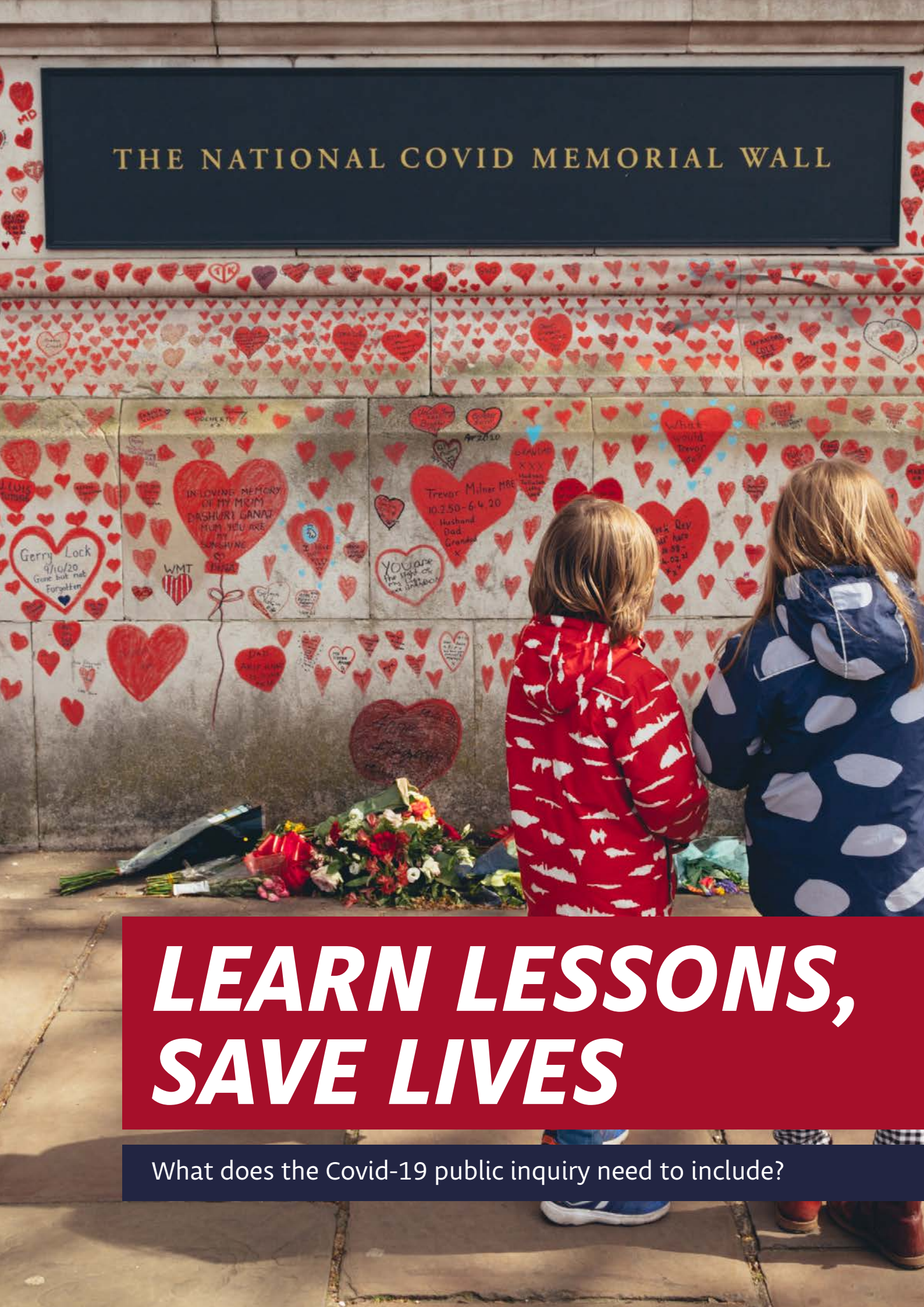

LEARN LESSONS, SAVE LIVES

What does the Covid-19 public inquiry need to include?

Learn Lessons, Save Lives

lays out the critical areas that the upcoming Covid-19 public inquiry must cover

Following the loss of over 160,000 lives in Britain during the pandemic, the public inquiry into Covid-19 will be one of the most significant and wide-ranging inquiries in British history. Drawing on expert opinion and personal testimony from those bereaved by Covid-19, this report maps out exactly which areas the inquiry should cover.

Coordinated by Covid-19 Bereaved Families for Justice – a group of over 4,000 people who have lost loved ones to the virus, and campaigned successfully for this statutory public inquiry – the report features contributions from a range of major charities, trade unions, and public health experts. Alongside these contributions, the personal stories of the bereaved are spotlighted to ensure that people remain at the heart of our approach to learning lessons from this grim period, in order to save lives in the future.

www.covidfamiliesforjustice.org

SHELTER

COVID-19 BEREAVED FAMILIES FOR JUSTICE

Broudie Jackson Canter

UNISON

nhsa Northern Health Science Alliance
A Health Partnership for Northern England

sense
connecting sight, sound and life

NATIONAL CAREassociation
The voice of the nation's independent care sector

TUC
Changing the world of work for good

BMA

Howard League for Penal Reform

AMNESTY INTERNATIONAL

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INTRODUCTION

"160,000 families across the UK have faced the same terrible loss as ours[...] often in similarly distressing circumstances. It is a sobering reminder that the UK has experienced one of the world's highest Covid-19 death tolls."

Jo Goodman and Matt Fowler
Co-founders of Covid-19 Bereaved Families for Justice

The two of us came together in the worst of circumstances. We met on Facebook, just after both of us lost our dads to Covid-19. It's a period of our lives that neither of us will ever forget. Both for the grief, pain and deep sadness we felt at losing our loved ones, and for the fundamental question that continues to haunt us: would they still be alive if different decisions had been made by the government?

Although we knew that there was nothing we could do to bring our dads back, it was then that we resolved that the next best thing was to help prevent others from going through the same experience. That was why we started the Covid-19 Bereaved Families for Justice campaign. It is what drove us to create a national memorial that stretches nearly 500 metres alongside the River Thames, and what led us to urge this inquiry in the first place. It is what has driven us ever since.

Eighteen months on since the start of the pandemic, 160,000 families across the UK have faced the same terrible loss as ours, losing their loved ones, often in similarly distressing circumstances. It is a sobering reminder that the UK has experienced one of the world's highest Covid-19 death tolls. As the pandemic has raged on, it has touched all corners of our society and, as this report shows, exposed the inequalities that lie within it.

A comprehensive, independent, public inquiry is the only way we can truly understand this pandemic, and learn the lessons that will prevent further loss of life in the future. The purpose of this report is to outline the key areas that any inquiry must look at, in order to do justice to the cataclysmic impact of the pandemic.

Learn Lessons, Save Lives brings together testimonies from bereaved families, experts and crucial voices across each of the areas that the inquiry must consider, from care homes and 111 services to key workers, protective equipment and the disproportionate impact of the virus on people of colour, and those with disabilities. It is our sincere hope that this report will help the government and future chair of the inquiry to understand the perspectives of those who have experienced the pandemic first-hand, and to ensure that their voices are at the heart of this inquiry.

The Covid-19 inquiry could and should be an historic and positive process that helps the UK to reconcile the potentially avoidable high number of deaths sustained during the pandemic. It should also be an opportunity to ensure that through lessons learned, these kinds of tragedies never happen again. We hope that out of the darkness and loss of this period, we can find strength and collective wisdom, learning crucial lessons that can save lives in future. We hope this report is a small step in that direction.

"With over 160,000 deaths across the UK, this will be one of the most significant and wide ranging public inquiries in British history."

Elkan Abrahamson
Director & Head of Major Inquiries, Broudie Jackson Canter

After over 18 months of tireless campaigning by Covid-19 Bereaved Families for Justice, Boris Johnson has committed to a statutory inquiry into his government's handling of Covid-19, and to appointing a chair by Christmas.

The government, under Article 2 of the European Convention of Human Rights, must conduct a full investigation into Covid-related deaths, following the multiple failures by the government to protect the public. With over 160,000 deaths across the UK, this will be one of the most significant and wide-ranging public inquiries in British history.

It is critical that the inquiry starts as soon as possible. A reason for this being that the distortion or alteration of evidence during the course of an inquiry is an offence punishable by imprisonment. This includes attempts to suppress, destroy, alter or conceal relevant documents. This also means that the sooner the inquiry starts, the sooner the integrity of the evidence can be preserved, allowing Covid-19 Bereaved Families for Justice to ensure there has been no attempt to cover up any evidence. We have already seen signs that government departments are beginning to prepare their 'best cases', for instance the Department of Health and Social Care (DHSC) has allegedly contracted Deloitte to establish a system of disclosure. It is worth noting that the DHSC also contracted Deloitte to manage a test and trace system, which resulted in widespread speculation of a conflict of interest.

The scope of the inquiry will be determined by Boris Johnson. As the inquiry's scope will define what areas are examined, it is vital that no corners are cut in determining a broad and comprehensive agenda for the inquiry. However, given the government's lack of any public consultation to date regarding this, Covid-19 Bereaved Families for Justice are conducting their own consultation process.

This report helps shine a light on some of the key areas that the inquiry must look at, from care homes to PPE procurement, to broader public health measures.

Broudie Jackson Canter

PREPARATION FOR THE PANDEMIC

"This experience has shown how, over the past decade, the public health system in all four nations of the UK has suffered from sustained underinvestment caused by the relentless ideological pursuit of austerity."

Professor Martin McKee
On behalf of Independent SAGE

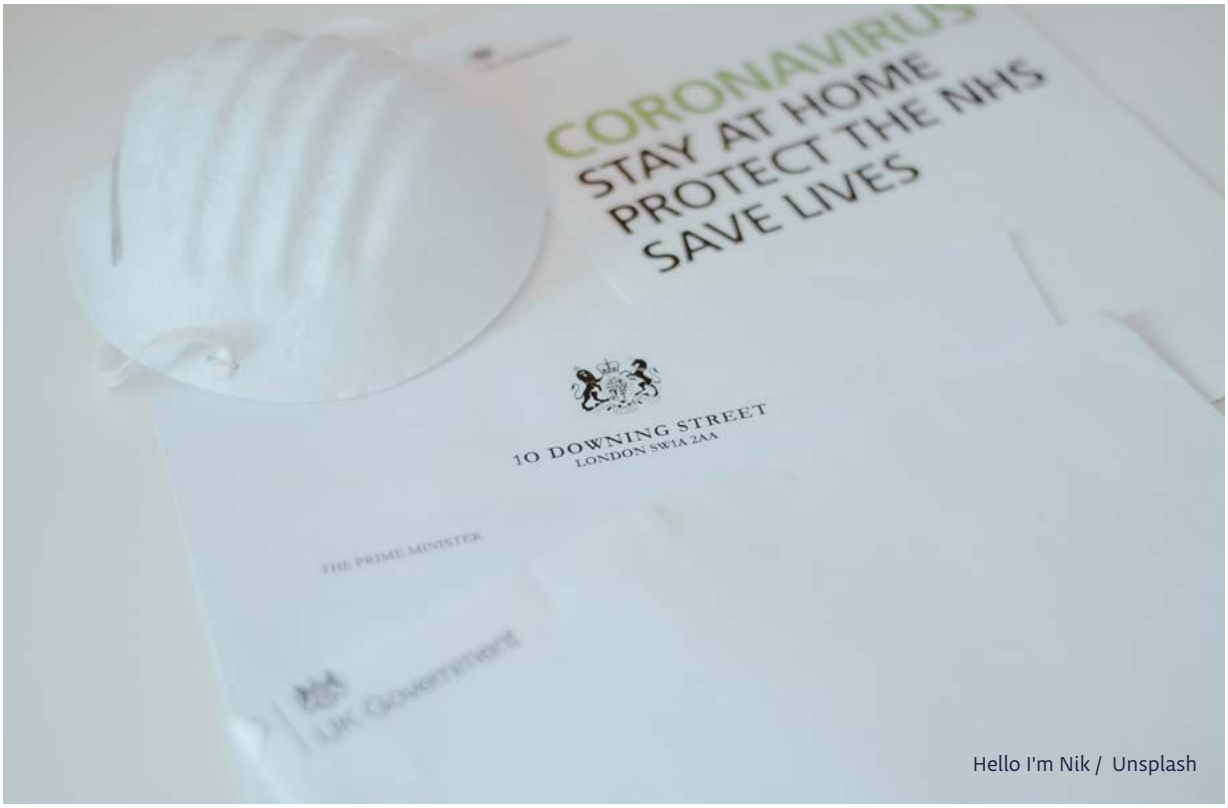
It was always a matter of when, not if. It was inevitable that there would be a pandemic caused by a newly emerging microorganism. Successive UK governments knew this, and had even planned for it. Yet when it came, the government in power in 2020 was unprepared.

Authorities faced with any outbreak of an infectious disease should have structures in place to find it as early as possible, discover where and how it is being transmitted, and implement measures to stop its spread. They should ensure that these structures are adequately resourced, have well-trained staff, and systems that are tested regularly. Yet when it came to it, the structures in place in the UK were found wanting. The figures speak for themselves. The country has had one of the highest rates of excess deaths anywhere, and suffered one of the largest economic hits.

This experience has shown how, over the past decade, the public health system in all four nations of the UK has suffered from sustained underinvestment caused by the relentless ideological pursuit of austerity. The situation was even worse in England, where ill-judged reorganisations, including that of the NHS, inflicted severe damage on the public health function. This damage included the abolition of the devolved regional structures necessary to coordinate action in a crisis, the concentration of power in an increasingly dysfunctional central government whose attention was dominated by preparations for Brexit, and the fragmentation of public health at the local level where responsibility for much infectious disease prevention and control lay. The role of local directors of public health was weakened, with loss of status, responsibilities and resources. Uniquely within the UK, the position of local director of public health disappeared entirely in Northern Ireland.

The problems were exacerbated by a worsening health crisis. Since 2012, long standing upward trends in life expectancy were stagnating and, for some groups and in some places, most notably those experiencing economic decline, were worsening. Yet these signs were ignored.

"Since 2012, long standing upward trends in life expectancy were stagnating and, for some groups[...], were worsening. Yet, these signs were ignored."



Hello I'm Nik / Unsplash

These developments combined to create a situation where even if competent and comprehensive pandemic plans had been developed and resourced at a national level, the integrated infrastructure at the regional and local level that would be necessary to achieve an efficient and effective pandemic response was no longer present. It could not be recreated easily in an emergency.

It was, therefore, almost inevitable that when a public health response was needed, it was missing in action. Even with some parts still functioning at the local level, these were ignored as Westminster handed responsibility for managing the crucial roles of test and trace to outsourced companies with no relevant experience, and often with long histories of failure.

Of course, there were other problems, such as a disengaged prime minister and a procurement process tainted by corruption. But weaknesses in public health structures have limited capacity to tackle the pandemic effectively.

To summarise, if we are to understand how the UK responded to the Covid-19 pandemic, we need to consider both the significant structural changes in the NHS and public health, especially in England, and the impact of austerity on the health of the population. Both are crucial and relevant.

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PUBLIC HEALTH MEASURES

"We owe it to the many thousands of families who have unnecessarily lost loved ones to the pandemic to[...] ensure that the British public is never again failed in a time of public health emergency."

Professor John Ashton
Ex-Regional Director of Public Health for North-West England

The Covid-19 pandemic has been described in a report by the House of Commons Health and Social Care, and Science and Technology Committees as "the biggest crisis our country has faced in generations."

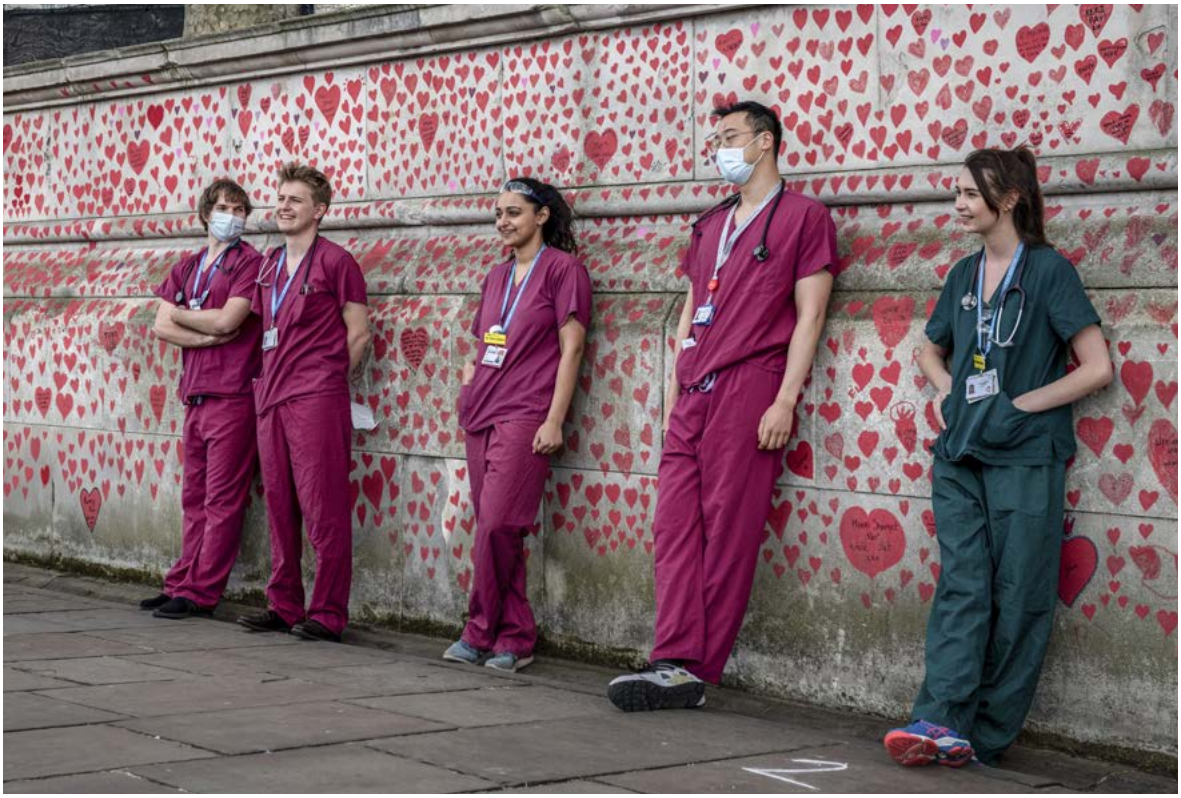
The current pandemic has been associated with over 160,000 deaths in the United Kingdom alone, a high proportion of which were likely avoidable. This shocking tally represents almost the worst death rate from Covid-19 among the developed countries, and at around 4% of the global total of deaths, compares very poorly with our national performance during the influenza pandemic of 1918-19 when the UK toll was circa 1%.

As we approach the second anniversary of the first recorded cases of Covid-19, it is still too early to know whether we are near to a recovery phase, domestically and internationally, and what the future holds in terms of the virus becoming entrenched endemically into the future. However, in view of the clear failings in national preparedness and response to this devastating pandemic, it is of paramount importance that all lessons must be learned whilst memories are fresh, and that there should be full accountability of all those who have failed the British public so tragically.

The UK's response to the pandemic carries with it the hallmarks of the false dichotomy existing between those who see the prime purpose of government as oiling the workings of the economy, and those who see it as an institution to protect its citizens. Both polarised positions fail to appreciate that these two goals are interdependent. In addition, the over-centralisation of both the arrangements for public health, and the nature of the government's response to the pandemic has failed to optimise the importance of the practical, local approach to rooting out and controlling outbreaks of infection which had, until recently, characterised the UK's acknowledged leadership since the cholera years of the 19th century.

"When politicians and experts say that they are willing to allow tens of thousands of premature deaths[...] in the hope of propping up the economy, is that not premeditated and reckless indifference to human life?"

– Kamran Abbasi, British Medical Journal



The UK has performed poorly in its response to the pandemic. As a nation, we were slow to appreciate the urgency of the Covid-19 threat; to respond robustly and effectively, drawing on the full evidence base for effective action from history and from around the world; to approach the crisis in a transparent fashion with the public, mobilising the full assets of the country; and be willing to admit when errors had been made.

Throughout the crisis, recurrent features have included:

- Neglect of the local public health system and of emergency preparedness
- Failure to get a timely grip
- Too narrow a range of professional advice with a prejudice towards the academic rather than the practical
- Doing too little too late
- Overpromising and under delivering
- Poor communications based on inadequate intelligence and over-centralisation
- Over dependence on bio-medical solutions and on vaccination rather than on tried and tested practical public health interventions, based on full public mobilisation focussed on the social and environmental frontline of defence
- An infatuation with private sector solutions to the neglect of the extensive network of resources to be found in the public sector.

Kamran Abbasi, the executive editor of the British Medical Journal, has asked:

"When politicians and experts say that they are willing to allow tens of thousands of premature deaths for the sake of population immunity, or in the hope of propping up the economy, is that not premeditated and reckless indifference to human life? If policy failures lead to recurrent and mistimed lockdowns, who is responsible for the resulting non-Covid excess deaths? When politicians wilfully neglect scientific advice, international and historic experience, and their own alarming statistics and modelling because to act goes against their own political strategy or ideology, is that lawful?"

We owe it to the many thousands of families who have unnecessarily lost loved ones to the pandemic to put all the cards on the table immediately, to learn the lessons from our failure, to apportion blame where appropriate, and to ensure that the British public is never again failed in a time of public health emergency.

SUPPORT FOR NHS STAFF AND HOSPITALS

"In the first wave of the pandemic, 95% of doctors who lost their lives were from a Black, Asian and minority ethnic (BAME) background. NHS staff have been left feeling burnt out and fatigued, with many doctors experiencing anxiety, depression and PTSD."

Chaand Nagpaul
Chair of the Council at the British Medical Association

Doctors and other healthcare workers were left horribly exposed to Covid-19 – a novel, highly infectious and potentially fatal virus – with a desperate lack of support provided for NHS staff and hospitals, as well as primary care staff and services.

The government was simply not prepared for the pandemic, and did not respond rapidly enough in protecting healthcare workers on the frontline, leaving NHS staff having to put their own lives at risk. This lack of preparedness is even more inexcusable given the UK knew the situation in countries already affected such as China, Italy and Spain, and when scenario planning, covering such an eventuality had been carried out.

Data covering the year following March 2020 show that at least 77,000 hospital staff in England caught Covid-19 during the pandemic, while there were nearly a quarter of a million absences for Covid-related reasons. There were 414 deaths involving Covid-19 among healthcare workers between March and December 2020, and in the first wave of the pandemic, 95% of doctors who lost their lives were from a Black, Asian and minority ethnic (BAME) background. NHS staff have been left feeling burnt out and fatigued, with many doctors experiencing anxiety, depression and PTSD. Many doctors and healthcare workers contracted Covid-19 during the pandemic because there was insufficient personal protective equipment (PPE) provided to protect them. The British Medical Association (BMA) repeatedly raised concerns about PPE shortages and the need for higher levels of protection against the spread of Covid-19 in healthcare settings. This was a significant issue throughout the first wave of the pandemic, with doctors and healthcare workers unable to access basic levels of PPE including masks, visors, protective glasses and gowns, and many forced to buy their own, or re-wear single-use PPE.

BMA surveys from the first wave of the pandemic found that only 12% of respondents felt protected, and 31% felt they were not at all protected from Covid-19 infections in their place of work. Between one and three quarters of respondents said they sometimes, or often, felt pressured to see a patient without adequate protection. One BMA survey found that almost twice as many BAME doctors felt this way. Despite improvements in the supply of PPE, infection control guidance still does not properly reflect the role of airborne transmission of Covid-19, resulting in inadequate respiratory protective equipment (RPE) provided to staff, such as FPP2 and FPP3 masks.

The inadequacy of risk assessments was of significant concern, both at an individual and workplace level, putting huge numbers of staff at risk. A BMA survey from the first wave found that half of doctors said they had not had any risk assessment to check if they were in increased danger from contact with patients with Covid-19. This lack of protection of NHS staff left many doctors and healthcare workers with extremely high levels of anxiety about going into work.

Due to the government's obvious failures in adequately protecting frontline workers, support for NHS staff across hospitals and primary care must form part of a comprehensive public inquiry. The BMA is carrying out its own work to learn lessons from the medical profession, as we believe it is important for lessons to be learnt now from the pandemic, while memories are fresh. How well doctors and other healthcare workers were protected will form a crucial part of this work, so that the government can be better prepared for future waves and pandemics, in providing proper support for its healthcare workforce.

"The second wave of Covid had filled the acute wards with desperately ill patients. My colleagues were stressed, wrung out, exhausted. The hospital in which my Dad died was like a warzone. Staff were running around, it was swamped like nothing I have seen."

FAMILY STORY: AHSAN-UL-HAQ CHAUDRY

Dr Saleyha Ahsan lost her father, Ahsan-ul-Haq Chaudry, on the 28th December 2020. At the time she was working as a critical care doctor on the Covid-19 frontline in the intensive care unit of a hospital in North Wales, working tirelessly to protect others from going through the same loss that her family would experience.

Saleyha recalls: "The second wave of Covid had filled the acute wards with desperately ill patients. My colleagues were stressed, wrung out, exhausted. The hospital in which my Dad died was like a warzone. Staff were running around, it was swamped like nothing I have seen."

SUPPORT FOR CARE HOMES

"There is no doubt that care homes and social care as a whole were laid at the altar as the sacrificial lamb to protect the NHS."

Nadra Ahmed
Chairman, National Care Association

The impact of the pandemic on the nation was as devastating as it was well documented. As a nation, we were unprepared. The only plan appeared to be to protect the NHS from becoming overwhelmed, based on evidence coming in from across the world where Covid-19 had already brought health services into a crisis. The advice was clear that it was deadly for vulnerable people and the NHS was seen as the only place where these people may end up. What was completely overlooked was the social care sector, which cares for more people on a day-to-day basis than the NHS, and that the people cared for in social care services are the most vulnerable members of our communities.

The neglect of not recognising the risk to social care, and the care home sector specifically, was an oversight which caused untold challenges for our residents, staff, and providers. Care homes were targeted as the destination for older people in NHS beds who could be discharged to create capacity for NHS services as the pandemic took hold. The view was that there was 'no risk' for care homes to take discharges straight out of hospital and so there was no recognisable safety mechanism to ensure negative results pre-transfer. This single policy had the greatest impact on the numbers of vulnerable people who lost their lives during the first wave.

Additionally, the government took the unprecedented step to divert all available PPE to the NHS, leaving the social care sector completely exposed not only to the virus, but also to profiteers who created a market with extortionate prices – for which care providers had to suddenly allocate a budget. The impact of this was that it eroded any resilience providers had in an already fragile and underfunded sector.

There is no doubt that care homes and social care as a whole were laid at the altar as the sacrificial lamb to protect the NHS. Government responses to cries for support were often too little too late.

NATIONAL CAREassociation
The voice of the nation's independent care sector

FAMILY STORY: SYLVIA GRIFFITHS

Deborah Doyle lost her mother, 76-year-old Sylvia Griffiths, on 16th April 2020. She explains: "I thought she was safe when she was in the care home. I couldn't visit her when she was ill, the first time I was anywhere near my Mum was when she was lying in a sealed coffin at the crematorium."

Deborah is one of thousands of families who lost loved ones in care homes and she sees the lack of testing, insufficient PPE, and late lockdown as being critical to the devastation: "The government's guidelines were haphazard from the offset. The testing should have been brought in far earlier to stop the spread of the virus."

FAMILY STORY: VERNUTE (REX) WILLIAMS

Charlie Williams lost his father Vernute Williams (known as Rex) on the 20th April 2020. After Rex became ill, his family decided to keep him in the care home as they were told there were no cases of Covid-19 there. However, the family would go on to learn from staff, who Charlie describes as "fantastic", that 27 patients in the home had in fact succumbed to Covid-19.

Charlie says: "This has clearly been a widespread practice across the country. My dad was bed bound and has been for several years. For him to get Covid-19 in that care home, it must have been brought to him."

"I thought she was safe when she was in the care home. I couldn't visit her when she was ill, the first time I was anywhere near my Mum was when she was lying in a sealed coffin at the crematorium."

BORDER CONTROLS

"The absence of an effective public health response that saw travel restrictions and quarantine[...] left Britain vulnerable to the uncontrolled importation of cases and, importantly, new variants."

Dr Gabriel Scally, visiting Professor of Public Health at the University of Bristol, on behalf of Independent SAGE

As an island nation, Britain should have a precious intrinsic advantage in halting or slowing the ingress of dangerous infectious agents. However, to succeed in reducing contagious diseases and curbing their spread, requires the political will and means to implement effective port health border controls at seaports and airports.

Quarantine (ie. the restriction of the movement of people who may be carrying the disease) is an effective response to an infectious disease outbreak. That can include halting the virus's progress both within a country as well as between countries. It was apparent in January 2020 when the World Health Organization (WHO) declared Covid-19 to be a public health emergency of international concern that steps needed to be taken globally to halt its spread within and between populations. In January 2020, the UK government introduced some largely voluntary travel measures, including the quarantine of some arrivals from Wuhan. However, on 13th March 2020, all measures were withdrawn, including the advice for some travellers to self-isolate. Opening all portals to the virus (mainly through citizens returning from half-term breaks) facilitated its importation and spread, quite possibly resulting in thousands of avoidable deaths. The government has not revealed the rationale and scientific advice behind those fateful decisions.

When the government eventually enacted some compulsory restrictions on people arriving from abroad, whether to return home or to visit, they were partial, primarily consisted of self-isolation, and were not enforced. It took a whole year before managed isolation for some arrivals was introduced. Even then, failures to use quarantine effectively permitted the Delta variant free passage in the spring of 2021. The absence of an effective public health response that saw travel restrictions and quarantine as part of an overall strategic approach to keeping the UK population safe, left Britain vulnerable to the uncontrolled importation of cases and, importantly, new variants. The failure to establish an effective find, test, trace, isolate and support system for cases of Covid-19 was a further linked weakness that built upon the severe inadequacies of border controls.

The UK has only one land border with another jurisdiction, which is the border on the island of Ireland. It is notable that despite signing a memorandum of understanding between the two jurisdictions, the promised harmonisation never happened. This facilitated travel routes whereby quarantine restrictions could be circumvented.

The government repeatedly failed to take timely and appropriate actions in many spheres that could, together, have achieved much better control of Covid-19 and saved many thousands of lives. The failure to implement adequate public health border controls during the pandemic demands a review of that failure and the current structure, functioning and legislation governing this essential part of the country's much diminished public health infrastructure.

indie_SAGE

FAMILY STORY: RICHIE MAWSON

Jamie Mawson lost his father Richie on April 17th 2020. Ritchie had attended the Liverpool-Atletico Madrid game on March 11th, which is likely where he contracted the virus. Nearly 3,000 Madrid fans attended the match despite the Spanish capital being the centre of the European outbreak at the time, with those fans unable to watch their own team play at home.

A parliamentary report has found that at least 37 people died unnecessarily because of the decision to allow Madrid fans to attend. “I hold the government accountable,” Jamie says.”If that game had not gone ahead, he would still be with us now.”

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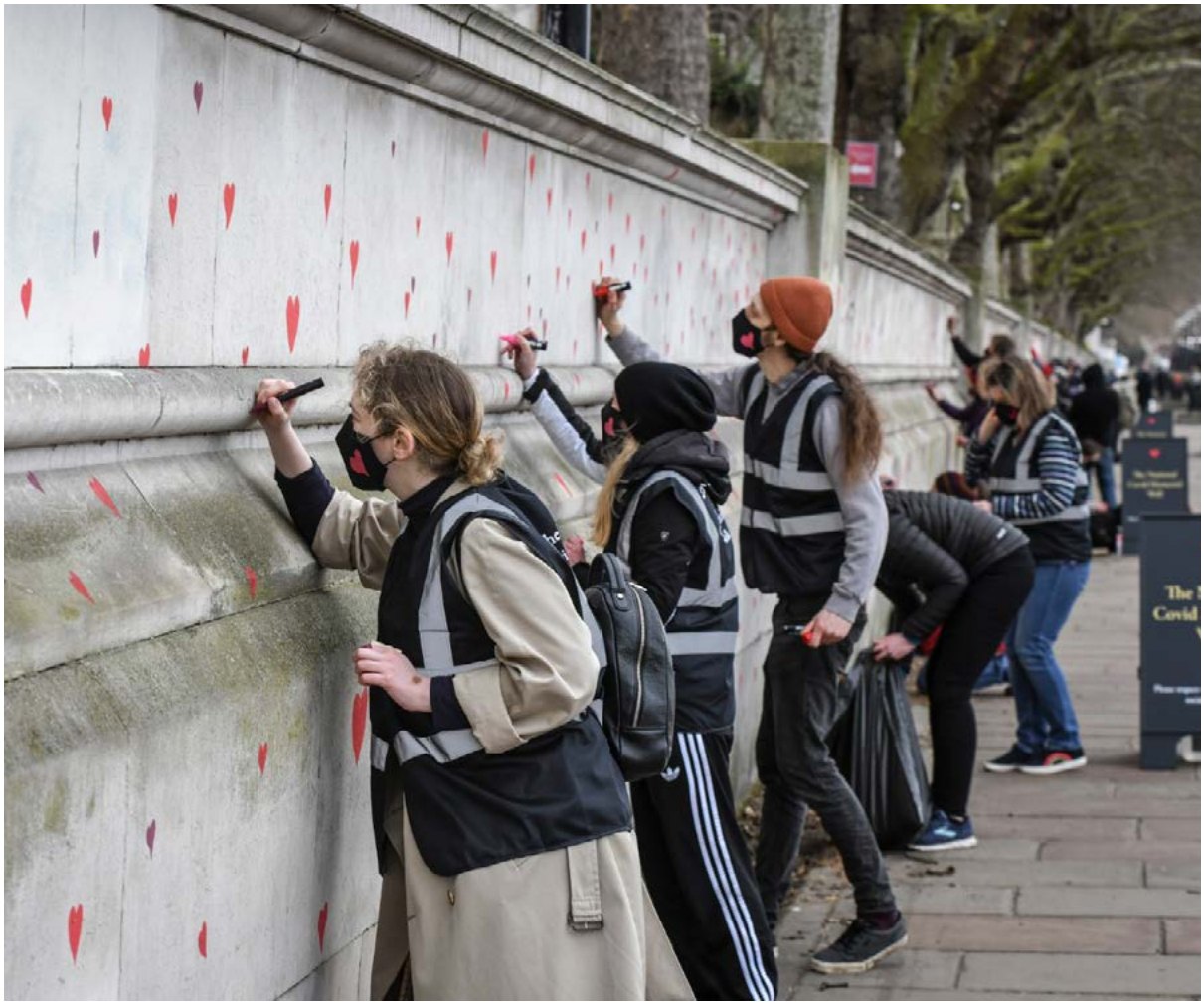
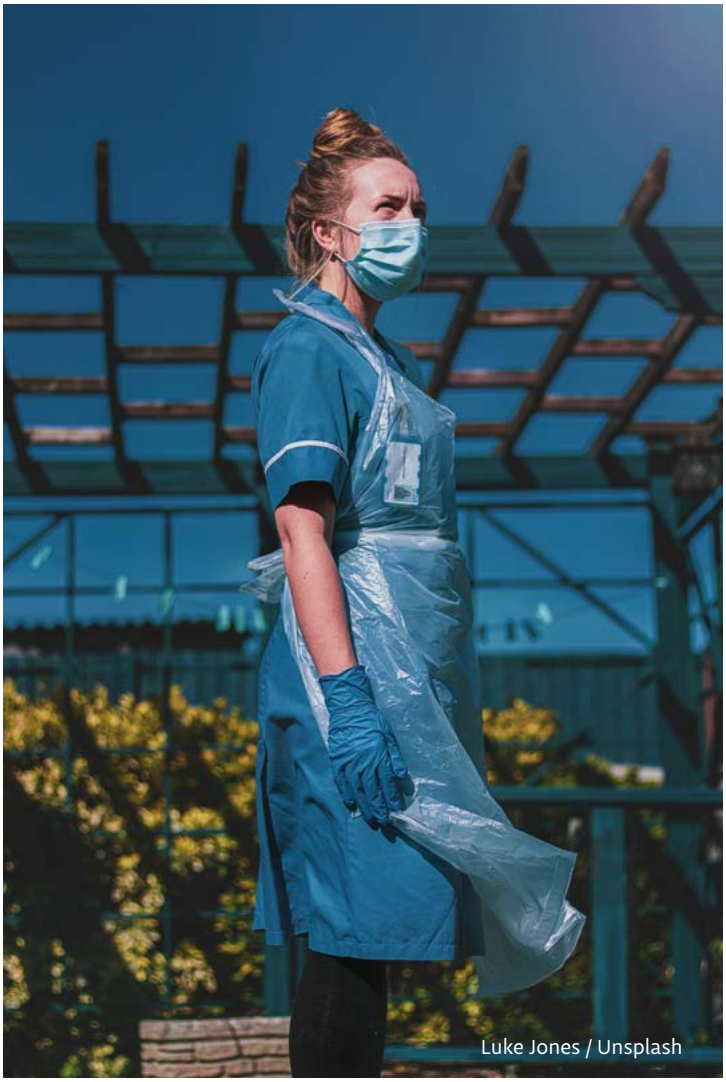


PPE AND OTHER PROCUREMENT

“Frontline health and care workers, as well as members of the wider teams that support them, were infected with and died from Covid-19 during the pandemic. It is absolutely essential that the public inquiry examines why there wasn’t sufficient and adequate PPE to go round.”

David Arnold
Policy Officer, UNISON

Nearly two years after the outset of the pandemic, it’s difficult to convey just how frightening it was for health and care workers who were unable to get the appropriate PPE necessary to protect them, as they cared for the sick and vulnerable. Surveys of UNISON members conducted during the first lockdown show that 46% had raised concerns about PPE with their employers. 16% said that their employer had not provided them with the right PPE to comply with guidance from Public Health England/Scotland/Wales and 23% weren’t sure if the PPE complied.



Luke Jones / Unsplash

It was hardly surprising that close to a quarter of care workers weren’t sure about the appropriate guidance, as this did change. Looking back at UNISON’s correspondence with government ministers from March 2020, it’s clear that our members had very real concerns that changes to guidance were predicated on supply and distribution issues, rather than anything scientific. At that time we were receiving a particularly high volume of calls from members in the ambulance, community and domiciliary care sectors – work settings, in which it was very difficult to control risks.

Some of the comments from care workers that UNISON recorded at the time provide a vivid and horrific picture:

“Nothing apart from gloves for the first month, and no hand sanitizer for six weeks, told to buy our own, and to get it for service users at the shops?”

“I work in social care and provide intimate care to elderly residents daily. We have access to aprons and gloves but no masks. We were given five paper masks and told we were not getting any more. I was told to reuse these and wear them for many days at a time. The company has watered down the handwash to make it go further.”

FAMILY STORY: KATE PERSINGER

Charles Persinger lost his wife Kate, 51, in February 2021 after she contracted the virus at the care home that she was an assistant manager of in Wiltshire. His devastating loss came just a month after his mother, Susan, tragically also passed away from the virus, having caught it during a hospital stay for a broken bone.

Charles explains: "Thousands of healthcare workers have died looking after the most vulnerable people in our country. Mostly due to lack of adequate PPE. Would we send our soldiers into war without the proper equipment? Because that's exactly what our government did with our healthcare professionals."

"Would we send our soldiers into war without the proper equipment? Because that's exactly what our government did with our healthcare professionals."

"I work in a care home, we had 12 cases of coronavirus patients and we are not provided with the right PPE. We have to go in there to care for them. I'm so worried about what to do."

"At the beginning we had no PPE, our concerns were not listened to, some staff were threatened with disciplinaries, it wasn't until our concerns hit the media that we were listened to."

"We were given nothing apart from gloves for the first month, then supplied with one used face mask, an apron, one set of eye protection, and three very basic visors. PPE in hospital and PPE in the nursing home are different, so you only need a surgical mask and not an FFP3 mask, and apparently we don't need gowns or plastic aprons."

Frontline health and care workers, as well as members of the wider teams that support them, were infected with and died from Covid-19 during the pandemic. It is absolutely essential that the public inquiry examines why there wasn't sufficient and adequate PPE to go round and the circumstances, and rationale behind the changing advice in different settings across health and care sectors.

UNISON

IMPACTS ON VULNERABLE HOUSEHOLDS

"Families have been facing impossible choices since September 2020. The human rights of education and lives have been pitted against each other, combined with threats of fines and prosecutions for non-attendance."

Lara Wong
Founder of Clinically Vulnerable Families UK

Early on in the pandemic, weeks before the UK entered its first lockdown, emerging evidence made it clear that susceptibility to the worst outcomes from Covid-19 infections disproportionately impacted both the elderly and individuals with underlying conditions. Those most at risk, due to medical conditions, were divided into new groupings:

The Clinically Vulnerable (CV), facing a higher risk, would not be offered any support beyond general guidance related to the need for frequent handwashing, physical distancing and, when they were eventually widely available, mask wearing – they were never contacted and informed of their risks.

Those identified by doctors as Clinically Extremely Vulnerable (CEV) were sent 'shielding' letters informing them of their risks, and offered advice such as not to leave their homes and to minimise contact with others.

According to ONS data: "Of the 73,766 Covid-19 deaths in England and Wales in 2020, 87.2% had pre-existing conditions mentioned on their death certificate." Having a pre-existing medical condition is a significant risk factor for poor outcomes. Those living in households facing an increased risk to life have endured restricted freedoms, reduced quality of life, and significant increases to their overall mental health burden. As such, it is clear that the impacts on CV households should form a major part of this new inquiry. Basic human rights have been infringed.

In summer 2020, government ministers repeated the phrase: "The vulnerable know how to look after themselves." This change of stance marked a seismic shift in general public thinking. The government no longer had to protect the vulnerable or 'save lives.' Instead, normal life was kickstarted with 'Eat Out to Help Out'.

For CV/CEV, the return to work posed significant hazards. CEV individuals were only offered shielding protections when national rates were at their highest. For CV, safety became a personal responsibility. Furlough was only available with the support of an employer and vulnerabilities weren't given additional consideration. Many in CV/CEV households have been hit by a loss of earnings. ONS data from April 2021 indicated that only 52.3% of disabled people were in employment, versus 81.1% of those without disabilities.

"They relied on each other and considering the size of the house, there was no way they could self isolate."

FAMILY STORY: ANGELA AND ERIC WILLIAMS

Clare lost her mother, Angela, and stepfather, Eric in July 2020. Her mother went to hospital and was diagnosed with lung cancer. Tragically there was an outbreak of Covid-19 on the ward she was placed in and she subsequently tested positive.

Against the advice of her GP and despite continuing to test positive for Covid-19, Clare's mother was sent home by the hospital. She lived with Clare's stepfather, who was Clinically Vulnerable. As Clare explains: "They relied on each other and considering the size of the house, there was no way they could self isolate." Her stepfather tested positive several days later and passed away not long afterwards. Her mother would pass away two weeks later, also from Covid-19.

During Christmas 2020, parents isolated from their own children because schools were prohibited from transferring to remote learning in the final weeks of term, a decision which ultimately could have saved many lives.

Families have been facing impossible choices since September 2020. The human rights of education and lives have been pitted against each other, combined with threats of fines and prosecutions for non-attendance. Very few schools have extended remote learning to CV/CEV households, so families have either withdrawn from school to homeschooling full time, or remained in unsafe schools risking potentially fatal infections. The mental health burden of facing such a daily threat must not be underestimated.

The general lack of mitigations against an airborne infection has impacted heavily on CV groups, especially those with persistent vulnerabilities. We must now act to make the UK safe enough for our most vulnerable, so it is safe enough for everyone.

Haydn Golden / Unsplash

111 SERVICES

"If he had been white and his lips had turned visibly blue, would he have received the same advice? Would I still have my dad?"

Lobby Akinnola
Covid-19 Bereaved Families for Justice

I lost my dad, Olufemi Akinnola, on the 26th April 2020. It's a date that will stay with me for the rest of my life. I will never forget my mother's voice when she told me he was gone. The words echo in my mind to this day. If I close my eyes, I am back there again, curled up in the foetal position, crying uncontrollably as I was driven up to my family home, knowing that my beloved dad was lying dead on the living room floor.

My dad was just 60 when he tragically passed away. He and my mother had been planning their first holiday in years to Paris for his 61st birthday. He was a support worker for the charity Mencap. The job appealed to his nature: unyielding patience and devotedly caring. He was the cornerstone of our family, our foundation. He was that person who was always there for us all, always supporting, loving, and encouraging us.

On that long drive home on the 26th of April, I remember swaying between disbelief and horror. I was so scared to go home, to make it real, but I had to say goodbye to my dad. We had thought he was recovering from Covid-19, but we were wrong. Silent hypoxia starved his body of oxygen until my mum found him lifeless that morning. The paramedics had come, but there was nothing they could do. Help had arrived too late for him.

He had first shown symptoms on the 8th April, two and a half weeks beforehand. In that time he had called 111 on four different occasions, but each time they had told him to stay home and rest, and that he shouldn't go to hospital. Crucially, we think those assessments were informed by him saying that he didn't have blue lips, a symptom of hypoxia that would ensure patients were instructed to go to hospital. But of course, my dad was black, so his lips wouldn't have turned blue.

It's hard not to believe that if my dad had gone to hospital, he might still be with us today. A healthy, active man, I can't help but wonder if he'd received different advice from 111, could it all have been so different? If he had been white and his lips had turned visibly blue, would he have received the same advice? Would I still have my dad?

There are families up and down the country with similar stories. At the end of the first wave, roughly a fifth of the bereaved families in our campaign believed that the 111 service failed to recognise how seriously ill their relatives were and direct them to appropriate care.

At the start of the pandemic, there were 2,500 NHS 111 call handlers in the UK. In March, the government added an extra 700 to service a population of 66.5 million. Those callers were making life or death decisions, but they were required to have only 10 weeks of training. By March 2020 we know that 111 was swamped, with the service recording a huge rise in calls to almost three million. Official NHS figures show that 38.7% were abandoned after callers waited longer than 30 seconds for a response.

"Unless you were on the brink of death, they wouldn't tell you to see a doctor. But how can a layman on the phone know if you're dying?"

Critically, on 26th March, Garrett Emmerson, the chief executive of the London Ambulance Service, begged the public to call 999 only for life-threatening emergencies, and to call 111 "if your concerns can't be answered online." This is the crucial point – the role of 111 in those early stages of the pandemic was to alleviate the burden on the NHS.

That's why I don't blame the 111 operators, or the 111 system. The issue I have is that it wasn't fit for purpose. You don't do surgery with a hammer – you use a scalpel. Because the mandate was not to overload the NHS, it feels like it took any reason it could not to admit someone to hospital. Unless you were on the brink of death, they wouldn't tell you to see a doctor. But how can a layman on the phone know if you're dying?

The consequences, as my family and thousands of others know all too well, have been and remain horrific. If this is the system we are going to rely on for any future pandemics or similar public health crisis, then we must learn lessons to prevent other families going through the pain and suffering that ours have. 111 must be a key issue that the inquiry looks at, and the families that lost loved ones as a consequence of the failings resulting from the government's mishandling of the service must be at the forefront of that.

COVID-19 BEREAVED FAMILIES FOR JUSTICE

SUPPORT FOR FRONTLINE WORKERS

"Months into the pandemic, many workers still reported a lack of Covid risk assessment and less than half of workplaces had enabled social distancing, with many others concerned at the inadequacy of PPE."

Shelly Asquith
Health, Safety & Wellbeing Officer, Trade Union Congress

Workplaces have been a significant site of transmission of Covid-19. Outbreaks in workplaces have been well documented throughout the pandemic. In 2020 alone, there were 4,523 outbreaks reported in 'workplaces' (not including care homes, hospitals, education settings and prisons). Additional data also indicates a higher instance of occupational exposure in certain sectors, including the food service sector, retail and transport. An ONS study points to jobs where social distancing was not possible, as a factor informing why infection rates were so high. In hospitals and care settings, a lack of access to suitable PPE was raised by scientists and trade unions.

The scale of workplace transmission and the safety breaches which may have caused it are grossly underreported. In the year between 10th April 2020 and 10th April 2021, 11% of all Covid-19 fatalities in Britain were among 15-64 year olds – a total of 15,263. Yet, in the same period, only 216 deaths were investigated by the Health and Safety Executive (HSE) as work-related. It is highly likely that more of these deaths were the result of occupational exposure.

A high number of breaches of safety protocols have been identified in research and polling. For example, months into the pandemic, many workers still reported a lack of Covid-19 risk assessment and less than half of workplaces had enabled social distancing, with many others concerned at the inadequacy of PPE. The likelihood of being paid company sick pay (as opposed to Statutory Sick Pay) has also been identified as a contributing factor in the likelihood of transmission, as workers without access to company sick pay reported not being able to afford to self-isolate, due to a lack of access, or the low level of SSP.

While government-issued guidance gave employers advice on making workplaces 'Covid secure', it did not go far enough. Scientists and unions raised concerns of the failure to address the risk of Covid-19 aerosols and airborne transmission. For example, advice from government departments, and the Health and Safety Executive (HSE), on the importance of ventilation as a safety control measure came months too late. Understanding the role of the workplace as a vector for transmission is therefore key to understanding how the virus was spread, and what preventative measures are required to mitigate pandemics.

It is also necessary to understand how Covid-19 safety management in workplaces was regulated and enforced by authorities, and what must change for future preparedness. The HSE and local authorities, as the two main regulators of workplace safety, were tasked with enforcing Covid-19 workplace guidance. Since March 2020, numerous concerns have been raised by MPs, charities and unions about funding cuts made to

safety regulators in the years prior to the pandemic. Both the HSE and local authorities have suffered significant funding cuts since 2010, reducing the number of safety inspectors and the number of proactive inspections carried out. This left regulators ill-equipped to respond to a pandemic, relying on short-term funding paid to contractors to carry out unwarranted 'spot checks' on safety. With just 0.1% of Covid-19 concerns resulting in an enforcement notice and no prosecutions, it remains concerning that a failure to take tough action against the worst offenders removes incentives for keeping workers safe.

While the Covid-19 pandemic has been recognised as a public health emergency, the disease is one which has required a workplace safety response. The reality of workplace transmission, and the health and safety infrastructure which implements, regulates, and enforces risk management requires examination by this inquiry: to learn lessons, prevent future illness and loss of life.

TUC
Changing the world of work for good

FAMILY STORY: SHAUN BRADY

Hannah Brady, 25, lost her dad Shaun in May 2020. Like tens of thousands of key workers around the country, he did not have the option of staying home during lockdown and was proud to work to keep the UK fed. Shaun likely caught the virus on his daily commute to the Kraft Heinz factory, where he had worked for 34 years. He was just 55 years old, had no underlying health conditions, and lived an active life.

Hannah explains: "People have said to us that he knew the risks. But when he signed up for his job 34 years ago, he didn't foresee the pandemic. Key workers were at the mercy of the virus in a job where they had to work."

"People have said to us that he knew the risks. But when he signed up for his job 34 years ago, he didn't foresee the pandemic. Key workers were at the mercy of the virus in a job where they had to work."

BAME INEQUALITIES

"Study after study illustrates that the deep-rooted health inequalities that affect BAME communities are not new, and pre-exist the Covid-19 crisis. This inquiry must heed these past realities in conducting its work."

Alba Kapoor
Senior Policy Officer, Runnymede Trust

In April 2020, just over one month into the pandemic, it was revealed that over 90% of doctors to have died from Covid-19 were from an ethnic minority background. This sent shockwaves through the mainstream media and the public, who were suddenly made aware that this virus had a disproportionate impact against BAME groups. What was to follow in the many months afterwards showed the devastating reality of the uneven effects of the Covid-19 pandemic.

BAME communities across the country were left over-exposed and under-protected during the pandemic: more likely to catch the virus and to become seriously ill and die from it. During the first wave of the Covid-19 crisis, it was estimated that the death rate was over four times higher for Black men and women, in comparison to white people. The Runnymede Trust and the Institute for Public Policy Research found that, had white people experienced the same risk of death as Black and Asian people in that period, 58,000 and 35,000 additional deaths would have occurred respectively.

The urgency of addressing the glaring injustices facing BAME groups could not be clearer. They are a matter of life and death, and must be treated as such. Study after study illustrates that the deep-rooted health inequalities that affect BAME communities are not new, and pre-exist the Covid-19 crisis. This inquiry must heed these past realities in conducting its work.

The inquiry must consider evidence that socioeconomic inequalities, and the structural racism which shapes them, were major factors underpinning the disparities in outcomes of Covid-19. BAME groups are more likely to be in low-paid, precarious jobs, and to live in overcrowded housing – all factors that leave them at greater risk of catching the virus.

This inquiry must look at why action was not taken earlier in the pandemic to address the disproportionate impact of Covid-19 on BAME communities, despite the repeated calls from communities affected to plug gaps in the government's data, provide better support to isolate, and adequate sick pay. It must also consider the impact of the disproportionate loss suffered unevenly by some communities on their mental health and wellbeing.

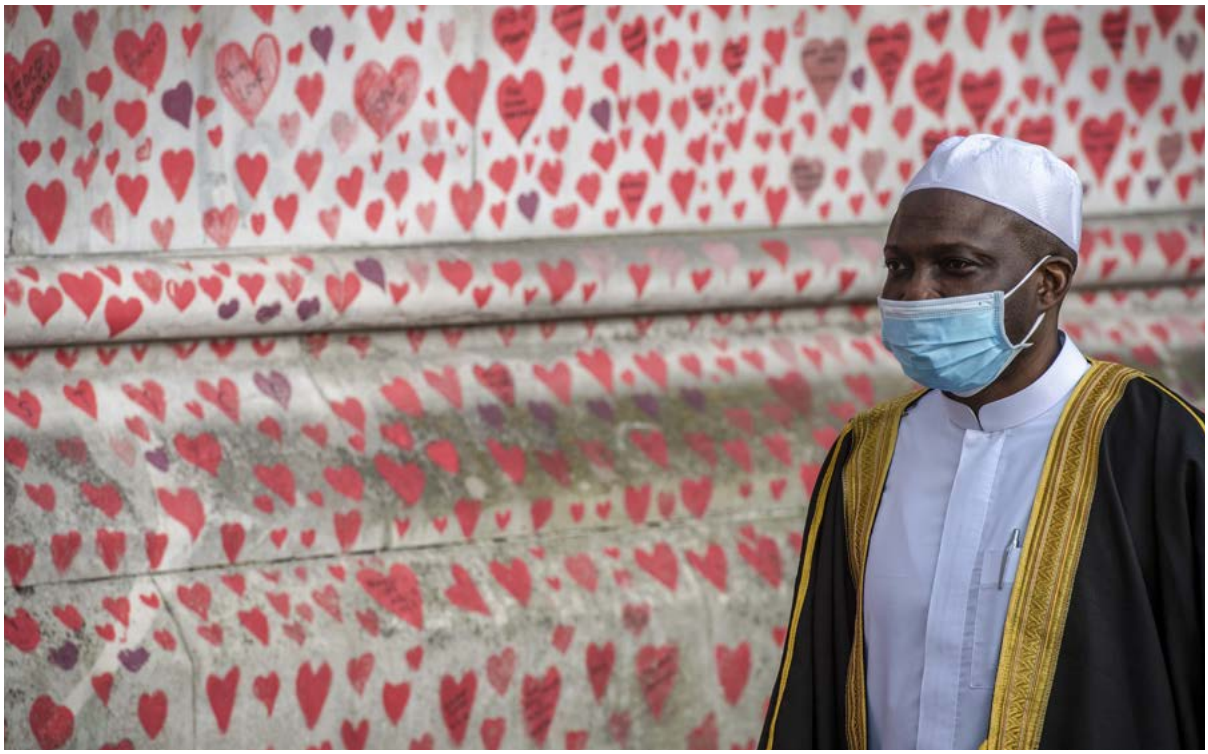
RUNNYMEDE

FAMILY STORY: ZAHARI NGAH

Safiah Ngah, 29, lost her Malaysian-born father Zahari Ngah, 68, to Covid in February 2021. Despite following all government mandated precautions, he contracted Covid in January, when one in twenty people had the virus in the area he lived in.

Despite being in good health, her father was quickly brought into intensive care at University College Hospital, which he found terrifying.

"It was the peak of the second wave, people were dying around him, and he was listening to that everyday," said Safiah. "It's not just that he was only 68, it's that his last three weeks must have been absolute hell."



"It was the peak of the second wave, people were dying around him, and he was listening to that everyday[...] his last three weeks must have been absolute hell."

DISABILITY AND ABLEISM INEQUALITIES

"Many disabled people have been at greater risk from the virus due to underlying health conditions. However, the outcome that has resulted in disabled people and their families being hit so hard by the pandemic is the result of deeply embedded structural inequalities that must be investigated."

Richard Kramer
CEO, Sense

At the end of 2020, data from the Office for National Statistics (ONS) revealed that of the 50,888 Covid-19 deaths that happened between January to November, 30,296 were disabled people. Disabled people, who account for 22% of the population, accounted for six in 10 deaths.

Disabled people and their families have been disproportionately impacted by the pandemic, and yet we have heard throughout that they feel forgotten by the government and wider society.

This crisis has worsened existing inequalities disabled people face and exposed new issues, from difficulties accessing food and medical essentials to a reduction in vital care support. Important information has often been inaccessible, and levels of isolation and loneliness have increased dramatically.

Three in four (75%) disabled people believe their needs have been overlooked, and that they haven't received enough support. The government must now act to recognise the impact on disabled people and ensure they are put at the heart of next year's inquiry.

What happened?

When disabled people and families needed it most, vital support in the community, at home or in day centres was reduced or cut, meaning delayed therapies, health appointments and respite care stopped. In many instances support stopped overnight, without information about when it would be reinstated.

Emergency Covid legislation took away significant parts of councils' duty to provide care for disabled people. Caring responsibilities for families grew, with their health and wellbeing suffering as a result.

During the first wave of the pandemic, shocking reports of 'Do Not Resuscitate' (DNR) blanket orders being given to people with learning disabilities, shook disabled people and families across the country.

Public health information, vital during a global emergency, was often inaccessible. Letters with shielding guidance were sent in unreadable formats, and daily government briefings were delivered without British Sign Language (BSL) interpreters.

Rates of isolation and loneliness among disabled people have soared. Our research shows that two in three (63%) disabled people say their mental health has worsened during the pandemic, with over half (54%) citing a deterioration in physical health.

Many disabled people have been at greater risk from the virus due to underlying health conditions. However, the outcome that has resulted in disabled people and their families being hit so hard by the pandemic is the result of deeply embedded structural inequalities that must be investigated.

We owe it to all those who may have had their lives turned upside down – as well as their families – to learn from the mistakes that have been made, and start to address the inequalities that exist across society.

In order to achieve this, Sense wants to see:

- A key section of the inquiry investigating the impact of Covid-19 on disabled people, with individuals and primary caregivers being invited to contribute evidence.
- A panel leading the inquiry that is representative of disabled people.
- The inquiry to be run in an accessible way, so that disabled people can participate and engage with it.

sense
connecting sight, sound and life

FAMILY STORY: REZA PHANTIS

Yvette Phantis lost her husband Reza in April 2020. Reza suffered a stroke three years earlier which meant he had limited mobility, was diabetic and Clinically Vulnerable to Covid-19. He was survived by Yvette and their two sons.

Yvette explains: "We all miss Reza massively and losing him has left a massive gap. What's upsetting is that the virus was played down in the early stages by the government. I strongly believe that people who are carers should have been sent full PPE. I tried to obtain my own PPE but everywhere had sold out and if I'd had access, Reza might still be with us today."

"I strongly believe that people who are carers should have been sent full PPE[...]. If I'd had access, Reza might still be with us today."

REGIONAL INEQUALITIES

"Around half of the increased Covid-19 mortality, and two-thirds of the increased all-cause mortality were explained by preventable higher deprivation and worse pre-pandemic health in the North."

Hannah Davies
Health Inequalities Lead, Northern Health Science Alliance

The pandemic has exposed the stark regional health and economic inequalities in England. People living in the North of England were more likely to die from Covid-19 than those in the rest of England, spent nearly six weeks more in lockdowns, suffered worse mental health and were made disproportionately poorer than the rest of the country during the first year of the pandemic.

The Northern Health Science Alliance's recent report 'A Year of Covid-19 in the North' laid bare the unequal health and economic impacts on the North, which suffered higher rates of Covid-19-related mortality and unemployment.

Around half of the increased Covid-19 mortality and two-thirds of the increased all-cause mortality were explained by preventable higher deprivation and worse pre-pandemic health in the North. Because people in the North were on average already sicker, with worse life expectancy and healthy life expectancy, they were less able to fight the virus.

This translated through to pressure on hospitals.with 10% more hospital beds occupied by Covid-19 patients in the North than in the rest of England. The region also experienced a larger drop in mental wellbeing, more loneliness, and higher rates of antidepressant prescriptions.

This all leads to a worsening of outcomes post-pandemic that will need a concerted, well-funded effort by national and regional governments to turn around. The government has emphasised its commitment to level up and tackle regional health inequalities, but it is clear that significant action must be taken now if we are to turn the tide on these growing inequalities.

This report shows the importance of making that a reality, with significant funding to tackle ill health through significant investment into public health, and the NHS in the North of England. The pandemic has presented an opportunity to do things differently.

The Northern Health Science Alliance welcomes and supports the Covid-19 Bereaved Families for Justice's calls for an independent inquiry into the handling of the pandemic. There is a lot of learning that can be taken from the last 18 months to make sure the country is better prepared and able to respond to any future health crises.

nhsa
Northern Health Science Alliance
A Health Partnership for Northern England

"He would go on to catch Covid-19 from another patient on the ward and pass away not long afterwards. Due to the restrictions in place, Susie was unable to be with him as he tragically passed away."

FAMILY STORY: HOWARD CROZIER

Susie Flintham, from Newcastle upon Tyne, lost her dad Howard Crozier to Covid-19 in March 2020. Having been diagnosed with dementia and Parkinson's a few years before, Howard was living in a care home, but was "vibrant, mischievous, funny" and "loved life."

Howard went into hospital on the 15th but had to move wards as Covid-19 cases began to rise. He would go on to catch Covid-19 from another patient on the ward and pass away not long afterwards. Due to the restrictions in place, Susie was unable to be with him as he tragically passed away.

DEVOLVED NATIONS

"Allowing the Welsh and Northern Irish health systems to become a footnote in the UK inquiry could put lives at risk in the future, something which simply cannot be allowed to happen."

Elkan Abrahamson
Director & Head of Major Inquiries, Broudie Jackson Canter

The Inquiries Act allows for a UK inquiry to cover steps taken by the devolved powers if the minister so decides (after consulting the relevant devolved power). In practice "UK ministers will not usually grant permission (for a UK Inquiry to cover devolved matters) without agreement of the relevant devolved administration."

The devolved powers can each set up their own inquiry into matters for which they had responsibility. Scotland has committed to holding an inquiry before the end of the year.

The Welsh First Minister Mark Drakeford has not ruled out holding an inquiry in Wales, but so far seems to be accepting the assurance of Boris Johnson that there will be 'a proper Welsh dimension' to the UK Inquiry. Northern Ireland seems not to have expressed an opinion either way.

Covid-19 Bereaved Families for Justice are urging Wales and Northern Ireland to start their own inquiries as soon as possible. Both health and social care are devolved in both nations, which will constitute huge sections of the inquiry. It seems to us that the risk of a combined inquiry is that the Welsh and Northern Irish issues unique to them will not be properly considered and, perhaps more importantly, a London-based inquiry may not attract the support and public confidence it will need to be successful.

Ultimately, allowing the Welsh and Northern Irish health systems to become a footnote in the UK inquiry could put lives at risk in the future, something which simply cannot be allowed to happen.

Broudie Jackson Canter

"This didn't need to happen. He was just 56 and was fit and healthy[...]. We must have an independent Welsh inquiry immediately."

FAMILY STORY: DEBBIE MCMAHON

Peter McMahon, from Hamilton, Scotland, lost his wife Debbie to Covid-19 in October 2020, at the age of just 53. Debbie was Clinically Vulnerable due to pre-existing conditions, owing to her asthma, fibromyalgia and the removal of one of her kidneys in 2018.

Having shielded from March to July, she caught the virus after returning to work in August, following the advice of the Scottish government. Peter says: "I would like this public inquiry to confirm who took certains decisions around shielding and test and trace, where responsibility lay with Scotland, and how this worked alongside decisions made in Westminster."

FAMILY STORY: RUTH BURKE

Brenda Doherty, from Newtownabbey, Northern Ireland, lost her mother Ruth Burke to Covid-19 in March 2020. Ruth was admitted to hospital for an issue with her blood, and was due to come home shortly afterwards. However, a problem with the care package kept her in, before a blood test showed Ruth had caught Covid-19 in the hospital. She passed away not long afterwards. Her family were tragically unable to be with her in her last moments.

Brenda explains: "Both social care and healthcare are devolved in Northern Ireland. We must have our own inquiry, so that we can learn lessons on issues like hospital acquired Covid to protect lives in the future."

FAMILY STORY: ROBERT WILLIAMS

Jacqui Williams, from Ebbw Vale, Wales, lost her husband Robert to Covid-19 in January 2021. He began displaying symptoms on the 10th December, but both his doctor and 111 advised him to stay at home for over a week. When paramedics came, he was immediately rushed to hospital, where he tragically passed away over a month later. Jacqui felt that the communication from the hospital was poor and that she was "made to feel like a nuisance" at times. Jacqui explains:

"I'm still so angry, this didn't need to happen. He was just 56 and was fit and healthy with no underlying health conditions, we had been planning our retirement together, we had grandchildren to look forward to. We must have an independent Welsh inquiry immediately that looks at our health and social care systems."

SUPPORT FOR PRISONS AND IMMIGRATION CENTRES

"During the first three months of 2021, nearly half of deaths in prison were related to Covid-19."

Laura Janes
Solicitor, Howard League For Penal Reform

The case for including people detained in prison in the Covid-19 inquiry

In April 2020, the government announced its intention to release up to 4,000 low-risk people in prison in response to the Covid-19 pandemic. Legislation was introduced to enable this. Public health experts had warned that thousands of people detained in prison could die. It later emerged that it was feared that as many as 3,500 people detained in prison might die from the virus.

In practice, the government chose containment over temporary release. Only 316 people were released due to Covid, 54 through compassionate release, and 262 through the End of Custody Temporary Release Scheme. The government paused the scheme at the end of August 2020 and did not restart it, despite a rapid and alarming increase in Covid-19 cases in late 2020 and early 2021.

For months on end, tens of thousands of men, women and children were locked in prison cells for 23 hours a day, and under a very restricted regime: these restrictions remain in place today. People in prison have not been prioritised for vaccination. Nor has any consideration been given to the impact of long Covid on people in prison, where healthcare provision is already stretched.

The inquiry should consider the government's decision to prioritise containment over temporary release, the failures of the early release scheme, and the gulf between restrictions in custody and in the community.

The prison estate was and remains overcrowded, unhygienic and poorly ventilated. People in prison are disproportionately likely to suffer from mental and physical health problems, which are in turn exacerbated by the prison environment.

A humane response to the threat of Covid-19 in prison would have tried to mitigate both the physical health consequences of Covid transmission, and the mental health consequences of keeping people in prolonged solitary confinement, by significantly reducing the number of people in prison and taking steps to ensure that purposeful activity could continue. This could have been achieved through its early release scheme and, in prison, social distancing, routine testing, personal protective equipment and (as our understanding of Covid transmission developed) improved ventilation.

People in prison were instead punished for the government's policy failures, in terms of both the wider failure to control Covid levels in the community, and the bureaucratic failures of the early release scheme.

Restrictions have not eased in prison in step with the community. Yet the restricted regimes also failed to prevent the new, more infectious Delta variant from entering prisons. During the first three months of 2021, nearly half the deaths in prison were related to Covid-19. While only 630 prisoners had tested positive for the virus between the start of the pandemic and 30th September 2020 (though these numbers may be skewed by low rates of testing in spring 2020), 19,066 prisoners had tested positive by 30th September 2021.

The inquiry should also consider the impact of Covid-19 restrictions on prisoners' mental health, family ties, resettlement and reintegration. Prolonged solitary confinement can cause grave and even irreversible psychological harm: the inquiry must assess the damage done. The prison inspectorate found that by autumn 2020, when restrictions had eased in the community but not in prison, prisoners felt that they were being locked down as an additional punishment, rather than as an infection control measure. The inspectorate noted that the "most disturbing effect of the restrictions was the decline in prisoners' emotional, psychological and physical well-being."

Howard League for Penal Reform

"The inquiry should also consider the impact of Covid-19 restrictions on prisoners' mental health, family ties, resettlement and reintegration. Prolonged solitary confinement can cause grave and even irreversible psychological harm: the inquiry must assess the damage done."

MIGRANTS AND REFUGEES

"Covid-19 was quickly included among the infections for which treatment, including vaccination, is freely available regardless of immigration status. But[...] availability is not the same as accessibility."

Steve Valdez-Symonds, Refugee and Migrant Rights Programme Director, Amnesty International

In addition to individual health concerns, any effective public health response to a pandemic of this nature must be properly calibrated to safeguard everyone. That is necessary to contain the spread of the virus, and its capacity to mutate. In this case, that required – and still requires – consideration of not merely what measures were needed in response, such as social distancing, self-isolation, sanitation and vaccination ("Covid-19 measures"), but also what further steps were necessary to ensure everyone could safely adhere or participate in these ("response participation").

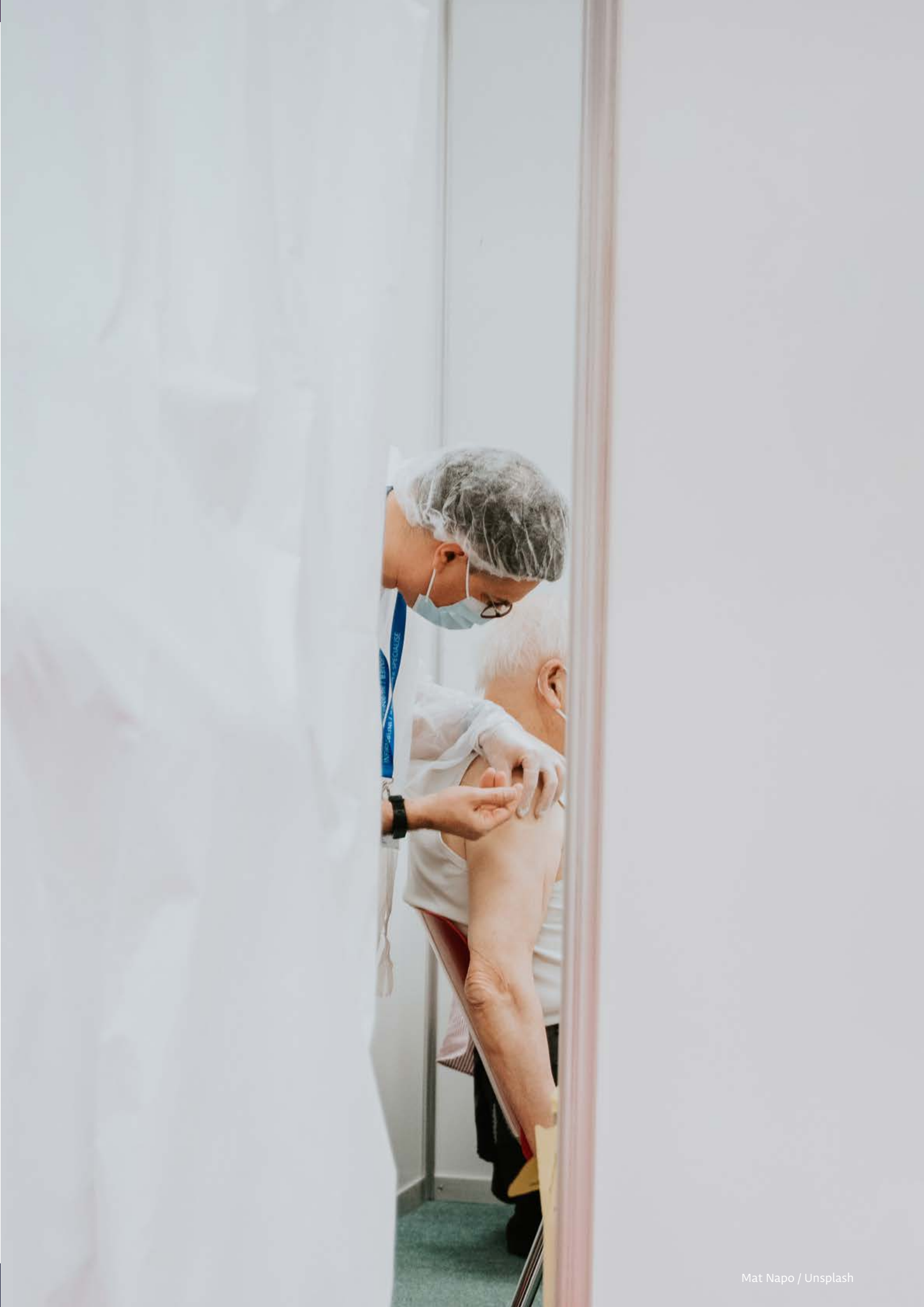
It ought to have been immediately clear to the government – particularly the Home Office – that the circumstances of many people subject to immigration powers would constitute severe barriers to response participation, and that some immigration processes and exercise of immigration powers would in themselves undermine Covid-19 measures.

To give a few examples, use of public transport would be increased if people were required to report to the Home Office or, by reason of exclusion from public funds, needed to continue working. Public funds exclusion meant some people were at greatly increased risk of exploitation at work, including in conditions that were unsafe. Use of immigration detention and asylum accommodation (particularly but not only in barracks) increased risks due to incapacity to effectively distance or self-isolate. Bans or curtailment of international travel made some people unable to leave the UK, even though their visa was expiring or had expired; and suspending or delaying immigration processes meant some people were unable to resolve their status, leaving them vulnerable to public funds exclusions and their impact.

Access to healthcare – particularly among people in the UK without permission, including people unable to regularise their status because of the very difficulties created by the pandemic and response to it – is a further area of concern. Covid-19 was quickly included among the infections for which treatment, including vaccination, is freely available regardless of immigration status. But as with primary and emergency healthcare more generally, availability is not the same as accessibility. Barriers include healthcare providers wrongly excluding people from services to which they are entitled and people's fear of accessing services due to data-sharing with immigration enforcement. Wrongful exclusion of people from GP surgeries itself undermined capacity to deliver a public health response.

There has been no systematic evaluation of these various concerns about Covid-19 measures and effective participation as they affected and continue to affect people in the UK subject to immigration powers. That is a large and diverse group of people, but includes many who are by reason of their immigration status especially vulnerable to the virus, and who also share protected characteristics – particularly concerning race – where there is evidence of markedly disproportionate impact. For all these reasons, there is a need for specific consideration of the effect of immigration policy and practice upon the response to, and impact of, this pandemic.

AMNESTY INTERNATIONAL



Mat Napo / Unsplash

HOMELESSNESS

"The proportion of private renters living in overcrowded housing doubled during the pandemic. A disproportionate number of these households were from BAME backgrounds[...]. There is believed to be a link between overcrowding and Covid-19 death rates."

Robert Brown
Solicitor, Shelter

People experiencing homelessness are amongst the most vulnerable in society from a health perspective. 'Everyone In', which was a unique collaboration at the start of lockdown between government, local authorities and NGOs to get people sleeping rough off the streets quickly, was therefore entirely necessary. The 'Everyone In' approach saved lives, reduced hospital and ICU admissions and, crucially from a public health perspective, reduced transmissions.

However, even after lockdown started, we were still seeing people who had been left on the streets or were homeless. Other organisations reported the same. One of the key reasons that people weren't being helped with accommodation was because of a lack of clear guidance from government to local authorities about exactly who should be accommodated, and in what circumstances. This left the individual with nowhere to go but also undermined the public health strategy where people were being told to stay at home. Despite Shelter and others lobbying and campaigning extensively on this issue, we still have no clear guidance as winter approaches.

Renters

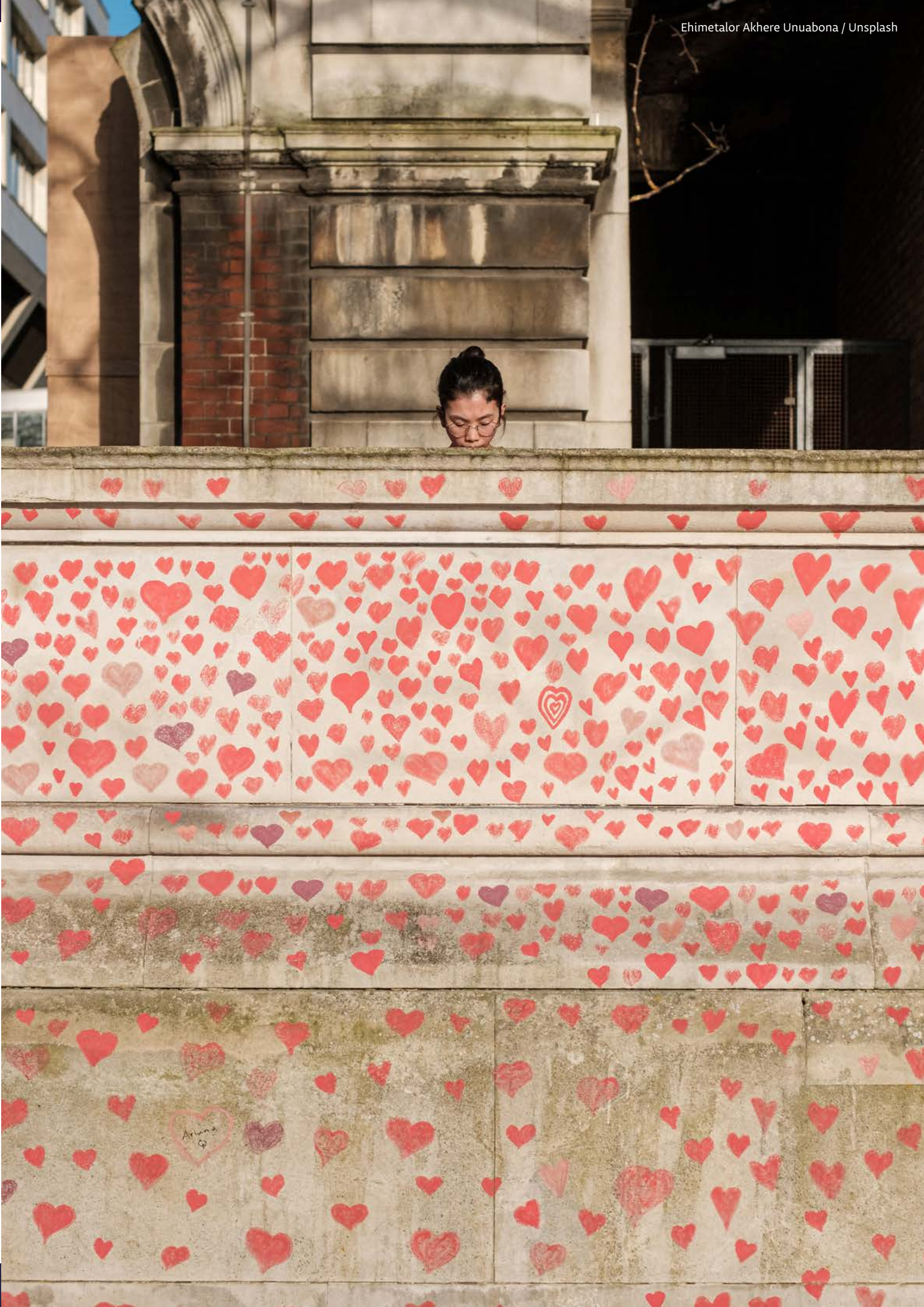
The proportion of private renters living in overcrowded housing doubled during the pandemic. A disproportionate number of these households were from BAME backgrounds and more than one in seven private renters are living in these conditions compared with one in 50 homeowners. There is believed to be a link between overcrowding and Covid-19 death rates.

Additionally, we have seen via our services the really difficult situations renters have found themselves in because of arrears built during the pandemic through no fault of their own. Our research has found that by the time the eviction ban ended in May 2021, 1.8 million private renting adults in England (22%) were worried they would lose or be asked to leave their current home, at short notice. Obviously, as the backlog in rent possession court claims is worked through, thousands more people face losing their homes.

It is clear that important lessons can be learnt from both the success and failures of 'Everyone In', and that how people experiencing homelessness are assisted needs urgent examination from a public health standpoint. It is also clear that renters have been significantly impacted from both a health and economic perspective over the past 18 months. We need to understand exactly why and what can be done.

Homelessness and housing issues must therefore be included in the terms of reference for the Covid-19 inquiry.

SHELTER



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DECEMBER 2021

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COVID-19 BEREAVED FAMILIES FOR JUSTICE