

Covid-19 impact on social services: Lessons learnt and planning forward

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About the European Social Network (ESN)

The European Social Network (ESN) is the independent network for local public social services in Europe. It brings together the organisations that plan, deliver, finance, manage, research, and regulate local public social services, including health, social welfare, employment, education and housing. We support the development of effective social policy and social care practice through the exchange of knowledge and expertise.

About this publication

For the past three months, the European Social Network (ESN) has been addressing the impact of Covid-19 on social services with a series of webinars that have looked at continuity of care, measures supporting social services in emergency situations, and child protection in times of crisis. The fourth of these webinars was held on 16 June in cooperation with ESN partner Accenture with speakers from the US, Ireland, and the UK focused on taking stock of social services responses so far, and to use lessons learnt for future planning.

This publication has been written by Alfonso Lara Montero, CEO. Many thanks to Gaurav Gujral, Accenture's Social Services Consulting Lead for his input.

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Introduction

Opening the webinar, Gaurav Gujral, Accenture's Social Services Consulting Lead, highlighted that three months after the lockdown started as a response to the Covid-19 crisis, in Europe, we are at a vantage point where there is sufficient evidence across jurisdictions to do a post-mortem on the lessons learnt, as well as look forward into the future with a view to building resilience and being better prepared for such black-swan events.

Gaurav outlined some of the themes that have emerged over the past months as public authorities responded to the unfolding health and social care crisis that emerged because of the spread of Covid-19.

First, one of the most contentious issues has been how to build more contingency and business continuity into the system, whether it was about building sufficient stockpiles of Personal Protective Equipment (PPE), Intensive Care Units (ICU) capacity, ensuring better communication and referrals across health and social care sectors.

Second, another important theme has been the physical and mental well-being of health and social care professionals working on the frontline. This includes appropriate training and enablement of staff to deal with such challenging situations, ensuring that workers feel assured about their personal safety as well as the people they work with, follow clear protocols, and have recourse to a support system (helplines, volunteers, etc.) when they need them.

Third, it became necessary to implement digital, agile, and remote ways of working, which meant that the possibilities and abilities to make it happen were there. The crisis was the impetus to fast-forward into those new ways of working. However, the question for the future is how to ensure sustenance, not falling back into old habits, and that the lessons learnt help with better future planning.

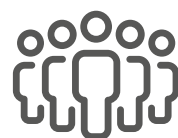
Concluding his presentation, Mr. Gaurav highlighted that the data that are being collected should help planners think about the early warning signs, the triggers for intervention protocols across agencies and how they can develop a coordinated response to emergencies like Covid, hence building greater resilience into the system.

For professionals who are on the frontline and deliver care, innovation can be critical, for example the issue of virtual reality to train workers, digital tools for remote visitations or artificial intelligence for decision-making can impact the social outcomes of the workers and the people they serve. Gaurav Gujral, Accenture's Social Services Consulting Lead



Issues faced and social services responses

During the crisis, social services heroically jumped into action and did their best to connect with those who needed care and support. They did it in many ways despite the challenges they faced.



Caseload increase

Christina Becker, from the American Public Human Services Association (APHSA), highlighted that members of APHSA, counterparts of ESN members, have seen caseloads increase in local authorities across the United States where they work as directors. There has been an increase in caseload with many families applying for health, nutrition, or economic support across the country.

States have handled this situation in different ways e.g. through multiple social services access points giving virtual access to call centres, online applications, mobile applications, or through mobile friendly websites so that applicants can do the process fully remotely.

However, with 15 to 20% budget cuts there has already been an impact on staff and services.



One state is closing 50 of their government branch offices throughout the state impacting on their communities not having access to any of these offices, Christina Becker, Knowledge Mobilisation Manager, APHSA.



Social care settings

One of the key issues that arose during the pandemic were the difficulties controlling outbreaks in social care settings. Jim Thomas, from Skills for Care and Development in the UK, explained that the stock of PPE was bought by health authorities, which meant that social care providers were unable to access it.

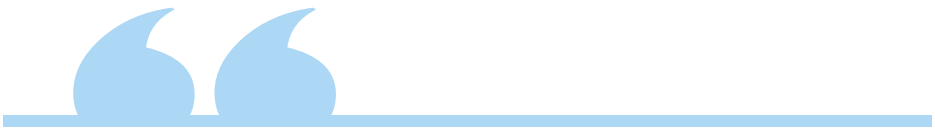
Therefore, there has been questioning around the wellbeing of professionals and managers working in social care, and how to ensure their physical safety as they are in the frontline of addressing the pandemic. With this, there has been a realisation by the wider public that social care is an important agent and partner for the health sector, which traditionally has been seen as a separate arena and has been significantly underfunded.

One of the most challenged areas in the social care and social services sectors has been residential care for older people. With this, came the realisation that some of these services were accommodated in buildings not suitable to care for people in the context of a pandemic -explained Phelim Quinn, CEO of the Health Information and Quality Authority (HIQA) that regulates health and social care in Ireland. Together with the impact on residents, there was also the impact on staff in services where there was high level of mortality.

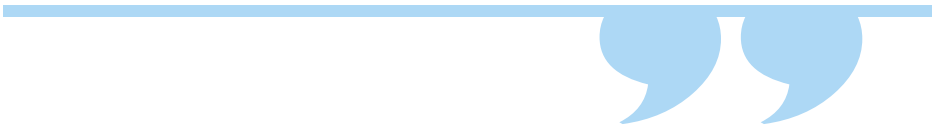
In Ireland, Phelim explained, services provided by the public health sector seemed to have had access to greater support while in the private and voluntary sectors some of the smaller social care providers coped less well because of a limited ability to rely on larger workforce.

Similar to what happened in the UK, in Ireland PPE was bought almost in its entirety by the national health and social care service and in consequence private providers had difficulties getting hold of PPE so it transpired the need for a more coordinated national response.

There were also difficulties for health services to understand that social care is not a clinical service and therefore the same principles do not apply.



We identified a homely service turned almost into a hospital with the installation of clinical equipment that was not right for the type of care provided, Phelim Quinn, CEO, HQIA



A national public health emergency team was set up with the participation of health and social care providers and the regulator as well as remote monitoring and advisory services with specialists providing social care facilities with advice, signposting them to PPE or support from national health services.

Finally, four months into the pandemic, it is now an opportunity to assess as to whether human rights were a consideration in the decisions made, for instance regarding the cessation of inspections in care settings, which meant that it was not possible to know what the user experience was like.



Future planning

The three speakers agreed that if difficult economic circumstances persist, there will need to be outreach to communities that may not have had access to social services before.



Children and families support

It is expected that there will be an increase in the number of child protection and welfare cases, with several families being pushed into severe hardship, so there will need to be future planning to improve support for children and families.



Improving access and health and social services coordination

Learning from difficulties in accessing PPE as it happened in the initial phase of the pandemic, there should be better planning and inter-agency work to ensure that PPE is purchased and provided across the whole of the system.

Linked to this, there is the need to plan for a more integrated system of health and social services to address the impact of Covid-19 in residential social care and home care. This includes the provision of support for social care managers and professionals, particularly in services that were most affected by the pandemic.



Future responses to the pandemic need to take into account the needs of the different population groups supported by social care. Jim Thomas, Head of Workforce Innovation, Skills for Care and Development, UK



There has been a realisation that regulatory agencies have a support role for services including remote monitoring and advisory services. This involves ensuring that infection, prevention, and control teams support colleagues in social care facilities where there are outbreaks.

In light of service contingency and preparedness, there will be a greater need for intersectoral and inter-agency approaches between providers, commissioners, public health, primary and community health services. These would include appropriate training, redesign of care processes, as well as enablement on digital and cloud-based platforms and tools.

Finally, future considerations should take into account the rights and experience of services users, their families and their carers in future social services planning.

Concluding remarks

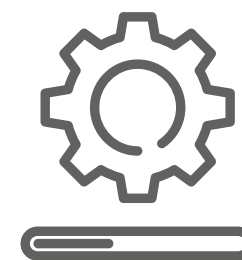
This webinar was an opportunity look back, learn, and move forward positively and constructively on how we can look into social care and social services in the post-covid world.

If something became clear during the webinar is that the issues faced by professionals from different agencies and perspectives were very similar, giving a holistic view about how to address these issues. For all the reasons mentioned above, Covid-19 has created incredible disruption. However, it has brought about several transformative changes we have spoken about for years and may now need to be implemented on a large scale out of pure necessity.

Rather than revert to old practice this moment allows to think about the world moving forward and how we can be informed based on what's been done. What we had to do for pure necessity and want to let go off, and what we need to design and will constitute the new normal. Kristina Stevens, Accenture's North America Human Services Strategy Lead

Social services very heroically jumped into action making sure that they cared for those in need of support. While they did so in many ways, they did it because of their commitment despite the challenges they faced. Closing the webinar, Kristina Stevens, Accenture's North America Human Services Strategy Lead, said "it will be critical to support social services from an adaptive perspective, but also make sure that they have the tools to appropriately meet the needs of those they work for, particularly in the framework of budget constraints".

Future tools for crisis preparedness

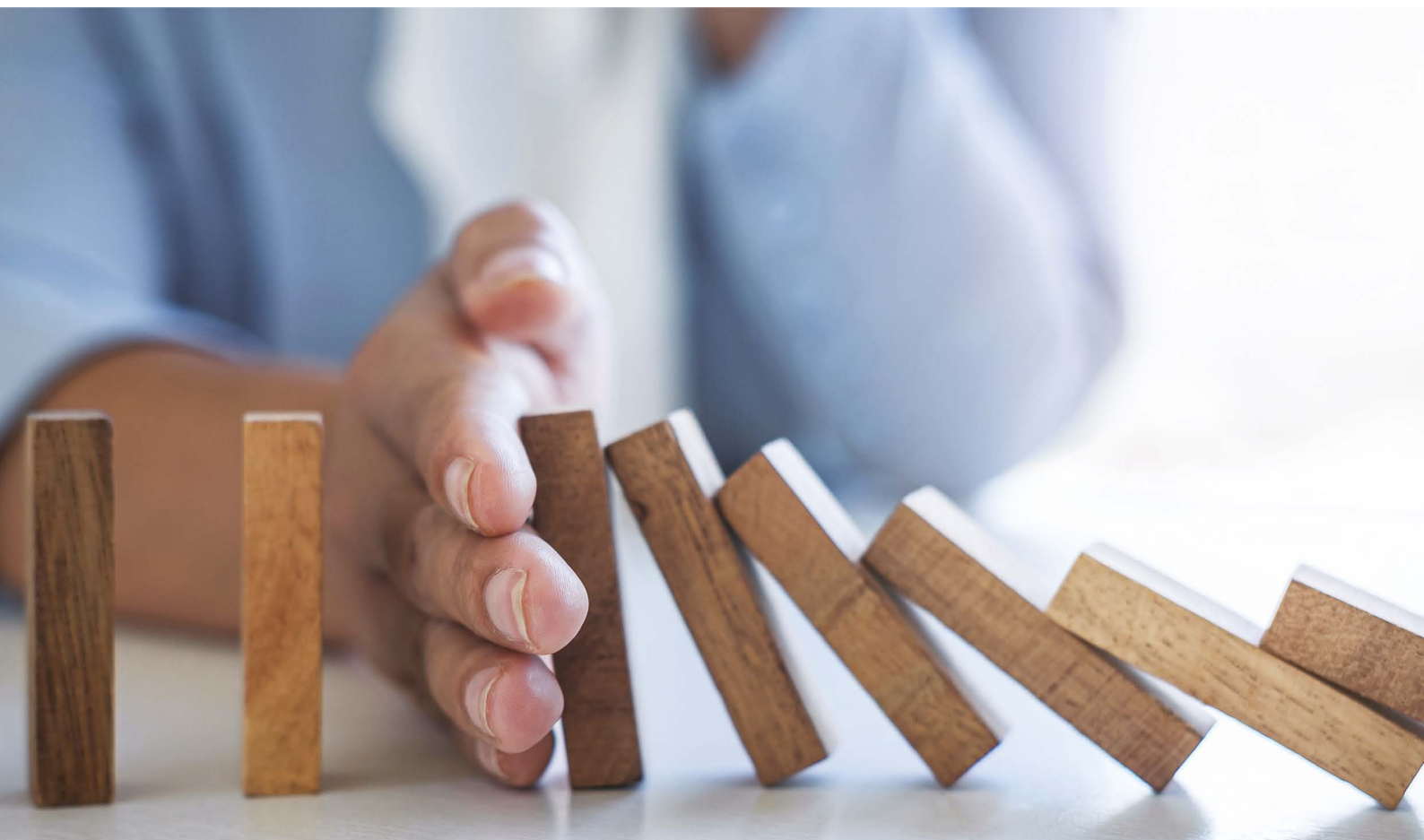


Looking ahead, there will need to be a review of policy and legislation in relation to what changes may be needed to support services in their response to future crises.



This review may involve the following recommendations:

- Addressing regulations; e.g. waivers for personal interviews for programme eligibility and investment in digital tools so that they can take place online.
- Investment in telecare to provide support for people to remain in their homes for longer including training for the workforce.
- An emergency plan that includes all the different parts of social care including the different needs of the various populations covered by social care and professionals across residential, home care, and personal assistance.
- Clearer protocols for joint working between health and social care services around people's packages of support, discharge planning, verification of death, support for providers, people using services and family carers.
- Enhancement of public health measures within social care to ensure appropriate range of advice in outbreak control in social care settings, testing and resources for residents and staff.
- Availability of clinical pathways into health care services for all residents in social care facilities.
- Mechanisms to ensure that service users and families rights and experiences are taking into account in future planning based on the lessons learnt in the past months.



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