Social work leadership through COVID-19

Iriss

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Introduction

'Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.'

(Global definition of social work, International Federation of Social Workers, 2014)

The social work profession in Scotland has worked in the most challenging of circumstances since March 2020 and have gone over and above to meet the demands placed upon them, as key frontline deliverers of care and support. Social work occupies a unique place amongst a wider landscape of support, crossing the boundaries of education, health, justice, housing and welfare. Where there is contraction in service provision across any of these areas, a heightening of thresholds, a lack of availability or a human rights issue, there is an immediate demand impact on social work. And this is exactly the situation in which social work practitioners have found themselves since the beginning of the COVID-19 pandemic.

Leading the profession in Scotland are the Chief Social Work Officers (CSWOs) who are in place across all the local authorities and Health and Social Care Partnerships (HSCPs). The CSWO leads local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery. This includes issues such as child protection, adult protection, corporate parenting, and the management of high-risk offenders - and also encompasses the key role social work plays in contributing to the achievement of a wide range of national and local outcomes.

Despite this central and cross-cutting role, and the social work contribution to the efforts to mitigate the impact of the COVID-19 pandemic, there is a pervasive feeling amongst those within the profession that the role of the social worker is at best misunderstood, and at worst undervalued.

Context of report

This report provides an overview of the response to the COVID-19 pandemic in Scotland between March and November 2020, from some of the individuals at the forefront of our social work services, namely CSWOs. Each local authority in Scotland has an appointed CSWO, and as part of their regular activities they participate in network/committee meetings facilitated by Social Work Scotland (SWS). During the first months of the COVID-19 pandemic these meetings increased in frequency, reflecting the increasingly fast paced work needed to respond to the crisis as it developed and to then begin to plan and deliver a route map out of lockdown for social work. Working in partnership with SWS, Iriss has drawn on material and input collected by SWS in their contact with the social work sector during the period March - November 2020 to produce these reflections. This includes notes of meetings from the CSWO Committee, but also incorporates the review of notes and materials from the other Committees (Adult Social Care, Children and Families, and Justice). This was supplemented by conversations with five senior social work leaders from across Scotland.

The content included here involves a level of overview on many aspects of social work policy and practice that a summary document cannot fully replicate or capture. Instead, these reflections seek to provide an insight into emerging challenges, approaches, and cross cutting issues in order to shine a light on the role social work amongst the initial pandemic response and provide a sense of the rapidly shifting landscape in which senior managers and practitioners have been operating.

Placing social work - voice and influence

The initial response

The issues being raised in the initial period of the pandemic (March-May 2020) revealed the breadth of the role that social work plays in society. At these early stages we could see CSWOs and the other Social Work Scotland Standing Committees having to discuss essential services and how these were going to be continued. The focus of these first conversations covered how to support and protect the most vulnerable children, families and older people in our society. In that period, March brought the start of national lockdown and emergency legislation (Coronavirus Act 2020, Coronavirus (Scotland) Bill) and regulatory adjustments and changes to statutory duties from the new legislation consequently had implications for the planning and provision of social work.

In focus: Coronavirus legislation being switched on and off

CSWOs and SWS lobbied the Scottish Government to turn on the Coronavirus Act 2020 legislation in Scotland - this came into play at the beginning of April 2020. The argument given was to allow social work to have as much necessary flexibility as possible. The main area of interest was sections 16 and 17 of the 2020 Act - to allow for an easing of health and social care assessment duties in relation to adult social care, carer support and children's services. These sections of the 2020 Act allow Local Authorities to dispense with particular assessment duties where complying would not be practical or would cause unnecessary delay in providing urgent care and support to people. The aim on switching these on was to allow Local Authorities (LAs) to focus their resources on meeting the most urgent needs, thereby protecting the lives of the most vulnerable members of society.

When these powers were switched on, not all LAs used them and not all CSWOs identified the need for these to continue once further into the pandemic. This showed a diffuse response to using powers across the country, adapting where necessary but not applying powers when unnecessary. At a national level SWS and OCSWA (Office of the Chief Social Work Advisor, Scottish Government) were keen for flexibility to be maintained through the pandemic, but there was concern from some that a continued use of these powers could result in reduced packages of care being initiated or re-

established. There was also the possibility to split where these powers could be used - either just to be used in adult services, or to be continued across adult and children services. For social work, these decisions and how powers are used are extremely important. At the heart of this has been discussion around human rights and making sure that any use of legislation was carried out in a considered way. This has been reflected in the way LA's have treated the powers, and in the nuanced discussions in CSWO meetings.

This also highlights that CSWOs are not a homogenous group, instead they represent different specialisms across social work and different geographical areas, often making recommendations and input that reflect the need within their respective areas of practice.

The CSWO network identified the importance of taking a collective, and connected approach, grounded in a recognition that localised action should be supported by a common philosophy, rather than seeking to create common practice across local authorities. Early emerging challenges were interwoven with the immediate priorities and concerns:

- The impact of the pandemic on workforce capacity across services
- Responding to restrictions on, or immediate ceasing of, normal practice or activities
- Contingency planning
- Development of guidance for social workers

At these initial stages, children's hearings were being streamlined or deferred, with provisions to support the continuation of orders. A whole host of issues were being addressed: how to run hearings remotely; planning for emergency transfers and changes in fostering regulations; contingency planning for looked after children and; maintaining the voice of children and young people through a time when staff and resources would be stretched.

Within the arena of adults and mental health, planning had to be made around the changes in assessment duties and guidance that would need to be developed.

In justice, there was reaction to Scottish Government plans for early prisoner release and tariff changes. There was also planning started for justice and prison-based social workers who may have to step in if other services are reduced.

As was visible through CSWO and other Standing Committee meetings, and activity amongst sector partners, there was an urgent issue around communication in relation to contingency planning and development of guidance. A priority was given to establishing strong lines of connectivity between social workers, CSWOs and partner agencies and government, both through national and local channels. To begin with this seemed fragmented, mainly because CSWOs were responding to the landscape that was changing around them.

Social work within wider structures

At the beginning of the pandemic, and within initial CSWO conversations, a need was identified to establish the role of social workers as a core part of the public protection response to COVID-19. CSWOs questioned the initial omission of social work practitioners as key workers in early government briefings and guidance, making a strong call for inclusion and recognition, especially as social work holds statutory responsibility to safeguard, assess need and ensure provision of care and support. **What can be seen from where social work leadership was situated at this time reflects not just a reaction to the pandemic, but rather places a magnifying glass over existing issues that have their roots well before the beginning of the pandemic.**

Complex governance arrangements

Across Scotland there are multiple different placements of the role of a CSWO and where they as individuals have responsibility and influence in wider local and national landscapes. At a local level, areas have differing arrangements between local authorities or HSCPs, and how to understand the role of the CSWO in influencing Integration Joint Boards (IJBs). At those levels, there is fragmentation of social work function (across the statutory functions and areas

of societal support) and there is often a lack of connection between responsibility and influence. In 1995, the CSWO role was recognised as being necessary to represent "the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not." (Circular: SWSG2/1995 May 1995). Part of the challenge is that it is a professional advisory role, and that their role is not always as influential within senior management structures and does not have the same infrastructure of support as peers in health.

One way this revealed itself was in relation to the distribution and access to personal protective equipment (PPE), as well as in relation to the importance of including the knowledge and perspectives from social work leadership that could then contribute to the development of national guidance and contingency planning at a wider level.

In focus: Personal Protective Equipment

Levels of distribution and access to Personal Protective Equipment (PPE) for social work practitioners varied across Local Authorities (LAs), as did messaging from LAs around eligibility criteria and contexts for PPE use. Initial engagement with the PPE triage system was in place in March/April, but, as in other aspects of contingency planning, need was expressed for clear messaging and guidance to be developed for the sector, supported by protected supplies of PPE.

COVID-19 testing and PPE were urgent issues for social work, with uncertainties, challenges and solutions at both national and local levels emerging over in March/April 2020. In April, social work were given Category 1 (priority) status for testing. Securing PPE, and in particular PPE for residential care, was a top priority, but supply levels fluctuated throughout the month as well as across different areas of the country.

Tensions were high around the difference in social work access to PPE supplies in the media and in society in general, and guidance around self-assessment for use, in comparison with higher access levels and guidance available for health/NHS workers. Access to testing, results turnaround, and

PPE supplies varied across local authorities, with examples from local authority solutions involving:

- Developing visual guidance for home visits
- Prioritising care home staff testing
- Targeting self-isolating staff first, including social work staff
- Linking in home carers to health protection discussion to support carer decision making about use of PPE

Another overarching issue for CSWOs over that initial period was around balancing the need, and desire, to reassure social workers over safety concerns related to PPE, while recognising that PPE availability was a challenging and fluid situation. CSWOs called for more nuanced guidance developed to support social workers, given the range of settings and activities social work staff engage in. PPE was a key issue up until the end of April 2020, when guidance had been developed and PPE Hubs had been established to distribute equipment.

National professional identity

In March/April 2020 there was a feeling that CSWOs (and as a consequence social work in general) were on the outside of some national planning and contingency forums. There was a perception in some arenas that social work activity was on pause or greatly reduced, while social work leaders were striving to redesign services to operate differently, as there had been a need for re-deployment to ensure support was provided across services. As May and June came around, social work was playing a stronger part in Scottish Government planning and recovery groups and leadership - across children, adult and justice services. CSWOs were increasingly involved in a range of national recovery and planning groups, such as the Scottish Government Education Recovery Group and a new senior leadership group for the health and social care workforce. The importance of the Children's Commissioner and his team understanding the CSWO's wider context was noted. CSWOs were working with the government to enhance dialogue around care homes between local and national level activity and increased understanding about local contexts and support for care homes. Updates from the National Contingency Planning Group and COSLA Health and Social Care Board highlighted work

ongoing, including the establishment of a clinical and professional practice group (with CSWO representation) looking at guidance for care homes.

However, alongside this progress, the need to reinforce the importance of the CSWO role was evident. **A key aspect of the role was articulated as 'protecting people who don't have a voice'. There has been a significantly increased load on the expectations of CSWO over COVID-19, but this has highlighted the need for this role to be more strongly resourced, recognised and supported at local and national levels.**

Managing the workforce through a crisis

In the early stages of the pandemic the focus was very much on increasing (and protecting) capacity within the workforce, enabling the demand in support from care homes, being aware of the impact on the workforce in terms of trauma, and managing capacity when staff were ill or having to shield.

One of the first initiatives to tackle capacity in social work was to recruit a temporary workforce. A call was put out to organisations and individuals to step in and help with potential capacity issues. This included people who may have previously worked in social work, students ready to come into the workforce, and those who were recently retired. In total, 304 expressions of interest were registered and a red, amber, green system was set-up to flag when capacity was getting critical so this additional workforce could step in to provide vital support. There was a recognition that there was going to be 'fragility' in the workforce over the pandemic, both through social workers themselves catching the virus and having to isolate, but also simply through exhaustion. Within CSWO meetings, sick pay and conditions were also discussed, and whether staff would choose to self-isolate if they were asked to - especially if they would not receive compensation for doing that. What we saw in October was a workforce who had not had a break and were dealing with a second wave of the virus, and the myriad impacts this was having.

Looking across the activity that was needed to maintain services, those social workers who have been providing support to people have been in full crisis delivery mode from March 2020, problem solving at national, local and individual levels. There was a second wave beginning in October/November, and there should be a recognition of the detrimental impact continued crisis response can have on the health and well-being of the social work practitioners. Many line managers increased their activity around staff welfare and providing formal and informal support to their colleagues, reflecting the situation of staff having to work remotely and on the front line of COVID-19 care, with less informal support available from their colleagues.

Although all service areas saw increased rates of absence, and displacement of capacity through redeployment, the adaptability and flexibility of the workforce, combined with willingness of individuals (on both ends of the social work relationship) to embrace new technology, and the significant paring back of other services, meant that serious workforce capacity issues were avoided (albeit some social work service areas, such as Mental Health Officers, have been extremely stretched at times.) . The flexibility of the workforce appeared to be most effective in areas where previous investment in agile working arrangements were already in place, allowing staff to adapt more quickly to the changing circumstances. Additional workforce requirements were also met through induction and redeployment of staff. Redeploying staff from closed services to care homes and care at home teams enabled services to run as close to normal as possible. Restrictions on staff moving from other geographical locations did create some issues, particularly in rural or remote areas.

There is a general need to consider the different situation of more remote parts of the country – highland and islands are a particular example, around digital connectivity and smaller systems where staff may already have multiple roles and responsibilities.

Various strategies were also employed to reduce potential staff exposure to the virus, including rota systems and a move to online training. Many staff could also work from home safely if required to isolate. As well as social workers lifting their use of technology to adapt, there were a number of instances where social work services were supporting parents and young people to stay in touch

(for example, in residential children's services) by issuing smart phones to enable continued contact by video call through lockdown periods. There was an increase in sickness absence at the start of the pandemic but there were few reports of significant extended absences, though some areas discovered higher than anticipated numbers of staff with underlying health conditions (this being particularly apparent in Mental Health Officers).

Social work staff need high quality supervision and support, especially newly qualified employees and those working with the most complex and high-risk cases. Remote and home working can mean social work teams are missing professional supervision, peer support from colleagues, and the positive benefits of close team working within the workplace. Managers worked to ensure support and regular supervision continued and some areas have carried out internal surveying to monitor staff wellbeing and satisfaction.

Home working in this period became the norm for many in social care who were not involved in the provision of direct care. Most staff welcomed the increased flexibility of working from home, or blended home/office working, in particular the absence of commuting. Those shielding or self-isolating were often able to work from home. But there are indications some have struggled with balancing working, home schooling and caring responsibilities. Managers were seen to increase activity around staff welfare and support with a future prediction of ongoing support needed around secondary trauma and potential burn out.

Social work also found themselves having to become more clinically aware around infection prevention and control measures. In the early stages of the pandemic there was ongoing uncertainty on some of these measures and guidance coming through nationally as the situation moved at pace. We can see now a range of training and guidance procedures that have been put in place. CSWOs spent a number of meetings exploring the balance between this necessity of safeguarding (for physical health and to be free of disease) and the need for people to still have human contact and socialise (for mental health and more holistic wellbeing).

There have been a number of broad training priorities identified that social work will have to adapt to in the near future, with some already being underway:

- Adoption of online training platforms and ensuring that staff fully trained in online training systems
- Transference of existing face-to-face training into online delivery modes
- Staff accessibility to reliable and secure broadband to deliver training.

There will also need to be continued consideration given to how social work students can carry out placements and build their experience. As in other areas, there will be a backlog of placements and there has been a lack of advice and guidance on how to navigate that space between universities, local authorities and the third sector. This will be an area that will need strengthened and there is a partnership set up - the Social Work Education Partnership (hosted within SWS) who will be seeking to tackle some of these challenges.

Guidance and legislation

The months at the beginning of the pandemic saw an enforced change in the legislative landscape in which social work operates. The UK Coronavirus Act 2020 became law on 25 March 2020. Official Explanatory Notes on the legislation is available, and guidance is being made available on specific sections by the relevant public authorities.

The Coronavirus (Scotland) Act 2020 became law on 7 April 2020. A short guide to the Act and its provisions has been published by the Scottish Government. Different sections of the Act can be 'switched on' at different times, and guidance and/or further regulations have been published as that happens. It is this switching on and off that has become prominent in social work discussion over the pandemic. It is worthwhile to acknowledge the breadth in which social workers operate, and therefore the amount of guidance and advice that relates to the areas of work in which they operate. This is by no means an exhaustive list:

- Supplementary national child protection guidance from the Scottish Government
- Scottish Government national adult support and protection guidance for chief officers and adult protection committees
- Statutory guidance for local authorities which sets out changes to social care assessments resulting from the Coronavirus Act 2020
- Scottish Government COSLA and SWS - COVID-19: Guidance on Self-directed Support Option 1 and Option 2
- Scottish Government guidance about changes to the adults with incapacity arrangements
- Scottish Government guidance on domestic abuse to support the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020
- Joint Scottish Government and Convention of Scottish Local Authorities (COSLA) guidance on self-directed support for local authority and Health and Social Care Partnership staff for use during the COVID-19 pandemic
- Joint Scottish Government and Convention of Scottish Local Authorities (COSLA) COVID-19 supplementary national violence against women guidance (PDF)
- Mental Welfare Commission Good Practice Guides

Several areas of legislation and guidance featured across the CSWO discussions in March and April 2020, including the National Child Protection Guidance review, Children (Scotland) Bill, Children (Equal Protection from Assault) (Scotland) Act 2019 and the Independent Care Review. In April 2020, the Scottish Government enacted powers under the Coronavirus (Scotland) Act 2020 to instruct the early release of a limited number of short-term sentenced prisoners. At a leadership level, this wave of changes and adaptations has been problematic to navigate, with a need to constantly evaluate impact and weigh risk.

In focus: Packages of care

In August 2020, there was a Scottish Government inquiry that came to CSWOs around packages of care (POCs) that prompted much discussion and reflection. This was a situation that had already been covered in the media in previous weeks. CSWOs acknowledged that the Scottish Government had received complaints about packages being cut, though they pointed out that many service users were actively choosing to cut back on support due to lockdown and fear of virus transmission. Concerns had been raised to Scottish Government that those accessing support would not have their packages reinstated, and about respite services being cut. CSWOs were concerned to hear a narrative around abandonment of packages when social work leadership was working in a complex and changing environment to ensure that crucial services were delivered, albeit by necessity of public health often in a different way. It was also noted that many supported people and their carers had chosen to voluntarily suspend or reduce their package to reduce the risk of infection from multiple people coming into the home. This was reflected subsequently in Care Inspectorate findings.

Once schools and businesses reopened, carers who had to return to work required adult respite and day care services to resume, and further Scottish Government guidance was produced to support safe reopening. However, given ongoing public health requirements, CSWOs noted that it would be impossible to safely open many buildings. The extremely challenging circumstances that the social work profession found itself could be observed, with reductions in provider capacity and an aging workforce disproportionately personally affected by shielding and quarantine compounding factors. **CSWOs reflected that the pandemic had brought into sharp relief the underlying fragility of the social work profession in the wake of a decade and more of local authority budget reductions.**

CSWOs revisited, through this lens, the question of how social work is valued, and their desire to provide a counter narrative and to call for greater support nationally for the social work profession.

SWS role through the pandemic

The clear direction and stance of Social Work Scotland over this time has been one that highlights the commitment the organisation has to supporting CSWOs to fulfil their role as the statutory professional leader for social work in their areas. At a basic level, SWS has chaired and hosted weekly CSWO committee meetings, as well as those crossing the areas of Adult Social Care, Children and Families, Justice and Mental Health. What we can see over the pandemic is where SWS has increasingly taken on a role as a representative of social work leadership, to try and address what has been seen as an imbalance of focus, or of power, as the pandemic has developed. This has resulted in SWS being the conduit between social work leadership and the Scottish Government - as well as being the link across to a number of other bodies in the sector (COSLA, SSSC, CI, HIS). In the initial stages of the pandemic, this was largely to advocate to have social workers as key workers and to be recognised for their role in providing care and support within the Scottish population. This morphed into a role to advocate and lobby for emergency legislation changes (and retention) to allow social work to use discretion on how best to support people in the changing circumstances over the period of the pandemic.

Social Work Scotland was also active in supporting initial intelligence gathering around PPE accessibility issues, and collating and sharing the adjustments and plans in place across local authorities in response to school closures and the relocation of services.

To give a sense of the breadth of some of that role, SWS has released a number of statements and submissions over the pandemic, including:

- Children and young people who go missing from care - joint statement from SWS, Police Scotland and Scottish Government (May 2020)
- Self Directed Support frequently asked questions for Employers of personal assistants - jointly launched with Scottish Government and COSLA.

- Care Homes: Enhanced professional oversight - a letter to the Scottish Government's Chief Social Work Advisor, Iona Colvin, outlining the concerns of Social Work Scotland and Chief Social Work Officers (June, 2020)
- Early and Effective Intervention (EEI) during the COVID-19 pandemic - a joint statement from Police Scotland, Social Work Scotland and the Scottish Government (June 2020)
- Reducing the backlog of Unpaid Work hours: Coronavirus (Scotland) Act 2020- A position paper by SWS (July 2020)
- A range of submissions to consultations, incorporating responses to ongoing work and to COVID-19 specific issues, as well as a submission to the Independent Review of Adult Social Care.

There is also something at the root of how we currently balance our health and social care system. SWS highlighted in June 2020, in a letter to the Chief Social Work Advisor in the Scottish Government, that virus control and minimising infection was taking too much of a precedence over individual human rights and wellbeing. There was a communicated feeling at that time, passed on by SWS from a number of CSWOs, that the focus went too far to the side of protection and clinical dominance and that 'enhanced professional and clinical oversight must balance protection and welfare, and national and local governance structures should reflect that.' This letter also addressed the erosion of care home residents' opportunities to express voice and exercise control as the care homes became overly medicalised. There was also a role in promoting the need to listen to the voices of care home staff in addressing concerns around testing and scrutiny. And finally, there was a call to properly resource the introduction of the Enhanced Professional and Clinical Oversight structures that were introduced in May. The balance of services, especially when care homes needed more support, was the key concern - highlighting that, as restrictions were eased, there would be rising demand in areas of child protection (as broadly proved to be the case) and management of offenders (which was also seen in various areas across Scotland).

All these points show the role of SWS raising issues around the governance of care, the guidance provided (including issues of human rights and ethical principles), and the resources being provided to social work to fulfil their statutory functions through this time. SWS has stepped in on behalf of social work leaders to raise awareness when there has been a predicted weakness in future provision of services. This is particularly clear in the position paper of July 2020 around reducing the backlog of unpaid work hours. This position paper was formed by collecting data from all the local authorities in May and June to outline a case to ensure the safety of Justice Social Work staff and individuals subject to unpaid work orders. It was shown here that it would not be possible to complete all outstanding hours within the following twelve months - with issues around supervision and transport. To address the issues and risks identified, SWS recommended that the Scottish Government use the powers provided in the Coronavirus (Scotland) Act 2020 to vary existing orders relating to unpaid work or other activity, reducing the total number of outstanding hours to be worked by 450,000. This level of reduction was framed to minimise the chances of unpaid work or other requirements expiring without being completed. The impact of the pandemic is still being felt in this area, with either a need for much more capacity, or a way to reduce the hours that are required to be served.

Looking to the future

Even in the relatively early stage of the pandemic (May/June 2020) work was being carried out to examine a way through and beyond life in the pandemic. The Scottish Government released the COVID-19 Routemap at the end of May 2020. In June, SWS published a paper from the Justice Social Work Recovery Strategy Group to show a route to the resumption of court business and 'greater contact for social work and support services with at risk groups and families with physical distancing and hygiene measures' in a phase one. Work was also ongoing on a wider routemap that attempted to show a pathway that could meaningfully take social work through and beyond COVID-19. This feels particularly hard to control or predict at the moment but there are some key

messages that are emerging for social work and it's leadership going forward, and have been outlined in the various sections above. These challenges will be:

- The ability for social work to **confidently and effectively communicate** the centrality of the work that is carried out by the profession to support people in our society.
- A continued and strengthened role in **shaping future strategy**, in direct relation to pandemic response, but also in direction around wider health and care. There is opportunity in here, especially in relation to the Independent Review of Adult Social Care and the shaping of The Promise that came from the Independent Care Review.
- The maintenance of **national communication across a range of bodies**, including with Scottish Government, NHS, third sector and community partners, and this being part of a whole system approach. This acknowledges the examples and pockets of progress over this time by partners and will help enable that individual parts of the system are neither overloaded or isolated. There is a continued key role for SWS within this, as has been developed since March 2020.
- Looking after the **wellbeing of the workforce** who have been consistently delivering in difficult circumstances and under scrutiny.
- Making the **evidence and information coordinated**, robust and meaningful across the country to help better understand the impacts of practice and legislative decisions on people and their wellbeing. This also includes keeping a focus on what practically enables person-centred (and led) delivery of support.
- Finally, there may be a decision to be made on the possible role of a **social work agency that operates and influences at a national level**. Much of the story above reveals challenges in resource and influence for social work and in the ability for the leadership in the profession to influence up and across, but also to have the structures to impact from a national level down to a local level that could help drive standards and consistency within and beyond social work.

More specifically, a range of potential impacts have been outlined by what social work has started to see as we have travelled further into the pandemic:

- Rising occurrences of domestic abuse, and its impact on children, young people, adults and families. The human and financial costs of this mean it requires a coordinated strategic and partnership response.
- A possible rise in demand for social work services as there is a resumption of wider services (e.g. courts and children's hearings) and as a result of poverty, stress and increased vulnerability.
- The wider impact of adult mental health issues and growth in referrals.
- The cumulative impact of carer and family stress - this can be a result of limited or reduced availability of services, or from an increase in family and carers stepping in to care for loved ones
- The widening social and health inequalities exacerbated by the pandemic and the cumulative reduced capacity to cope with adversity
- Financial cost of responding to the pandemic and impact on decisions about budgets for vulnerable people's services.
- Implementation of The Promise and learning from the Independent Review of Adult Social Care Review - will not be achievable without further investment in preventive services to release the costs of crisis services.

This final point speaks to an issue that has been raised through the pandemic. Rather than just revealing new challenges, instead what has been seen is an escalation of challenges that are known, with those who are most vulnerable being the ones most disproportionately impacted. To be able to deliver improvements to people who use services, their carers and families, and the experience of people who work in adult social care, then additional investment and resource has consistently been highlighted through COVID-19 as a necessity to provide the type of care and support that is aspired to in Scotland.

Appendix A - subject specific focus

Public protection

The role of social work in public protection is vast and complex, and this breadth and the interconnected nature of social work practice is mirrored through the focus of social work leadership and delivery over the pandemic. It is imperative for social work function to be able to identify those at risk in society and to help them. This includes being able to identify hidden risk or vulnerability and to liaise with other organisations and services to do that.

Identification and communication became more critical, and also more problematic, during the pandemic. There was initial concern by CSWOs (as well as the other Adult Social Care, Children and Families and Justice Committees) that referrals to social work services would drop, and that sat alongside the knowledge that there would be people at risk going under the radar and simply not being able to be identified. As predicted, there was an initial lowering of referrals from all sources. This was due to social work losing their 'eyes and ears' on the ground. This loss of sight mainly came from the closing of schools and early years' settings, and also from health and allied health professionals having less contact with adults and providing referrals through that route.

There was also a broadening of what is understood and practised as public protection through the pandemic. Normally this would consist of adult and child protection, MAPPA (Multi Agency Public Protection Arrangements) and domestic abuse. This was widened over COVID-19, bringing in areas around drug use and deaths, those with no recourse to public funds, and other coverage of groupings where people were being seen to be more adversely affected by the pandemic than others. Chief Officers Groups, in response to Scottish Government requests for more frequent reporting, implemented a monitoring template to inform local oversight and monitoring. CSWO were central to the provision of information through to Chief Officer Groups locally, and to SG nationally. CSWOs were also the primary participant in discussions about how to respond to public protection issues identified by the data.

Child protection

The challenges experienced through the pandemic for residential, fostering and adoptions services has been unprecedented. Through to May 2020, there was a strong concern that child protection referrals were lower; as with public protection. However, CSWOs also knew from local intelligence and shared experience, that harm had not stopped. There was an expectation that referrals would rise again when schools returned, when there would be more opportunities for teachers to disclose or observe any potential issues or abuse - this proved to be the case. From July, data being collected indicated an increase in child protection registrations and the changing pattern of how young people were coming into care during the pandemic, and CSWOs were concerned that this would dilute the young person's rights. Information was also being sought about deaths of care experienced young people and the numbers of children placed out of their local authority areas. In some cases, as the pandemic progressed into July and August, referrals started to lift again.

Face-to-face contact was often never stopped in child protection, but staff were also using platforms like WhatsApp and Facebook to have live conversations with families. Social workers had to be flexible in this situation, and these happened out of traditional hours and had to result in new ways of facilitating contact and ensuring safeguarding that are continually in need of review and development.

The full impact of COVID-19 on families is still to be established. However, it is clear that a significant number of families continue to be under increased pressure due to the reduced availability of support options.

Justice social work

The Justice Standing Committee took early decisive action to take a leadership role across the 32 Justice Social Work (JSW) services and to interpret what services would have to look like going into a lockdown situation. This involved quick and effective communication between senior social work leaders, the Community Justice Division in the Scottish Government (SG), the Crown Office, Scottish Prison Service and the Parole Board for Scotland. Weekly calls

with the Community Justice Division in SG enabled the collective professionals to work collaboratively and think through challenges and solutions about emerging support need. Where necessary, the group agreed to shorten processes/reports as people were working remotely, and extensions to time given to complete certain assessments and work. Positive and timely communication ensured this happened very quickly in response to the pandemic. This was all to ensure JSW was able to continue its role in these multiple processes; from writing court reports, forming parole reports, and managing people in contact with the justice system on orders or licences. The key thing here is that JSW continued their work, sometimes in an adapted way, but there was never a stop to services and provision.

The focus for leadership in JSW was to enable support for those at high risk of harm and those who were most vulnerable. This involved stepping in on those with drug testing and treatment orders and making sure resources were focussed on doing that. Although many staff were carrying out their work via telephone and video calls, there was still a need for face-to-face contact and support for a number of groups and individuals.

There were some key decisions made early on in relation to justice services - the most prominent being the emergency early release of prisoners coming to the end of serving a shorter sentence in May, and the decision to suspend unpaid work being carried out. The latter only really resumed towards the end of August.

CSWOs highlighted that size of budgets was not the only issue, but also their freedom and ability to use resources flexibly and distribute them to where they are most needed.

As we travelled into August/September, in some areas multi-agency public protection arrangements (MAPPA) referrals increased, and subsequently domestic abuse referrals. Social workers liaised closely, and remotely, with other agencies to ensure the management of identified violent and sexual offenders. Social work managers redeployed staff and setup specialist teams and services to identify and support people - while being in close connection with GPs, other allied health professionals and local community organisations. In

some cases, these teams were used to bolster support for people with adapted care packages due to the pandemic, and in others they were identifying and contacting those across communities who had not had social work contact before to support them. MAPPA was continued through the pandemic, with much of the work being carried out virtually.

Mental health

Across Scotland there are a number of ways in which individual teams and practitioners come together to provide mental health support in the community. However, only MHOs can undertake certain statutory responsibilities. The referrals to the teams increased and the complexity of referrals rose. As a result of the pandemic the service anticipated, and witnessed, an increase in demand for mental health services, both in the adult and older adult population. The service was working creatively with an increased use of technology to meet demand, however the impact of COVID-19 and the associated impact on employment and relationships will undoubtedly lead to a sustained growth in demand across all ages. Looking ahead, it is important services adapt to reflect the changing needs of communities, and to do so, there must be a willingness to work beyond current service boundaries and move to a more holistic approach to supporting people. This is layered on top of a situation where MHOs in 2019 had been spending less time undertaking MHO work, and a situation in the pandemic where non full-time MHOs were often having to be redeployed in other areas.

A range of things have been seen over this time and will continue to have impact. It can be seen across Social Work Scotland's CSWO network Committee meeting notes and from direct conversations with CSWOs that a number of outcomes were predicted, and some more surprising challenges came to light.

There were examples of progressive practice where integrated services combined straight away. This often involved nursing and social work collating vulnerable lists of people who needed calls and offers of additional support at the beginning of lockdown and continued through to August (and beyond in some cases). There were then follow-up joint visits or drop-in clinics as

necessary between health and MHOs. This is one example of an effective and swift response through joint working. In the initial lockdown, there was an expectation that those who had previously needed support with their mental health would need more input. The expectation was borne out, alongside a rise in people presenting with psychosis. This happened at a time when there was often a lack of psychiatric nurses to assist, and where mental health social workers and teams had to step in. In many areas, this led to a rise in Compulsory Treatment Orders and increasing tribunals and detentions - with referrals coming to social work professionals from the police and also through a range of community support organisations who were seeing and advocating for people to be supported.

In March 2020, Mental Health Tribunals were transferred to being voice calls instead of face-to-face. There has been a bit of a mixed response to this - some people welcoming the flexibility of that engagement, but also flagging that it reduces the opportunity for more in-depth connection and engagement with those being supported.

Issues were also raised about workforce equality and access. In a number of places it was highlighted that local advocacy organisations were not able to access some hospital wards and other shared settings, so could not be there along with social workers or other health professionals to support the person over this time. Intermittently, being permitted access was also an issue for MHOs.

Relating to the MHO workforce, in some local areas up to half of social work professionals had to isolate at times and were not able to support people face-to-face, furthering the need to be able to continue work and support by phone calls and virtually. In many cases the MHO workforce are older, and often with underlying health conditions, and this resulted in a more pressing need to isolate and shield at the beginning of COVID-19.

In October and into November, there was a significant increase in workload related to Adults with Incapacity (AWI), as reported by SWS members.

In Focus: Adults With Incapacity and 'Stop the Clock measures'

In April, 'stop the clock' measures for Adults With Incapacity (AWI) were enacted under COVID-19 emergency legislation - this meant that the certificate to provide medical treatment to adults lacking capacity was still active, but paused. This dealt with the issue of possible expiry of certificates before a doctor could re-certify. This was restarted in September and what many of the larger local authorities in social work were experiencing was a huge increase in requests to deal with renewals or fresh applications for private guardianships.

The AWI workload has increased significantly and is showing no signs of slowing down through October and November and this is coming at a time when the MHO workforce has been stretched, with some of the workforce issues covered above (reduced staffing levels, MHOs shielding, restricted access), and the parallel rise in overall activity and coverage needed since the beginning of the pandemic. There is a worry that if that trajectory continues then then mental health services would not be able to cope with this additional demand.

These evolving issues are happening with the backdrop of the review of mental health legislation, and that many of the challenges of staffing, resource, and increased demand are not isolated to just a COVID-19 response, but have rather been issues that pre-dated the beginning of the pandemic and have been further highlighted by development over the last months. This underlying framework of tensions have been repeatedly highlighted by the CSWO network, and other Social Work Scotland committees.

There were also comments from CSWOs that there needs to be more instrumental social work involvement in the mental health recovery and transition plan that was published in October 2020, where currently the role of social work is largely absent.

Care home oversight

Through March and April 2020 it was very apparent that care homes were environments that would prove to be particularly susceptible to coronavirus. In

May, measures were put in place to provide enhanced professional clinical and care oversight of care homes. This involved forming multidisciplinary oversight groups in each HSCP, made up of The NHS Director of Public Health, Executive Nurse lead, Medical Director, Chief Social Work Officer, and the HSCP Chief Officer. This group would coordinate daily discussions about the quality of care in each home in their area, with particular focus on infection prevention and control. This had the aim of examining the care needs of residents, infection measures, staffing requirements and testing arrangements. The CSWO role in this work was focused most strongly on upholding a duty of care for residents of care homes. The CSWO has responsibility for functions provided directly by the Local Authority, either through delegation to another statutory body or in partnership with other agencies. Where social work and social care services and support are procured on behalf of the Local Authority, including from the independent and voluntary sector, the CSWO has a responsibility to advise on the specification, quality and standards of the commissioned services and support.

Care home oversight groups, alongside health and social care workers, worked in close partnership with care home providers to ensure residents remain as safe as possible during this period, with roles in the ongoing implementation of infection prevention and control measures, data reporting requirements, required changes in practice, and support for staff. This work was complex and is ongoing.

This involvement of social work in the area of care homes was clearly important, but it did raise a number of issues. Firstly, this involved a lot of time and input from CSWOs, but not necessarily with the support of structure and resources behind it. CSWOs spoke about having to delegate tasks and increase their own activity in this area, but with limited resource coming in to help support them in that. SG via the Office of the Chief Social Work Advisor (OCSWA) did allocate funding in July 2020 (£25k per local authority for six months, and then extended for another six months) for the CSWO to determine use in supporting them to carry out their care home oversight function. Secondly, there was some friction as CSWOs reported that their professional concerns – concerning the rights of residents, for example - were often being

marginalised in the pursuit of providing assurance on infection control, with greater weight being given to clinical roles in the process. This approach was raised as overly medicalising care homes and providing a level of scrutiny on staff that was increasing pressure and not being seen as supportive. As outlined above, these concerns were raised in a letter to the Scottish Government's Chief Social Work Advisor in June 2020.

As has been well documented, the demands on care homes during the pandemic have been profound. The impact of reduced contact on residents and staff; the rigorous nature of the testing regime; the impact on staff well-being and morale; loss of income due to fewer admissions; increased staffing and PPE costs; police and large scale investigations in some instances; and most significantly the impact of the death of individual residents. The sector has had to work to adapt to frequently updated guidance and respond to complex and changing oversight and regulatory activity. All of these factors are likely to impact on the mental wellbeing of care staff.

Wider support response

Social workers in various localities worked with a range of partner agencies to develop Critical Resilience Centres and Humanitarian Assessment Centres that would aid in supporting and identifying people who may be particularly vulnerable at this time. Often this was based around providing family support and encouraging other agencies to be more 'curious' about when individuals or groups may need help.

What we saw as well was a stepping up of the frequency of public protection groups across local authorities and HSCPs - this included more frequent meetings of Child and Adult Protection Committees, as well as varying Committees that meet in localities across the country to address issues around mental health and substance misuse. We saw Risk Registers being refreshed and re-refreshed, with social work continually revisiting potential risk to people that was emerging through the pandemic. This motivation came internally (from local knowledge direct from practitioners) and externally (from changes in

guidance, including on the National Guidance for Child and Adult Protection, as well as relating to Violence against Women, and Drugs and Alcohol).

Throughout the pandemic, CSWOs and the wider social work community sought to protect services that were critical to people's lives, and also step into situations that needed additional help. For example, when health and education visiting services were not operating as normal and some commissioned services stopped face-to-face contact, there was added pressure on children's social work staff to identify additional need in these areas and intervene to fill that void where it was required. In some cases, social work staff were also being redeployed to care homes to help, which while absolutely necessary, left other colleagues to cover caseloads in already-pressed areas.

As with other social care and health services over this time, face-to-face contact had been maintained where possible, but it was complemented by telephone and digital contact with people being supported. This brought opportunity and challenge and there is work ongoing to understand more of that balance. Some feedback from young people being supported talk positively about the flexibility that contact brings, and actually how that medium of virtual communication may help them to be more comfortable or open about issues. However, social workers have raised fundamental issues about safeguarding and understanding the environment of the people they are supporting while providing support or assessment virtually. In many cases, a shift was made to seven-day service provision that was delivered within in-house and commissioned services. This also led to further conversations about how and when support and care will be delivered as we move through and beyond the impacts of COVID-19. There is a recognised unknown of the impact of what a reduction in face-to-face contact may mean, but a generally accepted view in social work is that a blended approach is needed to make sure a personal, and person-centred, level of support and care can be maintained.

One key challenge that was identified in this time was what would be needed when respite and day care facilities were closed. This left a large gap in support and provision for people who relied on these for physical and mental health support. It proved very hard to maintain this level of offer through telephone or virtual contact and there is an ongoing challenge as we pass through the

pandemic as to how these types of services will need to be re-shaped in the future.

This leads to a wider challenge that has been faced across all our public services, and that is the connected nature of these services and how that can be done more efficiently in the future. There is also the continual and emerging need that will be generated directly by COVID-19 - around mental health and well-being in young people and the wider community and how this will unequally impact those with disabilities or living in poverty. This is starting to show through requests and referrals. As with so many other areas of public services, social work is drawing on previous knowledge and experience, incorporating emerging information and data where it is available, and then trying to predict future implication and need. What this has highlighted is that COVID-19 has disproportionately impacted those who are most vulnerable in our society, who pre-pandemic social work were already stretched to support.

www.iriss.org.uk
enquiries@iriss.org.uk
0141 559 5059
@irissorg on Twitter