Witness Name: Senga Walker
Statement No.: First
Dated: 12 May 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF SENGA WALKER

I, Senga Walker, will say as follows: -

I make this statement in response to a letter dated 31 March 2025 sent on behalf of the Chair of the UK Covid-19 Public Inquiry (the "Inquiry"), pursuant to Rule 9 of the Inquiry Rules 2006. This statement is made for the purposes of Module 6 of the Inquiry, which is examining the impact of the Covid-19 pandemic on the publicly and privately funded adult social care sector in England, Scotland, Wales and Northern Ireland. As requested, this statement focuses on the period of time between 1 March 2020 and 28 June 2022 (the "relevant period").

A. <u>INTRODUCTION</u>

1. I started working in the care sector 36 years ago, and I worked in a care home in I&S Scotland as a Care Assistant from 2005 until 2022.

2. At the time the pandemic struck, I was contracted to work 36 hours a week. My shifts were each 12 hours long, and I was paid £10.50 per hour. For my whole career, I have been paid at or very close to the National Minimum Wage. During the pandemic, I was working well above my contracted hours and I was regularly working a 70 hour week.

B. <u>EXPERIENCE DURING THE COVID-19 PANDEMIC</u>

3. My care home was not hit by Covid-19 as badly as other care homes which I heard about in the news. The impacts were still devastating, though. Seven care home residents died during the Covid-19 pandemic. This included two residents who I was particularly close to and who stick in my mind. I was involved in looking after residents

when they were poorly – this was a painful, defeating experience because no matter how ill they were, they could not be transferred to hospital, so there was little I could do for them other than sit with them and hold their hands. I am not a medic so I could not give them anything beyond company and making them comfortable. Family members would look through the windows outside their rooms, often when they were very unwell or dying. They were not allowed in because of the visiting restrictions. It was horrific.

Following guidelines

4. I often found the guidelines from government and from my employer quite confusing. It was not clear cut in the beginning – it was like total panic with the rules changing all the time. You would be doing something one way, then the next day you would be told you could not do it that way anymore.

5. It was especially difficult to follow in my care home because although we were based in Scotland, the company which owned my care home was an English company and followed English guidelines in most cases, unless it had to follow the Scottish rules. This meant it was hard to work out which rules applied to us and often the rules did not suit the pandemic as it developed in Scotland, which was delayed as compared to England.

Access to sick pay and/or financial support – and impact upon colleagues

6. Employees at my care home only received SSP and, as a result, a lot of people will come into work even if they are ill because they cannot afford to be off sick. SSP simply is not enough to cover your bills. When I have previously been off work with illness, including when I have been unwell as a result of the flu vaccination, I have been unable to pay my bills, and I found the experience very stressful.

7. I did not catch Covid-19 before being dismissed from my care home in January 2022. During Covid, when my colleagues were unwell, they only received SSP. It was easier for my colleagues who had husbands and partners who could support them financially when they were ill, but for those who lived alone or were single parents, it was very difficult.

Vaccination as a condition of deployment

8. As I touched on above, I have previously experienced negative reactions to vaccinations. I used to get the flu vaccine but I was often ill for several weeks as a result and could not attend work, meaning that I would not get paid by my employer and would only receive SSP.

9. Around five years before the Covid-19 pandemic, I decided to stop getting the flu vaccine as I could not bear the reactions any longer, nor the time off work and lost income it cost me. I typically experience a lot of allergies and I have had bad reactions to medication in the past – I consider myself to be quite reactive to medical interventions as a result.

10. When the Covid-19 vaccine became mandatory for care workers in England in 2021, my employer introduced the policy for all workers, including those in Scotland. I received a letter from my employer telling me that I would be dismissed if I did not take the vaccine.

11. I was really concerned about getting the vaccine because of my medical history, and explained my past experiences and why I was scared of getting it to my manager. My manager and the deputy manager of my care home placed a lot of pressure on me to get the vaccine, telling me that I needed to be vaccinated, otherwise she would lose her job. I was a good employee and had been at my care home for over 15 years at that stage, so they were really trying to get me to take the vaccine and said that they did not want to lose me. I was put under immense pressure and told not to worry about any possible reaction.

12. However, I was fearful, especially after hearing about another worker in my care home who had an unpleasant reaction to the vaccine, and after reading about some of the ingredients in the vaccine. I understood entirely why others were getting vaccinated and I really wanted to protect myself from the virus and the residents in my care home, but I felt that it was not safe for me given my medical history.

13. My employer did not offer me any information, consultations or other support to help me decide whether the vaccine could be safe for me or to reassure her about the ingredients. It was simply pressure – they just told me "you must get the vaccine". My blood pressure became very elevated during this period, and I felt incredibly stressed. I was ultimately dismissed from my role, a job which I loved, on 21 January of 2022.

14. My pay ceased immediately and there was quite a significant a delay before I received my severance payment (equivalent to 12 weeks' pay) or was able to receive any state benefits. As a result, I was without any income for over a month and had to rely on friends lending me money and giving me food. I felt awful and completely abandoned. I entered a period of depression lasting three to four months. I was struggling to function and stayed at home, staring at the walls.

15. The policy making it mandatory for care home workers to be vaccinated was reversed just after I was dismissed – about two weeks later. I was upset and I felt quite angry at times because I had lost my job over this rule and then the government just changed its mind, and so did my employer. I have never blamed the care home where I worked, but the government and the company which owned the care home.

16. Once the policy was reversed, I did not feel able to go and work there again because of the Human Resources department, the pressure which was placed on me to get vaccinated, and the way the whole situation around how the mandatory vaccination policy was handled.

C. INFECTION PREVENTION AND CONTROL MEASURES

Challenges of implementing IPC measures in the care home

17. Our care home is split between a section which is a residential unit and a section which is a nursing unit. I felt that it made sense not to have members of staff passing between the two, but my manager expected staff to move between the two units because we were so short staffed. We were just told to change our PPE when moving between the two units, but I felt that this was not possible because we did not have enough PPE to change it that often, and it appeared clear to me that we would run out of PPE. I personally refused to move between the two units, and I mainly just worked in the nursing unit. Management were understanding and knew that we were working hard.

18. Domestic workers only worked a certain number of hours in the home, so when their shifts finished, our work increased as we needed to clean in order to reduce transmission of the virus. We would be following behind the residents, wiping and cleaning any surfaces they touched.

Separating/isolating suspected or confirmed Covid-19 cases

19. In the residential unit of the care home, the residents were generally able to understand the rules – most of them got Covid-19 at one stage or another, and managed to stay in their rooms. I mainly worked in the nursing home and most of the residents in that unit had dementia, in varying degrees. It was hard because you could not get through to them that they needed to stay in their rooms, so a lot of contact between the residents took place and it was hard to maintain social distancing. It depended on how much the residents could follow and understand. I would take them into their room, and they would stay in their room for five minutes, and then they would start to wander with intent, so I would follow them. Luckily, there were doors between the nursing and the residential unit which required a key code to operate which only staff knew, and this would stop them going too far.

Restrictions on the use of communal areas by residents

20. The rule in the care home virtually throughout the pandemic was that residents should stay in their rooms. We tried as much as possible to keep them in their rooms, but most of the time the residents in the nursing unit would go into the toilets and the dining rooms. It simply was not possible to keep them completely in their rooms. It was easier on the residential side because they understood the risks and generally wanted to help, and their families were helpful in communicating the guidelines to them.

Visiting restrictions

21. The only time during Covid-19 that residents' families could visit was when a resident was in the final stage of life. At the very start of the pandemic, even that was not allowed and family members would come to the windows to see their relatives, but it was soon made clear that access at end of life was necessary.

22. Some family members would visit the care home to speak to their family members through the windows, but the care home management were not comfortable with this and asked us to tell the family members to leave when it happened.

23. As staff, we felt awful having to enforce rules keeping residents and their family members apart.

Impact of restrictions / changes on physical and mental health of care home residents

24. I felt awful about imposing these rules on the residents and so did my colleagues. Some of the residents were very mobile and were used to going into the town to meet family members, socialising, and spending most of their time in the communal areas. In both the residential and the nursing units, the pandemic had a terrible impact on residents' mental health. They were not used to being so shut off from the world. For many of the residents with dementia it was clear that the lack of socialising and lack of activities made their dementia worse. Even those who did not always recognise their families got a lot from the visitor interactions, even if just from the human touch and enjoying the interactions of smiling with family members. To suddenly have that taken away was detrimental.

D. AVAILABILITY AND ADEQUACY OF PERSONAL PROTECTIVE EQUIPMENT FOR STAFF AND CARE HOME RESIDENTS

25. When Covid-19 first struck, my care home did not have any PPE for the first few weeks. After a few weeks we were provided with plastic aprons, gloves and blue fluid resistant surgical masks. We were never provided with any higher level of mask, such as FFP3, even where a resident we were caring for directly had confirmed Covid-19. We were eventually provided with plastic overalls and visors.

26. We were told to keep changing our masks and washing our hands, but we did not usually have enough masks to change them as frequently as the guidance suggested, so we made do with what we had and reused the FRSM. I eventually bought some from the shops to keep in my pocket when I needed to change masks.

E. EXPERIENCE OF ACCESS TO COVID-19 TESTING FOR STAFF AND RESIDENTS

27. In the beginning there was nothing and we could only really base whether we had Covid-19 on whether we had symptoms. Eventually we did start being tested twice per week. At first, nurses would come to the home to administer the PCR tests. Then eventually we did the tests on ourselves. There was some uncertainty in the guidelines about whether to apply the test to your nose or throat.

28. When they became available, we got lateral flow testing kits. I used to test myself two or three times per day when I was working. I would test myself in the morning before I

left to go to work, during work and before I left to go home. I was anxious and this made me feel better. I asked my manager whether I could take testing kits home with me to allow this, and I was told it was fine to take some with me.

F. LONG-TERM IMPACT OF COVID-19 PANDEMIC

29. I have lost my job which I loved and dedicated myself to for over 17 years. That care home was the job where I have been happiest, and it has been dire ever since. I worked there for 21 years, and I stayed throughout three different companies owning the care home. That the pandemic meant I was forced out of my job continues to hurt me to this day. I feel that my life has been ruined by what happened with the mandatory vaccination policy, and losing my job.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: **Personal Data**

Senga Walker

Dated: 12 May 2025