

ARC Scotland Provider Forums

COVID-19 meeting summary: March – May 2020

Purpose

Set out a summary of findings emerging from a series of meetings between local social care providers over the period March to May 2020, facilitated by ARC Scotland, to share learning and experiences within the changed COVID-19 environment.

Context

Meetings were held either weekly or fortnightly over this period in: Aberdeenshire, Fife, Dundee, Dumfries and Galloway, Perth and Kinross, Borders, and Moray. Senior representatives from social care providers from voluntary, statutory and independent sectors were included. The chairs of the forums have regularly met collectively to review and share learning. The content of this document has been reviewed and agreed by them.

The majority of members provide social care support to people with learning disabilities, autism and physical disability. It should be noted that the experiences of people and organisations providing residential care for the elderly population may be significantly different from those included here.

This document seeks to ensure that 'live' learning emerging from this crisis can be used to inform longer-term changes to how social care is planned and delivered in Scotland. The chairs of the Provider Forums have observed that the enforced changes over this period have 'opened people's eyes to the possibilities of change', giving unique conditions to embed positive changes in the sector, at individual, organisational, local and national levels (while being careful not to 'go too far too quickly').

We set out in note form **key observations, opportunities for change, challenges/concerns and approaches that have worked** so far within the following groups:

- Supported people and families
- Social care workers
- Social care organisations

This is followed by a brief note of COVID specific issues (testing, PPE) that have been the subject of on-going discussions in each of the forums.

Next Steps

This is the beginning of an on-going learning process. This document forms the first stage of a wider consultation with forum members, to gather a broader range of data and refine our understanding and learning around the themes emerging from this report. Survey results will be available at the end of July, with detailed report to follow.

Regular Provider Forum COVID-19 meetings will continue during the phased lifting of lockdown restrictions. We will continue to gather learning through the forums, particularly exploring in more

detail the 'key learning' and 'opportunities for change' identified by participants. A second report will be produced for the period June to August.

We will also actively seek to engage and share learning with other partners at local and national levels, and join other initiatives that may be seeking to use the fresh perspectives generated from this experience to re-shape adult social care in Scotland.

Responses to this document are welcome and should be directed to ARC Scotland.

People receiving support and families

Key observations so far

- Many (not all) people using services were felt to have coped much better than anticipated. Some people have been highly adaptable, more relaxed, more positive, showed less distressed behaviour, and had fewer incidents. (We need to note that this is within the context of unusual circumstances, however, and may not continue indefinitely). The reasons for this require further exploration. Reflections include that this could be because there have been fewer demands on people to be out doing things, staff weren't asking as much of people, people are more capable than we have assumed and people and families have a better understanding of the challenges faced by staff.
- Having fun is an important way to motivate and support people and staff- interactions do not always have to be about outcomes or support plans.
- Relationships and communication with many families have improved over this period. The reasons for this require further exploration, but it may be because there is a higher public awareness of social care.
- Flexibility of Direct Payments (Option 1) to think outside the box and do things differently has become clearer in this context.
- Most younger people will embrace technology- more challenging for older people
- Sustained blocks of support, without change-overs, seem to have worked better for people.

Opportunities for change

- Re-look at support we provide to people in light of what we've learned in lockdown – revisit planning and packages to see what can be done differently to work better for people. Advocacy could have a strong role to play in this.
- Consider the future of in-house day services – some people have seemed to be relaxing and enjoying life more without them. Family may be more receptive to change based on this experience.
- Make sure everyone - staff and supported people- have access to the Internet and equipment
- Re-evaluate the relationship and means of communication between providers and family carers. Use video conferencing to connect people with their families more often.
- Use video for consultations with the GP – people are responding better to being seen in their homely environment rather than in a clinical setting.

Challenges and concerns

Technology: Many supported people don't have access to devices or the internet, or people to support them to use technology. There are connectivity issues in rural areas. Supporting disabled people to use tech remotely can be difficult and time-consuming. People aren't able to do shopping online as they don't have their own bank cards.

Wellbeing: Some people are struggling living with parents, or experiencing isolation. Some people are 'running out of steam' as the lockdown extends, and some families are finding it a strain.

Transitioning back out of lockdown, there is concern about the support available to families at risk, people's routines being changed, people's understanding of personal safety within community, increased need for mental health services, restrictions being lifted geographically, and managing anxiety. It's difficult to get the balance right between supporting people's safety and their having a good life / wellbeing.

Maintaining contact: We don't know how those who have had services withdrawn are coping, and may need to ensure support is in place for those who may be traumatised.

Planning: Having Anticipatory Care Planning conversations with people. Honest conversations about support being reduced and families taking on a greater role needs to come from the commissioning body (social work) rather than through providers.

Breaks: People and families not getting a break as services have changed / reduced.

PPE: Visors & masks can be a communication barrier / worrying for people who need support.

Referrals for advocacy: Significant reduction in referrals, even though it is anticipated that the need for this will increase.

Approaches that have worked

Technology: supported people being able to connect with others via technology, including families, has had a big impact. Having online forums and groups through which to share positive messages and videos etc. Setting fun challenges and games virtually: competitions, singing, step challenges, bucket challenges, involving staff too.

Working creatively: Replicating familiar things at home, such as sensory rooms, crafting. Building a bird house for the community, upcycling a bike for staff, running online music sessions, quizzes and relaxation sessions, using a 'pop up tent' as a mobile safe and quiet space. Having an activity coordinator per shift. Using social stories and advocacy to support people to understand concerns around safety.

Working at people's pace: slowing the pace down and spending time with people; thinking 'does this work?' for someone rather than feeling pressured to do given tasks within the shift.

Relaxing restrictions: people's wellbeing increased, and the need for medication decreased, when they were able to be outside more.

Planning: taking a whole team approach, with people, families and staff, seeking understanding and planning for change together. Encouraging families / carers to create emergency plans.

Communicating: increasing communication with families, and carers supporting and being

Social care staff

Key observations so far

- Many staff have become more creative leading to more dynamic and responsive approaches to support.
- Staff absence hugely reduced, in some cases at an all-time low – could be due to staff feeling the importance of their job.
- 'IT reluctant' staff are now embracing technology
- Shift in language from '3rd sector' to 'frontline keyworkers' or even 'superheroes' and 'clap for carers' have been significant motivators for staff.
- Staff seem prouder of what they do; less 'I'm just a support worker'

- Recruitment is increasing, including from those outwith the sector looking for worthwhile work.
- There seems to be a greater sense of community and ‘being in this together’, and a stronger team ethos.
- Across the board workers and staff teams have stepped up and pulled together.

Opportunities for change

- Heightened public awareness and recognition of the value of social care should be used as a solution to long-running challenges with staff recruitment to the sector.
- Greater focus on responding to wellbeing needs of front-line social care staff.
- Technology - things won’t go back to how they were. Fewer face to face meetings. Use video conferencing to link staff, deliver services such as advocacy or support services differently, and to connect people to their families more often. Deliver staff training virtually. Invest in laptops for staff and expand this to supported people: make sure everyone has access to the internet and the equipment they need.
- Build a flexible culture of trust where work focusses on outcomes and what needs to be achieved rather than hours worked.
- As training moves more online, greater opportunity for organisations to coordinate transferable training which means workers needn’t retrain as they move between organisations – saving both induction time and cost to sector.
- Continue to support staff teams and people in residential context to connect through chat forums.

Challenges and concerns

Information overload: volume of info circulated to understand and pass on to front line staff, from various sources (sometimes contradictory)

Induction and training: remotely inducting new staff, not able to shadow in hospital as would usually. Training new staff, especially for specialised training such as MAPA, PBS. Able to recruit new staff, but cannot use them until fully trained.

GDPR: Understanding how this applies to staff working from home.

Wellbeing: staff stress, anxiety and fear, particularly amongst staff that have been re-deployed. Staff ‘running out of steam’ as the lockdown extends. Health and safety concerns for staff working from home i.e. back conditions triggered, lack of workplace assessments. Some managers feeling pressure to work longer and irregular hours from home, and struggling with work / life balance.

Behaviour outwith work: how to respond to staff breaching lockdown regulations outwith work.

Coordinating work: finding work for all staff due to reduced service provision and low absence rates. Challenges in re-deploying staff while coordinating with existing responsibilities.

Approaches that have worked

Mix of informal and formal responsive support: Taking time out to connect with staff in way that suits them, listening to staff anxieties and working with their reality. Having increased regular communication, daily phone contact and supervisions.

More relaxed approach: allowing staff to make decisions for themselves, and do things they wouldn’t usually. Giving things a try and learning from the results rather than thinking ‘we don’t do that’. Having greater trust in staff.

Wellbeing: Remembering to ask ‘how are you?’. Recognising the full wellbeing needs of staff and responding more flexibly and supportively. Encouraging staff to look after their wellbeing: take breaks, take annual leave. Setting up a staff ‘Wellbeing Hub’.

Recognition: Increase to daily rate is helping staff to feel recognised for the work they do. Sending out cards to thank staff, sending biscuits along with PPE.

Approaches that have worked cont.

Technology: Staff teams connecting through different platforms allows them to expand their circle of reflection and connection, and share learning across teams and areas. Informal social media and messenger groups help staff feel connected and supported. Use of Near Me allowing advocacy workers to join meetings to support people. Setting up training programmes on agile working for staff. Reluctant staff are now embracing technology.

Recruitment: Using technology to recruit remotely. Recruiting from nursing courses. Staff being able to start without delay for PVG clearance.

Guidance: Referring back to guidance to reassure people and prevent panic.

Social Care organisations

Key observations so far

- The sector is highly adaptable and flexible. Organisations have responded well and quickly.
- There has been a reduction in 'unnecessary communication', and less prescriptive and onerous requirements, from the Health and Social Care partnership and Care Inspectorate.
- Improved engagement between in-house services and providers during crisis
- People's experience has opened their eyes to the possibility of change, but we need to be careful about going too far or too quickly.

Opportunities for change

- People and organisations are receptive to change. These opportunities will pass - let's make the best of it.
- Re-look at support we provide to people in light of what we've learned in lockdown – revisit planning and packages to see what can be done differently to work better for people.
- Managers are now more mobile, fast tracked to a different way of working which may be more cost-effective. Anticipate that the standard working week in an office will be gone.
- Review the need for office space
- Consider the future of in-house day services – people have seemed to be relaxing and enjoying life more without them
- Consider how the relationship between the Care Inspectorate, partnerships and providers could work differently in light of learning over this period.

Challenges and Concerns

Conflicting advice: Guidance differing between agencies such as Scottish Govt, Health Protection Scotland and England, Health and Social Care Partnerships, organisational policy and the Care Inspectorate.

Care homes: Deeper and more chronic impact on Care homes, as opposed to care at home. Huge focus on the Care Home response, danger that there isn't as much recognition of other services, including lack of figures for deaths within other services. Interpretation / grey area in what constitutes 'care home', 'care at home' and 'community based living', and how this affects processes such as testing.

Transition out of lockdown: Planning without certainties. There is particular concern within residential models where people have felt shielded and safe to date.

Cuts: Concern that 'non-essential' services will be cut, and packages reduced based on how people have coped during the crisis. Concern the response from commissioners may not be collaborative, and money for un-used hours may be requested back if services have been reduced or temporarily

suspended, leaving providers liable for costs whilst still needing to maintain infrastructure for future support.

H&SCP: providers overwhelmed with needing to produce council returns, in a rapidly changing situation. Increased social work contact in relation to reducing services and chasing invoicing. Providers uncertain as to expectations for those who aren't currently receiving a service. Difficulty getting response from social work.

Health: Instances of providers being asked to complete DNR for people without consent. Issues with individual GPs: refusing to sign off medication protocols, refusing to test, refusing a shielding letter.

Payments: Lack of clarity around invoicing under different SDS options, and how payment is being passed to providers under option 1

Technology: Not all organisations are able to use video conferencing platforms

Locality: Difficult to have local decisions and responses within national support organisations

Approaches that have worked

Health and Social Care Partnership relationship: reporting arrangements and communication is regular, clear and straightforward. Partnership is supportive. Local authority paying providers on planned rather than actual support provided.

Strategy: having the time for strategy. Business continuity planning for each service.

Local working and connections: working locally rather than centralised. Using Provider Forums to share experiences, resources and issues and as a source of peer support.

Coordination: Sharing of templates and operational practice guidance between providers to save "re-inventing the wheel"

COVID-specific issues

Challenges and Concerns

PPE: Initial access to correct PPE, and getting access to full PPE. Needing to source items independently, time taken to source supplies, quality and safety standard compliance of some PPE. Increased costs of PPE items. Understanding what to wear when and inconsistencies in guidance for use. Understanding safe disposal. Media coverage increased fear for workers.

Shielding letters: right people getting them and clarification over who is meant to be shielding.

Approaches that have worked

PPE: Access to PPE improved over time.

Testing: improved over time, helpful in terms of getting staff back to work

'Autism Alert card': evidenced need for extra exercise

Staff register: Creating register of recovered staff who may have immunity and be able to work in more risky contexts