Anas Sarwar MSP  **Dr Donald Macaskill**

Convenor: Public Audit and Post-legislative **Scottish Care** Scrutiny Committee 25 Barns St

The Scottish Parliament Ayr

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By email only 6 January 2021

Dear Convenor,

**Re. Leadership and workforce challenges: health and social care sectors**

The following are additional observations as requested by the Committee following the roundtable session convened by the Public Audit and Post-legislative Scrutiny Committee on 5 March 2020.

Since the evidence session the sector has been faced with the challenge of responding to the Covid pandemic. This challenge has highlighted and accentuated the issues of concern which had previously been noted to members of the Committee.

**Workforce**

Both in care homes and in homecare services the social care workforce has been at the frontline in fighting the pandemic and maintaining social care supports and services. This has been a harrowing and hard time.

In care homes the very real dangers posed by Coronavirus meant that normal ways of working and interacting had to change overnight. The frontline workforce has to be commended for their astonishing professionalism and dedication in facing up to these challenges and changes in practice. Challenges around accessing PPE, the lack of prioritisation of social care staff as key workers, constantly changing requirements and Guidance, the failure to initiate testing of frontline staff at an earlier stage have already been well documented. What has perhaps received less attention but is no less worthy of comment is the impact on the emotional and psychological health of frontline carers in working under such acute pressures and stress, compounded by the impacts of grief and bereavement for those who work in care homes when they have experienced the loss of so many they knew so well. The added burden of media and political scrutiny, as well as the challenges of maintaining normality for residents when families have been excluded and unable to visit, have all had a profound emotional toll upon individual workers.

In homecare services there has been a collective failure both to understand and appreciate the risks that individual workers were facing in moving from house to house. It is still a matter of deep regret that months into the pandemic response we still do not have a system of routine staff testing in place for care at home staff. The failure to appreciate and value this workforce is shameful, illustrated by the fact that even in the midst of the pandemic at least one local authority was using electronic call monitoring to contract and monitor providers and their staff. We are left wondering how it is possible to engage in a dignified visit to a client in 15 minutes which includes a wake-up call, breakfast and personal care when it takes 7 minutes to don and doff PPE safely?

Much has been made of the terms and conditions of workers in social care both in the community and in care homes. Scottish Care has consistently argued that fair work practices cannot be achieved on the back of poor commissioning and unequal treatment of commissioned compared to in-house contracted services. It is deeply lamentable that commissioning practices and the conditions of the National Care Home Contract mean inter alia, that non-care staff were and are paid the minimum wage and not the Living Wage; that sickness payments are statutory minimum and that there are few providers who have the ability to pay death in service or other extended employment terms. The fact that a Social Care Support Fund had to be created during the pandemic is the legacy of decades of underfunding, commissioning on the cheap, and the disparity of treatment between sectors.

**Leadership**

The individuals who have perhaps been most impacted by the pandemic are those in leadership positions, not least within our care homes. Scottish Care has estimated that today there are an additional 38 required tasks expected of a care home manager compared to 1st March 2020. The exponential rise in expectation and responsibilities, the necessity to support, nurture and lead stressed frontline teams, the requirements to respond to the ever-changing alterations in Guidance and practice have all brought immeasurable stress upon leaders. When this is combined with the ongoing impacts of Operation Koper what we have seen is a hugely significant departure of frontline leaders and managers from the care home sector in particular. No other sector or workforce has had such a level of guilt and blame placed at its door, their professional abilities questioned and their work the subject of scrutiny by police and others. The lack of equal treatment, the failure by others to appreciate the actual delivery of care home services, and the grotesque medicalising of social care settings has had a profound impact on morale and confidence. We have haemorrhaged leaders of experience who will take a generation to replace, if ever.

There are clear lessons to be learnt in terms of workforce and leadership, including:

* The critical importance of including and involving the social care sector from the inception of planning and support, resilience and response. Too often the sector has been an afterthought, done to rather than worked with.
* The necessity to properly understand both the nature of social care and of specific services in particular. Care homes are not hospitals yet new requirements around infection prevention and control, placed upon the workforce in the midst of a pandemic with no training or support, have placed them in an unenviable position. There needs to be a resistance to the medicalisation of social care.
* The critical importance of adequately resourcing the sector’s workforce beyond basic terms and conditions to enable the sector to become one of choice and conviction, rather than necessity and last resort.
* The requirement to ensure that the uniqueness of social care response is valued and validated, so that frontline workers and managers are respected and recognised as experts in their field of care.
* The necessity for a proportionate, collaborative approach to scrutiny and regulatory oversight that works with the frontline rather than adding additional burdens, especially in the midst of a crisis.

I trust you find the above of some assistance.

Yours sincerely,

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