

Thursday, 26 February 2026

1
2 (9.59 am)
3 **MS BLACKWELL:** Good morning, my Lady. Can you see and hear
4 me?
5 **LADY HALLETT:** I can, thank you, Ms Blackwell.
6 **MS BLACKWELL:** Thank you.
7 We're going to start this morning with evidence from
8 the Prison Reform Trust and the Howard League for Penal
9 Reform. So may I call witnesses Pia Sinha and Andrew
10 Neilson.
11 **MS PIA SINHA (affirmed)**
12 **MR ANDREW NEILSON (affirmed)**
13 **Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 10**
14 **MS BLACKWELL:** Thank you.
15 Ms Sinha, can I start with you, please. What is
16 your full name?
17 **MS SINHA:** Pia Sinha.
18 **Q.** Thank you. You should have in front of you a copy of
19 your witness statement which bears our reference
20 INQ000660120. Please can you confirm that that is the
21 witness statement that you have provided on behalf of
22 the Prison Reform Trust?
23 **MS SINHA:** I do.
24 **Q.** And that the facts stated within it are true to the best
25 of your knowledge and belief?
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1 briefings, CAPPTIVE standing for Covid Action Prison
2 Project: Tracking Innovation, Valuing, Experience; is
3 that right?
4 **MS SINHA:** That's right.
5 **Q.** And that launched in June of 2020, and we will turn to
6 look at some of those briefings throughout the course of
7 your evidence.
8 But they helped to ensure that the voices of
9 prisoners were heard by policymakers and provided
10 evidence-based recommendations to help mitigate the
11 impact of the pandemic on the prisons population; is
12 that right?
13 **MS SINHA:** That's right.
14 **Q.** Thank you.
15 Mr Neilson, you are Director of Campaigns at the
16 Howard League. And you have worked for the charity
17 since 2007?
18 **MR NEILSON:** Yes.
19 **Q.** The Howard League is the oldest penal reform charity in
20 the world, it was originally founded as the Howard
21 Association in 1866 and then in 1921 that merged with
22 the Penal Reform League to move forward under the new
23 name, the Howard League for Penal Reform.
24 Since its inception it has been instrumental in
25 landmark reforms, including the abolition of the death
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1 **MS SINHA:** They are.
2 **Q.** Thank you.
3 Mr Neilson, will you give us your full name, please?
4 **MR NEILSON:** Andrew Neilson.
5 **Q.** Thank you. You should have in front of you a copy of
6 your witness statement reference INQ000659850. Please
7 can you confirm that that is the statement you have
8 provided on behalf of the Howard League for Penal
9 Reform?
10 **MR NEILSON:** Yes.
11 **Q.** And that the facts stated within it are true to the best
12 of your knowledge and belief?
13 **MR NEILSON:** Yes, I can confirm.
14 **Q.** Thank you very much.
15 I'm going to begin by giving a brief overview of the
16 organisations you represent.
17 So Ms Sinha, you are Chief Executive of the Prison
18 Reform Trust, which is an independent UK charity
19 dedicated to creating a just, humane and effective penal
20 system. And during the Covid-19 pandemic, the Prison
21 Reform Trust focused on delivering advice and
22 information and advocating for the rights and welfares
23 of prisoners.
24 **MS SINHA:** That's correct.
25 **Q.** And you had a series of what are described as CAPPTIVE
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1 penalty, setting up the Probation Service, and reducing
2 the use of custody for children. It's a membership
3 organisation with over 7,500 members and over 14,500
4 supporters.
5 You tell us that for much of the pandemic, your
6 understanding of what was going on in the adult prison
7 estate was reliant, certainly initially, on
8 His Majesty's Inspectorate of Prisons and also data made
9 available by the Ministry of Justice; is that right?
10 **MR NEILSON:** Yes.
11 **Q.** Thank you.
12 I want to begin by discussing, in general terms, the
13 impact of the pandemic on prisons and covering three
14 areas: over crowding, measures introduced to mitigate
15 risks, and prison population and capacity.
16 I'm going to come to you first, Ms Sinha. You tell
17 us in paragraph 9 of your report that:
18 "As the pandemic struck, the prison estate in
19 England and Wales was operating at almost full capacity
20 with significant levels of overcrowding."
21 And you tell us that almost 70% of prisons in
22 England and Wales were overcrowded. That's 84 out of
23 the 121 prisons that made up the prison estate, and that
24 nearly 18,700 people were held in overcrowded
25 accommodation, which equates to more than a fifth of the
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1 prison population; is that right?

2 **MS SINHA:** That's right.

3 **Q.** Going into the pandemic, overcrowding was something

4 which had broadly been present for a long time, hadn't

5 it?

6 **MS SINHA:** That's correct.

7 **Q.** You tell us for the last 20 years. And that that had

8 had an impact on all areas of prison life, including

9 efforts to address the causes of offending, and we'll

10 turn to look at that in a moment.

11 But you go on to tell us at paragraph 11 that

12 inspectors have repeatedly highlighted the following:

13 that prisons were delapidated, filthy, and

14 deteriorating, and there were pest infestations, there

15 were mouldy cells, there was poor ventilation, there

16 were problems with hygiene facilities and also heating

17 facilities; is that right?

18 **MS SINHA:** Yes.

19 **Q.** How were those conditions exacerbated during the

20 pandemic?

21 **MS SINHA:** So, there were different types of prisons within

22 the prison estate, and the worst affected prisons that

23 suffered from these conditions were your inner city

24 local prisons. These are your Victorian-style prisons.

25 And they were the ones that were most susceptible to the

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1 you had two people in a cell that was designed for one

2 person. And the advice was that the best way or one of

3 the most effective ways in the immediate was to reduce

4 overcrowding, so that those single cells that were meant

5 for one person were in fact given to just one person

6 rather than two.

7 **Q.** And in order to achieve that, it would have meant

8 a reduction of the prison population by about

9 16,000 inmates; is that right?

10 **MS SINHA:** That's correct.

11 **Q.** Did that happen?

12 **MS SINHA:** No, it didn't. I think there were attempts made

13 to address the overcrowding crisis by introducing some

14 early release schemes. There were two types of early

15 release schemes that were proposed.

16 **Q.** Could you explain what those were, please.

17 **MS SINHA:** Yes. So, one was an early release scheme that

18 looked at the possibility, on a risk-based basis, that

19 people who were coming to two months before their

20 release point were released temporarily, and that would

21 alleviate a number of spaces. And the other was

22 Compassionate Release on Temporary Licence. One was to

23 the general population, and the other was for specific

24 cohorts who were particularly vulnerable: that was

25 pregnant women or those individuals with serious

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1 capacity crisis and overcrowded conditions.

2 So, when Covid hit, these poor conditions meant that

3 people who were in prison at that time were not only

4 facing the impact of Covid and the infection and the

5 pandemic, but also confined to these cells and this kind

6 of accommodation for prolonged periods of time, which

7 made their experience dramatically awful.

8 **Q.** Yes. So some prisons were worse than others?

9 **MS SINHA:** Correct.

10 **Q.** Those that had the worst conditions meant that people

11 that were confined to them for long periods of time --

12 and we will look at that in a moment -- were perhaps

13 experiencing the worst pandemic?

14 **MS SINHA:** That's right.

15 **Q.** But on top of the state of the prisons themselves, there

16 was an issue about overcrowding?

17 **MS SINHA:** Correct.

18 **Q.** And is it right that Public Health England recommended

19 at the beginning of the pandemic that the government

20 should move quickly to reduce the population across

21 the prison estate in the UK?

22 **MS SINHA:** That's right. I think that all the advice was

23 about trying to move to single-cell accommodation. At

24 the time, because of overcrowding, a number of

25 single-occupancy cells were what's called doubled up, so

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1 underlying medical issues.

2 **Q.** And if those schemes had been fully implemented, would

3 that have meant the possibility of releasing up to

4 4,000 prisoners?

5 **MS SINHA:** That's correct.

6 **Q.** But in the event, were there only just over

7 300 prisoners released?

8 **MS SINHA:** That's right.

9 **Q.** What was the reason for that?

10 **MS SINHA:** Well, there were a number of reasons. I guess

11 that the risk-assessment process that was used to assess

12 whether someone was eligible for this early release was

13 perhaps very stringent, and that meant that you were

14 more likely to be refused early release rather than

15 receive it.

16 And they, at the same time of the early release

17 scheme, they were also deploying rapid deployment cells

18 in certain prisons, which would allow for the

19 overcrowded cells to be moved from double occupancy to

20 single occupancy, because you were increasing the

21 accommodation within certain prisons.

22 But these rapid deployment cells were only available

23 in certain prisons that had the footprint to accommodate

24 them. In the end, it released far fewer prisoners than

25 it could have. And, I guess, the sense from our reports

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1 and the feedback that we've received is that there was
2 a risk aversion around releasing too many people. Some
3 based on the fact that they were concerned about the
4 support that these individuals might get on release, and
5 the other was about the public perception.

6 **Q.** Thank you.

7 Just pausing and asking you a question, if I may,
8 about rapid deployment cells. You tell us in your
9 statement that in prisons such as, for example,
10 HMP Pentonville, which was already holding nearly 400
11 more men than it was designed to, there was simply no
12 physical space to provide any additional pre-fabricated
13 accommodation which would have made up the rapid
14 deployment cells; is that right?

15 **MS SINHA:** That's right.

16 **Q.** Thank you.

17 Coming to you, Mr Neilson, have you been able to
18 perform some research as to what the position was like
19 across other countries in the world?

20 **MR NEILSON:** Yes. In fact, if I can just say, before

21 I touch on that, just relating to your questions about
22 the conditions --

23 **Q.** Yes, of course.

24 **MR NEILSON:** -- and why that was important from a public
25 health aspect? I mean, obviously if you're talking

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1 actually does not match up with the 16,000 --

2 **Q.** 16 --

3 **MR NEILSON:** -- that Public Health England was suggesting.

4 So, I would add to what Ms Sinha said and say that
5 actually there was always -- there was a sense that the
6 government was reluctant to do early release at all the
7 various stages, from the setting of the target to then
8 how actually the policy was operationalised.

9 But to give some context globally, so there were
10 83,077 people in England and Wales in January -- in
11 prison in England and Wales in January 2020.

12 Now, just over 300 early releases is less than 0.4%
13 of that prison population as it was at the beginning of
14 the specified period the Inquiry is looking at.

15 **Q.** Yes.

16 **MR NEILSON:** To give you some international examples, and
17 these were collected by another organisation, Penal
18 Reform International, in 2021, looking back at what
19 other jurisdictions were doing at the beginning of the
20 pandemic, perhaps most starkly -- so we released 0.4% of
21 our prison population. Turkey released over 114,000
22 people, that is 40% of its prison population, in
23 response to the pandemic.

24 Portugal released over 2,100 people. That's 17% of
25 its prison population. Norway released 15% of its

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1 about accommodation with poor ventilation, of poor
2 hygiene standards, then that is in itself an environment
3 which is conducive to the spread of the virus,
4 potentially. And certainly, that was what the Public
5 Health England advice was suggesting in March 2020, it's
6 what World Health Organization advice globally was
7 saying, and it was also what advice that we commissioned
8 jointly, in the Prison Reform Trust and the
9 Howard League, from an emeritus professor of public
10 health. To touch on -- and the phrase he used was that
11 prisons can be epidemiological pumps because of those
12 conditions.

13 So that's the reason why -- you know, overcrowding
14 in and of itself is not good thing, but in the context
15 of a pandemic, it's particularly of concern.

16 **Q.** Just before you go on, that emeritus professor was
17 Professor Richard Coker?

18 **MR NEILSON:** Yes.

19 **Q.** Thank you.

20 **MR NEILSON:** Then the early release scheme, as Pia has said,
21 the early release scheme that we saw did only release
22 just over 300 people, the two schemes, the compassionate
23 release and the End of Custody Temporary Release Scheme,
24 and I think it's worth bearing in mind as well that the
25 government's target for that scheme was 4,000, which

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1 prison population. I could go on, but effectively, we
2 were not very ambitious in our use of early release. We
3 were not ambitious in terms of trying to reduce the
4 prison population in a way to help the system cope with
5 the pandemic.

6 **Q.** So what was the impact of the level of overcrowding that
7 really, given the figures you've provided to us this
8 morning, was barely touched by the early release
9 schemes? In particular, was there evidence that you
10 have received, Mr Neilson, from your research, of
11 deterioration in mood, of an increase in self-harm and
12 suicidal ideation, and are you able to say whether those
13 sorts of impacts are directly referable to the sort of
14 restrictive conditions which you've described?

15 **MR NEILSON:** Well, the decision, in the end, not to release
16 more people early put an emphasis instead on what we saw
17 in terms of the exceptional model that was introduced.
18 So yes, there was temporary accommodation added during
19 the pandemic, but initially and for most of the
20 pandemic, a lot of the weight was put on isolating
21 people, in so much as you could when you had people
22 sharing cells, still. And these extremely restrictive
23 regimes where people were spending up to 23 hours a day,
24 if not more, in their cells with no purposeful activity,
25 and no visits.

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1 All of that did definitely impact on people's
2 wellbeing. I think the sense at the beginning of the
3 pandemic was that people, both staff and people residing
4 in prison cells came together in a way, rather like we
5 did in the wider community, to shoulder the sacrifice.
6 There was an understanding in prisons of the sacrifices
7 that people were having to make in the community, and so
8 I think everybody -- there was a sense of solidarity.
9 Everyone was prepared to do their bit.

10 I think what we saw, and I'm sure we'll touch on
11 this when we talk about the impact on people in prison,
12 but what we saw was of course, whereas in the community
13 we went through relaxations of the restrictions, and
14 sometimes then tightenings, again, as we will recall, in
15 prison it just kept going.

16 **Q.** Yes, so it was a constant?

17 **MR NEILSON:** It was a constant. And so that willingness to
18 shoulder the burden and take up the sacrifice started to
19 wane as it became apparent to people that actually,
20 there didn't appear to be much light at the end of the
21 tunnel if you were in the prison system.

22 **Q.** Thank you. And did that have a necessary impact on
23 prison staff, on morale, and on mental health
24 deterioration?

25 **MR NEILSON:** So the question on mental health is a tricky
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1 paragraph 15 that another measure which indirectly
2 reduced the prison population was the reduction in court
3 sitting days. Now, that has been a bone of contention
4 for many, and the Inquiry has heard about that, users of
5 the criminal justice system who really did not want that
6 to happen. It had an effect on reducing the prison
7 population, but was that a large effect or just a small
8 effect?

9 **MS SINHA:** It was, it had the impact of reducing around
10 60,000 people flowing into prisons because courts
11 weren't sitting, however, at the same time there was
12 also an increase in the number of people held in remand.
13 So by the same effect, so people who were coming, who
14 were being remanded into custody were staying longer
15 because they weren't getting their cases heard, and
16 there was a build-up. So the decrease in people flowing
17 in from the courts may have lessened the population, but
18 the number of people that were not being able to go to
19 court increased, so ...

20 **Q.** Yes. Thank you. And just to bring these points
21 together, please could we look at part of the witness
22 statement of Charlie Taylor, who will be coming this
23 afternoon to give evidence to the Inquiry on behalf of
24 His Majesty's Inspectorate of Prisons.

25 Thank you very much. It's INQ000659848 for the
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1 one. At least initially, the government believed that
2 the isolating regimes was not having a deleterious
3 impact on mental health and that was because of the fact
4 that the rates of self-harm in male prisoners --

5 **Q.** Sorry, sorry. I was asking about staff.

6 **MR NEILSON:** Staff?

7 **Q.** Yes.

8 **MR NEILSON:** I mean, we saw a lot of turnover of staff
9 during the pandemic. So I think that coming into work
10 as a staff member, that sense that you were going into
11 a place where the virus might spread easily, that you
12 yourself might spread that virus then back into the
13 community as you leave work at the end of the day,
14 I think that definitely had an impact on staff morale.
15 And of course for those members of staff who were
16 working because they actually believed in purposeful,
17 busy prisons, where you were taking people to workshops,
18 to education, to whatever it might be, and none of that
19 was happening, well then that would also impact on your
20 feeling that you were actually able to do a job other
21 than literally turn a key.

22 **Q.** Yes, thank you very much. And we will come back to
23 look, towards the end of your evidence, on the mental
24 health impact on prisoners.

25 Coming back to you, please, Ms Sinha, you tell us at
14

1 record.

2 "When [His Majesty's Inspectorate of Prisons] was
3 conducting SVs" -- now, SVs stands for scrutiny visits,
4 doesn't it?

5 **MS SINHA:** That's right.

6 **Q.** "... as expected, it found that it was primarily local
7 Victorian prisons that were overcrowded including ...
8 Pentonville ... Exeter and ... Leicester. [The
9 Inspectorate] noted that ... Preston prison in
10 particular was severely overcrowded, which meant that it
11 was struggling to implement best practices in cohorting
12 procedures. Overcrowding continued to feature in many
13 of the [prisons] inspections of local prisons when the
14 [Inspectorate of prisons] returned to full inspections.

15 "Women in prisons make up a very small minority of
16 the overall prison population compared with men, and the
17 women's estate does not, therefore, face the same
18 population pressures as the men's estate. Overcrowding
19 in women's prisons was not highlighted as an issue
20 during [the] ... inspections or visits."

21 Finally, immigration detention:

22 "The lower numbers in [immigration detention] meant
23 that detainees could be accommodated in single rooms,
24 usually with their own toilets and showers, which
25 provided additional privacy and helped to curtail the
16

1 spread of the virus."

2 Thank you, we can take that down.

3 So really it wasn't the same picture across all the
4 areas of detention, was it?

5 **MS SINHA:** That's right.

6 **Q.** Thank you very much.

7 Mr Neilson, I'd like to come to you, please, to
8 discuss prison population and capacity, and to remind
9 you of what you told us at paragraph 18 in your witness
10 statement. You say that:

11 "The Howard League's main recommendations around
12 reducing the prison population -- including by
13 significantly reducing the use of remand and recall, and
14 reducing the imposition of short sentences -- remain
15 features of [your] campaigning in the post-pandemic
16 context and would be highly relevant in the event of
17 a future pandemic."

18 You say:

19 "For as long as prisons remain in their existing
20 state of permanent crisis, those inside them will remain
21 highly vulnerable to the shocks of another pandemic."

22 Is that right?

23 **MR NEILSON:** Yes.

24 **Q.** And at paragraph 20 you say that:

25 "When it comes to the adult prison estate, the
17

1 prisons continue to cohort people to limit conflict in
2 prisons, which is not in the original intention of the
3 policy.

4 **Q.** Yes.

5 **MR NEILSON:** And I suppose this points to something which
6 I think is a theme the Inquiry might want to consider in
7 regards to prisons, which is the extent to which the bar
8 of expectation, set for prisons was significantly and,
9 perhaps understandably, lowered to cater for pandemic
10 mitigation measures, but then whether that bar of
11 expectations has been successfully raised again, now
12 that we are in 2026 --

13 **Q.** And has it?

14 **MR NEILSON:** I would argue no, that in too many ways the bar
15 was lowered and we've not been able to -- the system has
16 not had the resilience to be able to go -- to raise that
17 bar back again. It's been, in other words, a challenge
18 for the estate to get back to something like normal.

19 **Q.** Yes.

20 **MR NEILSON:** And of course, in the meantime, there has been
21 an overweening focus now on the prison capacity, as the
22 current government has been facing running out of prison
23 cells, and that's the very thing that, ironically, the
24 pandemic did delay in 2020. So, the government recently
25 published an independent review of prison capacity,
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1 legacy of the pandemic is arguably as serious, if not
2 more serious, than that experienced by any other public
3 service, including schools and hospitals."

4 What do you mean by that?

5 **MR NEILSON:** Yeah, I make that point because the decision
6 not to significantly reduce the prison population early
7 on in the way that we've discussed has meant that the
8 legacy -- the legacy of the pandemic has been serious in
9 that prison regimes have still not recovered from the
10 impact of the decision to, instead, contain the virus
11 through these lockdown measures.

12 So I won't dwell in detail on that because a lot of
13 it is picked up by the Inquiry's roundtable summary
14 report but, for example, we have a staff group working
15 in prisons now who largely do not have any experience of
16 working in prisons before Covid, when regimes were much
17 more dynamic and purposeful, although guaranteed they
18 were still pretty poor in many prisons. And as the
19 Inspectorate of prisons actually notes in its statement
20 to the Inquiry, some prisons continue to cohort
21 prisoners.

22 **Q.** What does that mean?

23 **MR NEILSON:** It means putting prisoners in small groups, but
24 they were doing it whereas previously the rationale was
25 to prevent the spread of the virus, HMIP notes that some
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1 which did say that it -- the government's own
2 projections were suggesting that prisons would run out
3 of spaces by August 2020. That was something that was
4 at the beginning of the specified period. That was what
5 was expected.

6 **Q.** Yes.

7 **MR NEILSON:** It was because, in the end, the pandemic
8 happened and the courts closed that that didn't happen,
9 but it is effectively just delayed until we came --
10 we -- the courts started up again, and then the system
11 just did not have the resilience or the capacity inbuilt
12 to then manage that.

13 **Q.** Thank you.

14 Ms Sinha, is there anything you would like to add to
15 that?

16 **MS SINHA:** No, I think apart from agreeing wholeheartedly
17 with Mr Neilson's views on this.

18 I think that the tail of Covid has been a very long
19 one for prisons. And one of the factors -- I think you
20 touched on staffing, was that when staff -- there were
21 a number of new staff that started during the Covid
22 period and after. And in the times before that, the
23 role and duty of staff was to manage larger numbers of
24 prisoners. They were used to and accustomed to
25 managing, in a risk-managed way, large numbers of
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1 prisoners on the landings. The new staff, who only knew
2 during Covid times, were not perhaps accustomed to
3 managing prisoners with great numbers, and that has been
4 a real issue in terms of training, in terms of
5 perception of risk of staff, and that perception of --
6 has not really left the culture within a number of
7 prisons.

8 So, even though you have -- times have become better
9 and you don't have any -- you don't have Covid, staff
10 are reluctant now to unlock prisoners in large numbers,
11 even though the threat isn't there any more, because of
12 their levels of confidence and training.

13 **Q.** Because they haven't had the legacy of working
14 beforehand as to --

15 **MS SINHA:** Correct.

16 **Q.** -- how things worked well --

17 **MS SINHA:** That's right.

18 **Q.** -- beforehand. Thank you.

19 Now, Mr Neilson, you mentioned the
20 Justice Roundtable report, and we're just going to look
21 at the two short paragraphs which deal with some other
22 mitigating factors that were imposed during Covid in
23 order to try to cope with the necessary restrictive
24 conditions.

25 "Parole hearings moved online and this has generally
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1 would have been expected to move out of the prison
2 estate, on parole, was also affecting capacity.

3 But we can see in the earlier part of these
4 two paragraphs that one of the reasons behind that was
5 that they weren't ready for parole. They weren't
6 receiving the necessary training or rehabilitation
7 techniques, or indeed advice, that would normally have
8 happened during the course of their stay in prison.

9 **MS SINHA:** That's right. And it impacted in several ways.

10 One was the lack of access to offending behaviour
11 programmes, which was severely impacted. All of those
12 activities ceased during the pandemic. So, prisoners
13 didn't have the opportunity to address the offending
14 behaviour needs.

15 And offending behaviour targets are set as part of
16 a prisoner's sentence plan.

17 **Q.** Yes.

18 **MS SINHA:** And this is the sentence plan that is reviewed by
19 the Parole Board to determine whether someone has
20 sufficiently lowered their risk in order to either be
21 released or to move to a lower category prison.

22 So (a), they weren't accessing the offending
23 behaviour programmes, but (b) because progress
24 between -- or transfers between prisons had also
25 stopped, they weren't getting to the right places where
23

1 been successful. However, the Prison Reform Trust
2 explained that due to the suspension of activities,
3 prisoners did not have access to the usual offending
4 behaviour programmes they relied on to demonstrate
5 reduced risk for the purpose of parole applications. In
6 addition, representatives said that prison transfers
7 were stopped during the pandemic, which meant prisoners
8 could not move to prisons with better access to support
9 or activities they needed to support parole
10 applications. The Prison Reform Trust said that this
11 could have been held back the progression of prisoners
12 towards being granted parole.

13 "Communication between prisoners and offender
14 managers also limited because they could not hold
15 in-person meetings. Offender managers are responsible
16 for managing prisoners' rehabilitation and assessing
17 their risk to the public and likelihood of reoffending.
18 According to the Prison Reform Trust, this relationship
19 is crucial for setting goals and creating interventions
20 tailored to prisoners' needs, helping to lower their
21 risk of reoffending. Consequently, opportunities for
22 prisoners to secure early release were reduced, adding
23 more strain to prison operations and capacity."

24 And so, as we can see at the end of that section,
25 the fact that prisoners were not moving out, as they
22

1 they could access those courses.

2 **Q.** Thank you. We can take that down now.

3 Turning to impact on prisoners, we're going to cover
4 eight areas of impact here. The first of which is
5 a general impact, really.

6 At paragraph 24 of your witness statement,
7 Mr Neilson, you talk about the Howard League blogs, that
8 five blogs -- a series of five blogs were published.

9 Has the Howard League found that an effective way to
10 communicate data and messages?

11 **MR NEILSON:** Yes. I mean, we had a rather more limited
12 window into the adult prison estate than our colleagues
13 at the Prison Reform Trust.

14 **Q.** Yes.

15 **MR NEILSON:** We both, as organisations, operate slightly
16 different forms of advice line for people in prison, but
17 our advice line, which is a legal advice line, is
18 focused primarily -- is focused on young people, so
19 18-20 -- sorry, under 18s, but also up to 21. Which
20 meant that we did get some calls from young adults in
21 the adult estate but most of what we heard was from the
22 juvenile estate. So it limited us somewhat.

23 But the blogs were an opportunity -- well, we were
24 surveying our members in prison. We have about
25 1,500 members in prison, family members of people in
24

1 prison, and we were serving them, and the blogs were
2 ultimately a relatively limited, but nonetheless useful,
3 I think, way of capturing what those surveys were
4 telling us.

5 **Q.** And what were they telling you?

6 **MR NEILSON:** Yeah, I mean, the insight that we received --
7 so, as I said earlier, the sense that, broadly speaking,
8 people in prison, both staff and prisoners, did respond
9 positively at the first phase of Covid. People were
10 aware that -- of what was going on in the community,
11 they were willing to provide a similar sacrifice. But
12 then, over time, as the community opened up again, there
13 was a sense in prison that the lockdown was just going
14 on and on.

15 Now, there were some mixed feelings about this.
16 There were some older prisoners who did not mind the
17 restricted regimes. But I think we have to remember
18 there that just before the pandemic, as we heard,
19 prisons were very overcrowded. They were -- they had
20 experienced years of record levels of violence and of
21 self-harm. They were very chaotic and violent places.
22 And so, at least initially, when the pandemic hit, they
23 became much calmer institutions. And there was already
24 a phenomenon, even before the pandemic, of individuals
25 in prison what we call self-isolating, which means

25

1 318 deaths in prison custody, an increase of 6% from 300
2 deaths in the previous 12 months ... In the 12 months to
3 December 2021, there were 371 deaths in prison custody,
4 an increase of 17% from the previous 12 months ... Of
5 these, 86 deaths were self-inflicted, a 28% increase
6 from the 67 self-inflicted deaths in the previous
7 12 months."

8 Then:

9 "In the 12 months to December 2022 (moving beyond
10 the Specified Period), there were 301 deaths in prison
11 custody, a decrease of 19%, from 371 deaths the previous
12 12 months ... Of these, 74 deaths were self-inflicted,
13 a 16% decrease from the 88 self-inflicted deaths in the
14 previous 12 months (the figure since being revised
15 upwards from 86) -- but still higher than the figures
16 for 2020."

17 So, what do those figures tell us, Mr Neilson?

18 **MR NEILSON:** Well, we have to be a little bit wary about
19 interpretation.

20 **Q.** Yes.

21 **MR NEILSON:** I think it certainly, you know, against the
22 backdrop of people being asked to live in very isolated
23 circumstances, the increase in self-inflicted deaths and
24 the timing around, you know, looking at the years and
25 the fact that you get this, the way it spikes, at the

27

1 people staying in their cells rather than go out because
2 they were worried about getting mixed up in the violence
3 and the bullying and the things that were happening in
4 prisons at that time.

5 So, for some people, when Covid happened, at least
6 initially there was a sense that there was some respite
7 from that very high, high levels of violence that we
8 were seeing.

9 But certainly what the blogs suggest is that
10 unfortunately this was nonetheless storing up human
11 costs in other ways, and it certainly, as I say, was
12 making the system as a whole less resilient and less
13 able to bounce back.

14 **Q.** Thank you.

15 We're going to turn now to discuss mortality rates.

16 And I'd like to display paragraph 29 of your witness
17 statement, please, Mr Neilson.

18 It's at INQ000659850. Thank you.

19 You say here that:

20 "Annual safety in custody statistics published by
21 the [Ministry of Justice] show how deaths in custody
22 increased over the Specified Period, especially in 2021
23 when beyond an increase in deaths attributed to Covid19,
24 there was also a concerning spike in self-inflicted
25 deaths. In the 12 months to December 2020, there were

26

1 moment when the isolation has been going on for
2 a substantial period of time, and then it drops again as
3 prisons are very slowly beginning to open up again.
4 I mean, as I say, I cannot categorically say that that
5 has a direct linkage, but one would imagine that there
6 is some linkage between the increase in self-inflicted
7 deaths and potentially how people were feeling adversely
8 in prison because of the very restricted regimes, the
9 very solitary regimes that quite a lot of people were
10 facing.

11 And then of course there is the increase in actual
12 deaths attributed to Covid. How accurate that
13 ultimately is, we don't know. We're not obviously
14 public health experts ourselves, so I'd be reluctant to
15 comment on how effective the mitigation strategies were
16 in prison other than to say that what is true is that
17 I don't think we saw a large amount of the sort of
18 explosive outbreaks that we were worried we might see,
19 and in a sense that was due to the restrictions that
20 were introduced.

21 **Q.** Thank you, thank you very much.

22 Ms Sinha, I'd like to turn to you, please, to talk
23 about prison conditions and in particular hygiene. At
24 paragraph 32 you tell us that prisoners frequently
25 reported to the Prison Reform Trust a lack of access to

28

1 cleaning materials, such as disinfectant and soap,
2 making it difficult for prisoners to adhere to the
3 Covid-19 guidelines at the time, one prisoner telling
4 you, "We were given lots of notices telling us the
5 importance of hygiene, but since the lockdown began, we
6 have not received a single item of hygiene equipment."

7 And another prisoner highlighted the risk posed by
8 communal telephones which were provided for prisoners to
9 be able to keep in contact with their families, but then
10 were shared by dozens of prisoners without there being
11 any access to, for instance, anti-bacterial wipes.

12 Were there also restrictions on how many showers or
13 how often -- how many showers per day or per week
14 prisoners were able to use?

15 **MS SINHA:** Yes, and I think this was all part of the issue
16 with the combination of reduced staffing because, don't
17 forget, the staff were also off sick with Covid so there
18 was never a full complement of staff that allowed for
19 the regime to be delivered. But the showering issue was
20 particularly a cause for concern. All the messaging
21 that prisoners were receiving whilst they were in their
22 cells through the television was about social
23 distancing, about washing your hands, about the
24 importance of cleanliness, and they were in this
25 incongruous position where all the advice, both given

29

1 **Q.** Thank you.

2 And moving on to deal with access to food, you tell
3 us about the majority of CAPPTIVE respondents who
4 mentioned food noted that they were receiving more food
5 than usual, but was that nutritious food?

6 **MS SINHA:** So the kinds of food they were getting were
7 crisps, cereal bars, biscuits, juice, and noodles.
8 While they appreciated the food packs, they were poor in
9 nutritional value, and this was particularly relevant
10 for some of the women in prison who felt that they were
11 gaining weight, and that had another impact on their
12 wellbeing and mental health.

13 **Q.** Thank you. We've discussed access to education and
14 training courses already. What about the provision and
15 frequency of physical activity?

16 Ms Sinha, you tell us about that at paragraph 54 of
17 your statement, that before Covid-19, gym sessions were
18 often a really important part of a prisoner's day. Did
19 that all cease once the pandemic restrictions began
20 to hit?

21 **MS SINHA:** I think that, again, that was a mixed bag. So in
22 some places we saw examples of very creative use of
23 physical education, so the PE teams in certain prisons
24 involved prisoners in activity, especially during
25 fresh-air breaks, whereas in others, those departments

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1 internally by the prison and also externally through
2 their televisions, they were unable to access, whether
3 it was to clean themselves or to clean their equipment
4 or to manage themselves with social distance.

5 So I think that that has been a huge factor of
6 distress for them, because they were aware, acutely
7 aware, of all the advice and then unable to be able to
8 access it themselves.

9 **Q.** Yes. But some prisons managed it, didn't they? Because
10 you tell us at paragraph 33 that some prisons
11 implemented measures to improve hygiene, both within
12 cells and in communal areas, including cell-cleaning
13 materials, clean clothes, bedding, wipes, sanitising
14 stations, and disinfecting communal areas regularly, so
15 it was possible, in some prisons, for those --

16 **MS SINHA:** Absolutely.

17 **Q.** -- those measures to be taken?

18 **MS SINHA:** Yes, and that is a theme from our findings that
19 there was an inconsistency with which measures were
20 applied. So some prisons who were -- who perhaps had
21 more proactive leadership, were able to find ways and
22 solutions to these problems whereas others weren't, and
23 I think it was a postcode lottery, which prison you
24 ended up being in to the level of service that you
25 received.

30

1 were closed. I think to caveat that, the inconsistency
2 could also depend on where infection rates were
3 particularly high, and which parts of the country, and
4 what the staffing picture was in those prisons. But
5 physical education, generally, even pre-pandemic times,
6 and now, is something that prisoners really hold on to
7 and really value. And so not having access to that
8 would have been really devastating.

9 **Q.** And is that something about which you agree, Mr Neilson?

10 **MR NEILSON:** Yes.

11 **Q.** Yes, thank you.

12 We've touched upon contact with families by
13 discussing the provision of mobile phones, but you tell
14 us, Ms Sinha, at paragraph 79, that the pandemic
15 fundamentally changed the conditions under which
16 families maintained relationships and supported loved
17 ones in custody, and of course for many prisoners,
18 feeling connected with their family is often what makes
19 prison survivable. You say that this loss of contact
20 with family was felt acutely by most prisoners with many
21 confined to their cells and struggling to keep in touch.

22 At paragraph 80, you talk about further information
23 on this topic that was gathered by your CAPPTIVE
24 project. So perhaps this is a convenient moment for you
25 to tell us about the project, when it was set up, and

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1 what sort of level of information it managed to provide
2 you with.
3 **MS SINHA:** So the CAPPTIVE project was part of our Prisoner
4 Policy Network group. It was initiated by them in
5 June 2020, and the purpose of that was to get -- speak
6 directly to people in prison. So Prison Reform Trust
7 has a history of doing very strong prisoner engagement.
8 Most of that, however, involves being in prisons
9 themselves where we speak directly with people in prison
10 about their experiences and are able to then amplify
11 their voices outside.

12 We weren't able to, obviously, go into prisons
13 ourselves, but an advert was put out on two papers, the
14 Inside Time and Converse newspapers, which are prison
15 newspapers, inviting people in prison to write to us
16 directly to talk about some of the thing that they were
17 experiencing, and the CAPPTIVE report was an
18 amalgamation of the work that we received.

19 So it wasn't happening as the pandemic was
20 unfolding, some of it is more after the fact but it
21 still gives us a first-line picture of what was going on
22 in prisons from the experiences of prisoners.

23 **Q.** And was that also able to give you an indication of how
24 the separation between prisoners and their families was
25 affecting their families?

33

1 to make. So they often went days without being able to
2 contact family and this had a huge impact.

3 **Q.** You tell us in paragraph 85 in your statement that:

4 "When visits were suspended, the government
5 announced a £5 phone credit to be paid each week to
6 prisoners."

7 Did that happen?

8 **MS SINHA:** It happened, but again, our feedback was that it
9 was inconsistent. So it happened well in some prisons
10 but not in others.

11 **Q.** Yes. You also go on to tell us about video calling at
12 paragraph 90. You say that:

13 "On 31 March 2020, the government announced that
14 video calling had been introduced in some prisons and
15 young manager institutions, with a list of prisons where
16 video calling was available. By 27 May [the same year],
17 the government announced that video calling was
18 available in 26 of the 121 prisons in England and
19 Wales ... However, a couple of weeks after the
20 announcement [you] heard from a woman held at one of the
21 prisons listed, explaining that the service was not yet
22 operational."

23 So, good intentions, but it doesn't seem that the
24 video calling exercise was rolled out across very many
25 prisons on the estate.

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1 **MS SINHA:** Absolutely. It was a very, very strong theme,
2 where people spoke about the anxiety that was created in
3 their minds, not knowing how their loved ones were
4 doing, particularly in keeping in contact with their
5 children and the impact that that had both from the
6 family's perspective, who were worried about their loved
7 ones in prisons, but also from people in prison who had
8 very little contact or way of knowing how their families
9 were doing.

10 I think what our report also highlighted, there was
11 competing pressures for time, because the time that
12 people had where they were allowed to engage in any kind
13 of activity in prison during that time, they often had
14 to make very, very difficult decisions in that time. Do
15 I shower? Do I clean myself? Do I call my loved ones?
16 And money was an issue. So one of the biggest ways that
17 prisoners earn money in prisons is through engaging in
18 purposeful activity. And because all of that ceased,
19 very few people had the money. And the cost of making
20 phone calls is quite prohibitive in prisons. So a
21 half-an-hour phone call to a BT landline can cost quite
22 a lot of money, just under a pound.

23 And if you are ending up with just £2.50 or less,
24 which is what you get when you don't have any activities
25 or work in prison, it's a very difficult choice to have

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1 **MS SINHA:** That's right. And for those in those prisons
2 where it was, it was very welcome and it was a game
3 changer, but if you look at 26 out of 21 [sic], that's
4 a very small proportion.

5 **Q.** Yes, thank you.

6 And drawing this together, let's look, please, again
7 at the Justice Roundtable report, and at pages 25
8 and 26. Thank you very much.

9 Thank you very much.

10 "Access to technology

11 "Representatives said that access to technology was
12 even more important for prisoner wellbeing during the
13 pandemic than it had been before, allowing for family
14 contact and remote access to services. However, access
15 to technology was not equal across prisons, as only
16 about half of prison cells had telephones according to
17 representatives. Early in the pandemic, in prisons
18 where prisoners did not have in-cell telephones, the
19 government distributed 900 secure phone handsets.
20 Whilst this was seen by representatives as a positive
21 development, they noted that the number of handsets was
22 relatively small once they had been distributed across
23 60 prisons. In other cases, they gave examples of
24 prisons where there may be only one telephone on the
25 wing, leading to competition amongst prisoners for

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1 access."

2 And we can hear from your organisation, Ms Sinha,
3 that:

4 "Differential access to a very basic piece of
5 technology made a massive difference to people's
6 isolation when they were under lockdown. It also made
7 a difference to access to services - telemedicine could
8 be done over the phone. If you have a phone in your
9 cell, you have a relative amount of privacy,
10 particularly if you're not sharing. If you're trying to
11 do it on a wing phone with people around you, you won't
12 have the confidentiality you'd want in a medical
13 examination."

14 And was that something which you picked up on in the
15 conversations that you were having with prisoners?

16 **MS SINHA:** That's right. That's right. It was a mixed
17 picture.

18 **Q.** Then you go on:

19 "That differential access to" -- I'm sorry, I think
20 I've already read that.

21 "Representatives pointed to the positive impact of
22 introducing phones and video conferencing technology in
23 prisons as it allowed prisoners to maintain contact with
24 their families. In one prison, the Howard League said
25 prisoners were encouraged to read bedtime stories to

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1 pandemic, was that people were spending the vast
2 majority of time in their cells, which reduced the
3 opportunities for contact with each other. And violence
4 in prisons, I mean, violence requires that contact so if
5 you don't have that contact, ergo it reduces the levels
6 of violence. So it was reduction made by the
7 constraints of the environment rather than anything
8 else.

9 And so in between 2014 and 2018, violence was very
10 high, partly because you were still in overcrowded
11 conditions and poor conditions. And that gave rise to
12 frustrations and anger amongst prisoners and led to high
13 levels of violence. But during Covid, because that
14 contact wasn't there, that saw the reduction.

15 **Q.** But then, as restrictions were eased, did you see that
16 violence and tension began to rise? You tell us at
17 paragraph 100 in your statement that the decline in the
18 rate of assaults was not equally felt across male and
19 female prison estates, and you say that women had
20 started to see more tension, anger and behavioural
21 problems emerge as restrictions continued and then began
22 to ease.

23 And there was also a problem with the lack of other
24 distractions, so that amplified, in your view, trivial
25 and minor incidents that perhaps would have passed

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1 their children. In other cases, prisoners were given
2 extra phone credit so that they could afford to call
3 home more frequently. While not considered a sufficient
4 substitute for in person visits, representatives
5 believed that where these technologies were available,
6 they helped to sustain connections between prisoners and
7 their families."

8 And then there's a final quote at the bottom:

9 "When that access to families worked, it really
10 worked. It really had an impact on people's wellbeing
11 once they could see their family members and talk their
12 family members."

13 Yes, thank you very much. We can take that down.

14 Two final points which I'd like to cover under this
15 section. First of all, patterns of violence, which
16 we've touched upon already.

17 Ms Sinha, you say at paragraph 97 that:

18 "Between 2014 and 2018 violence in prisons increased
19 dramatically, with rates of assaults more than doubling
20 from 190 assault incidents per 1,000 prisoners, to 394
21 assaults per 1,000 [prisoners]."

22 How, if at all, was that increase in violence
23 affected by the pandemic conditions?

24 **MS SINHA:** So, I think Mr Neilson touched on it earlier.

25 One of the advantages, if there were any, of the

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1 otherwise.

2 **MS SINHA:** That's right, and violence in male prisons is
3 very different to violence in female prisons. The
4 reasons why violence happens is also very different.
5 And women generally find that not having distractions,
6 not having purposeful activity, not having access to
7 support via either staff or other agencies or
8 psychological support, increases their levels of
9 distress. And I think that's also seen in the levels of
10 self-harm that has been -- that was very high in the
11 women's estate.

12 And I think violence, the rate of decrease in
13 violence in the women's prisons was less than in the
14 male prisons as a result of that.

15 **Q.** Right. Thank you.

16 Mr Neilson, parole and adjudication hearings. You
17 deal with this beginning at paragraph 32 of your
18 statement, and touch upon independent adjudication
19 hearings. Were they initially suspended completely but
20 then did they begin to be conducted again as the
21 pandemic progressed?

22 **MR NEILSON:** Yes, and crucially, they were being conducted
23 virtually, rather than in person, as would have been the
24 case prior to the pandemic.

25 **Q.** Yes. What was the impact of that?

40

1 **MR NEILSON:** Well, I mean, it allowed the process to begin
2 again, and on one level there wasn't a huge impact
3 because there weren't a huge amount of adjudications
4 going on, because -- relating back to the isolated
5 regimes, people being stuck in their cells, there were
6 less opportunities to fall afoul of the prison rules,
7 and therefore be awarded adjudications.

8 **Q.** Yes.

9 **MR NEILSON:** For some people, I mean, the -- I think the
10 lack of in-person adjudication hearings, we certainly
11 highlight some of the problems with virtual hearings in
12 our statement, so it is difficult, for example, to view
13 CCTV together when not everyone is actually physically
14 in a room to look at the screen. There is an impact on
15 procedural fairness and access to justice, particularly
16 for vulnerable people, or those with communication
17 difficulties.

18 So the concern that we particularly have around
19 adjudications is that while it was perfectly
20 understandable that there would be no in-person hearings
21 during the pandemic, there are still no in-person
22 hearings, that is our understanding. Even now, we're
23 well away from the specified period, all adjudication
24 hearings are -- continue to be virtual. And it's one of
25 the examples, I suppose, of where I think the bar of

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1 "Prisoners had significantly reduced access to
2 healthcare during the pandemic according to
3 representatives, exacerbating the physical health
4 impacts of the changes to prison regimes. Inquest
5 thought that the pandemic worsened a long-standing
6 problem in prisons of dismissing health issues and
7 prisoners having limited access to healthcare. Further,
8 some prisoners were reluctant to disclose Covid-19
9 symptoms to avoid the period of extended isolation
10 involved in the cohorting system and, as a result, may
11 not have received the treatment they needed."

12 "Medical Justice Explained that individuals with
13 chronic conditions such as diabetes and asthma missed
14 routine external appointments. Prisoners [as we have
15 heard] were confined for 23 hours a day and had less
16 frequent clinician visits, all of which negatively
17 impacted their health. The National Preventative
18 Mechanism provided an example from one prison where
19 prisoners with Covid-19 were only visited by healthcare
20 staff twice during a 14-day isolation period".

21 And they said:

22 "For other medical conditions, we saw people missing
23 appointments, lack of transport, lack of custodial staff
24 to accompany them and that compounded by the extra
25 stretches on the NHS, we saw physical illness, cancer,

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1 expectation for the system has changed, initially for
2 pandemic/public health reasons, and it is now --

3 **Q.** The norm?

4 **MR NEILSON:** -- the norm.

5 **Q.** Yes, and is the same to be said for Parole Board
6 hearings?

7 **MR NEILSON:** Parole Board hearings, certainly there are far
8 more virtual remote hearings than there were. I think
9 the degree to which that is a negative thing is perhaps
10 not as clear as with adjudications. For some people and
11 for the process itself, which is under some pressure, in
12 caseloads and work, the move to remote has been a good
13 thing. But it is notable that yes, largely, there has
14 been a big shift in the way that both adjudications and
15 parole hearings are conducted.

16 **Q.** Thank you.

17 I'd like to move on to the impact on healthcare
18 provision, please. You both tell us in your statements
19 that GP appointments, urgent care, dentistry and
20 medications were all affected by the imposition of
21 pandemic restrictions.

22 And let's have a look, please, once again, at the
23 Justice Roundtable report on the issue of healthcare
24 provision.

25 We can see that:

42

1 people missing their outpatient follow ups."

2 So, just pausing there, a reflection of everything
3 that was happening outside the prison system was also
4 happening inside it.

5 "Medical Justice added that the pandemic caused
6 delays in transferring very unwell prisoners requiring
7 mental health support or medical treatment to hospitals.
8 They highlighted how these situations made prisoners
9 sharing cells with unwell seniors feel uncomfortable or
10 worried about the health of their cellmate."

11 Thank you. I think we can take that down now and
12 move, finally, to the issue of mental health and
13 wellbeing.

14 Ms Sinha, I'd like to come to you first, please.

15 For women in custody, what is your view of the most
16 significant mental health stressors, either created by
17 or worsened by, pandemic restrictions?

18 **MS SINHA:** So, I think, just to give context, the women's
19 population, there are a good proportion of women who
20 come into custody with poor mental health, some of it
21 because there aren't suitable places for them in the
22 community, so you do have a disproportionate number of
23 women who already come with imported mental health
24 issues into the prison environment. And so, for them,
25 for those individuals who already suffered with mental

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1 health, those symptoms would have become far more acute
2 without psychological help, with isolation, without
3 access to family, children and loved ones so -- and also
4 access to healthcare whilst they were in custody.

5 And the impact for women with high levels of mental
6 health is looking for alternative ways to cope, and that
7 often meant self-harming at high numbers and high
8 levels.

9 **Q.** Thank you.

10 I'd like to put up one of the blogs, please, from
11 the -- Howard League's blog collection. It's at
12 INQ000613159 -- thank you very much. And just look at
13 what we can see here in terms of the mental health
14 consequences of implement during the pandemic.

15 If we can go to "Coping strategies" at page 3, thank
16 you, and just highlight the first three paragraphs,
17 thank you very much.

18 "A few people -- all older -- told us that they had
19 not minded the restrictions, or had even preferred the
20 relative calm of lockdown ..."

21 And that reflects very much what you've already told
22 us, Mr Neilson:

23 "As one put it: 'I have felt no pressures from the
24 restricted regime. I am retired and can cope with more
25 isolation'. However, most people found the pandemic

45

1 Statistics, England and Wales: Deaths in Prison Custody
2 to June 2020 Assaults and Self-harm to March 2020".

3 Thank you. If we could highlight the table.

4 We can see the figures there. They speak for
5 themselves, I suppose.

6 In the 12 months to June 2020 -- we've already
7 looked at this, I think, but if we move down to
8 "Self-harm incidents":

9 "Self-harm incidents reached a record high of 64,552
10 in the 12 months to March ... up 11% from the previous
11 12 months."

12 And moving down this table to "Assaults":

13 "There were 31,568 assault incidents in the
14 12 months to March 2020, down 8% ..."

15 Which is, again, what we've already seen, because of
16 the isolation factor.

17 And then:

18 "Assaults on staff ... decreased."

19 Presumably for the same reason: that there was less
20 contact between prisoners and staff.

21 And then, finally, the number of serious assaults on
22 staff decreasing by 5% over the relevant period.

23 So did those statistics which we see collected from
24 the Ministry of Justice reflect, Mr Neilson, your
25 experience from the messages that you were receiving?

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1 very difficult.

2 "Several people described how they, or others in
3 their prison had coped with the loss of social contact
4 and meaningful activity. One man described prison as
5 'a living nightmare' and explained that keeping himself
6 busy was a crucial part of staying well. Lockdown had
7 made this much harder though not impossible:

8 "'Pre-lockdown I used to be out of my cell all day
9 doing a wide variety of purposeful and leisure
10 activities ... therapy, IT tutor, Shannon Trust mentor,
11 prison band guitarist, prison choir member, Christian
12 Fellowship groups and services, gym, football, weekly
13 family visits ... all stopped'."

14 So does that reflect, Mr Neilson, one very --
15 usually very active prisoner's reaction to having had
16 all of that taken away?

17 **MR NEILSON:** Yes, absolutely. I mean there is no doubt that
18 purposeful activity has a rehabilitative purpose, but it
19 is also, actually, a way of finding a productive use of
20 your time in custody, and to have that stopped is in
21 itself going to be detrimental to most people's mental
22 health.

23 **Q.** Thank you.

24 Could we replace this, please, with the guidance
25 from the Ministry of Justice entitled "Safety in Custody

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1 **MR NEILSON:** Yes. I mean, I made the point in my statement
2 that self-harm in custody shouldn't be seen as
3 a straightforward barometer of mental health.

4 **Q.** Yes.

5 **MR NEILSON:** And I stress that in part because the initial
6 drop in self-harm rates in men's prisons, in the male
7 prisons in particular, was seen by some in government as
8 proof that the exceptional delivery model, the
9 restricted regimes, that that wasn't detrimental to
10 people's mental health.

11 I think the picture is rather more complicated, and
12 it comes back to that point that we've been making about
13 that prisons were in a very bad way prior to the
14 pandemic. There were these new records each quarter in
15 levels of violence, and that included self-harm. This
16 had been developing over many years. And one of the new
17 phenomena that we were seeing in that pre-pandemic
18 period was a rise in male self-harm at that time.

19 So, just to provide a bit of context --

20 **Q.** Yes, please.

21 **MR NEILSON:** -- self-harm is an issue for all prisoners, but
22 there's always been a gender disparity. The -- women
23 tend to be much more likely to self-harm and to
24 self-harm many times.

25 **Q.** Sorry, did you say women?

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1 **MR NEILSON:** Women, yes. So they are -- women in custody
2 are perhaps more likely to internalise distress in that
3 way, whereas men may be more likely to externalise the
4 distress through violence against others.

5 Now, that's a terrible generalisation, but it has
6 some accuracy to it, I think. And it's not always the
7 case.

8 But what we saw in the pandemic is actually the gap
9 between the genders narrowing and I think that says
10 something about how bad things were in the overcrowded
11 male estate before Covid, so in a way, we started to see
12 things revert back to something like this situation as
13 it was before.

14 **Q.** Thank you.

15 May we now please look at the report from the Chief
16 Inspector of Prisons which is at INQ000662053, and it's
17 prisons holding women. We can see that this report was
18 concluded on 19 May 2020, and please could we look at
19 page 11 and paragraphs 1.11 and 1.12.

20 And here we're looking at the support for the most
21 vulnerable prisoners, including at risk of self-harm.

22 All sites that were looked at had accommodation to
23 which -- in which to isolate prisoners with symptoms of
24 or those who had been confirmed as currently having
25 Covid-19.

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1 Ms Sinha, it may seem like an obvious answer to this
2 question, but what sort of impact did having to live in
3 such restrictive conditions, particularly in relation to
4 hygiene for women, have upon their mental health?

5 **MS SINHA:** Well, I think that, you know, it's particularly
6 important, and I know that it is a generalisation
7 between men and women, but for women who are
8 experiencing either, you know, on their period,
9 et cetera, that access to having -- cleaning themselves,
10 having access to clean underwear, clean clothes, becomes
11 vitally important to their mental health. And in
12 certain modern prisons like Bronzefield where you have
13 in-cell showers it's a lot easier, but in older prisons
14 like Eastwood Park where this facility wasn't available
15 and the fact that they weren't able to access showers
16 for days, would have been very detrimental to their
17 mental health.

18 **Q.** Yes, and it rather looks as if in Eastwood Park, those
19 prisoners who did have a shower were then not allowed
20 out of their cell for up to seven days.

21 **MS SINHA:** That's right, and I think it led to quite a lot
22 of underreporting of symptoms as well because it felt
23 like a punishment to be symptomatic and be isolated.

24 **Q.** Thank you.

25 And finally, and just to complete this topic, at the

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1 "We had concerns about how symptomatic prisoners
2 were treated at Bronzefield and Eastwood Park, initially
3 at Bronzefield the regime for any prisoner who developed
4 symptoms had been poor, with no time in the open air and
5 a shower only every three days, though this had recently
6 begun to improve. However, at Eastwood Park, while
7 symptomatic prisoners had a shower in their cell, they
8 did not spend time out of their cell or in the open air
9 for up to seven days.

10 "In addition, all three sites had identified
11 prisoners who were vulnerable to infection and needed to
12 be shielded ... Bronzefield and Eastwood Park had
13 dedicated shielding units. At Bronzefield most
14 prisoners who had been asked to shield for medical
15 vulnerabilities had agreed to do so. These prisoners
16 had in-cell showers and daily access to time in the
17 prison's gardens. At Eastwood Park, cells on the
18 shielding unit did not have in-cell showers, which made
19 prisoners living on other units more reluctant to move
20 to this unit. Around half of the prisoners initially
21 identified had declined to shield. The lack of in-cell
22 showers made it a more difficult to deliver a consistent
23 regime for these prisoners. Managers at Eastwood Park
24 planned to move shielding prisoners to a unit where
25 prisoners had a shower in their cell".

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1 Justice Roundtable event, there was discussion around
2 vulnerability, isolation, and mental health, and the
3 roundtable event heard that:

4 "The fear of Covid-19 transmission and changes to
5 prison operations during the pandemic had profound
6 negative consequences for prisoners. Inquest explained
7 that prisoners are a vulnerable population, with higher
8 rates of mental health problems than the general
9 population. They discussed how the limitations on
10 prisoner support and increased solitary confinement
11 increased anxiety, depression, self-harm, suicide, and
12 unavoidable deaths. Prisoners feared the risk of
13 transmission posed by staff coming in and out of prisons
14 and not wearing PPE. Representatives thought that this
15 worsened the anxiety amongst prisoners and reinforced
16 their perception that it was not important to protect
17 them from Covid-19."

18 Yes, thank you.

19 Finally, turning to lessons learned.

20 And coming to you first, Ms Sinha, what lessons can
21 we learn from the experience of the prison estate during
22 the pandemic and how might things be improved for the
23 next civil emergency?

24 **MS SINHA:** I think what we found through our
25 CAPPTIVE reports, first of all, was the inconsistency

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1 with which innovation was applied. So there were places
2 within the prison estate that were engaging in some
3 creative, innovative strategies to deal with the
4 problems they were facing. But this wasn't across the
5 board.

6 And I think it's important that we highlight what
7 those innovations were, so: in-cell technology being one
8 of them, video calls, use of social media updates (so
9 especially for family members); creative use of the gym
10 and physical activity; giving distraction packs and
11 hobbies.

12 I think these were good innovations, and the
13 prisoners who happened to be in those prisons where that
14 was happening had a much better experience of that
15 period.

16 But some way of generalising those good innovations
17 across the board, so that everyone had the benefit of
18 those interventions, I think that that would be an
19 important point to make.

20 But, overall, our biggest recommendation from all of
21 this is the issue around capacity and overcrowding. Had
22 that advice been taken early on -- all the -- all the
23 signals were saying that this would be the one thing
24 that would reduce the levels of despair and illness and
25 potential death within the custodial environment, was --

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1 public health advice that we commissioned from
2 Professor Richard Coker, and the fact that he said that
3 prisons could act as epidemiological pumps during
4 a pandemic, by which he didn't just mean that they could
5 spread the virus within the institution, but they could
6 spread the virus out into the wider community, and that
7 potentially, because of the poor conditions of prisons,
8 that the virus might mutate within that kind of
9 congregated and unhygienic setting.

10 Now, unfortunately, I think we'll never know, and
11 certainly I am not a public health expert, so we may
12 never know the extent of what happened. What happened
13 in the prison system and what bearing did it have on the
14 community? Because, every day, there might have been
15 restrictions in custody on what people living there were
16 doing, but of course, every day, there were members of
17 staff going in and out of these prisons and then going
18 back into the community.

19 So what we don't know is what kind of infection
20 spread was taking place from prisons, basically through
21 that traffic of staff coming in, potentially bringing
22 the infection in, it then spreading amongst the prisoner
23 population, in an unhygienic environment, and then
24 spreading back to staff who then leave and spread it
25 back out into the community.

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1 were not followed. And I think that now that we're in
2 a time where the prison service is overcrowded beyond
3 measure and it has taken legislation to try to reduce
4 the prison population, it's a real opportunity for us to
5 prepare for those kinds of events, holding overcrowding
6 and capacity as front and centre as a way of managing
7 these events in the future.

8 **Q.** Thank you.

9 Mr Neilson, is there anything that you would like to
10 add?

11 **MR NEILSON:** No, I mean, I very much agree with that. And
12 I think it's worth stressing that, you know, we saw only
13 just over 300 people released early in the early onset
14 of the pandemic, as we discussed, and yet it is somewhat
15 ironic, looking back now, where we've had successive
16 governments since releasing thousands of people early
17 from prison, in a succession of various types of early
18 release scheme to deal with the capacity crisis, but
19 when we actually had a pandemic and we had a compelling
20 public health case to release more people early, we
21 didn't take that opportunity, which left the system with
22 very little resilience.

23 There's only -- there's one other point I'd like to
24 make, which is about lessons that perhaps we can learn.
25 And it's, I think it's about the -- it comes back to the

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1 And the reason I say this is because I had a very
2 anecdotal, I absolutely accept, but I happen to have
3 some friends working in public health in the Kent area
4 who told me, because of my job, that they were very
5 concerned in October 2020 about an outbreak of Covid
6 cases at Swaleside prison on the Isle of Sheppey, and
7 I duly noted it. And then two months later, we started
8 hearing about the Kent variant.

9 Now, I'm not going to say any more than that, but
10 it's just, you know, we don't have answers to those
11 questions, and that might be where some of the most
12 important lessons could be learned, unfortunately.

13 **MS BLACKWELL:** Mr Neilson, Ms Sinha, thank you very much for
14 your evidence.

15 My Lady, that completes my questions and I don't
16 believe that there are any questions from any other core
17 participants.

18 **LADY HALLETT:** No, there aren't.

19 So Mr Neilson, Ms Sinha, thank you so much indeed
20 for your help. I used to visit a lot of prisons in
21 Kent, Mr Neilson, so I was quite interested in your
22 anecdote, but I suspect we can't prove a causative link,
23 but anyway. Thank you very much indeed, both of you,
24 it's been a very interesting morning.

25 **MR NEILSON:** Thank you.

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1 **MS SINHA:** Thank you.
 2 **LADY HALLETT:** Very well. We've made such good progress
 3 I'll give you an extra couple of minutes' break.
 4 I shall return at 11.35.

5 **MS BLACKWELL:** Thank you very much, my Lady.
 6 (11.17 am)

7 (A short break)

8 (11.35 am)

9 **MS BLACKWELL:** My Lady, can you see and hear me?

10 **LADY HALLETT:** I can, thank you.

11 **MS BLACKWELL:** Thank you.

12 The next witness is Christopher Minnoch, who will be
 13 giving evidence on behalf of the Legal Aid Practitioners
 14 Group. May he be sworn, please.

15 **MR CHRISTOPHER MINNOCH (affirmed)**

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

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

18 **A.** Christopher Minnoch.

19 **Q.** Thank you.

20 Mr Minnoch, you should have before you a copy of
 21 your report, which bears our reference INQ000660080.
 22 Can you confirm that that is the document you have
 23 provided on behalf of the Legal Aid Practitioners Group?

24 **A.** On screen at the moment?

25 **Q.** No. Do you have a hard copy?

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1 **Q.** Now, during the course of the pandemic, the Legal Aid
 2 Practitioners Group undertook three significant pieces
 3 of research which, amongst other themes, considered the
 4 impact of Covid on the legal aid sector and on access to
 5 justice more generally; is that right?

6 **A.** That is right.

7 **Q.** The first of those was the Legal Aid Practitioners Group
 8 mental health and wellbeing survey, which was published
 9 in October of 2020. Did that gather data from 420 legal
 10 aid practitioners and support staff?

11 **A.** Yes, it did.

12 **Q.** Thank you. Secondly, the Westminster Commission on
 13 Legal Aid inquiry into sustainability and recovery of
 14 the legal aid sector, which was published in October of
 15 2021, was that a cross-party initiative formed by the
 16 All-Party Parliamentary Group on legal aid which was the
 17 precursor to the APPG on access to justice, and did that
 18 run a series of evidence sessions and also conduct
 19 research?

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

21 **Q.** Thank you. And finally, the Legal Aid Practitioners
 22 Group aid census, legal aid census. What was that?

23 **A.** So that was a research project that we conducted. We
 24 outsourced the actual collection of the data and the
 25 analysis of the data to a group of academics who all had

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1 **A.** I haven't brought a hard copy with me.

2 **Q.** Right, well, we can rectify that, please. Thank you.

3 You have provided a witness statement on behalf of
 4 the Legal Aid Practitioners Group, we can see that, but
 5 is that the first page of it that's on the screen now?

6 **A.** Yes, it is.

7 **Q.** Thank you very much. And please can you also confirm
 8 that the facts stated within it are true to the best of
 9 your knowledge and belief?

10 **A.** I can.

11 **Q.** Thank you very much.

12 I'd like to begin by setting out a brief and
 13 high-level overview of the organisation that you
 14 represent. So the Legal Aid Practitioners Group was
 15 established in 1983. It's a membership body that
 16 supports those who carry out legal aid work in England
 17 and Wales, and your members are private practice firms,
 18 not-for-profit organisations, barristers, cost lawyers,
 19 and legal aid policy specialists. And your members
 20 carry out all areas of civil and criminal legal aid work
 21 and cover the whole range of business models from small,
 22 niche, sole practitioner firms, charities, other
 23 non-for-profits, all the way up to many of the largest
 24 legal aid services; is that right?

25 **A.** That's correct.

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1 experience in the field of socio-legal research, and it
 2 was a collection of five surveys of existing former and
 3 prospective legal aid practitioners, and organisations
 4 and chambers that carry out legal aid work.

5 **Q.** And there were 1,839 individual respondents to that,
 6 were there not?

7 **A.** That's correct.

8 **Q.** And also 401 organisational respondents?

9 **A.** Yes.

10 **Q.** So a fair selection of those people that use your
 11 organisation?

12 **A.** Yes, and described by the academics as the largest
 13 survey of its kind in the history of the legal aid
 14 scheme.

15 **Q.** Thank you. Turning now to deal with the impact of the
 16 pandemic on access to justice. It's right to say, is it
 17 not, that court backlogs and delays are generally well
 18 understood, particularly at the moment. But describe to
 19 us if you would, please, what the position was going
 20 into the pandemic, and how, if at all, that position was
 21 affected by the restrictions imposed during the
 22 pandemic?

23 **A.** Of course. Yes. So it's a really important context,
 24 isn't it, to understand that the pandemic exacerbated
 25 existing problems within the justice system. So there

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1 were backlogs across the civil and court pre-pandemic,
 2 and then the restrictions that were placed in terms of
 3 stopping some proceedings, slowing down the progress of
 4 other proceedings as restrictions were put in place on
 5 public health grounds have exacerbated those backlogs
 6 both in terms of the volume of cases but also in terms
 7 of the length of time it takes for those cases to pass
 8 through the system. And those are implications that
 9 we're dealing with today, announcements this week from
 10 the government in terms of measures to try to redress
 11 that.

12 **Q.** So, is it right that the backlogs that existed going
 13 into the pandemic have been extended during the course
 14 of the pandemic?

15 **A.** Quite considerably, particularly in the criminal courts.

16 **Q.** Thank you.

17 Let's look at the impact on specific vulnerable
 18 groups, please. So, the first group is housing and
 19 homelessness. You tell us at paragraph 10.1.1 in your
 20 statements that:

21 "All housing possession action in England and Wales
 22 was suspended from 27 March 2020 into move [which was]
 23 designed to prevent a potential wave of homelessness
 24 that could have resulted from lockdown measures."

25 You go on to say that:

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1 non-possession work.

2 So, for example, the existence of public health
 3 measures meant that there was a whole new category of
 4 law that existed, a subset in housing law in terms of:
 5 are properties suitable for the homeless people that are
 6 being accommodated on a temporary basis, are people in
 7 existing accommodation in suitable accommodation that
 8 meets their needs on medical grounds, for example --

9 **Q.** Could I ask you to slow down, please.

10 **A.** To slow down, yes. I did anticipate you would say that
 11 at some stage.

12 **Q.** Don't worry, if it's easily done.

13 **A.** And all of those people needed advice.

14 **Q.** Yes.

15 **A.** And of course we're talking about a provider base that's
 16 traditionally always lacked capacity to meet demand, and
 17 that was only exacerbated again by the pandemic.

18 **Q.** Thank you.

19 And you go on to tell us in your witness statement
 20 that the number of housing legal aid provider offices
 21 commencing work from 2019 to 2020 and 2020 to 2021 fell
 22 by 19% and has remained at this level since.

23 **A.** That's correct.

24 **Q.** Why is that?

25 **A.** I'd say the primary reason is because, within the legal

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1 "While this significantly reduced the demand for
 2 legal advice on housing and homelessness issues, it also
 3 fundamentally weakened the financial resilience of the
 4 housing legal aid provider base as no specific
 5 government financial relief measures were introduced to
 6 off-set the loss of income ..."

7 So, what sort of reports were you getting from those
 8 practitioners who would have ordinarily been employed in
 9 this area of law?

10 **A.** So, there were, I suppose, there were two broad
 11 categories. There were those that were furloughed, and
 12 the legal aid provider base, without -- in the absence
 13 of targeted financial support, relied heavily on
 14 furlough to retain its staff, and to work on the basis
 15 that, of course, the staff would return once volumes of
 16 work picked up.

17 And then there were those that maintained their work
 18 in the office. And they had an existing caseload going
 19 into the pandemic, so those clients needed ongoing
 20 assistance. And of course there's a large proportion of
 21 housing work that isn't necessarily oriented around
 22 court proceedings, so even if those -- even if there
 23 weren't new possession acts and actions eviction
 24 processes happening, there were existing processes and
 25 there were clients that needed ongoing assistance with

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1 aid sector, there's no resilience, there's no financial
 2 resilience.

3 **Q.** Yes.

4 **A.** Organisations operate in a very financially precarious
 5 manner, and when you have any disruption to your income,
 6 a number of organisations will fall as a result, or
 7 within an organisation, they'll have to lose staff or
 8 withdraw from housing legal aid work and take on other
 9 forms of work. And, of course, there was an enormous
 10 shock financially because of the pandemic, because of
 11 this immediate disruption to the flow of cases,
 12 you know. And so providers had no choice but to
 13 withdraw.

14 **Q.** And the Law Society have performed and presented
 15 analysis demonstrating that by October of 2023, 44% of
 16 the population in England and Wales did not have
 17 a housing legal aid provider in their local area.

18 **A.** That's correct.

19 **Q.** And has that figure remained constant since the pandemic
 20 has passed?

21 **A.** It has. It's actually got slightly worse since the last
 22 analysis that was carried out by the Law Society, and
 23 one of the things that the analysis misses, and this is
 24 not a criticism of the analysis itself, is the existence
 25 of a housing provider in your local area doesn't mean

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1 they have any capacity to take on cases. So it kind of
2 hides the fact that even if people do have a housing
3 legal aid lawyer in their area, they don't necessarily
4 have the ability to get advice from them, because they
5 don't have capacity.

6 **Q.** Thank you.

7 The second topic, safeguarding and support for
8 victim-survivors of domestic abuse. You tell us at
9 paragraph 10.2.1 in your statement that the lockdowns
10 necessitated by the pandemic created a, you describe it
11 as a perfect storm, for domestic abuse victim-survivors,
12 and that is something about which the Inquiry has heard
13 evidence already, during the course of this module.

14 You describe it in these terms:

15 "Avenues for escape were closed off by the
16 restrictions placed upon refuges and on family members
17 left able to support them. This, coupled with an
18 increase in the types of stress that exacerbate domestic
19 abuse situations ... resulted in huge increases in those
20 seeking support [which] led to a significant increase in
21 demand on domestic abuse support services and on legal
22 aid providers in relation to protective measures."

23 Did this particular problem touch not -- well, did
24 it touch criminal cases, civil cases, and indeed family
25 cases?

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1 initially a cessation of all cases when the courts were
2 closed. There was then a mitigation introduced across
3 all of the sectors, I think, so that there was a shift
4 to remote hearings. Which in itself would have then
5 increased the demand for legal aid. But did the remote
6 hearings make it significantly harder, in your view, for
7 domestic abuse victims to access all sorts of legal
8 support, not only the hearings themselves, but also
9 access to legal advice in preparation for those
10 hearings?

11 **A.** Yes, categorically it did, yes.

12 **Q.** And would you agree that the lack of timely access to
13 legal support would also have been exacerbated again for
14 those with mental health needs or learning disabilities?

15 **A.** Absolutely.

16 **Q.** And is it fair to say, therefore, that the idea of
17 remote hearings, whilst welcomed by many, was for other
18 victims of domestic abuse a deterrent in pursuing
19 protective orders against their perpetrators, perhaps?

20 **A.** Yes, I'd agree.

21 **Q.** Thank you. I'd like to have a look, please, at the
22 Women's Aid report which the Inquiry has seen before,
23 it's the Shadow Pandemic: Shining a Light on Domestic
24 Abuse report from October of 2021.

25 Please could we have a look at page 45 and

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1 **A.** It's mixed, and this is one of the issues we're trying
2 to generalise about the legal aid scheme because it is
3 quite complex and it does deal with a whole wide range
4 of legal issues. So in the criminal sphere there was an
5 actual reduction in demand in some respects because of
6 the fact that the police weren't arresting as many
7 people, there were different types of crimes happening
8 but there was a reduction in some crimes because people
9 were locked at home, but of course, some of those crimes
10 were then hidden because of an increase in domestic
11 abuse.

12 **Q.** Yes.

13 **A.** In housing, there was a reduction because there was a
14 stay on possession proceedings and so -- some of the
15 analysis that the government has carried out since shows
16 that although the demand in some areas may have been
17 slightly lower, because of a high proportion of legal
18 aid staff being furloughed, the demand was concentrated
19 on a smaller number of people. So caseloads went up,
20 stress levels went up, wellbeing went down. And we may
21 come to that later in the evidence, I'm guessing.

22 **Q.** Yes.

23 Pausing to just reflect upon the court situation --

24 **A.** Yes.

25 **Q.** -- as we know, and as the Inquiry has heard, there was

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1 paragraph 7.1.2 which deals with courts or CPS. And it
2 says that:

3 "The pandemic and the need for social distancing
4 have had a notable impact on the work of courts. The
5 move to remote hearings has limited the support
6 available for victim-survivors, both from formal support
7 workers and informal support networks. Domestic abuse
8 services have not been able to be present for remote
9 hearings and therefore only being able to offer support
10 before and after a hearing. The increased need for
11 support whilst cases are delayed also has implications
12 for services that offer support whilst waiting for or
13 going through trial. Similarly, with short notice for
14 cancellation of cases (including the day before or the
15 day of the trial) and dates for new trials being set
16 arbitrarily, some victim-survivors will be left
17 attending court alone and without support. This not
18 only has a huge impact on the victim-survivor, including
19 their ability to attend at all, but also impacts the
20 evidence they can provide, therefore having
21 ramifications for the outcomes of trials."

22 So there seems to be several issues highlighted
23 here. The first is that it wasn't just the formal
24 support that deteriorated, and diminished during the
25 course of the pandemic, but informal support, which for

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1 people such as victim-survivors and those with learning
2 disabilities and people who were vulnerable in society
3 would have been a really important level of support and
4 type of support that they needed wrapped around them
5 throughout the whole process.

6 **A.** Correct, and the excerpt here is in the context of the
7 criminal courts, but of course there's a really
8 important element in the civil courts of
9 victim-survivors as well, and that's the ability to
10 obtain protective orders and these processes sometimes
11 run parallel.

12 And so you've got a range of different impacts that
13 are affecting people at the same time, and I think
14 people possibly underestimate the role that legal
15 practitioners play in terms of supporting people through
16 those processes, and so a notable example in this
17 context is that if you have a remote hearing, the client
18 has to be somewhere. They have to be somewhere to be
19 able to access it. They can't be at home in these
20 contexts often, so where do they go? And so
21 practitioners, in our experience, were required to
22 facilitate access for their clients to remote
23 hearings --

24 **Q.** Yes.

25 **A.** -- which means providing a physical space, which means
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1 case to be heard with a determination and, perhaps the
2 day before or the day of the hearing, gets told that
3 that can't happen.

4 **A.** Absolutely.

5 **Q.** And the third point, I suppose, to make is that then,
6 given the backlog, the new trial date or the new hearing
7 date might be some significant time in the future?

8 **A.** Yes. I mean, I don't have figures to hand for what the
9 re-listing process for delays would have been at the
10 time, but if we take the current context, we're looking
11 at cases now being listed into 2030. Some of those
12 cases will be domestic abuse cases and other linked
13 types of proceedings. So, you're potentially talking
14 about a two to three to four-year wait before something
15 comes to trial. And you can understand why the
16 government is trying to take quite significant measures
17 now to bring that back and those figures down.

18 **Q.** Thank you very much. We can take that down now.

19 Immigration and asylum. At paragraph 10.3.1 you
20 tell us that:

21 "The impact of COVID-19 was felt acutely by both
22 clients in the immigration and asylum system and
23 practitioners working in this area [as well]. Members
24 reported [to you] that with the lockdowns came
25 a wide-scale slow down, if not a cessation, of case
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1 providing technology along with legal advice and
2 emotional support. So it's a very, very difficult set
3 of circumstances.

4 **Q.** So, in that example, the legal practitioner would have
5 been taking the role that would ordinarily have been
6 taken by an informal support worker, so that they would
7 have been providing that level of emotional support as
8 well?

9 **A.** Yes. And providing the role that would have been taken
10 by the court service itself.

11 **Q.** Yes, absolutely.

12 The second point, I suppose, to make is that in this
13 example that we see on screen, there is a reference to
14 the cancellation of cases at short notice. Is that
15 something which your surveys have also thrown up during
16 the course of the pandemic?

17 **A.** Yes, although I would say that this is -- has been
18 a problem that's blighted the court system for --
19 forever, and something that's again, continuing to be
20 needing to be addressed across the court system because
21 it has quite significant implications for everybody
22 involved in the court process, including the
23 victim-survivors.

24 **Q.** Yes, but there's an obvious impact of that on
25 a victim-survivor, who would have been expecting their
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1 progression within the immigration and asylum system and
2 a large number of cases were [either] suspended or
3 delayed."

4 The new ways of working brought about by the
5 pandemic also presented, you say, unique challenges for
6 this particular client group who may not have had access
7 to either technology or -- and in relation to whom
8 English is often a second language.

9 So what sort of challenges did that present for
10 them?

11 **A.** So, I think, in ordinary circumstances, very difficult
12 for clients, applicants, within the immigration asylum
13 system to interact with formal processes. It's often in
14 another language, we're talking about a cohort that
15 doesn't understand -- may come from a country that has
16 a very different system, or no system, who may have --
17 be very wary about interacting with public services
18 anyway, and may be a victim of torture or other forms of
19 inhuman or degrading treatment, hence their need to
20 apply for asylum here or fleeing persecution.

21 So, it's -- by virtue of being in that system,
22 you're bound to be vulnerable in one or more ways. And
23 so when you then think about first-instance decision
24 making by the Home Office being delayed or slowing down
25 considerably, you need that decision. You then need to
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1 try to challenge that decision if you disagree with it.
 2 You need advice to do that, because immigration law is
 3 incredibly complex -- slow down -- and it's very
 4 difficult to access advice anyway, with the lack of
 5 capacity across the system.

6 **Q.** Yes.

7 **A.** So, again, it's another perfect storm. And I think it
 8 highlights that, if we talk about the legal aid system
 9 in particular, it is a safety net that is designed to
 10 try to assist vulnerable people, either, you know,
 11 Vulnerable, with a big V, in terms of something that's
 12 recognised maybe in legislation, or vulnerable because
 13 of the very nature of their legal problem.

14 **Q.** Thank you.

15 Next, those in prisons and other places of
 16 detention. The Inquiry has just heard from
 17 representatives of those who were in touch with
 18 prisoners and prisoners' families during the course of
 19 the pandemic but so far as your members were concerned
 20 you tell us at paragraph 10.4.1:

21 "Members reported that [His Majesty's] Prison and
 22 Probation Service imposed a number of measures at the
 23 outset of the pandemic to mitigate factors that
 24 increased the Covid-19 health risks for prisoners, such
 25 as overcrowding and a high rate of pre-existing health

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1 telephone interviews, or some prisons not having the
 2 ability to facilitate remote interviews, or if there was
 3 the ability to contact, it might be in a public space
 4 where a prisoner would have access to a telephone which
 5 is not the space in which you want to conduct an
 6 interview with a client and hear very sensitive
 7 information and impart legal advice.

8 And of course we went in and out of lockdowns but
 9 some of the pressures that were placed on the prison
 10 system, or some of the choices they made, meant that
 11 prisoners were often restricted in ways that the general
 12 population were not and so the impact was greater in the
 13 sense that some of those difficulties in accessing
 14 advice lasted longer and had a greater effect.

15 **Q.** Thank you.

16 Let's look, please, at the report from the Criminal
 17 Justice Joint Inspection which is dated January of 2021,
 18 and look at page 18 and paragraphs 3.11 through to 3.13.

19 In fact, we can just look at the first two of those
 20 paragraphs, I think, the first beginning -- thank you
 21 very much -- at the foot of page 18.

22 And this report found that:

23 "In particular, since the initial lockdown ended, it
 24 remains the case that the majority of prisoners have
 25 continued to be subject to a highly restrictive regime.

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1 conditions amongst the prison population. Measures
 2 including reducing time spent out of cells", which we've
 3 just heard about.

4 You go on to say that while your members understood
 5 the need for these measures, they reported significant
 6 impacts on prisoner wellbeing and also on the ability of
 7 prisoners to access legal advice.

8 What were those particular challenges?

9 **A.** I think there's -- I mean, one of the issues with
 10 looking at the impact on the justice system is that it's
 11 almost a misnomer to call it a system, it's more of
 12 a collection of different systems that interact with
 13 each other and the prison service is a classic example
 14 of that.

15 So the interaction between getting advice and what
 16 that might mean for your ability to apply for,
 17 successfully apply for parole or release, it's
 18 absolutely vital that you have access to legal advice to
 19 do that successfully.

20 And within the prison service, after many years of
 21 a lack of investment, I'm choosing my words very
 22 carefully here, there was a very uneven distribution of
 23 the resources that would be required to facilitate
 24 access to legal advice. And so our members would have
 25 difficulty in reaching their clients, long waits for

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1 This has lasted many months without respite. It has had
 2 serious adverse effects on their physical, emotional and
 3 psychological wellbeing, and on the prospects for
 4 effective rehabilitation.

5 "Short scrutiny visits conducted by [as it was then]
 6 Her Majesty's Inspectorate of Prisons from April to July
 7 2020 raised concerns about the potential medium- and
 8 long-term effects of isolation and the lack of
 9 meaningful human interaction, including the loss of
 10 social visits. Inspectors were told by prisoners that
 11 the absence of access to open space, exercise and human
 12 contact was having an adverse effect on their wellbeing,
 13 and leading to anxiety, deterioration of their physical
 14 health, and increased mental health problems."

15 So if we consider that there was a lack of practical
 16 facility for these prisoners to have a meaningful
 17 interaction with their legal representatives, and
 18 coupled with the mental effect of the lockdown
 19 conditions within a prison, that would have led to a
 20 pretty bad experience for them.

21 **A.** It did indeed, yes.

22 **Q.** And the stress that the inability to properly represent
 23 their clients had upon your members needs to also be
 24 remembered, does it not?

25 **A.** Absolutely, yes. And actually, you know, the data shows

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1 that the number of lawyers that deliver prison law legal
2 aid services has declined dramatically, and all areas of
3 legal aid involve stressful work, vulnerable clients and
4 highly complex cases, but we also have to acknowledge
5 that that has the potential to create vicarious trauma
6 for the practitioners themselves.

7 **Q.** Yes. Did your representatives and your members report
8 that there was also a difficulty with prisoners being
9 able to access the requisite training and education that
10 their sentencing plans would have had written into them
11 in order for them to be ready to be released, and that
12 that in itself also was a sense of frustration not only
13 for the prisoners but also for the practitioners?

14 **A.** Yes, and some of the issues you've just highlighted were
15 actually outside of the scope of legal aid for prison
16 law work which is unfortunately quite restricted now,
17 but that particular point is crucial because the
18 progression towards probation, for example, is a key
19 element.

20 **Q.** Yes, thank you. People affected by the operation of the
21 justice system. You tell us at paragraph 10.5.1 that
22 your members reported significant issues by those
23 affected by the criminal justice system, the pandemic
24 intensified existing strains on practitioners already
25 struggling after more than a decade of fee cuts, falling

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1 who have been arrested or charged had access to advice
2 without compromising on the public safety or public
3 health. But that wasn't always possible.

4 And so they were putting themselves at risk by going
5 into those environments, and, with the best will in the
6 world from the police force and others, those weren't
7 safe environments.

8 **Q.** Thank you.

9 Let's look at some of the figures that you provide
10 in your statement, please.

11 If we could have a look at page 15 and 16, and to
12 paragraph 24. Thank you very much.

13 So your Mental Health and Wellbeing Survey, you say:

14 "... provides another useful insight into the impact
15 of the pandemic on legal aid practitioners.

16 420 responses to the survey were obtained between
17 29 June and 4 September 2020. Responses represented
18 a cross-section of the sector in terms of types of
19 practices, levels of experience, roles and areas of
20 legal aid specialism."

21 And:

22 "[The] Key findings were:

23 "60% of respondents experienced changes in their
24 working patterns or hours

25 "Over 30% had experienced a reduction in their

79

1 prosecution rates, and a declining provider base,
2 undermining public access to advice and their experience
3 of the criminal justice system.

4 You go on to say that the most significant impact on
5 those affected by the operational of the criminal
6 justice system -- and by that we mean defendants,
7 victims and witnesses -- has been, as we have already
8 referenced, the large increase in court backlogs and
9 delays in listing and hearing trials.

10 For your practitioner members, you describe at
11 paragraph 10.5.3 that the pandemic was a stressful
12 period laden with risk to their own health. Tell us
13 about that and the sorts of pressures that they felt,
14 going to visit vulnerable clients and people who may
15 well be infected.

16 **A.** Yes, I mean, practitioners, particularly in areas like
17 criminal defence practice, not in their offices often,
18 or more often than not they practice in police stations,
19 in cells, in custody suites, in magistrates courts, and
20 those processes, while there was a reduction in the
21 number of arrests taking place, those processes didn't
22 stop just because there was a pandemic.

23 Members of ours and the Law Society, for example,
24 very quickly had to try to negotiate new protocols to
25 try to strike that balance between ensuring that people

78

1 income or the income of someone in their household

2 "79% of respondents had experienced stress

3 "66% were having difficulty switching off from work

4 "59% were having difficulty sleeping or had

5 disrupted sleep patterns

6 "46% had experienced mood swings or sudden outbursts
7 of emotion

8 "41% had financial concerns

9 "35% that management concerns

10 "34% had experienced loneliness

11 "23% had experienced vicarious trauma

12 "9% had another form of concern

13 "Only 5% of respondents (19 ... in total) had not
14 experienced some form of adverse impact from lockdown"

15 **A.** Correct.

16 **Q.** Yes. Thank you very much.

17 I suppose those figures really speak for themselves.

18 Let's have a look at the variation of impact between
19 the demographic groups or geographical areas, please.

20 And you cover this at paragraph 10.7.1 in your
21 statements, which is at pages then and 11.

22 You say that:

23 "While the impact of the pandemic was acute across
24 the entire justice system, [you] have no doubt that the
25 impact was more significant for some demographic groups

80

1 than others, as evidenced by the 'client diversity
2 statistics' published by the Legal Aid Agency ..."

3 What are those? Could you explain what the client
4 diversity statistics are.

5 **A.** Yes. So, there's a certain level of demographic data
6 that's captured by legal aid providers at the point that
7 they start assisting somebody under the legal aid
8 scheme. It's not a full range of protected
9 characteristics, for example, but it gives us an
10 indication of some of the demographic and variable
11 impact on clients.

12 I would say what's really important about this data
13 is that it only captures those who are able to access
14 advice.

15 **Q.** Right.

16 **A.** And we know, although there is limited research on that,
17 there are a lot of people who can't access advice. So
18 there's no data about them, we don't know the
19 demographic profile of the people we have. But you can
20 only measure what -- you know, the data that you've got
21 at hand. And so that's what the legal aid statistics
22 presented here are designed to do.

23 **Q.** Thank you. Let's have a look at them now.

24 So:

25 "58% of clients who received legal aid in civil

81

1 **Q.** -- and lots of other -- (overspeaking) --

2 **A.** -- (overspeaking) --

3 **Q.** I know we're going to come to that. It's a perennial
4 problem for the Inquiry --

5 **A.** It is.

6 **Q.** -- to hear about.

7 "Specific categories are legal aid are designed to
8 support clients who have a recognised vulnerability,
9 such as victims of domestic abuse, children, those
10 without immigration status and with [no recourse to
11 public funds], those in poor housing, those with
12 a special educational need, and those with adult social
13 care or other health and disability issues."

14 And:

15 "The Law Society legal aid deserts analysis
16 demonstrate stark variations in access to legal aid
17 services, with particularly poor access for those in
18 rural areas and in regions such as Wales and the
19 South West of England ..."

20 What does that mean? What do we see from that last
21 point?

22 **A.** Well, it sort of comes back to the point we were saying
23 earlier that there's a very variable spread or --
24 it's -- different experiences depending on where you are
25 in the country. And your ability to access legal advice

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1 representation matters are female.

2 "Across family legal aid matters, females make up
3 55% of civil representation cases, 82% of domestic abuse
4 cases and 68% of Legal Help cases."

5 What are "Legal Help cases"?

6 **A.** Legal help, very generally, is advice prior to court
7 proceedings commencing, or in situations where there
8 won't be -- there won't be litigation.

9 **Q.** Thank you.

10 "Females are also overrepresented in the categories
11 of housing, debt, welfare benefits, and inquests."

12 **A.** Yes.

13 **Q.** "In immigration cases where ethnicity is recorded, 84%
14 of clients are from an ethnic minority background.

15 "In other civil legal aid matters, clients from an
16 ethnic minority background make up 29% of the client
17 base (where ethnicity is recorded) but only make up 18%
18 of the population (as at the 2021 census)."

19 Perhaps an important point there, "where ethnicity
20 is recorded", that isn't always the case, is it?

21 **A.** No, it's not mandatory to record this information. So
22 there are big gaps in the data.

23 **Q.** Would it be helpful if more data was collected on
24 this --

25 **A.** Yes.

82

1 varies depending on where you are in the country. And
2 that's what the Law Society research was designed to
3 show. There's a high reliance on the -- in the legal
4 aid scheme or social welfare or advice generally on
5 face-to-face advice, because the clients are vulnerable,
6 the cases are complex, often because advisers need to
7 understand local context and the situation to be able to
8 tailor advice.

9 So when face-to-face advice is compromised, it
10 particularly affects people in areas where that's the
11 only way of accessing specialist services.

12 **Q.** The Inquiry heard this morning from Pia Sinha and
13 Andrew Neilson about a postcode lottery in terms of the
14 way in which some prisons within the estate were able to
15 adopt mechanisms and mitigations for the pandemic
16 restrictive rules, and I suppose it sounds like the same
17 is the case for legal aid provision: that there wasn't
18 a common picture across the United Kingdom; it would
19 depend upon a lot of factors as to how well focused and
20 how well -- what the coverage was like in a particular
21 area.

22 **A.** Yes, very much so, yeah.

23 **Q.** All right. Thank you. You may have already answered
24 these questions but I'm asked to pose them to you in any
25 event.

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1 Do you agree that for some, the pandemic caused huge
2 delays for victim-survivors, first to find legal
3 support, as solicitors, you've said, were over capacity,
4 and that legal aid applications were often processed too
5 slowly, and the effect of that is that some
6 victim-survivors of domestic abuse were making their
7 applications to court, for example for non-molestation
8 orders without legal representation?

9 **A.** That's correct.

10 **Q.** And was that a feature that came up time and again with
11 your members, something that they were particularly
12 concerned about?

13 **A.** They were particularly concerned about it. Their
14 service is orientated around the people that they are
15 assisting, so they might not have had complete
16 visibility over the people they weren't assisting, if
17 you understand what I'm trying to say there.

18 **Q.** Yes.

19 **A.** But they're all very well plugged into their local
20 courts and into their local networks and so they would
21 be well aware of where the gaps are. And they're also,
22 although this is, again, not something that's
23 systematically recorded in terms of data, they were all
24 routinely turning clients away because of a lack of
25 capacity, and you can imagine for a family lawyer,

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1 **Q.** And in the case of non-molestation orders, would this
2 have had the effect that the perpetrator of domestic
3 abuse could deny having been served with the order --

4 **A.** Yes.

5 **Q.** -- and therefore try to scupper that important part of
6 the preparation for the hearing?

7 **A.** Yes.

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

9 So, finally, I'd like to turn, please, to lessons
10 learned and recommendations. You say at paragraph [28]
11 that:

12 "The most important lesson to be learned is that the
13 justice system needs sustained and adequate resourcing
14 to reduce pandemic related impacts and inequalities
15 experienced by people affected by the whole operation of
16 the justice system. Since the pandemic it has been
17 acknowledged by the government that the courts estate,
18 prison estate, probation service and legal aid sector
19 are all ... underfunded and in need of systemic
20 improvements."

21 And how would systemic improvements, in what you
22 have experienced, through your members, throughout the
23 pandemic, go to do? What difference would that make?

24 **A.** We're talking about ensuring that a system has
25 resilience, it has the ability to cope with shock.

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1 turning somebody away when you know that they're at
2 risk, it doesn't bear thinking about.

3 **Q.** No, quite.

4 The Domestic Abuse Group have told us of one example
5 where a child custody case was delayed for over two and
6 a half years. Is that a unique situation, or again,
7 does that chime with some of the information that you
8 were getting from your family practitioners?

9 **A.** I probably can't say categorically that that's something
10 that we have heard from our family practitioner members,
11 delays of that extent. Certainly delays, or cases not
12 being able to progress as a result of delays, not just
13 in family but in other areas as well. That's one of the
14 consequences that we have to keep reminding ourselves,
15 is that often, if a case, in any context, experiences
16 delays, it can lead to the failure of that case, the
17 failure of that case to actually reach conclusion for
18 a variety of reasons.

19 **Q.** Across all manner of cases, civil, criminal, and family,
20 of course?

21 **A.** Quite.

22 **Q.** And, finally, there was a lack of bailiffs or
23 enforcement officers available to serve orders, of
24 course, during the pandemic?

25 **A.** Yes.

86

1 There's no way to absolutely ensure that a system can
2 run at exactly the same way when something of this
3 magnitude occurs, but you can mitigate it in terms of
4 ensuring that the administrative and IT systems are in
5 place to allow alternative ways of delivering services
6 to be provided.

7 From a legal aid perspective, one of the critical
8 issues is that you need to ensure that the provider
9 base, the firms and charities that deliver the service,
10 are robust enough to be able to withstand those sorts of
11 shocks and not go into, sort of, free fall with just an
12 immediate reduction in income. They're working on one
13 or two weeks' worth of reserves often, and so it doesn't
14 take much to lead to the collapse of some providers.

15 And given that they're delivering a really important
16 public service, and that that's a service that has an
17 implication and assists so many other aspects of the
18 justice system, it needs to be resourced properly so
19 that if something like this happens in the future, that
20 they're there to ensure that they can provide that
21 service, and make sure other elements of the justice
22 system continue to operate effectively and make sure
23 that people can get access to the service.

24 **Q.** Thank you.

25 And your final recommendation, you say, would be for

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1 the government to collect more robust and reliable data
2 about legal need. You say, at present, that doesn't
3 include:

4 "... comprehensive data about who requires legal
5 [aid], the types of legal problems they experience,
6 where they are, how they access services and the
7 challenges and barriers they face."

8 And, therefore, without that data, there is a lacuna
9 in terms of all of that information, and that level of
10 information and that type of information is crucial,
11 I think, in your opinion --

12 **A.** Yes.

13 **Q.** -- to be able to work out and understand where the
14 services need to focus?

15 **A.** Yes. And, I mean, you mentioned legal aid there, but of
16 course legal aid is a funding mechanism. It's just one
17 of a number of ways that facilitate access to legal
18 advice and representation in the courts system.

19 What the government, with its primary responsibility
20 for this, should be collecting is data that enables it
21 to fully understand the level of need that exists. In
22 the absence of that, I can't see how they can accurately
23 or effectively contingency plan for any future shocks,
24 like a pandemic.

25 **MS BLACKWELL:** Thank you.
89

1 hear me?

2 **LADY HALLETT:** I can, thank you.

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

4 The next witness is Charlie Taylor, who is giving
5 evidence on behalf of His Majesty's Inspectorate of
6 Prisons. Please may he be sworn.

7 **MR CHARLIE TAYLOR (sworn)**

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

9 **MS BLACKWELL:** Thank you.

10 Will you give us your full name, please.

11 **A.** My name is Charlie Taylor, His Majesty's Chief Inspector
12 of Prisons.

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

14 Now, Mr Taylor, you should have before you a copy of
15 your witness statement which you've provided to us on
16 behalf of His Majesty's Inspectorate of Prisons and it
17 bears the reference number INQ000659848.

18 Please can you confirm that that is the statement
19 you've provided to us.

20 **A.** Yes, I can.

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

23 **A.** Indeed.

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

25 The Inspectorate of Prisons serves as an independent
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1 My Lady, that completes my questioning. There are
2 no additional questions from core participants, and so
3 that completes this witness.

4 Thank you very much, Mr Minnoch.

5 **THE WITNESS:** Thank you.

6 **LADY HALLETT:** Thank you, Mr Minnoch. It may not surprise
7 you to know, if you know anything about my background,
8 that I don't need any persuading that the justice system
9 needs substantial resourcing and investment and
10 recognition, and I must avoid getting on my soapbox
11 about the importance of the justice system to a fair
12 society. So thank you very much for your help to the
13 Inquiry, and obviously for the work that your members do
14 to try and assist the most vulnerable in society.

15 **THE WITNESS:** Thank you, my Lady.

16 **MS BLACKWELL:** Thank you.

17 My Lady, that completes this morning's work. Would
18 it be convenient for you to return at 1.30, please?

19 **LADY HALLETT:** Certainly -- to allow you time to see other
20 witnesses. 1.30.

21 **MS BLACKWELL:** Thank you.

22 **(12.21 pm)**

23 **(The Short Adjournment)**

24 **(1.30 pm)**

25 **MS BLACKWELL:** My Lady, good afternoon. Can you see and
90

1 Inspectorate scrutinising the conditions and treatment
2 of prisoners and other detainees and reporting its
3 findings; is that right?

4 **A.** Yes, indeed.

5 **Q.** It helps to ensure that detention is humane, safe,
6 respectful, and helps to prepare people for release
7 ahead of their return to the community.

8 **A.** Indeed.

9 **Q.** And it does this by carrying out independent inspections
10 of prisons, young offender institutions, secure training
11 centres, and court custody facilities across England and
12 Wales, and also immigration detention across the UK; is
13 that right?

14 **A.** That's right.

15 **Q.** Thank you.

16 Is it tasked with scrutinising the conditions in
17 which all of those people are kept during the periods of
18 their incarceration?

19 **A.** Yes, in effect the exam question we have at every place
20 we inspect is: what it's like to be a detainee in this
21 institution?

22 **Q.** Right. And once those findings have been obtained from
23 the inspections, are they in fact carried out in
24 accordance with published criteria which are known as
25 expectations?
92

1 A. That's right.

2 Q. And are they then set out in a series of reports, and is
3 the reporting part of the duty of the Inspectorate?

4 A. Yes, it is indeed.

5 Q. Thank you very much. Does the inspection, when it takes
6 place, involve the collection and review of both
7 qualitative and quantitative data in order for the
8 Inspectorate to be able to understand what's happening
9 in each of the establishments that are being inspected?

10 A. Yes, indeed.

11 Q. Thank you. And are there five key sources of evidence
12 relied on during inspections, those being: first,
13 observation; second, detainees, so that includes
14 qualitative feedback in the form of interviews or data
15 collected; third, staff, who are spoken to during the
16 course of the inspections; fourth, relevant third
17 parties; and fifth, documentation including, for
18 instance, Home Office datasets?

19 A. Yeah.

20 Q. Now, Mr Taylor, the benefit of giving evidence after
21 others who have helped the Inquiry on the issue of
22 prisons and detention is that the Inquiry has heard a
23 lot of what you have, very helpfully, contained within
24 your witness statement and therefore there are some
25 topics which I can deal with very lightly, and others

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1 during the lockdowns.

2 And so, by 14 April we were back in at
3 HMP Bullingdon beginning to trial what we called short
4 scrutiny visits.

5 Q. What were they?

6 A. So these were a lighter touch visit, that was much
7 shorter in time than our usual visits, and rather than
8 us reporting directly on individual prisons, we brigaded
9 together the findings from three prisons, and put out
10 a very brief report.

11 Q. Right.

12 A. So that was the short scrutiny visits.

13 We then went, in July that year, to what we called
14 scrutiny visits, negotiated with the Prison Service,
15 whereby, as lockdown restrictions began to be lifted in
16 the community, we felt that we could extend the depth of
17 our scrutiny. So, rather than brigading three prison --
18 the findings of three prisons together, we did a more
19 extended methodology that we developed during that time,
20 so that we were able to do a short prisoner survey, an
21 adapted prisoner survey, and also to spend longer in
22 each individual prison to dig a bit deeper into the
23 sorts of things that we look at.

24 Q. Thank you very much.

25 And what about the immigration detention, the

95

1 that I can cross off completely, and don't need to
2 trouble you with.

3 But it's right that your witness statement has
4 already been utilised this morning in me being able to
5 put the contents of it to other witnesses, so please
6 don't think that it's been a wasted effort.

7 And of course, my Lady has the very full witness
8 statement from Mr Taylor to reflect upon following the
9 public hearings.

10 I'd like to begin your questions by looking at some
11 aspects of the impact of lockdown and regime
12 restrictions as they fell upon the Inspectorate, and in
13 particular to ask you about the imposition, first of
14 short scrutiny visits and then scrutiny visits during
15 the pandemic. Can you explain to us, please, how your
16 process of expectation had to alter once the pandemic
17 hit?

18 A. Yes. So we stopped inspecting on 17 March, then
19 obviously the full lockdowns came in on 23 March. My
20 predecessor, Peter Clarke, very quickly had
21 conversations with the Prison Service about continuing
22 to go into prisons and continuing to report, because of
23 ours and the Prison Service's concerns that it's
24 important that prisons continue to be scrutiny [sic] and
25 that the public knew what was going on within prisons

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1 immigration removal centres? Were those places also
2 subject to the same --

3 A. Yes, we followed the same process with them.

4 Q. Thank you. The Inquiry has heard this morning about the
5 early release scheme that was devised, but only took
6 effect to a very limited extent.

7 Looking at the issue through an inspection lens
8 rather than a political one, how would you characterise
9 the state of the prisons at the time that the early
10 release scheme was paused, including population pressure
11 and prisoner wellbeing?

12 A. So, in the early days of the pandemic, what we saw was
13 the prisoner population fell to some extent, and that
14 did provide some breathing space for prisons, that they
15 weren't quite as overcrowded as they had been. But that
16 isn't to say they weren't, many of them, substantially
17 continuing to be overcrowded. It just took the pressure
18 off a bit.

19 But as the pandemic continued, what we then began to
20 see were the number of remand cases increasing within
21 prisons, because people were waiting longer and longer
22 for trials to get on.

23 Q. Yes. And the Inquiry also heard this morning that at
24 the other end of a prisoner's sentence, it was beginning
25 more and more difficult to comply with the sentence

96

1 plan --

2 **A.** Yes.

3 **Q.** -- in order to then be either released or be paroled?

4 **A.** Yes, certainly. So, for example, some of the

5 interventions that were on prisoners' sentence plans,

6 some of the accredited programmes that they were

7 supposed to complete, in order that they could impress

8 on the Parole Board that they had reduced their risk,

9 were unavailable in a lot of prisons. So that was a big

10 cause of frustration amongst prisoners, because they

11 weren't able to demonstrate either to officers or to the

12 Parole Board that actually their risk had been reduced,

13 and that they could reasonably be either moved to open

14 conditions or released from jail entirely.

15 **Q.** And so was the direct impact of that that they weren't

16 moved and they weren't released?

17 **A.** So, what we saw was prisoners getting stuck within the

18 system, sometimes for longer periods of time. The whole

19 system just slowed up, both at the front end and at the

20 back end.

21 **Q.** Thank you. Do you have a view on whether it would have

22 been beneficial for the situation in prisons if the

23 early release scheme had either continued or in fact

24 been implemented in a different way than it was?

25 **A.** Well, I think from the Inspectorate's point of view,

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1 is, in effect, balconies, so the balconies are very

2 narrow and therefore for prisoners to pass each other

3 they're getting very close, in very close proximities.

4 I mean, it's barely the width of this desk.

5 **Q.** The Inquiry has already heard this morning about the

6 length of time that prisoners during the pandemic were

7 locked in their cells, between 22 and 23 hours a day.

8 Is it fair to say that the prolonged confinement of

9 prisoners in their cells for that number of hours, often

10 for months at a time, was driven at least in part by the

11 practical difficulty of maintaining social distancing

12 and infection control in overcrowded prisons?

13 **A.** Yes, certainly that was the case. And I think even

14 23 hours in some prisons was a conservative estimate.

15 We saw prisoners locked up for more than 23 hours a day

16 in some of particularly the earlier short scrutiny

17 visits that we did. So that was the part of the reason,

18 were concerns over social distancing, and also the

19 difficulties with creating, in effect, cohorts of

20 prisoners who could then operate and live together,

21 could get out, get their food, get back into their

22 cells.

23 But what we saw really was just the processing of

24 prisoners through the day. So getting them out to get

25 their food, getting them out to have a shower, getting

99

1 anything that reduces the levels of overcrowding within

2 prisons is always beneficial, and we've seen over the

3 last few years there have been lots of attempts to try

4 to reduce the prison population, and even where they

5 stop the population from falling over, where the danger

6 of running out of space is mitigated, we still continue

7 to see prisons that are far too overcrowded,

8 particularly the crumbling Victorian reception prisons

9 in our inner cities that are often the least well

10 equipped to be able to manage an over -- an extended

11 population.

12 **Q.** Yes, and we're going to look at a plan of one of those

13 prison cells in a moment.

14 Before we do, I'd just like to ask you about social

15 distancing and overcrowding. At paragraph 108 in your

16 statement you tell us that social distancing was

17 difficult in parts of many prisons because of the design

18 of the building and particularly difficult to achieve in

19 overcrowded Victorian prisons such as Wandsworth, that

20 has narrow prison landings --

21 **A.** Yeah.

22 **Q.** -- and the design of it is not conducive to something

23 like social distancing?

24 **A.** Yes, that's right. In a jail like Wandsworth you have

25 the ground floor, which is open, and then the rest of it

98

1 them out to make a phone call, if they didn't have

2 in-cell telephony at the time, and getting them out to

3 a bit of fresh air, that was often -- even that,

4 prisoners were struggling to manage such a meagre

5 regime.

6 **Q.** Would you agree that clinically vulnerable prisoners

7 would have been particularly impacted by overcrowded

8 prisons because it limited their ability to reduce

9 exposure and increased their risk of suffering severe

10 outcomes from Covid-19?

11 **A.** Yes, certainly. And that was one of the concerns that

12 we flagged frequently in our reports.

13 **Q.** Thank you.

14 Looking at immigration detention for a moment, had

15 all the immigration removal centres been operating with

16 populations well below their capacity in the run-up to

17 the onset of the pandemic?

18 **A.** Yes, they had. And during the pandemic, more detainees

19 were bailed as well. So the overall numbers of

20 detainees in immigration removal centres was reduced,

21 and some of the pressures that we saw in prisons

22 certainly weren't as severe in immigration removal

23 centres.

24 **Q.** Thank you.

25 And so, in terms of insight and analysis of

100

1 longer-term effects of the Covid pandemic, you tell us
 2 at paragraph 129 that, since the end of the pandemic:
 3 "The number of people in prison on remand continues
 4 to rise, with the latest official statistics [that you
 5 provide to us in your statement] suggesting that ... as
 6 [of] ... June [of last year], [it] was 17,701
 7 [prisoners] ..."

8 That's just prisoners on remand?

9 **A.** Indeed.

10 **Q.** So, waiting for their cases to be heard.

11 You also say, at paragraph 130, that:

12 "[Another] development post-Covid has been a rise in
 13 the recall prison population ..."

14 **A.** Indeed.

15 **Q.** Can you explain to us what that, is please.

16 **A.** Yes, so prisoners are released from jail on licence.

17 Traditionally that was at 50% of their sentence. It's
 18 then changed to 40%. And in the Sentencing Act that's
 19 just been passed, it will become 30% of their sentence.

20 **Q.** Yes.

21 **A.** So, once they've served whatever time the court has said
 22 they need to serve, they're then released on licence.

23 If they breach their licence conditions -- so that
 24 doesn't necessarily mean they commit a further offence,
 25 but if, for example, they don't turn up at a probation

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1 though, of some changes that were implemented to the
 2 system to encourage and enable in-cell exercise. What
 3 were those?

4 **A.** So we saw some quite impressive PE teams within prisons
 5 working out some in-cell exercises that prisoners could
 6 do and we also saw the introduction, particularly in the
 7 very good weather in the pandemic, of some exercise
 8 equipment going out on to exercise yards, as well, that
 9 prisoners could use. But it's worth remembering, if you
 10 are in a standard 12 by 6 cell shared with another
 11 prisoner, the actual space to be able to do any exercise
 12 is extremely limited.

13 **Q.** That brings me to the physical manifestation of what
 14 prisoners were often being expected to cope with, and
 15 let's have a look, please, at an illustration of
 16 a Victorian-type cell, which is at InQ000469662.

17 And in fact, let's just pause on this page, please,
 18 because it's going come up again. This was a report
 19 prepared by the Inspectorate of Prisons, "What happens
 20 to prisoners in a pandemic?", which we can see is
 21 a thematic review and it's dated February 2021.

22 Then let's go, please, to page 13 and have look at
 23 the description, and can we highlight, please, the
 24 two-scale plan. So this is a cell which is designed for
 25 one.

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1 appointment or fail to stick to some of the rules that
 2 they've been given, then they may get pulled into
 3 custody.

4 Also, if they are accused or are deemed to have
 5 committed a further offence, then that may also be
 6 grounds for them being returned to custody, on the
 7 judgement of the probation staff.

8 **Q.** And you tell us that, as of June last year, so at the
 9 same point in time, the recall prison population was
 10 13,538 prisoners, which was 11% higher than 12 months
 11 previously; is that right?

12 **A.** Indeed.

13 **Q.** Yes.

14 Let's look now, please, at the impact on prisoners
 15 and those detained, and we'll look at several impacts
 16 here. The first one is that, as you've said, despite
 17 longstanding challenges in the provision of sufficient
 18 time out of cells and purposeful activity in many
 19 establishments, there had never been, in recent history,
 20 a time when the entire population had such little time
 21 unlocked than during the pandemic?

22 **A.** Mm, mm.

23 **Q.** The Inquiry heard this morning about the effect upon
 24 prisoners of the removal of the facility to exercise and
 25 how that affected their mental health. You've told us,

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1 **A.** Indeed.

2 **Q.** But we see at the top it can be doubled up to
 3 accommodate two prisoners. How would this cell be
 4 altered to accommodate an extra person?

5 **A.** So it would simply be bunk beds. So the same size bed
 6 but you'd have another one on top.

7 **Q.** And we can see that in terms of the ability to perform
 8 very much physical activity in that space, it's really
 9 negligible.

10 **A.** It's extremely limited.

11 **Q.** Yeah. And did your inspections during the pandemic
 12 reveal that many of this type of Victorian cell was
 13 being inhabited by two prisoners?

14 **A.** Yes, we frequently came across, as we still do, cells
 15 that were originally designed for one person with two
 16 prisoners in them. And, actually, the cell that we --
 17 we were rather generous in the picture we put in of
 18 a cell here, because -- for example, there are two
 19 chairs in this picture but often we find there's only
 20 one chair. Sometimes there isn't a wardrobe or the
 21 wardrobe is not in good nick, and also in this case
 22 there is at least a privacy screen in front of the
 23 lavatory but in some jails we go to, there may or may
 24 not be a curtain in place. And also that this lavatory
 25 was in the corner, but if you go to a prison like

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1 Brixton, the lavatory is actually roughly where the
2 higher up of the two wardrobes is. So, really, it's
3 virtually in the centre of the room.

4 **Q.** Thank you. I just want to bring myself back to the
5 scrutiny visits because I remind myself that during the
6 Justice Roundtable event and in the Justice Roundtable
7 report I think there's reference to the fact that your
8 visits, or the visits of your Inspectorate during the
9 pandemic were at least for some period of time remote in
10 the sense that you were you interviewing people or
11 speaking to people remotely rather than going into
12 prisons. That needs to be corrected, doesn't it?

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

14 **Q.** That wasn't the case.

15 **A.** We, the Inspectorate were in prisons from 14 April and
16 we didn't stop being in prisons from then onwards.

17 **Q.** No. Thank you.

18 Reminding ourselves that immigration detention is,
19 as you say at paragraph 165, not intended to be punitive
20 or carceral. What sort of conditions were you seeing in
21 immigration removal centres in terms of the manner in
22 which people were being housed during the pandemic? Was
23 it an improvement to what we've just seen?

24 **A.** Yes, so by and large, things were much better in
25 immigration removal centres. So fewer restrictions on

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1 tightly, but, as we said at the beginning of this,
2 actually in some jails it's just really hard to do,
3 because of the nature and design of those --
4 particularly older, Victorian -- jails.

5 **Q.** Thank you.

6 I want to turn now to discuss the access to
7 healthcare and how that may have been restricted during
8 the pandemic. And the Inquiry has heard this morning
9 a significant amount of evidence on this topic, so
10 I only need to take you to three discrete areas, please.

11 And in doing so, could we have a look at three short
12 paragraphs of your witness statement, starting at
13 paragraph 218, which deals with secondary care.

14 I'm afraid I don't have the INQ number, but I know
15 it's paragraph 218. It's INQ000659848. Thank you very
16 much.

17 You say here:

18 "Prisoners faced additional barriers in accessing
19 secondary care relative to the general population
20 because their access is dependent on the availability of
21 prison staff to escort them from prison to hospital."

22 This isn't something that we really covered this
23 morning, but of course, once the system begins to close
24 down, because staff are ill themselves or -- and don't
25 have the availability to transport a prisoner from

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1 people locked in their rooms, that generally there was
2 reasonable amounts of free flow. The numbers were much,
3 much lower, so there weren't that many people there, but
4 also most detainees -- almost all detainees were held in
5 single-cell accommodation, as well. So again, that
6 meant there was more space.

7 So the overall pressure on detainees was probably
8 lower, from at least an overcrowding point of view, and
9 the daily regime was more open than we were seeing in
10 prisons.

11 **Q.** Thank you.

12 In prisons and in the immigration removal centres,
13 did the Inspectorate consider whether shielding units
14 and the resulting reduced time out of a cell had placed
15 clinically vulnerable prisoners at a particular
16 disadvantage when compared with the general prison
17 population?

18 **A.** Well, what you have in prison, in terms of the clinical
19 vulnerable population, is both prisoners with ongoing
20 sometimes chronic health difficulties, but also there's
21 an ageing population of just some particularly -- some
22 very elderly men and a small handful of elderly women in
23 prison as well.

24 In some jails what we saw was some quite impressive
25 arrangements to make sure that cohorting was done really

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1 prison to hospital, or the appointment has to be
2 cancelled for some reason, what then happens? Does that
3 in itself cause a logjam in terms of the ability of that
4 particular prisoner to access the medical care?

5 **A.** Yes. And it was a risk that we highlighted throughout
6 the pandemic, was the fact that if people weren't able
7 to get to appointments for secondary care, the danger
8 was that things were going to get worse and what had
9 been a more treatable condition was going to become
10 harder to treat over time.

11 **Q.** Thank you.

12 Another aspect of the restrictive regime was
13 substance misuse report. So, at paragraph 225, you tell
14 us that:

15 "The demand for illicit drugs did not disappear
16 during the pandemic, and prisoners told [you] that one
17 of the ways many relied on to pass the time was the use
18 of drugs."

19 The Inspectorate of Prisons' thematic review, at
20 paragraph 91, says that:

21 "... prisoners were clear that illicit drugs had
22 continued to come into prisons, although in more limited
23 quantities, and in the 2021-2022 annual reporting
24 period, almost a quarter of prisoners told [the
25 Inspectorate of] Prisons that it was easy to obtain

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1 illicit drugs despite the restricted regimes."
 2 Is that right?
 3 **A.** Yes, indeed. Indeed.
 4 **Q.** Just pausing there, what was the thematic review that
 5 you refer to there? Is that the review we've already
 6 looked at?
 7 **A.** Yes, 'What happens to prisoners in a pandemic?', yes.
 8 **Q.** Thanks.
 9 Then, finally, social care, at paragraph 229. You
 10 say that:
 11 "Local authorities have a statutory responsibility
 12 to provide social care to those in prison which mirrors
 13 that in the community. When restrictions were
 14 introduced, this support was largely sustained where
 15 care packages were already in place, but assessments for
 16 new referrals were affected because many local
 17 authorities withdrew face-to-face assessments and
 18 delayed those by telephone, which reduced the quality of
 19 the outcomes. Although [the Inspectorate of] Prisons
 20 found a few positive examples of provision for older
 21 prisoners and those with mobility issues, some prisoners
 22 had been left in degrading circumstances in some
 23 prisons. At HMP Erlestoke, HMP Northumberland and
 24 HMP Pentonville, for example, HMI Prisons" -- is that
 25 scrutiny visits?

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1 We can take that down, please.
 2 Could we now display the report from the Centre for
 3 Mental Health which is entitled: Future of Prison Mental
 4 Health Care in England. It's at INQ000649021 and we can
 5 see that this is a report which result from a national
 6 consultation and review.
 7 Could we have a look, please, at the part on,
 8 I think it's page 27 -- thank you very much, and
 9 highlight the right-hand side of the page, thank you --
 10 just to reflect upon deaf prisoners, and:
 11 "Submissions of evidence on Deaf people in prison
 12 illustrate the difficulty that all services in prison
 13 appear to have in tailoring care to individuals with
 14 less common needs. It is not clear exactly how many
 15 people in prison are Deaf. The British Deaf Association
 16 (2016) reported that approximately 400 people had
 17 self-disclosed hearing loss or some form of deafness,
 18 but state this is an underreporting of the numbers. In
 19 this report, we are describing issues for Deaf people in
 20 prison as opposed to those with hearing loss. Prisoners
 21 with hearing loss are likely to be a much larger group
 22 than those who identify as Deaf, but will also be
 23 disadvantaged.
 24 "Marked isolation, coupled with communication
 25 deprivation is the general experience of Deaf people in

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1 **A.** Yes.
 2 **Q.** "... SVs found a lack of support for prisoners with
 3 mobility issues had left them unable to clean themselves
 4 or their cells or access the shower. At HMP Erlestoke,
 5 this included one disabled man who had to pay other
 6 prisoners to clean his cell; he did not have a bedrail
 7 to prevent him from falling out of bed or suitable
 8 shower or toilet adaptations. At HMP Bristol, by
 9 contrast, the [Prisons Inspectorate] found an annexe had
 10 been developed for older prisoners and those with
 11 mobility impairments which afforded a safe environment
 12 for prisoners to live and shield with no unnecessary
 13 restrictions."
 14 So, do we see there that experience of prisoners in
 15 different prisons was wildly different?
 16 **A.** Yes, indeed, and I think what we saw at Bristol really
 17 was to do with an innovative and very effective
 18 leadership team there, who were determined to provide as
 19 open a regime as they could, whilst fitting in with the
 20 restrictions, while elsewhere, as we've highlighted
 21 here, we saw some very concerning findings about some
 22 really vulnerable men and women not getting the support
 23 that they needed and being left in conditions that were
 24 simply inhumane.
 25 **Q.** Thank you.

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1 prison. Only a minority of prison staff have training
 2 in British Sign Language ... and [British Sign Language]
 3 interpreters are not routinely provided. Deaf prisoners
 4 may have no greater literacy levels than the average
 5 prisoner (which are often low) and therefore written
 6 communication may also be difficult. This inhibits
 7 their ability to take part in almost any activity, such
 8 as work or education. It also impedes health and mental
 9 health assessments and what can be offered in the way of
 10 intervention. We were provided with one case study of
 11 a person who spent virtually no time out of their cell
 12 because they did not know that the cell had been
 13 unlocked (most people would know due to the noise made),
 14 and often only finding out when they were told it was
 15 due for locking. Prison officers and other staff are
 16 very unlikely to have any training or knowledge in
 17 managing or supporting deaf prisoners ..."
 18 And then it goes on to talk about a consultant
 19 forensic psychiatrist for the deaf who reported what
 20 they had experienced.
 21 I only highlight that to ask whether or not the
 22 regimes that were implemented during the course of the
 23 pandemic would have also affected those most vulnerable
 24 in prisons and would have made their period of time and
 25 their experience even more difficult.

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1 A. Yes, certainly we saw that those with mental health
2 difficulties, or those with other sorts of specific
3 needs, it just added to the pressure of being in prison,
4 and the inability of services to be able to get into
5 prisons to be able to support those prisoners just
6 compounded the challenges that they already faced in an
7 overcrowded and sometimes violent and challenging
8 environment.

9 Q. So any disabled prisoner affected by increased isolation
10 would have had a very obvious impact on their mental
11 health?

12 A. That was always our concern.

13 Q. Thank you.

14 May we put back up on to the screen, please, the
15 Inspectorate of Prisons' review *What Happens to*
16 *Prisoners in a Pandemic* and just look briefly at one of
17 the case studies that's contained within this report,
18 and it relates to G:

19 "Before the pandemic, G said she had made good
20 progress in achieving her sentence plan goals and had
21 been approved for a move to an open prison to serve the
22 last part of her sentence. She was frustrated that this
23 move had been delayed by several months because of the
24 restrictions. She had planned to use her time in an
25 open prison to find work and somewhere to live on

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1 their sentence. And you can see this was a case where
2 a woman who had done everything that she was supposed to
3 have done but was then going to fail to get into open
4 conditions, with all the advantages that that may have
5 entailed, although the reality was even in open prisons,
6 the opportunities for release on temporary licence and
7 going out to work were themselves severely limited.

8 Q. Yes, thank you. At paragraph 366 you say:

9 "Continuity of care on release for prisoners was
10 also poor [during the pandemic]. Many were released
11 without adequate support or clear pathways to community
12 mental health services, and waiting lists for community
13 services were long."

14 How was this caused or contributed to by the
15 pandemic? And what should be done to correct that
16 discontinuity in the event of another pandemic?

17 A. So what we would want to see is that prisoners who were
18 getting treatment, particularly for mental health
19 conditions, are able, in a timely fashion, to be able to
20 have their case moved over to community services in
21 order that that treatment can continue.

22 What we saw, and sadly what we continue to see, is
23 often there isn't that continuation of care, and
24 therefore people begin to deteriorate when they come out
25 from prison with the inevitable consequence that often

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1 release. Although a transfer was ultimately offered to
2 her, it had come too late in her sentence to allow her
3 to benefit from open conditions before her release."

4 And she told the Inspectorate:

5 "I just felt like my world had been turned upside
6 down. I really, really, really had a goal in mind from
7 the beginning of my sentence that I wanted to spend the
8 last two years in open ... now that slipped by and I was
9 okay, I'll just do the last year, and when I got my
10 re-cat [which is a recategorisation decision] I was
11 absolutely over the moon ... and then [her transfer was
12 postponed] ... I just felt gutted. I had it in mind
13 that I'd have a job to go out to cos I'm dreading in
14 a way going out, because I've got nothing to go out to,
15 and I knew that going to open [prison conditions] would
16 give me that bit of help that I needed to build
17 something up."

18 And that was not an isolated example, was it?

19 A. No, and the reason why we used case studies like that
20 was because it revealed the deep malaise that we saw
21 growing within prisoners, a sense of helplessness and
22 hopelessness about the future. One of the things that
23 helps people to cope with their time in prison is
24 a sense that they're making progress towards a target or
25 a goal, and that they are working their way through

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1 they then come back inside again without too much of
2 a delay.

3 Q. Yes, thank you.

4 I'd, finally, like to ask you about lessons learnt
5 and I appreciate that I haven't provided any warning of
6 this, but I wonder if we could just put up, please, the
7 end of your witness statement, it's INQ000659848, and to
8 look at pages, I think it's 73 and 74.
9 Paragraphs 371 -- I think it's just over the next page,
10 please. Thank you very much.

11 And can we highlight these three paragraphs, please.

12 I'm keeping you on your toes this afternoon.

13 This is what you say:

14 "In the event of a future emergency, [His Majesty's
15 Inspectorate of Prisons] would primarily urge inspected
16 bodies have a clearer overarching recovery plan. [The
17 Inspectorate] often found that places of detention were
18 too slow and/or inconsistent in reversing restrictions
19 imposed as a result of the pandemic."

20 And your:

21 "... 2021-2022 Annual Report ... paragraph 94,
22 noted, for example, that there was not enough ambition
23 from some governors or the Prison Service overall to
24 restart activity. In establishments where leaders made
25 efforts to maintain key services, for example family

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1 support work, and to prioritise relationships, prisoners
2 tended to report more positively about their
3 experience."

4 I just want to pause there and to ask you how well
5 have conditions returned back to how they were before
6 the pandemic? Has there been a complete reversal back
7 to the way in which things were before lockdown?

8 **A.** No, sadly they haven't been. We're still continuing to
9 see -- we're scoring in four areas: safety, respect,
10 purposeful activity, and preparation for release, and
11 our scores in our healthy prison assessment for
12 preparation -- sorry, for purposeful activity, were
13 always the lowest of our four areas that we inspected
14 but since the pandemic, they have been even lower than
15 historically. And the reason is because of the huge
16 delays with getting activities back up and running, that
17 we continue to see and continue to see empty workshops,
18 empty classrooms, prisoners locked in their cells for
19 far too long. But even since the pandemic, we're not
20 seeing things returning to how they were beforehand.

21 So, for example, visits being put on at weekends
22 often don't happen. We often see evening association --
23 which traditionally was put on for prisoners who were
24 behaving well -- that often doesn't happen.

25 So, in far too many jails that we visit, prisoners
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1 unprecedented situation, efforts should be made to
2 enable leaders locally to make decisions according to
3 the needs of the populations they hold."

4 So, the Inspectorate concluded in its 2021-2022
5 annual report that the national framework imposed for
6 prisons restricted the ability of governors to assess
7 their own risks and determine the type of regime they
8 could deliver and whether there were alternative means
9 of delivering this safely.

10 So, really, one size doesn't fit all?

11 **A.** No.

12 **Q.** And governors should be entitled and empowered to adapt
13 according to the type of population that they have?

14 **A.** Absolutely, the type of population that they have, the
15 specific aims of the prison, but also the build, the
16 design and the space that's available in different
17 prisons.

18 **Q.** Yes.

19 **A.** And what we saw is there were very few opportunities for
20 governors to be able to exercise the kind of flexibility
21 that would have made perfect sense, and was a cause of
22 enormous frustration amongst governors and amongst
23 leaders within prisons, because they felt constrained by
24 a centre that didn't understand the specific challenges
25 that they faced.

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1 continue to be locked in their cells for up to 22 hours
2 a day with nothing to do, and in many cases they are
3 still passing the time by taking one of the many drugs
4 that are currently available within jails.

5 **Q.** Why is it, do you think, that regimes haven't improved
6 very much?

7 **A.** I think this in part comes down to a lack of real drive,
8 ambition. And what I've always urged, which is an
9 orientation of the Prison Service towards purposeful
10 activity, towards giving prisoners the sorts of skills,
11 expertise, knowledge, understanding, so that when they
12 leave jail they're able to go on, get a job and lead
13 successful lives, to fill in the many gaps that there
14 are within prisoners' development to be able to support
15 them in that process.

16 And sadly, prisoners are -- or prisons are
17 orientated towards, understandably, safety and security,
18 but they are not focused on that rehabilitative part of
19 their role, which I think the public would expect.

20 **Q.** Thank you.

21 Looking back, then, to the end of your report at
22 paragraph 372, you say:

23 "It is important to recognise the specific and
24 varying needs of populations in detention. Whilst
25 'command' mode is no doubt important at the start of an
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1 **Q.** Thank you.

2 **LADY HALLETT:** Can I interrupt -- sorry to interrupt. Can
3 I just ask, Mr Taylor, I was going to ask you the
4 question about how you embed good practice. So you've
5 given examples of how some governors ... now, if you go
6 to a system you've just described of giving every
7 governor their own discretion and all the rest of it,
8 how do you then make sure that the central body, namely
9 the MoJ, responsible for prisons, embeds good practice
10 around other prisons? Do you follow my question?

11 **A.** Yeah, absolutely. And I think there is a balance
12 between the level of autonomy that you give governors
13 and the level of control that you have within the
14 centre.

15 But I would say, amongst prisons during the
16 pandemic, and even now, that balance is not right, so
17 that governors are unable to make decisions on some
18 really basic and fundamental things that -- as a former
19 headteacher -- would be absolutely expected. And so
20 I think it is out of kilter, and I think it's a source
21 of big frustration for governors.

22 But, of course, you need an accountability system,
23 so that you make people accountable as well as giving
24 them responsibility. What we find often is that people
25 are accountable, but they're often not responsible for
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1 some of the things that go on with their jails, and
2 that's a very big source of complaint and frustration
3 from many of the people who work in prisons.

4 **LADY HALLETT:** Thank you.

5 **MS BLACKWELL:** Thank you.

6 Finally, at paragraph 373, you say:
7 "... the value of constructive and swift independent
8 oversight became very clear during the pandemic.
9 Inspection reports helped to inform policy-makers and
10 the public and ensured that detention leaders had
11 critical scrutiny of major decisions affecting the
12 welfare of detainees and prison staff. Independent
13 assessment of institutions is essential in times of
14 crisis, especially in places of detention which continue
15 to operate largely out of the public eye."

16 And:

17 "[The Inspectorate of] Prisons believes in the
18 capacity of both individuals and organisations to change
19 and improve, and that you have a part to play in
20 initiating and encouraging change, be it during
21 a national emergency or otherwise.

22 Mr Taylor, thank you very much.

23 My Lady, there has been permission granted to three
24 core participants to ask questions. The first in the
25 list is the Migrants' Rights Consortium, and I think

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1 centres are allowed to have their own telephones, so
2 they're able to use their own phones to be able to make
3 calls in a way that prisoners aren't.

4 But nevertheless, as you say, the difficulties with
5 things like interpretation services, the inability to be
6 able to have face-to-face contact, was certainly an
7 issue.

8 I think the mitigating factors were the fact that
9 they could have phone consultations, but also that the
10 number of detainees in custody was reduced, and that
11 meant that the overall burden on those with immigration
12 issues was less high than it might have been.

13 **MS MOFFATT:** Thank you.

14 **LADY HALLETT:** Thank you, Ms Moffatt.

15 Mr Pezzani.

16 I think he's probably behind you and to your right,
17 Mr Taylor, but keep your voice going into the
18 microphone, please.

19 **Questions from MR PEZZANI**

20 **MR PEZZANI:** Good afternoon, Mr Taylor. I ask questions on
21 behalf of Mind, the mental health charity.

22 The context of my question is paragraph 330 of your
23 witness statement, where you cite stigma as an obstacle
24 to disclosure by prisoners of potential mental health
25 needs, in the context of individuals seeking to access

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1 that Ms Moffatt is asking the question.

2 **LADY HALLETT:** Ms Moffatt.

3 **Questions from MS MOFFATT**

4 **MS MOFFATT:** Thank you. And good afternoon, Mr Taylor.

5 Yes, I represent the Migrants' Rights Consortium,
6 which is a group of nine organisations representing the
7 rights and interests of migrant people in the UK.

8 My question relates to access to legal
9 representation for those in immigration detention. At
10 paragraph 281 of your statement you say that
11 face-to-face legal advice -- you don't necessarily need
12 to turn it up, I'll just summarise it, but face-to-face
13 legal advice surgeries were suspended during the
14 pandemic in ICRs, in immigration removal centres.

15 You go on to say that they were still taking place
16 by telephone and by video call. However, securing legal
17 advice by telephone and by video would have required
18 appropriate technology to be provided to immigration
19 detainees, information to be provided in a format and
20 language that they understand, and including, in many
21 cases, the need for interpreters.

22 Is it right that many detainees would have struggled
23 to obtain appropriate legal advice in those conditions?

24 **A.** Yes, certainly it made life more difficult. I mean, we
25 were -- and, of course, detainees in immigration removal

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1 mental health services for the first time, and barriers
2 to that access.

3 So paragraph 330 reads:

4 "Some prisoners were reluctant to disclose mental
5 health needs due to the associated stigma, and staff did
6 not always have time to build the trust that would
7 support them to disclose this."

8 My question is this: is the relevance of stigma
9 during the relevant period during the pandemic that,
10 first, prisoners who needed mental health treatment may
11 have been overlooked because of that reluctance arising
12 from stigma? Second, that that was combined with their
13 isolation from staff or invisibility to staff? And
14 third, whether it was compounded, that inhibition was
15 compounded by a lack of confidentiality in shared cells
16 and on phones in communal areas?

17 **A.** Yes, absolutely. In prisons that are effective, what we
18 see is good quality, private screening for prisoners
19 when they come into custody, and also the ability of
20 staff to be able to make referrals if they become
21 concerned about prisoners.

22 But, of course, what we saw during the lockdown was
23 that prisoners couldn't get out of their cells, and
24 therefore staff were unable to make the sorts of
25 assessments that they might normally make. So, if

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1 a prisoner was suffering from a condition that meant
2 they were very actively and very obviously in distress,
3 then they were more likely to get support. But if
4 a prisoner was suffering, for example, from severe
5 depression, the danger was that nobody would pick that
6 up. But also that being in a secure cell, well, it
7 very -- sorry, in a doubled-up cell -- very much depends
8 on your relationship with your cellmate, about the
9 extent to which you might want to disclose anything.

10 And for many prisoners, they will be extremely
11 reluctant to show that sort of vulnerability in front of
12 another prisoner.

13 **MR PEZZANI:** I'm very grateful. Thank you.

14 **LADY HALLETT:** Thank you, Mr Pezzani.

15 Now, I think it's Ms Douglas, who is probably
16 directly opposite you, Mr Taylor, I think.

17 **Questions from MS DOUGLAS**

18 **MS DOUGLAS:** Hello. Thank you, my Lady.

19 Good afternoon, Mr Taylor. I have two questions on
20 behalf of Clinically Vulnerable Families.

21 You agreed earlier that clinically vulnerable
22 prisoners would have been particularly impacted by
23 overcrowding and you've told us about shielding units
24 and various cohorting methods that were used to varying
25 degrees. Do you know whether prisons were conducting
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1 surveys were being conducted during the pandemic, do you
2 think it would have been helpful to also collect data as
3 to whether a prisoner had an underlying health condition
4 or was otherwise clinically vulnerable in order to
5 better understand the impacts of a pandemic on them?

6 **A.** I think -- I mean, yes, indeed, and there were lots of
7 things from our long survey that we couldn't include
8 within our shorter surveys that we conducted during the
9 scrutiny visits. And really, that was the precautionary
10 principle that we wanted our surveys to be as light
11 touch as possible, and our burden on the prison to be as
12 little as possible and, therefore, we had to make some
13 compromises about what we took out of our normal survey,
14 which is a much longer and much more extensive document.

15 And I think it's fair to say, both in the area you
16 describe and in other areas, we didn't have the breadth
17 of detail that we normally have, so it was a compromise
18 we had to make in order to fulfil our agreement with the
19 Prison Service and to keep staff, prisoners and our
20 researchers safe.

21 **MS DOUGLAS:** Thank you, Mr Taylor.

22 **LADY HALLETT:** Thank you, Ms Douglas.

23 That completes the questions we have for you,
24 Mr Taylor. Having visited a few prisons over my time,
25 I don't envy you and your colleagues your task. Thank
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1 risk assessments looking at the particular impacts on
2 clinically vulnerable prisoners?

3 **A.** We didn't come across that as a generalised thing that
4 was going on, but we do highlight, for example, what we
5 saw in HMP Bristol where there was some real thinking
6 being done, but I would say overall it wasn't something
7 that we found or reported on.

8 **Q.** And may I just clarify, Mr Taylor, is that something
9 that may -- are you saying that may have been going on
10 but it wasn't brought to your attention, or you have
11 found -- (overspeaking) --

12 **A.** It wasn't something that we saw.

13 **Q.** Okay, thank you.

14 The second question is in relation to detainee
15 surveys, and at paragraph 79 of your statement you've
16 described the abridged versions of these surveys that
17 were conducted in relation to scrutiny visits between
18 July 2020 and April 2021. You've described that the
19 surveys at that time covered topics including Covid-19
20 restrictions and also demographic and background
21 questions to enable responses from different subgroups
22 of the prisoner population to be compared.

23 I note in the survey, example of the survey that
24 you've exhibited, question 18 asks if the respondent has
25 a disability or a mental health problem. Given that the
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1 you very much indeed for your help with the Inquiry,
2 both as you've provided in the witness statement and in
3 your evidence today. Thank you.

4 **THE WITNESS:** Thank you my Lady.

5 **MS BLACKWELL:** Thank you.

6 My Lady, the next witness is ready to come in.

7 **LADY HALLETT:** Yes.

8 **MS BLACKWELL:** It's Helen Milner, from the Good Things
9 Foundation, and I'm told by my learned friend Ms Rahman
10 that her evidence will be about half an hour. So is
11 my Lady content to carry on?

12 **LADY HALLETT:** We'll go on.

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

14 **LADY HALLETT:** Ms Rahman.

15 **MS RAHMAN:** Can the witness be sworn, please.

16 **MS HELEN MILNER (affirmed)**

17 **Questions from COUNSEL TO THE INQUIRY**

18 **MS RAHMAN:** Ms Milner, thank you very much for attending to
19 give evidence today. Could you give your full name,
20 please.

21 **A.** I'm Helen Louise Milner.

22 **Q.** Thank you.

23 Ms Milner, there should be a statement in front of
24 you dated 24 September 2025, INQ000655897.

25 Can you confirm that that is a statement that you
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1 have provided for the purposes of the Inquiry?
 2 **A.** It is.
 3 **Q.** And can you confirm that any facts stated within the
 4 statement are true to the best of your knowledge and
 5 belief?

6 **A.** They are.

7 **Q.** Thank you.

8 Ms Milner, starting first with what you say at
 9 paragraphs 1.1 to 1.4 of your statement. In summary,
 10 you founded the Good Things Foundation in 2011?

11 **A.** That's correct, yes.

12 **Q.** And it's the largest digital inclusion charity in the
 13 UK; is that right?

14 **A.** That's correct, yes.

15 **Q.** And you say that the mission of the Good Things
 16 Foundation is to "fix the digital divide", and you
 17 explain that's "ensuring that everyone can participate
 18 in a digital society"?

19 **A.** That's correct.

20 **Q.** As part of that, you say that you focus on supporting
 21 people who are economically and socially disadvantaged.
 22 We'll come back to that in more detail but, in summary,
 23 is that because people in those categories are more
 24 likely to be digitally included?

25 **A.** Absolutely. Of the millions of people in the UK who are
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1 community groups, local charities, who may specialise in
 2 helping, say, migrants and asylum seekers or older
 3 people, people who are seeking work,
 4 faith organisations, local branches of things like
 5 Age UK. There are also private sector organisations
 6 like some banks, Virgin Money for example, mobile phone
 7 shops, O2, mobile phone shops. So it is absolutely
 8 a public, private and third sector.

9 But the key point is: they are in communities where
 10 people are; they already are engaging with people who
 11 are socially and economically disadvantaged, and
 12 therefore may also be digitally excluded; and that
 13 people can go there and that they can get support and
 14 help for the many barriers that they might be
 15 experiencing from a digital exclusion point of view.

16 **Q.** Thank you.

17 And you've described the name of the organisation,
 18 it's the National Digital Inclusion Network, and that's
 19 describing those sorts of organisations that you worked
 20 with before the pandemic, and continue to work with?

21 **A.** Absolutely. And there's thousands of them now.
 22 Actually, there's over 8,000. I think during the
 23 pandemic there were probably around 5,000. So they are
 24 actually in all of our communities. So they are often
 25 invisible to you but they are there working terribly
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1 digitally excluded, they broadly fall into two main
 2 groups: they are either older or they are economically
 3 disadvantaged. And there's a huge overlap. So,
 4 actually, people who are older and economically
 5 disadvantaged, and therefore socially disadvantaged, are
 6 a large group of those people who are digitally
 7 excluded.

8 **Q.** Thank you. And you note that, even before the pandemic,
 9 society was increasingly reliant on digital tools,
 10 digital services. So the work that you do was
 11 particularly important for that reason?

12 **A.** Absolutely. The -- up until the pandemic, public
 13 service had been digitised coming online, private
 14 companies coming online, and I would say that probably
 15 most people in this room were fairly reliant on digital
 16 services before the pandemic. And obviously since then.

17 **Q.** In terms of reaching people who weren't able to do that,
 18 at paragraph 1.4 you've described how you worked "in
 19 partnership with thousands of hyperlocal organisations".
 20 Can you give us an example or some examples of what
 21 hyperlocal organisations are?

22 **A.** Yeah. So, ever since we began in 2011, we've always
 23 worked in partnership with -- I call them community
 24 partners or digital inclusion hubs. So these are
 25 organisations at a local level, community organisations,
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1 hard with all of those people and very much there to
 2 respond to the needs of either the specific group that
 3 they're supporting or that local community as a kind of
 4 community hub.

5 **Q.** Thank you.

6 You explain there are two core services that you
 7 offer, National Databank and National Device Bank. Can
 8 you just summarise for us what those two services are.

9 **A.** So, the main barriers for people who are digitally
 10 excluded are either they don't have the access because
 11 they can't afford it or they don't have the ability or
 12 confidence or skills to be able to use the internet.

13 So, on the former, on the access, we work in
 14 partnership to provide the National Databank, so that is
 15 providing people with free SIMs, so mobile phone SIMs,
 16 so the same day they can get access to the internet,
 17 this is for people who cannot afford even a £10 top-up.
 18 So, these are people in our society today who are very
 19 excluded and who need to be online, for example, to talk
 20 to the Home Office about their asylum claim, for
 21 example.

22 So, that's the National Databank and we now have
 23 over 3,000 of those, like food banks, but for mobile
 24 phone data.

25 And the National Device Bank is where we work with
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1 the private and the public sector, so large employers
 2 who give us their tech, their computers, their laptops,
 3 their mobile phones, and then we work with a third party
 4 to refurbish those, and through the National Digital
 5 Inclusion Network provide those devices to people who,
 6 again, don't have them because they can't afford them.

7 **Q.** Thank you very much.

8 And you also describe digital hubs which are working
 9 in the community, people coming in for training --
 10 I presume those are sort of physical locations; is that
 11 correct?

12 **A.** They are the hyperlocal organisations -- sorry for using
 13 lots of different language --

14 **Q.** No, no --

15 **A.** We call them "digital inclusion hubs" to, kind of, try
 16 to give them a nice collective name, but they are all
 17 independent from us. They are all -- mostly independent
 18 from each other, and -- but people can go there and get
 19 help with their digital inclusion.

20 **Q.** I touch on that because, when we now come to the impact
 21 during the pandemic, which you deal with in your
 22 statement from paragraphs 1.5 to 1.7, the first impact
 23 that you describe is your partners having to close their
 24 doors. So, you're describing some physical location
 25 that had to close?

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1 pandemic, because there were places that people could
 2 go. So, once the pandemic hit, and we all realised how
 3 incredibly dependent we were, not just in our daily
 4 lives, but actually in -- during a crisis, during
 5 a pandemic, that -- to use the internet in order to get
 6 the help and the services that you needed, that we, from
 7 then on, I and the Good Things Foundation, believed that
 8 it's a fundamental right for people to be able to have
 9 a personal device and be able to afford a connection to
 10 the internet themselves.

11 So, it's not good enough to be able to go to
 12 a place. Going to a place is great, you get lots of
 13 support, lots of holistic other support, but we believe
 14 that everybody should be able to have and afford
 15 a device and connectivity.

16 **Q.** Just looking, again, at why the pandemic exposed
 17 something that was hidden, is it because, when that
 18 happened, it seemed to be the primary way of accessing
 19 help, services, and information, which people needed to
 20 do online, essentially?

21 **A.** Absolutely. So there's, sort of, two parts of this.
 22 One is that -- that obviously the -- charities like Good
 23 Things Foundation, we're the largest in the UK, but
 24 others working to support people to remove those
 25 barriers. But the other thing that happened in the

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1 **A.** Absolutely. So, people who, for example, don't have
 2 devices, or couldn't afford devices or connectivity, up
 3 until the pandemic would often go to the digital
 4 inclusion hub for support with that confidence and
 5 skills, they might want some help to fill in an online
 6 form. But actually, they could access the internet from
 7 those physical places. But of course, as soon as
 8 lockdown happened, they had nowhere to go.

9 And I heard from local community partners that, for
 10 example, people were standing outside to use their
 11 wi-fi, for example. So, literally standing outside, you
 12 know, in the rain, in the cold, to be able to use the
 13 free wi-fi that previously they'd been able to go in and
 14 actually sit on the chairs and the tables and maybe have
 15 a cup of coffee whilst they were using their wi-fi.

16 **Q.** So, whereas many people in society have moved on from
 17 the days of going to, for instance, an internet café,
 18 what you're describing is an element, a significant
 19 number of people, who, when the pandemic started, were
 20 essentially locked out?

21 **A.** Absolutely. And I think that was a big shift. So
 22 I'm -- have worked in digital inclusion for a long time,
 23 and clearly founded the Good Things Foundation in 2011,
 24 so almost a decade before the pandemic started, and that
 25 aspect of digital exclusion was quite hidden before the

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1 pandemic was there was an assumption by a lot of people
 2 who were providing the support that people were online.
 3 So, for example, the first letter that went to people to
 4 instruct them to shield had nine separate URLs to
 5 help -- to instruct people where they could get help.

6 So, a large number of those people would have been
 7 older and poorer, who actually would not have had any
 8 wherewithal to be able to go to those URLs.

9 At the beginning of the pandemic, you couldn't get
 10 a Covid test -- you couldn't book a Covid test, you
 11 couldn't -- and then when the vaccines came in, you
 12 couldn't book a vaccine unless you had an email address.

13 So, we were actually building solutions to help
 14 support people with the pandemic, with the crisis
 15 response, but we were actually putting those online. So
 16 there was a misunderstanding by a lot of the people who
 17 were designing those systems that, actually, everybody
 18 was online.

19 So, it wasn't just that there was an understanding
 20 that it was just a majority, because there was no actual
 21 thought about: how do we help those people who weren't
 22 online?

23 **Q.** So, essentially -- we're moving on to how you helped
 24 those people -- you describe in your statement doing
 25 things such as working with partners to get refurbished

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1 laptops, for instance, to people who needed it, from
2 businesses?
3 **A.** We did. Actually, during the pandemic we also were out
4 there looking for money, because getting refurbished
5 devices took a long time and we wanted to help people
6 very quickly. So we actually were lucky and we got
7 money from, for example, Barclays Bank, from the
8 National Lottery, we were given new phones from Google.
9 So, we were actually looking for money to buy devices.
10 So, the majority of the devices during the pandemic were
11 new, that we got grant money that we could then buy and
12 then distribute through the National Digital Inclusion
13 Network.

14 We did also begin the recycling process, but
15 actually that is a much longer process, and didn't seem
16 to really meet our needs when we were doing it in
17 a crisis response mode.

18 **Q.** Thank you.

19 And in terms of the sorts of people who needed the
20 support that you've described, starting at
21 paragraph 1.7, you talk about, in particular, those with
22 learning disabilities, older people, as you've mentioned
23 before, and also families who needed devices in
24 particular to support their children's learning and
25 their own learning.

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1 were helped to access culture, community life, and
2 faith-based activities. Could you just summarise, in
3 a sentence or two, some of those activities?
4 **A.** Absolutely. So we -- during the 18 months of the first,
5 you know, from the beginning of the pandemic for about
6 18 months, we did actually distribute over 22,000
7 devices and so obviously we had to get those to people
8 whilst also recognising that people needed to shield and
9 social distancing. And so community partners were very
10 innovative about leaving it on somebody's doorstep, and
11 like, staying a metre and a half away, and then having
12 a chat, making sure they'd downloaded Zoom, for example,
13 onto a tablet and then at a social distance help them to
14 load the Zoom up and then actually support them over
15 Zoom.

16 That actually, once you're allowed to spend, you
17 know, to stand a metre and a half away from somebody,
18 people -- some of the community partners rented, like,
19 a community hall and spaced out all the tables so they
20 could still get people together and to support them in
21 that way.

22 There were a lot of digital champions, so
23 volunteers, and we also heard from some of our community
24 partners in rural areas who actually literally had these
25 laptops and tablets in their cars and were driving

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1 **A. (Witness nodded)**

2 **Q.** Were they the sorts of people you would describe as
3 being particularly impacted in terms of access to
4 technology during the pandemic?

5 **A.** Yes, I mean, I want to say it's important that we hold
6 tight the generic point about people in poverty, and
7 people who are older. So that -- I think that within
8 the -- within the people in poverty, people with
9 learning disabilities and the families that needed
10 support would both be subgroups within that.

11 **Q.** Yes.

12 **A.** They would be people who were suffering because their
13 circumstances or, for example, their learning disability
14 meant that they weren't in well-paid jobs, for example.

15 The -- and older people that, because older people
16 haven't used the internet or computers at work, to
17 a degree, or they haven't been able to be learning in
18 a job, that they are also group who are digitally
19 excluded. So that's why we focused on those specific
20 groups.

21 **Q.** I will have some questions for you about some other
22 groups later on which you can help us with if you're
23 able to, I'll just come to those in a moment.

24 Just before I do, though, at paragraphs 2.2 and 2.3,
25 you describe some of the innovative ways in which people

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1 hundreds of miles around the country to make sure the
2 people in rural locations were also supported during the
3 pandemic.

4 So kind of a combination of helping people to move
5 online, at the pace that they were comfortable with, and
6 in innovative ways, combined with actually making sure
7 that people were sticking to the rules, but also able to
8 help them face-to-face just a little bit further away
9 from each other.

10 **Q.** Thank you. You mention there helping people to use
11 Zoom, and widespread, a use of a technology like that
12 was perhaps a really memorable part of the pandemic.
13 The fact that that was suddenly being used in
14 workplaces, socially at such an unprecedented level,
15 would it be fair to say that's an example of how
16 technology can be used to level the playing field and
17 lessen inequalities, because everybody is essentially
18 using the same bits of kit, it seems?

19 **A.** The -- some work that we do, so at Good Things
20 Foundation, we work with community partners from
21 a delivery point of view, removing barriers but we also
22 work in research and evidence base to understand the
23 data, but also to understand the barriers and therefore
24 can create solutions. And one of the things that the
25 team have developed is something called a minimum

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1 digital living standard. So to understand what the
2 baseline is.

3 The reason I say that is because that what happened
4 during the pandemic was, we were hearing often that
5 businesses had -- were digitising services that they had
6 planned to do over three years and they were doing it in
7 three weeks, and so we had that the people who were
8 already online took leaps forward. So although I don't
9 disagree with you, and that our job is about digital
10 inclusion, we're about solving exclusion to bring people
11 into the digital world. So, based on their choice of
12 what it is that they want to use, that they're then able
13 to be in that level playing field.

14 But I would say we're still moving people up to
15 a minimum.

16 **Q.** You've got to get them on the first rung of the ladder
17 before they can --

18 **A.** Absolutely, absolutely. And I think, during the
19 pandemic, some people went up that ladder very quickly
20 and lots of people we were still helping to get to that
21 first rung of the ladder.

22 **Q.** You mentioned the businesses who were planning to do
23 things in three years but did it in three weeks. Going
24 back to the people who were helped who were older, would
25 it be fair to say that some of those people, out of

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1 many, many sources about how the pandemic exposed and
2 exacerbated inequalities, and I want to ask you about
3 some specific groups.

4 So, you've already emphasised, and in particular at
5 paragraph 2.7, that digital exclusion is most closely
6 aligned with financial poverty. We've already covered
7 that that was a pre-existing issue. Essentially the
8 pandemic has brought it into sharp focus.

9 You've described a couple of issues: people not
10 being able to afford essentially to get online, and
11 perhaps not being able to afford a device as well. But
12 you also mention in your statement issues such as having
13 older devices. Is that another of the issues that
14 basically --

15 **A.** Absolutely.

16 **Q.** -- weren't fit for the purpose?

17 **A.** And that the -- a good example of this is that the first
18 app that was developed, you could only use on
19 a relatively new phone. So, actually, people might have
20 had a smartphone, but because they couldn't afford to
21 update it, they were still operating with an older
22 phone, which actually met their needs, but though the
23 app was then designed for a phone that was better than
24 that.

25 So, it is a -- none of these things are binary, are

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1 necessity, had to get online, and perhaps they did that
2 quicker or perhaps they wouldn't have done that? What
3 do you think is the situation there? Do you think older
4 people have, in fact, become more or less digitally
5 excluded as a result of necessity during the experience
6 of the pandemic?

7 **A.** I think it's definitely true to say that, either through
8 necessity or choice. So, for example, some older people
9 that we spoke with didn't think it was for them, they
10 thought this was something they could ignore. And then
11 actually, because, one, because of the pandemic and the
12 opportunities for them to, for example, communicate with
13 friends and family much more easily was available, but
14 then also, I would say, because of things that
15 organisations like ourselves and others were doing to
16 say, "There are people excluded in our communities, we
17 must find them and we must support them", so actually,
18 I definitely think that there were people who were
19 supported to be able to use the internet, to get
20 a device and connectivity, wouldn't have been helped
21 during that period of time if there hadn't have been
22 a pandemic. So I think that's definitely true.

23 **Q.** Thank you. I want to move on now to particular groups
24 that you mention in your statement.

25 Now, the Inquiry has heard a lot of evidence from

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1 they? Is that they -- people -- some people had nothing
2 and had never used the internet. Some people had
3 a phone but it was very old. Some people had a phone
4 but they couldn't afford the connectivity. Some people
5 had a phone and could afford the connectivity but didn't
6 know how to use it, didn't know what an app was, hardly
7 ever used it at all, you know, had it in a handbag or
8 a drawer to turn on for an "emergency". And so, when we
9 talk about digital exclusion, we are making sure that
10 we're finding solutions for all of these people,
11 wherever they sit on that continuum.

12 **Q.** Thank you.

13 And we heard yesterday about the work of local
14 councils to keep libraries and community spaces open.
15 And you mention that at paragraph 4.3.

16 You say that people were affected by those sorts of
17 closures because they were relying upon those spaces to
18 get online.

19 **A. (Witness nodded)**

20 **Q.** Thank you.

21 I've been asked to clarify with you some specific
22 groups. At paragraph 4.2 you mentioned that 10% of your
23 network partners are located in communities where over
24 50% of the population is BAME, and they experience the
25 effects of digital exclusion. I take it you mean by

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1 that both before and during the pandemic?

2 **A.** Absolutely, and in my statement I've got a quote here
3 from one of our community partners that -- I think this
4 also shows that because they are helping people in
5 a holistic way, including digital exclusion, the
6 community partner says here that actually, because
7 English wasn't their first language, they sometimes saw
8 that Covid-19 protocols weren't fully understood, and so
9 they were helping them to explain those protocols. And
10 they also talked about mental health being an issue.

11 So I think it's important to say that this is
12 a complex set of issues, and digital exclusion is one of
13 those sets of issues.

14 **Q.** Indeed. We have heard, as well, from specific experts
15 in relation to these issues across the board in
16 different sorts of interlocking or overlapping
17 inequalities.

18 **A.** Yes, and so that -- for me, that's why the National
19 Digital Inclusion Network is so incredibly important,
20 because they're meeting people where they are. So these
21 network partners will also be speaking those community
22 languages because they are from that community.

23 **Q.** Yes.

24 **A.** And so that's so incredibly important as well.

25 **Q.** In that same paragraph you have mentioned refugees, and
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1 and so -- and there are very large numbers of people who
2 live in the southeast and some of whom would be living
3 in deprivation and have low incomes.

4 So I think it's helpful to target activity and to
5 target solutions, but I think it would be wrong to
6 therefore say that there's not pockets of deprivation
7 everywhere, rural and urban.

8 **Q.** You mention there was a need for flexible solutions in
9 terms of the lack of transport and the difficulties in
10 particular in rural areas. Are you aware of any such
11 solutions that were deployed during the pandemic to
12 address the issue?

13 **A.** Well, the -- the one that I've mentioned were that the
14 community partners literally got in their cars and drove
15 to help people, in, obviously, within the rules of the
16 pandemic. So that was -- that's the only one that I
17 know of.

18 **Q.** Thank you. Moving on to disabled people. That group is
19 listed at paragraph -- included in the list at
20 paragraph 2.8.3. And at paragraph 4.7, you also
21 describe a project that was focused on those with
22 learning disabilities. More generally, I'm asked to
23 clarify this with you: is it the case that disabled
24 people were particularly impacted by digital exclusion
25 during the pandemic in terms of barriers to accessing
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1 again it's a question I've been asked to clarify with
2 you. Would you agree that migrants and asylum seekers
3 are amongst those likely to be digitally excluded?

4 **A.** Yes, and they do form a large portion of who we see
5 through the network.

6 **Q.** Thank you.

7 Moving to another point. At paragraph 2.6, you talk
8 about unequal impact depending on where people lived and
9 you say in 2020, some research suggested that in
10 England, whilst 49% of people in the southeast were able
11 to use the internet fully, just 31% in the northwest
12 were able to do so and 18% in the northeast, according
13 to that research.

14 Would it follow, then, that you would say that
15 during the pandemic, rural communities were particularly
16 affected by digital exclusion?

17 **A.** Absolutely. Rural communities specifically because of
18 the lack of transport, a lot of the transport wasn't
19 available, so if you have a low income and you live in
20 a rural area and there's no buses then you definitely
21 are incredibly excluded, and you're not online. I think
22 that those stats are very important, and useful.
23 I always say take it with some caution --

24 **Q.** Of course.

25 **A.** -- because everywhere there are pockets of deprivation,
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1 information, advice, services and healthcare?

2 **A.** I'm going to say yes, but I want to put a caveat,
3 because again, it's -- the main driver is income. Large
4 numbers of people who are disabled are not in work or
5 not in well-paid work. So people who are disabled and
6 in well-paid work were not affected as badly. And
7 I think it's really important to understand the
8 intersectionality between a disability and poverty.

9 **Q.** Thank you.

10 The Inquiry has also heard evidence, and I believe
11 you were sent some of this as well, about the impact of
12 the pandemic on victim-survivors of domestic abuse.
13 Would you agree that they were impacted by digital
14 exclusion, particularly older women and those without
15 recourse to public funds?

16 **A.** I have read the evidence, and we also do work with small
17 local charities who support victim-survivors of domestic
18 abuse. So they were definitely impacted.

19 The other thing I wanted to pull out from their
20 evidence that I read is also something that we
21 absolutely saw across a range of smaller charities, that
22 their staff, as well, often could not afford devices and
23 connectivity, or they didn't have the skills to use
24 things. We've talked about Zoom. And so this
25 suggestion that everyone could just go online and
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1 provide their support online didn't just affect the
2 people, the beneficiaries of those charities, it also
3 affected the staff who were often volunteers or in
4 low-paid work, and actually couldn't afford or have the
5 skills themselves.

6 **Q.** Thank you.

7 The Inquiry has also heard accounts of major
8 disruption to the justice system. Again, I believe
9 you've received some extracts from a roundtable report
10 on that.

11 What was described was victims being unfamiliar with
12 online processes. Again, not having sufficient data, or
13 reliable internet connection in order to anticipate in
14 hearings. Is that anything that you encountered in your
15 work?

16 **A.** So, not specific around access to the justice system,
17 but generally, obviously, yes, we came across a lot of
18 people who were excluded from all kinds of things that
19 they needed to do in their lives because of lack of
20 reliable -- of broadband, or lack of connectivity
21 because they couldn't afford it, or not having a device
22 or a good enough device -- and I would also say -- and
23 I think an assumption from people providing public
24 services that people could just do that.

25 **Q.** Yes.

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1 schemes we had run.

2 **Q.** Now, I want to, just in closing, finally touch on what
3 you say at section 3 of your statement. Essentially you
4 were asked about key workers, and whilst you say that
5 there was a massive increase in people accessing your
6 courses for work, you don't have any specific data on
7 key workers.

8 **A.** Right.

9 **Q.** They may have been key workers but you don't know?

10 **A.** Yes, exactly. We know that people in work came and used
11 our services, which was -- and was new at that level, at
12 those numbers, but we don't know if they were key
13 workers.

14 **Q.** Thank you very much, Ms Milner.

15 You have set out at the end of your statement
16 a large number of lessons learned. Drawing it together,
17 is it fair to say that you've described the pandemic
18 having a significant impact on those who were digitally
19 excluded and all of that essentially underlines the
20 importance of your mission: which is to tackle digital
21 exclusion and promote digital inclusion?

22 **A.** I would absolutely, and that the job isn't done yet.
23 One reason why I quite like working in digital inclusion
24 is I believe we can fix the digital divide, we can make
25 sure that people have affordable devices and the

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1 **A.** So, a lack of understanding that there are people who
2 don't have devices, can't afford connectivity, don't
3 have the skills, but also don't have the agency, don't
4 have somebody in their social group who can help them.
5 There was an absolute lack of understanding.

6 That was one of the things we felt coming back from
7 the National Digital Inclusion Network frequently, that
8 there was this frustration not only that people didn't
9 have what they needed from a digital inclusion point of
10 view, but actually that there was a real lack of
11 understanding from people providing the services. Of
12 course, not all the time, but that was something we
13 heard back from the network.

14 **Q.** Thank you.

15 Finally, in relation to specific groups, at
16 paragraph 4.8, you mention bereaved groups. I think you
17 were asked about it.

18 Like you say, you didn't do any specific work to
19 support them but you did hear that some of the free
20 devices you provided had been used by people, for
21 instance, with relatives in hospitals or care homes, so
22 potentially that did help?

23 **A.** Absolutely. And we heard also back from hospitals who
24 were aware that loved ones were able to contact people
25 in hospital because they had a device through the

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1 refurbishing schemes proved that, and that they can have
2 affordable broadband. And obviously with the support of
3 the thousands of amazing community organisations, in
4 communities, they can have that support that they need
5 to get the skills and the agency.

6 Just one other thing I would say, one other aspect,
7 is that the way in which decision makers, people
8 building apps, people deciding how to provide support,
9 was instantly online, because often some of the data
10 that those decision makers had provided absolutely does
11 not show the complexity of the picture. So if it says,
12 "Has somebody accessed the internet in the last three
13 months?", and they say, "Yes", then it doesn't mean that
14 they've got a device that can use that app or they know
15 how to download an app.

16 And so I do think that the decision makers weren't
17 aware of digital exclusion. So the pandemic exposed and
18 also exacerbated digital exclusion, but I'm not --
19 I mean I'm not convinced. So things have got better but
20 I'm not convinced that people making similar decisions
21 now would not make the same decisions, and would forget
22 about the millions of people that we were helping, and
23 that became exposed to us during the pandemic.

24 **Q.** You've described how the digitally excluded tend to
25 belong to groups in society who are vulnerable, and so

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1 in helping, for instance, an older person or a young
 2 family living in poverty to get online, would you say
 3 it's possible to lessen the adverse impacts in different
 4 ways? And you've described from simple things like
 5 being able to book a Covid test to broader issues like
 6 reducing social isolation?
 7 **A.** Absolutely. Absolutely. It's a fundamental building
 8 block for people to be part of society. I mean,
 9 obviously, to use public services, but to get a job, to
 10 get a better job, to get a better-paid job. For parents
 11 to be able to -- not just for their children to do their
 12 homework but also for parents to understand their
 13 homework, to communicate with their schools. It's
 14 a fundamental within our society that I think often
 15 lies -- people -- most people are very unaware that
 16 there are so many people who are not functioning because
 17 of poverty and a lack of opportunity in a way that most
 18 of us expect the general population in the UK to be
 19 functioning.
 20 **Q.** Thank you.
 21 And finally, you, like many others, have emphasised
 22 that collaboration with cross-sector partners such as
 23 charities, councils, businesses, is extremely important
 24 in promoting digital inclusion.
 25 **A.** Absolutely. And just to say a positive thing from the
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1 Monday, at 10.30.
 2 **LADY HALLETT:** Yeah, Monday, 2 March, at 10.30. And I shall
 3 be attending in person next week, for the last week of
 4 our hearings, not just of this module, just the Inquiry.
 5 Thank you very much indeed.
 6 **(2.57 pm)**
 7 **(The hearing adjourned until 10.00 am**
 8 **on Monday, 2 March 2026)**
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1 pandemic, because of that emergency response, there were
 2 a lot more businesses, a lot more community
 3 organisations, and charities, willing to quickly
 4 breakthrough the bureaucracy and collaborate and work
 5 together to make sure that we did provide that help as
 6 quickly as we could to the people who needed it.
 7 **MS RAHMAN:** Thank you very much, Ms Milner.
 8 My Lady, those are all my questions, and there
 9 aren't any from core participants, unless you had any
 10 further questions?
 11 **LADY HALLETT:** No. Thank you very much, Ms Rahman.
 12 Ms Milner, you've described as being on a mission;
 13 a very worthwhile mission, if I may say so.
 14 I see from the foundation's website you're planning
 15 to retire this year. I'm going to make a guess you're
 16 going to be as bad at retirement as I am, given the
 17 importance of your mission. So, I wish you well in your
 18 retirement, and thank you for all you've done to try to
 19 help people who you say have desperately needed it, at
 20 all times, but particularly in the pandemic. So thank
 21 you very much indeed.
 22 **THE WITNESS:** Thank you so much.
 23 **LADY HALLETT:** Very well, that completes, I think, the
 24 evidence for this week, Ms Rahman?
 25 **MS RAHMAN:** Correct. And, my Lady, yes, we start again on
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