> "IN THE RUSH TO RETURN TO NORMAL, USE THIS TIME TO CONSIDER WHICH PARTS OF NORMAL ARE WORTH RUSHING BACK TO."
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An Ask IMPACT guide

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The pandemic had a devastating effect on people who draw on care and support, carers and social care staff, and the terrible consequences are still with us. Lots of people lost their lives, and lots more lives were blighted.

COVID-19 also made existing inequalities worse. Compared to the NHS, adult social care was neglected, poorly understood and sometimes overlooked altogether.

However, in the midst of such an overwhelming crisis, we found ourselves having to do things fundamentally differently, in timescales that would previously have been unimaginable - and there might be some lessons that could be helpful in future. Most of these are fairly obvious and we probably knew them before - but the pandemic nonetheless brought some of these issues home in a new way.

To make sure that we don't forget these lessons again, IMPACT's Assemblies and other partners felt that we should review the emerging evidence to capture some of the key learning. Their advice was that we shouldn't focus the many, many things we got wrong (others are doing this) - but on what we learned about managing change and about what really matters to people. In their view, Coronavirus was and remains an unprecedented tragedy - but failing to learn would make an already terrible situation even worse.

The five main themes that we found in the evidence relate to the importance of:
- Families, communities, and the voluntary sector
- Making better use of technology
- Personalisation and partnerships
- Leadership and team working
- Focusing on what matters and supporting each other

With each of these themes, we know that there are also lots of complications and downsides, as well as possible lessons about how to manage future change.

The role of families, communities and the voluntary sector

"As a volunteer food courier supporting vulnerable people in my area, I have visited community centres I had never been to before, cycled down roads I had not been down before, and met people I would not have met otherwise" (PPL)

The vast majority of care and support has always been delivered by families and communities – but during the pandemic we realised this like never before.

During the pandemic, families had to find creative ways to keep in touch with loved ones they could not visit. The University of Hull's research on caring from a distance found that while a personalised approach is needed, and staff support is essential, digital technology, phone calls, socially distanced visits and creative approaches – photo gifts to stimulate memories – all had the potential to help maintain connection and interaction. Alternative approaches were necessary while care homes closed to visitors, and these lessons are important to support "distance carers".

Volunteers and communities came together like never before, to provide emotional and practical support to others. For example, SCIE's report on learning and sharing following the COVID-19 lockdown found that at Boudicca Court residential service, in Norfolk, staff had the idea of holding an outdoor socially distanced movie night. To achieve this, they needed a projector and screen and so put out a Facebook message to the local community to see if anyone could help. Members of the public enthusiastically responded and generously provided both items brand new, allowing the show to go ahead.

Volunteers were actively recruited to socialise with residents in care homes, while Independent Age's report on lessons from befriending in the time of Covid-19 found that befriending was "the frontline as well as the last line in tackling loneliness".

Corporate volunteering was undertaken by some organisations; new partnerships were made with businesses, where employees volunteered to do telephone befriending. Other examples include Age UK and the Alzheimer's Society whose volunteers helped with shopping and made telephone calls to those in care homes to help reduce loneliness.

Of course, none of this should become a way for the state to 'pass off' its responsibilities on others – and any developments need to take place with great care and conscious balance.

Digital technology

"Most of our communications have been through digital channels such as social media platforms and our web pages. This highlights opportunities for us to consider networks of communication with our most vulnerable adults in future, offering a blended approach rather than the default; the pandemic has demonstrated the art of the possible in relation to technology." (North West ADASS)

During the pandemic, our understanding of what was possible with digital technologies such as Zoom and Teams technology really increased. At their best, these helped to remove some of the barriers imposed by travel restrictions, while also saving time and money. Digital tech also allowed for ongoing communication with family and friends during the pandemic, alleviating some of the effects of loneliness and enhancing social support through the running of social activities.

Anecdotal reports from some adults with learning disabilities and autistic people, from ADASS' report on the impact of the pandemic on adults with learning disabilities and/or autism, their carers and service provision, found that being able to engage with friends online in a managed closed group from their own homes was sometimes preferable to spending time in a noisy day centre where they did not always enjoy participating in the activity on offer. There are also examples of how technology allowed for online games to be played and for religious services to be conducted online.

A more blended approach was needed where digital technology wasn't appropriate or accessible. Other solutions included developing phones that were preloaded with contacts and didn't rely on Wi-Fi, providing signal boosters, and providing training and support through peer-to-peer 'digibuddies'.

Technology worked best when its use was co-designed with people drawing on care and support, to help service providers understand whether digital solutions were appropriate and met people's needs.

Going forwards, some of what we learned about technology might help in terms of our relationships and connections, and supporting people to lead chosen lifestyles (although only if part of a broader approach). Alyson Scurfield, Chief Executive of the TSA said "technology-enabled care should be considered as part of an overall package of care tailored to an individual".

Personalisation and partnerships

"Having the voice of people that use services alongside the Director and the clinical leads was really beneficial for us. Not only hearing about the difference in the statutory services but hearing the voice of people who used services and what was happening to them [which] grounded the work we were doing" – Alan Sinclair, Director Adults and Communities, Slough Borough Council (Think Local Act Personal)

North West ADASS' review of lessons learned during COVID-19 found that person-centred services gave people who draw on care and support a say in how services were delivered during the pandemic.

Speakers on The Future of Direct Payments webinar, for instance, described some very positive experiences where "some councils adopted a more pro-active approach to self-directed support and enabled people with direct payments to take decisions to give themselves the best chance of staying safe and well. In these ways, the pandemic was a chance to think differently; to trial other approaches and build an evidence base of 'what works' to help promote further flexibility in self-directed support".

IMPACT has been doing lots of work on choice and control, including around increasing uptake of direct payments for people from minority ethnic communities, use of Individual Service Funds/managed budgets and more co-operative models.

In lots of areas of the country, the urgency of the pandemic brought different groups together, including commissioners, care providers, the voluntary and community sector, government, IT suppliers, people and communities.

Many of these approaches were 'place-based' – bringing together all the key people locally to focus on specific communities, respond to health inequalities, share information and do whatever was needed to make a difference.

Often, traditional barriers and divisions went temporarily out of the window, as people tried to pull together to focus on what really mattered in the midst of a crisis.

Leadership and team working

Responsive and supportive leadership with a focus on outcomes rather than 'rules' was sometimes evident during the pandemic. The Parliamentary Office of Science and Technology (POST) innovation in adult social care briefing found that less risk averse leadership can increase levels of innovation. Responding to POST's call for evidence, the Midlothian care co-ordination team, who provide a single access point for dementia services, said that "distributed, empowering leadership" has underpinned improvements in care.

Paradigm's report, "Don't ever call us unskilled again!" Learning from the experience of Support Workers during Covid-19, found that - pre-pandemic – some of our rules, policies and regulations restricted natural and creative ways of being and working.

North West ADASS' review of lessons learned during COVID-19 found that "strong, decisive leadership and moral courage inspires change". In the absence of usual restraints (financial, regulatory or statutory), leadership had a unique role to play and "in most cases created a culture of responsiveness, clear purpose, 'permission to act' and a trust in the expertise of staff and partners."

In a crisis, there could also be something of a "we are all in it together" approach. For example, research into the experiences of nurses working in care homes emphasised the importance of peer and emotional support, as well as making recommendations in terms of approaches to ensuring future well-being. In other sectors, the Queen's Nursing Institute asked nurses working in community and social care settings to share how they adapted during the pandemic and produced a collection of case studies of innovation.

The Director of Strategy at Blencathra said that they "put in place fortnightly BAME [Black, Asian and Minority Ethnic] and Allies meetings. So, every fortnight all of our staff who identify in that group have a support mechanism where they can bring their stories, share their information about the impact of COVID on them, and do that with executive directors in the room."

Focusing on what matters and supporting each other

"It has taken a pandemic for the general public to realise the contribution we are making on a daily basis, caring for vulnerable adults. before during and after the pandemic. It's a privilege to work in health and social care." (Paradigm)

In an emergency, very rapid and meaningful change was possible when staff were freed up to be innovative. Frontier Economics found that the removal of barriers to innovation, the need to act quickly and as one, as well as the receiving of extra monies, allowed staff to feel more empowered to make rapid decisions and to work in new ways. Support workers told Paradigm that lockdown brought the opportunity to "reconnect with the soul of their work – to be in relationships with individuals and figure out how to make the best of life".

A report from BASW on learning for the future found that as long as it was safe, staff continued with home visits, blending existing practices with new ways of working, upholding professional standards and seeking opportunities to develop their knowledge and skillsets, whilst at the same time providing peer support to combat isolation and loneliness.

The pandemic also brought an increased appreciation of the social care sector. A report on learning from the impacts of COVID on care homes found that social care staff, who were often overlooked, were now seen as "keyworkers" who were highly valued (by some at least). They were also recognised for their thoughtfulness and skill during the hardest of times as staff took on new roles and responsibilities – blurring traditional boundaries and doing whatever was needed to look after those in their care.

This was often only patchy at best, and arguably hasn't continued – and there are many more examples of social care staff being under-appreciated, ignored and overlooked. Moreover, lots of people who draw on care and support, carers and care workers died from COVID because they were exposed to fatal risk – and nothing can ever take away from this. However, we also learned that some things can change when people are freed up to focus on what matters and when we try to support each other better.

Conclusion

We probably know all this deep down – change is possible when people can shape the support they receive; when we free ourselves up to do what really matters; when we pull together to support one another and to focus on what people and local communities really need; when we embrace the opportunities offered by new technology; and when we remember that most support is provided by people/families and communities.

Of course, many of the innovations here were necessarily introduced in crisis and in haste. While some may endure, they will need reappraisal and fine-tuning in a post-pandemic context – and may only ever be part of broader approaches. Some of IMPACT's partners have said to us that it's a bit like wartime, which fosters rapid and radical changes that are then re-evaluated in peacetime: the best are retained and embedded, but by no means all.

About this guide

Ask IMPACT materials are designed to be trusted, accessible and practical. They are based on reviewing evidence – including research, lived experience and practice knowledge – that is captured on academic databases and on the websites of adult social care policy and practice organisations. The HSMC Knowledge & Evidence Service (KES) is a specialist information service providing a range of research, communications and information literacy skills services to the health and social care community.

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To find out more about KES, or about the searches behind this guide, you can contact them at: hsmc-kes@contacts.bham.ac.uk

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