

## Editorial

# A provisional narrative and framework for assessing the impact of Covid-19 on the UK health and social care sector

For a valedictory editorial I should like to take advantage of this opportunity to conjure up a *narrative* for evaluating the impact of Covid-19 on the UK's public services sector, particularly health and social care. The impact of Covid-19 on public services has been felt profoundly with regard to both *existing* and *newly-created* organisations in the UK. As to the former, the pandemic has created a divide in measuring an organisation's response, distinguishing between essential services, such as health and social care, those services that could temporarily shut down, hibernate, such as dentistry, psychology, physiotherapy, speech and occupational therapy, parts of the criminal justice system such as probation and those that could shift to online or homeworking like schools, universities and social work. With regard to newly-created organisations, examples of those in the vanguard included systems for 'test and trace', mass vaccination, essential materials delivery and distribution, managing a volunteering taskforce and procurement under emergency regulations. A further division occurred as a result of the various types of funding able to be easily obtained or used which have enabled an agency to respond and to achieve its objectives, take for example the pre-emptive action towards care homes to halt the spread of the pandemic and mitigate the possibility of outside litigation. The focus of government policy has been on halting the spread of coronavirus to the detriment of an alternative goal of fixing public services which have been left to deal with the human casualties caused by the pandemic.

For the delivery of health and social care the impact of Covid-19 has created divisions between different parts of the UK, pointing to a need for greater regionality as regards to setting advice on how policy has been formulated, implemented and coordinated at national and local levels. The absence of mechanisms for coordinating the regions and nations has created an unnecessary tension, accompanied by logistics and operational management failures; and absence of overall strategy has been mirrored in the way that the national policy frame has translated into *new ways of working*. Emergency powers granted by the Coronavirus Act 2020 enabled more *centralisation of policymaking* with regard to the content, quality and timing of the various lockdown decisions, to resource allocation including fairness of distribution criticised as pork barrel politics where funds were channelled to particular constituencies based on political considerations, at the expense of broader public interests; and to data hoarding having an effect of hampering local public health departments from gaining access to real-time data on cases in their communities. Evidence of *de-centralisation* through transferring some

powers and responsibilities away from national bodies only took shape at an advanced stage of the pandemic when central government made local data available to local authorities and public health bodies and enabled local restrictions to be imposed to curb the spread of coronavirus variants when and where necessary. This central-regional tension applied noticeably to the easing of lockdowns and to the operation of the ‘test and trace’ system, which had worked in parallel to the NHS as a network of commercial, privatised testing labs, drive-through centres and call centres, and had resulted in huge gaps in the data available to local services, causing delays and hampering efforts to control the outbreak.

Workforce *resilience* throughout the health and social care sector has become seriously eroded, measured by the sector’s capacity to deliver public health outputs, normal treatment and emergency services and intensive care along with a broad range of social care, community and social work support. The infrastructure of public services has proved far less resilient after a decade of budget pressures and neglect resulting in fragmentation, reduced access, longer waiting lists, missed targets, rising public dissatisfaction, all signs of declining standards.

Reduced trust in *leadership* and experts has given rise to a characterisation associated with delivering unfair treatment, a lack of transparency, ineptitude, cronyism and wastage of public funds. *Organisational culture* covers beliefs, values and assumptions which shape behaviour in organisations, reflected in structures and processes, and has become associated with an over-centralised policymaking network where communication and coordination between the Prime Minister’s office, government departments, scientists, local authorities and the NHS have sometimes been poor and has highlighted a contrast in policy approach between a more hands-on management of the NHS and an unwillingness to take responsibility for the social care sector overall. Well-established structures such as the NHS, with its rule-focused culture enabling a situation-specific response, may be more conducive to enhancing productivity and to particular forms of leadership than that which exists in the social care sector where weaker governance arrangements often lead to negative outcomes such as increased institutionalisation, restrictions on personal liberty and unnecessary political interference. Further centralisation of authority is expected with the long-awaited Health and Care Bill which will grant the Secretary of State new powers enabling him to abolish NHS arms-length bodies and intervene much earlier, for example in deciding whether or not a local unit – perhaps because of staffing problems – has to shut. The bill will replace the clinical commissioning groups created by the previous Health and Social Care Act 2012 with new bodies called integrated care systems – regional groupings of providers of different sorts of healthcare working together with their counterparts in social care.

UK Prime Minister Boris Johnson has promised a public inquiry into Britain’s handling of Covid-19 to cover pandemic mistakes and to provide mechanisms for learning lessons, yet this is not expected to commence until spring 2022. Some critics of this timescale suggest that the Covid Inquiry must begin immediately to be worthwhile,

noting that a problem with inquiries is that they have turned out to be adversarial in nature where different parties defend their positions with a view to what might happen in future with litigation. The government could also seek to limit the investigation. Hence there may be a good argument for proper consultation on the *terms of reference*. Alongside this the influential Covid-19 Bereaved Families for Justice Group is calling for an inquiry to move around the UK, putting bereaved families at the heart of it ([www.gcnchambers.co.uk/covid-19-bereaved-families-for-justice](http://www.gcnchambers.co.uk/covid-19-bereaved-families-for-justice)).

What are the essential questions for the Covid-19 inquiry to consider? So much is known already through findings from small research studies, informed journalism and anecdotal evidence, and there is in the public domain growing evidence for, among other things, failed leadership at various levels, and for how Covid-19 has accentuated health and social inequalities. A key question must be around accounting for the high number of deaths caused as a result of Covid-19 and whether the government did all it could to reduce risks and to achieve population immunity. However there may be a strong argument for focusing on key facets of organisational culture, infrastructure and service delivery that offer lessons for future developments, and these include the level of workforce resilience in the health and social care sectors, the sustainability of new ways of working, and the impact of devolved decision-making.

\*

The topic of new ways of working is a central feature of several of the internationally-authored articles contained in this issue of the *Review* which covers subjects of interest to practitioners, researchers and policy analysts. The first article by Johnson and Stoner: 'Neoliberal managed care and the changing nature of social work practice' explores the relationship between authoritarianism and burnout among a sample of 532 social workers in the US. Its central argument is that social workers are currently caught in a 'structural bind' in which the field's original normative mission, rooted in social justice and social change, is at odds with the reality of working in a 'hierarchical neoliberal managed care setting'. The article uses the Maslach Burnout Inventory for Health Services Occupations and Dunwoody and Funke's Aggression-Submission-Conventionalism authoritarianism scale to evidence its conclusions.

The second article by Wollter, Larsson and Oscarsson: 'Sustaining a plurality of imperatives: an institutional analysis of knowledge perspectives in Swedish social service policies', reflects on the absence of a reliable knowledge base in public policy domains. The empirical material consists of knowledge perspectives in social service policies at the national level for child and family care and substance abuse treatment in Sweden between 1992 and 2015. Findings suggest that a plurality of knowledge perspectives, such as professional, scientific, and organisational appear to be permanent rather than temporary, and this is 'sustained by a set of mechanisms, including assimilation, blending, segregation and contradiction'.

In the third article, 'The place of child development in evaluations related to custody

in Turkey' Aydos and Köksal Akyol examine reports prepared in the process of deciding the custody of children in divorced families in the context of child development. A total of 107 reports related to custody were examined yet findings show that these contained little emphasis helpfully related to the development of the child, given that child development was expected to be 'the most important component' in any policy considerations.

The fourth article by Zwijnenburg, van Regenmortel and Shalk, 'Support-nets: a participative action-research into the value of a mutual support group to overcome social isolation', illustrates how social isolation is a widespread problem with which social workers are increasingly confronted. The article reports the findings of participatory action-research covering a mutual support group, to gain insight in how participants and social workers give substance to mutual support to overcome 'structural social isolation'. Based on this shared identity, participants offer each other different types of social support, thus alleviating their isolation.

In the fifth article by Ramos and colleagues: 'Social work practice during the Covid-19 state of emergency in Spain', findings are reported based on an online survey to investigate the work done by social workers employed by the Community of Madrid and the Madrid City Council. Teleworking became the main working method, coordinating and interacting with users online as a consequence of mobility restrictions and social distancing.

In the penultimate article, 'The view of foster parents on the adequacy of foster care grant in meeting the needs of recipients in Amathole District Municipality, South Africa', Hendricks considers the objectives of a 'foster care grant' as part of the child protection system, by exploring views of foster parents on its sufficiency in terms of meeting the basic needs of recipients. The study was based on a sample of 25 participants and attempts to distinguish between basic needs of 'beneficiaries' and 'additional needs such as savings policies' deemed essential for securing a decent future for children.

The final article by Breimo and colleagues is entitled: 'The shifting roles of employers: at the intersection of employment and social work – a case study from Norway'. This article examines active labour market policies (ALMPs) and the involvement and responsibilities of employers in addressing the inclusion needs of young people with mental health issues in the workforce. This research found that many of the activities undertaken by employers resembled those traditionally performed by social workers, and the authors argue that employers are often ill-equipped in dealing with the kind of 'occupational rehabilitation' tasks required.

Nigel Malin  
July 2021