Health and Social Care Alliance Scotland (the ALLIANCE)

Briefing:

Learning from changes to social care during the COVID-19 pandemic

November 2021

Summary

As Scotland recovers from the impact of the COVID-19 pandemic, we must learn from the serious issues and challenges that the social care sector faced. The ALLIANCE recommends that:

- Local authorities/HSCPs should publish information outlining whether partial social care assessments undertaken during the emergency period have been reviewed (and adjusted accordingly), and whether social care packages, non-emergency respite care and residential care have returned to pre-pandemic levels.
- Information should be published online outlining the decision making framework for using the emergency powers. This should include whether impact assessments were undertaken to inform decision making; the monitoring process for use of the legislation; what mechanisms were in place to embed core human rights principles; and what could be improved moving forward.
- Good digital practice during the pandemic should be developed to influence future delivery and reform of public services. Digital inequalities must be addressed, and people should have equal access to digital and non-digital choices without compromising the quality of care they experience.
- A review of COVID-19 working practices in social care settings should be undertaken to ensure the areas which worked well continue to benefit people accessing support, and health and social care staff.
- A review of financial decision making should be undertaken, including how public finances were used for social care, the decision making processes for resource allocation, and the impact that decisions have had on people accessing support.
- Third sector funding should be flexible and provided for longer time periods to allow longer term planning, ensure that essential services continue to reach people, keep staff in secure employment – with good pay, terms, and conditions – and prevent the loss of valuable knowledge and expertise.

Introduction

The COVID-19 pandemic has had a profound impact on the Scottish health and social care sector. The direct and indirect impacts of COVID-19 – and responses to it – have been felt significantly by disabled people, people living with long term conditions, unpaid carers, and other marginalised groups.[1] The ALLIANCE has been following the changes that have occurred in health and social care and the wider spectrum with great interest, and we are aware from our members that many people accessing social care experienced changes to their social care support during the pandemic.

Recovery from COVID-19 presents an opportunity to learn from the issues and challenges that have been illuminated in the health and social care sector, and to use that learning to positively influence policy and practice moving forward. Since March 2020, our members have shared examples of good practice, as well as areas where the health and social care system was not equipped to respond to the pandemic. To build on this, the ALLIANCE undertook desk-based research to identify further information about changes made to social care during the pandemic, particularly around decision making in social care, including whether emergency legislation was used, and associated monitoring processes.

To inform this briefing, the ALLIANCE wrote to 32 local authorities, consisting of 31 HSCPs.[2] We received 13 written responses. We also met with Social Work Scotland and Chief Social Work Officers on 25 June 2021. Two local authorities/HSCPs reported using the emergency legislation. This briefing reflects the information gathered and seeks to highlight successful good practice and learning that emerged from the pandemic, as well as areas that could be revised in the event of similar health emergencies occurring in future.

Emergency legislation and COVID-19 guidance

At the outset of the COVID-19 pandemic, the Coronavirus Act 2020 (the 2020 Act) was introduced, which granted the UK Government emergency powers to respond to the COVID-19 pandemic.[3] Sections 16 and 17 of the 2020 Act set out provisions to allow local authorities to dispense with certain social care assessment duties where "it would not be practicable to comply with them, or to do so would cause unnecessary delay in providing community care services to any person".[4] The emergency powers could be "switched on and off" by regulations from the Scottish Government, and were intended to only be used for the shortest time possible and only when necessary to protect people.[5]

Prior to the enactment of the 2020 Act, the ALLIANCE raised concerns about the potential for the legislation to cause significant distress and unintended consequences for many people and families reliant on social care support.[6] We recommended that provisions should be included in the Act that ensured comprehensive and regular reporting to the public on how the Scottish Government would guarantee provisions for social care while the Act was in force.[7] From June 2020, the Scottish Government published reports every two months which set out the status and operation of the legislation, as well as local authorities'/HSCPs' use and justification of the emergency powers.[8]

Timeline

- **5 April 2020**

  The emergency powers were "switched on". The Scottish Government issued regulations allowing local authorities to decide whether or not to complete full social care assessments, under section 16 of the 2020 Act. Statutory guidance on these powers was issued on 3 April 2020.

- **30 November 2020**

  Section 16 of the UK Act was "switched off" with respect to adult social care and adult carers.[11]

- **29 September 2021**

  Section 16 was "switched off" with respect to children and young people, and young carers.[12]

The reports between June 2020 and December 2020 (when section 16 was "switched on" for adult social care) show that five HSCP areas, comprising six local authorities, used the emergency legislation.[13] Reasons for the use of the powers (across all reporting periods) included: to support quick access to services where face-to-face assessment could not take place; to reduce bureaucracy; to avoid delays in the provision of care; to support frontline duties; and to provide flexibility to enable targeting of resources on those with most needs.[14] This was echoed in our correspondence with local authorities/HSCPs who reported using the emergency powers in as light touch a way as possible, and who attributed partial assessments to issues relating to staffing and finances.

In addition to the emergency powers, local authorities/HSCPs referred to associated guidance and frameworks, which were used to adapt working practices during the COVID-19 pandemic. The Scottish Government issued guidance to be read alongside the 2020 Act, "Changes to Social Care Assessments – Statutory guidance for local authorities on sections 16 and 17 of the Coronavirus Act 2020" (the statutory guidance).[15] The statutory guidance indicated that all decisions should also be underpinned by the values set out in the UK Government Department of Health and Social Care's "Responding to COVID-19: the ethical framework for adult social care" (the DHC Ethical framework).[16] A range of documents were also issued on COSLA's website in relation to health and social care during COVID-19, including guidance on charging for social care supporting,[17] guidance for Self-directed Support (SDS) Direct Payments,[18] and guidance on SDS options 1 and 2.[19]

Changes made to social care during the pandemic

During the pandemic, local authorities/HSCPs switched to new service delivery models, meaning people accessing support experienced social care differently. A commonality across local authority/HSCP responses was the importance of adopting a "pragmatic" approach to responding to the crisis, with a focus on delivering services to those accessing care, their families, and unpaid carers.

Changes to social care assessments and care packages

As outlined in the two monthly reports to the Scottish Government, most local authorities/HSCPs did not make use of the emergency legislation. However, we understand that some changes were made to assessment processes and care packages based on COVID-19 guidance from the Scottish Government and COSLA, rather than the emergency legislation.

Responses from local authorities/HSCPs indicated that most areas continued to undertake full assessments using a hybrid approach of telephone or virtual assessments and in person visits. Local authorities/HSCPs who did not use the emergency powers explained that any changes during the pandemic were at the request of people accessing support, unpaid carers or family members, with decisions being made based on detailed knowledge of the person accessing support and the capacity of family members or alternative care arrangements to provide the assessed support.

We also heard that in some areas non-emergency respite care and residential day care was stopped, and alternative support provided. Local authorities/HSCPs explained that contact was maintained with those who used the services, and outreach programmes were operated. Some services also set up virtual day support using video technology.

Prior to the enactment of the 2020 Act, we asked that the Scottish Government should ensure that local authorities/HSCPs guarantee that all social care provision returns – at a minimum – to its previous level following the emergency period.[20] Now that section 16 has been "switched off", and Scottish Government COVID-19 guidance has relaxed, it is important to understand if partial assessments have been reviewed to determine support requirements, and whether non-emergency respite care and residential care has returned to pre-pandemic levels.

The ALLIANCE recommends that local authorities/HSCPs publish information outlining whether partial assessments undertaken during the emergency period have been reviewed (and adjusted accordingly), and whether social care packages, non-emergency respite care and residential care have returned to pre-pandemic levels.

Emergency legislation: decision making, monitoring, and impact on assessments

For those local authorities/HSCPs who made use of the emergency legislation, scrutiny and decision making around whether to use the emergency powers was undertaken by Senior Management teams, and reports were made both to Corporate Leadership/Management Teams and the Chief Social Work Officers' Group. Some local authorities/HSCPs also referred to the introduction of "decision making forums", which senior management teams attended. Disabled people, people living with long term conditions, unpaid carers and other marginalised groups were not part of these forums.

Some local authorities/HSCPs referred to prioritisation frameworks such as Red/Amber/Green (RAG) assessment systems, as well as guidance from the Scottish Government and COSLA. RAG assessments were adopted to review service delivery, including the nature and purpose of interventions to determine levels and methods of support. As part of this, prioritisation exercises were undertaken to determine what was essential in terms of face to face engagement, based on government guidance and the requirement to keep people safe.

The ALLIANCE previously raised concerns about reports of care providers reducing or withdrawing social care packages without consultation with either those who access services or social work departments.[21] Under the 2020 Act, the duties to assess social care needs could be relaxed in order to speed up the time taken to put care and support in place.[22] The statutory guidance explains that where the emergency powers were used, a "pared down approach" could be used for assessment.[23] However, one local authority/HSCP who had made use of the section 16 powers explained that co-produced assessments were not "tenable" at the beginning of the pandemic due to workforce issues and redeployment of staff. This raises some concern about how partial assessments were undertaken in practice, and the extent to which people were involved in decisions affecting them.

The statutory guidance recommends that staff should "focus on having conversations" with people accessing support to determine needs.[24] Similarly, the DHC Ethical framework highlights "inclusiveness" as a key principle which should underpin decisions in relation to health and social care.[25] In practice, this means involving people, families and carers in aspects of planning that affect them.[26] We believe it is important that people are offered choice over how care is arranged, even with partial assessments, and efforts should be made to respect people's rights and ensure their active involvement in meaningful decision making.

The ALLIANCE welcomes the information received from local authorities/HSCPs who did make use of the emergency legislation. However, we believe that more detailed information could be provided to inform learning from the pandemic. Moving forward, it is important that we understand fully the decision making process for local authorities/HSCPs who made use of the emergency powers, including the extent to which people and families who access support were involved in those decisions. This is something that the ALLIANCE has asked to be included in the independent inquiry into the handling of COVID-19 in Scotland.[27]

We recommend that local authorities/HSCPs who used the emergency legislation publish more detailed information outlining the decision making framework used during the emergency period. This should include whether impact assessments were undertaken to inform decision making;[24] the monitoring process for use of the legislation; what mechanisms were in place to embed core human rights principles; and what could be improved moving forward. This information should be publicly available, inclusive, and accessible.

Digital delivery of social care

At the outset of the pandemic, there was a rapid migration to digital as services and activities moved online, and new tools and initiatives were quickly developed and delivered across all sectors to continue to provide essential services to people accessing social care.

In social care, this enabled staff to work flexibly in different locations (including from home) and for frontline delivery to continue to be delivered. Local authorities/HSCPs referred to the use of Near Me,[29] which was used to undertake care reviews,[30] and which Mental Health Officers used to carry out assessments. Some triage processes were completed online, and support and advice were available digitally. In some areas, local authorities/HSCPs and partner organisations used social media platforms to disseminate health information, provide information on exercise, health and wellbeing, stress and anxiety, as well as suicide prevention and awareness.

Case study

Edinburgh HSCP made a high volume of calls using its Assistive Technology Enabled Care 24 service (ATEC24).[31] This enabled teams to check on individuals' wellbeing, provide companionship and offer advice and support on managing the emotional and practical challenges of the COVID-19 restrictions. Edinburgh HSCP reported that this service was positively received by those accessing support.

Case study

Under the Scottish Government's Connecting Scotland Programme, digital devices were offered to care homes as part of the Connecting Care Home Residents initiative.[32] 76% of all Scottish Care homes took up the offer, with 1,961 iPad devices being delivered.[33] The initiative made a difference to the general wellbeing of care home residents, while reducing the number of visitors and the risk of transmitting the COVID-19 virus.[34]

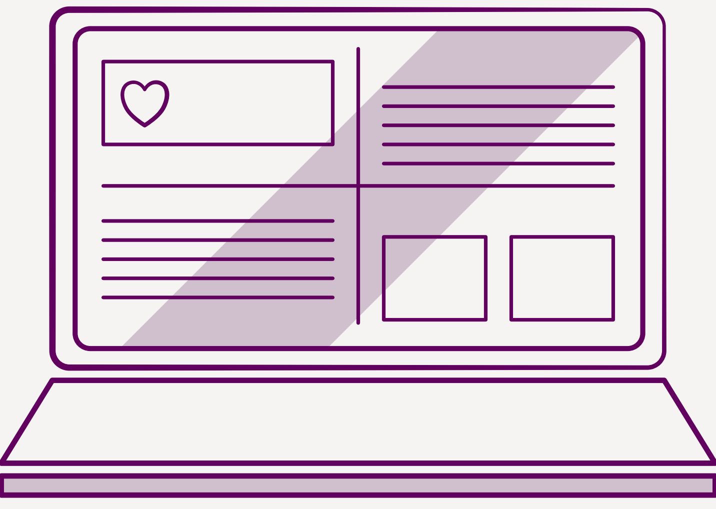
This has been a welcome development for those who can access internet services easily and confidently, however, we know that access and use of internet services remains uneven.[35] For example, only 43% of people aged over 75, and 71% of adults with some form of limiting long term condition, use the internet.[36] Research has shown that disabled people are less likely to use the internet or to have internet access at home than non-disabled people.[37] Furthermore, not all online health and social care resources provide Easy Read versions, or are compatible with screen readers, causing further issues for people with learning difficulties, and for blind and partially sighted people.

It is important that lessons are learned from the digital initiatives used in the sector during the pandemic. The ALLIANCE, Scottish Care and VOX have been engaging with stakeholders and individuals across Scotland to develop a set of five Human Rights Principles for Digital Health and Social Care.[38] These are:

1. People at the centre
2. Digital where it is best suited
3. Digital as a choice
4. Digital inclusion, not just widening access
5. Access and control of digital data

We believe that these co-produced principles should be adopted to ensure that the provision of new service and digital initiatives do not impact negatively on the rights of people accessing digital health and social care.

The ALLIANCE recommends that the examples of good practice and digital initiatives during the pandemic should be developed to influence future delivery and reform of public services. This must involve addressing digital inequalities to reduce the risk of widening inequalities. By embedding choice and human rights approaches into digital health and care services – and focusing on outcomes, rather than delivery method – we can guarantee that people have equal access to digital and non-digital choices without compromising the quality of care they experience.



Flexible working

The pandemic led to significant changes in staff structures and the way in which services were delivered. Our research found that local authorities/HSCPs adopted different ways of working: some areas were working exclusively from home during the height of the pandemic, while others were operating a hybrid approach with rotational staff "bubbles".

One local authority/HSCP referred to the operation of Cluster Assessment and Care Management Teams who worked remotely from home and were provided with laptops, mobile phones, Personal Protective Equipment (PPE) and lateral flow device testing kits. Staff used remote video conferencing software to maintain regular contact with colleagues, meet people accessing support, their families and unpaid carers, as well as other professionals. Similarly, some local authorities/HSCPs reconfigured locality offices, which were used as spaces for staff to work between visits and to take welfare breaks, and "Wellbeing Hubs" were established and promoted to ensure that staff had access to appropriate information and resources which offered support, information and reassurance.

Case study

In some areas, steps were taken to treat unscheduled care needs, and reduce the pressures placed on NHS and social care services. The introduction of Community Assessment Centres created a more streamlined service to assess people presenting symptoms of COVID-19.[39] Similarly, the introduction of Mental Health Assessment Centres offered emergency mental health assessments.[40] Currently, the Scottish Government has plans to embed this as part of its broader approach to improving access to unscheduled care.[41] To support these centres (and other priorities such as vaccination programmes) there was a significant redeployment of staff from their usual work to other essential work.

Case study

Local authorities/HSCPs also spoke of staff being redeployed from other services to ensure the continuation of care packages, for example by supporting the delivery of food and prescriptions to allow Care at Home staff to concentrate on providing direct face-to-face care.

Successful examples of flexible working during the COVID-19 pandemic have contributed to creating positive outcomes for people accessing support. It is important that the examples of best practice continue and are improved upon in a way that works both for people accessing support, and for health and social care staff.

The ALLIANCE recommends that a review of COVID-19 working practices is undertaken to ensure the areas which worked well can continue to benefit people accessing support, and health and social care staff.

Financial flexibility

The crisis management approach taken by the Scottish Government enabled more liberal trust in local authorities/HSCPs to deliver services and support. Previously ring-fenced money became available to use, and local authorities/HSCPs were enabled to work flexibly and collaboratively with local partners. As one response indicated, "people are coming to me, and it's enabling us to do coordinated things with partners without the red tape. And we're actually being able to put money in people's pockets for the first time."

Lower levels of bureaucracy around financial structures, and a more liberal, flexible approach has created greater empowerment, choice and control for individuals, families, and unpaid carers. It is important that lessons are learned from this approach to inform future service delivery.

Case study

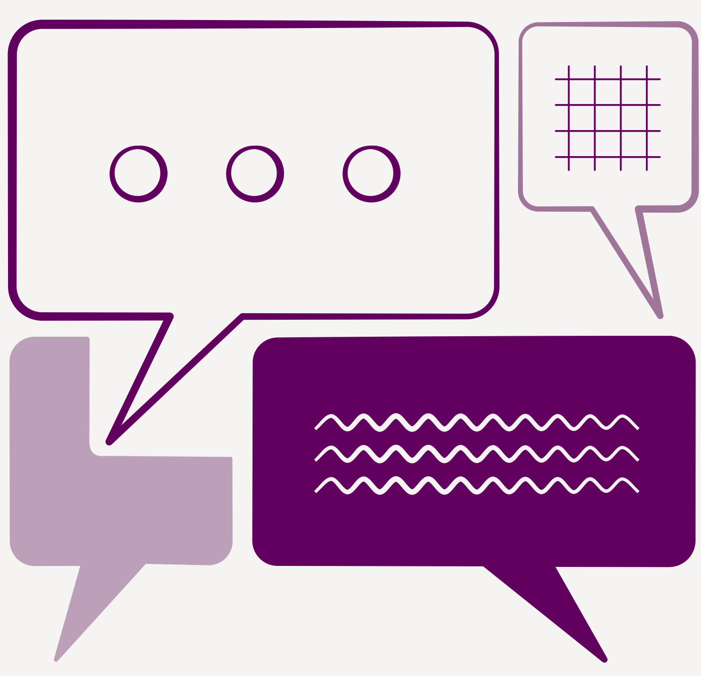
The Winter Social Protection Fund, which aimed to mitigate social harms posed by COVID-19, winter cost of living increases and Brexit, enabled direct payments to be issued to low income families and included "flexible funding" for local authorities,[42] meaning that people and families were empowered through financial allocations directly to their bank account. Local authorities/HSCPs reported that this was a positive initiative, which received positive feedback from recipients.

Case study

Many local authorities adapted to enable close relatives and families to be employed as Personal Assistants (PAs) via SDS Option 1[43] (direct payments). The use of direct payments to employ family members and relatives where necessary supported those shielding or in family bubbles and has been a beneficial option for people accessing support, as well as unpaid carers. Similarly, one local authority/HSCP referred to an increased number of carer budgets, and a higher number of bespoke purchases around enabling technology to support people to keep in touch with family.

However, some local authority areas/HSCPs have explained that many of the positive changes experienced during COVID-19 are interim arrangements and are beginning to come to an end. There is concern that some of these positive changes are now being reversed without consultation. We believe it is important that positive changes to social care and support are maintained to improve service delivery and practically support people moving forward.

The ALLIANCE recommends that a review of financial decision making should be undertaken, including how public finances were used, the decision making processes for resource allocation, and the impact that decisions have had on people accessing support. Given the ongoing staffing issues within social care, people should be able to employ family members as PAs more consistently and easily.



Partnership working

Local authorities/HSCPs spoke about working collectively with external partners and social care providers at a local level to deliver services. One example of this was an online weekly provider forum to ensure efficacy of PPE supply and delivery to social care providers, deal with any queries, monitor any emerging areas of concern, and ensure continuity of support.

Local authorities/HSCPs also highlighted the importance of the third sector in supporting service delivery. Third sector organisations adapted and responded flexibly to the COVID-19 pandemic to ensure that people in their communities were supported and not left isolated. However, some local authorities/HSCPs also referred to the negative impact that COVID-19 has had on commissioning arrangements with third sector organisations. The impact of COVID-19 on the third sector has been stark: many third sector health and social care organisations closed at the outset of the pandemic, faced loss of fundraised income and volunteers, and employment cuts.[44] This meant that vital services were not being delivered in some areas, with an ensuing impact on social care packages.

The third sector continues to be undervalued and under resourced. The COVID-19 pandemic has shone light on the vital work of third sector health and social care organisations, and support for the sector should reflect that. Third sector funding should be protected and increased to ensure that no one is left struggling because vital support they relied on had to be reduced or withdrawn.

The ALLIANCE recommends that funding should be provided for longer time periods and funders and commissioners should support a flexible approach. This will allow the third sector to plan for the longer term, ensure that essential services continue to reach people and adapt to their requirements, keep staff in secure employment with good pay, terms and conditions, and prevent the loss of valuable knowledge and expertise.[45]

Annex A

27 April 2021

Dear [XXX],

COVID-19: emergency legislation and social care

We believe that it is important to fully understand the decision making process by local authorities during the pandemic. This information would help to identify areas of good practice, and areas where the current system was not equipped to deal with the pandemic.

We understand that [local authority/HSCP] reported making use of the emergency powers, as detailed in the two-monthly reports to the Scottish Parliament. While this regular reporting has been welcome, we write to ask for more detail in relation to how the emergency legislation was used, and the changes which were made as a result. Specifically:

1. What parts of the legislation were used?
2. What changes were made as a result?
3. What was the decision making framework used? For example, what criteria was used; was there any monitoring process in place?
4. What was the monitoring and evaluation framework used to assess the success and impact – or otherwise – of using the measures?
5. What changes have been made to social care packages during the pandemic, and what is the reasoning behind these changes?

We would welcome clarification on the above matters and would be happy to provide any further information you might require. If you would like to discuss the issue further, please contact Gillian McElroy at gillian.mcelroy@alliance-scotland.org.uk. We look forward to hearing from you.

Yours sincerely,

Gillian McElroy
Policy and Information Officer
Health and Social Care Alliance Scotland (the ALLIANCE)

Annex B

27 April 2021

Dear [XXX],

COVID-19: emergency legislation and social care

We believe that it is important to fully understand the decision making process by local authorities during the pandemic. This information would help to identify areas of good practice, and areas where the current system was not equipped to deal with the pandemic.

We write to seek clarification on what changes have been made to social care packages during the pandemic, and the reasoning behind those changes?

We note that [local authority/HSCP] did not report using the emergency powers under Sections 16 and 17 of the Coronavirus Act 2020, to allow Local Authorities to dispense with particular social care assessment duties. We would welcome confirmation that this is correct.

If the emergency powers were used, we would request more information, and the changes which were made as a result. Specifically:

1. What parts of the legislation were used?
2. What changes were made as a result?
3. What was the decision making framework used? For example, what criteria was used; was there any monitoring process in place?
4. What was the monitoring and evaluation framework used to assess the success and impact – or otherwise – of using the measures?
5. What changes have been made to social care packages during the pandemic, and what is the reasoning behind these changes?

We would welcome clarification on the above matters and would be happy to provide any further information you might require. If you would like to discuss the issue further, please contact Gillian McElroy at gillian.mcelroy@alliance-scotland.org.uk. We look forward to hearing from you.

Yours sincerely,

Gillian McElroy
Policy and Information Officer
Health and Social Care Alliance Scotland (the ALLIANCE)

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

Contact

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Rob Gowans, Policy and Public Affairs Manager
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1 See, for example: Scottish Government, *'Coronavirus (COVID-19) – disabled people: health, social and economic harms – research report'* (16 March 2021). Available at: https://www.gov.scot/publications/covid-19-disabled-people-scotland-health-social-economic-harms/; The ALLIANCE, *'Health, Wellbeing and the COVID-19 Pandemic: Scottish Experiences and Priorities for the Future'* (18 February 2021). Available at: https://www.alliance-scotland.org.uk/people-and-networks/wp-content/uploads/2021/02/Health-Wellbeing-and-the-COVID-19-Pandemic-Final-Report.pdf; The ALLIANCE, *'Putting people at the centre of an independent inquiry into COVID-19'* (18 October 2021). Available at: https://www.alliance-scotland.org.uk/blog/news/putting-people-at-the-centre-of-an-independent-inquiry-into-covid-19/

2 See: Annex A and B

3 *Coronavirus Act 2020*. Available at: https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted

4 *Coronavirus Act 2020* (Section 16). Available at: https://www.legislation.gov.uk/ukpga/2020/7/section/16/enacted; *Coronavirus Act 2020* (Section 17) https://www.legislation.gov.uk/ukpga/2020/7/section/17/enacted

5 Scottish Government, *Coronavirus (COVID 19): changes to social care assessments – statutory guidance for local authorities on section 16 and 17 of the Coronavirus Act 2020*, p.4. (29 September 2021). Available at: https://www.gov.scot/publications/coronavirus-covid-19-changes-social-care-assessments-statutory-guidance-local-authorities-sections-16-17-coronavirus-act-2020/documents/

6 https://www.alliance-scotland.org.uk/wp-content/uploads/2020/03/ALLIANCE-Briefing-on-Coronavirus-Bill-230320-PDF.pdf

7 *Ibid.*

8 See, for example: Scottish Government, *Coronavirus Acts: ninth report to Scottish Parliament – October 2021* (13 October 2021). Available at: https://www.gov.scot/publications/coronavirus-acts-ninth-report-scottish-parliament/

9 *The Coronavirus Act 2020 (Commencement No.1) (Scotland) Regulations 2020*. Available at: https://www.legislation.gov.uk/ssi/2020/121/made

10 Scottish Government, Coronavirus (COVID 19): guidance on changes to social care assessments (8 April 2020). Available at: https://www.gov.scot/publications/coronavirus-covid-19-changes-social-care-assessments/

11 *The Coronavirus Act 2020 (Suspension: Adult Social Care) (Scotland) Regulations 2020*. Available at: https://www.legislation.gov.uk/ssi/2020/377/contents/made

12 *The Coronavirus Act 2020 (Suspension: Children and Young Persons Social Care) (Scotland) Regulations 2021*. Available at: https://www.legislation.gov.uk/ssi/2021/315/contents/made

13 Scottish Government, *Coronavirus Acts: first report to Scottish Parliament (June 2020)* (9 June 2020). Available at: https://www.gov.scot/publications/coronavirus-acts-two-monthly-report-scottish-parliament/; Scottish Government, *Coronavirus Acts: second report to Scottish Parliament (August 2020)* (11 August 2020). Available at: https://www.gov.scot/publications/coronavirus-acts-second-report-scottish-parliament/; Scottish Government, *Coronavirus Acts: third report to Scottish Parliament (October 2020)* (6 October 2020). Available at: https://www.gov.scot/publications/coronavirus-acts-third-report-scottish-parliament/; Scottish Government, *Coronavirus Acts: fourth report to Scottish Parliament (December 2020)* (9 December 2020). Available at: https://www.gov.scot/publications/coronavirus-acts-fourth-report-scottish-parliament/

14 *Ibid.*

15 Scottish Government, *Coronavirus (COVID 19): changes to social care assessments – statutory guidance for local authorities on sections 16 and 17 of the Coronavirus Act 2020 as updated on 6 Nov* (20 November 2020). Available at: https://www.gov.scot/publications/coronavirus-covid-19-changes-social-care-assessments-statutory-guidance-local-authorities-sections-16-17-coronavirus-act-2020-updated-6-nov/

16 GOV.UK, *Responding to COVID-19: the ethical framework for adult social care* (28 April 2021). Available at: https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care

17 COSLA, *Charging for Social Care Support during COVID 19.* Available at: https://www.cosla.gov.uk/__data/assets/pdf_file/0015/19113/Charging-for-Social-Care-Support-during-COVID-19.pdf

18 Scottish Government, *Coronavirus (COVID-19): guidance on self-directed support* (31 July 2020). Available at: https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-self-directed-support/

19 *Ibid.*

20 The ALLIANCE, *Briefing on the Coronavirus Bill* (23 March 2020). Available at: https://www.alliance-scotland.org.uk/wp-content/uploads/2020/03/ALLIANCE-Briefing-on-Coronavirus-Bill-230320-PDF.pdf

21 The ALLIANCE, *ALLIANCE policy briefing on COVID-19 social care assessment guidance* (5 May 2020). Available at: https://www.alliance-scotland.org.uk/blog/resources/alliance-briefing-paper-on-covid-19-social-care-guidance/

22 *Coronavirus Act 2020* (Section 16). Available at: https://www.legislation.gov.uk/ukpga/2020/7/section/16/enacted

23 Scottish Government, *Coronavirus (COVID 19): guidance on changes to social care assessments,* (p.16) (8 April 2020). Available at: https://www.gov.scot/publications/coronavirus-covid-19-changes-social-care-assessments/

24 Scottish Government, *Coronavirus (COVID 19): guidance on changes to social care assessments,* (p.16) (8 April 2020). Available at: https://www.gov.scot/publications/coronavirus-covid-19-changes-social-care-assessments/

25 GOV.UK, *Responding to COVID-19: the ethical framework for adult social care* (28 April 2021). Available at: https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care

26 *Ibid.*

27 The ALLIANCE, *ALLIANCE Briefing – COVID-19 Independent Inquiry* (October 2021). Available at: https://www.alliance-scotland.org.uk/blog/resources/alliance-briefing-covid-19-independent-inquiry/

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