



“We’re all in this together”

The impact of Covid-19 on the future of social care in Scotland: a view from the workforce

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Simon Jaquet Consultancy Services Ltd

Foreword

By James Fletcher, Director, ARC Scotland

My thanks to all 623 people who took the time to complete our survey. I hope you find that your views and experiences are reflected in this report.

The purpose of this report is to capture and record the learning and experiences of those involved in the planning and delivery of social care services, particularly those providing social care support to people with learning disabilities, autism and physical disabilities during the Covid-19 pandemic in 2020. We have done this in order to help ensure that the remarkable response from the social care workforce to lockdown can inform and shape longer term changes to social care in Scotland. It contains important information for:

- Frontline social care practitioners and service managers
- Local authority planners and commissioners
- Leaders in the third and independent sectors
- National bodies
- Scottish Government

Throughout the Covid-19 pandemic ARC Scotland facilitated regular (weekly or fortnightly) 'Provider Forum' meetings for social care organisations in seven of the nine local authority areas where we work. These were Aberdeenshire, Moray, Perth and Kinross, Dundee, Fife, Scottish Borders, and Dumfries and Galloway. The purpose of the forums was to enable local partners from all sectors (voluntary, statutory, independent) to share learning and resources, and to provide peer support.

As the Provider Forum meetings progressed, my colleagues and I became increasingly surprised and interested by the consistency of the themes emerging in different parts of Scotland. Many of these pointed to positive changes in long-running challenges experienced by those who work in the sector and opportunities for making longer term change as a result of the Covid-19 experience. Learning which emerged from these meetings was collated by ARC Scotland in a report 'ARC Scotland Provider Forums: Covid-19 meeting summary: March-May 2020'.

In partnership with the Chairs of the nine Provider Forums, we decided to conduct a survey in order to check that a wider cross-section of the social care workforce shared our observations. We also sought to ensure that other learning points were captured.

Many (but not all) of the 'new ways of working' identified in this report will already be familiar to those of you who have worked for change towards more individualised and person-centred forms of support. The instinctive response from social care staff to the Covid-19 pandemic both re-affirms the capacity and willingness of the sector to work in this way, and has created the conditions and appetite for change that must not be lost.

Given the continued rapid changes experienced by Scotland's social care sector, we believe it important to produce this report without delay. ARC Scotland will continue to work with members of local Provider Forums to discuss our findings in more detail and make recommendations that we hope will stimulate and inform changes at organisational, local, and national levels.

Of course this report only provides part of the picture. The experiences of those who receive social care and their families must be at the heart of improvements to social care. ARC Scotland will continue to help make sure their voices are heard.

Introduction

From Provider Forum Chairs

Whilst the Covid-19 pandemic has undoubtedly been the biggest challenge many of us have faced in our working life, it has also presented us with this opportunity to reflect, consider, re-evaluate and plan for a future that is different, exciting and certainly more 'person centred' for the individuals we support.

Throughout the pandemic, we, as groups of providers delivering Social care services across Scotland, met on regular basis to share our learning and experiences. As part of this we recognised the value of partnership working and strength in numbers, and decided to try and collate what we were learning in a more formal way to evidence positive outcomes and gaps and to influence change.

We felt that it was important to involve people at all levels. We disseminated a survey widely to gain a broad spectrum overview. The subsequent report now gives us the opportunity to understand how our colleagues are thinking and feeling, and also how the people we support can adapt and flex to different situations. All of this presents us with a new way of working together, and leads to opportunities to adjust our strategic plans accordingly.

As Chairs of the Provider Forums, we support a cohesive joined up approach in order to promote and influence the world of Social care. We believe that this report offers a fascinating insight to social care in Scotland during the height of the pandemic, and highlights the need for all of us to seriously re-evaluate how we work in the future.

We commend this report to you, and believe that it demonstrates a unique opportunity for everyone associated with Social care in Scotland to influence significant changes, for the good of everyone, be it staff, families or supported people.

Provider Forum Chairs:

Jim Hume – Chair, Aberdeenshire Provider Forum

Ivan Cornford – Chair, Angus Provider Forum

Karen Tunc & Andrew Will – Co-Chairs, Borders Provider Forum

Richy Lewis and Sharon McMullan – Chair and Vice-Chair, Dumfries & Galloway Provider Forum

Shona Johnstone & Ann Campbell – Chair and Vice-Chair, Dundee Provider Forum

Pam Butter – Chair, Fife Provider Forum

Hazel McDonald – Chair, Highlands Provider Forum

Scott Meredith – Chair, Moray Provider Forum

Pauline Sanyang – Chair, Perth & Kinross Provider Forum

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1. Executive summary

Background

- 1.1 In June 2020, ARC Scotland¹ commissioned Simon Jaquet Consultancy Services Ltd to undertake an online survey into the impact of the COVID-19 pandemic on the planning and delivery of social care in Scotland. 623 responses were received from social care frontline staff and managers from across 23 Scottish local authority areas.
- 1.2 The research was to focus particularly on those providing social care support to people with learning disabilities, autism and physical disability (referred to in this document as 'supported people'). This included the provision of care at home, housing support, residential, day and respite services and community based support.

Key messages

1.3 There are four key messages from the research:

1. Supported people are perceived by social care staff to be better able to cope and more resilient than many would have thought.
2. Supported people are perceived to prefer support that is constructed around their needs and preferences, and provided in a relaxed, non-pressurised way.
3. Social care staff are motivated, resilient, adaptable and proud of the way their work changes people's lives, but feel undervalued professionally.
4. There is now an opportunity to use learning from the 'lockdown experience' to re-appraise the way the social care workforce functions, in particular how to make use of more flexible, autonomous, and creative ways of working.

Main findings

Motivation and commitment

- 1.4 Respondents described an increased motivation for their work arising from the lockdown period. They also spoke of feeling proud. The source of this pride derives from witnessing (and contributing to) the tangible and practical differences which are evident in the lives of many of the people they support. This tends to create a passion in staff working in this field, which in turn serves to motivate them.
- 1.5 The support of colleagues and managers remains a significant factor in the extent to which social care staff feel motivated. With staff more likely to be based at home rather than the office (and hence an increased tendency to be lone working) because of lockdown regulations, support from both of these groups and consideration of wellbeing become even more important than in 'normal' times. At the same time (and for similar

¹ <https://arcscotland.org.uk/>

reasons), a lack of support becomes a proportionately greater de-motivating factor.

- 1.6 Staff make a quiet but eloquent plea for greater recognition from the general public as well as colleagues in other sectors. This enduring failure to attract comparable levels of appreciation compared to, say, NHS colleagues remains a sore point for many social care staff.
- 1.7 The requirements of the lockdown period have made home working the 'norm' for many social care staff. Many enjoy this and find it liberating, flexible, and positive. For others, it represents an enforced way of working that poses technological challenges, and restricts their ability to relate to the people they support.

Relationships with supported people and their families

- 1.8 Social care staff reported small but identifiable improvements to their relationships with supported people and families during lockdown. **Supported people were perceived as coping much better than staff had expected** with the demands of lockdown. In fact this was the thing that surprised respondents most over this period.
- 1.9 Respondents also expressed significant **concern about the withdrawal or reduction of support for some people during lockdown**, and the impact this might be having on people. In some cases support has simply not been available. In others, it has been of less than acceptable quality.
- 1.10 A key finding has been the growing awareness among staff of **the value of a more relaxed, unpressured life for the people they support - in particular one which they have actively chosen**. They have enjoyed the flexibility that has been available to many. An important dimension to the way support has been provided is a more conscious awareness of 'fun'.
- 1.11 **Regular communications has been an important element of this support**, enabling supported people and families to connect more easily in some cases. A sense that 'we're all in it together' with some blurring of traditional roles has been helpful. Communication methods increasingly include email, the telephone and video calls (such as Zoom). More time was available for planning with supported people, which allowed for new and more creative approaches.
- 1.12 **Technology is welcomed by most staff** as a means of strengthening relationships between the people they support and their families, and between staff and families. However, those staff having neither the opportunity, skills, or inclination to make use of it, are increasingly marginalised. There is also regret from some staff about the lack of personal contact with supported people in the shift to technological solutions.
- 1.13 **The digital divide is very much in evidence for supported people**. There is persistent concern that most supported people are losing out due to a lack of ability to use technology and social media, or a lack of access to equipment.

Quality and working well

- 1.14 Overall, social care staff feel there has been a small **but noticeable improvement in the quality of the work they provided during lockdown**. They have managed to provide

continuity of service, and have been able to pilot new and creative ways of working, along with making the most of new technology.

1.15 **Technology** (considered by more than a third of respondents to be the most significant enabling feature in their work) has come centre stage. It is now seen by many practitioners as a routine part of the 'toolkit', and **a vital contributor to quality outcomes**. However, there was also a thread of concern about the impact on supported people who may be digitally excluded due to difficulties in accessing or using equipment. There was some dissatisfaction with the means and speed with which new equipment and ways of communicating had been introduced.

1.16 The value of **support from colleagues and managers** was again reported as important. A good manager is able to provide technical and emotional support, and there were examples of this. Working from home and the use of technology allow for a more individualised approach to work planning and delivery. For many, this in turn supports a more person centred approach with supported people - a key ambition for social care. For others, the social isolation engendered by an increased reliance on technology remains an enduring obstacle to their ability to work well.

Partnership working

1.17 **Effective partnership working is seen as generally having improved** slightly as a result of the lockdown period. Just under a quarter of respondents (24%) placed communications and information sharing at the heart of effective partnership working, and laid the emphasis on the importance of having a shared vision. This was felt to be important in developing person centred support.

1.18 The landscape of social care is at any rate relatively cluttered, **with organisations in the public, private and third sectors delivering services**, and working with a wide range of other bodies at local and national level. Partnership working may involve both local and national support organisations, local authority wide bodies such as Health & Social Care Partnerships, or national regulatory institutions such as the Care Inspectorate.

1.19 The nature of relationships with colleagues in any of these bodies will vary considerably, and responses to the changes necessitated by the Covid-19 crisis mean that those relationships have been thrown into sharp relief. While it is difficult to generalise about this, the fact that everyone has had to develop responses at the same time with the advent of the pandemic means that, unusually, organisations and **staff from widely differing organisations** have found themselves **on the same 'starting line'**. Interestingly, some relations seem to have improved as a result of this.

1.20 Some local partnerships (for example the **Provider Forums**) offer a helpful setting to address some of these issues.

Surprised by....

1.21 Nearly half of respondents (42%) found themselves **surprised at how resilient the people they supported were**. They were often unexpectedly perceived to be able to adapt and to cope with a changed set of circumstances. This applied in several cases to people being supported who were perceived to be facing the toughest challenges.

Supported people were not only resilient - many people's lives and wellbeing were thought to have improved during lockdown.

- 1.22 A similar pattern of healthy **resilience and adaptability is also evident in the workforce** itself. Responding to the demands of a changed environment and underpinned by a sense of 'we're all in this together', social care staff are able to highlight the positives to emerge from the current lockdown period. Importantly, this was not limited to operating a 'deficit' or 'tick-box' model of support, but in many cases demonstrated a positive, creative, and flexible approach to working in different ways to improve the lives of the people supported.
- 1.23 The **benefits of working from home** came as a surprise to many, given the opportunity and necessity of adapting their usual working practice, and 5% of respondents were unexpectedly taken with how positive the home working experience could be.
- 1.24 There is a feeling among social care staff that the prevailing view about **social care** – (the people it supports and its ways of working) is (despite the current circumstances) **starting to change**. The shared challenges draw people into a more mutual understanding of key priorities and shared values.
- 1.25 The adaptability and **resilience of the social care sector itself is clearly a surprise to many**. Staff tend to 'go the extra mile' for both the people they support and for colleagues. In a funding environment that is increasingly tough, the commitment and creativity of staff remains a vital (if slightly surprising) feature.

Practices to abandon

- 1.26 A **culture of face-to-face meetings** (staff supervision, team meetings, training events) has evolved over recent years. The experience of the lockdown period has, however, necessitated an alternative approach drawing on a range of technological solutions, including video-conferencing, email, and social media.
- 1.27 '**This is the way we always do it**' has become an excuse for somewhat rigid patterns of contact with supported people, with the emphasis on activity, time and tasks rather than the well-being and hopes of the person. They are not what would be characterised as person centred approaches.
- 1.28 Being **physically based in an office** (and spending time there) is seen as an unnecessary luxury. There is a call to minimise unnecessary paper based systems and record keeping, and to minimise unhelpful 'red tape'. Working from home offers a real opportunity to work in a 'smart' way, saving time, energy, and cash.
- 1.29 Being driven by meeting the needs of the organisation rather than by those of the people it serves is a real risk. People being supported should be treated as adults, able to demonstrate agency and choice. They should have flexible person-led plans. There has often been a **failure to evolve from service led, buildings based, provision** to a more nuanced, person-centred approach.
- 1.30 In order to appear 'productive', some organisations relied on the **quantity of activities** rather than the quality of the experience for the person being supported. Happiness, well-being and a meaningful life are not necessarily created by being busy.

Practices to adopt

- 1.31 We should re-assert **the 'core vision' of person centred social care**, listening to the needs and wishes of the people being supported, and deriving an agenda based on creativity, choice and control for people, purpose, connection and fun.
- 1.32 There was a call for **services to learn to work differently based on their experiences over this period**: slowing down, spending time with people, creating a culture of creativity, trust and autonomy within teams, and building flexibility in to the provision of support for people.
- 1.33 There is a desire among staff to make further **use of the available technology** - in order to effectively communicate, plan, and reach decisions in and between staff teams. Substantial capacity building to ensure full workforce participation will be required. Recognising the demands and pressures of 21st century life, **home working** on either a full or part-time basis, offers greater scope and flexibility to work more 'smartly'. Saving time on journeys and meetings that can be effectively managed with a digital solution, frees up time for contact with the people being supported, their families and partner agencies.
- 1.34 A quieter voice calls for continuing vigilance on behalf of staff that are exposed to risk in their daily working lives. The enduring **importance of relevant protective equipment (PPE)** and clear guidelines about its use is seen as vital.
- 1.35 **Technology** (including access to the internet and social media) **is an important tool** for connecting with others - **for learning, communication, and relaxation**. The danger of a digital divide was felt by participants, and there was a need to invest in access and support to ensure that supported people were able to use technology to connect and enhance their lives in the same way as others.
- 1.36 The longstanding resentment within substantial parts of the third sector that it is seen as the 'poor cousin' to the public sector needs to be addressed. This affects contracts, terms and conditions of employment, status, and inter-agency relationships. This is not an exclusively third sector issue. Respondents expressed a **shared concern across both the statutory and voluntary sectors about staff pay**, and terms and conditions.

Opportunities for change

- 1.37 The Old Way / New Way table based on the findings from the survey, charts both the 'old' practices, and a possible 'new way' of planning and delivering social care. This can be found in Chapter 11 'Opportunities for change' (chart 23).

2. Developing the survey

Background

- 2.1 In June 2020, ARC Scotland² commissioned Simon Jaquet Consultancy Services Ltd to undertake an online survey into the impact of the COVID-19 pandemic on the planning and delivery of social care in Scotland. It was to focus particularly on those providing social care support to people with learning disabilities, autism and physical disability (referred to in this document as 'supported people'). This included the provision of care at home, housing support, residential, day and respite services and community based support.
- 2.2 The survey was principally intended to provide deeper insight into the impact of Covid-19 on planning and practice among those working in social care in the nine Scottish local authority areas where ARC Scotland facilitates Provider Forums for senior representatives of social care provider organisations. It was not intended to create a comprehensive national picture. 623 survey responses were received.
- 2.3 This report is first and foremost a service provider view and does not claim to be anything other than this. Consultation with the people supported and their families will be essential in any analysis of how the experience of Covid-19 may impact on the longer-term future of social care.
- 2.4 It should also be noted that the experiences of those providing residential care to the elderly population may be significantly different from those included here.

Respondent profile

- 2.5 Although not a formally representative sample, we planned to create the right opportunities (principally through the marketing and publicity for the survey) to embrace the key variables within the social care sector: role, employer, and geography.
- 2.6 We received 623 responses in total. These came from across 23 local authority areas, with ten areas yielding more than 25 responses each, and four areas (Dundee, Highland, Fife, Perth & Kinross) producing more than 70 responses each.
- 2.7 536 responses (out of a total of 623) were received from local authority areas where ARC Scotland facilitates local Provider Forums. These were:

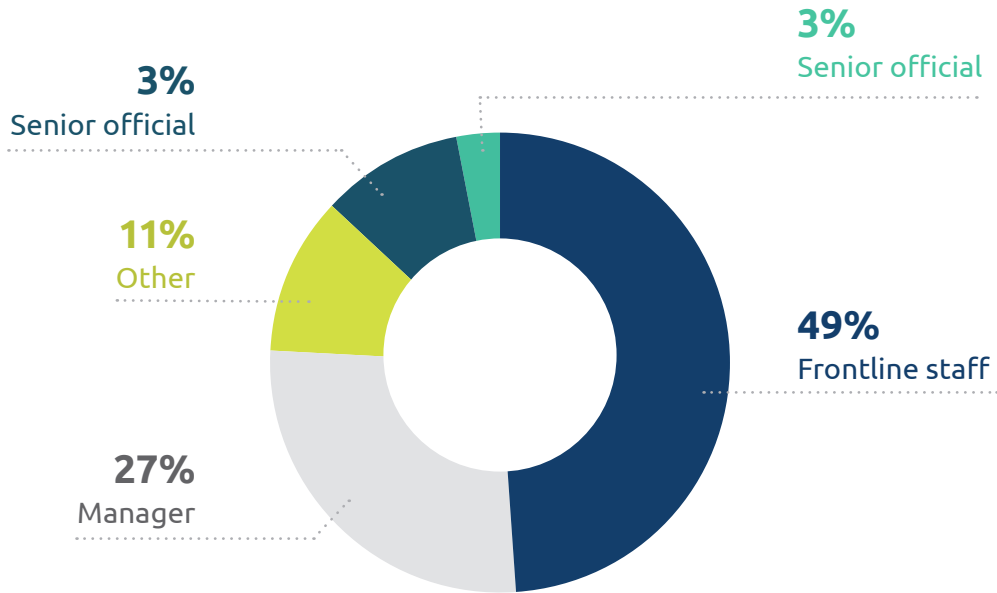
Aberdeenshire	28	Dundee	73
Angus	31	Fife	111
Highland	88	Scottish Borders	43
Moray	37	Dumfries & Galloway	35
Perth & Kinross	90		

²<https://arcscotland.org.uk/>

2.8 Glasgow, which is not a Provider Forum area, returned 43 responses.

2.9 Respondents were from a range of job roles (see chart below).

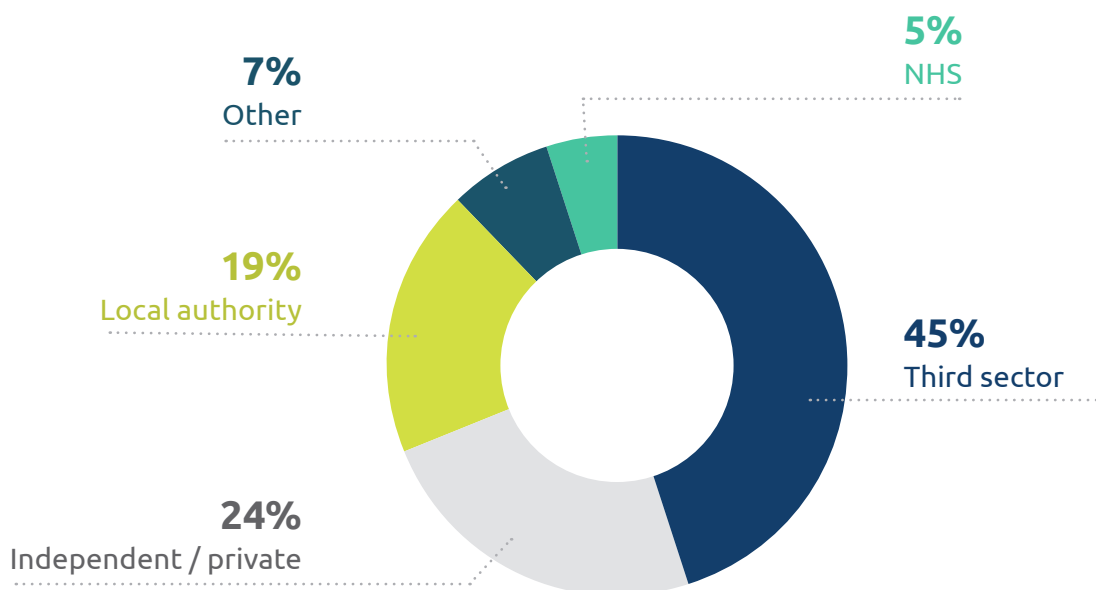
Chart 1: Respondents by role in social care



2.10 The 'Other' category (11%) contained a range of admin and voluntary positions alongside a significant number of respondents who would appear to fit into either the 'frontline' or one of the 'managerial' categories. The profile of respondents is thus roughly half front-line staff, and approximately 40% working in supervisory or managerial roles.

2.11 Respondents were employed in the following sectors.

Chart 2: Respondents by sector



Structure of the survey

2.12 The survey asked people working in social care to consider how the 'lockdown' period has impacted on the following areas:

- Motivation and commitment
- Relationships with supported people and families
- Quality of work
- Partnership working
- Biggest surprises during lockdown.
- Old practices to abandon
- New practices to adopt

2.13 These areas of inquiry were identified during meetings of local Provider Forums held during the pandemic and set out in the report 'ARC Scotland Provider Forums: Covid-19 meeting summary: March - May 2020'.

2.14 The survey draws on:

- Quantitative evidence: where respondents were invited to state the extent to which they agreed or disagreed with a range of statements concerning the impact of Covid-19 on their work. These statements were drawn from the themes identified in 'ARC Scotland Provider Forums: Covid-19 meeting summary: March - May 2020'.
- Qualitative evidence: where respondents were invited to add 'free text' comments which described the different factors that 'helped' and 'did not help' aspects of their work, and how they saw the future. We have made use of a large number of quotes, enabling the reader to hear the voice of social care staff.

2.15 In each chapter we:

- Briefly summarise the overall findings
- Describe the sources of evidence
- Set out the key themes to emerge

3. Findings: Motivation and commitment

3.1 In this chapter we examine responses to questions about how social care staff's motivation and commitment may have changed during the lockdown period.

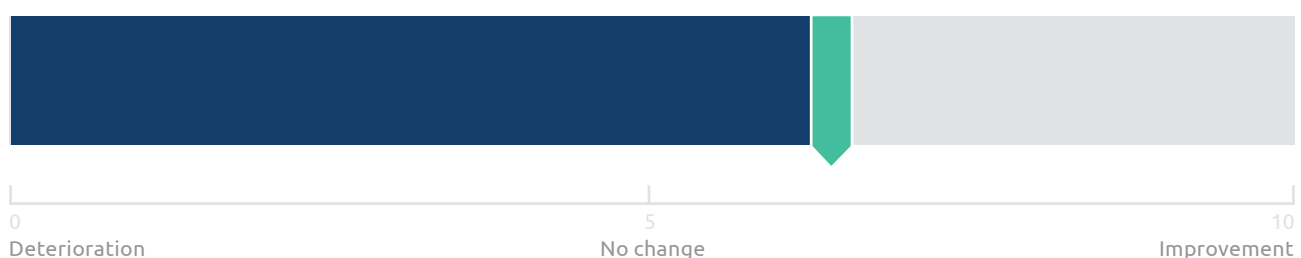
Summary

- 3.2 Respondents described an **increased motivation for their work** arising from the lockdown period. They also spoke of feeling proud. The source of this pride derives from witnessing (and contributing to) the **tangible and practical differences which are evident in the lives of many of the people they support**. This tends to create a passion in staff working in this field, which in turn serves to motivate them.
- 3.3 The **support of colleagues and managers** remains a significant factor in the extent to which social care staff feel motivated. With staff more likely to be based at home rather than the office (and hence an increased tendency to be lone working) because of lockdown regulations, support from both of these groups and consideration of wellbeing become even more important than in 'normal' times. At the same time (and for similar reasons), a lack of support becomes a proportionately greater de-motivating factor.
- 3.4 Staff make a quiet but eloquent **plea for greater recognition from the general public** as well as colleagues in other sectors. This enduring failure to attract comparable levels of appreciation compared to, say, NHS colleagues remains a sore point for many social care staff.
- 3.5 The requirements of the lockdown period have made **home working the 'norm'** for many social care staff. Many enjoy this and find it liberating, flexible, and positive. For others, it represents an enforced way of working that poses technological challenges, and restricts their ability to relate to the people they support.

The survey evidence

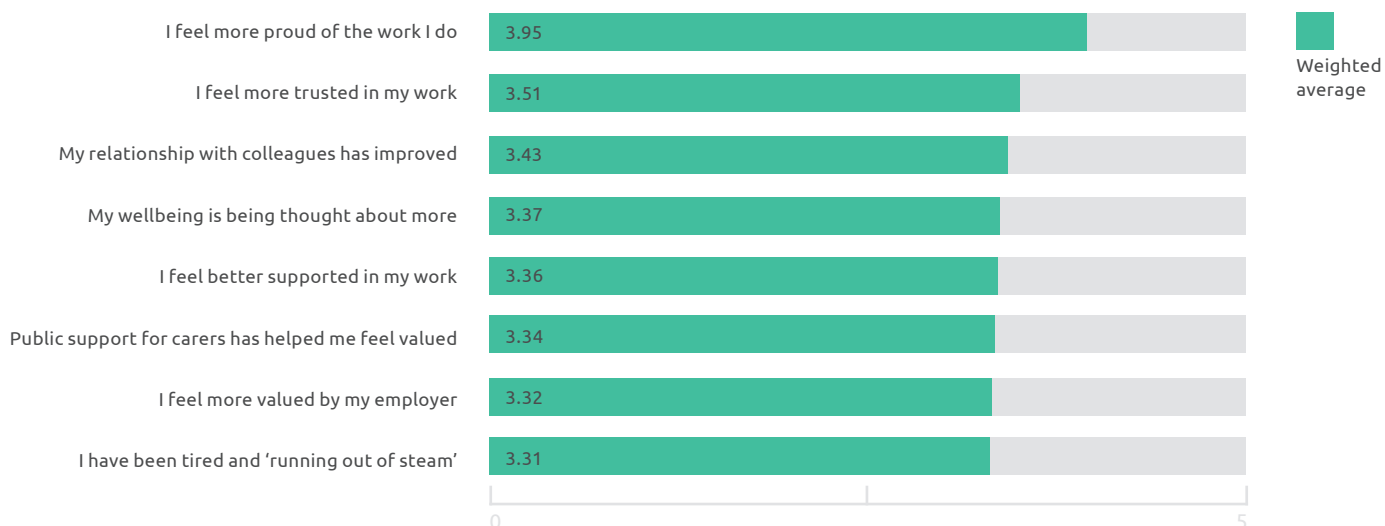
3.6 Respondents were invited to indicate their general view with regard to how their motivation and commitment to their work changed during the lockdown period by choosing a point on a one to ten scale (where 0 represented a significant deterioration, five indicated no change, and 10 represented a significant improvement). The overall score at 6.38 is shown below. Both frontline and managerial staff reported improvements to staff motivation, although improvement was more marked for managers (6.9) than frontline staff (5.99).

Chart 3: motivation (overall)



3.7 Chart 4 shows the extent to which respondents either agreed or disagreed with a series of statements related to their motivation and commitment. We then used a weighted average to summarise the responses (1 'strongly disagree', 2 'disagree', 3 'neither agree nor disagree', 4 'agree', 5 'strongly agree'). This gives an overall score (between 0 and 5) to the statements.

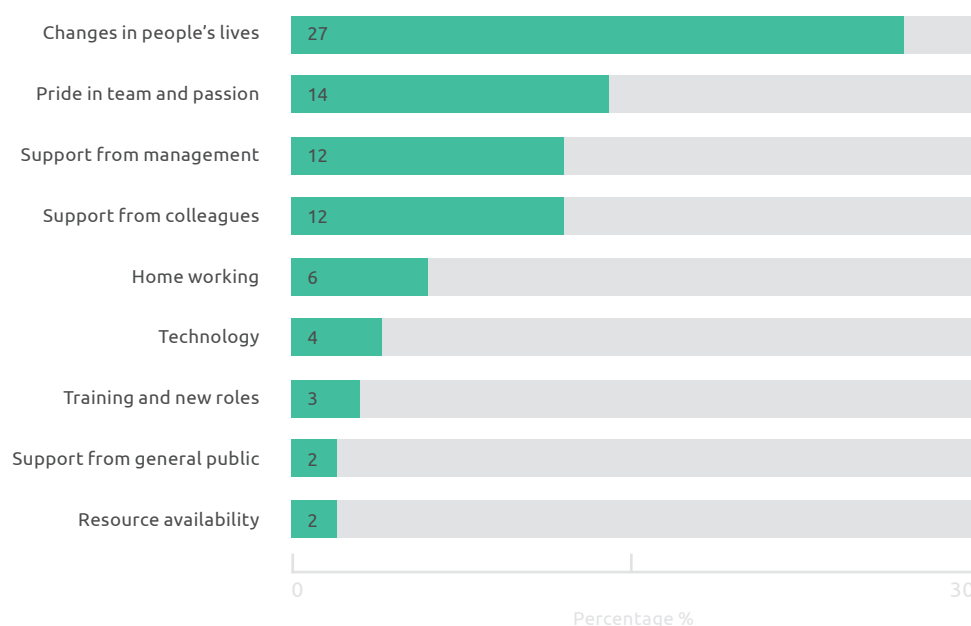
Chart 4: motivation and commitment (weighted average)



3.8 As can be seen in the chart above, all of the given statements were agreed with by respondents to the survey.

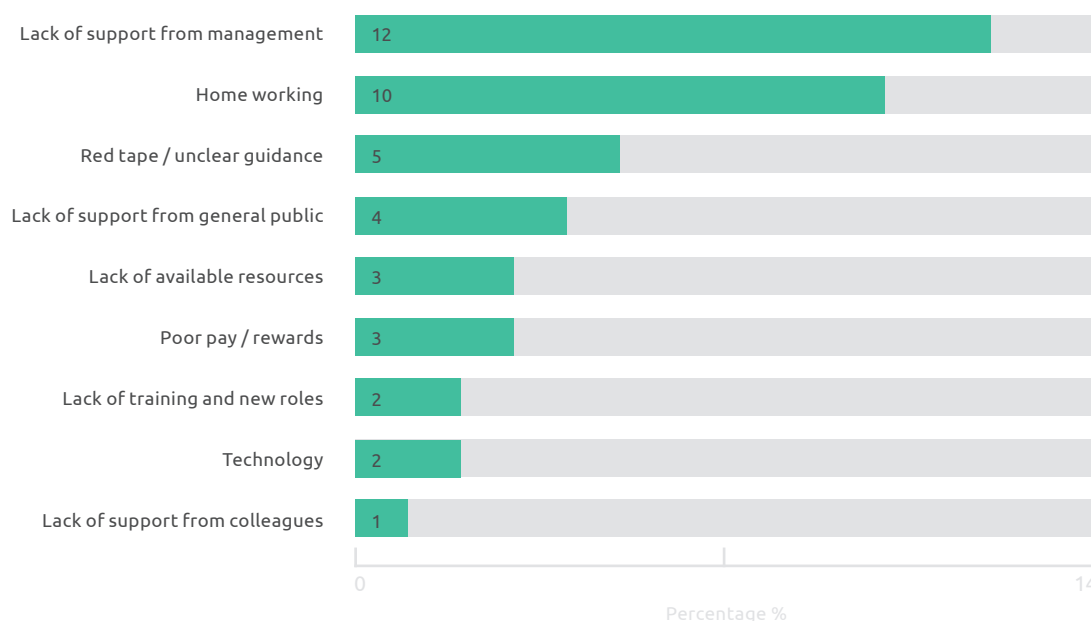
3.9 We analysed the frequency of the 372 'free text' comments which we received about the factors that most helped people's motivation and commitment. Chart 5 shows these in order of frequency with the percentage they represent of the total number of responses.

Chart 5: Factors that most helped motivation and commitment (372 responses)



3.10 We analysed the frequency of the 180 'free text' comments we received about the factors that did not help people's motivation and commitment. Chart 6 shows these in order of frequency, with the percentage they represent of the total number of responses.

Chart 6: factors that did not help motivation and commitment (180 responses)



Key themes: Motivation and commitment

3.11 Perhaps surprisingly, those working in social care report an overall improvement in their, or their staff teams' motivation and commitment during the lockdown period. 'Feeling tired and running out of steam' was the statement least supported by respondents. The most important factors impacting on changes to motivation and commitment during lockdown are set out below.

Making a difference to people's lives

3.12 More than a quarter (27%) of responses highlighted the importance of tangible benefits being experienced in the lives of the people they support and their families. Respondents described the motivational effect of being part of this.

"The service users I support keep me motivated at work. Supporting them all to come through this lockdown as well as they possibly can makes me feel good about what I do."

"I am enjoying feeling that I'm doing something useful & have met lots of lovely & interesting people and hopefully I have made them smile during my visits."

"Families have been extremely supportive and thankful for the support provided to their loved ones and trusting us to do the right thing in such uncertain circumstances. People we support have been able to achieve some positive outcomes which may change the way they are supported in future, in particular less reliance on Day Services for stimulation."

3.13 While respondents acknowledged the challenges they faced, many felt motivated by changes to the external environment they work in, which had become more supportive and focussed on the things that matter most.

"I have been more motivated due to the challenge I face daily and some of the red tape being removed from my everyday workload, more emphasis on getting on with the job, less intrusions from the Council. More inter agency working aiming at the same thing in keeping people supported, safe, and as unaffected as possible from the changes in their routines."

3.14 Many respondents spoke about feeling motivated by the increased importance of their role in supporting people during a crisis, and the growing public recognition of this during the pandemic.

"I suppose there has been a sense of duty, to support people who may easily be marginalised. Everyone in society matters and it is notable that the care sector has been in the limelight recently. Perhaps the wider population and people in power will recognise the essential role being played every day."

"Our way of working has become very different but our dedication and motivation has always been to deliver the best and safest service to our service users and new clients."

Pride in their work

3.15 'I feel proud of the work I do' had the highest rating for both frontline and managerial staff. The source of this pride derives from witnessing the positive outcomes in the lives of many of the people they support, as we have seen above. This tends to create a passion in staff, which in turn serves to motivate them. Although subject to considerable demands on their time and skills during lockdown, they are far from 'running out of steam'.

"As we moved through this pandemic, more was revealed and things put in place to safeguard all. I think it has been difficult and still is but I take pride in the fact that we continue to try and make a difference in any circumstances. I was terrified at one point I would bring the virus home still am at times but staggered work office times and working from home has really helped these fears."

3.16 Being part of a positive enterprise, bigger than oneself, was crucial for 14% of respondents.

"To be able to continue to provide a service for families in need who otherwise could have found themselves in crisis as all other services closed has been a real strength for all our team and highlighted our value in the community."

"I can quite easily say that I am proud of all my staff team and what they have achieved throughout this pandemic. It just shows the commitment and dedication they have towards their role and responsibilities."

3.17 Low staff absence was noted.

“Sickness absence is at an all time low and more so for short term absences. Most are self isolation or physical injury/longer term. No one to two day absences.”

3.18 But there was genuine concern about levels of stress.

“How tired and stressed I am, how I am constantly feeling tired and exhausted and feel like the rotas and staffing aren't efficient enough to give staff a break when they need it “

Support from colleagues and managers

3.19 Support from both colleagues and managers was cited by about a tenth of respondents (12%) as a major factor in their motivation. With staff more likely to be based at home than the office (and hence an increased tendency to be lone working) this became even more important than in 'normal' times.

3.20 At the same time (and for similar reasons), a lack of support became a proportionately greater de-motivating factor. Facing daily challenges without encouragement, assistance, guidance, and time for reflection is hard.

3.21 Feeling motivated by a sense of pride in what had been collectively achieved during a crisis was evident from many responses.

“The whole staff team pulled together and worked tirelessly to keep the service running through this difficult period in time. We supported each other and drew on each other's strengths when the going got tough.”

“Knowing that your team is providing a support and care even during a time when people are at their most vulnerable and isolated. Feeling proud of the team I am in.”

3.22 Support from managers included many practical dimensions, and even the occasional token of thanks!

“Initially when lockdown began I was doing work mainly on my mobile phone as I didn't have access to a computer. After discussion with Line Manager and Administration, I was then given access to a laptop and this gave me motivation to access paperwork that I couldn't complete on my phone. I also received a card and gift from my Line Manager and this was to thank me for all my efforts over the last 13 weeks.”

“Management kept us updated on procedures and putting in risk assessments. I feel that the PPE was put in place really quick to protect staff and service users through what was and is a difficult and stressful time due to the virus. All the team gave one another support when needed.”

3.23 The flipside of these experiences is a lack of support from your manager. Not being able to benefit from appropriate support from your manager risked acting as a major de-motivator.

“We have had a lack of support from our management. We have had barely any team meetings at all and the team have not been encouraged to engage with each other. There have been barely any guidelines issued to us at local level and no one has explained the way we are supposed to be working now. There is a lack of being listened to. As a new member of staff I have been left to my own devices. Childcare has been an issue for me and I have been pressured due to this I have my own motivation and this has got me through.”

Wider recognition of their work

3.24 Some respondents made a quiet but eloquent plea for greater recognition from the general public as well as from colleagues in other sectors. This enduring failure to attract comparable levels of appreciation compared to, say, NHS colleagues remains a sore point for many social care staff. While not a pre-requisite for their commitment, a more public acknowledgment of their achievements would, for many, undoubtedly increase their motivation.

“We were told we were valued frontline staff and after years of not getting a cost of living payment we emerged to much worse conditions, more weekend/evening working, and told we would have to take an on call for a week at a time. We were out at a time when our better paid counterparts addiction workers/CPNs were increasingly unavailable. The futility of our work became apparent as the people we supported deteriorated, and we continued to maintain the lie that people with extremely complex needs could be housed and cared for so cheaply.”

“I wish we had more recognition that we are just as important as the NHS.”

3.25 Some felt de-motivated by their perceptions of the wider, more political, context. In which they work

“The lack of guidance from the government. Clearly an afterthought because we are not a care home.”

“How much the government claim we are very valued workers but remain to keep our wages low, even though we have worked everyday throughout all this, risked our families health and have no thanks for it.”

3.26 A relatively small number (2%) agreed with the statement that support from the general public (such as ‘clap for carers’) was a motivating factor.

Working from home

3.27 The requirements of the lockdown period have made home working the norm for many social care staff. Some enjoy this and find it liberating, flexible, and positive. For others, it represents an enforced way of working that poses technological challenges, and restricts their ability to relate to the people they support.

3.28 There were more negative (10%) than positive (5%) comments about home working. For some it was a straightforwardly practical proposition.

“Working from home and days in the office has improved productivity as there is no distractions. Video link to staff has helped communication and I feel I am there to support my staff team.”

3.29 For others, it was beset by challenges.

“Technology at home has been awful. Not being able to see service users and colleagues has been really hard. Getting into the office once a week is great.”

“Complete lack of understanding and empathy from my department about working from home and trying to home school a five year old too. To the extent that we were asked to fill in time sheets detailing every task we were doing and how long it was taking.”

“Lack of direct social contact has been challenging. Working from home has been generally OK, but the inability to differentiate between home and work life is sometimes problematic. It feels like you never get away from work and the temptation is often to check phones/ emails etc even during what should be home time.”

3.30 The most pressing difficulty was the restrictions it placed on face-to-face work with the people being supported.

“The fact I couldn’t have face to face contact with service users was difficult. Telephone support was provided each day, which I found becoming tedious and repetitive.”

“Things that haven’t helped are lack of face-to-face contact with people, getting used to technology for video calling, issues with IT and equipment and being stuck working in same space all day with no variety.”

4. Findings: Relationships with supported people and their families

4.1 In this chapter, we explore how the lockdown period impacted on respondents' relationships with supported people and their families.

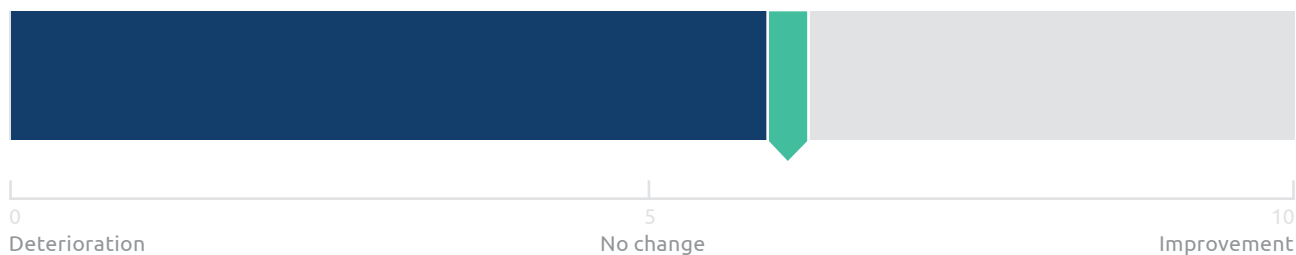
Summary

- 4.2 Social care staff reported small but identifiable improvements to their relationships with supported people and families during lockdown. **Supported people were perceived as coping much better than staff had expected** with the demands of lockdown. In fact this was the thing that surprised respondents most over this period.
- 4.3 Respondents also expressed significant **concern about the withdrawal or reduction of support for some people during lockdown**, and the impact this might be having on people. In some cases support has simply not been available. In others, it has been of less than acceptable quality.
- 4.4 A key finding has been the growing awareness among staff of **the value of a more relaxed, unpressured life for the people they support - in particular one which they have actively chosen**. They have enjoyed the flexibility that has been available to many. An important dimension to the way support has been provided is a more conscious awareness of 'fun'.
- 4.5 **Regular communications has been an important element of this support**, enabling supported people and families to connect more easily in some cases. A sense that 'we're all in it together' with some blurring of traditional roles has been helpful. Communication methods increasingly include email, the telephone and video calls (such as Zoom). More time was available for planning with supported people, which allowed for new and more creative approaches.
- 4.6 **Technology is welcomed by most staff** as a means of strengthening relationships between the people they support and their families and between staff and families. However, those staff having neither the opportunity, skills, or inclination to make use of it, are increasingly marginalised. There is also regret from some staff about the lack of personal contact with supported people in the shift to technological solutions.
- 4.7 The **digital divide is very much in evidence for supported people**. There is persistent concern that most people they support are losing out due to a lack of ability to use technology and social media, and a lack of access to equipment.

The survey evidence

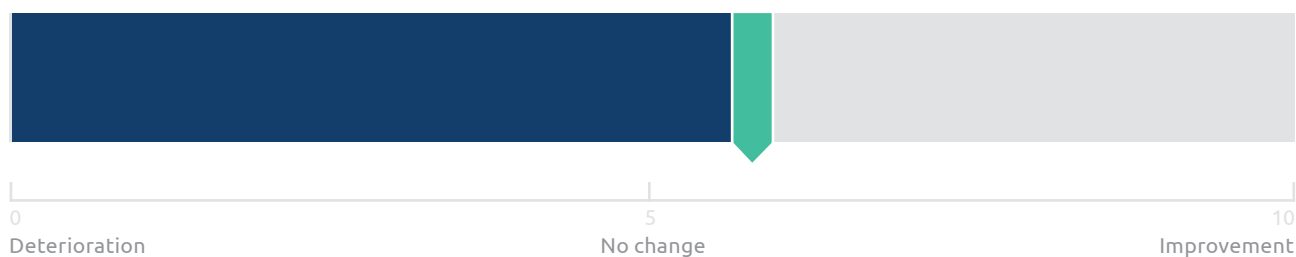
4.8 A small but identifiable improvement (6.06) to relationships with supported people during lockdown was reported (see chart 7). Frontline staff (average response 6) and managerial staff (average response 6.22) appear to broadly agree about this.

Chart 7: Relationships with supported people (overall)



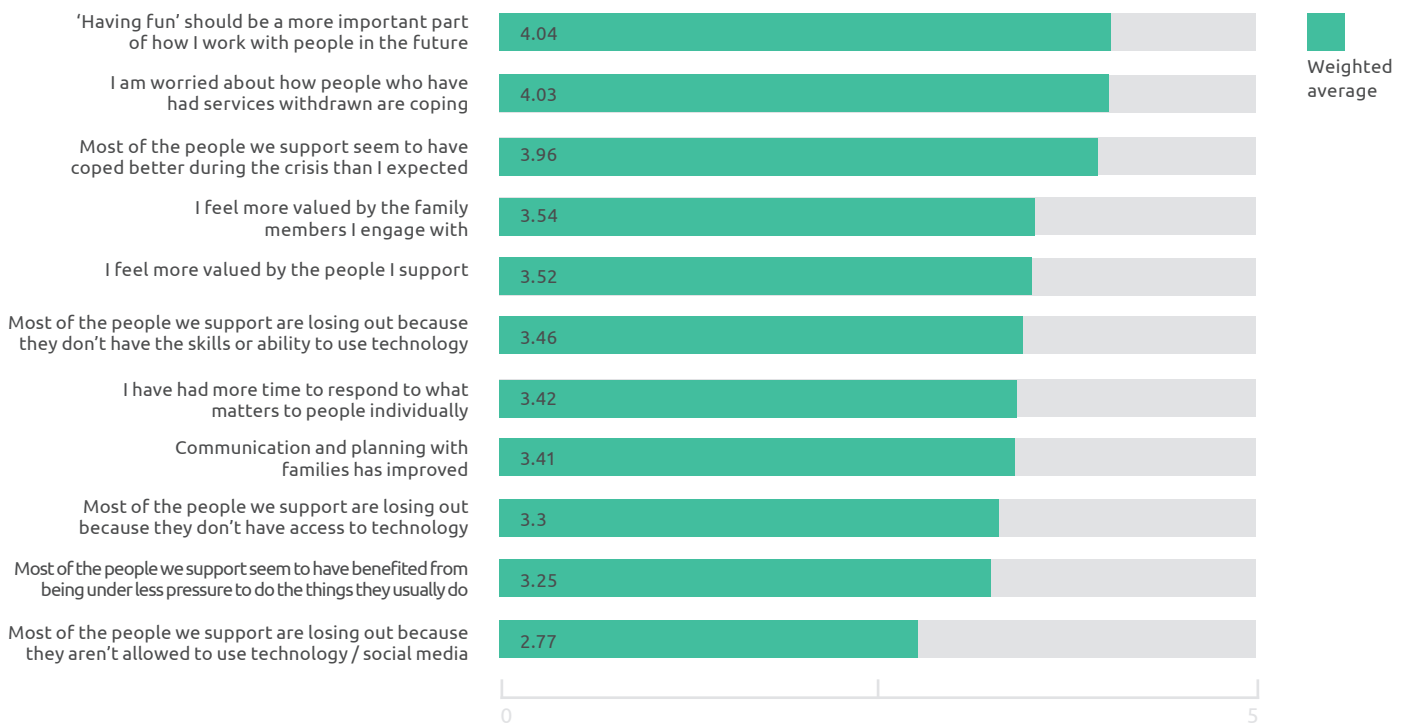
4.9 Relationships with families had also improved, if slightly less than with supported people (5.77). Again, frontline staff (5.61) and managerial staff (6.01) were broadly in agreement.

Chart 8: Relationships with families (overall)



4.10 Chart 9 on the next page shows the responses to the statements about relationships with the families of supported people.

Chart 9: Relationships with people and families supported (457 responses)



4.11 Respondents were also asked to comment on the factors that 'helped' or 'did not help' their relationships with supported people and families during lockdown. Their responses are shown in Charts 10 and 11 below.

Chart 10: Factors which have 'helped' good relationships with supported people and families (258 responses)

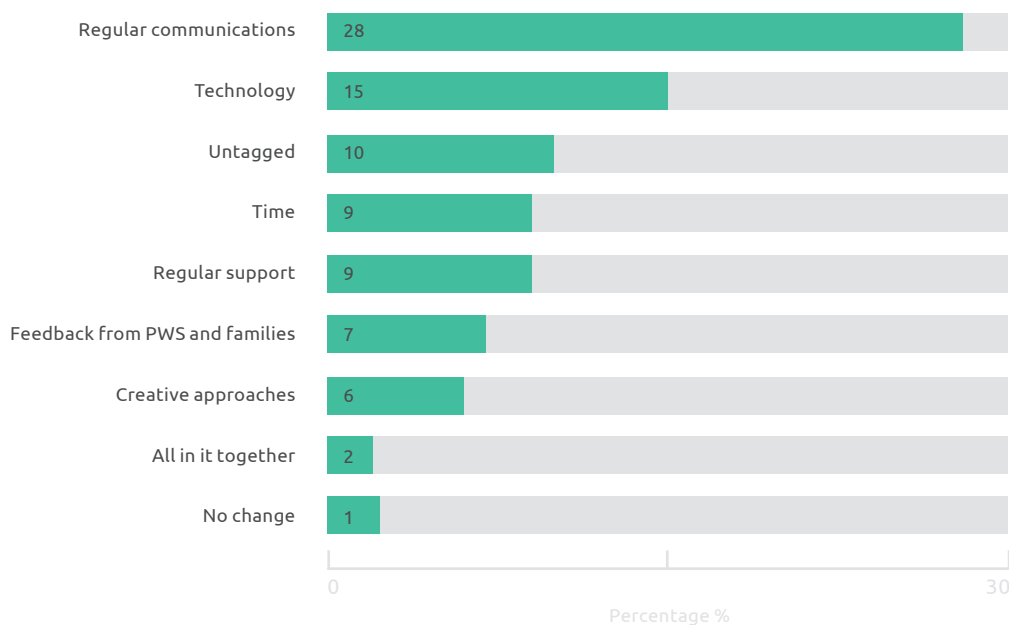
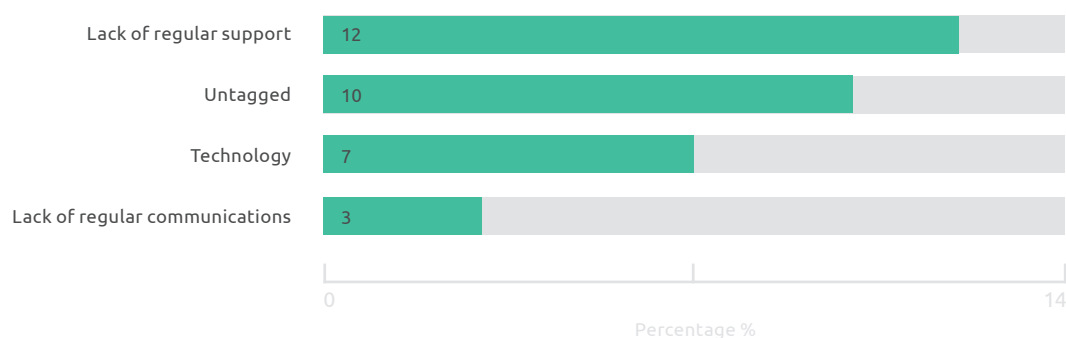


Chart 11: Factors which have 'not helped' relationships with supported people and families (78 responses)



Key themes: Relationships with supported people and their families

Supported people have coped better than expected

4.12 Despite the disruption to 'normal' life caused by the Covid-19 pandemic, social care staff feel that the people they support have fared better, and coped more effectively, than might have been expected - given the severity of the crisis. This was a major surprise for staff (see Chapter 8). It has helped strengthen staff relationships with supported people.

"Service users have coped with this a lot better than we initially thought."

"I am so proud of how the service users have coped through this, and from family to staff service users have all got together and did really well."

"Supported people's ability to adapt has been incredible. The majority of families have been supportive and respect the decisions that have been made for their family members. Letters, video calls and social distance visits have helped and been appreciated."

4.13 This resilience has been helped by the actions of carers and families.

"I have been surprised by the resilience of carers who have been so understanding of the severity of Covid-19 and having to support their family member who has complex needs 24 hours a day without respite."

4.14 The statement 'having fun should be a more important part of how I work with people in future' prompted the most agreement, with this being a key factor in helping supported people during lockdown.

"Making sure that supported people are doing fun activities, also listening to their concerns and addressing their anxieties."

"I believe as much as staff have supported service users through this difficult time, they have also really supported them by having fun and taken their mind off the pandemic when at work by having fun."

“The ladies we support have relied on us a great deal over the last 12 weeks, families have been very concerned and have phoned the service more than usual It has been great fun. The relaxed atmosphere has been needed.”

Choice and lack of pressure in the way support is provided

4.15 A keynote finding has been a more conscious awareness among staff of how relaxed, unpressurised activities can meet the needs of supported people. There were comments about how some people had previously been pressurised into activities that they did not enjoy, and how this had changed.

“Supported people are loving the lowered demands and pressures of being forced into social settings that others think they should be involved in rather than it being what they actually want to do.”

“Having less pressure to ‘do’ things and just go with the flow has really helped.”

“The lack of pressure on them. Having more time to chat and offer support.”

4.16 The ability to adapt the way support was provided, enabling people to try out new things, was a critical factor in working with supported people. This was an underlying theme to many of the responses. Supported people were perceived as enjoying the flexibility and increased choices that have been available, not least through new technology.

“Weekly phones, Zoom disco - karaoke, talent contest, sun flower competitions, drawing competitions, news letter, making time to chat and listen to their concerns and worries. Providing support in a new way not withdrawing all together.”

4.17 12% of respondents, however, identified the withdrawal or reduction of support during lockdown as being a significant concern. In some cases support has simply not been available. In others, it has been of less than acceptable quality.

“The lack of physical visits, ability to see expressions, environments and interactions between families and couples has not helped.”

“Some people are at breaking point and mental health services have not been there, nor services for children and families. I feel the pandemic gives them an excuse for lack of support.”

Keeping up regular communication

4.18 Regular communication emerged as an important factor that helped the development of good relationships with supported people and families. Over a quarter of respondents (28%) thought this. Having a shared understanding of the immediate challenges presented by Covid-19 was described by several respondents as having a positive impact on relationships.

“What has helped is the fact that we have all been in this together.”

4.19 Regular contact provided a measure of certainty for supported people and families.

“Being able to meet the supported person’s family each day we either pick our service user up in the morning or drop her off in the in the evenings to her home, gives us a picture of how the family are coping at home during lock down.”

“What has helped is feedback from carers and service users I am in touch with on a weekly basis about activity packs and information delivered to their homes.”

“Every week, I contacted the families to enquire how they and the supported person were coping with lockdown. This weekly contact helped forge a stronger relationship with the families.”

4.20 The contact has generally been by telephone or video because of the lockdown guidance. This appears to have worked well, with some respondents identifying an increase in communication due to enhanced use of technology.

“More communication than usual, mainly telephone support. More open conversation, which picks up problems or difficulties earlier before they become bigger problems, in reality or to the persons mental health.”

“A lot of comments have been that the families are grateful for all that the social care sector are doing during this hard time. We have helped some service users set up apps and programs to allow video calls to be possible and families have showed their appreciation.”

More creative use of time

4.21 9% of respondents identified an increase in the time available to them as a critical factor in their relationships with supported people. For many staff, appreciably more time was available due to being able to work from home, not having to travel and being free from having to attend routine meetings.

“More contact by telephone or email rather than meeting up, has helped to continue to provide as much as a service as possible.”

“More quality time spent with service users and families more communication due to oncerns and reassurance required.”

4.22 More time was available for planning with supported people, which allowed for new and more creative approaches.

“More time spend discussing and planning a daily structure which has actually been really adventurous.”

“The young people I support would not usually phone me to discuss any issues but have done through the pandemic and as our diaries have been more flexible and there is no travel time working from home, I have more time to spend talking on the phone.”

Greater use of technology

4.23 For 15% of respondents, the use of technology was the most important means of developing relationships between supported people and their families.

"We found different ways to communicate with families during lockdown by using technology more. Scheduling more communication with family of the people we support has helped both parties."

"We have helped some service users set up apps and programs to allow video calls to be possible and families have showed their appreciation."

4.24 There were several examples of staff successfully finding financial support (from trusts and other sources) to supply equipment to supported people.

"We have been able to access and provide technology for people we support."

4.25 Although only 7% of respondents identified lack of technology as being a barrier to relationships with people being supported, it represents a significantly tangible indicator marking out those people that are coping, from those that are struggling.

"We're trying to encourage using technology but a lot of our residents families and our community women don't have the technology or internet access so there's only a few who can use it. All the women we support seem to be grateful for what we're doing but they're struggling and not making the same amount of progress."

"Some of our service users have has no or reduced contact with family members due to not having access to technology or unable to use it. This has had an emotional impact on their mental health. Some may have difficulty understanding why they are unable to visit family and friends."

4.26 The potential disadvantages faced by those who struggle to make use of technology (either through lack of support or defective equipment) gave rise to concern. The digital divide is very much in evidence. Those having neither the opportunity, skills, or inclination to make use of it, are increasingly marginalised.

"The people with access/knowledge on how to use technology have been in constant communication with us and each other on Zoom meetings. Those without technology or skill base to use it have missed out, and I am worried about the level of care they have received."

5. Findings: Quality and working well

5.1 In this chapter, we examine how the lockdown period impacted on the quality of work that staff were able to deliver, and the factors which enabled them to work well.

Summary

5.2 Overall, social care staff feel there has been a small **but noticeable improvement in the quality of the work they provided during lockdown**. They have managed to provide continuity of service, and have been able to pilot new and creative ways of working, along with making the most of new technology.

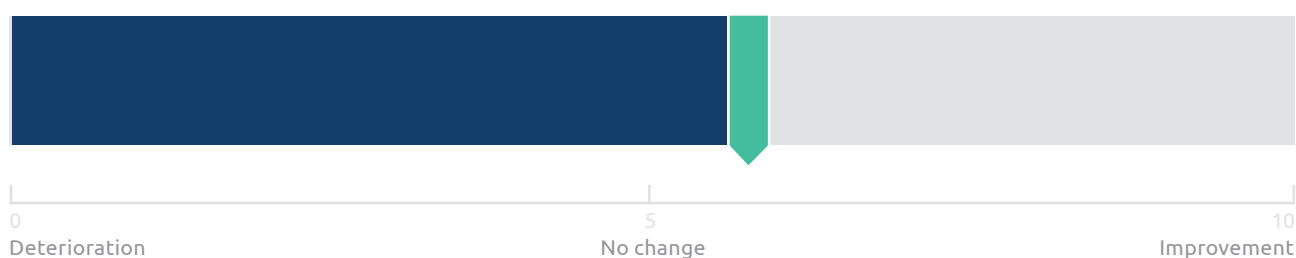
5.3 **Technology** (considered by more than a third of respondents to be the most significant enabling feature in their work) has come centre stage. It is now seen by many practitioners as a routine part of the 'toolkit', and **a vital contributor to quality outcomes**. However, there was also a thread of concern about the impact on supported people who may be digitally excluded due to difficulties in accessing or using equipment. There was some dissatisfaction with the means and speed with which new equipment and ways of communicating had been introduced.

5.4 The value of **support from colleagues and managers** was again reported as important. A good manager is able to provide technical and emotional support, and there were examples of this. Working from home and the use of technology allow for a more individualised approach to work planning and delivery. For many, this in turn supports a more person centred approach with supported people - a key ambition for social care. For others, the social isolation engendered by an increased reliance on technology remains an enduring obstacle to their ability to work well.

Survey evidence

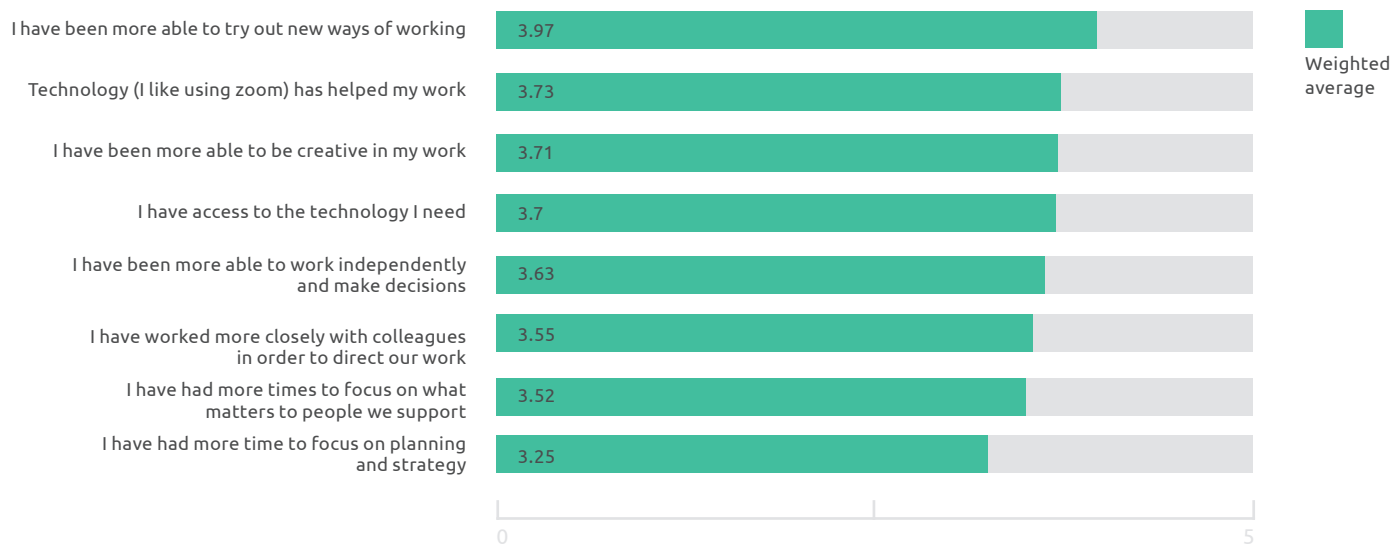
5.5 Overall, social care staff feel there has been a small but noticeable improvement in the quality of the work they produce. This is reflected in the overall score of 5.75. At 6.13, managers were slightly more positive than frontline staff (5.58)

Chart 12: Quality and working well (overall)



5.6 Chart 13 shows the responses to the statements about quality and working well.

Chart 13: Quality of work (510 responses)



5.7 As can be seen in the chart above, all of the given statements were agreed with by respondents to the survey.

5.8 Respondents were also asked to comment on the factors that ‘helped’ or ‘did not help’ their relationships with supported people and families during lockdown. Their responses are shown in Charts 14 and 15 below.

Chart 14: Factors which have ‘helped’ staff to work well (313 responses)

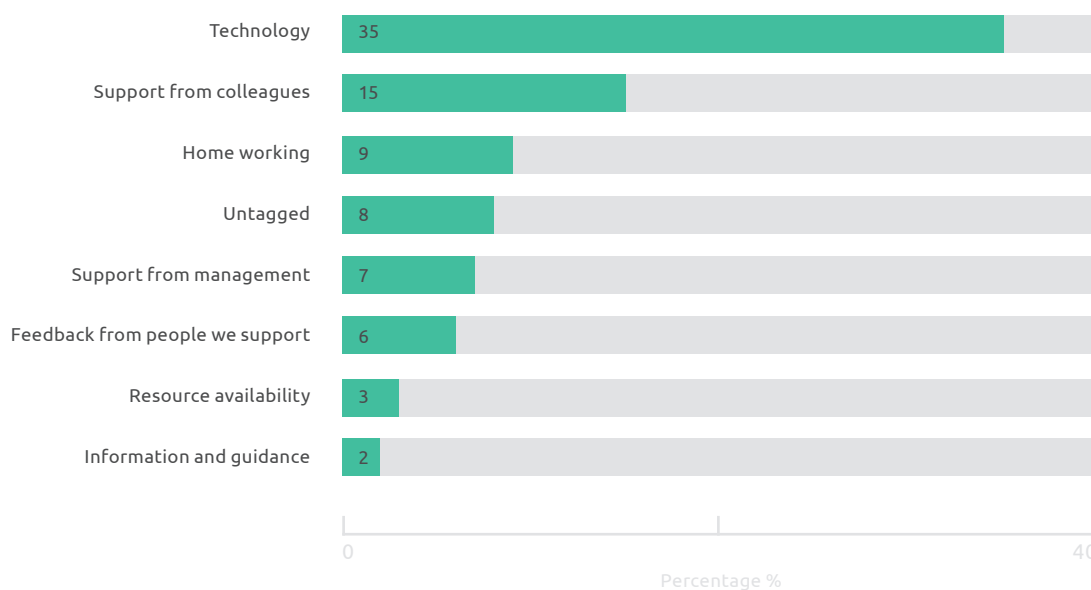
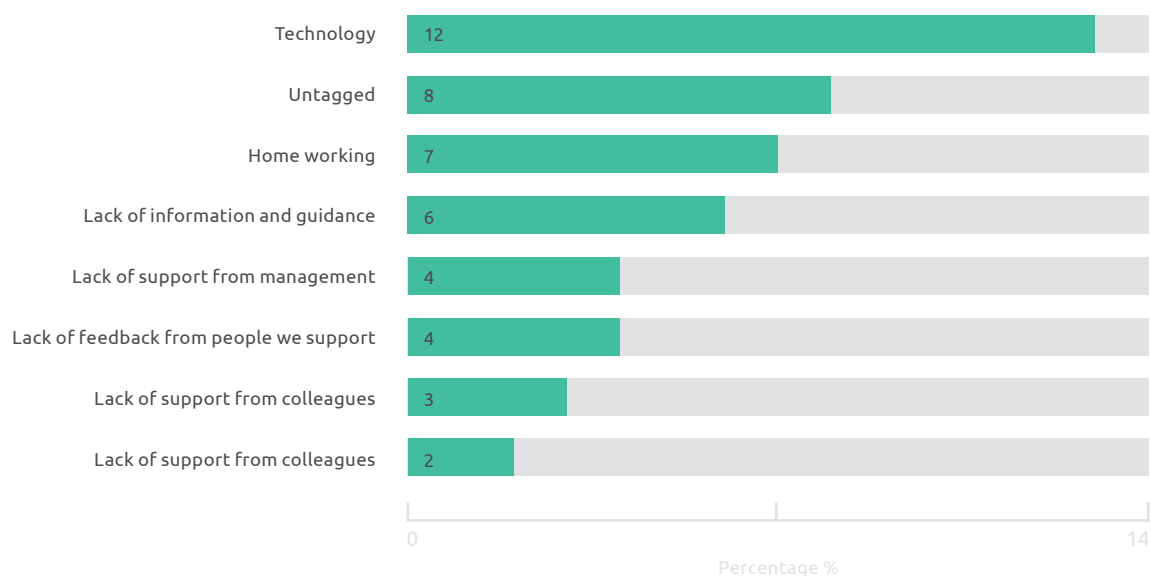


Chart 15: Factors which 'did not help' staff to work well (160 responses)



Key themes: Quality and working well

Technology as a powerful tool to help deliver social care

5.9 As we have seen in chapter 4, the availability and use of technology is potentially a major asset to professionals, 35% of respondents identified this as the most significant factor in helping them to 'work well'.

"The main thing that has helped is the correct technology, keeping in touch through video link meetings with staff, my seniors, and senior management. Being kept up to date by senior management on all the current legislation on our weekly updates."

5.10 Despite the benefits, the use of technology could be problematic.

"The use of technology has been a good example of how communications between myself and other professionals/staff has been both helpful, cost effective and ecologically sound. The fact that this same technology is not available or not accessible to everyone is frustrating. The fact that professional bodies and regulators are using a variety of different VC platforms is very unhelpful."

5.11 As one respondent put it, technology could bring more stress than benefit. 13% cited it as a factor that did not help produce quality work, highlighting the discrepancy between the experience of staff using technology and that of supported people. In the latter case, people often struggled both with finding access to the equipment and with inadequate support to make use of it.

"Video links for meeting have made a huge positive difference, but is problematic for engaging with service users due to their lack of equipment and in some cases their ability to use technology"

5.12 Another respondent reflected on the difficulty of introducing a major change programme at short notice.

“New technology such as ‘teams’ or ‘zoom’ would have been a massive benefit if we had been using it prior to lockdown. Instead it was introduced during it. Our staff are not all tech savvy and it caused me more work and stress trying to get them all set up. More stress than benefit.”

5.13 Inconsistencies in policy and procedure were also highlighted.

“Unfortunately not being with a client face to face to deal with situations has created issues as certain agencies will not accept client’s consent forms by email, and insist that they have to be sent in by post which can take up to three weeks for them to go onto their systems.”

“Not being able to visit clients face to face has made my work more difficult. It is hard to carry out assessments and reviews over the phone, when you are not able to read the non verbal signals, or offer comfort when someone is upset.”

The practical support of colleagues

5.14 15% of respondents focused on the value of support from colleagues in improving the quality of their work.

“The support of all my colleagues - the surprising adaptability of everyone we support. The support of family and friends of those we support. The support of colleagues from other Care settings.”

5.15 While there were no shortage of examples where support could have been improved, these were outweighed by the many practical examples of positive support. Often, the ‘human’ dimension triumphed over bureaucratic requirements.

“Some of the audit and compliance systems being put to the side, and being able to focus more on positive support rather than producing paperwork to comply with some piece of legislation or company policy.”

5.16 One respondent put it like this.

“My team are amazing. If you don’t have that then it’s all downhill.”

Supportive managers

5.17 As we have already seen, the value of support from managers was reported as important. A good manager is able to provide both technical and emotional support, and there were examples of this.

“I feel I was supported through lockdown at work and at one point had a chat to my manager as I felt a bit overwhelmed by it all and felt much better just talking to someone, as this is something that we have never experienced before. So it is good to talk and get your emotions and feelings out in the open.”

“The main things that have helped are the support from my team leader and management. They have always provided me with the most up to date information for keeping safe and carrying out my tasks. They have been available, even out with working hours, to listen to me.”

5.18 There were some less positive examples.

“That senior management is removed from what goes on, and it gives little or no support - just expecting people to carry on and still focus on what is not done. No real appreciation of ground level staffing.”

Home working

5.19 Working from home was an important ‘enabling’ factor for some (9%). Respondents felt their work performance improved, giving them greater flexibility and new ways of connecting to colleagues.

“Not having to sit in an office all day has been fantastic. I am more productive working from home, even while homeschooling children as I don't feel like I am being watched in the same way.”

5.20 Working from home and the use of technology allowed for a more individualised approach to work planning and delivery. For many, this in turn supports a more person centred approach with supported people - a key ambition for social care.

“Working from home and connecting through technology has been a huge benefit to working. Sharing tasks with colleagues and working across locality areas to solve problems has also been amazing.”

“Allowing people to see their own resilience and watching people develop a sense of self belief rather than a service led solution. I think this period will support a person centred future.”

6. Findings: Partnership working

6.1 In this chapter, we examine the responses to questions about how the lockdown period impacted on the relationships that staff had developed with professionals in other organisations, and the quality of their partnership working.

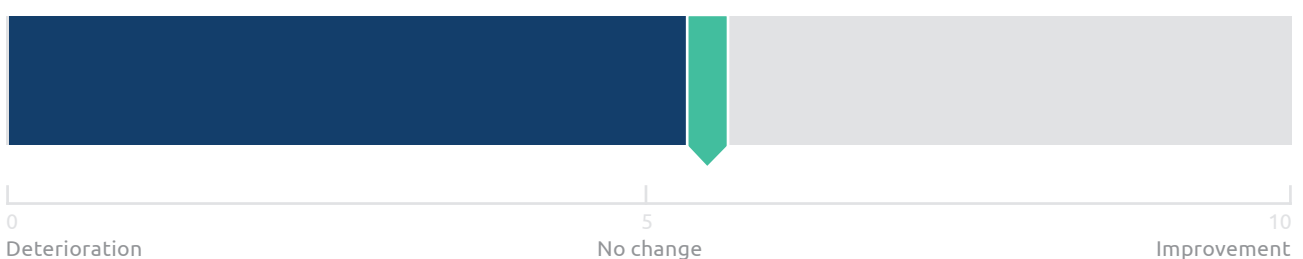
Summary

- 6.2 **Effective partnership working is seen as generally having improved** slightly as a result of the lockdown period. Just under a quarter of respondents (24%) placed communications and information sharing at the heart of effective partnership working, and laid the emphasis on the importance of having a shared vision. This was felt to be important in developing person centred support.
- 6.3 The landscape of social care is at any rate relatively cluttered, **with organisations in the public, private and third sectors delivering services**, and working with a wide range of other bodies at local and national level. Partnership working may involve both local and national support organisations, local authority wide bodies such as Health & Social Care Partnerships, or national regulatory institutions such as the Care Inspectorate.
- 6.4 The nature of relationships with colleagues in any of these bodies will vary considerably, and responses to the changes necessitated by the Covid-19 crisis mean that those relationships have been thrown into sharp relief. While it is difficult to generalise about this, the fact that everyone has had to develop responses at the same time with the advent of the pandemic means that, unusually, organisations and **staff from widely differing organisations** have found themselves **on the same 'starting line'**. Interestingly, some relations seem to have improved as a result of this.
- 6.5 Some local partnerships (for example the Provider Forums) offer a helpful setting to address some of these issues.

Survey evidence

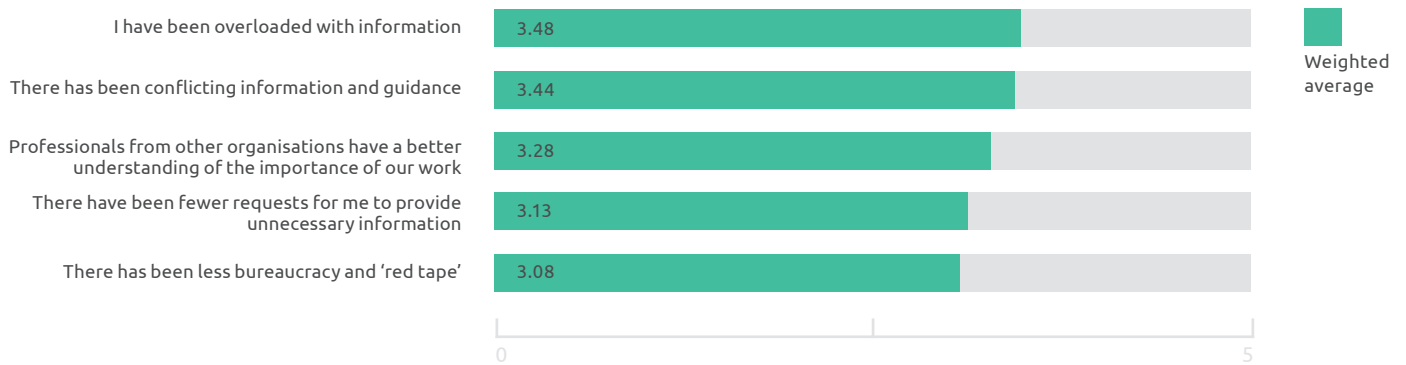
6.6 Effective partnership working is seen as generally having improved slightly as a result of the lockdown period, although there are caveats. The overall score (5.45) on this scale indicates that respondents felt able to acknowledge a small improvement in their partnership working. Managers were marginally more positive at 5.8 compared to frontline staff at 5.11.

Chart 16: Partnership working (overall)



6.7 Chart 17 shows the responses to the statements about quality and working well. This was the only quantitative question where the greatest strength of feeling was around negative issues - information overload, and conflicting information and guidance.

Chart 17: Partnership working (489 responses)



6.8 As can be seen in the chart above, all of the given statements were agreed with by respondents to the survey.

6.9 Respondents were also asked to comment on the factors that 'helped' or 'did not help' their partnership working during lockdown. Their responses are shown in Charts 18 and 19 below.

Chart 18: Factors which have 'helped' partnership working (179 responses)

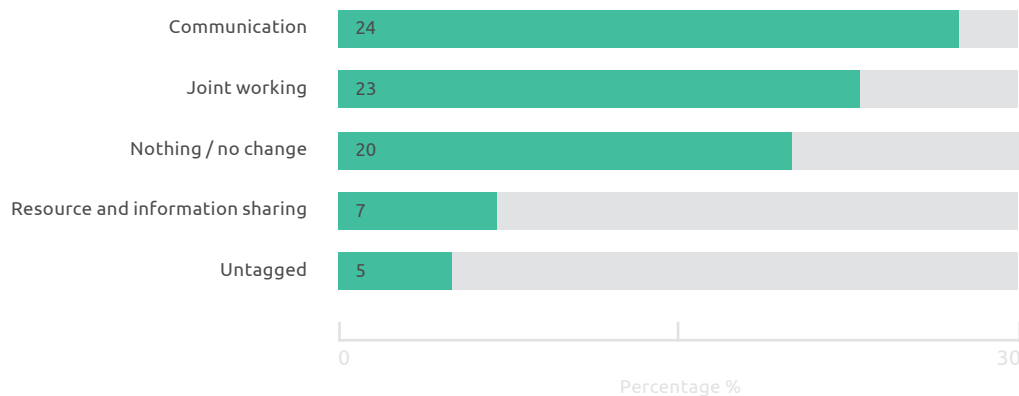
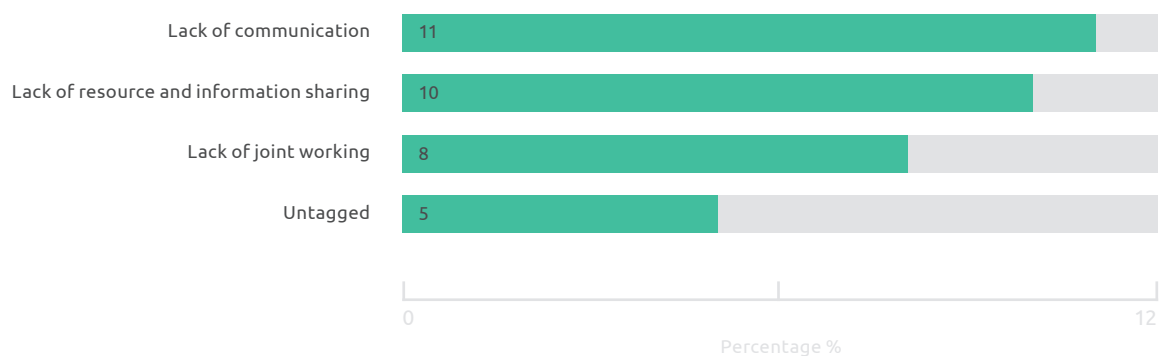


Chart 19: Factors which have 'not helped' partnership working (157 responses)



Key themes: Partnership working

Good communications supports person-centred work

6.10 Just under a quarter (24%) placed communications and information sharing at the heart of effective partnership working, and laid the emphasis on the importance of having a shared vision. This was felt to be important in developing person centred care.

“The common goal of keeping those we support safe has brought the vision of all involved closer together. There has been less scope for disagreements given how much life has been restricted since lockdown. It has perhaps allowed a refocusing of priorities across the board and placed the individual back at the centre of things.”

“Effective communication is essential, particularly messaging from statutory organisations. It’s really important to stand your ground and say when comms aren’t working. In times of crisis, I think most organisations want to work with others for the common good. Providers meeting together brings many benefits.”

“We have worked closely with all other care professionals many years and have a good working relationship. We share information in order that we meet the best needs of our service users.”

“The use of technology has helped to maintain strong relationships with social workers.”

6.11 The ‘flipside’ of the effective use of technology to enhance communications is evidenced in the confusing array of digital platforms currently available.

“The lack of a consistent approach to the use of a single VC platform has not been helpful in terms of maintaining effective communication between various bodies and this, in itself, has not supported the maintenance of positive and productive professional relationships.”

“It’s been hard coordinating technologies. For example we use zoom as it’s the easiest for our service users (learning disabilities, mental health) but other services won’t use it and use Teams, so it’s been hard to have partnership meetings or help isolated people connect with other groups who are using different technologies as it’s really hard to explain to people with difficulties how to use more complex tech.”

6.12 Sometimes the obstacles are persistently human.

“Unable to reach case workers or contact with social services as they do not answer the phone or return messages.”

Joint working on the ground

6.13 Joint working was identified by 23% as critical to getting to know colleagues in other organisations and being able to effectively work with them.

“We are fortunate to have a good working relationship with other professional parties which has helped in this situation. We have been able to work closely with them to continue to ensure the best care and the needs of those whom we support are still being met.”

6.14 The nature of relationships with colleagues in partner organisations will vary considerably, and responses to the changes necessitated by the Covid-19 crisis mean that have those relationships have also varied accordingly. While it is difficult to generalise about this, the fact that everyone has had to develop responses at the same time with the advent of the pandemic means that, unusually, organisations and staff from widely differing organisations have found themselves on the same starting line. Interestingly, some relations seem to have improved as a result of this.

“I have benefited from the regular calls from the Care Inspectorate, I feel they have been an excellent support during the last few months, I felt we were all in this together and able to let our guard down so to speak as we all had to change the way we work at the same time.”

“I have been involved in supportive visits to Care homes with NHS colleagues. This has been positive in building networks.”

“Providers Forum has been very supportive, chatting with other people who are going through the same, shared stories and taking away best practices examples. Social work has had very little communication with us in the beginning, they are just now using technology to stay connected.”

6.15 Improved understanding of policy and practice could be achieved by closer working together on practical tasks.

“As the focus shifted to keeping people safe and entertained, a lot of pressure to complete targets was eased, and the work still got done without the added stress. Other professionals have realised we are an essential service and are good at what we do, and hopefully will continue to respect our work when this is all over.”

6.16 A fifth of respondents felt there had been no real change to their partnership working over the lockdown period.

A cluttered landscape

6.17 The landscape of social care is relatively cluttered, with organisations in the public, private and third sectors delivering services, and working with a wide range of other bodies at local and national level. Partnership working may involve both local and national care organisations, local authority wide bodies such as Health & Social Care Partnerships, or national regulatory institutions such as the Care Inspectorate.

6.18 A wide range of organisations were referred to in response to this question. These included other third sector or local authority bodies, the NHS (in all its diversity), Health & Social Care Partnerships and a range of national bodies.

6.19 Social care service providers (and to some extent third sector organisations specifically) continue to be seen as the 'poor cousins', receiving the raw end of local deals - financial or otherwise. This lack of parity of esteem is a significant barrier to partnership working.

"As usual NHS colleagues have forgotten the third sector and the people we support. Locally there have been low numbers yet I have heard complaints about hospital care."

"It sometimes feels like the third sector are managing to adapt and provide valued support, whereas statutory services are very much limited during lockdown."

"I feel that the NHS without a doubt do a fantastic job, but I strongly feel homecare frontline staff were almost forgotten in this crisis. I only hope that we are all a little more valued as a service from now."

Resource and information sharing

6.20 Some local partnerships (for example the Provider Forums) offer a helpful setting to address some of these issues.

6.21 Organisations being held in unequal esteem (and a feeling that third sector organisations were coming off worst) had not facilitated the sharing of information, mutual understanding, and resources.

"I found that other professionals OTs, care managers, doctors were not going into service users homes, but sending us in instead, made me feel disposable, like it was OK for me to get the virus but not them."

"CPNs are even less keen to see our clients. Addiction workers disappeared and wrote week long methadone prescriptions putting our clients at risk. Housing officers treated us like we were the enemy and blamed rather than supported. We are increasingly being asked to take on the frontline aspects of these workers roles."

6.22 Although there are examples of assistance with practical matters such as PPE, the historical divide between the third sector and local authorities was still in evidence.

"My relationship with my care inspector is good and we are having more regular contact with offers of support if needed. HSCP have helped us access PPE. It sometimes feels like the third sector are managing to adapt and provide valued support, whereas statutory services are very much limited during lockdown."

7. Findings: Surprised by....

7.1 In this chapter, we examine the aspects of their work that respondents told us they had been 'most surprised about' during the lockdown period.

Summary

7.2 Nearly half of respondents (42%) found themselves **surprised at how resilient the people they supported were**. They were often unexpectedly perceived to be able to adapt and to cope with a changed set of circumstances. This applied in several cases to people being supported who were perceived to be facing the toughest challenges. Supported people were not only resilient - many people's lives and wellbeing were thought to have improved during lockdown.

7.3 A similar pattern of healthy **resilience and adaptability is also evident in the workforce** itself. Responding to the demands of a changed environment and underpinned by a sense of 'we're all in this together', social care staff are able to highlight the positives to emerge from the current lockdown period. Importantly, this was not limited to operating a 'deficit' or 'tick-box' model of support, but in many cases demonstrated a positive, creative, and flexible approach to working in different ways to improve the lives of the people supported.

7.4 The **benefits of working from home** came as a surprise to many, given the opportunity and necessity of adapting their usual working practice, and 5% of respondents were unexpectedly taken with how positive the home working experience could be.

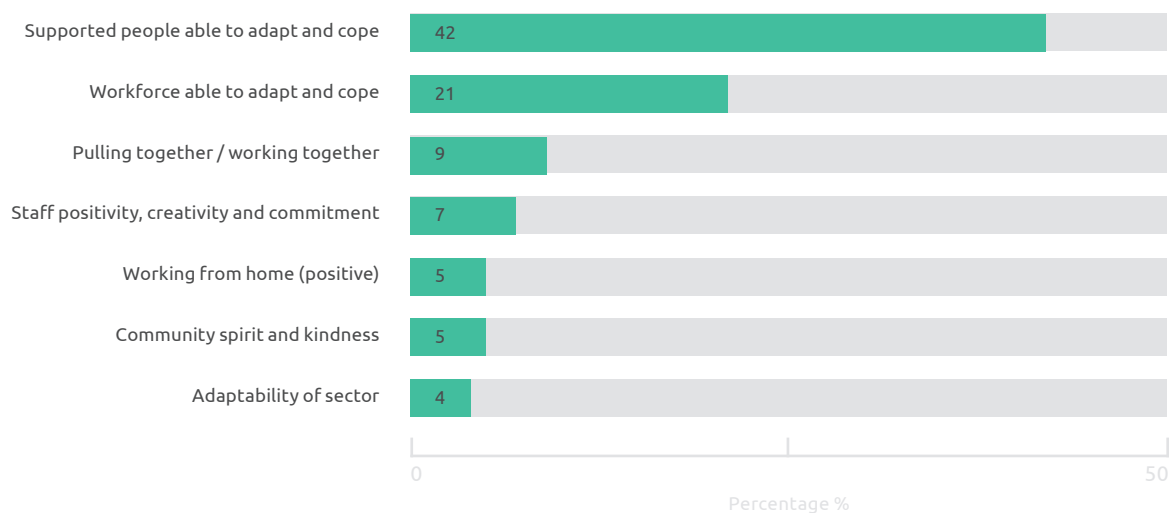
7.5 There is a feeling among social care staff that the prevailing view about **social care** – the people it supports and its ways of working - is (despite the current circumstances) **starting to change**. The shared challenges draw people into a more mutual understanding of key priorities and shared values.

7.6 The adaptability and **resilience of the social care sector itself is clearly a surprise to many**. Staff tend to 'go the extra mile' for both the people they support and for colleagues. In a funding environment that is increasingly tough, the commitment and creativity of staff remains a vital (if slightly surprising) feature.

Survey evidence

7.7 The chart below summarises the commentary from respondents with regard to what surprised them most.

Chart 20: What has surprised you? (323 responses)



Key themes: Surprised by....

7.8 We have also referred to factors that respondents told us they have been most 'surprised by' at the relevant point throughout this report. For example in para 5.10 where the surprising level of resilience perceived among supported people is mentioned.

The people we support are able to adapt and cope

7.9 The people supported by social care workers were often somewhat unexpectedly perceived to be able to adapt and to cope with a changed set of circumstances. This applied in several cases to people being supported who were perceived to be facing the toughest challenges. Supported people were not only resilient, many people's lives and wellbeing were thought to have improved during lockdown.

7.10 Approaching half of respondents (42%) found themselves surprised at how resilient they thought people they supported were.

"How adaptable and resilient our supported people are and how much they gain from less structured lives."

"How well the people we support have managed and adapted to the situation. Many of them have had less stress and anxiety."

7.11 This was true for many people where a less positive outcome might have been expected.

“People who have previously been described as having behaviours that are challenging have coped well with the lockdown, and there has been a decrease in frequency and severity of behaviours.”

“The supported people I felt may have faced the biggest challenge (autism) have actually coped and adapted really well given the situation and the uncertainty of how things will progress.”

7.12 For some, the change was thought to be dramatic.

“Some people we support have better lives now than before lockdown.”

The workforce is able to adapt and cope

7.13 A similar pattern of healthy resilience and adaptability is also evident in the workforce itself. Responding to the demands of a changed environment, staff pulled together and faced uncertainty with positivity and commitment, underpinned by a sense of ‘we’re all in this together’. Social care frontline staff are able to highlight the positives to emerge from the current lockdown period. Importantly, this was not limited to operating a deficit or ‘tick-box’ model of support, but in many cases demonstrated a creative, tangible and flexible approach to working differently in order to improve the lives and well-being of the people supported.

7.14 The workforce was also deemed to have regularly demonstrated resilience - with an ability to respond flexibly and positively to the changed environment. More than a fifth of respondents (21%) felt this to be the case.

“The ability for our staff team to adapt so readily to multiple quick and far reaching changes, and still remaining positive, upbeat and focused on those we support “

“I’ve been absolutely blown away at the adaptability of my staff. They have given 110% whilst also going through hard times themselves. This has shown me how much my team truly ‘care’.”

7.15 Almost a tenth of respondents (9%) identified the collective working together of a variety of professionals as the thing that surprised them most over this period.

“The way that everyone has worked together to get us through this unique time.”

“Our ability as a team to pull together and support our service users in a new way which in my view has been beneficial for many workers and service users.”

“How amazingly well everyone has pulled together and coped. The staff teams have been fantastic. “

“Passion and strength of Scottish people to pull together at a time of crisis.”

Home working

7.16 The benefits of working from home came as a surprise to many, given the opportunity and necessity of adapting their usual working practice. 5% of respondents were unexpectedly taken with how positive the home working experience could be.

"How much work can actually be done from home."

"My ability to focus more whilst at home, fewer distractions."

"We don't need to be in an office all the time."

Staff positivity, creativity, and commitment

7.17 There is a feeling among social care staff that the prevailing view about social care - its clients and its ways of working - is (despite the current circumstances) starting to change.

7.18 Alongside the collective 'pulling together' was the commitment and creativity of staff. This was mentioned by 7% of respondents.

"I am most surprised by the sheer dedication of staff to be in at their work to support service users through this period and involve them in the wider community through video link, encouraging activities, being creative in activities, and just the sheer attitude of staff wanting to work extra shifts and help out, this has been so encouraging and heartfelt."

"The positivity of staff never fails to amaze me; their creative thinking outside the box to offer the best support available in the circumstances and to bring a ray of light and hope to the people we support. Priceless."

"The understated hard working utter dedication of all social care frontline staff."

7.19 A sense of community and a willingness to show kindness was a factor for 5% of respondents. They were impressed by "the level of care and support shown by communities to vulnerable people", and that "there appears to be a sense of community back."

7.20 In some cases this led to supported people helping each other.

"I have been surprised by how many service users have been so much more community spirited. They will all pull together and help one another more. I have noticed more acts of kindness and care towards each other whether it be staff or service user."

Adaptability of the sector

7.21 4% of respondents were impressed by the adaptability and resilience of the social care sector. In some cases the response from the third sector contrasted with the approach taken by the statutory sector.

"The willingness for fast paced change, the flexibility, creativity and commitment of staff to continue delivering support."

"How quickly and professionally the 3rd Sector has responded and how slow statutory bodies have been to respond."

8. Findings: Practices to abandon

8.1 In this chapter, we examine the responses that described the practices or ways of working which respondents believed should be left behind.

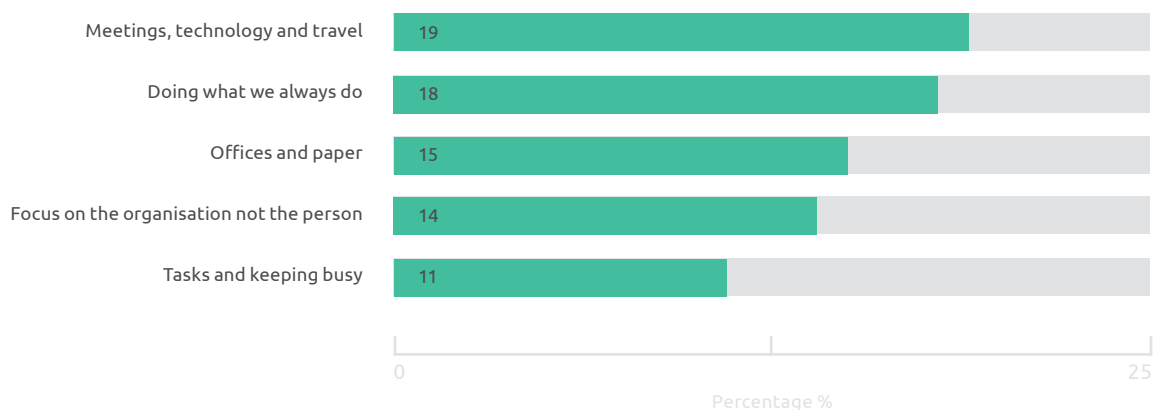
Summary

- 8.2 A **culture of face-to-face meetings** (staff supervision, team meetings, training events) has evolved over recent years. The experience of the lockdown period has, however, necessitated an alternative approach drawing on a range of technological solutions, including video-conferencing, email, and social media.
- 8.3 **'This is the way we always do it'** has become an excuse for somewhat rigid patterns of contact with supported people, with the emphasis on activity, time and tasks rather than the well-being and hopes of the person. They are not what would be characterised as person centred approaches.
- 8.4 Being **physically based in an office** (and spending time there) is seen as an unnecessary luxury. There is a call to minimise unnecessary paper based systems and record keeping, and to minimise unhelpful 'red tape'. Working from home offers a real opportunity to work in a 'smart' way, saving time, energy, and cash.
- 8.5 Being driven by meeting the needs of the organisation rather than by those of the people it serves is a real risk. People being supported should be treated as adults, able to demonstrate agency and choice. They should have flexible person-led plans. There has often been a **failure to evolve from service led, buildings based, provision** to a more nuanced, person-centred approach.
- 8.6 In order to appear 'productive', some organisations relied on the **quantity of activities** rather than the quality of the experience for the person being supported. Happiness, well-being and a meaningful life are not necessarily created by being busy.

Survey evidence

8.7 There were marginally over 500 separate suggestions in response to the question: 'Based on your learning from the lockdown period, which three old practices / ways of working should we now stop using? These are summarised in Chart 21.

Chart 21: Old practices to stop using (501 responses)



Key themes: Practices to abandon

Meetings, technology and travel

8.8 Almost a fifth (19%) of responses focused on some key practical issues related to work practice which respondents wanted to leave behind. These described a culture of unnecessary face to face meetings, travel to reach them, and a reluctance to use communication technology - either between colleagues or with the people being supported. This has led to time and resource wastage.

"Physically attending meetings - this has illustrated how much time we waste travelling to meetings."

8.9 A feeling that face to face training (as opposed to, say, video conferencing) was always necessary, tended to reinforce a reluctance to use technology

"I think we need to focus and continue to use technology. It is clear that many meetings and training can be achieved using this. I am not saying all but quite a lot could benefit."

8.10 This resistance to use communications technology sometimes necessitated unnecessary travel.

Doing what we always do

8.11 'Traditional' work patterns and models of support were described by just under a fifth (19%) as something that needed changing. They tended to be exemplified by rigid patterns of thinking and of providing support.

"Getting away from the 'it's always been done that way' or 'we are not allowed to do that' mentality. We need to come up with creative ideas about how we provide support in the future."

“Sticking to plans and routines when flexible ways of working and creative thinking have built people’s skills.”

“Supported people accessing Day Centres because it is what they have been doing for years/decades rather than having targeted support with an outcome”

“That someone has to do something on a certain day because they always have”

“Stop thinking in the old traditional ways”

8.12 There was a call to move away from people fitting into pre-existing service offers, and to focus more on the wellbeing and hopes of every supported person. In short, social care services should be more person centred.

“To be a more needs led service as opposed to five day placements as a continuation from school, and focus more on what people’s wishes/needs are.”

“We need to look at traditional models of day service and rather see if there are more innovative and meaningful ways of providing meaningful work and activity for people.”

Offices and paper

8.13 Being physically based in an office (and spending time there) is seen as an unnecessary luxury. There is a call to minimise unnecessary paper-based systems and record keeping, and to reduce unhelpful ‘red tape’. Working from home offers a real opportunity to work in a ‘smart’ way, saving time, energy, and cash.

8.14 15% of respondents highlighted a number of issues related to work practices which they felt were ripe for change. These included the necessity for staff to be physically present in a central office, over-reliance on ‘red tape’ and established paper based ‘bureaucratic’ systems, and a reluctance to allow home working, hot desking, and more innovative approaches to sharing office space.

8.15 Paper based ‘bureaucracy’ and ‘red tape’ were criticised as being disproportionately demanding of time and energy - often at the expense of the people being supported.

“It has highlighted the amount of time used to spend on paperwork meaning less time actually spent with residents.”

“Less time on care / support plans, at times more time is spent on these than with the people we support. Keep it a lot more simple.”

8.16 Several respondents felt strongly that any residual resistance to home working should be dropped, and this style of working made available as an option.

“Allowing more flexible and home working, and recognising the benefits of both home working and office working and promoting trust with the staff team.”

“There should be the option to work from home when beneficial to both the individual and the organisation.”

8.17 One respondent felt this applied particularly to managers!

"Managers should work from home more regularly."

Too much focus on the organisation, rather than the person

8.18 Many of the above issues cohered around a sense that all too often social care tended to focus on meeting the needs of the organisation or service rather than the people it served. Services sometimes exhibited an inability to treat supported people as adults who have their own skills, ideas, and preferences. 14% commented on the (generally unconscious) trend for being service-led rather than person-led. This service-led approach frequently came with "imposed times to suit the project rather than the service user." Organisations needed to shift their emphasis from achieving targets set by the organisation to implementing models of service led by the supported people.

"Going forward we should take the opportunity to stop the hierarchical practice of determining what is best for other people in terms of their social, educational, recreational and emotional needs. Much more emphasis must be placed on the individual and not mainstream services. The over-reliance on outputs rather than tailored outcomes should be stopped."

"Silo working - need to be far better at working together with the person at the centre of everything."

"Social work reviews need to be person centred again, it is often a tick box exercise where the SW is looking to clearly cut hours regardless of how well the individuals are doing."

8.19 Outcomes' - the currently accepted wisdom for guiding the planning of social care services - were regarded by some as a 'corporate' distraction from the real business of addressing the issues which mattered to individuals. This was part of a broader disillusionment with planning that held no meaning for supported people themselves.

"There is too much put on outcomes. Staff feel pressured to support around outcomes instead of looking at what the person supported wants on a day to day basis. Has it all got to do with outcomes, or, is outcomes just the "word" for now. Why not 'plans'? That is what I have in life."

"Stop setting "meaningless" goals"

8.20 There was a call to treat supported people as adults, who are able to demonstrate agency and choice. This included recognising people's capabilities as well as the support they needed, and listening to supported people rather than assuming services knew best what people wanted.

"Stop making assumptions about what people can & cant do"

"Give people there voice and listen to them"

"Stop focusing on ticking boxes which are general, and be more focused on individuals."

“Less emphasis on task focus - more time to provide quality individualised support”

8.21 A failure to evolve from service-led, buildings-based, provision to a more nuanced person-centred approach was mentioned by several respondents. A radical shift of focus was called for. No longer should services ‘insist we need to make people do what they don’t want to - to meet our own agenda.’

Undertaking tasks and keeping busy

8.22 In order to appear ‘productive’, some organisations relied on the quantity of activities rather than the quality of the experience for the person being supported. Happiness, well-being and a meaningful life are not necessarily created by being busy.

8.23 The spectre of appearing ineffective had tended to create a need to provide structured programmes for people using support, with a focus on ‘tasks’ and ‘timetables’ rather than a meaningful life.

“Less emphasis on task focus- more time to provide quality individualised support”

“Stop strict timetables and be more flexible”

8.24 11% of respondents spoke of a tendency to ‘look good on paper’ while having limited benefits for the service user. Some referred to a reluctance to allow some gentle flexing of the rules in order to create more meaningful experiences for people in receipt of support. The focus on ensuring busyness and activity was perceived by many as putting ‘pressure’ on supported people, and a common cause of ‘stress’.

“Always having to have something for the service users to be doing just so we can tick a box.”

“Stop making people be involved in community activities without purpose to them”

“Expecting supported people’s days to be full of activity - putting pressure on them”

“Stop making people we support feel they have to be busy all the time.”

8.25 It was pointed out that there was an inherent irony in this..

“Being task focused during support - but this is what is funded. Happiness is not funded.”

8.26 One respondent summed it up like this:

“People do not need to go out every day to day centres to keep busy.”

8.27 Other less frequent, but significant, areas to ‘let go of’ included: silo working, funding rigidity, risk aversion and listening to parents and families as opposed to supported people.

9. Findings: Practices to adopt

- 9.1 In this chapter, we examine the qualitative responses which described the new practices or ways of working within social care which respondents believed should be adopted.

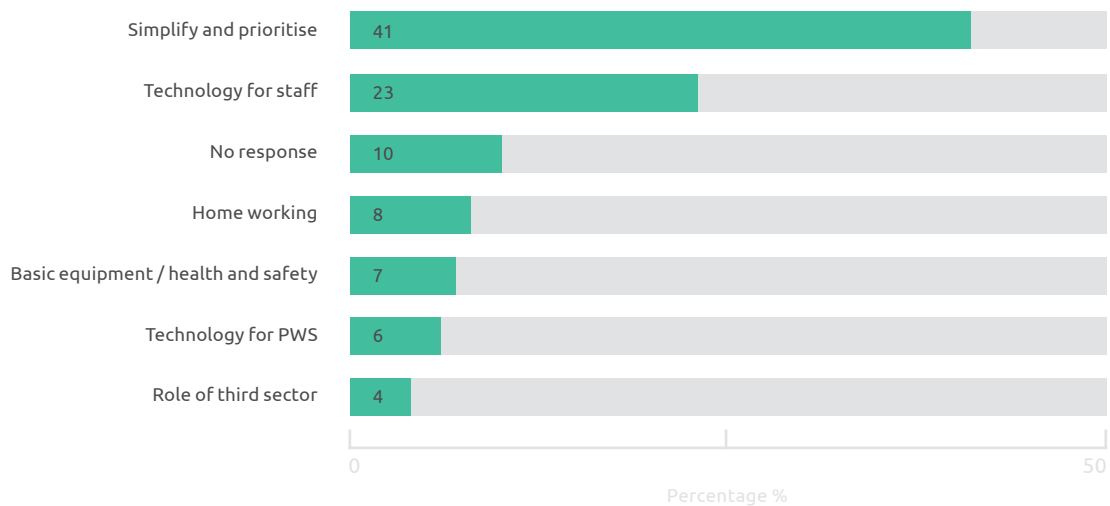
Summary

- 9.2 We should re-assert **the 'core vision' of person centred social care**, listening to the needs and wishes of the people being supported, and deriving an agenda based on creativity, choice, control for people, purpose, connection and fun.
- 9.3 There was a call for **services to learn to work differently** based on their experiences over this period: slowing down, spending time with people, creating a culture of creativity, trust and autonomy within teams, and building flexibility in to the provision of support for people.
- 9.4 There is a desire among staff to make further **use of the available technology** - in order to effectively communicate, plan, and reach decisions in and between staff teams. Substantial capacity building to ensure full workforce participation will be required. Recognising the demands and pressures of 21st century life, **home working** on either a full or part-time basis, offers greater scope and flexibility to work more 'smartly'. Saving time on journeys and meetings that can be effectively managed with a digital solution, frees up time for contact with the people being supported, their families and partner agencies.
- 9.5 A quieter voice calls for continuing vigilance on behalf of staff that are exposed to risk in their daily working lives. The enduring **importance of relevant protective equipment (PPE)** and clear guidelines about its use is seen as vital.
- 9.6 Technology (including access to the internet and social media) **is an important tool** for connecting with others - **for learning, communication, and relaxation**. The danger of a digital divide was felt by participants, and there was a need to invest in access and support to ensure that supported people were able to use technology to connect and enhance their lives in the same way as others.
- 9.7 The longstanding resentment within substantial parts of the third sector that it is seen as the 'poor cousin' to the public sector needs to be addressed. This affects contracts, terms and conditions of employment, status, and inter-agency relationships. This is not an exclusively third sector issue. Respondents expressed a **shared concern across both the statutory and voluntary sectors about staff pay**, and terms and conditions.

Survey evidence

- 9.8 Respondents were given the opportunity to identify up to three practices to adopt. 746 responses were received, of which 10% were void or not relevant. That left 670 suggestions in response to the question 'Based on your learning from the lockdown period, which three new practices / ways of working should we now adopt?' Chart 22 shows the results.

Chart 22: New practices to adopt (746 responses)



Key themes: Practices to adopt

Re-asserting the core vision - simplify and prioritise

9.9 Central to the responses was a palpable desire to re-assert the 'core vision' of person-centred social care, and develop services accordingly. 41% of respondents spoke of this. It would entail stripping away the elements which now no longer met needs, and distracted from the central tenet of being responsive to an individual's needs and wishes. As one respondent put it,

"Taking time to re-evaluate what people want."

9.10 The 'core' vision for many respondents revolved around listening to the needs and wishes of the people being supported, and deriving an agenda based on creativity, choice and control for people, with purpose, connection and fun.

"Focus on the individuals we support and listen to what they really need."

"More choice for people on how they use their support time."

"A more ad hoc approach to fun and activities."

"More creative ways of supporting individuals to meet outcomes."

"Thinking creatively about new resources which people will benefit from to replace day centres - more support to build friendships, meet up with others, in their own time."

"Re-dedicate to look at real opportunities for all."

9.11 This clarity of purpose would allow staff to concentrate on priorities in their work with people.

"Focusing on what support people really do need. Not overdoing it, focus on having an enjoyable life not just a clean house."

"Allowing people to live a more normal life, go with the flow"

"Accept that service users don't need to have a jam packed schedule. Take things at their pace with their REAL interests."

"Person centred support instead of quantifying every aspect of a person's life in hours."

9.12 How staff worked was key to delivering this change, and included a focus on slowing down, spending time with people, and having a level of autonomy and trust within teams. Flexibility around working hours and patterns, and in the way support was planned, delivered and reviewed, were also significant features of this way of working.

"Allow time for meaningful conversations on the wards."

"Trusting staff to be able to support with without strict timetables."

"Trusting the people closest to the challenge to make the right decisions."

"Encouraging the new found creativity and confidence within staff teams."

"More flexibility in rotas and support times."

9.13 The longer term implication of this shift towards person-centred support could be a significant element of service re-design.

"A review of registration categories to enable more creative and innovative models of care and support."

"One social care body that links all together - regulation / support / workforce / funding."

"Working more closely in partnership to deliver what is best rather than a 'siloed' approach."

"Reduction in building-based services and a move to community-based. Something we have been moving toward but which can be pressed harder than before with the social distancing framework we are currently working under."

9.14 One additional aspect that several respondents mentioned was the challenge of balancing the needs of people being supported with those of their families and carers.

"Supported people being more in control as families can't come near to interfere."

"People to develop personal relationships and stop being so dependent on their carers."

Technology for staff

9.15 A recurrent theme was the desire to make use of the available technology for the benefit of staff. This was mentioned by almost a quarter (23%) of respondents. For many, the lockdown period had necessitated forays into the world of video conferencing and email - in order to effectively communicate, plan, and reach decisions in and between staff teams, with the result that many had seen the benefits in practice. For example, reducing the dependency on paper records simultaneously saves time and makes decision making more transparent. There are also advantages for travel.

"More use of technology to minimise travel time wastage for meetings."

"Use of technology for multi-disciplinary meeting to save time and cost on travel."

9.16 The use of laptops, mobile phones, video conferencing software, and crucially the internet is already in place, but will need substantial capacity building to ensure full workforce participation.

"Look to continue to use and develop opportunities online - especially in rural and remote areas. Need to think this through and the best way to do this. Centrally this means some training and support for folks, their families and support staff."

"Ensuring individuals have more digital knowledge and access to equipment."

Home working

9.17 8% of respondents identified home working as a change in practice that would be worth adopting more widely. Recognising the demands and pressures of 21st century life, home working on either a full or part-time basis, was seen as offering greater scope and flexibility to work more 'smartly'. Saving time on journeys and meetings which can be effectively managed with a digital solution frees up time for contact with the people being supported, their families and partner agencies.

"Given the correct equipment - there is more scope for working from home."

"Everyone to have periods of agile/working from home as standard and incorporated in to a planner or rota."

9.18 There were options on how much time should be used like this. It ranged from full-time to part time

"Working from home on a regular basis - at least once a week "

9.19 It could have an impact on budgets, saving time and money.

"Working from home - do we really need to spend so much money on office spaces?"

9.20 Overall, as well as creating more available time for the people being supported and their families, it made for an improved quality of life.

"Increased home working - better work-life balance."

Basic equipment / health & safety

9.21 A quieter voice (7% of respondents) called for continuing vigilance on behalf of staff who are exposed to risk in their daily working lives (which in reality meant most frontline staff). They emphasised the enduring importance of ensuring the availability of relevant protective equipment (PPE) and clear guidelines about its use.

“Use of PPE - whatever is coming next we should continue using PPE and the preventative measures that have helped reduce the infection rate.”

9.22 The clear implication was that there had been inadequate protection for staff. This needed to be addressed by guaranteeing a regular supply of the equipment.

“Full supply of good PPE available to all front line staff.”

Technology for people we support

9.23 Technology (including access to the internet and social media) has become increasingly important over the lockdown period for the people supported. Respondents recognised the potential for a digital divide, with people they supported not having access to connect via technology in the same way as others. This carried a significant risk of digital exclusion. 6% of respondents saw technology as being useful for both staff (see above) and the people being supported.

“Push hard to encourage digital inclusion for both the people we support and staff.”

“Use of technology to help people we support keep in touch.”

9.24 The use of a single system was suggested.

“Adopt a single VC application that can be accessed by both professional colleagues and the vulnerable adults that the system is there to deliver a service to - thus breaking down barriers and enabling participation.”

“We should adopt a measured approach to the use of technology that does not further discriminate against those who are digitally isolated or excluded. Public bodies should adopt a single system of communication via video conferencing.”

9.25 It would be important that the relevant capacity building was available for the people being supported in order that they could make full use of the available technology.

“Technological support for service users to access the necessary tools to communicate with services and in place of some services - thus breaking down barriers and encouraging engagement and participation.”

“Incorporating more technology and helping our women to use it.”

9.26 Technology can serve as a bridge between the lives of service users and those of their friends and family. This is especially true of social media, and respondents felt this was an area needing additional focus.

"Allowing service users more access to social media."

Role of the third sector

9.27 A small but vocal subset of respondents (4%) turned their attention to the role of the third sector. Their comments reflected the longstanding resentment within parts of the third sector that it is sometimes seen as the 'poor cousin' compared to the much larger (and hence powerful) public sector - principally local authorities and the NHS. This affects contracts, terms and conditions of employment, status, and inter-agency relationships.

9.28 Respondents aspired towards broader acknowledgment of this status differential and an appreciation of the work delivered by the sector.

"Continued recognition of the fantastic work done by 3rd sector organisations and their staff."

9.29 This would require longer term investment.

"Invest in 3rd sector to a much greater degree - both in terms of funding and in terms of respect."

"Formally accept and recognise the value of the 3rd sector. Without us the social care structure would collapse due to the level of need and demand of those who need support."

9.30 In the more immediate term, there might be progress to be made across the sectors on pay and rewards. Respondents expressed a shared concern within both the statutory and voluntary sectors about staff terms and conditions.

"Everyone does the same job so all support staff should be paid the same and have the same terms and conditions whether they work for a Council, 3rd sector or private employer."

"Valuing and respecting the service that has been provided and recognising this through pay scales."

"A review of the wage structure. Lots of new staff are played the living wage. A starting wage of at least £10 an hour might attract more experienced workers"

"Better pay for frontline care staff to acknowledge risks, skills and challenges attached to job role."

9.31 Despite the desire for an increased recognition of the value of the third sector, including financially, there was a persistent appetite from respondents to build on and further develop the (largely positive) working relationships across the statutory, independent, and third sectors for the benefit of supported people:

“More partnership working as a sector in the local area.”

“Work in partnership/collaboratively to identify gaps, reduce duplication of work, and provide a better service to those who need support.”

“Working more closely in partnership to deliver what is best rather than a ‘siloes’ approach.”

10 Opportunities for change

10.1 In this chapter, we summarise the key overall messages of the research, review how we have arrived here, and present some opportunities for change.

10.2 This report is first and foremost a service provider view, and does not claim to be anything other than this. Consultation and discussion with the people supported and with their carers and families will need to form part of any subsequent work.

Key messages

10.3 There are four key messages from the research:

1. Supported people are perceived by social care staff to be better able to cope and more resilient than many would have thought.
2. Supported people are perceived to prefer support that is constructed around their needs and preferences, and provided in a relaxed, non-pressurised way.
3. Social care staff are motivated, resilient, adaptable and proud of the way their work changes people's lives, but feel undervalued professionally.
4. There is now an opportunity to use learning from the 'lockdown experience' to re-appraise the way the social care workforce functions, in particular how to make use of more flexible, autonomous, and creative ways of working.

Where we have come from

10.4 This research offers a range of insights into the current 'state of play' of social care in Scotland mid way through 2020. The contextual backdrop is, above all, the Covid-19 pandemic and the impact this had on the social care sector - both positive and negative.

10.5 Social care services are commonly broken down by 'provider', and each is, to some extent, driven by its own culture and values. The third sector is the largest sector (the survey returns reflect this), is non-profit, and driven by charitable purposes. Local authorities provide services as part of their responsibilities to citizens at local level, and the independent (or private) sector typifies a market response to social need. It could be said that the landscape is unhelpfully cluttered.

10.6 The Covid-19 pandemic between March and July 2020 has tested the social care system to the limit. It has:

- Impacted on service delivery as the people and families being supported encounter new challenges in their daily lives.

- Required new ways of working for both staff and the people they support, with the key-notes being 'smart' use of communications technology and flexible working from home.
- Helped create between staff and the people they support a palpable sense of jointly facing unknown challenges in good faith. People have acknowledged that 'we're all in this together'.
- Put significant strain on access to the necessary health and safety equipment (PPE) in order to create a safe and healthy working environment for both staff and supported people.

Where we are in the middle of 2020

10.7 Towards the close of summer 2020 when this research was undertaken, the social care sector can be seen as characterised by:

- A belief that, against the odds, its work has improved in quality and effectiveness. Staff are more powerfully motivated, and on the whole their relationships with the people they support have been enhanced during the lockdown period. However, there remains significant concern for those who people who have had support withdrawn over this period. Managers tend to paint a more positive picture than frontline staff, but it is a shared positive direction of travel.
- A workforce that is motivated and committed, but who are also experiencing a degree of exhaustion brought on by the demands of managing and delivering services under hugely changed circumstances. This is more pronounced among frontline staff.
- A corresponding sense of pride that, despite the odds, they have supported people in new and creative ways. Staff have reflected that the people they support have 'come through' the pandemic far better than expected, and have in fact often seemed more relaxed and happier than prior to the pandemic.
- A conviction that the time is now right to re-assert some of the core principles which have informed the evolution of social care - including the need for person-centred approaches, and the importance of creativity, choice, meaning, connection and fun. It will also be important to differentiate between a legitimate organisational aspiration to achieve corporate targets and the skills and effort required to meet the needs and wishes of the person supported.
- Frustration that their efforts have gone largely unrecognised by the general public, and have been eclipsed by plaudits for the NHS.
- Broad acceptance that the nature of work has changed (probably for ever). A more flexible diet of home and office working with a greater reliance on communications technology is likely to be the norm. For some frontline staff, however, this represents too great a departure from their preferred work pattern, and they may not happily make the transition.

- A growth in the digital divide whereby some people have readily adopted the use of technology for learning, leisure, and communications, while others find themselves even more isolated than before. Supported people have been more starkly affected by digital exclusion at a time when others are embracing the opportunities created by technology to stay connected.

What is needed for the future

10.8 In order that this consultation exercise does justice to the contributions of the more than 600 respondents to our survey, we offer below some broad thoughts on potential opportunities for change. These draw on the experiences of social care staff over the last five months, and take account of the differing weights of opinion expressed by them. They are an attempt to suggest tangible actions that will help staff consolidate the changes that have been evident during the lockdown period.

10.9 We have listed in the left hand column ('The old way'), the kind of factors explored in Chapter 8 and drawing from the broader findings within the whole report. The right hand column ('The new way') similarly draws from the relevant chapter (Chapter 9) and takes account of the broader issues raised elsewhere in the report.

Chart 23: The old way and the new way - opportunities for change

How social care functions:	
The old way	The new way
Doing things because it's what we've always done	Making the most of the appetite for change created by lockdown
Being driven by meeting outcomes, outputs and activities that have no meaning for people we support.	Working together to re-assert the core vision of person centred social care
Delivering inflexible traditional services	Working innovatively and having flexibility in how support is planned, delivered and funded
Focusing on quantity of activities undertaken, rather than quality of experience	Taking a person-centred approach to supporting people that doesn't just focus on hours of support
Imposing unnecessary regulations and reporting	Simplifying how we work by cutting down needless 'red tape.'

How social care functions (continued):

The old way

Failing to generate understanding and recognition amongst the general public about the importance of social care

Unpredictable supply of Personal Protective Equipment (PPE)

Under investment in developing staff IT skills and resources

The new way

Working together to create a coherent public message

Ensuring good hygiene practices, and maintaining readily available supplies of PPE

Technology is used as a matter of course by the whole workforce

Relationships with supported people and families:

The old way

'Rigid' patterns of support

Making assumptions about what people want

Pushing people into activities they don't enjoy to meet our own agenda

Underestimating supported people's strengths, resilience and ability to adapt

Pressurising supported people to be busy and do activities for the sake of it, or for fear of appearing ineffective

Supported people losing out because of lack of access to technology

Infrequent contact between staff and families, and supported people and their families

Differences in understanding about the function of social care support between families and staff

The new way

Increased flexibility in working patterns and how people are supported

Listening to what people want, and involving them in decisions

Ensuring people have choice and can exercise control over what is meaningful to them.

Greater recognition of people's skills, resilience and ability to change

Slowing down in order to spend more time with people to creatively support them with what matters

Addressing the digital divide for supported people

Contact between staff and families is regular and routine, technology supports people to connect with families more often

Working with families and supported people to create a shared understanding about how they and social care services work together

Staff motivation and commitment:

The old way

The new way

Under-estimating the sense of pride social care staff have in their work

Variability in the quality of management support provided

Failing to trust frontline staff to direct their own work

Staff feeling tied to a 'time and task' based approach to their work

Under-estimating the resilience and adaptability of the workforce

Resistance to adopting home working arrangements

Default of always meeting in person

Staff feeling undervalued professionally

Capitalising and building on the strengthened motivation witnessed during the lockdown period

Continuing the holistic attention paid to staff wellbeing during lockdown

Trusting staff to make decisions and have greater autonomy

Continuing to support the creativity and innovation witnessed in staff during lockdown

Recognising that a drive to improve people's lives is the main motivating factor amongst the workforce

Taking a more flexible approach to working hours and patterns, such as home working

Taking a flexible approach to work delivery, including increased use of technology

Improving pay and conditions