ADSS Cymru
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru
Leading Social Services in Wales

ASSOCIATION OF DIRECTORS OF SOCIAL SERVICES CYMRU

Delivering Transformation Grant Programme 2021/22

The impact of the Coronavirus Pandemic on Day Services, Respite Care and Short Stay Placements

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Phill Chick, Paul Pavia, Sarah Day, Mark John Williams and Mark Roderick

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Executive Summary

The Coronavirus (COVID-19) pandemic constitutes the greatest impact on public health since the "Spanish Flu" pandemic of 1918. Its impact on public services, public finances, public health and wellbeing have been the greatest since that pandemic and have been of similar proportions to the two world wars.

The consequences have been extremely hard hitting to people using services, unpaid carers, their families and to the staff and management of the services that are the focus of this review.

At the start of the pandemic little was known about the virus. As a result, local authorities, health boards and Government had to make profound policy and service provision decisions based on the best available evidence. Plans were made using this evidence, impact assessments and factors that were understood in order to continue to respond to the needs of vulnerable people accessing care and support services.

Services were forced to take drastic steps to limit spread and to safeguard the vulnerable. This report considers the impact of the pandemic on; older people, people with learning disabilities, people with physical disabilities and sensory impairments and children and young people with complex needs, who use day services, respite, and overnight stay services.

Service providers had to rapidly retract services essential to vulnerable people, closing, or suspending them in response to Government imposed restrictions.

The Welsh and UK Governments provided guidance to services. Nevertheless, much of the decision making on the service response has had to be taken locally by local authorities, health boards and service providers. One criticism made of Government that we consistently heard during our conversations with providers concerns the lack of guidance specifically issued for day and respite services that were not "place based".

The magnitude of the impact of the pandemic has taken an enormous toll on individuals and society at large. However, a few positive findings have also been found resulting in part, to the services' response to the public health emergency. The necessity to seek solutions to mitigate the impact of the pandemic has led to efficiencies and technological developments. It has also significantly accelerated the rate of service review and service change.

Welsh Government commissioned this review to explore the impact of the pandemic on several vulnerable groups to consider:

- any learning that has been achieved by services in responding to this unprecedented challenge and to use any such learning to support services recovery,
- the longer-term implications of any such learning on service development
- the potential to consider the lessons learned for future civil contingencies

It must be recognised that this report provides only a point in time position. Whilst it has been able to draw upon the learning gained during the last year, people who use services and those that commission and provide them remain in the grip of the pandemic. The potential for further epidemic waves and the risks of mutant variants of the virus prevail. The time and financial resources available to undertake the review placed constraints on the team. It was not possible to review each local authority individually examining steps taken to mitigate the impact of the pandemic within each authority. The analysis within the review has therefore had to be generalised. Where issues specifically relating to a setting or client group were identified, these have been drawn out and addressed within the report.

The findings of this and other reviews therefore provide not only a valuable rear-view perspective they also provide contemporaneous evidence of applied learning from innovation and the potential “bear traps” for services to consider as they navigate their services into full recovery.

Key findings

The impact of the pandemic

Key finding 1

The pandemic led to severe service disruption.

Key finding 2

The pandemic had a serious negative impact on the wellbeing, physical and mental health of the people using services, their unpaid carers and **the staff providing services.**

Key finding 3

The service response has had an impact on the voice of many people who use services and the degree of choice available to them due to services being retracted and as preparations are made to fully re-open.

Key finding 4

The anxiety of those who use services and that of their families has been significant and has impacted negatively on their use of services, compounding pre-existing difficulties.

Key finding 5

The consequences of the pandemic combined with the impact of a lack of social support from family, friends and other social support networks, together with a lack of IT literacy and equipment have widened pre-existing inequalities among some people who use day and respite services.

Key finding 6

Service disruption and closures have affected services greatly risking the sustainability of some services.

Key finding 7

Some positive impacts on those who use services have been identified, resulting from changes and innovations within services.

Steps taken to mitigate the impact of the pandemic

Key finding 8

Services were forced to reconfigure in response to the pandemic, adapting and innovating to continue to offer support despite restrictions.

Key finding 9

Reduced service capacity led to the risk assessment of those who use services enabling the targeting of resources to those in greatest need.

Key finding 10

Innovative practice and the use of technology served to somewhat mitigate the impact of the pandemic for some client groups.

Key Finding 11

Many services across Wales revised their offer to meet individual needs.

Key Finding 12

Services across Wales have reported that efforts to sustain services were aided by staff flexibility and their resilience.

Key Finding 13

The pandemic has required enhanced levels of communication, these have been beneficial.

Key finding 14

Services highly valued the support they received from a range of organisations such as Public Health Wales, the inspectorate bodies, third sector services, the health boards and local authorities.

Barriers to mitigation

Key finding 15

The findings from our service provider/commissioner questionnaires and subsequent focus groups with workforce representatives suggested that logistical constraints such as the suitability of buildings and the availability of IT have constrained service providers' ability to offer services.

"Taking Stock"

Key finding 16

Many services have commenced reviewing the changes made and innovations introduced to mitigate the pandemic's impact.

Key finding 17

Services have, and continue to, face challenges in reopening and recovering service provision to pre-pandemic levels.

Key finding 18

The understanding of the importance of family, unpaid carers and peer support roles has been enhanced during the pandemic.

Key finding 19

The recognition of the critical value of respite care in sustaining caring situations has become evident as a result of the closure or reduction in availability of these services.

Conclusions

1. The pandemic has taken an enormous toll on the whole population, but the burden sustained by children with complex needs and their families, older people, those with physical disabilities, learning disabilities, mental health problems and long-term health conditions, has been disproportionately high[i].
2. The impact of higher rates of mortality among these groups, together with reduced social and health care support has impacted on all aspects of life and for many, has led to a premature death[ii].
3. Shielding, self-isolation and periods of quarantine has meant for many, significantly reduced

mobilisation. This has resulted in reduced muscle mass and greater physical instability, leading to an increased risk of falls, and experiencing poorer physical health.

4. The impacts of the pandemic have not been felt equally by those who use services and their families. Those with lower social capital, fewer financial resources, who are digitally excluded or whose IT skills are poor, have been disproportionately affected by the pandemic.
5. For some people within the specified client groups that are the focus of this report, the degree to which they have had choice and a voice during the response to the pandemic has diminished.
6. Some people who use services and many that provide them have, however, stated that amended services were tailored to meet individual needs.
7. Some have reported that communication has improved during the pandemic. Nevertheless, some who use services were particularly disappointed with the level of contact they have had with their social workers amid the crisis.
8. Some within the specified client groups that are the focus of this report, have reported that the manner in which restrictions were applied to them as vulnerable people, encroached on their human rights.
9. A return to the principles of ensuring peoples' right to choose and use their voice must be at the core of service recovery and throughout the challenging task of fully reopening services.
10. The social care and healthcare workforce has been significantly impacted by the pandemic.
11. The findings from our user and unpaid carer questionnaires and subsequent focus groups with citizen representatives suggested that the impact on those who use services and those that work in them has not been merely physical. The stressors and the anxiety induced by the threats from the pandemic have given rise to a significant negative impact on mental health. These are likely to have lasting effects.
12. Services have been significantly impacted during the pandemic. Providers have had to revise their offer to those who use services frequently using risk assessment to allocate limited capacity to those in the greatest need.
13. Among the greatest challenges faced by services, have been staffing difficulties. Staff sickness enforced self-isolation and the necessity to redeploy some staff have reduced service capacity.
14. Some staff faced with reduced shifts have sought and secured alternative work. During our conversations with service commissioner and provider organisations it was reported that these losses have been compounded by a reduction in the labour force, including fewer staff available from oversees as a result of the pandemic and “Brexit”.
15. During our conversations with service commissioner and provider organisations across Wales it was reported that for some services, the impact of the pandemic has been so severe it may render them unsustainable.
16. Despite the challenges faced by services and their staff, agencies have reported that up to this point, the majority of staff adjusted to the enforced changes and have demonstrated significant resilience.
17. Despite the challenges faced during the pandemic a number of positives have emerged. Some people who use services have been noted to have demonstrated greater independence than had been anticipated.
18. The majority of services have reported improved communication between commissioners and

providers and with other support services this has aided services' ability to respond to the pandemic.

19. Innovation and the use of technologies has accelerated during the pandemic. However, the impact of these changes must be tested to explore their effectiveness, their sustainability and to ensure that they bring no unintended consequences.

20. The pandemic has also brought into sharp focus the central importance of unpaid carers within families and of peer support.

21. Whilst place-based services; day, respite and overnight stays have been replaced and augmented by novel and innovative approaches during the pandemic, the vital importance of these face-to-face core services within the wider service system has been reiterated.

Recommendations

For Welsh Government

1. Welsh Government should acknowledge the concern raised by day care and respite services that specific guidance to manage the impact of COVID 19 on these services would have been useful. It is therefore recommended that where possible all future guidance should be co-produced with the sector to manage any future service development and/or restrictions issued by government.
2. Welsh Government should consider the requirement for increased capital investment to modernise and adapt facilities and spaces that will ensure the suitability of a social care structural asset base that is fit for purpose in a post Covid society.

For local authorities and health boards

3. ADSS Cymru will publish this report in order to disseminate the learning gained from the engagement of those who use services, their unpaid carers, service providers, commissioners and other stakeholders. To support the recovery of services, LAs and HBs should consider its content to further mitigate the impact of the pandemic on those people requiring respite care overnight stay and day care services.
4. The views expressed by those who use services and those who provide unpaid care concerning the impact that the pandemic has had on their voice and control should be actively heard and considered. As services continue to re-open, the principles of voice and control in tailoring services and adjusting to accommodate the needs and wishes of each individual should be embraced. As people return to services, their needs should be reviewed, giving full consideration the impact of the pandemic on the physical and mental health needs of each individual. Consideration of the use of Direct Payments should form part of this review and should be actively promoted for all users.
5. Commissioners and providers should address the key findings within this review on the importance of good communication. Where communication has been effective this should be sustained. Where communication was found to be flawed, especially communication with those who use services and their unpaid carers, steps should be taken to enhance communication and engagement, applying the principles of voice and control and co-production.
6. Service commissioners should, in partnership with provider organisations and those who use services, review the technical innovations and service changes made during the pandemic. They should review any benefits gained, to avoid unwanted or unintended consequences and strategically consider their continuation or cessation. All changes should be appropriately managed and communicated with people using services, unpaid carers, and the workforce. All stakeholders should be made aware of how services will change, why the service is changing and what the benefits will be for the individual.
7. The commitment, flexibility and resilience of the workforce should continue to be recognised and supported as it has been throughout the pandemic. This will ensure the retention and development of existing staff and the recruitment of additional staff where necessary. Leaders and managers should also be aware of the impact of the trauma caused by COVD-19 and develop strategic plans to manage the potential of the impact on their workforce.
8. Commissioners should review the impact that the pandemic has had on services, paying particular attention to the loss of some services. They should review and support the viability of

external providers whose sustainability has been jeopardised by the impact of the pandemic due to workforce and financial losses.

9. Local authorities and health boards should develop robust and co-designed training programmes working in partnership, where appropriate, with Social Care Wales and Health Education and Improvement Wales. The programmes should support new ways of working and recognise the new skills that for some, are now part of everyday practice. For example, this might include the use of technological interventions and the impact of trauma on those in receipt of services.

For Welsh Government and local authorities and health boards

10. Welsh Government, local authorities and health boards should consider the findings relating to the impact of digital poverty and the isolation of those who lack support from families, friends and other social networks on increasing inequalities. They should address these issues as a component of their strategies to tackle social and financial inequality.

1. Introduction

ADSS Cymru

ADSS Cymru is the professional body representing Directors of Social Services in Wales. Its strategic priorities are:

- Advising the Welsh Government on social care policy through consultation responses, involvement in working groups, and formal / informal representation.
- Proposing national strategies and initiatives and engaging with national organisations to promote effective models of service.
- Supporting national service developments and supporting the work of local government by promoting the use of best practice models.

ADSS Cymru provides a strategic viewpoint on the shape of the social care market in Wales, as well as how and where services are provided and commissioned. It also provides professional advice to the Welsh Government to support the delivery of the strategic vision in “A Healthier Wales”, the manifesto commitments of the First Minister, and other Welsh Government strategic documents.

DTG Work programme 2021-22

Project Aim

The aim of the project was to gather evidence of the impact of the Coronavirus (COVID-19) pandemic on a range of people who use day care, respite and overnight stay services, their families, and unpaid carers. To evaluate the data collated to understand the impact on the wellbeing of these groups of people and the learning for service providers and commissioners. The formulation of a report for Welsh Government setting out key findings and recommendations.

The client groups include within the scope of the review were:

- Older people
- People with disabilities and sensory impairments
- People with learning disabilities
- People with autism and neurodevelopmental disorders
- Children with complex needs

Objectives

- To gather the views of those organisations responsible for commissioning the services under review on the changes that they were forced to make because of the pandemic and the restrictions introduced by UK and Welsh Governments.
- To gather the views of organisations providing the services under review, regarding the impact of these changes.
- To gather the views of a sample of people who use these services, their families, and unpaid carers on the degree of satisfaction with the manner of the introduction of the changes made.
- To collate data on the impact of the changes to service provision and the pandemic itself on the wellbeing of a sample of people who use services, their families, and unpaid carers.

- To consider any best practice or innovations in the provision of these services that could be shared

Acknowledgements

We are grateful to commissioners, providers, people who access services and unpaid carers who responded to requests for information via our questionnaires. We would also like to acknowledge the input from those who gave their time for discussion, including operational staff, citizen groups and the national organisations who represent the voice of people accessing care and support services. Thanks also must go to members of the project team, and project reference group who have played such an important role in supporting the development of this piece of work.

2. Methodology

The review methodology had four components. An initial literature review was undertaken to establish any evidence of the impact of previous public health emergencies and any studies that had analysed the impact of the current pandemic on service provision and public health.

The second stage was the dissemination of several bespoke service questionnaires designed to address the aims and objectives of the review. Two separate questionnaires were directed at service commissioners and service providers. These elicited a good response with 200 questionnaires completed and returned, which covered service provision in each local authority in Wales. The copies of the survey questions issued to both commissioners and providers can be found in the appendices.

Questionnaires were also distributed to people who use services, their families, and unpaid carers. Two forms of the questionnaire were sent out, one in standard format and one in an "easy read" format. These questionnaires also generated a good response with 150 returns, although not as geographically well spread as the commissioner/provider responses. These questionnaires were focused on satisfaction, or otherwise, with the arrangements put in place by services as they responded to the restrictions introduced and the way they dealt with the direct consequences of the pandemic on their workforce and wider service provision issues. The copies of the survey questions issued to service users, their families and carers can also be found in the appendices.

Following the analysis of the questionnaire responses, a series of focus groups were arranged to drill down into the early findings emerging from the questionnaires. Seven sessions were undertaken with service commissioners and providers and 4 focus groups were held with people using services, family members and other unpaid carers. The focus groups allowed a safe space to explore with service users and their family members the impact that the pandemic had had on their wellbeing.

In addition to exploring the impact of the pandemic through discussion with a small sample of peoples using services and family members, discussions were held with several national third sector organisations to establish their views on the impact of the pandemic on their constituency.

The evidence, both quantitative and qualitative, generated from these mixed methods was used to formulate this report. The time and resource available did not allow for a local authority by local authority analysis. As a result, the findings in the report are a distillation of the responses received from across Wales demonstrating a range of responses to the pandemic rather than a local authority response to the challenges confronted.

3. Limitations of the Review

The time and financial resources available to undertake the review placed constraints on the team. It was not possible to review each local authority individually examining steps taken to mitigate the impact of the pandemic within each authority.

If this approach had been feasible, it would have provided specificity of local impact and greater “granularity” in the analysis of the data collected. The breadth of the review’s subject matter i.e., the range of client groups, the service settings being considered and the fact that the review was national, limited the methods that could be adopted to gather data, the degree to which the impact could be attributed to different client groups and the variability of response within different local authorities.

The analysis within the review has therefore had to be generalised. Where issues specifically relating to a setting or client group were identified, these have been drawn out and addressed within the report. However, it is noteworthy that when undertaking the focus groups with service commissioners and providers, the key findings from the analysis of the questionnaires were presented for discussion. It was apparent from these discussions that many of the findings when generalised were nevertheless recognised by those involved in planning, commissioning, and delivering services regardless of client group.

In short, whilst a larger scale and longer-term review could have delivered more specific findings, the key themes identified in the review appear to have captured those recognised by services.

Despite efforts, our ability to engage with people accessing services, their families and unpaid carers has been challenging. Primarily this has been due to the ongoing impact of social distancing measures and the availability of those willing and available to engage in conversation. Nevertheless, the availability of online platforms such as Zoom and Teams have made conversations possible with some individuals in a way that potentially may not have been possible prior to COVID-19.

The discussions have been rich and impactful, providing a useful insight into the personal impact of the pandemic on people, both positively and negatively. There is no doubt that there have been some excellent examples of how providers and commissioners have risen to the challenge of working to support individuals in the most difficult of times. However, it is evident that this is not the case for everyone, and it is likely that the impact of the pandemic will have far reaching consequences for many accessing and working in the context of social care services in Wales during this time.

4. Background and policy context

The COVID-19 pandemic constitutes the greatest impact on public health since the “Spanish Flu” pandemic of 1918. Its impact on public services, public finances, public health and wellbeing have been the greatest since that pandemic and have been of similar proportions to the two World Wars.

As a result, local authorities, health boards and both the UK and Welsh Governments have been working in “un-charted waters” and have been forced to make profound policy and service provision decisions based on little evidence and without the ability to forward plan a response. Whilst civil contingency planning had been undertaken prior to the pandemic, the specific nature of COVID-19 was unknown before the outbreak. The combination of high transmissibility, high mortality (particularly among older people and those with compromised health) and a period of asymptomatic infection, has meant that both the manner and the consequences of this spread were particularly severe.

Services were forced, therefore, to take drastic steps to limit spread and to safeguard the vulnerable. Service providers had to rapidly retract services, closing, or suspending them in response. In some instances, closure or contraction was with little or no notice. Prior to these changes, these services had frequently been essential to people’s wellbeing, sustaining their independence and, in some cases, their ability to live within their own accommodation, or to remain living with their families.

The Welsh and UK Governments provided guidance to services, this included data on the impact of the virus and modelling of how the virus may spread and its likely impact. Nevertheless, much of the decision making on the service response has had to be taken locally by local authorities, health boards and service providers. One criticism that services have made of UK and Welsh Governments within the review is that whilst significant guidance was issued to residential care and hospital services, guidance for day, respite and overnight stay services was not forthcoming. As a result, these service sectors have had to “find their way” in responding to the highly significant challenges presented by the pandemic.

It has been widely recognised that situations of the magnitude of the pandemic have taken an enormous toll on individuals and society at large. Nevertheless, the necessity to seek solutions to mitigate the impact of the pandemic can generate efficiencies, technological developments, and significantly accelerate the rate of service review and service change. All of these factors have been identified within this review. Some consequences have been extremely hard hitting to people using services, their families and to the staff and management of the services under review. However, a few positive findings have also been evident. The report therefore identifies both the negative impact of the pandemic on the lives of people in receipt of services and those delivering them, together with several positive developments that have emerged because of the service commissioners’ and providers’ response to the public health emergency.

Welsh Government commissioned this review to explore the impact of the pandemic on several vulnerable groups. The reviews intention is to consider any learning that has been achieved by services in their responding to this unprecedented challenge. To use this learning to support services in their recovery., and in particular, to consider the longer-term implications of any such learning on service development and the potential to consider the lessons learned for future civil contingencies.

At the time of writing this report, it should be noted that as a sector, the pressures in the system have never been so acute. The pandemic continues to pose many challenges for society with a specific spotlight on those receiving support, and those working within the context of social care. Recruitment and retention of an already tired and under resourced workforce remains an issue, as well as the effects of deconditioning and loneliness and isolation for those most vulnerable, including unpaid carers.

5. Data Analysis

The initial data gathered from the responses to the various questionnaires were grouped under themes. These themes were then “tested” in focus groups with service commissioners, providers, a sample of people using services, members of their families and unpaid carers. This enabled the triangulation of “raw” data with the outcome of the various focus groups and the formulation of key messages. This approach was augmented by discussions with several third sector national service providers, many of whom had undertaken their own review of the impact of the pandemic on their client groups and stakeholders.

6. The review’s key findings

The impact of the pandemic

Key finding 1: Service disruption

Unsurprisingly, among the most significant key findings of the review was the fact that services were significantly disrupted by the pandemic. Disruption took many forms. Several services were forced to close entirely, some of which reported that the closure was for the duration of the pandemic because of the restrictions externally placed on services by national government and local authorities.

Others closed for periods of time as a result of local circumstances, such as workforce shortages due to self-isolation and staff sickness and as a consequence of the imposition and loosening of restrictions. Many services partially retracted their services offering sessions to fewer people and for less time, this was frequently reported as having been based on risk assessment of the impact that such retraction would have on people using services and their families.

As a consequence of service disruption, commissioners and providers took steps to alter the nature of provision in terms of the settings in which it was provided. Examples included the use of technology and communications to offer “virtual” services, home visits or replacing day and respite care with domiciliary services.

Key finding 2: The negative impact of the pandemic on people using services and their unpaid carers.

The pandemic has had a catastrophic impact at a global level on public health and wellbeing, economic downturn and therefore personal, social and financial instability. Whilst the costs in human life from COVID-19 are great, at the time of preparing the report the total deaths within 28 days of a positive test for COVID-19 stands at 132,003 and in Wales at 5,662.iii Whilst all of these deaths may not be solely attributable to COVID-19 it is likely to be an underreporting of loss of life due to the virus. Moreover, mortality from COVID-19 is not the complete picture. Reduced access to and uptake of healthcare will have led to an increase in overall deaths.

One of the early public health findings identified during the initial wave of the pandemic was the disproportionate risk of mortality, disability and long-term health consequences for older people and people with underlying health conditions and compromised immune systems due to physical health conditions or the treatment of these conditions.

Public Health Wales undertook a study addressing the disproportionate mortality among people with a learning disability due to COVID-19. The report, ‘COVID-19-related deaths in Wales amongst

People with Learning Disabilities' analysed existing data from 1 March to 19 November 2020.iv

Its key findings were:

- As people with learning disabilities are often subject to more health inequalities than the wider population, they may be particularly vulnerable to Coronavirus.
- Comparison with Coronavirus deaths amongst all Welsh residents suggests that this figure is three to six times higher in those with learning disabilities, than the population as a whole.
- This increase in Coronavirus deaths mirrors the persistently higher mortality from other non-Coronavirus causes, experienced by this group of people.
- Of approximately 15,600 people in Wales identified with a learning disability, at least 52 of these people died from Coronavirus between 1 March and 19 November 2020.

These enhanced risks among vulnerable groups were well publicised and approximately 130,000 people considered at particular risk were, for their own safety, required to shield. This meant that these individuals remained at home in physical contact with only those with whom they lived or, where it was necessary, with people entering their homes to offer support. The period of shielding lasted for just over four months. The consequences of shielding were significant. Isolation and loneliness, an inability to be with family for the most significant life events.

This degree of enforced separation is unprecedented in peace time and the emotional toll will have been immense. The client groups who use day, respite and overnight stay services will have been disproportionately represented in the shielding group, as well as among those that isolated by choice because of high indicated risk to life and health from the virus due to underlying health conditions and, or old age. Those with a health condition frequently had multiple illnesses or diseases.

As one commissioner response stated:

> *"Many of the children, young people and families we support are relatively isolated from their communities due to health-related issues. This became even more compounded during this pandemic."*

These consequences were not solely borne by those with underlying health conditions, those required to shield and who use services. Their spouses, partners and close family members also took steps to protect their family and friends. The toll has therefore been experienced by those using services and by their families and unpaid carers.

Services reported high levels of expressed anxiety by both people who use services and members of their families. This was a generalised anxiety about the risk from the virus and a specific anxiety relating to attending services or allowing services to enter their homes due to the personal contact that such service use requires.

As one provider response stated:

> *"It's difficult for some of the people we support with complex needs to understand the complexities of the pandemic e.g., why we can't do the things we used to; why we wear PPE [Personal Protective Equipment] etc. They have been used to face-to-face 'hands on' day opportunities with their friends and now these activities are largely delivered 'on-line'. We've had to respond to the pandemic in certain ways, rapidly at times and always dictated by Welsh Government regulation and guidance, which has been unsettling at times for the general population and certainly for individuals we support with complex needs."*

It is not possible currently, and in all likelihood will never be possible, to accurately measure the impacts from all aspects of the pandemic on the health and wellbeing of either the whole population or the subset of the population who have used day, respite and overnight stay services.

However, the reports received from the commissioner and provider questionnaires suggested that the pandemic had impacted significantly or very significantly on 43% of their service user and carer population, compared to 37% who felt they were mildly impacted and 19% who felt there was no impact at all.

From the user and unpaid carer questionnaires and from the focus groups held, the review discovered that people's lives had been significantly affected in a number of ways. These included:

- the loss of skills
- heightened negative behaviours
- additional pressure on unpaid carers
- treatment of individuals living in supported accommodation in relation to how professionals implemented COVID-19 isolation rules and regulations
- poor communication for many from statutory agencies
- increased reliance on third sector organisations.

A specific issue identified was that of an inability for some to fully understand the language used to describe the COVID-19 restrictions that were placed on society, such as the social distancing rules and the rules of furlough for people in paid employment. In the Locked Out: liberating disabled people's lives and rights in Wales beyond COVID-19 report, the use of face masks and the negative impact they have on people's lives is well documented, as well as the time it took for some public authorities and general public to appreciate, they were not appropriate for everyone. Furthermore, people with visual impairments in particular found social distancing measures difficult to follow and were on occasions confronted with hostility by members of the public who could not grasp the challenge faced by people with visual impairment to maintain the two-metre distance.[v]

Many people in receipt of services admired the creativity of services to meet their needs. However, this was counterbalanced by many people reporting that they had had a lack of contact with social workers. A number of people reported that they haven't heard from their social worker at all during the pandemic, with the exception of when services had to be reconfigured.

Key finding 3: The impact on voice and choice as services were retracted and in readiness to re-open.

The importance of people being give choice and having their voice heard is well recognised as a key principle of the Social Services and Well-being (Wales) Act 2014. Therefore, consideration has been given to whether these core principles have been sustained as services have had to reconfigure as a consequence of the pandemic.

Some people using services, and the services themselves, said that they had responded to individual needs and listened to those in receipt of services to tailor revised provision to best meet the needs of individuals. Many said that in altering services to a "one size fits all approach" was inappropriate. As one provider stated:

> *"The pandemic offered an opportunity to develop bespoke responses to delivering support to people. A reduction in community activities etc. provided some challenge. We were able to support people through a variety of different approaches, including 24-hour respite support in their home."*

However, some people who use services have stated that changes were made without consultation and without adaptation of the offer to meet their individual needs. As result choice was constrained, and the voice of people have not always been heard. In the survey data received from people accessing services and their unpaid carers over 50% of respondents were not offered a different type of support, which reflects the approach that providers took to only work with those deemed most in need.

These findings concerning the loss of choice and voice among people using services need to be very carefully considered as services prepare to continue to recover. The impact and implications of changes to the way people will be supported needs to be discussed with individuals and their families in terms of their ongoing suitability. Furthermore, peoples' anxiety and reticence to return to services need to be carefully considered with reasonable adjustments made to allow people to return in a way in which they feel comfortable.

Whilst it is recognised that providers were frequently forced to make wide ranging changes rapidly and with limited ability to consult with those accessing their service, the fundamental principle of individual choice and the empowerment of ensuring that we listen to peoples' voices must not become a casualty of the pandemic.

Key finding 4: Client and family anxiety and associated consequences.

Services and commissioners reported that many people and families were very anxious about the risk of viral infection. This led them to not attend services preferring to “shield” at home than to use services if this would require contact with staff and other clients. As a result, whilst service capacity was reduced, so was demand to some extent. It is not possible from the data available to accurately quantify how significant the reduced demand was, but it was a common theme in reports received from services.

Another reason for some reduction in demand was the desire to not have to comply with self-isolation that may result from attendance, most notably within residential and respite services or in day services where other service users tested positive for COVID-19. Some services also reported that people and their families declined domiciliary services due to the risks associated with people coming into their homes.

However, it should be noted that people who reduced domiciliary care, or cancelled packages altogether during the pandemic due to anxieties concerning contamination to themselves or family members, are now having great difficulty reintroducing the care they so desperately need. This is because as the size of care packages reduced, care agencies were unable to find the necessary hours for all their carers to fulfil. With reduced hours staff have left to seek alternative employment depleting the size of Domiciliary care agency workforce.

Now, with the success of the vaccination rollout, people are looking to reintroduce domiciliary care. However, in order to do so, care agencies first need to recruit and train new staff to carry out the care required. Until this happens, many people are going without the day-to-day care that they require, placing increased pressure on unpaid carers.

It is possible that of those who opted not to attend services, or use a domiciliary alternative, were particularly adversely affected by the consequences of the pandemic because not only did they lose service support, but they did so at a time when they were experiencing significant anxiety additional to their pre-existing difficulties.

The loss of services together with increased anxiety has been described as leading to a loss of skills by some people who use services and as a cause of harmful behaviours, particularly for children with complex needs, which have been extremely difficulty for families, friends, and services to manage.

Furthermore, during our focus groups it was noted that individuals that are now being referred to services are presenting with far more complex issues, which may have occurred as a direct result of lack of social stimulus for over twelve months. In one session, an unpaid carer expressed her real concern over the closure of a day centre for older people in her area that coincided with the pandemic. Her fear was that without these well-known and trusted centres remaining open in the community, people previously unknown to services were likely to only be identified when they had reached crisis point, placing more pressure on already stretched services.

Anxiety was cited by services as determining people’s potential to use technology to communicate and the use of alternative approaches to service support. For those who could comfortably use technology there were many benefits but for those too anxious to use equipment they lost the potential for this form of support.

Finally, services reported that as a result of the loss of “sustaining” services, heightened anxiety and deterioration in their physical and mental health, many people “prematurely” entered long-term care.

Key finding 5: A widening of pre-existing inequalities.

The pandemic has not impacted equitably. Different people and their families have experienced differing consequences in terms of their losses. Some families will have been bereaved during the pandemic, others will have been forced to shield and self-isolate leading to reduced contact with family friends and their community.

Discussion with service providers and commissioners suggest that the variance of the impact is likely to have disproportionately impacted on some of the most vulnerable. Those people with low social capital and those who are “digitally excluded” are likely to have experienced profound isolation. The lack of social capital and digital exclusion may have resulted in those in greatest financial poverty and with the least resilience having experienced a greater toll on their wellbeing than those with greater access to the means of communication and wrap around from friends and family.

It is interesting to note, that whilst those providing services reported their effort to provide technical equipment such as tablets and laptops to individuals, they also reported the need to support people to get access to broadband. On a number of occasions, it was highlighted that the ability to support individuals, whether successfully or unsuccessfully, was significantly determined by the level of support from of unpaid carers. This further highlighted the value of their social capital. For those who had never used technology before, there was undoubtedly a lack of knowledge about the benefits it could provide, in terms of how the equipment could be used. However, there was also a wider fear that access to the internet might impact negatively on people's lives from both a financial and personal point of view. This meant that, whilst a lot of equipment was distributed, unless the person had support from their provider, coupled for some with high social capital, it is likely that much of this equipment has been left unused.

The review has not been able to identify how broadband fees and charges that may have only arisen due to the pandemic are being paid for. Therefore, the ongoing impact of these financial costs on individuals, requires further exploration.

In *‘The Effect of the Coronavirus Pandemic on People with Learning Disabilities Across Wales – Phase Two Amber Report’* published by All Wales People’s First, the organisation also highlights the disproportionate impact on people living in supported accommodation and their requirement to undertake periods of isolation when attempting to engage with volunteering and respite opportunities.[vi] The report suggests that people were forced to undertake periods of isolation simply due to ‘misinterpretation of the rules in that area by the service provider and the local authority'. The likelihood that staff would have executed the same rules when taking into consideration their own social bubbles outside of their work environment is unclear.

On a number of occasions, it was reported that people with learning disabilities who were accessing support in the community were also impacted by the fact that they were unable to spend physical cash in the shops that were open in their communities. Frequently in the pandemic, services and shops have expected people to use contactless methods of payment. Contactless payment can significantly increase peoples fear and sometimes the reality of financial exploitation.

Therefore, more work should be undertaken to ensure that some people with learning disabilities and some older people, are supported more effectively to safely manage their finances in a modern world.

The longer-term consequences of these inequalities should be a matter of concern to services as they begin to reopen and enter a recovery phase of service provision.

Key finding 6: The risk to the sustainability of some services as a result of service disruption and closures.

Some services have been seriously impacted by the pandemic. In the most extreme circumstances, some providers face the possibility of no longer being able to remain viable. There are a number of reasons for these stressors; firstly, the impact on cash flow for services that are reliant upon placements being made no longer being able to offer services as a consequence of lockdown and thus the loss of revenue. Some services reported that whilst they felt able to offer a reduced service, local authorities required them to remain closed and therefore were unable to make placements. This loss of earnings may render these services unable to continue in the future. Greater awareness and understanding about the challenges of running a business needs to be made available for those commissioning services.

Inevitably, some services will never be able to return to a pre-COVID-19 position. As a result, it has never been more important for providers, commissioners, people accessing services and their families to work together to shape sustainable and appropriate services for those most vulnerable in our communities.

Another consequence of service disruption is the impact on staffing. Some staff have had to be furloughed or found the number of shifts available to them reduced during the pandemic. Some of these staff found alternative employment during this time. This fact, together with workers from overseas having returned to their home countries and subsequently having been either unable to or have chosen not to return to this country to work in social and healthcare services, has depleted the workforce. Services have reported a mixed picture in their ability to recruit and retain staff. 45% of services stated that they had coped very well during the pandemic but 17% reported that recruitment and retention had been poor.

The scale of mortality among the client groups addressed within this report, may have led to demand for services in some areas having been significantly reduced. This may have occured as a result of increased mortality in some geographical areas, and in particular care settings among vulnerable people.

Key finding 7: Some positive impacts of service changes on those who use services.

Whilst evidently the pandemic has had a highly significant negative impact on people who use services, their families and unpaid carers, evidence has emerged that some positive consequences have arisen from the changes made.

The use of technology has enabled otherwise closed groups to “open up”, providing virtual access to a wider range of people in their own homes, this has led to a significant increase in reach for these groups. This is cost effective and whilst virtual attendance does not equate to attending the group, it does provide a cheap means of opening and broadening service participation.

As one provider response stated:

> *“The development of the virtual activities has meant we have a greater connection with the person’s whole life and their circle of support. We have had more interaction with parents/carers who have joined the online activities this has built relationships not only with us but with other parents and parents have told us they have got to know their sons/daughters in a different way.”*

Furthermore, the use of technology has enabled previous developments such as Facebook groups to become more embedded and available at greater scale. People have reported establishing their own groups to run quizzes and discussion groups, describing participation by a mix of people who use services, their families and staff. This mix has enabled a wider base of people to participate and for people who use services, to be seen by staff in their home and with their families and friends, increases the understanding of their lives, enabling staff to provide a more personalised service.

Some services reported an increase in the independence for some people accessing their service. This independence stemmed from using community facilities as opposed to, or in addition to, day centre facilities. This has offered additional learning opportunities and made further “growth” possible. This increased independence has included positive risk-taking and joining routine activities within the wider community. Examples reported included somebody now routinely shopping online and people socialising with peer groups instead of, or in addition to day centre attendance.

An example of one local authority that implemented a professional counselling and support service for people accessing services during the pandemic, for time limited periods, also suggests positive results. Those who accessed the service reported that the experience has encouraged people to openly discuss mental health issues with friends, family, and peers in a positive way.

Within the responses to the commissioner and service provider questionnaires respondents attempted to quantify the impact people’s independence. They reported that in 18% of cases the change was significant, in 45% of cases a mild impact was noted, whilst in 38% of cases no impact was identified. Whilst these figures need to be treated with some caution, based as they are, on a sample of the views of those offering and commissioning services rather than the views of people using them, they are suggestive of a greater number of people having gained some independence during the pandemic than those who were perceived to have received no benefit to their independence.

Some respondents to the provider and commissioner questionnaires reported that the individualised communication and the nature of conversations in outreach, provided a greater sense of the whole person and this theme was further highlighted in the conversations held with providers during the review. Conversations were perceived as more meaningful and focussed leading to better outcomes.

For older people, the value of befriending services supported by volunteers were also noted. The value of telephone contact and letter writing with a likeminded individual offered people comfort at times when isolation became a significant burden. Our conversations with Age Cymru have also reinforced how telephone services that were established at the start of the pandemic, still remain an important element of their offer and are used frequently by older people requiring support. Moving forward, it is likely that more work will need to be done to ensure that these services are appropriately resourced and funded to support future recovery.

The necessity to change provision also led to discussion on preferences. This allowed more choice for some people accessing services. This was particularly reported by those using direct payments. Some of the respondents suggested that these payments allowed greater creativity in designing alternative support. Others not using direct payments reported that they had been given the opportunity to make choices in the manner of the delivery of alternatives. Whilst this was frequently not a preferred option to support care as usual, it was beneficial to have a say in the nature of the alternative.

Steps taken to mitigate the impact of the pandemic

Key finding 8: Service reconfigurations in response to the pandemic.

As a result of the constraints, many have reported reconfiguring their services. “Place-based” services unable to open their doors to clients switched to the provision of domiciliary support. This was reported to have included the provision of meals and in person or telephone welfare checks.

A number of agencies reported having had a strategy to lead the reconfiguration of services. Whereas whilst some said that they had no formal strategy, they reported contingency planning being adopted as the circumstances of “lockdown” and restrictions were tightened and loosened between March 2020 and June 2021.

Services also reported moving toward more community-based models of care and using community facilities to deliver support. They reported using community connectors and community hubs to develop a strategic approach to moving into community “spaces”. This included open spaces for outdoor activities, attending public spaces where social distancing rules could be observed and realising the reduced risks of spending time in groups in open air settings with the security of greater ventilation.

As one commissioner response stated:

> *“Prior to the pandemic we had moved some considerable way away from face-to-face venue day-based services for younger adults and were working with people in a more bespoke way based around the place they live. The pandemic enabled us to significantly move ahead with this. So rather than move back to face-to-face venue-based service we are assessing the opportunities to build upon the progress made.”*

Many services saw this as positive, reporting that the use of “place-based “provision had reduced the use of everyday resources in the past but that the use of these resources provide additional dimensions to the provision of day services. However, some stated that the necessity to use open spaces risked the dignity and right to privacy for some service users whose behaviour such as disinhibition may draw unwelcome attention from members of the public. There were also practical issues, such as limited numbers of changing spaces in the community, that would limit the potential of some individuals to access wider community resources.

The issue of how service reconfigurations have taken place during the pandemic was also raised with the review team for people accessing services. Whilst these reconfigurations may have been planned for a long time, there is a feeling that some place-based services which have not been re-opened have just been cut without appropriate engagement or consultation. Whilst this may not be the case, how these actions are communicated to key stakeholders is of vital importance to ensure that change is managed appropriately and that everyone is able to recognise the benefit of alternative opportunities.

Key finding 9: Risk assessment and targeting of resources.

As a result of the retraction of services many agencies reported having risk assessed those people who use their services in order to establish those in the greatest need. Many respondents stated that social workers led this work. However, service providers also carried out risk assessments.

Many described the “RAG rating” of people who use services either at the commencement of the service disruption or at routine review points. The intent of the rating was to sustain services to those at greatest risk of harm or detriment to their physical and emotional wellbeing. Some reported this as a positive exercise and one that they may continue to carry out post pandemic as a means of ensuring an equitable approach to provision. Targeting included reaching those at greatest risk of loneliness and isolation. Where these were causing harm, some clients were referred to healthcare professionals for assessment and where necessary treatment.

As one commissioner stated:

> *“Day centre places were provided to those with safeguarding concerns, where family relationships were under pressure, where support arrangements were in danger of breaking down and where significant negative impact to individual was likely.”*

Another commissioner also said:

> *“Need was prioritised on an individual basis. Those who may have been at risk of family 'breakdown', which could result in increased requests for respite, or were at risk of experiencing a negative impact on their emotional, mental and physical wellbeing were prioritised. Those living in supported living/residential or Adult Placement settings weren't considered a priority, as their needs continued to be well met through paid support.”*

Key Finding 10: Innovative practice and the use of technology to mitigate the impact of the pandemic.

In addition to the reconfiguration of services and the use of alternative settings to provide activities, services used innovative practices and technology to sustain support. It has not been possible within the constraints on the review to capture the entirety of the innovations and technologies used. Table 1 lists examples of innovation and technological advances. Inevitably the table will have missed adaptations and innovations made by some services. Nevertheless, its content has been drawn from a significant response to the questionnaires and therefore provides a wide-ranging account of many of the steps taken by services.

Table 1

Innovations and technologies reported to have been used by services				
Innovation or technology used	Application	Benefits	Constraints	Where to find out more?
Telephone contact by landline or cell phones.	Routine communication Welfare checks Regular updates	Readily available to staff, clients and carers. Staff, service users and carers familiar with technology	Limited applications. Constrained to individual calls or potential telephone conferencing and use of speaker phones. Not appropriate for individuals with hearing impairment or communication issues.	
The use of smart phone tablet and computer based virtual contact	Routine communication Welfare checks Regular updates Video conferencing "App" based group chats and individual video conferencing. Online exercise, music and art classes.	More intimate, greater number of applications, ease of use and suitability for group discussion, easily accessible and not based on 9-5 services. Has opportunity to ensure that people are able to engage outside the formal hours of daytime support.	Requires wi-fi or purchased internet data. Requires hardware and software to be available and usable. Requires staff and people accessing support with skills to apply and use technology. There needs to be a whole systems approach that ensures families and carers also understand the benefit of technology and have a basic understanding of its use.	https://youtu.be/Z_KvtHQ03dY Debra Llewellyn DLlewellyn@carmarthenshire.gov.uk https://www.conwy-connect.org.uk/
Digital inclusion work	Providing upskilling of staff, those who use services and their carers to develop IT	An additional service with not only benefits in sustaining support but developing new	These approaches could not reach all people and it is unknown whether access to this type of service was equitable to every person and their families accessing support. Potentially	Please email contact@adss.cymru who will be able to provide signpost you to

	skills to use various technologies to self-support or top access online support. E.g., internet shopping, video conferencing virtual day care	life skills. Enabled innovative practices to reach a greater number of potential recipients. The longer-term benefits of having these roles within the context of social care might help to attract different types of people to work in the sector.	those in greatest need were the most difficult people to reach. Not enough staff trained in the use of technology to meet demand. Not always welcomed by all people.	specific organisations that have developed and use this approach within their work.
I Circles	An approach that gathers together family, friends and community members when someone is isolated or in need of additional informal support. An online course was delivered in 2020, enabling 15 Circles to be created.	Enhances Voice & control as the Circle members act as a personal Advocacy group. Creates stronger relationships and is a good form of prevention & intervention. Improves personal & emotional Well-being as individuals realise there are people who care about them. Enables personal Outcomes to be achieved through a	Relies on a positive approach to risk-taking that enables an individual/family, with support to invite community members into their life. Some of those working in Services & unpaid carers get nervous about this. The benefits outweigh the risks though, as the individual has more people around them to ensure they are safer & empowered.	https://northwalestogether.org/circles-of-support/

		Co-productive approach – individuals, community members & professionals working together.		
Insight App	A community-based app which provides an online space that is both safe and fully accessible for adults with learning disabilities, and mitigates the common social media risks, such as cyberbullying and trolling.	The app helps to create safe virtual connections for people to enhance and maintain their own social networks. The app provides opportunity for meaningful activity and engagement. The app can ensure families are aware of what activities their loved one is involved in on a day-to-day basis, which helps to reduce anxiety and supports pro-active communication between providers and people's families.	At present, this service can only be access by those with the necessary technology, knowledge, and skill.	https://wales.coop/innovate-trust-develops-community-app-to-keep-people-connected/ ashley.bale@innovate-trust.org.uk
Owl cameras	The Owl Camera responds to motion and is designed to work with groups of	The camera was used in some service settings to limit the number of people in a	Might be seen by some as an invasion of privacy in certain settings. Relies on staff knowledge and implementation	Please email contact@adss.cymru who will be able to provide signpost you to

	people. It focusses on the person when they speak.	physical location to adhere to social distancing rules. The use of the camera ensures that people can be supported whilst maintaining some independence. It is not known if the technology is being used in supported living accommodation but might add value in shared social spaces such as living rooms or kitchens.	to be effective.	specific organisations that have developed and use this approach within their work.
Sensory boxes	A sensory box is a container filled with interesting sensory toys that appeal to and stimulate the senses These were issued to people to use at home	The sensory boxes ensured that people could remain occupied whilst at home. Can provide stimulation when people are not receiving support from services.	It is likely that for some people the sensory boxes would have relied on support from unpaid carers to enable meaningful engagement. It is not clear whether the sensory boxes were welcomed by everyone.	As above
Activity packs	Activity packs were delivered to people's homes designed to keep people occupied	As above	As above	As above

	during the day.			
Care farms	People were supported to undertake work in outdoor spaces that continued through lockdown.	The private, outdoor space meant that people and their families could exercise safely without restriction. People continued to be supported and routines were maintained to benefit the individual.	Demography means that these services are only available in certain locations. Might not be possible in more urban settings.	https://www.farmgarden.org.uk/gcf/case-studies
Day care in residential and supported living settings	People were provided with their day service in their home, which included residential and supported living settings.	Some people continued to receive a level of support that maintained their routines.	Some confusion between organisations about who was providing support at what time. People might become less confident to leave their own homes and access other parts of their community. Not accessible and sustainable for everyone to receive support in this way. Relies on workforce to be flexible and work differently, which may not be the case for all aspects of our current workforce. Very different approach to buildings-based support.	Please email contact@adss.cymru who will be able to provide signpost you to specific organisations that have developed and use this approach within their work.
Provision of meals	Volunteers were recruited to support the delivery of meals that would normally be provided in day centres.	Ensured that people had access to food at specific times during the pandemic. Provided support to unpaid carers	Relies on volunteer support, which may not be sustainable in the future. Supports people’s risk aversion about leaving their own home.	As above

		focussed on supporting the individual at home. Maintained contact with vulnerable people in their own home to ensure they were safe.		
Visitation pods	Visitation pods were established in residential care settings to allow family visits for residents with required social distancing measures.	Provided opportunity for families to connect and engage with their loved ones during the pandemic. Provided social stimulation for individuals and their families.	Some individuals may have been distressed about seeing family members under restriction. Visits were limited and therefore not accessible to everyone. The negative impact on people would have had a detrimental impact on the individual and those supporting them.	As above
The use of "social bubbles"	People were placed in 'social bubbles' rather than attending a building base and were given the opportunity to explore accessible areas within their local community.	Smaller groups so more engagement, mix of people increased confidence and skills. Encouraged people to engage and connect with others to enhance their social connections and capital. The opportunity to meet outside of formal	Relationships and risk need to be managed appropriately and positively. Current culture and approaches to risk might not fit people's new expectations to how they want to live their lives.	https://www.scie.org.uk/care-providers/coronavirus-covid-19/learning-disabilities-autism/care-staff

		settings enhances the ability to widen people's social assets.		
Robocats	Robocat are electronic devices used to support people living with dementia to manage behaviour in their own homes	The technology helps to manage people's behaviour in a positive way to ensure that people are able to remain in their own home for longer. The technology provides 24/7 support to the individual. Is person centred. Provides meaningful and accessible intervention for the person. Provides respite for unpaid carers.	The availability of the product is unknown and therefore maybe limited. Equipment might not be suitable for everyone. The technology is relatively new, so impact needs to be more widely used to assess positive impact.	https://inews.co.uk/news/technology/robotic-pets-company-hopes-work-with-nhs-help-older-people-living-dementia-806729
Virtual Reality visits	Virtual reality apps and headsets have been used by people physically shielding to visit different places from the comfort and safety of their living rooms	Provides 24/7 support to people who choose to engage. Helps to develop knowledge and social stimulation. Is based on the needs of the individual.	Relies on existing knowledge and access to technological equipment. Equipment might not be suitable for everyone.	https://arvrjourney.com/what-is-vr-from-the-virtual-reality-society-https-www-vrs-org-uk-a7e7bcd1fea

		Is low cost		

Key Finding 11: Tailoring services to individual needs.

The use of virtual support and offering alternatives to “care and support as usual” required tailoring these alternatives to individual's needs. Alternative provision was frequently not a “one size fits all” response. Some people coped better with using IT solutions to sustain contact through the use of group chats and video calls. Others were not comfortable with some of these technologies. As such, people were asked how they would prefer to remain in contact with services. It was reported that in some instances the person using the service received personal outreach, whilst family members and unpaid carers received virtual support.

Although the introduction of technology to evolve the services offered did help enhance the IT skills of many people, their families and unpaid carers, it must be noted that those who could not grasp the technology were often left feeling even more frustrated and isolated. Where technologies are being considered for longer term use, the necessity to take stock of personal choice and differing levels of capability to use these approaches must be evaluated on an individual and service level.

Key Finding 12: Staff flexibility and resilience.

In all aspects of social care and health service delivery the availability of an efficient, effective, and motivated workforce is critical. This is very much the case in the delivery of day, respite, and overnight stay services. The pandemic took a heavy toll on the social care and health workforce. In the most severe scenarios staff died from COVID-19, others have been forced to take long-term sickness due to “long COVID” others took shorter spells of sickness absence, some have been furloughed due to service closure and others were redeployed into service areas other than their “core” service areas.

Staff were frequently moved from day centre work to provide community outreach, domiciliary services and support tasks as required. Some services reported that the ability to redeploy staff was sometimes hampered by contractual and other human resource issues that prevented services from using staff in different settings or for different purposes. This led to a greater number of staff being furloughed or seeking alternative employment than may have otherwise been necessary. Consideration of these issues was reported to be a lesson learned for the future in terms of ensuring the ability to flex the workforce when circumstances demand.

The impacts of the pandemic on staff are enormous. Staff were required to flex and to remain in work, or to return to work despite the emotional impact that losses and change will inevitably have had on their health and wellbeing. Inevitably, some staff coped better with these challenges than others. Some struggled either to come to work or cope with the necessity to flex. Nevertheless, the predominant experiences of those who responded to the questionnaires was of the majority of staff having responded positively to the challenges thrown up by the pandemic. This included their response to the impact on those who use and frequently rely on services that they have witnessed and sought to mitigate.

Respondents to the commissioner and provider questionnaires reported that 98% of provider staff coped well or very well with the challenges they confronted and among commissioning staff 95% of staff coped well or very well. These figures show an important level of flexibility and resilience in the workforce.

As one provider response stated:

> *“I would say the confidence of managers has increased immensely. Senior Managers and Ministers need to recognise how hard staff have worked throughout this pandemic they have worked really hard to manage staff and individual’s anxieties. It’s been a tough ride!”*

However, this data and evidence should not lead to a false sense of security. Many staff will have been traumatised by the rapidity and severity of the pandemic on themselves, their families, friends, and those who use services. Service providers need to prepare for the consequences of the impact of the pandemic and the potential for trauma to become apparent as we move through continuing phases of the pandemic and into recovery. The consequences of trauma on individual staff may not become apparent for many months. Services need to alert and prepared to address these issues as they arise especially as the impact of the pandemic is still being felt and referral rates for individuals presenting more complex needs are rising exponentially across Wales.

Key Finding 13: The benefits of increased communication.

One of the most frequently reported changes arising from the enforced restrictions was enhanced communication. This included communication with those who use services and their unpaid carers, and between service commissioners and providers.

Services reported that for some people who use services and for providers of services, the change in communication type, style and frequency, changed the nature of their relationship with some clients. Many described communications as having been enhanced and more personal when specifically directed to individuals and sometimes the individual with family members. A greater sense of the person was recognised when communication took place outside the normal type of engagement. Some reported that conversations were more frequent than when people attended a day centre and that they were more focussed and meaningful.

However, it must be noted that this increased communication was not universal. Some people felt unable or unprepared to use virtual contact. This may have been as a consequence of digital poverty or as a matter of choice and preference as to how they wished to receive support. As a result, for many contacts were diminished and for some ceased altogether. Where contact was lost, services reported having welfare and safeguarding concerns.

As one provider response stated:

> *“Some [relationships] have become closer, we have become a lifeline and, in some instances, their only source of external contact. However, others have become more remote. Some have elected to stay away even when offered chance to return. In some cases, people have become frightened to do anything and have become very isolated which is a concern.”*

Contact with families and unpaid carers is also reported to have increased. This was designed to not only draw on the views of family members and other unpaid carers concerning the wellbeing of the client but also to offer support to carers whose caring responsibilities had increased as a result of service retraction. This contact also provided services with an enhanced perspective on the life of the person within their home space.

Communication was reported to have been more planned with the use of newsletters being established to keep people informed of changes taking place, and that welfare calls by telephone and using IT were more person centred. One aspect of communication reported to have diminished was Social Worker contact with those who use services. Some people reported not hearing from their Social Worker during the lockdown. Whilst this may have been due to these staff having to undertake other tasks, clarity of what people can and should expect from their Social Worker needs to be made clearer and more explicit to avoid misunderstanding.

A significant majority of service commissioners and providers reported that they had increased the frequency of communication between themselves to manage and respond to the service restrictions.

As one commissioner response stated:

> *“The relationship is far more open and accessible with both. Regular information sharing and receiving documentation in a timely manner has greatly improved relationships.”*

This improved communication had direct benefits in terms of seeking and finding agreeable solutions to sustain service provision. Many reported feeling a sense of “all being in it together” and that the relationship felt more equal. Some described that where good commissioner-provider relationships existed prior to the pandemic these were enhanced using not only more regular contact, but by varying the mechanism used and the manner of the communication. Many stated that they wish to sustain this enhanced communication post pandemic restrictions. However, it should be noted that a number of respondents stated that they had felt abandoned, and that providers and commissioners are more remote now than pre the pandemic.

Key finding 14: Support received from a range of organisations.

In addition to the benefits of improved communication between commissioners and providers, services have reported the benefits of close co-operation and support received form Public Health Wales, local environmental health services and from the inspectorate bodies including Care Inspectorate Wales and Health Inspectorate Wales.

Advice, guidance, and practical support were reported to have assisted services to remain informed of restrictions, the steps necessary to reduce infection risk and in navigating the practical steps necessary to ensure the safety of staff and those using services.

Services also reported that close working between agencies has been highly beneficial. Liaison between health boards and local authorities to support the sustenance of provision was viewed as extremely helpful. Collaboration with the third sector, was also recognised as important. In some instances, the third sector engaged with statutory services to ensure service continuity and augmenting services where they may not previously have been involved in the provision of these services. The use of volunteers by services to sustain support was also recognised as having made a significant impact on continuity.

Barriers to mitigation

Key finding 15: Logistical constraints.

The majority of respondents to the questionnaires reported the practical and logistical barriers to sustaining services as a consequence of the restrictions introduced both nationally and locally.

Transportation was identified as a particularly difficult challenge. Many services rely on the use of minibuses to transport clients to services. The social distancing restrictions meant that numbers being transported in this way had to be radically reduced. Some family and friends transported clients as an alternative to the use of minibus transport and others used taxis. Whilst these steps mitigated the impact somewhat, the loss of transport for many clients prevented attendance.

This impact raises the question of how many clients, or their families have a car provided under the

Motability scheme and whether or not these vehicles should provide an alternative mechanism to transport people to services rather than a reliance on minibus transport.

The size of rooms within many buildings meant that providing services with the required social distancing was not feasible. Some rooms were unusable or useable only for individuals or small groups.

The necessity to sanitise rooms and equipment placed additional strain on staff, eating into the time they could spend offering care. Sessions had to be shortened and staggered to allow cleaning to take place during and between sessions. This included the time taken to don and doff Personal Protective Equipment (PPE). All of these factors were identified as having placed an opportunity cost in staff time.

Some services that were provided in complexes not belonging to them – in both public and private buildings - were forced to close because landlords decided not to open their buildings.

Some service providers reported that the additional costs associated with cleaning and the additional PPE had to be met from within their own budgets. A number of services also reported periods, particularly at the start of the pandemic when PPE was in short supply or unavailable. However, the support for and delivery of PPE by Welsh Government was recognised as having significantly reduced the shortages experienced by services and was seen as a significant enabler in supporting service continuity.

A number of services who used technology to support clients and their families in different ways reported not having sufficient technology, including adequate wi-fi to offer these solutions to the extent to which they would have preferred. Many reported that they “scaled up” the technology they had and skilled up both their workforce and provided “digital education” to clients and family members to enable the technology to be used. However, low levels of IT skills among many staff, people using services and their families and unpaid carers, impacted significantly on the ability or ease with which these approaches could be deployed.

“Taking Stock”

Key finding 16: Reviewing service changes and innovations.

Services have recognised the importance of reviewing the changes that they have introduced during the pandemic. Several agencies reported having already undertaken reviews taking stock of the changes that were introduced and seeking feedback from those that use services and their families on these changes. Some have produced reports on the changes introduced and a considerable number of respondents to the questionnaires stated that they would be undertaking a formal review of the changes in the future.

Such reviews appear critically important to understand the efficacy of the changes that were introduced. Many of the changes had little or no evidence to support them and were born out of necessity. To determine whether these changes have the potential for long-term use, their acceptability, sustainability and utility needs to be explored. Such a process will help to avoid unintended detrimental consequences.

Where reviews are undertaken it would be useful to share the findings and cascade the learning with other agencies and local authorities to ensure that others can benefit from an evolving evidence base on the use of new models of care and the introduction of technology. Not only will such learning benefit the potential for the long-term introduction of some of these changes, but given the fact that at the time of preparing this report, the country is still in the midst of the pandemic. The application of this learning will be of current use to support service provision during any further waves of the pandemic and as services prepare for and move into a recovery phase.

Key finding 17: The challenges confronted in reopening and recovering pre-pandemic levels of service provision.

Service commissioners and providers commented primarily on the short-term, immediate implications of the pandemic. These have been addressed elsewhere in the report. They also, however, focussed on the medium-term and longer-term challenges being confronted and to be confronted, as restrictions are eased and will eventually be lifted.

The medium-term issues focussed on the ability to flex as restrictions ease but being able to offer services within the ongoing constraints of deep cleaning and sanitisation, restricted numbers of attendees, allocating spaces in some budlings that make social distancing difficult. These challenges have been confounded by the necessity to respond to restrictions and opening depending on the nature of the spread of the virus and its mutation into new variants, which have led to greater caution on “opening up” society in general.

These are logistical and practical problems. Services have particular concerns relating to those who use services and their unpaid carers as services emerge from lockdown. Many people have been extremely anxious about the risks to their lives and their health, not least when mixing with other people. As a result, returning to “place-based” services and opening their doors to visiting staff may prove extremely difficult. People may require support and time to adjust to the return to more normal social contacts following the imposition of restrictions, shielding and self-isolation whether imposed or self-imposed.

Furthermore, some people who have used services in the past have had diminished contact or contact has ceased during lockdown. Reconnecting with these people will require the use of specific approaches and may be quite labour intensive. It will require the identification of those in the greatest need in order to prioritise the use of reduced resources and a recognition that the level of need for some may have significantly increased during lockdown.

Another concern raised by service commissioners and providers is the impact on peoples functioning that will have occurred as a result of reduced activity. Some it is believed will have become frailer because of reduced mobilisation and may have become “house bound” because of enforced isolation. Some will have lost muscle mass due to reduced mobilisation; some will have become more prone to falls and others deskilled because of fewer opportunities for activities, learning opportunities and continuing rehabilitation.

These changes in functioning and reduced contact will require re-engagement and reablement for many. Once again, this will be challenging for the individual and their families and create challenges in the medium and longer term for service providers and commissioners to respond to these needs.

The majority of respondents to the user/unpaid carer surveys, and those who took part in focus groups, expressed an expectation that face-to-face services will resume to the same levels as pre the pandemic. For most individuals, especially those living with autism, the need for routine is fundamental and services play an important role in facilitating routine, which individuals and their families want back.

As one provider stated:

> *“Individuals who have autism and significant behaviours that can challenge, need routine and skilled experienced staff to support them maintain routines that are important to them. Routine*

> *is important for people with autism and support has also been essential for families to reduce stress and maintain family."*

As one service user response stated:

> *"I would like my 5 days a week back as soon as possible also three busses back so we can go back out."*

This was echoed by another service user who stated in their response:

> *"I would like to get back into a routine and have structure to the day by attending day service [sic]."*

Whilst technology undoubtedly was a lifeline to some during lockdown, the view from those who use services is that these additions should not be used as the only option as "normal life" resumes. Whilst, in the future people may be doing things differently, the necessity for, and value of face-to-face contact and social connection cannot be overstated.

Key finding 18: The enhanced understanding of the importance of family, unpaid carer and peer support roles.

Whilst the critical importance of the role of families and unpaid carers in supporting children with complex needs, older people and those with physical and learning disabilities has been long understood, the impact of the pandemic has brought this fact into stark relief.

Families with caring responsibilities have seen the support required increase significantly as services have retracted. This has served to remind service commissioners and providers of the fact that families and unpaid carers lie at the heart of sustaining people's independence.

Sadly, the retraction of service support has been reported as having rendered some people's living situation unsustainable leading to people entering long-term care before they would have done if care and support from services had remained in place. However, many families and carers have flexed and made many sacrifices to extend the level of care and support they provide in order to sustain those who have lost service support.

As one carers response stated:

> *"My brother regressed, became withdrawn, missed seeing people, became very difficult - our relationship has suffered due to his behaviours. [Also] my marriage has suffered due to us not having any time to ourselves."*

This expanded informal care has been recognised and valued by services throughout the pandemic, but these extra demands will have taken a toll on family members, friends, and other unpaid carers.

As another carer's response stated:

> *"Start to acknowledge the hard work we do and how we have to cope with 2,HR + [sic] meltdowns and try as a government to understand how incredibly traumatic for both the person with Autism and the Carer who is at times exhausted. The Young Carers and rest of the family are deeply affected by this."*

Services will need to recognise the impact of this additional burden and the role that they can play to support not only those who use services but these family members to recover. There is an opportunity for those reconfiguring services to focus on the enablement of stronger 'circles of support'/personal networks around individuals. In essence, the pandemic has highlighted that many do not have these strong circles. Therefore, over time, if our focus becomes more about building circles of support around individuals, then this will help to ensure that limited services are used where they are most needed, and pressure is relieved on the role of unpaid carers.

The review team has also been made aware of the support provided from the peers of those who use services, including unpaid carers. Peer support has always been an integral part of the community of those people who use services. This can include engagement, encouragement and support and understanding for those struggling in addition to everyday friendship and empathy. However, during the pandemic the groups established in community settings, in “bubbles” and in virtual settings, has seen an increase in the role of peer support. This has the potential to have assisted personal growth in those both offering and receiving support. Some people described the value of this form of support and would wish to see it supported to continue post pandemic.

As one carer response stated:

> *“From this disaster, I have learnt that connection is as important for my son as day-to-day care. If names of groups or suitable people, outside of day service could be provided for the carer/parent to contact, that would be helpful. However, after 28 years of caring for my son, and not being able to communicate with him 'normally', I did not realise just how much difference interaction with other people of his age/nature/problems would help him. It may seem obvious, but he has only ever sought family (we have a large extended, close family) company.”*

Key finding 19: The recognition of the critical value of respite care in sustaining caring situations

In addition to the recognition of the value of family, informal carer and peer support, services have recognised the fundamental role of respite care and overnight breaks.

Reduced capacity for respite and overnight stays has been a major source of pressure on families during the pandemic. Services recognised that these services do not merely provide a short break for both the service user and their family, which could be seen as an augmentation to or an added benefit rather than a core care component.

The absence of respite and overnight stays has led to strain being felt by families with no opportunity to “recharge their batteries” and thus sustain their ability to provide care and support in the manner they would prefer.

As one commissioner response stated:

> *“Unpaid carers have experienced isolation, depression, and stress due to limited respite services or respite being cancelled at short notice due to positive tests.”*

However, there were service providers that managed to maintain some respite provision for those most in need, which was recognised and appreciated by carers and families. As one carer responses stated:

> *“I cannot express how much this respite service means to my family. My child has very difficult behaviours and having her cared for away from our home has made such a difference to our (parents) mental health as well as the mental health of her sibling. There were a few occasions during lockdowns she was unable to attend due to others testing positive for covid 19, however, we were kept up to date via the phone and made aware deep cleaning was taking place and staff were doing their best to accommodate the needs of families.”*

The pandemic has demonstrated the impact of respite support as an essential service. However, these services have found it particularly challenging to provide alternatives to standard respite provision. They have had to close or reduce capacity dramatically. This will have financially stretched many services. For some this stretch may make business continuity impossible. Commissioners need to take stock of the impact that the pandemic has had on these services reflecting on the increased awareness of their importance as a component of the strategic recovery from the pandemic as a "whole system".

A summary of learning and potential long-term developments.

Service commissioners and providers were invited within questionnaires to highlight particular learning points gained and those developments that they feel most likely to sustain post the pandemic.

This summary has been developed by identifying the learning and innovation identified by services within questionnaires and focus groups.

Many commissioners recognised the importance in developing greater trust in service providers' staff and in those who use services. These groups were recognised as being more flexible and skilled than they had previously been "given credit for". Services also reported a greater appreciation of pressures on 'front line' staff and a reiteration of the importance of a well-trained and motivated workforce.

Good communication was recognised as essential in responding to a fast-changing situation. This communication included reassuring providers as they sought to make adjustments amid rapid change. Effective communication creates improved partnership. Where partnerships have improved, services stated they wish to continue to build these partnerships in the future.

As one provider stated:

> *"The pandemic has further strengthened the relationship between providers and commissioners. It has built up strong and trusting foundations, working together to develop creative responses to people often in times of urgency."*

Another provider also said:

> *"It [partnership] has been strengthened. We communicate more frequently and openly. We have a better understanding of each other's expectations and priorities. There has been more joint risk taking and problem solving. Our approach is more streamlined and responsive."*

The increased use of technology has been popular with many, but services have learned that technological solutions are not suitable for everybody and that some people's digital poverty, IT literacy and personal preference, hampers the potential for some of these solutions to be universally applied.

Some services stated that community resources had become less frequently used in recent years with a greater focus on "place-based" care. Services reported that they intend to continue to use community settings and resources post pandemic in order that people who use services can realise the benefits derived from these resources. As one commissioner response stated:

> *"Overall, the pandemic has enabled us to move further forward on our journey away from building based support and to work with people on an individual basis; supporting them within*

> *the area they live. Staff have reported that they have really got to know people better as a result and has strengthened the relationship between them."*

Risk assessment and the RAG rating of people who use services has been a popular method for prioritising those in greatest need. Continuing to evaluate individuals and resources is seen as a useful approach in ensuring the maximisation of service capacity and meeting need.

In responding to the public health crisis, services have attained a greater appreciation of the need to be flexible and to develop contingency plans to deal with the consequences of the pandemic and other potential future events. Within this flexibility and contingency planning, services recognised the necessity to involve those who use services in planning.

Services recognised the need for effective systems for capturing information. These were not always in place at the commencement of the pandemic. The demands associated with the pandemic emphasised the need for ease of access to high quality service information to effectively plan. This included having an up-to-date data base of client and carer contact details.

Among the developments, services suggested they would wish to sustain for the long-term are:

- The use of service-based recovery plans addressing ongoing COVID-19 restrictions. These would cover the short-term requirements related to changing restrictions, medium-term planning to prepare for future challenges and moving into service recovery as restrictions are lifted. They also considered long-term plans and the potential to include the adoption of innovation and learning gained during the pandemic.
- Sustaining the improved communications and contact between commissioners and providers.
- Sustaining flexible care arrangements but reviewing the impact of changes on service delivery and on the lives of those who use services.
- Changing perspective from inward looking 'place-based' day services to services that form part of the wider community, making use of community resources.

Services recognised that a focus on the re-ablement of those who use services will be an essential part of the recovery of services post pandemic. An emphasis on a reablement approach was recognised as a useful framework to be adopted in the longer term.

Services have recognised that not all visits and communications with those who use services, and their families have to be undertaken face-to-face. Alternative methods may provide effective communication and engagement and greater efficiencies in terms of staff time. It must be stressed that such approaches were not seen as an alternative to face-to-face contact but a means by which it can be augmented. Likewise, meetings within and between agencies can be more efficient without a requirement to always meet in person.

The importance of domiciliary care as an essential support was recognised during the pandemic. More specifically when people could not attend services the delivery of domiciliary support was seen as a means of sustaining people in the last resort.

A number of services, as a result of service closures, delivered day care in residential and supported living settings. This approach of bringing the service to where people live was seen as valuable and will be considered as a longer-term option for some people.

Sustainability was a fundamental issue recognised by service providers and commissioners. This sustainability is believed to hinge on the workforce. Developing and valuing the workforce was therefore seen as central to longer term sustainability.

Commissioners recognised that the impact of the pandemic on the finances and workforce of many services has been profound. Addressing these issues is seen as essential to maintaining an effective and fully functioning whole system and will form a mechanism for planning a path out of the consequences of COVID-19.

5. Conclusions

The COVID-19 pandemic has, and continues to take, an enormous toll on the whole population, but the burden sustained by children with complex needs and their families, older people, those with physical disabilities, learning disabilities, mental health problems and long-term health conditions, has been disproportionately great. The impact of higher rates of mortality among the majority of these groups, together with reduced social and health care support resulting from the restrictions imposed by national government, has impacted on all aspects of life; and in some cases, has led to a premature death.

Shielding, self-isolation and periods of quarantine have, for many, meant significantly reduced mobilisation resulting in reduced muscle mass and greater instability leading to an increased risk of sustaining a fall and poorer physical health. The impacts of the pandemic have not been felt equally by those who use services and their families. Those with lower social capital, fewer financial resources and who are digitally excluded or whose IT skills are poor have been disproportionately affected by the pandemic being less able to use alternatives offered by services.

For some people the degree to which they have had choice and a voice during the response to the pandemic has diminished. Some people who use services and many that provide them have stated that they tailored the amended services to meet individual needs through consultation and engagement. Some have reported that communication and knowing the people using services has been improved by enhanced communication. However, these experiences are by no means universal. Some who use services were particularly disappointed with the level of contact they had during the pandemic with their social workers.

A return to the principles of ensuring peoples’ right to choose and use their voice must be at the core of service recovery and throughout the challenging task of services fully reopening. Some have reported that the manner in which restrictions were applied to them as vulnerable people encroached on their human rights. An example of this is people living in shared accommodation who were required to self-isolate when they had used services or visited family. Staff who had also attended multiple settings were not made subject to the same restrictions.

It is not only those who use services, their families and unpaid carers that have been impacted by the pandemic. The social care and healthcare workforce has been significantly impacted and this pressure continues to increase on a daily basis. Some have lost their lives to COVID-19, others have been seriously ill as a result of infection but survived, some of these survivors have experienced long-term debilitation as a consequence of “Post-COVID (PSE)”.

The impact on those who use services and those that work in them has not been merely physical. The stressors and the anxiety induced by the threats from the pandemic have given rise to a significant impact on public mental health. The evidence gathered for this review has demonstrated that the mental health of those who use services and those who provide them, has for many, deteriorated during the pandemic. Many have reported the impact of personal and public anxiety resulting from a fear of infection. Isolation was, until vaccines were discovered, the primary tool in the arsenal of public health protection. Mass quarantine or “lockdown” was imposed as a legal requirement. For many, isolation has meant loneliness and anomie, fuelling poor mental health and wellbeing. For some, experiences during the pandemic will constitute trauma, which may currently or in the future constitute a mental health condition requiring treatment and support.

Services have been impacted during the pandemic. They have had to revise their offer to those who use services. They have frequently used risk assessment to allocate limited capacity to those in the greatest need and have had to reengineer support due to closure or reduced service capacity to enable social distancing.

Staffing difficulties are among the greatest challenges faced by services. Staff sickness enforced self-isolation and the necessity to redeploy some staff have reduced service capacity in many settings. Some services that were forced to close, or who experienced significant reductions in demand, due to people opting not to receive services in order to isolate have lost staff. Those staff who became unemployed or under employed have sought and secured alternative work. These losses have been compounded by a reduction in the labour force resulting from the loss of some staff from oversees as a result of the pandemic and “Brexit”.

For some services, the impact of the pandemic has been so severe it may render them unsustainable. Despite the challenges faced by services and their staff agencies have reported that, up to this point, the majority of staff have adjusted to the enforced changes and have demonstrated significant resilience.

Despite the challenges faced during the pandemic, a number of positives have emerged. Some people who use services have been noted to have demonstrated greater independence than had been anticipated. The majority of services have reported improved communication between commissioners and providers. Services have reported support from public health and environmental health agencies and the collaboration between health boards and local authorities, has aided services’ ability to respond to the pandemic. Innovation and the use of technologies has accelerated during the pandemic “necessity is the mother of invention” and many agencies have grasped this notion to implement change at a scale and pace not seen pre-pandemic.

Whilst this innovation has allowed a rapid service response, the impact of these changes must be tested to explore their effectiveness, their sustainability and to ensure that they bring no unintended consequences. The pandemic has also brought into sharp focus a number of factors that are central to the world of health and social care. These include the value and central importance of family and unpaid carers in the provision of care treatment and support. The importance of peer support as a mechanism for those using services to give and receive support from those who can truly understand from the perspective of lived experience. The importance and intrinsic value of place-based services, day respite and overnight stays. Whilst these have been replaced and augmented by novel and innovative approaches, these are not “silver bullets” and the fundamental roles of these services within the service system has been made clear during the pandemic.

It must be recognised that this report provides only a point in time position. Whilst it has been able to draw upon the learning gained during the last year, people who use services and those that commission and provide them remain in the grip of the pandemic. The potential for further epidemic waves and the risks of mutant variants of the virus prevail.

The findings of this and other reviews, therefore, provide not only a valuable rear-view perspective they also provide contemporaneous evidence of applied learning from innovation and the potential “bear traps” for services to consider as they navigate their services into full recovery.

6. Recommendations

Recommendations

For Welsh Government

1. Welsh Government should acknowledge the concern raised by day care and respite services that specific guidance to manage the impact of COVID 19 on these services would have been useful. It is therefore recommended that where possible all future guidance should be co-produced with the sector to manage any future service development and/or restrictions issued by government.
2. Welsh Government should consider the requirement for increased capital investment to modernise and adapt facilities and spaces that will ensure the suitability of a social care structural asset base that is fit for purpose in a post Covid society.

For local authorities and health boards

3. ADSS Cymru will publish this report in order to disseminate the learning gained from the engagement of those who use services, their unpaid carers, service providers, commissioners and other stakeholders. To support the recovery of services, LAs and HBs should consider its content to further mitigate the impact of the pandemic on those people requiring respite care overnight stay and day care services.
4. The views expressed by those who use services and those who provide unpaid care concerning the impact that the pandemic has had on their voice and control should be actively heard and considered. As services continue to re-open, the principles of voice and control in tailoring services and adjusting to accommodate the needs and wishes of each individual should be embraced. As people return to services, their needs should be reviewed, giving full consideration the impact of the pandemic on the physical and mental health needs of each individual. Consideration of the use of Direct Payments should form part of this review and should be actively promoted for all users.
5. Commissioners and providers should address the key findings within this review on the importance of good communication. Where communication has been effective this should be sustained. Where communication was found to be flawed, especially communication with those who use services and their unpaid carers, steps should be taken to enhance communication and engagement, applying the principles of voice and control and co-production.
6. Service commissioners should, in partnership with provider organisations and those who use services, review the technical innovations and service changes made during the pandemic. They should review any benefits gained, to avoid unwanted or unintended consequences and strategically consider their continuation or cessation. All changes should be appropriately managed and communicated with people using services, unpaid carers, and the workforce. All stakeholders should be made aware of how services will change, why the service is changing and what the benefits will be for the individual.
7. The commitment, flexibility and resilience of the workforce should continue to be recognised and supported as it has been throughout the pandemic. This will ensure the retention and development of existing staff and the recruitment of additional staff where necessary. Leaders and managers should also be aware of the impact of the trauma caused by COVD-19 and develop strategic plans to manage the potential of the impact on their workforce.
8. Commissioners should review the impact that the pandemic has had on services, paying

particular attention to the loss of some services. They should review and support the viability of external providers whose sustainability has been jeopardised by the impact of the pandemic due to workforce and financial losses.

9. Local authorities and health boards should develop robust and co-designed training programmes working in partnership, where appropriate, with Social Care Wales and Health Education and Improvement Wales. The programmes should support new ways of working and recognise the new skills that for some, are now part of everyday practice. For example, this might include the use of technological interventions and the impact of trauma on those in receipt of services.

For Welsh Government and local authorities and health boards

10. Welsh Government, local authorities and health boards should consider the findings relating to the impact of digital poverty and the isolation of those who lack support from families, friends and other social networks on increasing inequalities. They should address these issues as a component of their strategies to tackle social and financial inequality.

7. Appendix A

PROJECT SURVEYS

ADSS Cymru Delivering Transformation Programme – Workstream one

To assess the impact of the pandemic on day services, respite services and short breaks we will be collecting data from each local authority via on online survey. Here is the link to the commissioner's survey https://www.surveymonkey.co.uk/r/DS8RW8F

Each survey should take approximately 40 minutes to complete, and we would like to thank you everyone for their assistance in taking part in this work.

Who should complete the survey?

The survey should be completed by a commissioning manager or a relevant officer responsible for the commissioning of services for each service group listed below. **Please note that a separate survey will need to be completed for each of the following groups.**

- Older people
- Unpaid carers
- People with learning disabilities
- Disabled people (physical and sensory disabilities)
- People with autism / neurodevelopmental conditions
- Children with complex needs

Every survey submission will ask the user to identify which user group the data relates to. **Please use the link above to complete a separate survey for the groups listed.**

Will the survey be available in both Welsh and English?

Yes, the survey is available in both Welsh and English.

What will the data be used for?

The data captured will assist us in understanding the ways in which day services, short breaks and respite care have been impacted by the pandemic, and the affect this has had on the people you support.

When is the deadline for the survey?

We would be grateful if you could respond to the survey for each survey group by **5pm on June 2nd 2021.**

What happens next?

A series of engagement events that will take place throughout mid-late June to discuss our findings in more detail. These virtual conversations will be a mixture of group and individual conversations. *The survey will ask you to identify if you might be available to take part in these discussions. It will also ask you to identify if you would be able to assist in sharing an anonymous survey to any users or unpaid carers who might want to have their say.*

Questionnaire for commissioners

Working together to sustain support

- In which local authority do you commission services?
- How many day services do you commission?
- How many respite services do you commission?
- How many short break services do you commission?

1. Did all day and respite services cease entirely during periods of lockdown? YES/NO
2. At the point of lockdown, did you engage with service providers to sustain support to day care and respite clients? YES/NO
   Did this include both Local Authority and other service providers? YES/NO
3. Did your authority have a strategy or a plan for sustaining support? YES/NO
4. Did providers develop approaches to sustain support within the parameters set by the authority YES/NO
   or did they determine their responses in isolation? YES/NO
5. How dependent were these approaches on the availability of the necessary technical hardware and software? 1-5 VERY DEPENDENT TO NOT AT ALL DEPENDENT
6. Did your authority require providers to identify particularly vulnerable individuals and carer support situations to target and prioritise need? YES/NO
7. Did any of your providers provide no alternative support during lockdown? YES/NO
   If yes, approximately what percentage? TEXT BOX – BRIEF DESCRIPTION
8. Did providers respond to carer and family member support needs as well as those using services? YES/NO
9. Were you able to influence changes that needed to be made? YES/NO
10. Were there some providers that worked better with you than others? YES/NO
    If so, why? TEXT BOX
11. Did you have confidence that the providers you were working with were able to deliver consistently? NONE/SOME/MOST/ALL
12. How confident are you that the positive changes that have been introduced will remain? 1-5 NOT CONFIDENT TO VERY CONFIDENT
13. How would you rate the quality of services provided? 1-5 VERY POOR TO EXCELLENT
14. Can you identify areas of innovate practice that demonstrate positive change for people accessing services? FREE TEXT BOX – A BRIEF DESCRIPTION

Communication and staying in touch

With providers

1. If your authority had a strategy to sustain support, how was this communicated to providers? WRITTEN COMMS/VIRTUAL MEETINGS/TELEPHONE CALLS/FACE-TO-FACE VISITS/OTHER PLEASE SPECIFY
2. Did all providers engage with you on what they were doing?
   NO/TO SOME EXTENT/MOSTLY/YES
3. Did your authority have access to the appropriate technological infrastructure and knowledge to manage your relationship with commissioned providers? YES/NO
4. Did your providers have the necessary infrastructure? YES/NO
5. Has communication improved between commissioners and service providers? YES/NO
   If so, how? TEXT BOX – BRIEF DESCRIPTION

With people accessing care and support

1. Generally, how have people accessing services and their carers responded to the changes that have occurred? 1-5 VERY POORLY TO VERY WELL
2. Have you sought feedback from people accessing services, and their Carers about the quality of their experience? YES/NO
   If so, how did you seek this feedback?
   SURVEY/PHONECALL/VIRTUAL EVENTS/FACE-TO-FACE VISITS/OTHER PLEASE SPECIFY
3. Have responses been aggregated into a report? YES/NO
4. Do you think that the service changes have had an impact on the feelings of loneliness and isolation for the people you support? 1-5 NO SIGNIFICANT IMPACT – MILD IMPACT – SIGNIFICANT IMPACT - VERY SIGNIFICANT IMPACT

Workforce

1. How well has your commissioning workforce coped with meeting the challenges of sustaining key services from providers? 1-5 VERY POORLY TO VERY WELL
2. How well did the provider workforce manage the changes required? 1-5 VERY POORLY TO VERY WELL
3. Has the recruitment and retention for service providers remained stable? 1-5 VERY POOR TO VERY WELL
4. As restrictions are removed, do you consider that there is a need for organisational development to ensure long term change? YES/NO
   If so, what aspects of organisational development would you prioritise? TEXT BOX – BRIEF DESCRIPTION

Future planning

1. What are three key things you have learnt from the experience of lockdown? TEXT BOX – BRIEF DESCRIPTION
2. What are the top three things you need to consider in preparation for re-opening? TEXT BOX – BRIEF DESCRIPTION
3. Has your authority identified positive practices in relation to commissioning that have emerged from the pandemic that you would wish to retain? TEXT BOX – BRIEF DESCRIPTION
4. What are the top three issues that will need to be addressed in order to move forward? TEXT BOX – BRIEF DESCRIPTION
5. How might the commissioning of future day services, respite care and short breaks change in response to the pandemic? Is your authority considering changes to the service model as a consequence of lockdown and restrictions? If so, how? TEXT BOX – BRIEF DESCRIPTION

ADSS Cymru Delivering Transformation Programme – Workstream one

To assess the impact of the pandemic on day services, respite services and short breaks throughout Wales, ADSS Cymru would like to hear from in-house and external service providers about their experiences of delivering these services throughout the pandemic.

The link to the provider's survey can be found here: https://www.surveymonkey.co.uk/r/DS2J3PM

Each survey should take approximately 40 minutes to complete, and we would like to thank you everyone for their assistance in taking part in this work.

Who should complete the survey?

The survey should be completed by a manager responsible for the delivery of day services, respite care or short breaks on behalf of a local authority in Wales. Please note that if you deliver services to a range of users, then a separate survey will need to be completed for each group.

Older people

Unpaid carers

People with learning disabilities

Disabled people (physical and sensory disabilities)

People with autism / neurodevelopmental conditions

Children with complex needs

Please use the link above to complete the separate surveys.

Is the survey available in both Welsh and English?

Yes, the survey is available in both Welsh and English.

What will the data be used for?

The data that is captured will assist us in understanding the ways in which day services, short breaks and respite care have been impacted by the pandemic, and the affect this has had on the people you support.

When is the deadline for the survey?

We would be grateful if you could respond to the survey for each survey group by 5pm on June 2nd 2021.

What happens next?

A series of engagement events will take place throughout mid-late June to discuss our findings in more detail. These virtual conversations will be a mixture of group and individual conversations and will engage with people from all over Wales. *The survey will ask you to identify if you might be available to take part in these discussions. It will also ask you to identify if you would be able to assist in sharing an anonymous survey to any users or unpaid carers who might want to have their say.*

What do I need to do if I have further questions about the project?

If you have further questions, then please forward these to contact@adss.cymru. We will collate these and pass them onto the project team.

Questionnaire for providers

Working together to sustain support

1. In which local authority do you deliver services?
2. Which service group does the information you are providing relate to?
   (OLDER PEOPLE, UNPAID CARERS, PEOPLE WITH LD, DISABLED PEOPLE, PEOPLE WITH AUTISM, CHILDREN WITH COMPLEX NEEDS)

3. What type of service do you deliver? (DAY SERVICES, RESPITE/OVERNIGHT, HOME/COMMUNITY BASED BREAKS)
4. Have you re-opened face to face venue-based day services, respite services including short breaks? YES/NO
5. If yes or partially – please briefly outline when this happened, which services have re-opened and what measures were taken to ensure Covid-19 safe arrangements
6. If no – Please briefly outline the barriers you have faced with regard to re-opening these venue- based services? When do you plan to re-open them?
7. Did day services cease during periods of lockdown? YES/NO
8. Did respite / overnight breaks cease during periods of lockdown? YES/NO
9. Did home break provision change during periods of lockdown? YES/NO
10. At the point of lockdown, did you engage with commissioners to sustain day care support? YES/NO
11. At the point of lockdown, did you engage with commissioners to sustain respite support? YES/NO

With people accessing care and support

1. Did yo develop alternative day service approaches to sustain support to people using services, their family and unpaid carers?
   WITHIN PARAMETERS SET BY THE AUTHORITY; DETERMINED RESPONSES IN ISOLATION; DID NOT/WAS NOT ABLE TO SUSTAIN SUPPORT; NA

2. Did you develop alternative approaches to respite care to sustain support to people using services? (Estimate percentages of each)
   WITHIN PARAMETERS SET BY THE AUTHORITY; DETERMINED RESPONSES IN ISOLATION; DID NOT/WAS NOT ABLE TO SUSTAIN SUPPORT; NA

3. What barriers prevented you from being able to deliver a service? TEXT BOX – BRIEF DESCRIPTION
4. What id you do to ensure the needs of people, their family and unpaid carers were met? TEXT BOX – BRIEF DESCRIPTION
5. How did you prioritise need? TEXT BOX – BRIEF DESCRIPTION
6. How has the relationship between service providers and commissioners changed? TEXT BOX – BRIEF DESCRIPTION
7. Was additional technology incorporated into your service, during lockdown? YES/NO
   If yes, please specify how? TEXT BOX – BRIEF DESCRIPTION
8. What percentage of your service became dependent on users, their family and unpaid carers being able to access a computer or smartphone?
9. Will technology remain as a key element of your service? YES/NO
10. Can you identify areas of positive or innovate practice that have supported people to access services or improved services for people? TEXT BOX – BRIEF DESCRIPTION
11. Do you think your relationship with the people you support has changed? YES/NO
    If yes, specify how? TEXT BOX – BRIEF DESCRIPTION

12. Are the people you provide support to more risk averse to accessing face-to-face services? YES/NO
    If yes, in what ways are people affected? TEXT BOX – BRIEF DESCRIPTION
13. Did people have the necessary equipment and skills to receive remote support? YES/NO
    If not, how were steps taken to ensure their wellbeing? VIRTUAL MEETINGS/TELEPHONE CALLS/FACE-TO-FACE VISITS/LETTER/OTHER (PLEASE SPECIFY)
14. Were steps taken to allow any group work or peer support to sustain friendship groups? YES/NO
    If yes, please specify how? TEXT BOX – BRIEF DESCRIPTION
15. Has the pandemic highlighted a reliance on your service? YES/NO
    Please specify how? TEXT BOX – BRIEF DESCRIPTION
16. Do you think that the service changes have had a positive impact on the level of independence of people you support? NO SIGNIFICANT IMPACT – MILD IMPACT – SIGNIFICANT IMPACT - VERYSIGNIFICANT IMPACT

Communication and staying in touch

1. During lockdown, generally how frequently did you communicate with the people you support? DAILY/WEEKLY/MONTHLY/OTHER (PLEASE SPECIFY)
2. How frequently did you communicate with their families and/or carers? DAILY/WEEKLY/MONTHLY/OTHER (PLEASE SPECIFY)
3. Have you sought feedback from people accessing services, there families and their unpaid carers about the quality of their experience during this time? YES/NO
   If so, how did you seek this feedback? PAPER/ELECTRONIC SURVEY/PHONECALL/VIRTUAL EVENTS/FACE-TO-FACE VISITS/OTHER PLEASE SPECIFY
4. Have you produced a report based on this feedback? YES/NO
5. Based on the feedback you have received, have service changes had a detrimental impact on the feelings of loneliness and isolation for the people you support? NO SIGNIFICANT IMPACT – MILD IMPACT – SIGNIFICANT IMPACT - VERY SIGNIFICANT IMPACT
6. If the impact has been significant, please describe how you have sought to mitigate this TEXT BOX – BRIEF DESCRIPTION

Workforce

1. How well has your workforce coped with meeting the challenges of sustaining services 1-5 VERY POORLY TO VERY WELL
   Please describe any key messages TEXT BOX – BRIEF DESCRIPTION
2. Have your recruitment and retention activities remained stable? 1-5 VERY POOR TO VERY WELL
3. What proportion (%) of your staff were – WORKING REMOTELY/REDEPLOYED TO ANOTHER CARE ROLE WITHIN YOUR ORGANISATION/REDEPLOYED TO ANOTHER ROLE WHICH DID NOT INVOLVE PROVIDING CARE/FURLOUGHED/SELF-ISOLATING/NO CHANGE (OPERATING AS NORMAL)
4. If your staff worked remotely, where did this happen – AT HOME/AT OUR PREMISES/BOTH
5. Did they have access to the right equipment? YES/NO
6. When did they get the equipment? ALREADY HAD IT/FIRST MONTH OF LOCKDOWN/3-6 MONTHS AFTER FIRST LOCKDOWN/6-9 MONTHS AFTER FIRST LOCKDOWN
7. Did they have right knowledge and skills to use technology or other methods to enable remote support? YES/NO/PARTIALLY
8. How did you improve these skills? TRAINING/PEER SUPPORT/SUPERVISION/SELF-DIRECTED LEARNING/OTHER (PLEASE SPECIFY)

9. Did you have enough resources to consistently deliver your service? YES/NO
10. Were staff anxious about working remotely with people with challenging behaviour? YES/NO
    If so, please specify why TEXT BOX – BRIEF DESCRIPTION
11. Are your staff more risk averse when delivering face to face services? YES/NO
    If yes, in what ways are people affected?

Future planning

1. What are the top three key things you have learnt from the experience of the pandemic? TEXT BOX – BRIEF DESCRIPTION
2. Has your organisation identified positive practices in relation to service delivery that have emerged from the pandemic that you would wish to retain? TEXT BOX – BRIEF DESCRIPTION
3. What are the top three issues that will need to be addressed in order to move forward? TEXT BOX – BRIEF DESCRIPTION
4. How might the future delivery of day services, respite care and short breaks change in response to the pandemic? Are you considering changes to the service model as a consequence of lockdown and restrictions? If so, how? TEXT BOX – BRIEF DESCRIPTION

User/Unpaid Carer Questionnaire

The Association of Directors of Social Services (ADSS) Cymru represents the voice of all twenty-two local authority social service directors, leaders and managers across Wales. We work to inform and influence how social care services are delivered and improved.

We know that the pandemic has affected and changed the lives of many people, including those who receive care and support. As we look to recover from this experience, Welsh Government have asked us to gather information from people using social care services about how the pandemic has affected the delivery of the following:

- Day services
- Respite services, including short breaks

As a user of these services, we would like you to have the opportunity to complete an anonymous survey. The survey will help us to understand if you were satisfied with the alternatives that were offered and how your life was affected. It is your choice if you decide not to answer some of the questions.

This survey will help us to gather views from people who live in all parts of Wales about their experiences and the information collected will help Welsh Government to understand how services might change in the future. We are very grateful to you for taking the time to tell us about your experiences.

The survey should take approximately 15 – 20 minutes to complete.

Please choose one of the following options:

If you would like to complete the easy read version of this survey, please click here.
If you are an unpaid carer and would like to complete this survey on behalf of the person you care for, please click here.

Alternatively, please proceed to question n 1.

1. Which service area applies to you?
   - Older people services
   - Services for unpaid carers
   - Learning disability services
   - Disability services
   - Autism and neurodevelopmental services
   - Services for Children with complex needs

2. What service do you access?
   - A day service
   - A Respite service including short breaks
   - Home community-based breaks

   When answering this questionnaire, you only need to tell us about the service that you've been most affected by

3. Which local authority do you live in? FREE TEXT BOX
4. When restrictions first happened, were you contacted by the people who manage your service? YES/NO
   How did they contact you? FREE TEXT BOX
5. If your service changed, were you kept informed about how this would affect you? YES/NO
6. Were you satisfied with the way in which you were told about the changes to your service?
   VERY SATISFIED/SATISFIED/UNSATISFIED/VERY UNSATISFIED
7. When your service changed, can you tell us what part of your life was most affected?
   FREE TEXT BOX
8. How easy was it to stay in touch with staff who deliver your service?

VERY EASY/ EASY/NOT VERY EASY/VERY DIFFICULT

9. If you know other people who use the same service as you, were you supported to stay in touch? YES/NO/NA

10. Did you have access to equipment such as a phone, tablet or computer, to stay in touch with friends and staff? YES/NO
11. If you didn't have access to a phone, tablet or computer, were you supported by staff to get the equipment you needed to stay in touch? YES/NO
12. If you were supported to get equipment such as a smartphone or tablet, how long did it take?
    A VERY LONG TIME/ A LONG TIME/ QUITE A LONG TIME/ NOT A LONG TIME/ NA
13. If your service changed, were you offered a different type of support? YES/NO
14. How long did it take for you to receive an alternative service?
    LESS THAN 1 MONTH/ 1-3 MONTHS/ 3-6 MONTHS/ HAVEN'T RECEIVED AN ALTERNAVTIVE SERVICE
15. Did staff work with you to access the different types of support that were on offer? YES/NO
    How was this support provided?
    THE PERSON CAME TO YOUR HOUSE/CONTACTED YOU BY PHONE/CONTACTED YOU ON YOUR COMPUTER OR ANOTHER DEVICE
16. Were you satisfied with the alternative service provided?
    VERY SATISFIED/SATISFIED/UNSATISFIED/VERY UNSATISFIED
17. Can you tell us about the alternative support that was provided? What did you do?
    FREE TEXT BOX
18. Are there any changes that were introduced during lockdown that you would like to stay? YES/NO
    Can you tell us about the most important change you'd like to stay?
    FREE TEXT BOX
    Can you tell us about the most important change that you prefer not to stay?
    FREE TEXT BOX
19. Do you have any other suggestions about how your needs maybe met in the future?
    FREE TEXT BOX

8. References

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[i] - Improvement Cymru and Public Health Wales, January 2021. COVID-19-related deaths in Wales amongst people with Learning Disabilities from 1st March to 19 November 2020, (As accessed on August 10 2021)- https://phw.nhs.wales/publications/publications1/covid-19-related-deaths-in-wales-amongst-people-with-learning-disabilities-from-1st-march-to-19th-november-2020/)

[ii] Welsh Government, Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 This report is about the impact of the COVID-19 pandemic on disabled people, July 2021. Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 | GOV.WALES (As accessed on 25 August 2021).

[iii]Source Gov.UK Coronavirus (COVID-19) in the UK https://coronavirus.data.gov.uk/ (As accessed on 30th July 2021).

[iv] Improvement Cymru, COVID-19-related deaths in Wales amongst People with Learning Disabilities from 1st March to 19th November 2020, Public Health Wales, January 2021. https://phw.nhs.wales/publications/publications1/covid-19-related-deaths-in-wales-amongst-people-with-learning-disabilities-from-1st-march-to-19th-november-2020/ (As accessed on 10 August 2021).

[v] Welsh Government, *Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 This report is about the impact of the COVID-19 pandemic on disabled people, July 2021.* Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 | GOV.WALES (As accessed on 25 August 2021).

[vi] The Effect of the Coronavirus Pandemic on People with Learning Disabilities Across Wales – Phase Two Amber, All Wales People First, August 2020. https://allwalespeople1st.co.uk/wp-content/uploads/2020/08/AMBER-The-Effect-of-the-Coronavirus-Pandemic-on-People-with-Learning-Disabilities-Across-Wales.pdf)As accessed on 10 August 2021).