Scottish COVID-19 Inquiry

SUBMISSION FROM SOCIAL WORK SCOTLAND IN RESPONSE TO RULE 8 NOTICE
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Introduction

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome this opportunity to comment on Scotland's planning for, response to, and learning from the COVID-19 pandemic. Our members were heavily involved in local and national developments throughout 2020-2022, and they continue to address the long tail of issues which the pandemic caused. Among which perhaps the most challenging is how to sustain a social work workforce which is not only exhausted (after a gruelling pandemic and the unprecedented demands which have followed) but also fundamentally altered, with some office closures made permanent and online, working-from-home normalised. The full impact of the pandemic is yet to materialise, and without a significantly different political response, responding directly to the current fragility of public services, we are at risk of pushing some into a terminal decline.

D) A brief overview of the key issues and impacts experienced by the group(s)/individuals which the person, organisation or body supports or represents, as a result of the COVID-19 pandemic in Scotland and the response by the Scottish Government.

Social work is possibly unique in the public sector landscape, intersecting with nearly every other public service and professional group, including education, health, policing, justice, housing, and welfare. We are not tied to specific settings (e.g. schools, hospitals, prisons), but operate in all such places and more. We also hold the privileged position of entering homes to provide support, or undertake assessments, at sensitive, challenging moments in people's lives. We are both a universal service, available to everyone that needs support (in theory at least) and / or protection, and a specialist service, targeted where need is greatest. Where there is contraction or change in service provision elsewhere, social work will often have to step in (i.e. as provider of last resort or due to escalation of need where other universal and preventative services have been withdrawn). During the pandemic, as many regular support structures fell away, social work leaders had to respond quickly to identify alternative ways through which to continue providing essential care and protection to individuals and families across Scotland.

It was a period which prompted innovation, accelerated implementation of new technologies and processes, and reflection on professional values and priorities. The

pandemic did not just present new challenges or take a heavy toll on the workforce. It fundamentally changed the context within which social workers practice. In late 2023 we are still digesting some pandemic-driven changes, trying to understand how to adapt to, influence, or reject, certain developments. Nor is it yet possible to discern whether the impact of some changes is positive or negative, in respect of the availability and delivery of social work. But in the 'themes' below we have tried to identify several issues, created, and shaped by the pandemic, that were particularly challenging for social work senior leaders throughout 2020-22.

Human rights
From very early in the pandemic (February / March 2020) it became clear that established frameworks of duties and obligations, manifest through professional partnerships, were going to be placed under significant strain. The overriding focus on infection control was understandable, but social work was among several voices calling for more a more holistic assessment of the risks, and a broader cost-benefit analysis.

For example, Social Work Scotland members were required to make strong representation to Scottish Government when it was suggested by some professional partners that their child and adult protection responsibilities be set aside to free up workers' capacity. Similarly, although occurring at a later stage of the pandemic, social work leaders (including within Scottish Government) had to push back assertively on certain proposed strategies for controlling the spread of infection in care homes. In the justice sphere, pressure to expedite early prisoner release had to be tempered by social work leaders' insistence on preparing suitable community alternatives prior to dispersal in order to appropriately manage risk. (In these examples, and many others, it must be acknowledged that Scottish Government listened, and made meaningful efforts to address our concerns or incorporate our recommendations into their plans.)

The thread running through these examples was human rights, and the extent to which many individual rights were marginalised to keep the wider population safe from COVID-19. Our members were / are deeply concerned about how quickly commitments to individual dignity, relationships, choice, and control were set to the side. A considerable amount of time was spent by the profession, during the pandemic, trying to reassert these principles into planning and delivery. Many of the national Chief Social Work Officer meetings, which Social Work Scotland facilitated, became visible demonstrations of social work values, with a determination to ensure the voices, wishes and interests of certain populations were understood, and the relevant actions undertaken.

It is our expectation that the COVID-19 Inquiries (UK and Scotland) will necessarily reflect heavily on whether the benefits of infection control justified the costs, in terms of the impact on quality of life, the economy, relationships, etc. The consequences of some measures were profound, and are only now really starting to be understood. For social workers, a key and enduring question is the extent to which other human rights, besides those guaranteeing physical health, are upheld in times of crisis.

Fulfilment of duties and functions

A second 'theme' relates to the pandemic's impact on social worker's ability to fulfil their duties and functions. The reasons for this were various. As restrictions were imposed during the pandemic ceasing almost all face-to-face contact, universal services, which act as societal 'eyes and ears', were not able to identify or share protection concerns with police and / or social work. Conducting assessments, or monitoring the implementation of legal orders, became logistically and ethically (conscious of viral spread) difficult. For children in local authority care, and similarly for adults in hospital or temporary accommodation, plans had to be put on hold. In some cases, this meant a delay to their return home, back to parents and families.

Social work leaders also had issues and concerns with aspects of the pandemic management 'infrastructure', which risked marginalising social work professional perspectives. An example was the Enhanced Professional and Clinical Oversight structures for care homes, introduced in May 2020. In the development of this model, and to a large extent its implementation, infection control was the preeminent concern. This was reinforced by multiple additional directives to Nurse and Medical Directors; not all of which were based on engagement with other relevant professional groups (nor were all distributed to Chief Social Work Officers).

In the case of care homes, social work leaders were concerned that a clinical lens was applied to what are people's homes, with severe restrictions imposed on visiting; with the traumatic outcome that family members were unable to touch or see loved ones before they died. Care home residents' wishes, relationships and dignity were secondary to infection control. This narrow, clinical framing of protection was challenged by Scotland's social work leadership in a letter to Iona Colvin, the Scottish Government's Chief Social Work Advisor, in June 2020.[1] And these issues were explored in depth in a report produced for Social Work Scotland by the Institute for Research in Social Services.[2]

Throughout the pandemic, but particularly in the months running up to summer 2020, Chief Social Work Officers articulated a serious concern about child and adult protection referrals, which dropped markedly on pre-pandemic trends. Some decline was expected, as movement was restricted, buildings closed and human interactions limited. But given the knowledge that a significant proportion of harm is perpetrated by family or other close contacts, there was real risk that harm was simply being hidden, and potentially aggravated. We were reassured that this quickly became a political priority for Scottish Government, with new reporting requirements established, and strategies adjusted to take account of the need for professionals (community nurses, health visitors, teachers, police officers, etc.) to fulfil public protection duties. There was an expectation that child protection 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.

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[1] https://socialworkscotland.org/wp-content/uploads/2020/06/Care-Home-Assurance-11.06.2020-CSWA-Scottish-Government.pdf

[2] https://socialworkscotland.org/wp-content/uploads/2022/01/Iriss-Social-work-leadership-covid19FINAL.pdf

Elsewhere, social workers involved in providing children's residential, fostering and adoption services faced unprecedented challenges. Children continued to come into care, but the usual processes, transitions and supports had to be re-thought. Time with family (key to most plans, as many children will return to parents, and often established on a statutory footing) was unable to take place, extending periods in foster or residential care. Preparations for adoption slowed. Kinship and foster families were put under immense strain, required to provide care, support *and* education to their own children and those placed with them. As the pandemic progressed our members reported that the kinship and foster workforce felt invisible in the national planning for the 'care workforce', and therefore undervalued and unappreciated. Kinship and foster carers were not, for example, initially given priority in the national vaccination roll out, even though, as restrictions on movement and distance were lifted, they were under pressure to facilitate contact between children and other family members, with associated risks to exposure to the virus. We suspect this feeling of marginalisation has contributed to the retention and recruitment crisis we now also face with carers, which is seriously impeding Scotland's capacity to meet the Promise.

In respect of mental health, the pandemic (including government's response) simultaneously increased people's anxiety and isolation, reduced access to services, and removed many of the family or informal structures of support. Mental health social workers and teams had to step in. Local advocacy organisations were not able to access hospital wards or other settings, so could not be there to support the person over this time. Intermittently, being permitted access to health settings was also an issue for social workers as guidance and its interpretation fluctuated throughout the period.

After restrictions were imposed it did quickly become apparent to Scottish Government how critical many social work functions were to facilitating people's access to support, the protection of rights and wellbeing, etc. And more generally, how important social workers were to the implementation of crisis-management options in other public services; for example reducing the prison population through early release. There was engagement and action over procedural (e.g. distribution of personal protective equipment) and emergency legislative changes, to enable social workers to continue fulfilling duties (on behalf of local authorities); albeit often in a modified form, such as the revised assessment framework which was developed.

Lack of understanding of social work role

As alluded to in the sections above, the pandemic pushed social work and social care issues towards the top of the Scottish Government's agenda. Even though many of these issues (rising demand, sector capacity, skills, etc.) were long standing, prior to 2020 some Scottish Government departments gave the impression that social work was of only marginal relevance, and often "some other division's" responsibility. Strategies and policy documents, the successful implementation of which depended heavily on social work, sometimes neglected to mention the profession at all, referring instead to the 'social care' workforce. We were then of the view then that such attitudes reflected an unacceptable lack of understanding, about social work, among some Scottish Government officials; people who were ultimately responsible for the legislative and regulatory environment within which social work is conducted, and who provide advice and guidance to Ministers.

The onset of the pandemic validated our concern, in so much as it quickly became apparent that social work would be needed across a range of critical areas (e.g. public protection, re-orientation of social care provision, the justice system), and that officials had limited understanding of what social workers actually do. Conversations about ensuring access to Personal Protective Equipment, for example, were initially quite challenging, having to overcome official's assumptions about social work roles (e.g. "social workers don't have close contact with people / clients"). Similar discussions had to be had about access to the vaccine, with social workers initially categorised as non-essential staff, despite their statutory duties and the nature of their activities. In most of these situations, the position of social work leaders eventually prevailed, and changes were made to plans or policies. The role of the Scottish Government's Chief Social Work Advisor (OCSWA) was important here, educating and advocating from within government. But it did take the combined efforts of SWS and OCSWA, repeatedly, to ensure a reasonable understanding of the social work role among officials.

Related to the above, understanding of social work is limited among politicians and the public too, and during the pandemic this was reflected in the limited acknowledgment social workers received, despite the continued risks they faced working on the front-line. The profession is generally inured to this, but the extent of support shown for some other professional groups (including discounts, free meals, etc.) was dispiriting. Not because those other groups did not deserve the support, but rather it unintentionally eclipsed the many other workers, such as social workers, who also put their lives at risk on daily basis, and who operated out in the community in comparative isolation, sometimes with limited access to basic facilities such as toilets.

New working environments
During the pandemic social workers at all levels adapted to accommodate the restrictions imposed, including building closures and social distancing. The roll out of technology (both hardware and software) among professionals and supported people was rapid, and in many respects successful. Relationships were maintained, teams remained connected, etc. Wherever possible and necessary in-person visits were continued, but in a matter of months the previously cumbersome and unusual 'online meeting' became the norm, particularly for social work managers. And while offices have reopened and much in person interaction resumed, the wider societal realignment around where professionals work (office vs at home) has meant that online / digital working is now firmly embedded within social work.

During the pandemic the shift to online working presented challenges similar to those experienced across the economy, such as maintaining connections between colleagues, providing supervision, monitoring wellbeing, communication / feedback loops, etc. But for social work the shift online also presented more discreet challenges, such as how to maintain effective, safe and confidential case discussions, or to provide professional oversight. Operationalising changes in legislation made during the pandemic, in respect of assessment for example, required careful consideration. Especially, how to maintain, through the digital environment, the social work practice model, based on relationships, rights, etc. There are ethical and inclusion considerations too, with some groups less able to access technology than others. Social work leaders also had to reassure themselves

that local authorities' legal duties relating to public protection were continuing to be implemented. Did a family's refusal to allow a social worker access to their house represent legitimate 'shielding', or did it indicate an effort to reduce scrutiny of parental behaviour and actions. Decisions on social work intervention are always challenging and sensitive, but the pandemic complicated matters considerably.

Within all the above, but worth drawing out specifically, is the impact on individual social workers of the blurred boundaries between home and work. Social work is an inherently stressful and emotionally taxing job. The sometimes-daily interactions with trauma and adversity demands resilience. But levels of distress were heightened during the pandemic. Many social workers were concerned about the mental health and wellbeing of supported people, including children, who were relatively isolated during lockdown and periods of heavy restriction, of family members distressed due to lack of direct contact with their loved ones, balancing the concerns of carers who were concerned about the impact of virus exposure on themselves and their households. The context of the pandemic exacerbated many of the challenges already being faced by social workers supporting people in our communities. Social workers were acutely conscious of the potential risks of such artificial and isolated living conditions but due to restrictions, were prevented from undertaking the usual check-ins that would provide a window into what was happening inside a home environment. This increased the stress of an already stressful role.

Maintaining the psychological safety of workers has always been an important, if difficult, role for managers, and the pandemic removed a number of structures the profession relied on, such as in-person supervision, informal team interactions and, for some, moving between 'work' and 'personal' spheres. In the pandemic social workers were often supporting people through distressing circumstances while children, other family members or flatmates were just a room away. Commitment to their work, the increased demand, and the perceived 'ease of access' provided by technology meant that some social workers' days started earlier and ended later. Yet additional stressors were accompanied by a reduction in opportunities to seek informal and timely professional support and share experiences with colleagues, in safe and supportive environments. Calls ended, days concluded, and social workers were left isolated at kitchen tables having to process heightened emotions, and sometimes make extremely difficult decisions.

To a significant extent, these continue to be issues the professional leadership is having to work through. We have learnt and adjusted since restrictions were lifted, and many social workers are again travelling to be alongside colleagues, in offices or other locations. But the profession is not returning to pre-pandemic arrangements (not least because several offices have remained permanently closed, an outcome primarily of local authority cost-cutting measures). For example, student social worker's practical education has for many years relied on in-person placements; during the pandemic entirely new approaches had to developed, and post-pandemic, further innovation explored to take account of social work team's altered working arrangements. New models of practice, management, supervision, education, and leadership are having to be developed, considering the more flexible arrangements digital technology enables, and individual workers now demand.

Strain on the workforce; with no respite

Finally, and possibly the most consequential, is the impact of the pandemic on the individual people which make up 'social work'. Like everyone else in Scotland and the UK, social workers (and the staff who support them) experienced the pandemic as parents, children, siblings, carers, neighbours, with the fear and disconnection, resilience, and hope, which characterised the pandemic period. However, most social workers could not stop their work, or move it entirely online. As with other critical, essential services, social work was still required to identify and respond to need, keep individuals safe, and perhaps more than ever, articulate and advocate for people's human rights.

Individual social workers often did this at considerable personal risk (in terms of infection). The social work workforce in Scotland is an ageing one, and a considerable proportion had underlying health conditions and caring responsibilities. This led to high rates of self-isolation and sickness, with knock-on consequences for colleagues and other social work teams.

Being at the 'frontline' of responding to the pandemic, particularly when it was a frontline marginalised in the public narrative (in favour of acute hospital settings), was tough. Social workers put in the effort over the pandemic, and now our members are responsible for a workforce that is exhausted and unsettled. We have had no opportunity to regroup and recover, let alone properly work through once-in-a-generation developments, such as the big shift to home-based, online working. Coming out of the pandemic, demand for support has grown, with the nature of people's needs increasingly complex. This is linked, in part, to the hollowing out of public and voluntary services over a decade of austerity, as well as the pressures of the ongoing cost-of-living crisis.

Our members are now generally of the view that 2022 and 2023 represent more of a challenge for social work than 2020 and 2021 did, not least because we are having to do more with a depleted, exhausted workforce. Retention and recruitment problems which existed pre-pandemic have been exacerbated by the post-pandemic increase in caseloads, and removal of the usual structures of professional collaboration and support (as local authority offices, for example, have remained closed). Levels of moral distress are rising, as social workers find themselves unable to secure the support individuals need, which in turn leads to early departures from the profession, leaving vacancies which we cannot fill. High rates of vacancies add further pressure onto the remaining workforce, which then fosters more exhaustion and frustration, and so on. Maintaining the breadth, depth and quality of social work services is becoming an enormous challenge.

Faced with such challenges, the Scottish Government's determination to deliver macro, systemic reform is perhaps understandable. But, on the ground, new policies and duties represent additional burden, complexity, and stress. Legitimate efforts to improve systems are, therefore, inadvertently undermining systems, by encouraging social workers to move to other roles or leave the profession entirely. It is increasingly the view of Social Work Scotland members that post-pandemic recovery must be focused on strengthening the foundations of our public services, by addressing the various workforce crises. Improving the accessibility and quality of social work and social care support will not be achieved

through structural or policy changes; it depends on having suitably staffed and skilled workforces.

F) The view of the person, organisation or body as to whether the group(s)/individuals they support or represent were adequately considered when decisions about the response to the COVID-19 pandemic were made by the Scottish Government.

In reference specifically to the Scottish Government's decision making, consideration of social work and social workers was limited at the outset of the pandemic (January to March 2020), intensive during the main stages (March 2020 – March 2022), and then unhelpfully politicised in the months since.

It is important to note, however, that pandemic response decision making was not restricted exclusively to Scottish Government. Within the national rules, plans, frameworks, and guidance that were issued, local public authorities had to make contextually differentiated decisions about how to implement and enforce. Within that local context the experience of social workers and social work leaders, in respect of the extent to which their needs, expertise and opinion was properly considered, varied significantly. This variance existed between local areas, and within the same area over time. At both national and local levels, what seemed to determine the extent to which social workers were adequately considered was the level of understanding among professional partners and officials of the statutory roles and responsibilities held by social workers. And the extent to which those roles, such as upholding individual's human rights, were considered important in the context of infection control.

To illustrate the bell-curve nature of social work's profile in decision making, discussions about access to personal protective equipment (PPE) at the outset of the pandemic were marked by a need to repeatedly explain to officials the close-contact roles which many social workers held. Across children's, adult and justice services, social workers would continue to need to interact with individuals in relatively close proximity, including in people's homes. This was essential to ensure public protection responsibilities, among other essential social work functions, were fulfilled, as much as circumstances would allow. Early drafts of PPE dispersal plans often had social workers relegated to lower rungs of priority, and it required lobbying (including by social workers within central government) to ensure these were amended to recognise the top priority need of some social workers.

As the pandemic progressed, with the instigation of lockdowns and strict infection control measures, the extent to which social work was central to the operation, in normal times, of many public sector processes began to be better understood by officials. National and local systems set up to manage social care, or the early release of prisoners, gave appropriate space to the expertise of social work leaders. Social work's preferred positions or solutions were not always adopted, but it was / is understood that decision makers were balancing many factors and opinions. We expect our counsel to be sought and taken into consideration, however it is not reasonable to expect that decisions always go the way we would like them to. Overall, during the main stages of the pandemic, social work felt like it

was at the decision-making table, with our input considered. The development of proposals and then legislation, for example to facilitate quicker social work assessments, were progressed in close partnership between officials and the profession. Decisions about what data to collect, or when and how to re-open certain services, such as schools and daycentres, were made following meaningful engagement with social work. Some government ideas which social work leaders did not support were not progressed.

With the loosening of pandemic related restrictions throughout 2021, discussions about service recovery and renewal began. The perspectives and ongoing needs of social work did not always seem to be recognised in these. As a sort-of normal politics resumed, policies were framed in terms of addressing the 'backlog' and 'building back better'. These discussions seemed to give little to no consideration to the exhaustion of relevant professionals, or the continued unsettling, uncertain nature of working environments (with local working practices upended by, for example, roll out of digital technologies). Moreover, some initiatives, such as the Independent Review of Adult Social Care, felt politically opportunistic, refusing to take into account the fact that many professionals and services were, from a user/client/patient demand perspective, just at the start of their crisis, rather than its end.

As an organisation representing the operational leadership of social work, we engaged actively and constructively in such discussions, but have been concerned that representations seem to make little impact. The drive seemed to be "to get back to normal", and to show that disruption wrought be the pandemic was going to have a silver lining of long-term public service reform and improvement. But, as we have stated over the past two years, public services are, in most cases, groups of people performing various roles. If those people are unable, due to capacity and other reasons, to deliver the pre-pandemic levels of service, they are highly unlikely to have the capacity needed to transform themselves into new models and arrangements. Indeed, in the opinion of Social Work Scotland members, the refusal of Scottish Government officials and politicians to recognise that public services need a period of recuperation after the pandemic, free from major 'reform' initiatives, is itself a contributory factor to the anxiety experienced by social workers, feeding into early departures from the profession. Renewal of our public services needed to begin with shoring up exhausted and still overwhelmed workers, rather than overhauling structures.

Further to the points above, we would profile the value of online engagement in securing better consideration of social work expertise in decision making. As digital platforms such as Microsoft Teams were steadily rolled out across all levels of government and parts of the public sector, we were able to facilitate much more interaction between professional leaders, officials and ministers. And from across Scotland, not just the central belt, ensuring island and more rural social work teams are better represented in national discussion. This was important, as covid was experienced – and responded to – differently in different parts of the county. To a degree this pattern of engagement has continued to today, with the level of our interaction with Scottish Government significantly increased on the 2019 level. This provides us with opportunity to inform and influence policy development and decision making. However, it also has the corollary of increasing Scottish Government's expectation of input; both in terms of frequency and volume. The relative

accessibility of social work leaders (due to technology) now means a near-continuous call for engagement. But in the context described above, where the priority seems to be "showing we are doing things", rather than really considering what is needed to prop up very fragile public services, the engagement can feel perfunctory. Due to renewed local government austerity, there are also few senior leadership posts in social work, meaning a bigger engagement burden falling on a smaller group.

We have also reflected on the fact that, if Social Work Scotland had not existed, it is unclear how Scottish Government would have systematically and consistently engaged with the leadership of the profession, at a time of national crisis. Our members are overwhelmingly local government employees, entrusted with local operational responsibilities. It was by luck that Social Work Scotland had the capacity in place (ostensibly to do improvement activity, unrelated to pandemic response) to provide the national infrastructure necessary to facilitate discussion between the national and local spheres, in respect of social work delivery, and to coordinate approaches between the 32 local authorities. Social Work Scotland is not a public body, but rather a professional association, and in absence of national structures for social work, the role we played during the pandemic extended beyond simply the articulation and representation of social work views. We were part of the response to the pandemic. And we believe that experience underlines the need for social work to have more permanent, substantive national structures, separate to but connected with Scottish and local government.

Finally, returning to a point mentioned at the start of this answer, our experience across the pandemic was generally of a Scottish Government trying to consider the views of social work in their decision making. We were given opportunities to meet with key officials and ministers and invited to make submissions and offer solutions. But the problem was not so much access as understanding. Social work is unusual in being a profession that interacts significantly with almost every other public service profession, yet in-depth, complex understanding about social work's roles and responsibilities is sorely lacking in Scottish Government. This may, in part, be down to a demographic reality that most officials have not had any personal interaction with social work, expect perhaps in relation to social care provision for parents, or access to specialist support for children. Whether through no personal experience, or through these very narrow bands of experience, understanding of social work by largely generalist officials therefore tends to be very limited or inaccurate. Many exceptions to this rule exist, and the Scottish Government's civil service does employ several social workers who contribute significantly to improving understanding of the profession. However, in the main we found – and continue to find – that we must repeatedly explain social work to officials who have a degree of influence over how the profession is directed. Our members have been left uncertain, and without confidence, about the ability of Scottish Government officials to address the problems which social work, as a service and profession, now faces.

H) A brief summary of the views of the person, organisation or body, or the group(s)/individuals they represent, as to the lessons, if any, that can be learned from the Scottish Government's response to the COVID-19 pandemic.

Across our previous answers we have attempted to highlight the lessons we – Social Work Scotland – feel should be learned from the COVID-19 pandemic, and the Scottish Government's response to it. In summary these are:

- The importance of preserving, to the greatest extent possible, people's rights to shape decisions which affect them, to meaningful human relationships (with close physical contact) and to protection from harm. The response of the Scottish Government, in privileging (at least initially) protection from harm caused by the virus, was legitimate and understandable. We were all in unknown territory, and Ministers and public health leaders had immensely difficult decisions to make. As the pandemic progressed, and with the benefit now of some distance, the harm caused by our response to the pandemic becomes clearer. We do not feel in a position to judge whether an appropriate balance of harms was achieved during 2020-22, but we hope that in preparation for future pandemics the cost-benefit of certain actions, with impact on people's human rights, is informed by our collective recent experiences.

- Social work was, and continues to be, poorly understood by many Scottish Government officials, and among some professional partners. The reasons for this are various, historical and complex, but considering the contribution social workers make in a variety of public service systems (particularly at moments of crisis), change is needed to ensure better understanding in the future. The establishment of a National Social Work Agency, as currently proposed by Scottish Government, may help. Re-setting the Chief Social Work Officer role would also be welcome, to ensure it has the access and power necessary to fulfil its duties across all parts of social work and social care.

- People working in social work services are exhausted. Like a few other essential public services, they started the pandemic stretched, operated throughout at a high intensity, and have largely maintained that level since (as demand rose when restrictions were lifted). This is not sustainable, as social work's increasingly high vacancy rates attest. What is needed now is a period of recovery and rebuilding, in which we attend extremely carefully to the additional pressure we are placing on workers (e.g. with reform / change initiatives) and targeting available resources to redress retention and recruitment issues. The lesson that we hope politicians learn is that, while crises present opportunities (and often public demand) for reform, change depends on there being sufficient capacity and resilience in the current system. A decade of spending austerity meant public services entered the pandemic in a weak state. Some, such as social work, are emerging from the pandemic further weakened. In this context, radical, transformational change is unlikely to elicit positive outcomes for the people we serve, or for our members.