

Iona Colvin  
Chief Social Work Advisor  
Scottish Government

11 June 2020

## Care Homes: Enhanced Professional and Clinical Oversight

Dear Iona,

At a meeting of Scotland's Chief Social Work Officers on Thursday 4 June 2020 it was agreed that Social Work Scotland would relay to you members' concerns about the operation of the Enhanced Professional and Clinical Oversight structures for care homes, as established on 18 May 2020.<sup>1</sup> These concerns relate in part to national coordination and direction, and in part to implementation of them within local areas.

Let me start by acknowledging the necessity of enhanced support for Scotland's care homes (and wider social care sector) at this time. We continue to be in the midst of a public health emergency, and the residents of our care homes are at particular risk. Although as complex and in many ways more vulnerable than the NHS, the social care sector did not receive the attention it needed at the start of this health crisis, reflecting an imbalance in prioritisation which predates covid-19. Heroic efforts have been made by staff and volunteers within homes to keep people safe and cared for, and great tolerance has been shown by residents and their families to the changes this has necessitated, at the cost of their independence and quality of life.

Unfortunately in some cases those efforts were not sufficient, and rates of covid-19 related mortality reached unacceptable levels. Protecting vulnerable communities (staff and residents) within care homes from the virus must be a priority, and we welcome the Scottish Government and NHS' attention to it over recent weeks.

I will also take this opportunity of restating Chief Social Work Officers' (CSWO) firm commitment to fulfilling their statutory role as the professional leader for social care and social work in their local area, responsible for ensuring services are delivered in a way which takes account of a human rights, and for the general welfare and wellbeing of both care home residents and the workforce. Although the focus is now,

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<sup>1</sup> Scottish Government (17 May 2020) Coronavirus (COVID 19): enhanced professional clinical and care oversight of care homes

understandably, on suppressing the virus and minimising excess mortality, this must not be at the expense individual's rights and wellbeing. We must continue to see care home residents as people, not just as numbers on a spreadsheet only distinguished by their infection status. Similarly, we must approach the monitoring of care home teams from an asset-based perspective, offering a measured approach which emphasises the need for support over sanction (other than in the most serious cases of neglect or mismanagement). The inclusion of the CSWO in local Enhanced Professional and Clinical Oversight structures is recognition of our unique and critical role in Scotland's public services landscape. And to deliver on behalf of our local populations at this time we understand that we must work collaboratively and in partnership with colleagues across sectors within these new structures.

However, it is the opinion of some CSWOs that the Scottish Government's commitment to older people's human rights, and its support for key workers, is being undermined by the current approach. Practice and experience varies between local areas, but CSWOs report that their professional concerns are often being marginalised in the pursuit to provide assurance on infection control. This may be because leadership on these issues was initially located primarily with public health colleagues, but even under the current arrangements clinical dominance has been reinforced by multiple layers of additional directives to Nurse and Medical Directors (not always copied directly to CSWOS). This has inevitably skewed the balance of local structures and discussions, leading to a narrow focus on protection. This can lead to a heavy handed, paternalistic approach, which is undermining morale among staff; the very people residents rely on to be kept safe and cared for .

**Enhanced professional and clinical oversight must balance protection *and* welfare, and national and local governance structures should reflect that.**

Relatedly, we are concerned that the **current approach is overly medicalising people's homes**, turning care homes into small, community hospitals without proper consideration of the consequences. Perhaps most importantly, this can mean the erosion of residents' opportunities to express their voice and exercise control over their care arrangements. In the context of this pandemic, when widespread restrictions on movement and contact have been accepted by citizens, it becomes more - not less – important that we strive to protect individuals' remaining freedoms and quality of life.

As noted above, a care home community is more than just its residents. Its staff are the critical factor in determining success or failure, be that in virus control or quality of care. **We must listen to the voices of staff, and be proactive in addressing their concerns** around testing and scrutiny. If not, our oversight mechanisms may themselves accelerate outcomes (such as staffing shortages) we wish to avoid.

Finally, with the introduction of the Enhanced Professional and Clinical Oversight structures it was acknowledged that CSWOs would require additional resources if they were to fulfil their role effectively. Three weeks operation of the scheme has

confirmed that additional resources are required, however as yet no details have been provided by Scottish Government. **If the holistic interests of care residents are to be properly represented and protected it is essential that CSWOs receive the support they need.** The shape of that support will be different in each local area. But at a macro level, CSWOs are concerned that current arrangements may be unsustainable within current workforce levels.

Social work services are highly interconnected and interdependent, and have managed the pandemic through their ability to shift resources between service areas. But as lockdown restrictions are eased, and public services resumed, that flexibility will be constrained. In a situation where multiple care homes in a local area require additional assistance (including where Emergency Intervention Orders have been deemed necessary) it is questionable whether local social work services would be able to accommodate the demand, without significant impact on other services such as child protection or the management of offenders. Already, over the past three weeks, CSWOs themselves have had to delegate important functions in order to accommodate the demands of enhanced professional and clinical oversight of care homes. This they have done willingly, appreciative of the priority which must be given to this work. But proper consideration must now be given to their local needs, and measures rapidly put in place to meet them.

In conclusion, we hope that you are able to escalate these concerns within the Scottish Government and appropriate national governance groups. Specifically, we seek action on:

- **Governance:** Ensuring that clinical and care interests are balanced at all levels, with social work and social care perspectives given equal weight. This is not to slow down the necessary infection control activity, but rather to ensure the steps we take are mindful of individuals' rights and wellbeing.
- **Guidance:** Publication of guidance to local areas which reiterates our collective commitment to individuals' human rights, and the ethical principles (including engagement, choice and control) on which all action should be based.
- **Resources:** Additional resources must be made available to CSWOs in order for them to fulfil the breadth of their statutory functions, which include now the enhanced professional oversight of care homes.

We are grateful for your team's engagement on these issues to date, and your personal support over the past months. Please do not hesitate to contact myself or colleagues at Social Work Scotland if anything above requires clarification.

Yours sincerely,

**Kathryn Lindsay**

Chief Social Work Officer for Angus & Convener for Social Work Scotland