN:** My experience of it was that there was no
17 deaths amongst the homeless population that we were
18 aware of, which is connected directly to Covid.
19 However, what we did see was, you know, increased
20 anxiety, and in some cases even more uses of substances
21 to try and cope and deal with what was happening.

22 So whilst there was no direct, that I'm aware of,
23 deaths related to Covid, I don't have the facts around
24 other deaths of despair but those could be provided if
25 you would like me to.

28

1 **Q.** Yes, thank you very much, I'm sure that if you could
2 provide that data, it will be well received by the
3 Inquiry. Thank you for that offer.

4 And Ms Power, coming to you, please. Is there
5 anything that you would like to add from the Welsh
6 perspective about mortality rates during the Covid
7 pandemic?

8 **MS POWER:** Similarly, I don't have data from Wales that I
9 can share with you but the point that was just made by
10 Nicola in relation to the undoubted impact on wellbeing,
11 on people's mental wellbeing in particular, is strongly
12 recognised.

13 **Q.** Thank you very much.

14 Next, the impact of pandemic eviction prevention
15 measures which we've already made mention of. And
16 coming back to you, please, Mr Gutteridge.

17 At paragraph 64 of your witness statement you say
18 that during the pandemic, the government banned all
19 evictions for tenants and home occupiers from March 2020
20 to 31 May 2021. That ensured that during that period,
21 people were prevented from losing their homes and
22 becoming homeless, which was a move, again, that Shelter
23 welcomed.

24 You then give some statistics. You say that in the
25 second quarter of 2020, landlord possession claims were

29

1 Coming to you, please, Ms McCrudden. You've already
2 mentioned pandemic eviction notices and prevention
3 measures in Northern Ireland. Were you seeing a similar
4 pattern once those measures were lifted, towards the end
5 of the pandemic?

6 **MS MCCRUDDEN:** Yes, we were. We did see that, yeah. We did
7 see increases in numbers again, particularly from loss
8 of private rented, as previously stated.

9 **Q.** Thank you.

10 And coming to you, Ms Power, again, was the pattern
11 similar across Wales?

12 **MS POWER:** Yeah, in some ways. I think there's quite strong
13 features, though, in Wales, looking at the MoJ data from
14 the pre-pandemic period and looking into, say, 2022, and
15 what it shows is how important tenure is. So the
16 fluctuations in social landlords' possessions, you know,
17 saw a very dramatic fall, as you would anticipate, in
18 the Covid period. But as a result of Welsh Government
19 and social landlords agreeing at the broad moratorium on
20 evictions, they've not returned to anything approaching
21 the pre-pandemic levels. So there's been a real shift
22 in practice and culture around possessions from social
23 landlords in Wales, whereas for private landlords'
24 repossessions, we had the halt that reflected the sort
25 of court closures, but by Q3 year 2021, those private

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1 down 89% compared to the same quarter the year before.

2 Were there, nevertheless, difficulties experienced
3 with the prevention measures? And did they apply across
4 the board to everybody, and is there anything that you
5 would like to add about what happened when those
6 measures were lifted?

7 **MR GUTTERIDGE:** I don't have evidence to say whether it
8 applied to everybody or not to hand. So we can dig into
9 that and provide that for you.

10 I think, you know, we absolutely welcomed it at
11 Shelter. There was a risk that it was delaying the
12 inevitable, and we would see all of those evictions just
13 pushed down the line. We have seen evictions grow but
14 they haven't grown to pre-pandemic levels yet.

15 **Q.** Yes, thank you.

16 At paragraph 67 you say that:

17 "The government also temporarily banned evictions
18 from asylum accommodation in March 2020 for people who
19 had been refused asylum in the UK. The British Red
20 Cross estimated at the time that about 50,000 people
21 were spared the threat of losing their accommodation."

22 As a result of that provision coming into force. Is
23 that right?

24 **MR GUTTERIDGE:** That's correct.

25 **Q.** Right.

30

1 possessions were back to similar levels to the
2 pre-pandemic period, and our private rented sector
3 casework related to possession actions didn't
4 significantly change at, sort of, outside the courts
5 closure period. So, for us, that reflected that there
6 were less protections for people in less secure homes,
7 and that short-term benefit to private sector tenants,
8 really, of the measures that were put in place.

9 So, yeah, the levers that are available to
10 government in relation to social landlords were not
11 available in relation to the private rented sector.

12 **Q.** Thank you. The Inquiry has heard evidence about the
13 impact of overcrowding in households during the
14 pandemic, and in particular the impact of overcrowded
15 households in deprived areas, from Professor Nazroo.

16 I'd like to turn to the topic of overcrowding and
17 density now, please. And could we look at the
18 roundtable report for housing and homelessness, and go
19 to page 14, please.

20 Because the roundtable were told that:

21 "The pandemic meant that people were spending more
22 time at home, sometimes in overcrowded conditions,
23 particularly for people living in shared houses and
24 houses of multiple occupancy (HMOs). Representatives
25 said that disproportionately affected people from lower

32

1 social economic backgrounds, as they were more likely to
2 be living in poorer quality housing. St Mungo's
3 referred to overcrowding disproportionately affecting
4 people from some ethnic backgrounds. For example, they
5 said 2% of White British households were overcrowded
6 compared to 25% of Arab households.

7 And there is then a quote from St Mungo's:

8 "I think people's experience of lockdown was based
9 on the quality of their housing and the amount of space
10 they had. Particularly for people who were poorer,
11 people who had been in temporary accommodation before
12 the pandemic, it's [about] 6 foot by 10-foot room you're
13 in, maybe with a shared bathroom."

14 Thank you very much.

15 So, the circumstances of people's housing, the
16 quality of their housing, that would have had a direct
17 impact on the sort of pandemic experience that they had;
18 is that right, Mr Gutteridge?

19 **MR GUTTERIDGE:** That's absolutely right.

20 You know, if you're in cramped -- if you've got
21 shared kitchen facilities or shared bathroom facilities,
22 actually you're sharing with people not necessarily in
23 your family, and therefore the risk of transmission
24 would have been higher.

25 And, you know, the fact that you're all stuck in

33

1 to have decreased during the pandemic because some
2 repairs or maintenance operators temporarily closed or
3 scaled back their maintenance services. This meant that
4 some people were living with serious problems, such as
5 no hot water or damp [as you've mentioned] or mouldy
6 conditions, for long periods. This had a negative
7 impact on their physical and mental health.

8 "Social housing providers with in-house maintenance
9 teams were able to resume repairs once pandemic
10 restrictions allowed them into properties again.
11 However, those who relied on external maintenance
12 contractors found that many had shut down [or]
13 furloughed staff, which meant residents had to live with
14 problems for longer. Shelter said that private
15 landlords reported similar challenges in availability of
16 workers to carry out repairs. They noted that private
17 rental properties are often in a worse state of repairs
18 than social housing properties, because landlords can be
19 less responsive and there is often insufficient
20 investment in property maintenance. They said this
21 worsened during the pandemic, as some landlords used
22 Covid-19 as an excuse to avoid conducting necessary
23 repairs."

24 **MR GUTTERIDGE:** Yeah, that's correct.

25 **Q.** At the end of that first paragraph, "this had a negative

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1 that building permanently, you know, during lockdown
2 meant that, actually, the risk of transmission -- you
3 know, the risk of damp, et cetera, would have increased
4 because of being locked into those facilities.

5 **Q.** Thank you.

6 Well, we're going to come on to look at the state
7 of -- the physical state of the properties briefly in
8 a moment, but is it right that overcrowding, as well as
9 the circumstances in which we've just looked at in the
10 report, tended to be or tends to be more prevalent in
11 the rented sector than for owners?

12 **MR GUTTERIDGE:** It does. So, you know, the government data
13 shows that, you know, there's an average of around 3% of
14 houses are overcrowded but that absolutely skews towards
15 the social housing, where it's around 8% of households,
16 and private rented sector that's around 5% of
17 households. And when you compare that to home owners,
18 that's only 1%. So it's very much skewed towards the
19 rented sector.

20 **Q.** Thank you. Could we go back to the roundtable report
21 and look at page 13, please, and highlight the first two
22 paragraphs -- I come back to the point you were just
23 making, Mr Gutteridge, about the physical state of the
24 housing.

25 "The quality of housing was said [at the roundtable]

34

1 impact on their physical and mental health", is that
2 right: that not only is the poor state of rented
3 housing, mainly, and it can be a cause of physical poor
4 health --

5 **MR GUTTERIDGE:** Yes.

6 **Q.** -- because of the effects of damp, but also experienced
7 over a long period of time would necessarily have an
8 impact sometimes on the householders' mental health?

9 **MR GUTTERIDGE:** That's absolutely correct. We did research
10 with families during the pandemic to understand some of
11 the issues that they were facing and certainly we had
12 families who were reporting that they were unable to,
13 you know, actually cook food in the same way because
14 they didn't actually have kitchen provisions and
15 therefore people were reporting that they were losing
16 weight.

17 And families were also reporting they had additional
18 mental health issues because of the lockdown.

19 We then followed that up with a further report in
20 2023 where we actually -- much bigger, you know,
21 research, which shows that significant numbers of people
22 were reporting that actually their physical health was
23 impacted directly by the temporary accommodation they
24 were in and their mental health was impacted.

25 And I think, you know, the key point that we take

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1 from that at Shelter is that actually temporary
2 accommodation isn't good for people's mental health and
3 physical health anyway.

4 **Q.** Right.

5 **MR GUTTERIDGE:** You add on to that the impact of the
6 pandemic at the same time and it just multiplied that
7 impact.

8 **Q.** Yes.

9 Is that something which you saw, as well,
10 Ms McCrudden, in Northern Ireland?

11 **MS MCCRUDDEN:** Yes, indeed. If people are spending longer
12 amounts of time living in cramped, overcrowded, poor
13 housing conditions, certainly, yeah, it will impact on
14 their mental health. So yeah.

15 **Q.** Thank you.

16 And coming to you, please, Ms Power. You deal with
17 this at paragraph 4.2 in your statement. You tell us
18 that:

19 "Damp and disrepair were an area of growing concern
20 in Shelter Cymru's casework during the pandemic and
21 since."

22 And you say that in 2019, so going into the
23 pandemic, around 6% of your casework was related to damp
24 and disrepair, which hit a high of 15% -- so more than
25 doubling -- by late 2023. Is that right?

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1 housing costs, this could be a discretionary choice to
2 gain better housing, but equally it could represent an
3 involuntary burden. Nonetheless, in the UK there is
4 some evidence of a link between problems paying for
5 housing and the ratio between housing cost and income."

6 Thank you.

7 Ms Power, at paragraph 6.1 of your statement you say
8 that:

9 "During the pandemic there were difficulties for
10 people in finding and securing new homes, across all
11 tenure types. Lockdown periods and restriction of
12 movement created additional challenges in completing the
13 practical steps of this process as well as arranging
14 complementary services, such as removals."

15 And in terms of finances, then, did you find in
16 Wales that as people were, particularly those who were
17 working in industries where they could no longer work
18 either at the same rate, or indeed at all in the manner
19 in which they'd been working pre-pandemic, that money
20 became tight, that housing costs remained the same, and
21 that people began to feel that they could no longer
22 afford to pay for ordinary living expenses, as well as
23 their rent or mortgage that they were commissioned
24 to do?

25 **MS POWER:** Certainly the risks to income that people

39

1 **MS POWER:** Yes, it is.

2 **Q.** Yes. You go on to say at paragraph 4.3 that the backlog
3 of repair work has taken a long time to dissipate, and
4 your recent casework trends suggest that you have still
5 not significantly worked through that backlog; is that
6 right?

7 **MS POWER:** Yes, that's correct.

8 **Q.** Thank you.

9 I'd like now to look at the impact of the pandemic
10 on housing availability and primarily housing
11 affordability.

12 Could we have a look, please, at a document called
13 Better Housing Briefing, which is a report from the
14 Health Foundation. We can see that it was published in
15 December 2020, and if we could look, please, at the
16 first two paragraphs at page 13, please, which should
17 deal with housing affordability. Thank you very much.

18 "Housing affordability can affect people's mental
19 health directly, as well as reducing the resources
20 available to them to spend on other goods and services.
21 Struggling to meet housing costs can lead to rent or
22 mortgage arrears, which can lead to eviction or
23 repossession.

24 "However, affordability can be difficult to measure.
25 If someone spends a high proportion of their income on

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1 experienced during the pandemic would impact, have
2 a knock-on effect in terms of precarity of housing which
3 not only impacts housing -- stability for the household
4 but also impacts mental wellbeing very significantly.

5 **Q.** Yes. And you tell us at paragraph 6.7 of your report
6 that your conversations with landlords has led you to
7 believe that there were rises in mortgage rates, with
8 landlords then passing on those costs to tenants, and
9 how that had impacted the market and had really gone on
10 to normalise high rents.

11 You say that you're not an economist, but you feel
12 that you wouldn't be able to speculate on the links
13 between the Covid-19 pandemic and inflation, and the
14 costs of living crisis and increased mortgage rates, but
15 nevertheless what you found was that costs rose and
16 income didn't rise at the same level?

17 **MS POWER:** The rise in private rents in Wales, which have
18 been quite dramatic in recent years, but they actually,
19 that pattern started 2023, as the ONS data sets out, so
20 that's a slightly later pattern but there is that strong
21 link between, you know, the precarity of income and the
22 precarity of housing.

23 **Q.** Yes, thank you very much.

24 Ms McCrudden, I'd like to come to you, please, and
25 invite you to look at paragraph 17 of your report where

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1 you summarise the impact of the pandemic on the
2 homelessness sector so far as Northern Ireland is
3 concerned. And you tell us that:

4 "The Covid pandemic had wide-ranging consequences
5 for the homelessness sector in Northern Ireland."

6 And you say this:

7 "It is safe to say that like most other services in
8 this society, while contingency planning for emergencies
9 had often been produced by services, no service was
10 prepared for the specific impacts wrought by Covid-19."

11 And you say that:

12 "Services which were already struggling with
13 recruitment and retention issues when it came to staff
14 had to adapt quickly to the rapidly changing terrain
15 related to the pandemic."

16 You say that you're proud of how the homelessness
17 sector and staff in Northern Ireland responded to the
18 pandemic and of the role that Homeless Connect played in
19 supporting the sector. But does that highlight that the
20 pressure upon those who were working within the sector,
21 trying to pivot to new rules being implemented by the
22 government and an increase in people needing their
23 services?

24 **MS MCCRUDDEN:** I do. I would say that at the very early
25 stages there was almost confusion because of the

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1 the sector was already under a lot of pressure and
2 strain in terms of recruitment and retention, and we're
3 still in that situation now. In fact, I would say it's
4 much more difficult to retain staff in the sector and
5 some of that is potentially from the legacy of dealing
6 with Covid.

7 **Q.** Thank you.

8 Mr Gutteridge, I could see you nodding along to
9 Ms McCrudden's evidence there. A similar picture,
10 I presume from Shelter, and the people who were working
11 and keeping the system going?

12 **MR GUTTERIDGE:** Yes, absolutely. I'm immensely proud of the
13 change that our staff went through very rapidly. You
14 know, we pivoted to online services really quickly, we
15 changed our behaviour and our -- the ways of working,
16 and, you know, like my colleagues on the panel, we all
17 worked immensely hard in very difficult circumstances to
18 ensure the people that we were here to serve were served
19 as best as they could.

20 **Q.** Thank you very much.

21 Ms Power, coming to you, please. Did you see
22 a similar situation being experienced by the people who
23 were working for Shelter Cymru and keeping that service
24 going throughout the pandemic?

25 **MS POWER:** Yeah, I definitely recognised the feeling of

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1 guidance that was not available at the time. I referred
2 before to the homeless sector almost being the forgotten
3 sector because it's not part of the health service, it's
4 not part of the residential care service. But what was
5 really positive from that was there was a health
6 official placed in a regional coordination role, so the
7 communication then between the homelessness sector and
8 health professionals became really important for us, and
9 once we got access to that, it almost opened doors.

10 But yes, indeed, we did have to pivot very quickly
11 and adapt very quickly, and the main concern, and I'm
12 very proud of our sector and the staff that work in our
13 sector, is for the people that they work with, the
14 people who are experiencing homelessness, and if you
15 can't provide that support and you have to social
16 distance and wear PPE it creates barriers between our
17 staff and the people that they serve. So it was
18 extremely difficult.

19 People that to change their shift patterns, longer
20 shifts, work in isolation, lone working. All those
21 really good principles that we have in terms of
22 trauma-informed practice and care almost had to be set
23 aside.

24 And thankfully, that's not the case now. We've gone
25 back to our ways of working before, but it's really --

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1 pivoting very quickly. I think the pride in the
2 workforce and -- but also the impact in the workforce
3 can't be underestimated. And I think that the fact that
4 Covid was followed very quickly by the cost of living
5 crisis, meant that there was no breathing space for
6 anybody, really, whether in the statutory or third
7 sector part of the sector, so the demands have been
8 continuous, and that is a really heavy demand on
9 a workforce that had really stood up so well during the
10 course of the pandemic.

11 **Q.** Thank you.

12 Just remaining with you, Ms Power, if I may, for you
13 to explain to us what has been described as the legacy
14 of No One Left Out in Wales.

15 At paragraph 8.1 in your statement you tell us that:

16 "The Welsh Government have cemented their continued
17 commitment to this wider access to temporary
18 accommodation by introducing a new priority need
19 category."

20 Can you tell us about that, please.

21 **MS POWER:** Yes. So, following the No One Left Out measures,
22 there was a steep fall in any case after that in local
23 authorities applying for a priority need test in the
24 post-Covid period. Welsh Government then built on that
25 suspension of the priority need category by extending

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1 the categories in Wales to cover people who would be
2 otherwise street homeless. They became a distinct
3 category of priority need.

4 So, we've seen a shift towards a more universal
5 system, more universal help for people experiencing
6 homelessness.

7 Having said that, the housing and homelessness
8 system hasn't fully adjusted to respond to that yet, and
9 we published reports, one of our -- 'Waiting for a home'
10 is one of the reports we published really highlighting
11 the demand for social homes in Wales that is inhibiting
12 the flow through temporary accommodation. So we have
13 really welcomed those changes.

14 And the government has built further on that, so in
15 February has passed the Homelessness and Social Housing
16 Allocations Bill, and that will, in the future, see an
17 end to priority need in Wales.

18 So there's been a consolidation of that shift to
19 more universal help, albeit that there are still
20 considerable issues to work through in the short and
21 long term to make sure we can provide everybody with
22 a suitable home.

23 **Q.** Thank you.

24 And finally, please, Ms Power, what are the lessons
25 learned that you and your organisation have taken from

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1 I think that demonstrated that it could be achieved
2 quickly and that there were real benefits in doing that.

3 I think the key point, though, that we would come
4 back to is that in Wales we were vulnerable entering the
5 pandemic in terms of our housing system. The system was
6 already under strain because of decades of
7 underinvestment. So, whilst it stood up quickly, it did
8 that from a low base, and what that meant was it wasn't
9 perhaps as person-centred and nuanced and able to deal
10 with the most vulnerable as it might have been had it
11 been in a stronger position.

12 So, we would very much want to see a strengthening
13 of the foundations of the housing system,
14 a strengthening of the foundations of the welfare
15 system, and that approach to homelessness that is fit
16 for purpose and now centred around helping everybody
17 universally to get access to that sort of fundamental of
18 home and to deal with the precarity and poor quality
19 that we have in some of the homes that people were
20 confined to during the pandemic.

21 So, our calls are for more social homes, for
22 stronger regulation of the private rented sector, and
23 for addressing those shortcomings in the welfare system
24 that directly contribute to people's housing precarity
25 and to homelessness.

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1 the pandemic, and what are the recommendations that you
2 would like to make on behalf of Shelter Cymru that could
3 be considered going forwards to ensure that things are
4 better for those who experience homelessness during the
5 next civil emergency?

6 **MS POWER:** I certainly think that -- the point that the
7 pandemic showed what is possible to achieve in terms of
8 homelessness, with political leadership and additional
9 resource and strong collaboration. I think it was an
10 outstanding demonstration of what we can and should
11 achieve in terms of ending homelessness. The
12 collaboration and communications in Wales between Welsh
13 Government and stakeholders were very strong, and there
14 was a real sense of working in partnership through
15 a crisis.

16 I think there is learning in terms of service
17 adaptation and learning. So, in terms of the shift to
18 remote service, we previously provided only 5% of our
19 services remotely. We're now much more of a 50/50 split
20 between remote and in-person services, and that reflects
21 positive feedback from people in rural communities,
22 families who are juggling -- trying to deal with their
23 housing needs and juggling family commitments, people
24 with physical and mental health issues, disabled people,
25 have really welcomed that changed way of working. So

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1 So, strengthening the foundation, strengthening the
2 resilience of the system, would give us a more resilient
3 housing system, more resilient communities, and more
4 resilience to individuals through an incident like the
5 pandemic.

6 **Q.** Thank you.

7 Ms McCrudden, the same question to you, please.
8 What are the lessons learned on behalf of Homeless
9 Connect?

10 **MS MCCRUDDEN:** Well, I concur with a lot of what Ruth has
11 said. I think what struck me, really, is the importance
12 of home to everybody, in this room, and across society,
13 and the importance of having a home that is safe, that
14 is secure, that is affordable, that is of good quality.
15 And we don't have enough homes, so prioritising
16 affordable social housing provision is definitely,
17 definitely top for us.

18 But, also, what struck me was the deep connections,
19 which we already knew, between health and homelessness.

20 **Q.** Yes.

21 **MS MCCRUDDEN:** And during the pandemic what we have seen was
22 a lot of silo working being broken down, a lot of
23 'can do' attitude and people pulling together in the
24 right direction. Some of that still exists, but to
25 a larger extent it hasn't, so people have maybe gone

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1 back into the ways of working that they've done -- the
2 pattern of working that they had before.

3 So we would very much like to see a bridge and
4 a connection between health and homelessness at a very
5 strategic high level. We think that's vitally
6 important. If there was a pandemic or anything of this
7 scale to happen again, it shouldn't be our sector to
8 respond first and to ask for help. Those systems and
9 the governance mechanisms need to be there, and we need
10 to be starting now and not waiting until the emergency
11 crisis situation.

12 So, my third ask would be, again, what Ruth was
13 saying about resilience within the sector, and the
14 underfunding of the sector. So, our sector, in terms of
15 the homelessness staff in the homelessness sector, was
16 already facing difficulties, there were resilience
17 issues there, and to all their credit they did stand up
18 to the mark, but if anything again was to happen I would
19 be very concerned about how the sector would be able to
20 respond, and that largely comes down to funding and
21 support from government.

22 **Q.** Thank you very much.

23 And finally, Mr Gutteridge, the same question to
24 you.

25 **MR GUTTERIDGE:** Yes, sure.

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1 Migrants' Rights Consortium question is going to be
2 asked, I understand, by Ms Iqbal.

3 **LADY HALLETT:** Thank you.

4 Ms Iqbal, please.

5 **Questions from MS IQBAL**

6 **MS IQBAL:** Thank you, my Lady.

7 Mr Gutteridge, you discussed the limited success of
8 the government's schemes to reduce homelessness during
9 the pandemic in your witness statement and you touched
10 on this earlier during your witness evidence.

11 The Migrants' Rights Consortium's evidence is that
12 these measures often did not mitigate the adverse impact
13 of the pandemic for many migrants because this group
14 were often excluded or otherwise less able to benefit
15 from the migration measures due to immigration law and
16 policy which excluded them from essential services,
17 including the mainstream welfare system.

18 So you indicated earlier in your evidence that this
19 was consistent with your view. So could this adverse
20 impact have been mitigated in any way?

21 **MR GUTTERIDGE:** Can you just repeat the last sentence of
22 what you said? I didn't quite catch the last sentence.

23 **Q.** Of course.

24 You indicated earlier in your evidence that this was
25 consistent with your view when questioned by Counsel to

51

1 I completely agree with what my colleagues have
2 said. I think -- yeah, and I'm not going to repeat the
3 same things, because it's very much around the
4 resilience of the -- actually, the housing that is
5 available for us.

6 **Q.** Yes.

7 **MR GUTTERIDGE:** And I think if we are going to face a future
8 pandemic at some point we need a better housing system
9 that enables us to provide homes to those people. And
10 ultimately, what the country needs is to invest in
11 social homes so we have safe, affordable homes that
12 people can be put into, whether they are on the streets
13 or in temporary accommodation, so that actually we are
14 not repeating the -- you know, Everyone In was great,
15 but there were challenges with it. And so actually, we
16 needed to take a decision as a country to actually solve
17 the fundamental problem, which is the lack of social
18 homes. Because that will help unlock a lot of the
19 challenges that we all faced during the pandemic and in
20 the cost of living crisis afterwards.

21 **MS BLACKWELL:** Thank you very much.

22 My Lady, that concludes my questions. I know that
23 you have provided permission for one question to be
24 asked by Migrants' Rights Consortium and one question to
25 be asked by the Domestic Abuse Group.

50

1 the Inquiry, so could this adverse impact have been
2 mitigated in any way?

3 **MR GUTTERIDGE:** I think the best way to have mitigated them
4 was to actually have clear guidance that when
5 Everyone In was being rolled out, that meant that it was
6 everyone.

7 The lack of guidance meant that -- the
8 interpretation of that programme of work was left to
9 local councils and providers, and therefore, they were
10 making decisions at that point, based on their own
11 interpretation of the law, and so I think that had we
12 had better guidance we would have had a more consistent
13 approach to rollout which would have meant that people
14 with no recourse to public funds wouldn't have been
15 excluded in the way that we saw in various locations.

16 **MS IQBAL:** Thank you.

17 I'm grateful my Lady.

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

19 Ms Monk.

20 **Questions from MS MONK**

21 **MS MONK:** Thank you, my Lady. Can everyone see and hear me?
22 I am seeing nods.

23 My name is an Angharad Monk, I appear on behalf of
24 the Domestic Abuse Group. I have one question, which
25 I will direct to Mr Gutteridge, but any views from the

52

1 panel would be most welcome.

2 The question relates to issues of suitability which
3 specifically affected women and survivors of domestic
4 abuse during the pandemic.

5 The Domestic Abuse Group have observed that
6 placements were often of a kind unsuitable for
7 victim-survivors, with refuges full and limited same-sex
8 placements available.

9 Women survivors seeking homelessness assistance from
10 councils were often placed in unsuitable temporary
11 accommodation, including mixed sex hostels, where women
12 and children had to share spaces with adult men, as well
13 as bed & breakfasts with poor facilities and overcrowded
14 conditions that made social distancing impossible and
15 increased the risk of infection.

16 Do you agree that the lack of same-sex placements
17 for women fleeing abuse means that they are often
18 offered unsuitable accommodation?

19 **MR GUTTERIDGE:** Completely agree with that, yes.

20 **Q.** Thank you.

21 And are there any other views from the panel?

22 **MS POWER:** Yes, I would agree with that, and would also say
23 more broadly, not only for women fleeing abuse but the
24 lack of same-sex accommodation is problematic in itself
25 particularly for women fleeing abuse.

53

1 Can you see me?

2 **LADY HALLETT:** I can.

3 **MS BLACKWELL:** Ah, there you are. I can see you on my side
4 screen but not the big screen. I'll just pause to see
5 whether that can be rectified. Ah, there you are.

6 Thank you very much.

7 My Lady, may I call the next witness, please.

8 Peter Matejic.

9 **MR PETER MATEJIC (affirmed)**

10 **Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 10**

11 **MS BLACKWELL:** Will you give us your full name, please.

12 **A.** Yes, my name is Peter Andrea Matejic.

13 **Q.** Thank you very much.

14 Mr Matejic, you should have before you a copy of
15 your witness statement, which bears our reference
16 INQ000659871. Please can you confirm that that is the
17 statement that you have provided to the Inquiry on
18 behalf of the Joseph Rowntree Foundation.

19 **A.** Yes, I can confirm that.

20 **Q.** Thank you. And that any facts stated within it are true
21 to the best of your knowledge and belief.

22 **A.** Yes, they are true to the best of my knowledge.

23 **Q.** Thank you very much. Thank you.

24 The Joseph Rowntree Foundation is an independent
25 social change organisation, working to support and, as

55

1 **MS MCCRUDDEN:** Yes, and I would concur with that.

2 **MS MONK:** Thank you very much.

3 That's my question, my Lady.

4 **LADY HALLETT:** Thank you very much, Ms Monk, very grateful.

5 Thank you very much, Mr Gutteridge, Ms McCrudden,
6 and Ms Power, we're very grateful to you for obviously
7 the work that you and your colleagues did to try to help
8 your constituents during the pandemic, but also for the
9 help you've given to the Inquiry. And if you feel you
10 haven't mentioned something today, don't worry, I
11 promise you I do take into account the written evidence
12 as well as what you said here today -- I say "here" --
13 I'm not with you, but anyway, what you said in Dorland
14 House, and Ms Power, wherever you are.

15 So thank you all very much indeed.

16 **MS BLACKWELL:** Thank you, my Lady. Is that a convenient
17 moment for us to take our break?

18 **LADY HALLETT:** It is. I shall return, as you've made good
19 time this morning, at 11.30.

20 **MS BLACKWELL:** Thank you very much.

21 (11.12 am)

(A short break)

23 (11.29 am)

24 **LADY HALLETT:** Ms Blackwell.

25 **MS BLACKWELL:** My Lady, I can hear you but I can't see you.

54

1 you say in paragraph 1 of your statement, "speed up the
2 transition to a more equitable and just future", one
3 that's "free from poverty, where people and [the] planet
4 can flourish"; is that right?

5 **A.** That's right.

6 **Q.** And is it active under all four nations of the UK?

7 **A.** It is, yes.

8 **Q.** Thank you very much.

9 Is one of the overarching aims of the Joseph
10 Rowntree Foundation during the period of the pandemic --
11 was it to provide research, policy, collaboration, and
12 practical solutions to inspire action and change?

13 **A.** Yes, that's correct.

14 **Q.** And during the pandemic, were there three roles
15 undertaken by the foundation: first, as a funder and an
16 amplifier of the voices of people who experience
17 poverty?

18 **A.** Yes.

19 **Q.** Second, as a source of solutions. And by that, I mean
20 that you advised on practical solutions that you thought
21 the government and employers should adopt?

22 **A.** Yes.

23 **Q.** And third, did you bring what's described as a strong
24 voice to hold governments and others to account for how
25 their actions should meet your collective obligation to

56

1 protect people on low incomes from bearing the brunt of
2 the pandemic?

3 **A.** Yes, we certainly did.

4 **Q.** Thank you. I'd like to begin, please, by looking at the
5 Joseph Rowntree's definition of poverty. You set that
6 out in paragraph 5 of your statement. Can you tell us
7 what that is, please.

8 **A.** Yes, so basically it's when a person's resources, so
9 mainly their financial resources, are insufficient to
10 meet their needs, and that includes social participation
11 so it's not just financial but it includes being able to
12 participate in society. And we normally measure that
13 through low income but we also look across the range of
14 different indicators to try to get as big breadth
15 a picture as possible.

16 **Q.** And what are those main indicators?

17 **A.** Yes, so we look at -- our main measure is someone being
18 below 60% of the median income, so that's something
19 called relative poverty.

20 **Q.** Is that 60%, did you say?

21 **A.** It is 60%.

22 **Q.** Could I just ask you to slow down your delivery a little
23 bit.

24 **A.** Of course.

25 **Q.** Thank you.

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1 even though it looks quite flat on this picture, we've
2 seen deepening poverty, so more and more people being
3 far away from those -- that poverty line, so almost half
4 of people in poverty in the latest data were in very
5 deep poverty, far away from the poverty line, and that's
6 a record level.

7 **Q.** Right. So even if somebody qualifies to be described as
8 being in poverty, there are levels of poverty?

9 **A.** That's right.

10 **Q.** And what you're describing is deep poverty --

11 **A.** Yeah.

12 **Q.** -- and more people falling into that description?

13 **A.** That's exactly right.

14 **Q.** Thank you. Yes, thank you very much. So this shows us,
15 if we look at the right-hand side of the table, how
16 things were going into the pandemic?

17 **A.** That's right, and it's interesting to see that -- and
18 you'll see a dip in the pandemic year of 2020/2021.

19 **Q.** Yes.

20 **A.** And that's partly because of some of the support that
21 the government put in place, including on the benefits
22 system, but also a consequence of that relative poverty
23 measure because it's a gap between poor people's incomes
24 and the middle-income people and that gap shrunk because
25 both -- some of the measures brought people's incomes up

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1 **A.** Yes, so that's our relative low income measure. And
2 it's normally mentioned after housing costs, so after
3 deduction of housing costs, because obviously housing
4 costs are an essential cost. But we also look at other
5 indicators, like food insecurity, like, you know, people
6 going without essentials and things like that, just to,
7 kind of, cross-tabulate that indicator, to make sure
8 what it's telling us, we're getting a full picture and
9 understand what's really going on.

10 **Q.** Thank you.

11 Could we display, please, your witness statement.
12 It's at INQ000659871, and highlight the table. Thank
13 you very much.

14 What does this show us, Mr Matejic?

15 **A.** Yes, so this is our headline poverty measure and it
16 shows the poverty rate over time so since the start of
17 the data that we've got, which is the mid-1990s.

18 **Q.** Yes.

19 **A.** And it shows basically, if you look at the top line,
20 that children have always had the highest rate of
21 poverty. We've had quite good progress in tackling
22 pensioner poverty over the period but basically that we
23 see pretty small limited progress over the last sort of
24 20-odd years with poverty being fairly flat, and one
25 other thing I wanted to mention at this point is that

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1 but also the average incomes in the population also fell
2 a little bit.

3 **Q.** All right thank you very much. We can take that down.
4 I'd like to ask you about the impact of the pandemic
5 on mental health and wellbeing of the population. And
6 we'll look at three areas.

7 The first, the impact of pre-existing mental health
8 issues for people on low incomes. You tell us at
9 paragraph 16 that your qualitative and quantitative work
10 shows that the pandemic magnified pre-existing mental
11 health issues for people on low incomes.

12 How did that happen?

13 **A.** Yes, so basically people with low incomes have got,
14 like, existing susceptibilities, so they might be in
15 insecure work, might not actually be reliant on the
16 benefit system and not be working, might also already be
17 struggling to afford food, travel, all the essentials
18 that we take for granted, and basically all of those
19 things combine to worsen a person's mental health, you
20 know, that stress of living on a low income is a trauma
21 in itself, and the stigma of being on a low income, and
22 basically, that was before the pandemic hit, quite a lot
23 of those things would have been worsened, actually, by
24 the pandemic, plus the stress of it as well, and so
25 that's what we -- that's why there's those sort of

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1 existing susceptibilities, almost it was -- the pandemic
 2 would have played straight on to those and made it a lot
 3 worse for those people who were already suffering
 4 disadvantages.

5 **Q.** Thank you.

6 **LADY HALLETT:** Sorry to interrupt. I'm afraid the
 7 stenographer is struggling.

8 **THE WITNESS:** Sorry.

9 **MS BLACKWELL:** We need to slow down, please.

10 **THE WITNESS:** Yes, I'm sorry about that.

11 **MS BLACKWELL:** I should have kept an ear on the speed at
 12 which you were talking so it's entirely my fault.

13 You go on to describe that financial shocks during
 14 the pandemic, so people who lost their jobs or had their
 15 hours significantly reduced, extra costs that came as a
 16 result of the pandemic, food, heating, digital access,
 17 loss of informal support, and housing or food
 18 insecurity, naturally produce higher levels of stress
 19 and depressive feelings.

20 **A.** Yes.

21 **Q.** And shame, as well, is something you include as well?

22 **A.** Yes, we see the stigma of being in poverty and that kind
 23 of shame of having to ask for support and obviously
 24 during the pandemic new people would want that -- would
 25 need that support for the first time.

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1 fear, so fear of parents about -- where their
 2 children -- take them to school or bringing that virus
 3 home or to vulnerable relations.

4 **Q.** Yes.

5 **A.** Increased daily costs for shopping, lack of routines, as
 6 people's lives were, you know, they're used to routines
 7 which were totally disrupted.

8 **Q.** Yes.

9 **A.** And we feel there was a disproportionate effect on this
 10 group just because of those vulnerabilities I've already
 11 mentioned. So that's a sudden impact.

12 **Q.** So that was at the beginning --

13 **A.** That's right at the start, yes.

14 **Q.** And then how, if at all, did things change in the medium
 15 term? So going towards the end of 2020?

16 **A.** Yes, that's right. So our medium term is sort of summer
 17 to autumn 2020, and it's that kind of sustained chronic
 18 stress that we pick up then. So obviously you've
 19 started with this kind of very shocking start of the
 20 process, but then it's going on and on, and those kind
 21 of susceptibilities are building up over time.

22 And then there's also the uncertainty about well,
 23 what's going to happen, how temporary are some of the
 24 temporary measures?

25 **Q.** Yes.

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1 **Q.** Yes.

2 **A.** But also, that kind of existing levels of support are
 3 quite hard to access, as well, at that point.

4 **Q.** Thank you.

5 Key factors of deteriorating mental health and
 6 differential aspects across phases, different phases of
 7 the pandemic, is something which we haven't looked at
 8 before. Can you take us through, please, the -- from
 9 the early pandemic through the medium term and then
 10 towards the end and tell us how those influences might
 11 have changed?

12 **A.** Yes. Of course. So in my evidence I set out three
 13 phases of the pandemic, in our assessment. So in the
 14 early phase of the pandemic, which we've taken in our --
 15 in this analysis from being from March to summer 2020,
 16 there was a sudden income loss for many, many people as,
 17 you know, either through losing the job at all or losing
 18 hours of work. There was also a lot of uncertainty
 19 about benefits, about what you would be able to access
 20 and how you'd be able to do so. There was also an
 21 inability to access shops or support. And then
 22 obviously, across the whole of the populations there was
 23 a fear of actually catching Covid.

24 **Q.** Yes.

25 **A.** And what we saw throughout our evidence is just that

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1 **A.** What's going to happen to your work? What's going to
 2 happen to your benefits? Because at this point, there
 3 was lots of schemes that were put in place but it was
 4 uncertain the duration of them, and the kind of
 5 reliability of them so that kind of chronic stress was
 6 what we picked up at that point.

7 **Q.** Then moving to what you describe as the later stages, so
 8 late 2020 and going into -- and coming towards the end
 9 of 2021, what did you see happen?

10 **A.** Yeah, so basically that kind of compounding and
 11 accumulating harms. So those things that have happened
 12 to date, that -- before that point, they're still in the
 13 system, and at that point some of those support are
 14 actually being withdrawn so some of the problems that
 15 have been maybe mitigated but haven't been solved, once
 16 an element of support gets taken away, so for instance
 17 the £20 uplift to benefits or the eviction ban,
 18 basically quite often the problems that it's kind of
 19 disguised just rear their heads at that point.

20 And I think also there's just that kind of
 21 accumulation of stress and so forth. So I feel that we
 22 are still seeing some of that -- well, we are definitely
 23 still seeing impacts of the pandemic in even the latest
 24 statistics. So, you know, it's got a very long tail to
 25 those impacts just because of the duration and severity

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1 of them.

2 **Q.** And you say at paragraph 21 that:

3 "Sustained insecurity [which is what you describe]

4 is associated with higher prevalence of poor mental

5 health and a vicious cycle where poor mental health

6 makes it harder to escape poverty."

7 **A.** Yeah, that's exactly right, and that's what we see in

8 the data, is that there's a clear -- in those areas

9 there's a clear downward trajectory in terms of the

10 higher -- the lower your income, the more likely you are

11 to suffer mental health issues. And therefore that kind

12 of cycle then becomes a vicious circle of that then

13 driving you into poverty that then worsens your mental

14 health, et cetera, et cetera.

15 **Q.** Yes, thank you.

16 In terms of looking at who was disproportionately

17 affected, please could we display at page 9,

18 paragraph 25, of your witness statement -- thank you

19 very much.

20 You set out here, "clear disparities", is how you

21 described it, "in who experienced the worst mental

22 health outcomes". We can see listed there lone parents;

23 households in very deep poverty or destitution; people

24 in deprived areas; people from some ethnic minority

25 groups, in particular you saw greater impacts for some

65

1 may find doing so far more difficult than those not in

2 poverty?

3 **A.** Yes, that's correct. And I think there's also the case

4 of the, kind of, unsuitable accommodation as well, where

5 basically you're stuck in that unsuitable accommodation.

6 And also the support systems that you might rely on in

7 those circumstances are harder to access. So, yes,

8 you're exactly right.

9 **Q.** Thank you. So you would agree that being in poverty can

10 also affect a victim-survivor's access to support?

11 People needing legal support, for example --

12 **A.** Yeah.

13 **Q.** -- may not be able to easily access it without the funds

14 to do so?

15 **A.** Yeah, and I think it's -- there's a series of barriers.

16 So, from -- yeah, as you say, income, but also just

17 knowing how to get to that support. So quite a lot of

18 the people we're speaking to were used to actually going

19 to a face-to-face visit, and some of them actually

20 needed that kind of support.

21 **Q.** Yes.

22 **A.** And almost a second preference was on the telephone but

23 quite a lot of the support was just online, which is

24 a lot more impersonal and maybe not what they were used

25 to accessing previously.

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1 ethnic groups, people from Pakistan, Bangladesh, and

2 with black backgrounds experienced worse mental health

3 prior to the pandemic, and was that also seen during the

4 pandemic as well?

5 **A.** Yes, that's right.

6 **Q.** Yes. And migrants; disabled people and unpaid carers;

7 and private renters, mortgage holders, facing arrears or

8 eviction risk; people with complex needs as defined in

9 your Destitution Study which includes homelessness, drug

10 and/or alcohol problems, domestic violence, or

11 involvement in begging or the criminal justice system;

12 and finally those who were digitally excluded.

13 And of course, some people would fit into more than

14 one of those categories, wouldn't they.

15 **A.** That's right, yes. No, indeed, there's -- that kind of

16 intersectionality I think is something that is really

17 important for people to understand in terms of policy

18 implications, that you don't fit into just one of those,

19 you know, particularly if you're very susceptible to

20 these other issues, you may be in multiple categories,

21 and they kind of exacerbate your experiences.

22 **Q.** Thank you.

23 Do you agree that being in poverty can affect

24 a victim-survivor's ability to flee from it? For

25 example, those without an housing or financial security

66

1 **Q.** Yes. So it was a positive reaction to allow the service

2 to continue online, but it was often a substandard

3 service for many?

4 **A.** Yeah. And I think partly, almost, it was inevitable, in

5 that people have got certain expectations and needs, and

6 those can't be met online in all instances.

7 **Q.** Yes, thank you.

8 Turning to look at drivers of poor mental health,

9 you deal with this at paragraph 27, and you list the

10 following: income shocks and instability; inability to

11 afford essentials; loss of informal support networks and

12 enforced isolation during the pandemic; digital

13 exclusion; and also service disruption, which you've

14 just mentioned --

15 **A.** Yes.

16 **Q.** -- moving to remote services.

17 You then go on, at paragraph 28, to say this, that:

18 "Our reports and briefings describe shame and

19 long-term stigma as 'traumatising and long lasting', and

20 describe the emotional impact of bereavement and

21 community loss where COVID hit deprived areas

22 particularly hard.

23 "Food insecurity and the stigma of needing help is

24 linked to shame, loss of dignity, and social withdrawal,

25 [that are all] clear drivers of anxiety and

68

1 depression ..."
 2 And:
 3 "[Your] Poverty stigma: [is] ' glue that holds
 4 poverty in place' ... briefing calls stigma
 5 'traumatising and long-lasting'."
 6 What do you mean by that?

7 **A.** Yes, what we see is -- so this report was written in
 8 collaboration with people who have lived experience of
 9 poverty.

10 **Q.** Slow down.

11 **A.** Yeah, it was written in collaboration with lived
 12 experience of poverty.

13 **Q.** Thank you.

14 **A.** Yeah, that is what they described: that it was
 15 traumatising and long lasting. And they went thorough
 16 the different services that they were having to access
 17 and how they felt they were treated, and I think
 18 sometimes it was actually those services that were
 19 sometimes doing the stigmatising. So I think there is
 20 some improvements there that can make those services
 21 better to access for people who are very vulnerable at
 22 the point when they are needing that help.

23 **Q.** Yes. Thank you.

24 Let's look, please, at an article which you have
 25 provided to us, and for which we are grateful.

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1 also have financial implications. For example,
 2 a mother's increased anxiety made queueing impossible,
 3 which stopped her being able to use her free school meal
 4 vouchers, as she did not know they could be used online.
 5 This meant that money for food bills had to come from
 6 elsewhere until the queues at her chosen supermarket had
 7 returned to normal. One father who struggled with
 8 anxiety and depression throughout the first lockdown
 9 described mental health problems as the 'second silent
 10 pandemic'. Indeed, experience of lockdown had increased
 11 anxiety among some parents and children in this study
 12 who were already dealing with mental health issues that
 13 had been emotionally difficult for the whole family."

14 Thank you very much. We can take that down.

15 And that's, just pausing and reflecting on the issue
 16 of family, that's something about which the Inquiry has
 17 already heard evidence: that the pandemic, and in
 18 particular the lockdown provision, affected not only
 19 those who were suffering from poor mental health going
 20 into the pandemic, but also those with whom they had to
 21 share accommodation, their loved ones, family and
 22 friends, et cetera.

23 **A.** Yeah, that's exactly right. And I think that piece of
 24 evidence also shows how, you know, it will be -- you
 25 know, it will have an individual effect. So, how it,

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1 That's called 'Staying afloat in a crisis: families
 2 on low incomes in the pandemic'.

3 Thank you very much.

4 We can see that it's something which has been
 5 written certainly in conjunction with your organisation,
 6 by Katherine Hill and Ruth Webber, and it's a report
 7 providing "a unique insight into the lives of
 8 14 low-income families, exploring how they coped with
 9 the first six months of the coronavirus storm".

10 And it shows that:

11 "We need to take further action to provide the
 12 security that parents need when bringing up their
 13 families in an unstable world."

14 It's dated March 2021, and if we can look, please,
 15 at page 31, we can see that it deals with "Mental health
 16 and emotional wellbeing".

17 It says this:

18 "Participants who had been experiencing poor mental
 19 health before the pandemic faced additional challenges
 20 with regard to managing the first lockdown, which were
 21 compounded if they were also struggling to make ends
 22 meet financially. Anxiety can exacerbate the difficult
 23 experiences thrown up by lockdown measures, including
 24 homeschooling, access to food shops and reduced social
 25 and physical contact with friends and family, and can

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1 sort of -- you know, what it -- the impact on your life
 2 will be very different from what you actually -- you
 3 know, what we're trying to do. So, those people, you
 4 know, were worried about queueing or worried about, sort
 5 of, a certain element of their lives, and I think
 6 that's -- that's something that we see, is that in the
 7 big statistics you see, sort of, overall levels of harm,
 8 but almost you need to talk to individuals because it's
 9 that individual level of harm that the person's actually
 10 experiencing, and I think that's really important to
 11 bear in mind.

12 **Q.** Thank you.

13 In terms of impact of high-poverty rates at the
 14 outset of the pandemic, you tell us that high poverty at
 15 the outset left people feeling exposed, which we've
 16 covered.

17 In terms of access to key services and support, and
 18 in particular health and social care services, you tell
 19 us at paragraph 32 that:

20 "Many families in poverty reported that health and
 21 social care services became harder to reach during
 22 lockdowns, with postponed appointments, reduced
 23 face-to-face contact [which we've discussed], and long
 24 delays ... [adding to the] stress and anxiety for
 25 households already facing challenging circumstances."

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1 And you note that families had to cope with missed
2 medical checks, reduced support from social workers, and
3 challenging in accessing GP appointments. And you
4 recognise evidence from your Grassroots Poverty Action
5 Group. What is that?

6 **A.** Yes, so this is group of about ten people with lived
7 experience that helped advise us, and various reports,
8 and give their experience, and really kind of deepen our
9 list to understand, actually, what's the lived
10 experience of being in poverty. And it's really
11 important to the Joseph Roundtree Foundation to hear
12 those voices. And, yeah, so they're a critical part of
13 the organisation.

14 **Q.** And they're providing you with their unique experiences?

15 **A.** That's right. That's exactly right.

16 **Q.** And they told you that there were difficulties
17 experienced by families faced in problems with accessing
18 their usual support systems --

19 **A.** Yeah.

20 **Q.** -- such as informal childcare, which, again, the Inquiry
21 has heard about.

22 You then go on at paragraph 34 to say that:

23 "Many reported that mental health support was [also]
24 suspended or moved online ..."

25 And you've already told us that digital exclusion

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1 benefits were in work, so it's not just an out-of-work
2 issue.

3 **Q.** Thank you. Let's just look at a paragraph from the
4 report of Professors Marmot and Bambra, please, on the
5 issue of savings. Thank you very much.

6 Paragraph 105 of their report. Confirms that:

7 "Data from a survey of 8,000 adults by the
8 Resolution Foundation and the Health Foundation point to
9 an increase in inequalities in savings. While 32% of
10 those on the lowest income quintile (less than £17,000
11 a year) experienced a decrease in their savings between
12 February 2020 and June 2021, only 10% of those in the
13 highest income quintile did [that's those earning above
14 £70,000]. Conversely, 46% of those with the highest
15 incomes increased their savings during this period,
16 compared with only 12% on the lowest incomes ... Lower
17 income households were also more likely to experience an
18 increase of 25% or more in their debt than those with
19 higher incomes during the same period ..."

20 And are those familiar figures and percentages to
21 you?

22 **A.** They are, particularly the conclusion that basically
23 that -- almost like the more income you had to start
24 with, the less severe the impact of the pandemic, you're
25 more likely to actually increase your savings, whereas

75

1 meant that people in poverty were more likely to be left
2 without an alternative.

3 **A.** That's exactly right.

4 **Q.** Now, in terms of financial support, did the Joseph
5 Roundtree Foundation have an involvement in the uplift
6 to the £20 a week that was made to the Universal Credit
7 system?

8 **A.** So we talk about the adequacy of the benefit system, so
9 we welcomed that increase and we thought that it was an
10 indication that the benefits at that point, you know,
11 needed to be re-rising because lots of people would have
12 been experiencing the benefit system for the first time.

13 **Q.** Yes. And you say that accessing benefits is often
14 complex and stressful, the systems can be confusing and,
15 again, there's a stigma, some feel, to accessing
16 support?

17 **A.** Right.

18 **Q.** And as you say, that was happening to some people and
19 some families for the first time?

20 **A.** Yes, so there was a massive spike in benefit claims at
21 the start of the pandemic. So -- but equally, we saw
22 from that chart right at the start that poverty levels
23 were high even going into the pandemic. So lots and
24 lots of people were already on those benefits, and most
25 of the people on particularly key out-of-work -- key

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1 if you're already low income with low savings, actually
2 you were more likely to come out of the pandemic in
3 a worse state. So I think that's sort of the thing
4 I draw from that.

5 And the other thing that one of our reports show is
6 that if you've got low savings, and there's a series of
7 kind of health outcomes that are worse for you, as well.
8 So almost like the second thing you can draw from this
9 is basically that yeah, you will also suffer, like, the
10 health impacts as well from having no savings to start
11 with.

12 **Q.** Thank you. Can we take that down, please, and replace
13 it with a section of the Housing and Homelessness
14 Roundtable report, please, and look at other government
15 interventions. It's at page 11, I think. Thank you
16 very much.

17 And this is going back to your evidence on Universal
18 Credit.

19 We can see that:

20 "The government introduced other temporary policies
21 during the pandemic, which aimed to support people in
22 affording housing and providing greater financial
23 security [including the] £20 weekly increase to
24 Universal Credit and the suspension of the benefit cap
25 limiting how much support one family could receive.

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1 Representatives [at the roundtable] felt that whilst
2 these measures eased the financial strain of the
3 pandemic for some households, they were temporary
4 interventions that ceased once the pandemic ended. As a
5 result, people were left in the same financial position
6 they were in before the pandemic or potentially worse
7 off. They also highlighted that the pandemic
8 accelerated previous funding challenges faced by the
9 sector."

10 We can see a quote there from Mind that:

11 "[Homelessness] initially decreased which shows that
12 bold intervention at pace is possible, but then
13 afterwards, in my opinion, what we're seeing now is all
14 the issues that there were before have been exacerbated,
15 it's like a pandemic-induced housing crisis now, with
16 all the extra stuff that the pandemic caused."

17 Is that a familiar -- (overspeaking) -- for you?

18 **A.** Yes, that's right, and that first chart we saw,
19 actually, the poverty levels leapt back up to their
20 pre-pandemic levels as soon as the support was removed.

21 I think also that support, that £20 a week weekly
22 increase, at various fiscal events for the government
23 there was a threat of it being removed, so we had to
24 kind of campaign to extend it so there was that
25 uncertainty in people's minds as to whether or not they

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1 didn't apply, so one of those things we were calling
2 for, because particularly people with disabilities who
3 might have been on the benefits system for a while are
4 more likely to be on those legacy benefits and they were
5 missed out, and I think that, as well as the uncertainty
6 of how long it lasts, the thing we need to consider is
7 the coverage of it, as well, to try and plug those gaps
8 and try to make sure that some of the most vulnerable
9 groups aren't missing out.

10 **Q.** Thank you.

11 Food banks and community support next. At
12 paragraph 38, you tell us that:

13 "During the pandemic, reliance on foodbanks heavily
14 increased, but even so, a recurring theme in [your]
15 research was reports that local foodbanks were closed or
16 were limiting assistance to only high-priority groups
17 during lockdown."

18 And what was the impact of that on the others, that
19 didn't qualify?

20 **A.** Yeah, so I think it was that kind of patchwork, and
21 I think also it's the systems, as well. So the food
22 bank might be open but the referral agency might be
23 shut, or the other way might work. So I think that kind
24 of thinking about well, you need -- to get to the
25 support, you need every stage to be open or at least

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1 would see that income drop. Similarly, with eviction
2 bans where there was a series of kind of points where:
3 would it stay, would it go? And I think that also will
4 have caused a lot of stress for those people who are
5 relying on those support mechanisms.

6 **Q.** Because there is an impact on mental stress of the
7 uncertainty?

8 **A.** That's right, exactly right.

9 **Q.** And did you say that the Joseph Roundtree Foundation
10 campaigned for both of those changes to remain and to
11 precede beyond --

12 **A.** Yes, that's right.

13 **Q.** -- the pandemic period?

14 **A.** That's right, and we call for adequacy of the benefit
15 system even to date, with one of our campaigns.

16 **Q.** Is it fair to say that one of the difficulties for
17 families in poverty was that the support available
18 during the pandemic only protected them during that
19 time?

20 **A.** Yeah, that's right. And it's also the case that some
21 groups were missed out. So people who were on legacy
22 benefits, so Universal Credit is a new benefit, and one
23 of the great things about it is it's digital, so it
24 could be increased very quickly. But there are some
25 benefits that it was superseding where that £20 uplift

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1 accessible, and that's what we saw: is that it was a bit
2 of a patchwork. So yeah. But we did see the sector
3 stepping up. So Trussell, one of the main food bank
4 providers, saw a doubling of the people they were
5 helping, despite all of the pandemic impacts, which is,
6 you know, very bad but also very good that they were
7 able to actually scale up.

8 But yeah, I think the thing we were worried about is
9 that kind of local variation and also thinking about
10 well, you need the referral and you need the food bank
11 to be open, both of those things to be in place, for it
12 to work.

13 **Q.** And in terms of what you describe as people stepping up,
14 did you also receive information from interviewees that
15 food banks were delivering parcels containing not only
16 food but also other essentials?

17 **A.** Yes. Yeah, I think that's what -- that's the other
18 thing we saw, is that some of the community support and
19 things -- yeah, people trying to, you know, make a bad
20 situation as good as possible through, you know,
21 additional support, trying to work out how they would
22 amend their services to try to plug those gaps.

23 **Q.** Yes. The way in which you describe it at paragraph 41
24 is to say, "Local charities, mutual aid groups, and
25 community organisations often stepped in where state

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1 services were thin."
 2 **A.** Yes, that's right.
 3 **Q.** And that was obviously a very positive reaction, but
 4 access to that depended on geography and networks. So
 5 there wasn't an even coverage.
 6 **A.** That's exactly right.
 7 **Q.** Yeah, thank you.
 8 Let's go back to the article Staying Afloat please,
 9 and have a look at what are described as key points
 10 during the pandemic. So:
 11 "Children spending a great deal of time at home
 12 increased households' consumption of food and energy,
 13 [thereby] hitting families with older and more children
 14 hardest.
 15 "Free school meal vouchers played a crucial role in
 16 easing some of the pressure of increased food costs for
 17 families who were eligible, while children were home
 18 from school over the first lockdown but also eased
 19 pressure during the school holidays.
 20 "The costs of subscription television or gaming
 21 could become higher priority than previously when
 22 children were confined to the home.
 23 "Rising costs in one area, such as food or
 24 electronics bills, could be balanced out by reduced
 25 costs in other areas, such as transport, leisure, or
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1 particularly if this income dropped."
 2 **A.** Yes.
 3 **Q.** Yes, thank you very much.
 4 Looking to the future and how best to support
 5 families on low incomes during the pandemic and beyond,
 6 did several parents to whom you spoke draw on the
 7 usefulness of vouchers, and did they tell you how
 8 important those had been --
 9 **A.** Yes.
 10 **Q.** -- in lessening or controlling the impact of the
 11 pandemic?
 12 **A.** Yes, they did, yes.
 13 **Q.** We've discussed changes to service delivery and support,
 14 noting the shift to digital --
 15 **A.** Yes.
 16 **Q.** -- provision of services, and that patchwork provision
 17 of services which you've already made reference to.
 18 We've also touched upon the impact of pandemic
 19 measures and guidance, at 'Stay at Home' orders, social
 20 distancing and support bubbles, as well, which people
 21 followed, and were designed to ease isolation but in
 22 fact meant that people couldn't access the support of
 23 their families often -- (overspeaking) --
 24 **A.** Yeah, I think, yeah, just variations in people's, like,
 25 family structures, and locations, where they support.
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1 extracurricular activities -- but this depended on the
 2 extent of pre-pandemic spending in those areas, [of
 3 course].
 4 "While mortgage holidays or breaks in loan
 5 repayments helped during the first wave of the Covid-19
 6 crisis, the unintended consequence might be to push
 7 these costs further into the future, potentially causing
 8 parents more worry for longer.
 9 "There were concerns that bills could increase more
 10 dramatically during further lockdowns and in instances
 11 of children or parents spending more time at home, given
 12 the need for heating in the winter.
 13 "Taking account of changes in outgoings as well as
 14 income is important to give a fuller picture of the
 15 impact of the pandemic on household finances. People
 16 with better income trajectories were more able to manage
 17 changes in costs. Changes in costs were more difficult
 18 for families that already had a low income and
 19 experienced both a decrease in income and increases in
 20 costs. Even if incomes had not changed, if they were
 21 already low and outgoings increased then [that in
 22 itself] caused hardship."
 23 Finally:
 24 "Lone parents were more likely to find covering
 25 increased costs harder given their solo income,
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1 And I think also for low-income families that support
 2 can be really critical, so if you're, yeah, far away or
 3 can't visit those people you rely on, it can be very
 4 traumatising, yes.
 5 **Q.** Thank you.
 6 The impact on key workers in poverty. The Inquiry
 7 has heard that those frontline workers experienced an
 8 increased risk of infection, and at paragraph 66 you say
 9 that:
 10 "The UK poverty report [which you produced] in
 11 2020/2021 noted that low-paid insecure workers were
 12 disproportionately carrying out those roles, those
 13 frontline roles"; is that right?
 14 **A.** That's correct, yes.
 15 **Q.** Such as care provision, cleaning, transport and retail,
 16 where exposure to Covid-19 was at its highest.
 17 In your work, you say at paragraph 67, and work from
 18 the Resolution Foundation, it looked at how to protect
 19 firms and families from the economic impact of
 20 coronavirus. But also looked at the loss of income and
 21 the lack of public health advice aimed at protecting
 22 people. So was it the case that for those who were
 23 often carrying out key worker roles, the message to them
 24 about what they should do to protect themselves and to
 25 protect those to whom they were going home at the end of
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1 a shift or the day was confusing and often not
2 translated into languages which they would understand?
3 **A.** Yeah, I think that's correct, and I think also just the
4 kind of impossible choices you might face in those
5 circumstances about -- you know, particularly you might
6 need the income from the work and it's a sort of -- it's
7 that, kind of, double-whammy of the -- particularly with
8 the Statutory Sick Pay being very low --
9 **Q.** Yes.
10 **A.** -- sort of, you know, you're almost in an impossible
11 situation of having to think about going to work when
12 you're not well, just to bring in -- make sure you bring
13 in some income.
14 **Q.** Right, so a difficulty in understanding the messaging
15 from the government?
16 **A.** Yes.
17 **Q.** Then an impossible decision to make, often, as to
18 whether or not to carry on working?
19 **A.** Yeah, that's right.
20 **Q.** Thank you. What is the single-most significant change
21 which could protect these workers in a future pandemic?
22 **A.** Yeah, so I think some of the -- the furlough scheme was
23 really, you know, a critical thing to protect workers
24 and stop a massive spike in unemployment, but I think
25 there was very many gaps in the provision there, in

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1 the impact on specific groups experiencing poverty, and
2 those include the following: race and ethnicity;
3 disability and long-term health conditions; gender; age;
4 and migrants and asylum seekers.
5 I'm not going to take you to the detail because the
6 Inquiry has heard from a series of experts dealing with
7 each of those, but your basic conclusion is that people
8 experiencing poverty was across all of those categories?
9 **A.** Yes, that's right.
10 **Q.** Thank you.
11 So, finally, may I ask you, please, to look at the
12 lessons learned section, and let's display how you deal
13 with this in your witness statement.
14 Thank you.
15 The first thing that you tell us, at paragraph 130,
16 is:
17 "Having a good, secure, safe job that can be done
18 remotely, living in a spacious, comfortable home, having
19 strong social support networks, being digitally
20 connected and being in good health resulted in
21 a different experience of the pandemic compared to
22 people who did not have those things. Those insights
23 need to be built into policy design [going forward]."
24 You then discuss the shift to online provision of
25 services. You say:

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1 terms of, like, speed of access, in terms of people who
2 were missing out from that, so I think something like
3 that would be needed. But also, to make sure it lasts
4 long enough to -- you know, that -- again, that kind of
5 piecemeal support that can be withdrawn at any point,
6 having that, you know, unwinding gradually and making
7 sure it's got as wide a coverage as possible would be
8 what I would suggest.
9 **Q.** Thank you. I think we've covered this, but is there
10 anything else that you would like to say about the
11 impacts of poor housing and homelessness during the
12 pandemic?
13 **A.** Only that, as I say, I think it's -- yeah, it's --
14 almost all dimensions, it, sort of, exacerbates existing
15 worse situations. So you'd be stuck at home, perhaps in
16 a crowded accommodation, so you've got higher rates of
17 infection likely, also harder to access, kind of,
18 maintenance and things like that, so the accommodation
19 might also be deteriorating, harder to get out, and --
20 you know, if you haven't got a garden and things like
21 that. So I think it's -- it just -- the, kind of,
22 disadvantages kind of accumulate. And so I think that's
23 what I would emphasise.
24 **Q.** Thank you.
25 Towards the end of your statement, you tell us about

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1 "[It] was not new, but a continuation of a trend
2 already underway. It worked well for many people, but
3 excluded others."
4 And we've discussed that.
5 Moving on, you tell us about your collaboration with
6 the Children's Society, the Lloyds Bank Foundation, and
7 Turn2Us, working with organisations providing emergency
8 responses at a community level, found that part of the
9 challenge was the sudden inability to operate their
10 face-to-face services, which we've already touched upon.
11 And finally, at paragraph 133, you say this:
12 "They spoke about how the move to remote support
13 made it difficult to provide the type of service their
14 clients needed. For example, foodbanks shared that they
15 could provide food parcels but not the holistic support
16 they usually offered in relation to mental health and
17 debt. Similarly, welfare rights organisations shared
18 that they found it hard to support people with complex
19 personal circumstances as they couldn't meet in-person
20 to look into problems and contact DWP together. This
21 was compounded by trying to shift their services online,
22 while also experiencing a spike in demand. This points
23 to the need to consider resilience and contingency
24 planning not only in the public sector but also among
25 community providers."

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1 **A.** Yes.

2 **Q.** And are those the lessons learned and recommendations
3 that you and your organisation would make going
4 forwards?

5 **A.** Yes, I think so. I think -- just to broaden slightly,
6 if I may?

7 **Q.** Yes.

8 **A.** So I think there's four kind of key policy areas. So
9 one is strengthening social security, which I think is
10 really important. Then it's on the housing support side
11 of things. Then on labour market support. And then
12 community responses.

13 But I think that first paragraph, about the
14 intersectionalities and how, you know, somebody in that
15 almost ideal situation of having everything going for
16 yourself, is a totally different experience to somebody
17 who's, you know, saying no to all of those categories.
18 Which quite often people would be because, you know, if
19 you're in one of those negative categories, you're more
20 likely to be in more. So I think almost having -- yeah,
21 not having that as your typical person but having
22 somebody who is struggling with those areas as your
23 typical person would be really helpful in designing
24 effective policies in those areas.

25 **MS BLACKWELL:** Thank you very much.

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1 **LADY HALLETT:** Thank you very much indeed, Ms Iqbal. Sorry,
2 I hadn't unmuted myself.

3 That completes our questions for you, Mr Matejic.
4 Thank you so much for your help, and for the foundation
5 agreeing to assist the Inquiry. It's all been extremely
6 helpful and interesting. Thank you.

7 **THE WITNESS:** Thank you.

8 **LADY HALLETT:** I think we've got slight problems with the
9 witnesses. Somebody's flight was cancelled this
10 morning?

11 **MS BLACKWELL:** I'm afraid so, yes. We're making provision
12 for that person to be able to give evidence remotely,
13 my Lady. We've made good progress this morning.

14 **LADY HALLETT:** We have.

15 **MS BLACKWELL:** I wonder if I could invite you to rise and to
16 sit again at 1.30?

17 **LADY HALLETT:** Certainly. And let's hope it works with the
18 remote technology for the witness.
19 If it doesn't, I'm afraid we're going to have to go
20 ahead.

21 **MS BLACKWELL:** Yes, understood.
22 Thank you, my Lady.

23 **LADY HALLETT:** Thank you. I shall resume at 1.30.

24 **(12.16 pm)**

25 **(The Short Adjournment)**

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1 My Lady, that concludes my questions. You have
2 provided permission for Migrants' Rights Consortium to
3 ask one question and I think again that is going to be
4 asked by Ms Iqbal.

5 **LADY HALLETT:** Thank you.
6 Yes, Ms Iqbal.

7 **Questions from MS IQBAL**

8 **MS IQBAL:** Thank you.
9 Mr Matejic, at paragraph 108 of your witness
10 statement you set out the ways in which migrants were
11 disadvantaged during the pandemic.
12 That is at page 28 if you'd like to have a look.
13 Thank you.

14 Do you agree that during the pandemic there were
15 specific factors, for example targeted immigration law
16 and policy, excluding migrants from mainstream welfare,
17 and creating barriers to accessing healthcare, which
18 affected vulnerable migrant groups and were distinct
19 from the impact on ethnic minorities generally.

20 **A.** Yes, I do agree with that. And I think some of those
21 things or most of those things would have been existing
22 either side of the pandemic, and still exist, so, yes,
23 that's correct.

24 **MS IQBAL:** Thank you.
25 I'm grateful, my Lady.

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1 **(1.30 pm)**

2 **MS RAHMAN:** My Lady, can you see and hear me?

3 **LADY HALLETT:** Yes, I can now, both.

4 **MS RAHMAN:** My Lady the next witnesses to be called are
5 Mr Mark Norris, Ms Nicola Dickie, Dr Chris Llewelyn, and
6 Ms Alison Allen.

7 **LADY HALLETT:** Ms Dickie, just before you are sworn or
8 affirmed, sorry about your problems this morning with
9 transport.

10 **MS DICKIE:** Thank you.

11 **MS RAHMAN:** My Lady, these witnesses are representatives
12 from the Local Government Associations of England,
13 Scotland, Wales and Northern Ireland respectively.
14 Could they be sworn, please.

15 **MS NICOLA DICKIE (affirmed)**

16 **MS ALISON ALLEN (affirmed)**

17 **DR CHRIS LLEWELYN (affirmed)**

18 **MR MARK NORRIS (affirmed)**

19 **Questions from COUNSEL TO THE INQUIRY**

20 **MS RAHMAN:** Thank you.
21 Mr Norris, thank you very much for attending to give
22 evidence today. Could you give your full name, please.

23 **MR NORRIS:** Mark Norris.

24 **Q.** There should be a statement in front of you, dated
25 5 February 2026, INQ000660146. Can you confirm that is

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1 a statement that you have provided for the purposes of
2 this Inquiry?

3 **MR NORRIS:** I can.

4 **Q.** Within that statement, you adopt the contents of another
5 statement, of Ms Joanna Killian, dated 27 October 2025;
6 is that correct?

7 **MR NORRIS:** It is.

8 **Q.** Can you confirm that any facts stated within the
9 statement are true to the best of your knowledge and
10 belief?

11 **MR NORRIS:** I can.

12 **MS RAHMAN:** Thank you.

13 Ms Dickie, thank you very much indeed for returning
14 to give evidence again today. Could you give your full
15 name, please.

16 **MS DICKIE:** Nicola Dickie.

17 **Q.** There should also be a statement in front of you dated
18 23 October 2025, INQ000588234. Can you confirm that's
19 a statement that you have provided for the purposes of
20 the Inquiry?

21 **MS DICKIE:** I can.

22 **Q.** Can you confirm that any facts stated within the
23 statement are true to the best of your knowledge and
24 belief?

25 **MS DICKIE:** Yes, I do.

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1 **Q.** Thank you very much.

2 Now, turning first to the preliminaries, as either
3 you yourselves or colleagues have given evidence before,
4 I will touch only briefly on your extensive professional
5 experience and the memberships of your associations.

6 But first, Mr Norris, you are Principal Policy
7 Adviser at the Local Government Association, which
8 I will refer to as the LGA; is that correct?

9 **MR NORRIS:** It is.

10 **Q.** You've been in that role since 2015, but I understand
11 you've worked for the LGA for 18 years?

12 **MR NORRIS:** I have, yes.

13 **Q.** And is it correct that the LGA's membership includes
14 nearly all of the councils in England, and also, due to
15 the Welsh Local Government Association's corporate
16 memberships, all the principal Welsh councils?

17 **MR NORRIS:** It is, yes.

18 **Q.** Now, at paragraph 16 of your statement, you explain how
19 the LGA had a wide-ranging role during the pandemic,
20 including capturing the views and concerns of the
21 councils on the ground who were leading the local
22 response; is that a fair summary?

23 **MR NORRIS:** It is, yes.

24 **Q.** Thank you. And also, you've explained how the LGA fed
25 back those views and concerns to inform central

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1 **Q.** Dr Llewelyn, thank you very much for returning to give
2 evidence again today. Could you give your full name,
3 please.

4 **DR LLEWELYN:** Chris Llewelyn.

5 **Q.** There should be a statement in front of you, dated
6 15 September 2025, INQ000659923. Can you confirm that
7 is a statement that you've provided for the purposes of
8 the Inquiry?

9 **DR LLEWELYN:** Yes, that's correct.

10 **Q.** Can you confirm that any facts stated within the
11 statement are true to the best of your knowledge and
12 belief?

13 **DR LLEWELYN:** Yes, that's correct.

14 **Q.** And finally, Ms Allen, thank you very much for returning
15 to give evidence today. Could you give your full name,
16 please.

17 **MS ALLEN:** Alison Allen.

18 **Q.** There should be a statement in front of you dated
19 21 September 2025, INQ000659923. Can you confirm that's
20 a statement that you have provided for the purposes of
21 the Inquiry?

22 **MS ALLEN:** Yes, I can.

23 **Q.** Can you confirm that any facts stated within the report
24 are true to the best of your knowledge and belief?

25 **MS ALLEN:** Yes, I can.

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1 government decision making, which has been the focus of
2 previous modules; is that right?

3 **MR NORRIS:** It is, yes.

4 **Q.** Thank you.

5 Moving, then, to you, Ms Dickie. You are the
6 director of people policy for the Convention of Scottish
7 Local Authorities, which I shall refer to as COSLA; is
8 that correct?

9 **MS DICKIE:** Yes, that's correct.

10 **Q.** And you explain COSLA's role throughout the pandemic at
11 paragraphs 2.5 and 2.6 of your statement.

12 **MS DICKIE:** Yes.

13 **Q.** In summary, is it correct that COSLA continued to
14 function as the membership organisation of all 32 local
15 authorities in Scotland?

16 **MS DICKIE:** Correct.

17 **Q.** In particular, COSLA championed councils' work to secure
18 the resources and powers they needed to respond to the
19 pandemic?

20 **MS DICKIE:** Yes, we did.

21 **Q.** And you engaged with government and others on policy,
22 funding and legislation; is that fair?

23 **MS DICKIE:** Correct, yes.

24 **Q.** Turning to you, Dr Llewelyn. You are the Chief
25 Executive of the Welsh Local Government Association,

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1 which I shall refer to as the WLGA; is that right?
 2 **DR LLEWELYN:** Yes.
 3 **Q.** And all the local authorities in Wales are members of
 4 the WLGA; is that correct?
 5 **DR LLEWELYN:** Yes, that's correct.
 6 **Q.** And as we've heard, WLGA is a corporate member of the
 7 LGA; is that correct?
 8 **DR LLEWELYN:** Yes, that's correct.
 9 **Q.** Now, Dr Llewelyn, you say at paragraph 13 of your
 10 statement that during the pandemic WLGA facilitated
 11 urgent and regular consultation and engagement between
 12 the Welsh Government and others with the councils; is
 13 that right?
 14 **DR LLEWELYN:** That is correct, yes.
 15 **Q.** And that's across many aspects of the collective
 16 Covid-19 response?
 17 **DR LLEWELYN:** Yes, that's correct.
 18 **Q.** We've also heard your evidence about that engagement in
 19 previous modules; is that right?
 20 **DR LLEWELYN:** That's right, yes.
 21 **Q.** Finally, Ms Allen, you are the Chief Executive of the
 22 Northern Ireland Local Government Association, which
 23 I shall call NILGA, and you note at paragraph 13 of your
 24 statement that the councils you represent don't have the
 25 same responsibilities as those in England, Scotland and

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1 So I will start first with sport and leisure, the
 2 first topic.
 3 If I can turn to you first, Mr Norris, leisure
 4 facilities specifically are covered in your statement in
 5 some detail at paragraphs 72 to 83 but I'll take you
 6 through what appear to be the main points. And you note
 7 that the closure of leisure facilities in the first
 8 instance meant there was an immediate loss of an
 9 important income stream; is that correct?
 10 **MR NORRIS:** It is, yes.
 11 **Q.** But what you also say is that notwithstanding their
 12 closure, they still have very expensive running costs?
 13 **MR NORRIS:** They did, so I think in the statement you see
 14 that we make a reference there to swimming pool filters,
 15 for example, so the replacement of those would be
 16 £20,000 per filter. Some other work we did at the same
 17 time, I think estimated that the average utility bills
 18 for some of the leisure centres just for a month would
 19 be around £40,000, and certainly work by Community
 20 Leisure UK at the same time estimated that something in
 21 the region of £473,000 would be the monthly costs of
 22 keeping a leisure centre going even when you've got
 23 furloughed staff because you're taking into account
 24 pensions, loans, and other costs that you will need to
 25 pay for.

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1 Wales; is that correct?
 2 **MS ALLEN:** Yes, that's correct.
 3 **Q.** However, what you've done for us is set out NILGA's
 4 understanding of the impact of the pandemic on
 5 communities where you can assist.
 6 **MS ALLEN:** Yes, absolutely.
 7 **Q.** And you have been able to assist in relation to most of
 8 the areas that we are covering during the course of this
 9 afternoon; is that correct?
 10 **MS ALLEN:** That's correct.
 11 **Q.** Thank you. Paragraph 15 of your statement, is it fair
 12 to say that the objective of NILGA was to inform and be
 13 informed on all pandemic matters as they related to the
 14 role of local government in supporting communities?
 15 **MS ALLEN:** That's correct.
 16 **Q.** Thank you very much indeed to all of you for that
 17 introduction and for your statements, which are
 18 extensive.
 19 I'm going to focus my questions on the impact of the
 20 pandemic as understood by local authorities under five
 21 broad headings, and I will list those now.
 22 First, community-level sports, leisure and cultural
 23 institutions; second, vulnerable groups; third,
 24 homelessness; fourth, key workers; and fifth,
 25 bereavement services and funerals.

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1 So yes, there would have been a lot of ongoing
 2 expenditure that would be needed.
 3 **Q.** So that's the financial impact.
 4 **MR NORRIS:** Yeah.
 5 **Q.** We've heard, in the Inquiry already, a lot of evidence
 6 about the positive benefits of physical activity in
 7 boosting physical and mental health. Is it right that
 8 LGA were also very concerned about the closure of public
 9 leisure facilities for that reason?
 10 **MR NORRIS:** We were. It's an important part of ensuring
 11 people's fitness and activity that they can access those
 12 facilities at any time.
 13 **Q.** And you've referred in your statement at paragraph 77 to
 14 some work that LGA did with groups such as ukactive and
 15 Sport England in order to support councils to provide
 16 facilities; is that correct?
 17 **MR NORRIS:** It is, yes.
 18 **MS RAHMAN:** My Lady, I don't need to take the witness to
 19 this but you may recall that insights from ukactive and
 20 Sport England are contained with the Community Level
 21 Sport and Leisure Roundtable report, and just so you
 22 know, the witnesses have had sight of a number of those
 23 reports, including that one, and also, the separate
 24 statements from all of the sports and arts councils of
 25 the four nations of the UK.

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1 I'll refer to a few extracts from those as we
2 continue.
3 Back to you, Mr Norris. One point you make at
4 paragraph 79 is that many leisure providers delivering
5 these sorts of services for councils fell between the
6 cracks in terms of initial support packages; is that
7 correct?
8 **MR NORRIS:** It is. I think it is fair to say that an
9 understanding of the particular circumstances of how, in
10 England, the leisure services are structured,
11 particularly those provided by local authorities, was
12 not appreciated by central government and as a result,
13 while there was a range of schemes in place to support
14 other parts of local government but also in terms of the
15 wider economy, we ended up in a position where leisure
16 centres, as you described it, fell through the gaps
17 because they weren't properly taken account of and the
18 particular needs that they needed to be acknowledged
19 weren't factored into government's considerations.
20 **Q.** And following lobby from the LGA and others, it's right
21 to say that the National Leisure Recovery Fund was
22 introduced; is that correct?
23 **MR NORRIS:** It is, yes.
24 **Q.** You go on to describe certain innovations that were
25 deployed ultimately by councils, including online

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1 England, which they did over the early parts of the
2 lockdown period in 2020, suggested that somewhere
3 between -- the financial impact on the leisure sector
4 would be somewhere between £700 million to £1 billion'
5 worth of expenditure, and that they would need something
6 like that in terms of the funding to be able to
7 stabilise. So, while the funding that was provided
8 later on in 2020 was welcome, obviously, to a degree, it
9 didn't match what we estimated was going to be the full
10 impact of the financial costs of shutting down these
11 facilities.
12 **Q.** Thank you. One final point that I wanted to ask you
13 about before we move to Ms Dickie for some of her
14 insights, as services were reopened following the
15 lifting of lockdown, you have suggested that older
16 demographics in particular, as well as a number of
17 different groups, were slow to return to using services.
18 Why was that?
19 **MR NORRIS:** I think because, understandably, the messaging
20 was about -- at the time, was about looking after your
21 health, being cared for, looking after the NHS, and that
22 people understandably didn't want to take risks with
23 their own health. They weren't sure what circumstances
24 some of the facilities would be reopened under, and
25 whether or not they would be entirely safe. So I can

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1 classes, socially distanced activities in parks. Are
2 there any other examples that you can share with us that
3 were able to be used?
4 **MR NORRIS:** There was a range of things that councils did,
5 in terms of switching from delivery in person to trying
6 to do things online, and that included a range of
7 different facilities and cultural institutions that
8 local authorities were running. So, libraries trying to
9 shift some of the work that they did, museums again
10 shifting to making sure that some of their exhibitions
11 and things like that could be accessed online, and of
12 course libraries trying to increase the number of
13 e-books they were able to provide and lend out.
14 **Q.** Thank you.
15 You've cast forward a little bit there to cultural
16 institutions. There's a huge amount of crossover, so
17 it's interesting that you mention those particular
18 services going online at this point. We will come back
19 to that.
20 But one point you make is that these services that
21 councils were able to come up with didn't actually
22 generate income, and so the financial challenges that
23 you've already described, they would have remained
24 significant?
25 **MR NORRIS:** They did. The work that -- jointly with Sports

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1 imagine there was a degree of reticence on people's part
2 to return until they were completely sure that the
3 facilities they were going to be managed
4 in a safe way.
5 **Q.** Thank you very much, Mr Norris.
6 Moving to Ms Dickie, you deal with leisure
7 facilities at paragraphs 3.1 to 3.8 of your statement,
8 and you also note significant work done in Scotland to
9 prioritise the reopening of these facilities.
10 **A. (Witness nodded)**
11 **Q.** And you refer to cross-cutting benefits at
12 paragraph 3.3.
13 Again, it seemed that they include benefits to
14 individuals in terms of health, and benefits to the
15 economy. Is that right?
16 **MS DICKIE:** Yes, it is.
17 **Q.** Can you expand at all about how that operated in
18 Scotland or what your particular concerns were in
19 Scotland?
20 **MS DICKIE:** So I think, as the Inquiry has heard in previous
21 modules, COSLA jointly sponsors Public Health Scotland
22 and one of the big focuses of local government in
23 Scotland is in around about tackling inequality. What
24 we consider inequality, our first starting point is
25 place. So, access to leisure and culture facilities in

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1 place is incredibly important, so that our residents
2 across Scotland are able to not just survive but thrive.
3 I think the point that Mark has already made, about
4 access to facilities as close to home as possible, is
5 really important, and it's something that I think the
6 work outlined in my statement demonstrates: that our
7 members were telling us very early on in the pandemic
8 that these services were at risk and that we needed to
9 not just maintain them and sustain them, we needed to
10 come back very quickly as we progressed through the
11 pandemic.

12 **Q.** Thank you very much.

13 Later, at paragraph 3.21 of your statement, you note
14 another feature of the impact in this sector during
15 lockdown, and that's that some of these leisure centres
16 were closed, but some of them were also being used as
17 testing facilities, or for vaccination centres, with
18 staff deployed elsewhere; is that correct?

19 **MS DICKIE:** Yes, it is. And --

20 **Q.** And -- sorry, go on.

21 **MS DICKIE:** The very nature of our sports and leisure
22 facilities across Scotland is that they are centred
23 within our communities. They are tried and tested.
24 They normally have good access and parking facilities,
25 so they were well known across the communities, and the

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1 as well as physical health, and the financial strain,
2 the loss, but I think we've also referred to issues of
3 social prescribing and it's something that's easily
4 overlooked.

5 As an association, we've run -- we, at the time, ran
6 the Exercise Referral Scheme which is a scheme which
7 prescribes physical activity rather than prescribing
8 conventional medicines to deal with chronic conditions,
9 chronic heart and respiratory conditions.

10 It was delivered by the 22 authorities across the
11 leisure sector in Wales, and it was one of those things
12 that was lost, that could be easily overlooked. And
13 there are significant health benefits that go beyond the
14 physical activity in terms of providing social networks
15 for people who were often elderly and in a vulnerable
16 state.

17 There were efforts to compensate, to provide, to
18 make online provision, but I think it was a very
19 significant loss, and in terms of going forward, the
20 preventative and early intervention agenda, I think
21 there are significant lessons there.

22 **Q.** So you've described the National Exercise Referral
23 Scheme and that's part of social prescribing --

24 **DR LLEWELYN:** Yes.

25 **Q.** -- which the Inquiry has already heard from Sarah Hughes

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1 access levels were good for differing access
2 requirements. But there was a point where we had to
3 think about transitioning away from these being test and
4 trace facilities and vaccine facilities, and put them
5 back into normal use, because we could see the
6 inequalities that we were facing across our communities.

7 **Q.** So, these sorts of areas were hugely important in
8 community so that the loss of them during the pandemic,
9 for vaccination or other services, had quite an impact
10 on communities, would it be fair to say?

11 **MS DICKIE:** I think that's correct.

12 **Q.** Thank you very much for that, Ms Dickie.

13 Can I move do you, Dr Llewelyn. You cover this
14 ground at paragraphs 14 to 29 of your statement, and
15 some of that is over broader areas, including cultural
16 institutions. I'll come back to it later. But in terms
17 of leisure facilities, specifically, you also note
18 prolonged closures, reduced physical activity,
19 particularly for those without access to alternatives,
20 and also financial strain on facilities. That is at
21 paragraph 27 of your statement. Is that a fair summary
22 of the issues that you've described?

23 **DR LLEWELYN:** I think it is. In paragraph 27 we also -- so
24 we talk about the loss of the impact on physical
25 activity, we touch on the impact of -- on mental health

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1 at Mind about the importance of those sorts of
2 initiatives in terms of improving physical health.
3 Thank you very much for that.

4 An additional feature of the impact that you've also
5 noted in that section of your statement is that the
6 workers who were normally involved in providing those
7 services were then redeployed, for instance, to provide
8 Test and Trace or shielding; is that correct?

9 **DR LLEWELYN:** Yes, that's correct, as well.

10 **Q.** Now, one thing that you describe in your statement is
11 that the largest leisure centre in North Wales, Deeside
12 Leisure, was assigned for use as an emergency hospital;
13 is that correct?

14 **DR LLEWELYN:** Yes, that's correct.

15 **Q.** Can you tell us a bit about that.

16 **DR LLEWELYN:** Shall I -- yeah, if I can elaborate.

17 When leisure centres and other facilities, as well,
18 were closed by local authorities, they were very adept
19 and fleet-of-foot in terms of repurposing, redeploying
20 staff, some were furloughed, but redeploying staff and
21 then repurposing some of the facilities. They may have
22 been used for testing, they may latterly have been used
23 for the vaccinations, as well.

24 We've mentioned Deeside Leisure Centre in Flintshire
25 because it's an interesting example, because it was used

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1 for different purposes. At one point it was used as an
2 emergency hospital, as well, but there are consequences,
3 and there were consequences to that, which meant that
4 once the restrictions were lifted, it took a significant
5 amount of time before that facility was back on stream
6 and there were significant costs to it, as well.

7 We've highlighted that example, but that occurred in
8 numerous other places across Wales, as well.

9 **Q.** And the sort of costs that you might be referring to
10 include the sorts of things that Mr Norris was
11 describing earlier: the fact that if you switch off
12 a swimming pool's filter, it costs £20,000 to switch it
13 back on again.

14 **DR LLEWELYN:** Yes, all sorts of -- there were significant
15 costs there and remedial work because of the adaptations
16 that have been made as well.

17 **Q.** Would you agree with Ms Dickie that these sorts of
18 centres, they play a huge role in communities, so any
19 form of disruption has a sort of lasting effect, and
20 a significant impact?

21 **DR LLEWELYN:** Yeah, it's something we've tried to highlight
22 in our evidence, and -- but it's easily overlooked. In
23 terms of my reference to social prescribing, part of the
24 benefit I think, as you'll have heard from other
25 witnesses, is the networking opportunities, the other

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1 often they were the backbone of communities in the
2 absence of structured community organisations, and very
3 much to pick up on Dr Llewelyn's point that they are
4 more than leisure provision; they are meeting places,
5 they are social places, and I think it's fair to say
6 that in Northern Ireland we didn't appear to have the
7 same difficulty in prioritising their return after the
8 Northern Ireland Executive published its plan for return
9 to activities. Sport, leisure and cultural institutions
10 were prioritised very quickly with clear steps to enable
11 them to return in a controlled and responsible manner.

12 **Q.** Thank you.

13 I'm going to move back to you, Mr Norris.

14 You then deal with sport and physical activity more
15 broadly at paragraphs 88 to 114, beyond leisure centres.
16 Again, I'm not going to cover all of that ground, but
17 picking up the key points, you describe the moment when
18 you were permitted to exercise in parks for an hour
19 a day during lockdown as a lifeline to many,
20 particularly to those who had no outside space; is that
21 correct?

22 **MR NORRIS:** It is. And I think we rediscovered at that
23 point the benefit of local parks and green spaces in our
24 communities and, as others said, the fundamental role
25 that they play in terms of bringing communities

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1 opportunities for social interaction that that provision
2 provides, as well, and the same thing happens with
3 leisure provision, whether it's provided directly by
4 local authorities or in partnership with other community
5 groups, as well.

6 There's a significant loss beyond just the immediate
7 physical activity that takes place in those settings.

8 **Q.** Thank you very much, Dr Llewelyn.

9 Now, finally, Ms Allen, you've discussed leisure
10 facilities specifically along with sports and cultural
11 activities as part of a section at paragraphs 27 to 34
12 of your statement, and at paragraph 33 you also describe
13 a severe impact on people's access to all these services
14 in Northern Ireland over a prolonged period of time.
15 And at paragraph 34 you also highlight research from
16 others like ukactive, Sport England.

17 Would it be fair to say that the position in
18 Northern Ireland was very similar to what the other
19 witnesses have described?

20 **MS ALLEN:** Yes, absolutely. But I would potentially add
21 that community-level sports played as much of an impact
22 in the improving of physical and mental wellbeing as the
23 actual physical leisure centres. So whether it was
24 around pitches or around community centres, and councils
25 were providing support to those services as well, and

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1 together.

2 **Q.** You referred there to parks. I'm going to move on to
3 talk a bit more about parks now. They were kept open
4 but there were still quite a lot of concerns, it
5 appears, about people not adhering to guidelines, which
6 is something that would have impacted on councils and
7 their staff; is that correct?

8 **MR NORRIS:** Yes, it would have done.

9 **Q.** And a particular feature that you mention is the issues
10 that arose with tourist destinations, or on bank
11 holidays, you'd get large numbers; would that be
12 correct? That would present challenges for councils?

13 **MR NORRIS:** It did. So, particularly in the summer of 2020,
14 when, obviously, international travel was difficult, and
15 people were looking at staying within the UK, I remember
16 a number of discussions ahead of things reopening in
17 that summer with officials and also with local
18 authorities about what the pressures would be, and then,
19 as people went away into the summer, the pressures that
20 were put on parks, particularly on national parks, and
21 making the use of those, which caused -- great for the
22 people that were appreciating them, and especially in
23 the numbers that went out to them, but that did cause
24 some conflicts in terms of users -- and also the local
25 communities based in those parks as well -- which had to

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1 be balanced. And it was a difficult position for local
2 authorities and parks authorities and the police to
3 manage.
4 **Q.** So you've mentioned that sometimes you would close parks
5 in response to specific police requests, and you also
6 managed -- the councils managed closure of carparks as
7 part of the way in which this was dealt with.

8 Mr Norris, I think you have had sight of our
9 roundtable report on sport and leisure. There was an
10 account in there of people descending, essentially, on
11 certain areas, and there being a degree of resentment
12 about this, especially when facilities like carparks and
13 so forth, public toilets, were closed. Is that the sort
14 of thing that you recall coming up during this period?

15 **MR NORRIS:** It is. In particular again, as I said, in the
16 summer of 2020 it was a particular issue, in -- in
17 spaces -- those places on the coast, but also in the
18 national parks, where parking was tight because of the
19 sheer number of people who were visiting, and trying to
20 manage that and ensure people were safe,
21 socially distancing, all of those things made it much
22 more complicated than it normally would have been. But,
23 again, it was good that people were finding out and
24 appreciating the natural beauty of the UK.

25 **Q.** Again, sticking with the issue of parks and national
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1 didn't have access to gardens or spaces like that, parks
2 and green spaces provided by the local authorities were
3 a crucial resource for them to be able to go to, which
4 is why you saw such significant increases over time.

5 It was a mixed picture, I think fair to say, in
6 terms of usage. Initially people were kind of reticent
7 about going out, and I think there's -- some of the
8 information saying that some of the parks were
9 relatively deserted in the first few weeks of lockdown,
10 but then that started to pick up and, as you said, in
11 places like Walsall, we saw significant increases in
12 usage over the summer and over 2020.

13 **Q.** So, as you say, people didn't need to leave their house,
14 but you found that these facilities being opened did,
15 it's fair to say, demonstrate that people that a real
16 need to get fresh air and to leave the house?

17 **MR NORRIS:** Yes.

18 **Q.** Thank you.

19 You've also noted again some research, at
20 paragraph 100, from Sport England that noted
21 a particular impact on women and the disabled, whose
22 activity levels declined. Can you give us any detail
23 about any measures that were effective in getting these
24 groups more involved in outside services?

25 **MR NORRIS:** I think it's difficult to give any kind of
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1 parks, you mention in your statement that you
2 co-produced detailed guidance on managing parks with
3 people such as the National Trust. And, in summary,
4 that's because the guidance didn't appear to be
5 sufficiently detailed to cover many of these challenges
6 that you've described; is that fair?

7 **MR NORRIS:** It is, yes.

8 **Q.** Now, also in your statement, you have provided a large
9 number of case studies to illustrate the impact of the
10 efforts that were made to keep parks open and things
11 like that, one of which is about the Walsall
12 Metropolitan Borough Council.

13 And you touch on that at paragraph 99, and what you
14 say is that, during lockdown, visits to parks in that
15 area increased by 40% compared to the previous year, and
16 you say that's significant because, in the same area,
17 around 40% of residents in the town centre don't have
18 access to a garden. Can you just expand a little bit
19 about the point you're making there?

20 **MR NORRIS:** It goes back to that point about the importance
21 of parks and open spaces and being able to go out and
22 physically exercise. And when the restrictions in place
23 were such that you could only go out for a limited
24 period of time, you had to be social distancing and
25 people keeping in their bubbles, for those people who
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1 particular details. I think, from our point of view,
2 local authorities and our member authorities were
3 looking keen to make sure that everybody could access
4 those parks and be able to use them. But obviously, at
5 the time, when you've got social distancing requirements
6 and trying to keep people safe and apart from each
7 other, make particular -- the way you operate a park
8 changes. And, as you will have seen from some of the
9 examples in the witness statement, our member
10 authorities implemented a range of measures which tried
11 to ensure they were safe and usable, and make the parks
12 accessible, which meant including, in some instances,
13 changing the physical layout of the parks, to try to
14 make them accessible to people who could use them.

15 But, yes, it wasn't -- it wasn't an easy time, given
16 the rapid pace at which, you know, we moved from life as
17 normal into lockdown, and then navigating all of that.

18 **Q.** I think you mentioned Rugby Borough widened paths in
19 their parks to facilitate social distancing?

20 **MR NORRIS:** Indeed, yes.

21 **Q.** Just turning to that, when facilities did reopen,
22 presumably councils had to move at pace, you'd have
23 additional costs of hiring staff to ensure compliance
24 with social distancing, and also the signage. There was
25 a lot of signage that seemed to go up overnight.
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1 Presumably that would have created a great deal of
2 burden on councils?
3 **MR NORRIS:** Certainly for the teams running and responsible
4 for managing parks, they had to respond very quickly and
5 one of the issues -- all of the issues you've outlined
6 are ones that councils had to take into account, and
7 I think the other one would have been probably the pace
8 at which government was making decisions and then
9 councils were then responding to that and that, you
10 know, being able to, as you described it, moving at pace
11 was sometimes necessary as government made decisions
12 relatively quickly at times about what was happening and
13 then councils having to respond and the guidance not
14 being entirely clear in all instances about how things
15 should be managed.

16 **Q.** Mr Norris, talking about pace, I'm asked to remind
17 witnesses to speak slowly --

18 **MR NORRIS:** Sorry.

19 **Q.** -- because we have a stenographer who is trying to keep
20 up with all of the valuable evidence that you've been
21 giving. I'm hoping that because you're on the table
22 that you're close enough to the microphone but if you
23 were to slow down a bit I think it will be a lot easier
24 for her, or him, to get a note of what you're saying.

25 Thank you very much. You were talking about costs
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1 with you, the impact on councils really of moving at
2 pace, and that probably is something we will come to
3 when we deal with the workers for the council, the
4 pressure on them, I suppose.

5 So I can probably move forward, again, to Mr Norris.

6 Can I ask you to consider what you've explained at
7 paragraphs 119 and 120, and this is some research
8 conducted by Public Health England prior to the
9 pandemic. Is it right that that showed that ethnically
10 diverse communities were less likely to have good access
11 to green infrastructure?

12 **MR NORRIS:** It did, although it's worth noting that,
13 I think, within the Public Health report itself it
14 caveated some of that by saying that it was difficult
15 when they were doing a literature review to find some of
16 the evidence that they needed. So I think, you know,
17 that --

18 **Q.** Data gaps being the issue?

19 **MR NORRIS:** There are data gaps there, definitely, and
20 I think that's what Public Health England highlighted in
21 their report.

22 **Q.** And you also refer to another piece of research
23 published by Fields in Trust and that's in 2022 and,
24 again, that was on the same theme: that access to parks
25 specifically was highly unequal for people in more
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1 or other costs, and perhaps I could ask if any of the
2 rest of the witnesses have anything to add, costs of
3 PPE, intensive cleaning, these sorts of things, were
4 they completely unforeseen costs and measures that had
5 to be deployed?

6 Perhaps I could ask you, Dr Llewelyn, first, and
7 then I'll move to the other witnesses about how councils
8 were able to manage these costs.

9 **DR LLEWELYN:** Yeah, they were significant unforeseen costs.
10 I think that is the case. But we've -- in previous
11 modules and in other evidence I think we've highlighted
12 the effectiveness of the Hardship Fund provided by the
13 Welsh Government, and how responsive the Welsh
14 Government was to costs incurred by local government.
15 Both the loss of income and the additional costs from,
16 you know, throughout the Covid period, and I think in
17 previous modules we've highlighted that that process
18 worked incredibly effectively, it was developed
19 relatively quickly and again highlighted the
20 significance and the importance of a close working
21 relationship between the government-- (overspeaking) --

22 **Q.** Dr Llewelyn, you remind me that this is territory that's
23 probably more appropriate to evidence you've already
24 given, but it's a good reminder.

25 I think in terms of the point I'm trying to explore
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1 economically deprived areas; is that correct?

2 **MR NORRIS:** It is, yes.

3 **Q.** Ms Dickie, coming back to your statement at
4 paragraph 3.33, you cover this same point and it's part
5 of a broader comment, which you've already touched on,
6 and that's that the pandemic exacerbated existing
7 inequalities in access to physical activity and cultural
8 participation, and you say that older adults, people
9 with long-term health conditions, children and young
10 people, disabled individuals and those living in areas
11 of socioeconomic deprivation were the most significantly
12 affected.

13 I think you've already expanded a little about this
14 earlier in your evidence. Is there anything more to add
15 at this point?

16 **MS DICKIE:** No, I suppose, just to say that what you've
17 heard from colleagues in the other LGAs was very much
18 how it played out in Scotland. I think the other thing
19 that hasn't come up, but was really important in and
20 around about grassroots that Alison touched on, was the
21 gender imbalance. So a lot of the grassroots community
22 sporting activity that goes on is particularly skewed
23 towards men and boys. So we were having to balance
24 between, do you know, access to leisure centres and
25 bringing forward online classes and spaces for -- to
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1 cover our community. But we were also having to balance
2 that between the fact that some grassroots sporting
3 authorities were very much looking after the interests,
4 sadly, of one gender.

5 So we had lots of conversations in Scotland in and
6 around about how we could get things like dancing
7 classes and gymnastics classes and these other things up
8 and running. So, I suppose, there's a real tension
9 there in kind of who was playing the sport or who was
10 taking part in the leisure, and what was actually
11 happening when they were there. So team contact sports
12 were -- a conversation was taking place in one place
13 because it was outdoor, and then you were having
14 a conversation in a separate space because it was
15 a dancing class that would take place indoor. So
16 I think there was a real tension and an inequality being
17 built in there, in terms of the discussions on who was
18 playing and what they were playing and the environment
19 that they were playing that in. And there was a real
20 balance to go through that in conversations with our
21 colleagues in government.

22 **Q.** Thank you very much, Ms Dickie.

23 Now, I'm going to move on to cultural institutions
24 now. But as your last statement demonstrates, there's
25 a significant overlap between this and what we've

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1 closure of both sports and cultural facilities. Could
2 you expand on that, please?

3 **MS DICKIE:** Yes, so I suppose in many cases in a remote and
4 rural area there may well only be one sports facility,
5 and there may only be one leisure centre. You're pretty
6 likely to have your sports fields attached to your
7 parks, and we've just had a conversation on parks. The
8 other thing is that in rural areas the distance that
9 needs to be travelled between habitations can be long
10 distances, and later on in the pandemic when we moved to
11 the tiering system, you could have two local authorities
12 that were right next to each other with one with leisure
13 facilities and access to sport open, and one not. But
14 the ability to travel between the two areas was
15 constrained by the kind of population-level restrictions
16 on travel that had been put in.

17 So certainly in our remote and rural areas, the
18 ability to cater for communities to the same extent as
19 in our more kind of populated areas was certainly
20 something that we raised across the board.

21 **Q.** And you mention also there were particular impacts
22 noting those features such as travel on people with
23 disabilities and health conditions; is that correct?

24 **MS DICKIE:** Absolutely, and the other thing that -- the
25 other example that comes to mind was on -- in and around

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1 already heard about sports and leisure facilities. So
2 I'm not going to cover that ground again. But
3 continuing with you, Ms Dickie, paragraph 3.9 of your
4 statement, you say that:

5 "As the representative body for local government,
6 COSLA consistently advocated for the protection and
7 sustainability of ... services including libraries,
8 museums, theatres, and community arts programmes."

9 So presumably these are features of community life
10 that you were particularly concerned should be
11 maintained, so far as possible?

12 **MS DICKIE:** Absolutely. And I suppose that goes back to the
13 point I made earlier about the starting position for
14 local government being very much built in place, so
15 historic buildings, access to institutions and areas
16 that have been part of community life for hundreds of
17 years in some cases were incredibly important, and it
18 was -- again, it was important that we were trying to
19 advocate for place-based communities but also
20 communities of interest, so things that were important
21 for different parts of the communities in different
22 parts of the country.

23 **Q.** I just want to pick up on a new point that you make at
24 paragraph 3.35, and that is about the particular impacts
25 on rural communities and that's both in terms of the

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1 about the closure of swimming pools. For many people
2 living with a disability or anyone who is potentially
3 a bit infirm perhaps a swimming pool is the only
4 exercise that they can safely take. But we had closed
5 the swimming pool and closed their ability to actually
6 be hoisted into a pool so cold-water swimming wasn't
7 something that was going to be useful across the piece,
8 so I think it was that, going back to that point about
9 inequality, population-level measures that were applied,
10 as you know, and the Inquiry has heard in Scotland, were
11 taken down a kind of four-harms route, but within each
12 of those harms, there needed to be an understanding of
13 people's specific circumstances and that talks to the
14 point I think that's come up already in this module to
15 the Inquiry: it's not just a lack of data, it's a lack
16 of an ability to then layer that data together to
17 understand a subset of the population that might be
18 affected by something as specific as living with
19 a disability, and closure of swimming pools.

20 So it's the lack of data but the lack of ability to
21 layer that data I think has -- didn't help.

22 **Q.** Thank you so much, Ms Dickie.

23 I will turn now back to Dr Llewelyn on a similar
24 point, but as you've given such an extensive answer,
25 probably take it a little quicker with you, Dr Llewelyn.

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1 You've said there that the closure of leisure
2 centres, gyms and cultural venues -- so all of the
3 services within this section -- it was significant and
4 extensive. And you also touch on vulnerable people,
5 including those who were self-isolating, being
6 particularly impacted, as Ms Dickie has explained.

7 You then say that many bespoke cultural and leisure
8 activities provided for people with physical and
9 learning disabilities, and for ethnic groups and others
10 with other protected characteristics, were impacted.
11 And you say that this impacted on social connectivity.

12 Could you give us perhaps some examples of the sorts
13 of bespoke activities you mean.

14 **DR LLEWELYN:** Yeah, services were provided online. You
15 know, one of the things we've touched on before is the
16 fact that local authorities are in touch with their
17 communities, elected members, officers. They tend to
18 live in their communities and they understand the local
19 needs. Very often strategies are set nationally by
20 national governments, but the role of local government
21 is to interpret them according to local circumstances
22 and, in this instance, that's what authorities did.

23 Something we haven't touched on, we mentioned in the
24 evidence, is the state of the provision at the start of
25 the pandemic. And it is worth reinforcing and bearing

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1 communities and, in our evidence, I think we list
2 a number of examples of where local provision was
3 developed to respond to local demand.

4 **Q.** Thank you very much.

5 You've specifically mentioned at paragraphs 30 to 33
6 of your statement a number of case studies on how
7 libraries were used. That seems to have been quite an
8 important part of what you considered -- or councils
9 considered needed to be provided; is that correct?

10 **DR LLEWELYN:** Yeah, that is correct, yes.

11 **Q.** You say that cultural venues act as third spaces to
12 enable and encourage social connection. I think that
13 we've already touched on this, that the library is
14 a place to meet people; it's not just there to provide
15 the service of a library, it's also something to do with
16 social connectivity. And that was lost during the
17 pandemic due to closures and restrictions?

18 **DR LLEWELYN:** It is easily overlooked, I think. And as some
19 of my colleagues have touched on already as well,
20 rurality, sparsity, deprivation, demographics, all of
21 these factors have a differential impact. Transport
22 costs as well: people living in rural communities that
23 have fewer facilities, the cost of accessing those or
24 travelling is significantly more as well.

25 In deindustrialised areas or in more urban areas,

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1 in mind that all of these facilities were suffering from
2 an underinvestment over the ten or fifteen years prior
3 to the pandemic.

4 In terms of some of the solutions, we mentioned some
5 of the arrangements, the provision made in West Wales by
6 some of the North Wales authorities, Flintshire,
7 Denbighshire --

8 **Q.** Sorry, Dr Llewelyn, could I ask you just to slow down
9 a tiny bit.

10 **DR LLEWELYN:** Too fast? Yes.

11 We've referred to various solutions that were
12 developed by authorities across Wales, but they were
13 community and locally based, so that they would liaise
14 with voluntary groups within their communities,
15 different kinds of voluntary groups, different
16 responses, all conforming to national guidance, but
17 being sensitive to both local needs and capacity within
18 those communities. So every council in Wales will have
19 a different relationship with their communities but also
20 with the networks and the community associations and
21 voluntary groups within the areas.

22 As an association, we work very closely with the
23 national -- the WCVA, but in terms of direct service
24 provision and responses to the pandemic, it was all
25 dependent on the local relationships within those

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1 there can still -- even if facilities are present, there
2 are still impediments which have -- which are rooted in
3 socioeconomic factors, also cultural issues as well, and
4 we've already touched on, as well, the impact on
5 minority ethnic groups and minority groups and
6 disabilities as well. So there's quite a -- there's
7 a very layered and nuanced effect here as well.

8 **Q.** One additional feature you've described is that some of
9 the activities that would have been going on in these
10 spaces, and which councils tried to protect, were
11 intergenerational programmes such as mentoring, and ways
12 in which people, old and young, could connect together
13 in the community. Is that something that you consider
14 was important?

15 **DR LLEWELYN:** Yes, really, really important, in terms of
16 social cohesion. And when we touched on leisure
17 provision, we mentioned the fact that the -- there's
18 a greater impact than simply the contact period and the
19 time that the particular activity takes. There are
20 a whole range of social interactions, many of which are
21 intergenerational, which wrap around the sporting or the
22 leisure activity.

23 **Q.** Thank you.

24 Mr Norris, you cover cultural impact at
25 paragraphs 84 to 88 of your statement, and you also say

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1 that libraries were quickly recognised as important
2 providers of support for people, particularly those who
3 were digitally excluded.

4 You have given some examples of what libraries were
5 used for: places for people to apply for benefits or
6 other support, and you also mention that there was some
7 live streaming, in private spaces, of funerals; is that
8 correct?

9 **MR NORRIS:** It is, yes.

10 **Q.** And you say that there were some limited financial
11 supports for these, but activities were still
12 significantly constrained, particularly grassroots
13 clubs?

14 **MR NORRIS:** They were, yes.

15 **Q.** And another point you make, at paragraph 89 of your
16 statement, is about volunteers. So you say there that
17 many of the services were reliant on a volunteer base,
18 but may have been drawn from people who were then
19 required to shield; is that correct?

20 **MR NORRIS:** It is. And it applies, I think, across to some
21 of the other case studies that we've got within the
22 witness statement that highlight the reliance that local
23 authorities make of volunteers who contribute
24 significantly to being able to run some of the leisure
25 and cultural facilities that councils are responsible

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1 However, as I mentioned earlier, you've all been
2 provided with extracts from the statements that the
3 Inquiry has received from the sports and arts councils
4 in all four nations.

5 Can I just get one section of one of those
6 statements up on screen. And that's from Richard
7 Archibald of Sport Northern Ireland. And what he says
8 there is:

9 "... we should perhaps view the world during the
10 pandemic as a world that sought to provide the basics
11 for the whole population. We live in a world of wants
12 and desires, or commercialism and consumerism, where
13 trends and fashions dictate so much of the world around
14 us. The pandemic forced us to reconsider our lives and
15 reevaluate our priorities. Our ability to get out for
16 a walk, access to safe places and spaces for activity
17 and social interaction, a reconnection with nature, and
18 our communities being supported in a variety of new ways
19 by the local sports club volunteers. We can use this to
20 highlight what the fundamental components of our future
21 society should be."

22 So, Ms Allen, I'm just going to come to you first,
23 because it comes from the Northern Ireland arts council,
24 though I'm sure what he means there isn't confined to
25 Northern Ireland. Do you consider, in the round, that

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1 for. And yes, the demographic tends to be people who
2 would have been, by virtue of age, for example, people
3 who were going to be advised to shield.

4 **Q.** So, just to expand a bit, you're talking about people
5 that may not be employed, but they're using their time
6 to provide services to the community as volunteers, they
7 tend to be older, and during the pandemic their service
8 was lost because they couldn't go out and do that any
9 more?

10 **MR NORRIS:** Indeed. And I think that's -- a broader impact
11 that came from the pandemic was that that applied not
12 just to local authorities directly ourselves, and the
13 volunteers that councils rely on, but also, when you
14 look at the picture in respect of voluntary
15 organisations themselves in the community, again, their
16 demographic, and some of the volunteers they relied on,
17 they suffered from the fact that as we went into
18 lockdown, and people were advised to shield, et cetera,
19 that they lost a good deal of their volunteer workforce
20 as well.

21 **Q.** And that's made a real difference to the services
22 councils could offer and on their financial situation?

23 **MR NORRIS:** Yes.

24 **Q.** Now, I'm coming to the end of my questioning on the
25 impact on sport, leisure and cultural institutions.

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1 some of the services that we've spoken about are part of
2 the basics or the fundamentals or, as he puts it, how
3 society should be?

4 **MS ALLEN:** Absolutely. And I think it speaks to the
5 multi-faceted nature of what a healthy society based on
6 general wellbeing looks like. And I think I couldn't
7 have put it any more meaningfully myself, in terms of
8 how it's been presented.

9 I think just, though, the general sense, is I think
10 we all said at that point, that we would be forced to
11 reevaluate our lives and our priorities. I suppose
12 there is a concern, potentially, amongst the political
13 representatives that my organisation represents, that
14 we've lost a little bit of that sense, and the
15 opportunity to gain on that. So perhaps the outcome of
16 the Inquiry will allow us to refocus on those things.

17 **Q.** Mr Norris, could I ask you to take a look at part of
18 your statement, paragraph 104 of your statement,
19 INQ000661279, page 28.

20 I should say, I forgot to mention the Inquiry number
21 of the earlier extract, and for the record that is
22 INQ000661781, page 28, 6.13.

23 But back to your point, could I just ask you to take
24 us through the points that you make about unexpected
25 benefits in the context of parks, please.

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1 **MR NORRIS:** Well, I think I'd agree completely with the
 2 statement there from sports bodies within Northern
 3 Ireland but also in terms of -- I think it shows that --
 4 and we've learnt from the fact that parks are a very
 5 valuable institution and resource within local
 6 communities, that the value that they provide and the
 7 resources that they give to the whole of the community
 8 are really important, and I think broadly, I think
 9 that's -- we started to recognise some of that that came
 10 out of the pandemic in terms of what was there and
 11 available on people's doorsteps and much more connected
 12 with what was happening at a very local level and what
 13 was there in their community that they could use.

14 I think there's one broader point I'd just pick up
 15 in terms of Alison's point earlier, is that, as well as
 16 that, the cultural and the leisure facilities that make
 17 not only to local wellbeing and the wellbeing of
 18 communities, but do play a fundamental role in keeping
 19 those local communities going but also provide economic
 20 and, you know, resources and attractions that draw in
 21 people to the local economy, as well.

22 So the role that they play is fundamental to the --
 23 very much what happens at a local level, and both in
 24 terms of culture, leisure and sport facilities, they're
 25 fundamental to what happens in local communities and my

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1 frustration for local government, which was highlighted
 2 in this discussion, is that these are all discretionary
 3 services. When budgets are cut, these are often the
 4 areas that are cut, despite the fact that all the
 5 evidence shows that the public value these services more
 6 than any other.

7 Something like 80% of local authority spending in
 8 Wales goes on social care, adult and children, and
 9 education, and there's always a tension there, if there
 10 are budget cuts, then these are the areas that suffer.

11 **Q.** Thank you very much, Dr Llewelyn.

12 I'm going to leave my questions in this area now,
 13 and I'll move on to the next topic that you're asked
 14 about, which is the impact on particular vulnerable
 15 groups.

16 Now, the Inquiry has already heard expert and other
 17 evidence about particular vulnerable groups, so I'm
 18 going to endeavour not to repeat evidence that we've
 19 heard before. I'm going to in particular pick up a few
 20 points in this area that some of the core participants
 21 have asked me to clarify with you. So I do not imagine
 22 that we will be very long on this area but I will try
 23 and get through it before we have our break.

24 Turning again first to you, Mr Norris. You cover
 25 this from paragraphs 122 onwards of your statement, and

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1 colleagues, I think from the LGA's perspective, it's
 2 really important that we continue to value, treasure,
 3 and invest in those in the future.

4 **Q.** Thank you very much.

5 Very briefly, just to come back to you, Ms Dickie,
 6 have you anything to as in terms of those closing
 7 points?

8 **MS DICKIE:** I think I'd absolutely agree with the first
 9 quote that was put up there from our colleagues in
 10 Northern Ireland. I suppose in November 2021 COSLA
 11 launched a broader vision for recovery from the pandemic
 12 and it was entitled Live Well Locally, and I was struck,
 13 when you put that extract up there, that every single
 14 thing that was described happens in a local place, not
 15 in a national context.

16 So a reference, place -- a number of times, place,
 17 belonging, and community. So I think as far as back as
 18 November 2021, COSLA were thinking similar things to our
 19 colleagues in Sport Northern Ireland.

20 **Q.** Thank you.

21 And finally, Dr Llewelyn.

22 **DR LLEWELYN:** If I could make a point, I think what this
 23 discussion, what the pandemic highlighted, is the value
 24 that people attach to museums, art galleries, libraries,
 25 leisure centres, parks, recreation and so on. The

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1 you've already addressed the work that the LGA did in
 2 relation to shielding in previous modules.

3 Picking up, then, on some additional points relevant
 4 to this module, at paragraph 134 you describe a number
 5 of vulnerable groups: the clinically extremely
 6 vulnerable cohort, the non-shielding vulnerable people,
 7 and people who were vulnerable due to self-isolating.

8 So the point there, Mr Norris, is that you are
 9 illustrating and highlighting that there are people who
 10 were vulnerable beyond those who are on the shielding
 11 list; is that correct?

12 **MR NORRIS:** It is and I think the Inquiry has already heard
 13 from evidence earlier on this week that obviously people
 14 were making individual decisions about whether or not
 15 they needed to shield, and what was the best thing for
 16 them to do for their own personal safety and health. So
 17 yes, there was cohorts of people that local authorities
 18 worked with, wanted to support, which went beyond that
 19 identified by the government and -- in terms of
 20 clinically extremely vulnerable.

21 **Q.** Carrying on the questions with you, Mr Norris, if I can
 22 ask you again, just to speak a little bit louder and
 23 slower.

24 At paragraph 136 you give some more examples of
 25 people who you might describe as vulnerable as a result

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1 of the pandemic, beyond those on the shielding list, for
2 example those working in the gig economy, those working
3 on low incomes, and particularly families who may have
4 been quite reliant in terms of feeding their families on
5 school meals; is that fair to say, there are other
6 examples of vulnerability?

7 **MR NORRIS:** There are, and again, I think the Inquiry for
8 this module has already heard some evidence in relation
9 to those groups.

10 **Q.** And you go on to say, particularly at the start of the
11 pandemic, it was necessary for councils to use their
12 local networks to understand who those groups were, and
13 what you mean by that, are voluntary, community and
14 social enterprise groups, or VCS; is that correct?

15 **MR NORRIS:** It is, yes.

16 **Q.** And is the way they did that through doing things such
17 as monitoring food bank use or advice lines, enquiries,
18 and passing that back and sharing that information?

19 **MR NORRIS:** Yes, it was that important point about sharing
20 local information and local intelligence, and colleagues
21 have already made reference to the position that local
22 authorities are in and both councillors and officers
23 living in their communities and being able to establish
24 those networks very quickly with local organisations who
25 would have the intelligence and data that they needed to

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1 So Ms Dickie, does that mean that the focus at
2 a national level on the clinically extremely vulnerable
3 had an impact on those who weren't formally advised to
4 shield, in that the councils were required to identify
5 them, and that they may have been clinically vulnerable
6 and at risk of severe outcomes, but not on the list?

7 **MS DICKIE:** Yeah, I think that was the case. And I think,
8 given the comments I've already made about
9 population-level restrictions, you may have had a person
10 living in one local authority who was not shielding, or
11 did not require to shield, but they did require their
12 daughter, who was in another local authority, to come
13 and help them pick up their prescription or walk the dog
14 or anything. And I suppose that goes back to the point
15 that Mr Norris has just made that local authorities set
16 up helplines, we used our local networks, we spoke to
17 our churches, our food bank organisations to say, "What
18 have you got coming through?"

19 And if I go back to the start of the conversation,
20 that indeed were the jobs that many of our staff who
21 previously worked in leisure centres were doing. They
22 were doing wellbeing calls and, you know, going and
23 picking up prescriptions and dropping them off. So
24 there absolutely was an impact on those that were asked
25 to shield as per the clinical guidance, but there was

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1 access to be able to identify who needed support.

2 **Q.** Yes. And you've identified, then, a large number of
3 schemes and funds deployed to assist. Those are at
4 paragraph 147, I don't need to ask you about those, but
5 later in your statement at paragraph 193 you describe
6 that those without recourse to public funds also faced
7 particular issues. I think you've addressed that in
8 your Module 9 statement; is that correct?

9 **MR NORRIS:** It is, yes.

10 **Q.** I think there is one question for you from somebody else
11 later on.

12 Turning to Ms Dickie, you also address that cohort
13 in your statement, and that is at paragraphs 4.11 to
14 4.14, and 4.30. And it's right, Ms Dickie, that you've
15 set out the impact on vulnerable groups in a great deal
16 of detail throughout section 4 of your statement?

17 **MS DICKIE:** That's correct, yes.

18 **Q.** I don't have any questions for you about the detail but
19 I am asked to clarify something that you mention at
20 paragraph 8.3 of your statement. Here you have also
21 described how councils had to rapidly identify and
22 support people at higher risk who were not part of the
23 official shielding list, and you referred to research
24 conducted with local authorities examining who, in the
25 "non-shielded at risk" group was receiving support.

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1 a knock-on impact to others across the communities that
2 councils picked up pretty quickly.

3 **Q.** Thank you.

4 Dr Llewelyn, you described the role of the WLGA in
5 delivering the shielding programme from paragraphs 48 to
6 51 of your statement, or your council's, rather, and you
7 also describe, at paragraph 52, the Test, Trace and
8 Protect strategy for Wales, which you say was delivered
9 by health boards and local authorities in partnership.

10 I am asked to clarify one matter with you about that
11 strategy which you describe as the Protect Workstream
12 later in your statement at paragraph 57. There you say
13 that Protect officers were able to draw on local
14 knowledge and expertise to support people shielding,
15 isolating or living on their own, and others.

16 Could you expand a little on how those who are part
17 of this wider cohort of clinically vulnerable, though
18 not on a list, were protected, and I note that you have
19 set out some particular initiatives at paragraph 61
20 which you could perhaps explain a little bit more about?

21 **DR LLEWELYN:** Yeah, the -- I think the test, trace and
22 protect arrangement worked reasonably effectively in
23 Wales. It took a little bit time to establish, but it
24 reflected central and local government and health
25 colleagues were working very effectively together.

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1 It touches on the point that I mentioned earlier
2 about councils, both officers and members, being best
3 placed to understand the needs of their communities.
4 And because they have a direct face-to-face relationship
5 with the people they represent and members of their
6 communities, they're able to make assessment --
7 assessments about vulnerability in a way that maybe
8 a conventional clinical assessment might not capture.

9 So, what we've, in our evidence, we've listed the
10 kind of interventions, the -- helping to deliver foot
11 packages, linking up with transport, providing links
12 with established community networks, all of which would
13 have helped those people in their vulnerability.

14 And then, we've listed a few examples, the -- one in
15 West Wales, there's another example of -- the West Wales
16 one is Friends in Need. In North East Wales,
17 Denbighshire, Wrexham and Flintshire councils were able
18 to connect vulnerable people with I think around
19 40 community networks. We've also referred to an
20 initiative in Blaenau Gwent, where there was a mapping
21 exercise undertaken, again to identify the capacity
22 within those communities, the voluntary and community
23 networks that were available to provide support.

24 We've mentioned those, but this is -- it's a pattern
25 that prevailed across Wales throughout the pandemic.

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1 community organisations, who know their people
2 intimately much better, often, in many cases, than
3 council officers will and do as well. So it was
4 implicit around protection of dignity, that
5 self-referral.

6 **Q.** Thank you. So it wasn't the only way?

7 **MS ALLEN:** Absolutely.

8 **Q.** There are other ways. Okay, thank you.

9 And I want to move now to another vulnerable group.
10 That is victim-survivors of domestic abuse. Again,
11 we've heard a lot of evidence about this, and what I'm
12 asked to do is clarify if there's anything from a local
13 government perspective.

14 And I'll ask all of you in turn, and perhaps I'll
15 start with Ms Dickie because, in relation to domestic
16 abuse, at the roundtable on this, I think you attended
17 that, didn't you, Ms Dickie?

18 **MS DICKIE:** Yes, I did.

19 **Q.** And you said something along the lines of: not only did
20 we put people in their own homes with a perpetrator, we
21 took all the services away.

22 That was a comment that you made?

23 **MS DICKIE:** Yes, I think that was on the basis of the
24 feedback that we had from our domestic violence --
25 violence against women and girls leads across our local

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1 **Q.** Thank you very much, Dr Llewelyn, for that
2 clarification.

3 Ms Allen, I'm also asked to clarify one matter with
4 you on this group. You've described, at paragraph 41 of
5 your statement, vulnerable individuals, other than those
6 formally advised to shield, who required support or
7 assistance, had the opportunity to self-refer through
8 a regional helpline, through council helplines, or
9 through engagement with local community voluntary
10 organisations.

11 The question raised was around whether self-referral
12 alone was adequate to locate these individuals, but is
13 it correct that you are also describing additional means
14 to do that, similar to what the other witnesses have
15 described?

16 **MS ALLEN:** Yes, absolutely.

17 And I think the particular reference to
18 self-referral was in respect of the protection of
19 dignity in these circumstances. So, recognising that
20 whilst people may not have met the criteria for the --
21 the medical criteria for shielding, that the individual
22 circumstances of individuals and families was very
23 private, so I'm sure it's implicit for us all that
24 councils took very wide definitions and wide
25 interpretations, and also sought to invest in local

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1 authorities.

2 The population-level restrictions that were applied
3 were making it very clear that people were expected to
4 stay at home. We then subsequently changed the way we
5 did our education functions, we moved our child
6 protection systems online, we prevented people from
7 accessing libraries, culture, all of the other areas
8 that we have already discussed.

9 I suppose the second end of that conversation was,
10 on top of that, we also applied population-level
11 restrictions that prevented informal support networks,
12 such as families, relatives, friends, coming together.

13 So I think, again, it goes back to what I've said
14 earlier about it's not the individual effect, it's the
15 cumulative effect of a lot of things that are pushing up
16 the risk factor and reducing the, kind of, mental
17 health, wellbeing and physical impact as well.

18 **Q.** And perhaps your answer follows from what you just said,
19 but the first question is whether you agree that
20 widespread of closures of in-person services and housing
21 and social care teams left many victim-survivors of
22 domestic abuse with no safe way to seek assistance from
23 local councils?

24 **MS DICKIE:** I think that's a fair conclusion.

25 And if I go back to the four harms approach in

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1 Scotland, with the first harm being direct harm from
2 Covid, a lot of the population-level restrictions that
3 were driven, were driven in and around about preventing
4 harm from Covid.

5 The third harm there was community, and I suppose
6 there was always a balance to be struck between the two.
7 And I suspect that the move to digital services to
8 reduce the move -- movement of Covid across our
9 communities potentially came to the detriment of access
10 to face-to-face services for many, which I'm sure the
11 Inquiry has already heard lots about.

12 **Q.** A second part of the question, a brief question, is do
13 you agree that those with no recourse to public funds in
14 that cohort would be a particular risk, due essentially
15 to the precarity of their situation and lack of options
16 to escape abuse?

17 **MS DICKIE:** I think that's fair (inaudible).

18 **Q.** The question is put to all of you. I'll ask, Ms Allen,
19 if you've got anything to add or anything that you may
20 disagree with about Ms Dickie's response to that? I can
21 repeat the questions if you wish.

22 **MS ALLEN:** No, I completely agree with the commentary. But
23 I suppose drawing the importance of supporting
24 communities of interest, which Nicola had already made,
25 obviously this is a very important community of

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1 **Q.** And these are features of the roundtable report --

2 **MR NORRIS:** Yeah.

3 **Q.** -- that the Inquiry has already heard about?

4 My Lady, in terms of when we would take a break,
5 there is one small topic under this head, the second
6 head, digital exclusion, which I could cover before we
7 move on to the third topic.

8 Again, housing and homeless is something you've
9 heard a great deal about, so I don't imagine that will
10 take very long, but I could cover a short topic before
11 a break if you were happy to take it at, perhaps, 2.50?

12 **LADY HALLETT:** Yes, of course, certainly.

13 **MS RAHMAN:** I will now turn to digital exclusion.

14 Ms Dickie, you mention at paragraph 4.28 of your
15 statement -- I can see you on the screen. Are you still
16 connected, Ms Dickie?

17 **MS DICKIE:** Yes.

18 **Q.** Great, okay. Ah, here you are.

19 You mention at paragraph 4.28 of your statement that
20 this emerged as a critical issue, and you describe there
21 various efforts to address this, for instance devices
22 being provided, and training.

23 Can you just expand a little on that, about why that
24 was done.

25 **MS DICKIE:** So I think it was done because of the feedback

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1 interest, and I know councils across the UK will have
2 released funding to organisations who specialise and
3 were able to innovate in what were very difficult
4 circumstances.

5 **Q.** Dr Llewelyn, anything to add?

6 **DR LLEWELYN:** Nothing to add. I didn't participate in the
7 roundtable. I have looked through the evidence
8 gathered, as it were, and it is very compelling, and
9 does require further interrogation, I think, as well.

10 **Q.** And finally, Mr Norris?

11 **MR NORRIS:** I agree with everything my colleagues have said.
12 The only point I would add, I think, is that,
13 particularly early on, the messaging that was given out
14 by national government compounded some of the issues for
15 victim-survivors in terms of what they understood the
16 position to be, and it wasn't clear to them that
17 actually, when it was being said, in terms of harms,
18 that actually they could leave their home and there
19 would be support provided to them.

20 And certainly from our point of view, a lot of the
21 conversations with government, but with National Police
22 Chiefs' Council, and national voluntary sector
23 organisations in this space, was very much about how do
24 we combat that message earlier on. But I agree with
25 everything else that has been said as well.

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1 that we were receiving from our professional officers
2 across local government and indeed our elected members,
3 and wholly cognisant of the fact that local government
4 itself had moved a lot of our services online to
5 maintain access to them.

6 We worked in partnership with colleagues in Scottish
7 Government, we worked across local government and,
8 importantly, we worked with our colleagues in SCVO, in
9 and around about Connected Scotland. I suppose that was
10 in recognition to the points that we've just covered,
11 that some groups might not have an ongoing relationship
12 with local government but they may well be receptive to
13 someone reaching out from a third sector organisation or
14 a community organisation.

15 I suppose elsewhere in the statement we've
16 recognised that the pandemic entrenched some of the
17 inequalities, I would put digital exclusion into that
18 basket of things that the pandemic potentially
19 entrenched.

20 **Q.** Thank you, and would it be the case -- again, I'm asked
21 to clarify this point with you -- that disabled people
22 would have been particularly impacted by issues of
23 digital exclusion?

24 **MS DICKIE:** I would suggest disabled people in and amongst
25 other groups were certainly some of the ones that were

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1 impacted by that. I think there were a number of things
2 that we started to do digitally during the pandemic that
3 I've referred to in my statement that were positive, and
4 that we have continued, things like registrations around
5 about births, deaths and marriages, but until we can
6 remove the barriers around about digital inclusivity, we
7 need to make sure that it's digital with support for
8 face-to-face access where it's required.

9 **Q.** Thank you.

10 Dr Llewelyn, could I ask you to look at paragraph 84
11 of your statement. We've already touched on it. But
12 could you expand on the issue of digital exclusion as
13 you address it there, and I note that you talk in
14 particular about learning disabilities and the
15 particular impact?

16 **DR LLEWELYN:** Yes, the -- as, you know, I agree with all of
17 Nicola's comments. There is more to digital exclusion.
18 There's a geographic dimension to it in terms of where
19 people are physically located, but there are other
20 aspects to it which relate to a range of different
21 abilities, but age, profile, and other demographic
22 factors, as well, and there is a challenge here, and
23 ongoing challenge, for local authorities of trying to
24 digitise services, to make them as efficient and as
25 effective as possible to meet demand, and to create

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1 **Q.** I'll just ask if any of the other witnesses have
2 anything else to add on those subjects, disabled people
3 having a disproportionate impact and digital exclusion?

4 **MS ALLEN:** No.

5 **MR NORRIS:** (Witness shook head).

6 **Q.** I see there are no questions.

7 If that's the case I will just ask you one more
8 question on another topic before we have our break and
9 that is just something that came up in relation to
10 evidence we heard from a Mr Singleton yesterday from
11 FaithAction, and he spoke a lot about faith group
12 volunteers working with local authorities. He mentioned
13 a particular example of one council who would be able to
14 ring a particular vicar in a particular community and he
15 would sort food deliveries.

16 We didn't see any reference to working with faith
17 groups in the evidence that local government witnesses
18 have provided, I don't know if any of you have got
19 anything to add to what Mr Singleton said about the way
20 that faith groups worked during the pandemic to help
21 communities?

22 **MR NORRIS:** Just to add, I think that, actually, that's
23 a shared experience from the point of view of local
24 authorities in England was that they would have been
25 working very closely with their faith groups as part of

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1 resilience, as well, but there's a recognition that in
2 many cases, the parts of the community that they're
3 trying to access and improve services for, suffer
4 a range of different vulnerabilities which makes it
5 difficult to access those services.

6 There were attempts, as well, in addition to the
7 work that authorities did, to work again with voluntary
8 organisations and to seek support within the community
9 to access those services as well.

10 **Q.** Thank you. Do you have any other observations about
11 disabled people specifically in terms of
12 disproportionate impact? I'm asked to touch on that
13 because during the course of your statements, disabled
14 people are probably covered in broader observations
15 you've made but are there any in particular that you'd
16 like to mention specifically concerned with
17 disproportionate impact on disabled people, whether
18 through digital exclusion or otherwise?

19 **DR LLEWELYN:** Yeah, I think it's clear that there was
20 a disproportionate impact, that efforts were made to
21 address that impact. There were a range of other
22 vulnerabilities, as well, that made it difficult to
23 access services. And again, it's something that -- it's
24 part of the learning process, I think, from this
25 experience.

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1 their wider voluntary sector colleagues in doing stuff
2 and being heavily reliant on the support and
3 infrastructure that they provide, particularly in terms
4 of reaching groups that they may not have been so easy
5 to reach. So I think probably our agreement, we would
6 agree with what Mr Singleton was saying in terms of
7 actually there was an existing strong relationships and
8 they were utilised a lot during the pandemic by local
9 authorities.

10 **Q.** Thank you.

11 Does anyone have anything else to add?

12 **DR LLEWELYN:** Could I just add?

13 **Q.** Yes.

14 **DR LLEWELYN:** I think the -- we've referenced some of the
15 community initiatives. There's the -- in Cardiff,
16 Carmarthenshire, and Torfaen, where those councils
17 worked with communities, Cardiff Connect and so on, and
18 I think that they worked closely with a range of
19 different communities including their faith communities.

20 **MS RAHMAN:** Thank you so much.

21 My Lady, if that's a convenient moment to stop?

22 **LADY HALLETT:** Certainly, I shall return at 3.10.

23 (2.51 pm)

(A short break)

24 (3.09 pm)

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1 **MS RAHMAN:** My Lady, can you see me and hear me?
 2 **LADY HALLETT:** I can thank you.
 3 **MS RAHMAN:** Thank you.
 4 My Lady, I move now to the topic of housing and
 5 homelessness. Now, we've heard this morning a lot about
 6 that so I'll try not to cover ground as we've so
 7 recently heard it.
 8 I'll move first of all to Ms Allen, because there's
 9 an additional point to make in relation to homelessness,
 10 which is that, in Northern Ireland, councils don't have
 11 the same remit as the other councils.
 12 And you state that at paragraph 46 of your
 13 statement.
 14 **MS ALLEN:** Yes, that's correct, for both housing provision
 15 and homelessness.
 16 **Q.** Thank you.
 17 I'll start this again with Mr Norris. You cover
 18 this area in section D of your statement, in a lot of
 19 detail.
 20 Mr Norris, are you able to move a tiny bit forward
 21 to where you're sitting? Because I can see you're quite
 22 a long way from the microphone.
 23 At paragraph 169 of your statement, you describe
 24 there the central role that local authorities played in
 25 the Everyone In initiative, and you've referred to an
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1 mental health as well.
 2 **Q.** This is the reason why identification of partnership
 3 working seems to be presented as a key consideration in
 4 providing services to the homeless; is that correct?
 5 **MR NORRIS:** Yes. I mean, I'm no great expert, and I'm sure
 6 the Inquiry will have heard evidence about it, but those
 7 people that were homeless that came in under the schemes
 8 the government introduced tended to have a range of
 9 issues that needed to be supported with, and that
 10 required partnership working across not just local
 11 government but with key colleagues, for example in and
 12 around the health service.
 13 **Q.** Thank you. Essentially, the point is that this cohort
 14 was brought in at pace and they had complex needs that
 15 councils needed to deal with?
 16 **MR NORRIS:** Yes, that's right.
 17 **Q.** Thank you.
 18 Turning to Ms Dickie, you cover housing and
 19 homelessness again in great detail at section 5 of your
 20 statement. And, again, at paragraph 5.5, you make the
 21 point that local authorities required to coordinate the
 22 access to healthcare, mental health services, welfare
 23 advice, many different aspects for all of those who were
 24 placed in this emergency housing; is that correct?
 25 **MS DICKIE:** Yes, it is.
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1 estimated 37,000 people being brought in off the
 2 streets; is that correct?
 3 **MR NORRIS:** It is, yes.
 4 **Q.** You've also described some of the challenges and
 5 limitations of implementing the scheme, and you include
 6 matters there that you've already put as part of your
 7 statement in Module 9; is that correct?
 8 **MR NORRIS:** It is, yes.
 9 **Q.** So, one of the issues that are relevant to the impact in
 10 particular is one of a number of issues that are set out
 11 in publications. You refer to these at paragraphs 190
 12 to 194, various publications from the LGA, and also
 13 others, such as Crisis. Is it right that they set out
 14 some of the many issues that occurred during the
 15 operation of the schemes?
 16 **MR NORRIS:** They do. They set out in the case of the LGA
 17 publications the local authority experience of making
 18 this -- implementing the scheme.
 19 **Q.** Thank you.
 20 Is one of the issues that many in particular of the
 21 rough sleepers who came into contact with services had
 22 both mental health and addiction issues as well as being
 23 homeless; is that correct?
 24 **MR NORRIS:** Yes, and a range of other issues which they were
 25 probably in need of support of, particularly around
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1 **Q.** And you go on to say at paragraph 5.7 that there was
 2 a relatively stable street homelessness population
 3 during the pandemic, despite increased demand for
 4 temporary accommodation; is that right?
 5 **MS DICKIE:** Yes.
 6 **Q.** What do you mean by "relatively stable"?
 7 **MS DICKIE:** So, I don't think we saw the peaks that were
 8 anticipated in and around about the pandemic. I suspect
 9 some of that was because access to temporary
 10 accommodation was easier during the pandemic,
 11 particularly accommodation such as hotels or
 12 self-contained accommodation. So we were able to find
 13 physical spaces for people to be accommodated, but as
 14 Mark has alluded to already, the real challenge was
 15 making sure that the wraparound support was available to
 16 sustain people in safe accommodation through that
 17 period.
 18 **Q.** And as in England, is it fair to say that there were
 19 some significant problems? For instance, at
 20 paragraph 5.15 you mention issues with congregate
 21 accommodation and potential risks.
 22 Now, Ms Dickie, the Inquiry has heard about this
 23 issue through its Housing and Homelessness Roundtable,
 24 which I think you've been provided with.
 25 There was some concern described there about
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1 victim-survivors potentially being placed with
 2 perpetrators in congregate accommodation. Is that the
 3 sort of issue you're referring to?
 4 **MS DICKIE:** I think that was one of the issues. It was also
 5 placing vulnerable people together in a situation
 6 without adequately trained support. A lot of the
 7 accommodation that we provided was purchased from the
 8 private sector, and just making sure that we had the
 9 wraparound, particularly from our third sector services
 10 but also from our statutory services to support people.
 11 So there were a number of complex issues going on in
 12 that type of accommodation for a number of individuals,
 13 and it was a lot, and we learnt an awful lot, I think,
 14 about how we do that.

15 Subsequently in Scotland, we have had similar
 16 initiatives over previous winters and things, we were
 17 taking some of that learning from the pandemic on board.

18 **Q.** Thank you.

19 Now, Dr Llewelyn, in respect of the position in
 20 Wales, again, thank you very much for your statement.
 21 You cover emergency accommodation for the homeless,
 22 which was provided in Wales under the No One Left Out
 23 strategy; is that correct?

24 **DR LLEWELYN:** Yeah, that's right.

25 **Q.** And it was similar to Everyone In?

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1 elaborate on some of these points?

2 **Q.** Yes, please do. Yes.

3 **DR LLEWELYN:** So, in terms of the prisoner early release
 4 scheme, at the outset there were concerns about the
 5 potential problems that that might cause, but I think
 6 because of the -- there was significant discussion with
 7 the UK Government during April 2020, and subsequently,
 8 so some of the concerns were alleviated.

9 And the point to bear in mind here, as well, is the
 10 people at the interface with -- in dealing with
 11 homelessness and the vulnerable people we've just
 12 mentioned, you know, they are experienced professionals
 13 who are incredibly sensitive to what they're doing, so
 14 I think we need to emphasise the significant
 15 contribution the workforce made to making the -- you
 16 know, these initiatives successful.

17 **Q.** Thank you. The remainder of the points I think we've
 18 dealt with already, but I will just run through them,
 19 they include engaging with rough sleepers who declined
 20 offers of accommodation, anti-social behaviour in shared
 21 accommodation, high demand for substance misuse support,
 22 and limited availability of self-contained
 23 accommodation, and uncertainties about appropriateness
 24 of shared accommodation.

25 Dr Llewelyn, do you recognise some of the risks that

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1 **DR LLEWELYN:** Yeah.

2 **Q.** That's at paragraphs 98 to 124 of your statement. Just
 3 picking up on one of the issues, at paragraph 99, you
 4 say homeless people can be highly vulnerable due to
 5 their life experiences and can be suspicious of public
 6 agencies and reluctant to accept support in the
 7 experience of councils. Is that correct?

8 **DR LLEWELYN:** Yes, that's right. It's the -- you know, the
 9 issue there is being sensitive to the circumstances, and
 10 focusing on the needs of the particular individuals
 11 concerned.

12 **Q.** And you say that council teams had to show ingenuity,
 13 compassion and persistence to achieve what they did
 14 through the scheme?

15 **DR LLEWELYN:** Yeah, that's right.

16 **Q.** And again, like the other witnesses, you identify
 17 a great deal of complexity and challenge in delivering
 18 this, summarising from paragraphs 106 and 120, they
 19 include: interpretation of rules around the opening and
 20 reopening of hostels and -- hotels and hostels; is that
 21 right?

22 **DR LLEWELYN:** That's right, yes.

23 **Q.** Dealing with the pressures on housing caused by the
 24 early -- prisoner release scheme; yes?

25 **DR LLEWELYN:** That's right as well. And do you want me to

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1 we heard about in the roundtable and which Ms Dickie has
 2 described as well?

3 **DR LLEWELYN:** Yes, I do. Again, I wasn't at the roundtable
 4 session. I read through the evidence and I recognise
 5 all that was said there.

6 **Q.** Thank you.

7 Now, there will be one additional question for you
 8 later, Dr Llewelyn, about the position with regards to
 9 undocumented migrants, but I will not ask you about
 10 that.

11 Subject to that, unless any of you has anything
 12 further to add to your extensive evidence in writing on
 13 this topic, I'll move on.

14 I will move on, since there is no additional point
 15 made.

16 So the fourth topic is key workers.

17 Mr Norris, turning first to you, LGA has already
 18 explained in earlier modules that the LGA disagreed with
 19 the way key workers were defined, and the Inquiry has
 20 heard a lot of evidence about issues like that. What
 21 I want to ask you about is what you set out about the
 22 impact on key workers, which you address starting at
 23 paragraph 199 of your statement.

24 One issue that you highlight, at paragraph 202, was
 25 essentially the difficulties for local government

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1 workers in relation to enforcing restrictions. Is that
2 the issue of abuse that we've heard evidence about, or
3 are there other issues that you recall?

4 **MR NORRIS:** There were a range of issues. I mean,
5 certainly, I think we -- at the time, we were picking up
6 instances where authority -- local authority officers
7 were being abused, but there was also issues in respect
8 of understanding government guidance and how that was
9 being interpreted by different sectors of the economy,
10 for example, but also by local authority officers, and
11 that -- different interpretations and lack of clarity
12 causing particular issues on the ground, where people
13 disagreed about what it was they were required to do.

14 **Q.** Thank you.

15 And you also explain, from paragraph 211 onwards,
16 the impact on councils of the need to shift activity
17 towards Covid-19 specific work. That created a huge
18 amount of pressure on an already stretched workforce; is
19 that correct?

20 **MR NORRIS:** It is. And particularly on English
21 environmental health and trading standards officers who
22 were expected to assist businesses both in terms of
23 closing and then reopening at a time when, over the
24 preceding decade, there had been a considerable
25 reduction in their workforce over that period of time.

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1 And I think, as a result of that, we ended up in
2 a position where, through that collaborative process,
3 you saw guidance that was consistently applied because
4 local authorities across England were able to pick up on
5 that and act on it. It was certainly informed by the
6 views of staff and the unions about what should be
7 covered.

8 So it was one where I think there was a certain
9 particular value in having that as a process, to enable
10 staff to be able to work safely within a local
11 government environment, accepting that when you've got
12 800-odd functions within English local authorities, and
13 you've got to cover all of that off, and also balance
14 a range of health and safety risks at the same time,
15 it's always going to be a matter for local
16 interpretation by local managers as to how you implement
17 some of that.

18 **Q.** Thank you very much.

19 Turning now to you, Ms Dickie, key workers are
20 addressed at section 6 of your statement, and you also
21 describe a process of dialogue with unions via the
22 workforce issue groups.

23 Again, workers were facing many challenges, and you
24 describe that at paragraph 6.7. I summarise those
25 as: workplace safety, access to PPE, operational

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1 So they shifted to doing completely different sets of
2 work in terms of what they were normally expected to do
3 when it came to regulating businesses, for example, but
4 one of the issues for them, of course, was the capacity
5 to be able to do that.

6 **Q.** Thank you.

7 You also include matters that have been explored in
8 earlier modules, but you describe surveys of staff and
9 dialogue with trade unions about staff safety,
10 availability of PPE, testing and staff capacity. And
11 you describe emanating from dialogue, essentially, joint
12 guidance and circulars being produced. Is that -- was
13 that an important part of the pandemic?

14 **MR NORRIS:** It certainly was, and it was part of the ongoing
15 collective bargaining structures that the LGA was
16 responsible for staffing on the employers' side. And
17 I think that having longstanding relationship with
18 the unions, in terms of having that relationship, having
19 the mechanisms in place through the national joint
20 councils for example, around local government services,
21 and having the trust between employers and staff and the
22 unions, was an important part of the process in terms of
23 being able to provide local authorities with guidance
24 about how they should interpret government guidance and
25 implement it, and protect their workforce.

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1 continuity, and personal wellbeing.

2 Is that a fair description of the sorts of issues
3 that you were aware of during this time?

4 **MS DICKIE:** Yes, I think those key categorisations are
5 really valid. I think we had the role that we played as
6 employers and we were trying to balance the safety and
7 the wellbeing of our workforce, and it was hugely
8 important to have our trade unions and our heads of
9 personnel represented and supporting us. We were
10 balancing that carefully against the wants and needs of
11 our communities. We have referenced all of the things
12 that our communities were looking to be opened up and
13 the things that our communities were looking to sustain.

14 And at times, local government was also working in
15 some areas that we would have classified as commercial,
16 so leisure facilities. We had make all of the same
17 physical changes to open our leisure centres, so screens
18 and other things. So we were definitely working in that
19 employer's role but we were also in very many
20 professional spaces and like colleagues elsewhere in the
21 UK, our Trading Standards Scotland team and, indeed, our
22 Environmental Health Officers were incredibly flexible
23 in turning their attention to try and get the low-risk
24 sectors of Scotland to comply with guidelines.

25 **Q.** Thank you. You have set out within your statement some

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1 particular issues faced by teachers, cleaners, funeral
2 workers, security guards, and some of those are
3 reflected in the discussions that were had at the
4 Inquiry's roundtable report on key workers. I think
5 you've been provided with that.

6 Are there any particular aspects of particular
7 professions that you would want to expand on or mention
8 in particular?

9 **MS DICKIE:** No, I think those are all really relevant. It
10 shows the diversity of what local authorities in
11 Scotland have statutory responsibility for and, indeed,
12 the things that we don't provide statutorily, but we do
13 provide.

14 I suppose the other thing that we were having to
15 factor in there was within those discrete groupings we
16 had significant differences in gender balance and
17 significant differences in age, in demography. So as
18 well as balancing the wellbeing and safety of the
19 cohort, going back to what they were doing and how they
20 were doing it, we were also having, as employers, to
21 balance a number of our workforce were shielding across
22 a hugely diverse type of role.

23 So, to say it was complex, I think is an
24 understatement.

25 **Q.** Of course.

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1 others at a strategic level. That came to the fore in
2 this instance. And in some of the service areas, local
3 government, as Mark said, delivers 700 to 800 different
4 services. From the outset in education, we convened
5 a Schools Social Partnership Forum, which, on occasion,
6 met on a weekly basis, which included all of the school
7 and workforce trade unions to talk through some of these
8 issues.

9 At a national level we had a Shadow Social
10 Partnership Forum which again brought all of the
11 employers and the trade unions together on a regular
12 basis so that we were able to cover all of these issues
13 of concern as quickly as they arose.

14 **Q.** And you also describe, essentially, local government
15 working with other such unions to produce more tailored
16 guidance, in a nutshell, essentially?

17 **DR LLEWELYN:** Yeah. Again, it's the same principle, that
18 civil servants at a national level can't possibly
19 understand what delivering services at a local level
20 entail, and the best people to understand those services
21 are the people who use them and the people who are at
22 the operational end, delivering them on a day-to-day
23 basis.

24 **Q.** At paragraph 144, you say that consistent themes were
25 issues around workplace capacity, workplace absence, and

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1 Dr Llewelyn, in relation to Wales, your statement
2 covers this topic at section E, and again, you highlight
3 many impacts on key workers. You summarise them at
4 a paragraph 136. And they include -- again I summarise:
5 reducing numbers of employees, closures, issues with
6 PPE, and remote service provision. Is that a fair
7 assessment of some of the main issues?

8 **DR LLEWELYN:** Yes, I think it is. And I'd echo the comments
9 of my colleagues, as well, in terms of the pressures.
10 I think the Public Protection Services, Trading
11 Standards, Environmental Health and so on, were
12 incredibly stretched throughout the pandemic and
13 afterwards, as well, in terms of covering their -- the
14 range of services that they have to provide, both
15 internally and externally within authorities, and their
16 role, the emerging role during the pandemic, and it
17 is -- I know I labour this point, but it is worth
18 bearing in mind that these services were underfunded at
19 the start of the pandemic.

20 And the other thing I'd like to add is the social
21 partnership dimension. As an association, as a local
22 government in Wales, we put a great emphasis on social
23 partnership. We think that those people who provide
24 services and the people who use services understand
25 those services better at an operational level than

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1 again, the challenge of staff being absent due to
2 illness, self-isolation and shielding which I think
3 Ms Dickie picked up on and you have reflected that there
4 too.

5 **DR LLEWELYN:** Again, in our evidence we mention refuse
6 collection, revenues and benefit sections within
7 authorities, and Public Protection, and at different
8 times they were all stretched beyond anything that their
9 capacity could reasonably cope with, and in almost every
10 instance went above and beyond what could have been
11 expected of them.

12 **Q.** Well, you come back at paragraph 148 to pay tribute to
13 the dedication and personal resilience of key workers in
14 those circumstances.

15 Again, you refer to this issue of personal abuse
16 that workers experienced. I don't know if you want to
17 give any particular examples.

18 **DR LLEWELYN:** The -- I think one of the most common -- Mark
19 has referred to parks and other recreational areas.
20 I mentioned the Public Protection, Trading Standards and
21 Environmental Health. Again, there were discussions
22 about whose responsibility sometimes it was to make sure
23 there was compliance with some of the guidance, and very
24 often local authorities staff found themselves in
25 situations unexpectedly of having to ensure compliance

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1 and, you know, it was a regular occurrence that they
2 would get abuse from members of the public and from
3 others, because they were put in incredibly challenging,
4 difficult, and often unreasonable situations.

5 **Q.** Thank you very much, Dr Llewelyn.

6 Ms Allen, what you've done in your statement, at
7 paragraphs 48 to 53, is set out very helpfully the types
8 of workers that were designated as key workers.

9 You've said that you didn't have any data to hand on
10 some of the issues that we're talking about, in terms of
11 impact on key workers from their experiences.

12 Is there anything that you can add from the
13 Northern Ireland perspective to what we've been
14 exploring in evidence this afternoon?

15 **MS ALLEN:** So, firstly, I would agree with everything that's
16 been said so far. Perhaps bring it to life with an
17 example, as a former senior officer in Northern
18 Ireland's largest council, the 2-metre social distancing
19 rule was brought in late one evening, but the next
20 morning, at 6.30, bin crews were waiting for instruction
21 on how to be able to safely manage those deliveries for
22 very important services to constituents.

23 That brings in safe systems of work, it brings in
24 the really fast redesign of services, understanding the
25 fears and concerns of individuals who are still turning

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1 Ms Dickie, 7.1-7.12.

2 And Dr Llewelyn, paragraphs 173, 179 to 181.

3 And Ms Allen covers this at paragraph 54 in
4 particular of your statement.

5 So, as I say, I'm not going to take you to those
6 paragraphs, nor will I cover ground that's been
7 reproduced from earlier modules within those statements.

8 So, what I will do is ask a few questions about the
9 impact of the disruption of the services.

10 Can I first, Mr Norris, ask you to consider some of
11 the key issues you've identified at paragraphs 237 to
12 266. The first issue that you touch on is one we've
13 already discussed, and that is issues with guidance.
14 And you say at paragraph 237 there was an issue about
15 distribution to relevant partners. What was the issue,
16 here?

17 **MR NORRIS:** The issue was that initially it was distributed
18 through local resilience forums and --

19 **Q.** Could I ask you again, I'm so sorry, could you speak
20 a little bit slower.

21 **MR NORRIS:** Sorry.

22 The issue was that initially that guidance was
23 distributed to local resilience forums, and only
24 thorough their ResilienceDirect system, which has got
25 limited access to it. And the difficulty being that for

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1 up for work but potentially have vulnerable family
2 members they're concerned about.

3 So, the partnership with trade unions and involving
4 staff in the redesign was actually key, so -- to be able
5 to get those services back out that morning, so you
6 weren't dealing with further service failure.

7 **Q.** Thank you very much.

8 **MS ALLEN:** The pace was very fast.

9 **MS RAHMAN:** Extremely helpful.

10 My Lady, we are hearing from the Trades Union
11 Congress next week and you have your roundtable report
12 on key workers. I'm not proposing to ask any further
13 questions on this topic of these particular witnesses.

14 So, I can now turn to the final topic, bereavement
15 services and funerals. We have extensive evidence on
16 the issue of the impact of funerals and disruption of
17 bereavement services in evidence next week. So, this
18 necessarily covers the ground in a somewhat
19 process-driven way, and no disrespect is intended to
20 anyone in doing so.

21 All of the witness statements of the witnesses here
22 today set out in detail the role of local authorities in
23 the provision of those services during the pandemic.

24 And that, Mr Norris, is at paragraphs 228 to 235 of
25 your statement.

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1 local authorities to share that guidance more broadly
2 meant that you couldn't take it out of that system, in
3 effect.

4 So it was very difficult for councils to be able to
5 share that with key partners that they needed to do, so
6 such as with funeral directors and others that they
7 might want to share that with.

8 **Q.** Thank you.

9 And then you also mention workforce capacity. It's
10 right to say that that was particularly acute due to the
11 fact that many of the roles in this particular sector,
12 they can't be performed remotely?

13 **MR NORRIS:** No, none of it can be performed remotely. And
14 in the case of -- particularly when it comes to
15 crematoria, professional qualified staff needing to
16 operate the crematoria as well, so that -- with
17 a limited number of staff potentially in each authority,
18 in each local authority-run crematoria, having that
19 qualification, you needed to make sure you that the
20 right qualified staff available to continue to run
21 services, et cetera. So, yes, there was particular
22 issues around workforce capacity.

23 **Q.** Now, you've also touched on the impact on coroners'
24 inquests, which had great impact on the bereaved. The
25 Inquiry has received separate evidence in relation to

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1 that, so I won't ask you about that.

2 The next issue you touch on is mortuary capacity,
3 and you highlight again a problem that you've
4 highlighted in earlier modules, about a lack of data to
5 enable planning.

6 I don't need to cover that ground again but, in
7 terms of the impact of it, you say it meant that some
8 areas reached full capacity quickly and others set up
9 additional capacity that was not then used; is that
10 correct?

11 **MR NORRIS:** It is. And obviously, from a local authority
12 point of view, whether that's the emergency planners but
13 also staff working -- who were running both cemeteries
14 and crematoria, wanted to ensure that the deceased are
15 treated with the proper dignity they deserve, and being
16 able to do that requires, you know, a deal of planning
17 when there is not much mortuary capacity within local
18 authorities. So they're traditionally reliant on
19 hospitals to provide them with that mortuary capacity,
20 and, as that became unavailable, needed to make plans to
21 make -- put in place with their own proper mortuary
22 provision. And the lack of data that was being provided
23 about estimates of excess deaths in the early parts of
24 the pandemic meant that councils were having to, at some
25 points, guess what was going to happen and make their

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1 You also raise an issue about funeral poverty. Did
2 that mean that some families also had an extended wait
3 because of assistance with funding being not provided or
4 pending for the funerals?

5 **MR NORRIS:** It did. So there was instances where I think
6 that we were -- expectation was that because -- access
7 to grants and funding for people who were in a position
8 where they could access that from the government weren't
9 able to obtain it, and potentially were positions where
10 they would have to look to the local authority, who have
11 a duty to provide public health funerals where bereaved
12 relatives and families are unable to provide for it
13 themselves.

14 **Q.** Thank you. And finally, you discuss the issue of
15 restricted numbers at funerals, and you've set out there
16 very helpfully the phases during which there were
17 restrictions. And again, you describe difficulties with
18 enforcing the restrictions.

19 Now, one particular issue that you raise is that, in
20 the initial stages, the lack of any specific gap -- or
21 cap on attendance, that was actually quite difficult and
22 challenging to explain; is that correct?

23 **MR NORRIS:** It was, for the -- for staff running cemeteries
24 and also for running crematoria, it was -- they were
25 making very difficult decisions about trying to

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1 own decisions rather than relying on the information
2 being provided by central government at that point.

3 **Q.** Thank you. I'll move on to another point.

4 You deal with the funerals and describe three issues
5 from the local government perspective. First, in
6 relation to not having access to PPE, was that
7 a particular concern? And particularly in the earlier
8 stages of the pandemic, which you touch on at
9 paragraph 239.

10 **MR NORRIS:** Particularly for local authority staff, who
11 would be in the process of doing it, but even more
12 important, I think, probably for funeral directors who
13 would be handling the deceased and the -- and bodies,
14 and preparing those for the funeral services, and not
15 having -- then being in a position where obviously
16 they're working in a difficult environment, where
17 they're unsure about how the virus might be transmitted
18 in those circumstances, and not being able to access the
19 PPE that they needed.

20 I mean, I'm sure that -- I think it's picked up in
21 some of the roundtable information, is that they --
22 concerns were obviously raised and that had an impact on
23 funeral directors and their staff in terms of preparing
24 funeral services.

25 **Q.** Thank you.

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1 interpret government guidance but also trying to ensure
2 that families were able to say farewell to their family
3 members in a way that they wished to, and trying to
4 interpret that, and essentially understand and balance
5 risks, both risks to them as staff and ensuring that
6 they wouldn't fall ill, that there would be continuity
7 of service in terms of being able to continue to provide
8 funeral services through cemeteries and also through
9 crematoria was an issue for them, and then also thinking
10 about those who might be attending -- some would have
11 been potentially at greater risk than others from
12 contracting Covid -- and trying to balance all of that
13 and explain that to members of the public, who were
14 obviously in a very distressed state at that point.
15 That they're navigating these complexities made it very
16 difficult, I think, for local authority staff in that
17 particular instance.

18 **Q.** So, once again, what you're describing is guidance being
19 difficult to interpret, an impact on those working in
20 the sector, and then of course on the bereaved?

21 **MR NORRIS:** Yes.

22 **Q.** Thank you very much.

23 Ms Dickie, you refer to this at paragraph 7.11 of
24 your statement and you say the pandemic exposed
25 vulnerabilities in the funeral and bereavement sector,

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1 particularly around mortuary capacity, coordination of
2 services, and the need for consistent standards.

3 Can you expand on what you say there? Were there
4 similar issues to those which we've just heard described
5 by Mr Norris in England?

6 **MS DICKIE:** Yes, I think there absolutely were. I would
7 again note the remote rural island impact, so areas of
8 scarcity of all of the things that you've listed
9 combined with maybe one or two individuals in a remote
10 rural or island location having the right qualification
11 or the ability, so we had lots of discussions with our
12 kind of non-urban authorities in and around about that.
13 I think this is one of the few areas in local government
14 where there's a kind of split between the public and the
15 private provision, and I think Mr Norris referenced the
16 difficulty, in the resilience structures you have all of
17 your public sector partners but not necessarily private
18 partners, and that includes funeral directors in
19 Scotland.

20 Scotland has subsequent put through a number of
21 pieces of legislation in an attempt to move from
22 reactive crisis approach we saw in processes to a kind
23 of more proactive and regulated approach, and that
24 legislation is contained within our statement.

25 The only other thing I would point out at Scotland
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1 relationships between councils and funeral directors,
2 councils didn't raise concerns about that with me. The
3 flow of information seemed to work well but it changed
4 daily and the ability to communicate that in truly the
5 most difficult circumstances, in a sensitive way, to
6 families so they could process and plan for it, that was
7 where the main impact was.

8 The flow of information was there but it was just
9 the pace was -- it was just so fast.

10 **Q.** Thank you.

11 Finally, Dr Llewelyn, your statement covers this
12 topic at paragraphs 174 to 178, 182 to 184, and 190.
13 And I won't go over the points that have already been
14 made.

15 One point I will just ask you about, you say that it
16 was possible to make some compassionate adaptations, and
17 you describe those at paragraph 175, and they include
18 things such as live-streamed services, use of
19 large-screen monitors and video, and some virtual
20 bereavement support groups.

21 Is it your understanding that such adaptations were
22 able to help people to some extent, even though, as you
23 go on to say, the loss of in-person mourning caused
24 incredible distress and prolonged grief?

25 **DR LLEWELYN:** Before I respond, could I just take the
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1 level is that councils across Scotland provide grants
2 through our Scottish Welfare Fund for those who are
3 unable to finance burial or cremation. So we utilised
4 the existing Scottish Welfare Fund and were able to
5 provide that support at Scotland level.

6 And just to say that the application of guidance and
7 family attendance and other things were incredibly
8 difficult across Scotland as well.

9 **Q.** So these efforts that you've described were to,
10 essentially during the pandemic, deal with the issues
11 that Mr Norris has described, for instance poverty,
12 funeral poverty and many other issues that I suppose
13 you'd agree that notwithstanding these efforts, many
14 people still experienced great challenges with funerals
15 and bereavement services during the pandemic?

16 **MS DICKIE:** Absolutely.

17 **Q.** Thank you.

18 Ms Allen, you say at paragraph 57 of your statement,
19 that there are a huge number of iterations, 20 to 25, I
20 think, of different regulations that applied. Is it
21 fair to say, as with the other nations, councils in
22 Northern Ireland had difficulties implementing and
23 communicating guidance which was changing at speed?

24 **MS ALLEN:** So in Northern Ireland the pace of change was the
25 main factor, perhaps due to our smaller size, the direct
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1 opportunity to express my sympathies again to the
2 bereaved families. I'm conscious that when we give
3 evidence and prepare evidence, it concentrates our
4 minds, but that everybody who has suffered a loss
5 carries that grief with them every day. So again, if
6 I can just repeat our collective sympathies.

7 In terms of the adaptations and, I think,
8 a recurring theme in the evidence we've given is the
9 need to allow for some degree of local flexibility, the
10 idea of setting the direction, the strategic direction
11 at a national level, but allowing authorities to
12 interpret that according to the local circumstances and
13 tailor it to the needs of the communities that they
14 represent. And in this instance, whether they're
15 different faith groups or people with vulnerabilities,
16 I think that level of discretion is really important
17 whilst continuing to work within the wider framework.

18 **Q.** So my question was about some of these compassionate
19 adaptations. I was asking you whether or not it was
20 your understanding that some of those that you've set
21 out at paragraph 175 had proved of assistance to people
22 despite the loss of in-person mourning?

23 **DR LLEWELYN:** Yeah, that's definitely my understanding.

24 **Q.** And you've also noted there that the need to be aware
25 that restricted attendance might be particularly
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1 distressing for those for whom collective mourning is
2 perhaps essential to their faith?

3 **DR LLEWELYN:** Yeah.

4 **Q.** So we heard a bit of evidence from Mr Singleton at
5 FaithAction about that yesterday?

6 **DR LLEWELYN:** I think that is the case and it highlights one
7 of the points we mentioned earlier, as well, in terms of
8 how challenging and difficult it is sometimes for those
9 people who are having to enforce the guidance.

10 **Q.** Thank you.

11 I think that is all that I wanted to ask you about
12 in relation to your description of how councils were
13 impacted in terms of funerals, bereavement services, and
14 we hear more about how the bereaved were impacted in
15 other evidence.

16 So I can move now to the lessons learned that are
17 set out in your statements.

18 Mr Norris, you set it out at paragraph -- well, at
19 the end of your statement but in particular at
20 paragraph 275 you've emphasised the importance of
21 co-design in pandemic planning. And just tying together
22 some of the evidence you've given this afternoon, do you
23 mean by that taking on board the knowledge of local
24 government across the areas that we've explored this
25 afternoon as part of planning?

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1 partnership with the voluntary sector, and that seemed
2 to be, again, part of local knowledge. And it seemed to
3 be a particularly important part of your lessons
4 learned. Is that fair to say?

5 **MR NORRIS:** Yes, it is. I mean, local authorities rely
6 heavily already on their local voluntary sector
7 partnerships and that's an important part of, I think,
8 the -- the lesson that we've learnt from this is just
9 how important those are when you come to a whole-system
10 emergency of this kind of sort in the future.

11 **Q.** Mr Norris, I won't take you to all of the lessons
12 learned, they're there in your statement, but I will
13 move on now to Ms Allen.

14 You set out six bullet points at the end of your
15 statement at paragraph 66. I'm just going to summarise
16 those, which do seem quite specific to the impacts that
17 we've been exploring in evidence today.

18 Firstly, investment in IT and digital capability.
19 And is that because of the impact of digital exclusion
20 that we've heard about as well as the need for IT to
21 keep communities going during a pandemic; is that why
22 you highlight that?

23 **MS ALLEN:** Yes, but also the need to invest in the
24 infrastructure within the public sector generally. The
25 issue of digital exclusion is only one part of that.

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1 **MR NORRIS:** It's exactly that, and it's Chris's point, as
2 well, which is that people, communities, those working
3 and living at a local level, better understand what is
4 needed in their particular community than those who will
5 be working in central government or devolved nations in
6 terms of setting overall strategy, and that that wealth
7 of knowledge and expertise and experience from people,
8 both in local government but also in the communities
9 themselves, and that they work with, needs to be taken
10 into account in the future when coming to plan for
11 a future pandemic, in making sure that what we put in
12 place, and the plans that we have ahead of time, are
13 robust and properly able to deal with a range of issues
14 that you've been hearing during the course of this
15 module so that we are in a better position to support
16 our communities from a local government point of view
17 but ensure the wellbeing of everybody who lives in those
18 communities in the future.

19 **Q.** Of course there have already been some recommendations
20 in terms of preparedness but what you've explained is
21 the impact and how, as I understand it, co-planning or
22 local knowledge can assist in terms of planning going
23 forward and the impact we saw during this pandemic.
24 You've also emphasised in your evidence today about what
25 happened during this pandemic, the importance of

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1 People need these services to be available in those
2 formats as well, so it covers both aspects of that.

3 **Q.** Then you identify the need to review particularly how
4 councils are able to facilitate access to services
5 without physical attendance, I think, is that part of
6 the same point?

7 **MS ALLEN:** Yes, absolutely. And it speaks to a point made
8 by Nicola earlier on, around some of the arrangements
9 that were made to enable people to access services
10 during the pandemic have continued, you know, so Nicola
11 gave the example around registration of births, deaths
12 and marriages, so those impacts are -- that are big life
13 events, some of them very difficult for people. But
14 that practice has continued, so we need to invest more
15 in that.

16 **Q.** Then you deal with couple of points concerning the need
17 to evaluate the capabilities of partner service
18 providers. So, again, is that built on the experience
19 of voluntary and community organisations needing to be
20 deployed during the pandemic or civil emergencies?

21 **MS ALLEN:** Yeah. I think if we're honest with ourselves,
22 the voluntary community sector were out of the starting
23 blocks before the public sector was. I think we have
24 all said that in previous modules. But I think it
25 speaks to the point that you can't always assume that

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1 the sector will be present to be able to respond in the
2 way that you may need it to, a future emergency, if you
3 don't continue investment. It would be remiss of me not
4 to be -- to say that that sector is constantly facing
5 difficulties, financial difficulties, in terms of their
6 core presence. So, yes, that's the essence of that
7 point.

8 **Q.** And finally, I don't need to ask you to expand, you have
9 suggested exploring a mutual aid protocol between civil
10 servants and local government, and the importance of
11 data sharing between council, government departments,
12 and arms length bodies, which is part of the evidence
13 that is relevant to the issue of identifying the
14 vulnerable and shielding, as I understand it?

15 **MS ALLEN:** Yes. So, the fragmented nature of public
16 services in Northern Ireland, which is different to the
17 rest of GB, means that services are provided by a range
18 of arm's length bodies as well as central government
19 departments and local government, data sharing to enable
20 us to properly support those in most need was one of the
21 most challenging parts of the early part of the
22 pandemic.

23 **Q.** Thank you so much.

24 Ms Dickie, your lessons learned are at section 8 of
25 your statement. There are 14 of them, so, again,

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1 coordination of support with third sector organisations,
2 co-production of approaches with communities themselves,
3 and I think we've already covered that, but that's an
4 important part of the lessons to be learned?

5 **MS DICKIE:** Absolutely. I mean, I know you've heard from
6 Sir Michael Marmot and others in terms of inequality.
7 I suppose from a COSLA perspective, our first principle
8 would be: let's tackle the inequality. But in the
9 meantime, and until we do, every single policymaker
10 addition maker across civic society needs to understand
11 the impact of inequalities that people are up against.
12 An awful lot of similarities across a number of groups
13 have very similar characteristics around about digital
14 exclusion, et cetera, et cetera. So our policymakers,
15 until we can tackle the inequality, we need to recognise
16 the impact of inequality when it comes.

17 **Q.** Thank you so much.

18 Finally, Dr Llewelyn, your list runs from
19 paragraphs 191 to 216. Pulling out two, I think, new
20 points not covered by the other witnesses, first, quite
21 a specific one, and returning to the theme that we
22 covered first, that's sport, leisure and cultural
23 activities. You note and have noted how important these
24 services are to communities and how they can be
25 undervalued. And you say that's a mistake.

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1 I won't go through all of them, and I won't deal with
2 matters already addressed in earlier modules or repeat
3 points that have just been made.

4 Specific measures that you identify at
5 paragraphs 8.9 to 8.14 that proved particularly
6 effective include councils themselves rapidly adapting
7 to digital service delivery, and things such as online
8 council meetings?

9 **MS DICKIE:** Yes. So that was something that local
10 government in Scotland had started to tentatively
11 explore before the pandemic, and that was ramped up
12 really quickly in individual councils, and COSLA
13 ourselves continued to host all of our governance
14 meetings so that we had the right records and the right
15 lessons learned there. So, yeah, I think that was
16 something that was useful, and something that we carried
17 forward.

18 It also increases the visibility to the general
19 public in that a lot of these meetings are publicly
20 streamed. So we perhaps couldn't get everyone into the
21 local council hall but you can absolutely send people
22 the link and let them feel part of their local
23 democracy. So I think that was successful across the
24 piece.

25 **Q.** And the remainder of your points are on the theme of

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1 One of the suggestions you make is designing
2 organised non-contact physical and recreational sport as
3 part of planning.

4 **DR LLEWELYN:** Yeah.

5 **Q.** That was one of the suggestions you made, I think.

6 **DR LLEWELYN:** Yeah, again I think it's allowing for local
7 flexibility to interpret local circumstances whilst
8 staying within the national guidelines. I think Mark
9 mentioned having to widen a footpath in some leisure
10 facilities. It's that kind of thing. So that we can --
11 we have the national strategic approach but then we
12 allow for local interpretation according to whatever the
13 circumstances are.

14 **Q.** But on this particular issue of being in a position to
15 offer non-contact physical activity, and I think
16 Ms Dickie was also highlighting that, that should be
17 accessible to people --

18 **DR LLEWELYN:** Yeah.

19 **Q.** -- boys and girls, men and women?

20 **DR LLEWELYN:** Yeah, and taking account of all of those
21 factors when planning and when developing provision.

22 **Q.** And on housing, again quite a specific point, and it
23 arises from the evidence that you explained to us
24 earlier about the impact of the earlier release of
25 prisoners. You've suggested that work be done about

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1 support plans for rehousing in the event of something
2 similar occurring.

3 **DR LLEWELYN:** Yeah, again, I think as it transpired I think
4 in 2020, eventually, the potential difficulties were
5 resolved, but as with much of what we've already
6 discussed today, prior planning, early engagement with
7 local authorities, data sharing, as well, sharing
8 planning assumptions in terms of data, all of that, the
9 sooner those discussions take place then the more
10 effective the provision will be.

11 **Q.** And finally for funeral arrangements, you've emphasised
12 the importance of learnings from this pandemic, and
13 you've covered the difficulty with restrictions on
14 attendance. Again, in your lessons learned you touch on
15 the need for understanding of different cultural and
16 faith needs within the community and I think you've
17 already covered that so unless you have anything to add
18 to it --

19 **DR LLEWELYN:** Yeah, no, nothing to add.

20 **MS RAHMAN:** So those are a selection of the lessons learned,
21 my Lady.

22 Can I just turn to any of the witnesses if they feel
23 that there's anything in particular they'd like to cover
24 at this point? I'm not seeing anybody.

25 **MS ALLEN:** (Witness shook head).

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1 awareness of the issue you have mentioned, and I think
2 where we eventually got to was a wider interpretation of
3 existing powers. I think we refer to it in our evidence
4 in terms of addressing homelessness, but also in some of
5 the school hubs and free school meal provision so that
6 those groups that have access to public funding, that
7 provision was expanded as far as possible within the
8 powers that were allowed to incorporate their needs.

9 **MS IQBAL:** Thank you.
10 I'm grateful, my Lady.

11 **LADY HALLETT:** Thank you very much, Ms Iqbal.
12 Ms Beattie, I think you're the last person to ask
13 questions today.

14 **Questions from MS BEATTIE**

15 **MS BEATTIE:** Thank you, my Lady.
16 I ask questions on behalf of National Disabled
17 People's Organisations.
18 And if I can take you back to community-level sports
19 and leisure, and ask about the impact on access by
20 disabled people. Did disabled people suffer
21 a disproportionate impact of the closure of sports and
22 leisure services and facilities, including interruption
23 to specialised, adapted, bespoke, and inclusive
24 services, and accessible facilities which reduced
25 opportunities for exercise and community engagement?

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1 **MS RAHMAN:** So, my Lady, unless you have any further
2 questions yourself, those are my questions and there are
3 some from core participants.

4 **LADY HALLETT:** Thank you very much indeed, Ms Rahman.
5 I think Ms Iqbal, you're up again.

6 **Questions from MS IQBAL**

7 **MS IQBAL:** Thank you, my Lady.
8 Dr Llewelyn, I'm asking you a question on behalf of
9 Migrants' Rights Consortium. In your witness statement
10 sort of beginning around page 31, you set out some of
11 the challenges of implementing homelessness schemes
12 during the pandemic, such as the Everyone In scheme.
13 However, you do not mention if there were difficulties
14 reconciling immigration policy with this scheme.
15 The Migrants' Rights Consortium have provided
16 evidence in their witness statement that the Everyone In
17 scheme created confusion for local authorities, as the
18 government never explicitly stated whether undocumented
19 migrants must be accommodated under the scheme or the
20 legal basis for doing so, which led to legal challenges.
21 So my question to you is: what was the impact of
22 this lack of clarity on the Welsh government's response
23 to implementing the scheme?

24 **DR LLEWELYN:** Well, there was discussion between local
25 authorities and the Welsh Government, and there was an

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1 **DR LLEWELYN:** Sorry, is that for me? Or all of us?

2 **Q.** I'm asking it to the entire panel but, Dr Llewelyn, if
3 you'd like to start.

4 **DR LLEWELYN:** Yes, if I can come in first then. Yes,
5 I think your assessment is correct. I think that that
6 is the case. There were other groups, as well, where
7 access was diminished but I think there probably was
8 a disproportionate impact.

9 **Q.** I don't know if either or any of the other panel
10 members --

11 **MS ALLEN:** I completely agree. I think you're completely
12 correct. Absolutely.

13 **MR NORRIS:** And I agree with Chris's statement there -- is
14 that yes, I think there was, but there was also
15 a significant impact on other groups as well.

16 **Q.** And just in terms of what that impact entailed, did
17 those closures and interruptions pose particular
18 problems for disabled people of things like physical
19 immobility, physical decline and associated loss of
20 independence and ability to live independently, which,
21 again, might be distinct from impacts on other groups?

22 **DR LLEWELYN:** I think that is the case and I suspect they
23 were wider in terms of emotional wellbeing and mental
24 health as well. I think there were probably wider
25 consequences.

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1 Q. So, that's part of a significant loss beyond the
 2 immediate physical activity that you referred to before?
 3 DR LLEWELYN: Yeah.
 4 MS BEATTIE: My Lady, may I just check if Ms Dickie wanted
 5 to add anything?
 6 LADY HALLETT: I'm sure she does, but you may.
 7 MS BEATTIE: I'm grateful.
 8 Ms Dickie, did you have anything you wanted to add?
 9 MS DICKIE: I would agree with colleagues, and I suppose
 10 earlier in my evidence I gave a practical example of how
 11 those living with a disability would be further impacted
 12 by closure of swimming pools specifically.
 13 MS BEATTIE: Thank you, my Lady.
 14 LADY HALLETT: Thank you, Ms Beattie.
 15 That completes our questions for you for today.
 16 Some of you, I think, have been with me since the
 17 first module, so our connection goes back a long way.
 18 Thank you so much for the help you've provided over the
 19 last however many years, and I'm extremely grateful to
 20 the local authority associations across the UK for the
 21 support they've given the Inquiry. It's been extremely
 22 valuable. And I know that you know Ms Stober has been
 23 very helpful in representing various associations. So,
 24 thank you for all your help.
 25 The other thing I'm glad about is we've been able

1 to shine a bit of a light on the role that local
 2 authorities across the UK played during the pandemic,
 3 and the dedication and hard work of all their staff. So
 4 thank you very much indeed for your help, and please
 5 convey my gratitude to all your colleagues too.
 6 Thank you.
 7 DR LLEWELYN: Thank you.
 8 LADY HALLETT: Very well, Ms Rahman, I think that concludes
 9 today's proceedings, and I shall return at 10.00
 10 tomorrow.
 11 MS RAHMAN: My Lady, thank you.
 12 LADY HALLETT: Thank you.
 13 (4.04 pm)
 14 (The hearing adjourned until 10.00 am the following day)
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