

## **HEALTH AND SPORT COMMITTEE**

### **SOCIAL CARE INQUIRY**

#### **SUBMISSION FROM AGE SCOTLAND**

##### **Covid-19 impacts on care and support at home**

###### **Introduction**

Care at home is a vital social care service received by tens of thousands of people in Scotland whose needs require varying degrees of support to enable them to live well and independently. According to official figures, 67,985 people in Scotland received home care<sup>i</sup> between January-March 2018 and roughly 71,350 people work in care at home or housing support services<sup>ii</sup>. For many recipients, their care and assistance packages can be the difference between life and death.

Age Scotland is extremely concerned that from mid-March care at home packages were removed or severely reduced almost overnight from older people across Scotland. The impact of which not only caused considerable distress and anxiety, but the implications on the health and wellbeing is hard to measure.

###### **Insight from Age Scotland's Helpline – removal of care at home packages**

From mid-March 2020 demand for information, friendship and advice from our national helpline increased dramatically. At their peak, this figure was ten times higher than average. Calls from older people, their family and carers reached, at times, well over 800 a day with the vast majority seeking answers or support to the national response to COVID-19. We believe the issues raised to us will be of use to the committee as it explores the impact of COVID-19 on care at home services.

In many cases this has had a devastating impact on people who rely on support, unpaid carers, and families during an already stressful time as significant restrictions to everyday life came into force.

###### **Examples of care at home being removed**

We are aware of early examples of wholesale withdrawal of packages from the 16<sup>th</sup> March in Falkirk, Edinburgh and Glasgow local authorities. In Glasgow, Cordia are the providers of the council's social care service and appear to have implemented drastic removal of social care packages with almost no notice to the recipient.

- We heard from a woman (aged 87) who lived alone and had been recovering from a broken arm after falling in the shower and now struggled with dressing and washing herself. Previously her package of care included a daily visit, however, with no explanation she was informed that her service would be stopped. Although her family

could help with shopping, they were not confident providing personal care. The abrupt removal of her care package meant this woman had been left to cope on her own, despite being too anxious to use the shower due to a previous fall.

- Another instance we'd like to highlight to the committee was from a woman calling in relation to her mother (aged 84) who lives with dementia. Her mother has important medication requirements and timings that she is unable to manage on her own, and previously received four daily visits as part of her care package. Just prior to lockdown the caller was informed from the service that they would no longer assist her mother as she had family living nearby who should step in to provide this help instead. While strictly speaking this was correct, the family member was self-isolating due to underlying health conditions and other family members were either receiving care themselves or did not live nearby, therefore, not in a position where they could replace the critical level of care her mother previously received.
- A further example is of a woman (aged 96), registered blind and with limited dexterity, who was previously receiving four daily visits from Cordia in Glasgow before being informed that this was to end in four days time because she has family living nearby who should instead act as her carer. The particular family member asked to provide this care did not live nearby and others were self-isolating on government advice. Whilst she was able to retain some care, provided by the health service twice a week, it did not provide the necessary level of care she needed, or used to receive.

There is no doubt that social care providers were faced with challenging decisions at that time, but these did not sufficiently take into account whether or not family members were actually able to provide the care, and blanket decisions failed to recognise individual circumstances. These cases demonstrate that there was little communication or transparency around what basis these decisions were being made.

We raised various cases immediately, and directly, with the Minister for Older People who pursued these with Scottish Government officials.

It is extremely concerning that the most vulnerable in our society were left to fend for themselves with little warning or alternatives for support. This distressing situation was compounded by the fact recipients and their families were unaware of when, or if, their necessary care packages would resume.

These issues have demonstrated the lack of resilience in the social care sector which was clearly already under pressure before the pandemic hit. There has been a consistent lack of resource for social care, exacerbated by difficulties recruiting and retaining staff.

We welcome the recent announcement of an independent review of adult social care which is in desperate need of reform and investment.

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**References:**

<https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2019-06-11/2019-06-11-Social-Care-Summary.pdf>

<sup>ii</sup> Staff vacancies in care services:

<https://www.careinspectorate.com/images/documents/5532/Staff%20vacancies%20in%20care%20services%202018.pdf>