

HEALTH AND SPORT COMMITTEE

SOCIAL CARE INQUIRY

SUBMISSION FROM UNISON SCOTLAND

UNISON Scotland: Care at Home Workers and Covid 19

Survey results Sept 2020

300 workers participated in UNISON's care at home survey which used all the Health & Sport Committee questions and added questions relating to Covid infection and testing. 81% of participants were frontline care at home workers. 11% were personal assistants engaged under Self Directed Supported and living arrangements. 6% described themselves as owners or managers. 44% were employed in the private sector, 41% in the statutory or public sector and 15% in charitable, voluntary or other not for profit organisations (CVS)

Covid symptoms, infection & deaths

Covid 19 has had a profound and distressing impact on care at home workers

- One in four care at home workers had a service user who became infected and one in five workers had a service user who died from Covid19
- 8% of all workers surveyed had been infected by Covid 19 and over one in three had a colleague who had been infected
- 14% of workers had experienced Covid19 symptoms and nearly one in three had been required to self isolate
- Two respondents reported knowing a colleague who had died from Covid

The infection rate for respondents is significantly higher than that for the population as a whole. The data for colleagues and service users is knowledge of impact rather than actual proportions of people affected. However, it does indicate that Covid 19 has had a profound and distressing impact on care at home services and service users. This is an individual and collective trauma from which it will take time to recover. The question is whether this impact could have been better mitigated and, if so, how to adopt better measures for the remainder of the pandemic and the long term improvement of adult social care.

Covid Testing

- Only half of our respondents have had a Covid test. This is unacceptable.
- Testing was highest in the private sector (66%) and lowest in the public sector (38%)
- Testing was either arranged by the employer (71%) or by self referral (22%)

Given the shared experience of infection and deaths it is surprising that only half of respondents report having been tested for Covid19 prior to completion of the UNISON survey in August 2020. This is in marked contrast to the frequency and prevalence of testing in acute and residential care settings.

The low rate of testing is a concern and reflects the lack of status and priority given to the service as compared to residential care or care in acute settings. The policy and operational delivery of testing in care at home services requires immediate improvement.

Mental Health impact

- Over one in three respondents offered additional qualitative information on serious adverse mental health impacts
- The reported decline in mental health also relates to service users, and is frequently associated with removal of "non-essential" services
- Many respondents reported an increase in challenging behaviour by service users and service user families

Many respondents described feeling overwhelmed or close to breaking point.

"I found it very hard coping during the outbreak. Within my work I had people crying with fear in their eyes asking not to die "

"I have increased stress. We received virtually no support from anyone apart from other work colleagues. I am struggling with work-home balance. Anxiety and depression have increased"

"The mental health among colleagues suffered through a lack of support and guidance from management. We were threatened with our jobs when we voiced concerns"

Conclusion - mental health

There is a widespread recognition that employers were responding to a severe crisis. Several respondents stated that their employer had responded well. However, the sustained adverse impact on mental health must be identified and addressed regardless of any question of culpability. The health rights of workers, the viability of services, the interests of service users and the long term viability of the sector all dictate that action on mental health and wellbeing is delivered urgently in conjunction with action on health and safety.

In addition to recognition and gratitude, a more substantial and lasting reward for undervalued workers would be clear commitments to stronger Fair Work arrangements, particularly around health and safety. Beyond the pandemic we need a national care service that works and is safe.

Do workers feel safe?

- Only 18% of all workers said they felt safe or extremely safe. Voluntary sector workers felt most safe (29%)
- Private sector workers were least likely to feel safe (14%) and nearly one in four private sector staff said they did not feel at all safe.

Do workers feel supported?

- One in four of care at home workers feel completely unsupported.
- The sectors where workers felt least supported were the voluntary sector (27%) and the private sector (27%)

Do workers feel informed?

- One in four workers feel well informed or very well informed. 44% feel not at all informed or only slightly informed
- Voluntary sector staff feel best informed with 41% saying they were either well informed or very well informed

Do workers feel protected?

- One in three felt that staff and service users had been well or extremely well protected
- Reassurance about levels of protection was greatest in the voluntary sector (44%)

Access to personal protective equipment

- 41% said access to PPE was either fair or poor
- The common view expressed in written answers was that PPE access was very poor at the start of the pandemic, improved rapidly, and improvements were generally sustained.

Conclusion - safety & protection

There has been considerable debate over the priority given to protection of the NHS and the unintended impact on residential care. However, there has been little public discussion of the strategies to protect service users and staff in care at home services. This is a collective oversight that reflects the unacceptably low status of a vitally important service.

In short, the infection rates and deaths in care at home services may have been hard to avoid but they could have been better mitigated and remain unacceptable. Action is required.

The Office of National Statistics has already identified that infection rates and deaths are higher in care at home and residential care than in acute health settings. We submit that the relative absence of trade union led safety structures is a key factor in the higher levels of risk where social care is commissioned under contracts that are not monitored or enforced.

Scottish Government shares UNISON's commitment to strengthening the Effective Voice of workers as a corner stone of Fair Work in Care. Now is the time to formalise and accelerate firm measures to ensure collective action on safety. Bad jobs kill, fair work saves lives.

Action on safety and wellbeing should be centred around greater compliance with established statutory health and safety norms:

- Recognition and joint working with trade unions
- recognition of accredited safety reps and time off for safety duties,
- full trade union consultation over risk assessments and associated safety measures,
- training and information on agreed safety measures,
- time, resources and procedures for trade union safety checks,
- formal structures to build and sustain a joint approach to safety and wellbeing; and,
- robust protection against the victimisation of whistleblowers

All these procedures are laid down in legislation and are common place in acute healthcare settings. Compliance with these safety regulations is also embedded in the contracts for commissioned social care service. However, as UNISON observed in previous submissions to the Health Committee¹, these statutory and contractual obligations are neither monitored nor enforced where services are commissioned under contract.

As with residential care, the relative absence of full safety compliance in care at home settings is likely to be a major contributory factor in the appalling impact of Covid 19 in adult social care. This should be a key focus for any future, in-depth public inquiry.

In the meantime it is vital that revised strategic commissioning plans elevate the status of health and safety and all Fair Work matters within commissioning, procurement, monitoring and enforcement.

Were Care packages changed?

Survey returns and interviews suggest that the pandemic response varied by sector. In very broad terms, the private sector kept services open without re-structuring. Capacity pressures tended to be addressed by longer working hours and use of temporary staff. Our data suggests this model is not sustainable or safe.

The voluntary sector lacked the organisational capital to engage in significant re-structuring. Voluntary sector staff also worked additional hours to maintain capacity and were the most effective at accessing support from community and primary care connections.

The key feature of the public sector response was a strategic shift to emergency plans. Vulnerable service users were prioritised and other services were curtailed, stopped or transferred to an emergency response basis.

These apparent trends raise key questions for the remainder of the pandemic and the long term future of care at home services.

- Do commissioning processes require providers to make emergency plans? If so, were those plans adequate and were they implemented?

- Does the emergency response of service providers vary by provider or by sector? If so, why? Is it possible to identify best practice in relation to the emergency response in a care at home setting?
- How can the answers to these questions be implemented (a) for the remainder of the pandemic? And (b) in newly commissioned services or a national care service?
- What are the lessons for the Government's review of long term reform of adult social care and the creation of a National Care Service?

UNISON's initial view is that there was no coherent sector-wide emergency response. There was marked variance by sector and provider. Commissioned services improvised a pandemic response within the constraints of the system. Workplace safety systems had not been monitored and were typically weak.

Final Conclusion

The impact of Covid 19 was without recent precedent. However, it is likely that consistent use of agreed emergency plans based on strong health and safety systems within an effective Fair Work culture would have mitigated infection rates and saved the lives of service users and staff.

The current contract system mitigates against all the key elements of infection control in a pandemic - weak and inconsistent emergency planning, lack of capacity for an integrated system wide response, weak and ineffective contract compliance on health and safety standards and inadequate facilities for the protection of service users and staff.

In the long term, the welcome commitment to a National Care system enables these structural failings to be addressed. In the short term there is a pressing need for a more coherent and effective emergency response that operates across the crumbling remains of a failed and broken contracting system.