

Health and Social Care Alliance Scotland (the ALLIANCE)

Road to recovery: impact of the pandemic on the Scottish labour market inquiry – ALLIANCE response

9 September 2022



The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to the inquiry on “Road to recovery: impact of the pandemic on the Scottish labour market”.¹ The content of this response was drawn from consultation with our members. We also draw on research findings from a range of relevant research into people’s experiences of the COVID-19 pandemic and its impacts in Scotland.

Question 1: What are the key factors driving the increase in labour market inactivity?

ALLIANCE members have highlighted two key factors contributing to labour market inactivity in Scotland following the COVID-19 pandemic.

Long Covid

Firstly, and most generally, is the impact of Long Covid on people’s ability to work. While some people with Long Covid are able to return to work, particularly when their employers are supportive about making suitable adjustments to support them in the workplace, many people have either not been able to work at all, or only with reduced hours. Furthermore, people whose friends and family members are living with Long Covid have also experienced challenges in combining unpaid care roles with employment. The latter is particularly acute for parent carers of children and young people with Long Covid, especially young people who are not able to attend school as a result of their Long Covid symptoms.

Burnout in health and social care workers

For health and social care workers, burnout has been a recurring theme since the start of the pandemic – and, in many cases, even earlier. Health and social care in a variety of areas was experiencing recruitment and retention issues even prior to the pandemic, as a result of compound factors including Brexit, increasing workloads, and the persistent undervaluing of the social care sector. These factors were compounded by the pandemic, the subsequent recession, and the current cost of living crisis. Absences due to mental ill health accounted for nearly 150,000 nursing and midwife days across Scotland in 2020-21.² UNISON’s 2022 report *The Burnout*

*Pandemic*³ demonstrated a stark picture of social care in Scotland, with 96% of social care staff respondents reporting that their employer was short staffed, and highlighting “stress and burnout” as the main cause of staff being off sick.

Staff across the health and social care sector have increasingly reported feeling undervalued, overworked, and under significant pressure, with a substantial minority considering leaving their professions. The UNISON *Burnout Pandemic* report indicated that 10% of respondents are “actively looking to leave” their current employment, with a further 24% stating that they are “considering leaving if the pressures don’t ease”.⁴ Similar concerns have been raised in the *Setting the Bar for Social Work in Scotland* report (2022),⁵ the GP Worklife Survey,⁶ and by the Royal College of Midwives Scotland (among others).⁷

Question 2: Has long-COVID been a factor in current levels of labour market inactivity? If so, is this likely to be a permanent feature of the labour market?

Long Covid is a key factor in current levels of labour market inactivity. Unless significant progress is made in both effective treatments for Long Covid, and the social care support offered to unpaid carers of and people living with Long Covid, that is likely to be a permanent feature of the labour market – particularly in the light of ongoing waves of COVID-19 infection.

Since 2020, people in Scotland have been experiencing a wide range of debilitating symptoms as a result of Long Covid, with significant and negative impacts on their daily lives. The Office for National Statistics estimate that, 1.8 million people in the UK are living with Long Covid, with more than 150,000 people in Scotland thought to be living with Long Covid (2.8% of the population).⁸ Research by Chest, Heart & Stroke Scotland (CHSS) indicates that around half of people living with Long Covid have experienced complex symptoms for more than 12 months.⁹

Long Covid Scotland have published an interim report on their employment survey, which found that of 232 respondents with Long Covid, 52% were unable to work due to ill health, 40% were back at work, and 8% were now either providing unpaid care and/or unemployed.¹⁰

Respondents were also asked whether they thought they would be able to sustain their current patterns of working; a substantial majority (72%) answered “no”.¹¹ While some respondents shared experiences of being supported by their employers to return to work, they were in the minority, with only 37% stating that they felt “valued as an employee”.¹²

A recent research report by Emma Miller, commissioned by the ALLIANCE and Chest Heart & Stroke Scotland, into people’s experiences accessing social support for Long Covid also highlighted the significance of supportive employers. Of the

participants in the project, all but a few were in full-time employment or self-employment when they got Long Covid (with the remainder in education or training). The report summarises their experiences as follows:

“Most described negative experiences of trying to hold on to their jobs, with particular criticism levied at Human Resources departments for unsupportive or even punitive approaches to monitoring their fitness to work. As well as trying to manage their health symptoms and to get recognition and support in the health system, many of the people we heard from were also battling to try to keep their jobs, with many having worked all their lives up until now.”¹³

In UNISON’s *The Burnout Pandemic* 22% of respondents stated that “Long Covid” was the main cause of staff being off sick.¹⁴ Many frontline workers (such as health and social care staff) stated that they felt particularly let down by their employers. One person in the Long Covid Scotland employment survey stated that:

“I worked on the front line during the pandemic with very little PPE. I just feel discarded. I gave my health to help others and now I’m just a number.”¹⁵

A key message from many of the participants in *Assessing social support for Long Covid* was that Human Resources need to place less emphasis on people as resources and more on people as humans, and to work with the complexities rather than trying to iron them out. The Chartered Institute of Personnel and Development has produced guidance promoting their whole system approach and IGLOO framework, including recommendations for the individual, group (colleagues), line manager, organisation and outside (other agencies).¹⁶

More widespread use of this supportive guidance is key to improving people with Long Covid’s ability to work and reducing the long-term impact on the labour market. Equivalent support within schools and educational facilities is also key, as there is a potential serious and adverse long-term impact on the employment prospects of children and young people with Long Covid if they cannot access suitable educational opportunities. This latter requires concerted action to ensure that children and young people with Long Covid can fulfil their right to education, in line with Article 28 of the United Nations Convention on the Rights of the Child (UNCRC):

“1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

- (a) Make primary education compulsory and available free to all;
- (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures

- such as the introduction of free education and offering financial assistance in case of need;
- (c) Make higher education accessible to all on the basis of capacity by every appropriate means;
 - (d) Make educational and vocational information and guidance available and accessible to all children;
 - (e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.”¹⁷

As part of all this work, it is essential that the Scottish Government invests in research into effective treatments for Long Covid, alongside work to ensure supportive employment and education practices and social support for people with Long Covid and their families.

Question 3: What has been the labour market impact of the pandemic on people with pre-existing health conditions?

We know that the direct and indirect effects of COVID-19 mean that some population groups have been affected in different ways.¹⁸ People living with pre-existing health conditions have seen their social care support reduced, and more limited access to healthcare (although this access have varied over the course of the pandemic). The ALLIANCE’s *People at the Centre* research for the Scottish Government Mobilisation Recovery Group reported that people experienced reduced and disrupted access to healthcare services, deteriorating physical and mental health, and reversals in person centred care.¹⁹ This reduced access to health and social care has an ensuing impact on people’s ability to participate in the labour market.

It is essential that we fully address the labour market inequalities that have been made worse by COVID-19, particularly for marginalised groups. Targeted work to counter these established inequalities and the disproportionate impacts of COVID-19 must be a key part of planning for recovery from the pandemic in Scotland, and improving people’s ability to participate in a fair and sustainable workforce – including specific support for people living with Long Covid.

Finally, given recent and substantial rises in energy prices, social care providers (as well as people accessing social care) are experiencing significant fuel poverty, with no way to safely reduce energy usage.²⁰ Choices over whether to heat facilities appropriately or run essential medical equipment are likely to exacerbate existing funding and provision problems within social care, and require targeted intervention to assist care providers, disabled people, people living with long term conditions, and unpaid carers to pay increased fuel bills.

Question 4: What factors have influenced some people to take early retirement?

As outlined in our responses to earlier questions, our members report that burnout across the health and social care workforce, and the relatively low value placed on social care, have both been significant factors in influencing some people to take earlier retirement. Others have been forced to take early retirement due to Long Covid.

Question 5: Thinking about labour market participation, have certain groups of society and parts of the country been impacted more than others?

Health and social care staff have been disproportionately affected by the COVID-19 pandemic, both in terms of significant workplace pressures and Long Covid. Research by Aileen Grand and Nicola Torrance has focused on the impacts of Long Covid on healthcare staff in Scotland.²¹ Healthcare workers, at the heart of the pandemic, accounted for between 10% and 19% of the worldwide COVID-19 cases. In Scotland, the risk of healthcare workers testing positive for COVID-19 was seven times higher than for non-essential workers, and their households contributed to a sixth of cases admitted to hospital. Recent estimates found approximately 122,000 NHS workers in the UK were suffering from Long Covid, with a prevalence of almost 14% at 12 weeks post-infection.²²

The ALLIANCE welcomes the Scottish Government's commitment to a "person-centred" approach to Long Covid care and support.²³ The ALLIANCE has long championed equalities and human rights, and a human rights based approach.²⁴ We believe it is important that a human rights based approach is fundamentally and explicitly embedded throughout the approach to Long Covid care and support. There are practical tools that can be used to embed an equalities and human rights based approach throughout Long Covid care and support, such as the PANEL Principles²⁵; the AAAQ Framework²⁶; and Equality and Human Rights Impact Assessments (EQHRIAs)²⁷.

As part of an informed human rights based approach, the ALLIANCE supports Long Covid Scotland's calls for improvements in data collection on the number of people in Scotland living with Long Covid.²⁸ We also suggest that intersectional analysis and publication of that data is key to developing effective, equitable treatment and support for people living with Long Covid. This data collection should include assessing whether people with Long Covid receive adequate support to participate in the community, work, and access education.

In terms of further intersectional analysis, women have been disproportionately affected by the pandemic – particularly as unpaid carers and within the social care workforce. Care workers and unpaid carers are the backbone of Scotland's social care system. Women make up the majority of care recipients across Scotland, and they fill an estimated 85% of social care jobs.²⁹ There are also an estimated 1.1 million unpaid carers in Scotland, of whom 61% are women.³⁰ Despite the

competencies, expertise and dedication required of its workforce, social care is often referred to as an undervalued and underpaid job, with low pay and poor terms and conditions.

Question 6: Have there been sectoral differences from economic inactivity – for example, have Health and Hospitality sectors been more exposed than, for example, Finance?

Yes. As outlined in our responses to earlier questions, the health and social care sectors have been substantially impacted by the pandemic – both by significant workplace pressures and associated burnout, and by sickness due to COVID-19 infection and Long Covid.

Question 7: What policies might encourage people to re-enter the labour market?

Fair work and valuing social care

To achieve the best quality care for people and encourage people to remain in, return to, or join the health and social care workforce, the Scottish Government must prioritise recruiting, training, paying, and valuing social care staff better. Terms and conditions should be equitable across all sectors – including across services provided by the statutory sector and the third and independent sectors, and across children’s social care support and adult services. The latter is particularly pertinent given that the hourly rate for sessional workers within children’s social care is currently lower than for equivalent work within adult social care.

The implementation of fair work should include work to enable people working in care to have access to flexible working and to options for career progression pathways, and must avoid rolling back to the institutionalised settings of the past to meet the financial challenges of today. This action must be a key part of any work to develop the National Care Service and wider policy action around health and social care, and the ALLIANCE recommends focusing on the principle of maximum available resource as one way in which the legislation could deliver its commitment to human rights based approaches.

The Fair Work Convention reports that fair work is not being consistently delivered in Scotland’s social care sector and that this is often driven by funding and commissioning systems.³¹ There are ongoing concerns about the differential pay and conditions for third and independent sector workers compared to those employed by local authorities. Research for the Scottish Government and COSLA notes that “the main reason why people leave the workforce is for better terms and conditions, particularly pay levels and another driver is to do a less demanding job for similar or better rates of pay.”³² The Fair Work Convention have highlighted that failure to address these issues will have broader consequences, for example low pay will

significantly contribute to inequality in women's working conditions and Scotland's gender pay gap.³³

During our Independent Review of Adult Social Care engagement activity, ALLIANCE members recognised that people receiving care and workers providing care have rights, and those rights do not have to be in conflict. Ensuring paid carers receive a good wage for every hour worked remains the right thing to do. To achieve the best quality care, we must prioritise paying social care staff better and must avoid rolling back to the institutionalised settings of the past to meet the financial challenges of today. In particular, if social care work is to be properly valued, there must be plans to acknowledge and encourage career development and specialisation, with associated training and funding. For example, Guide Communicators and BSL interpreters train for several years to reach the levels of competency required to support people who are Deaf or deafblind, yet there is no competency framework to acknowledge that specialism within care work.

At the core of issues related to fair work are the rights of people who access support and services and unpaid carers, as well as the rights of people who provide them. Efforts to improve the value and status of care work, as evidenced in the National Care Service (Scotland) Bill are welcome. Equally, any work in this area should be designed and developed with co-production at its heart from the outset, with full engagement from and with disabled people, people living with long term conditions, and unpaid carers, and with social care workers. Valuing care, partnership working and co-production – with people with lived experience and social care staff – are key to encouraging people to work in health and social care.

Supporting people living with Long Covid

The ALLIANCE has proposed a range of actions to improve treatment, care and support for people living with Long Covid, and their families. Directly or indirectly, these actions should enable more people living with Long Covid to engage with their communities, live independently and well, and to work.

We recommend that the Scottish Government should:

- Adopt a whole systems, person centred approach, which prioritises lived experience and the vital work of the third sector, and operate an “any door” system of support.
- Explicitly embed a human rights based approach throughout the approach to Long Covid care and support.

- Co-produce Scotland’s approach to Long Covid care and support with people living with Long Covid, including design, implementation, and review of services.
- Ensure people have equitable access to high standards of support for Long Covid wherever they live in Scotland.
- Ensure health *and* social care staff are informed about Long Covid, its symptoms and impact on people, and options for treatment and support.
- Prioritise further research and engagement to fill the knowledge gap about children and young people’s experiences of Long Covid, so that policy and practice responds to their needs (including access to education).
- Ensure that people with Long Covid are able to access the range of entitlements that they require to live independently and well and engage with their communities, including access to social care, social security, food, housing adaptations, and mobility aids.
- Increase investment in primary care and community-based support to respond to the challenges that people living with Long Covid are experiencing and to ensure that primary care teams are equipped to meet people’s needs.
- Conduct intersectional analysis, given that evidence to date indicates that specific population groups have been disproportionately and adversely impacted by Long Covid.
- Work with employers to ensure appropriate support and flexible work practices to enable people with Long Covid (and their unpaid carers) to enter or return to the workplace.

The Chartered Institute of Personnel and Development has produced guidance promoting their whole system approach and IGLOO framework, including recommendations for the individual, group (colleagues), line manager, organisation and outside (other agencies).³⁴ More widespread use of this supportive guidance is key to improving people with Long Covid’s ability to work, and reducing the long-term impact on the labour market.

Equivalent support within schools and educational facilities is also key, as there is a potential serious and adverse long-term impact on the employment prospects of children and young people with Long Covid if they cannot access suitable educational opportunities.

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.

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