

Episode 10 Transcript

Topic: Under Pressure: Impact of COVID-19 'easements' on adult social care provision

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This transcript has been edited for clarity.

00:01

Welcome to Mason Institute investigates a podcast series produced by the Mason Institute, funded by the Edinburgh Law School. In each episode we investigate current national and global issues involving ethics, law and policy in health, medicine, and the life sciences.

00:19 Leyla

Hello and welcome back to another episode. On Mason Institute investigates. Today I'm joined by Professor McHale and Dr Noszlopy from the University of Birmingham to talk about their work on the COVID-19 easements on adult social care provision. Welcome to the podcast and thank you so much for joining me today.

00:38 Professor McHale

Thanks very much indeed.

00:39 Dr Noszlopy

Thanks Leyla

00:40 Leyla

Would you like to introduce yourselves and tell us what interested you about the aftereffects of the COVID-19 pandemic on adult social care provision?

00:48 Professor McHale

Thank you very much. So, I'm Jean McHale.

00:51 Dr Noszlopy

And I'm Laura Noszlopy.

00:52 Professor McHale

And our project itself: "Removing rights from the vulnerable: The impacts of COVID-19 social care easements", has been an ESRC-funded COVID-19 rapid response project that was

running from November 2020 until July last year. Our project, as the title suggests, looks at the impact of amendments to the Care Act 2014, consequent upon the Coronavirus Act and how those impacts played out in the West Midlands.

01:28 Leyla

So, your project examined the relationship between the existing and emergency legislation around adult social care provision. First of all, did the Care Act adequately support or facilitate the proper delivery of adult social care services prior to the pandemic?

01:43 Professor McHale

The Care Act 2014 is rooted in what's called a well-being principle and that's very broad and flexible in scope. So, there was a degree of manoeuvre in relation to provision of services under the original legislation. As well as that, it was the case that adult social care provision was already under what were very severe pressures, pre pandemic. We'd had an era, and indeed a decade pretty well by that stage, of austerity. And this had cut into service provision on the ground and our stakeholders essentially told us the case that is, therefore that the COVID pandemic and the crisis of that were effectively amplifying existing problems in the system.

02:25 Dr Noszlopy

That's right. And we find that even on the ground, the social workers report finding the Care Act quite tricky to implement in many cases, because there are tensions built in between their priority of providing a strength-based approach and the assessment criteria for meeting eligibility in the citizens that they're assessing. So, there's a tension between seeking the strengths of the citizens and if they prove to have too many of these, of course it weakens their eligibility for support and care provision, so there are tensions built-in as well as flexibilities.

02:58 Leyla

I am not familiar with the term easements and according to your initial report, there is also an issue with using the term. What are easements and why is it a problematic term?

03:08 Professor McHale

So, it's actually a really strange choice of terminology. The concept of easements itself, certainly in English land law is very familiar. It's a term used to describe such things as rights

of way. But the actual terminology of easements was built into pre-COVID pandemic flu planning exercises going back actually for quite a few years. The idea is effectively easing the legislation, changing existing provisions as well, and therefore, it is essentially a problematic term in terms of: what and how people actually understood what this meant, and indeed how it could be implemented?

03:48 Dr Noszlopy

That's right, a lot of our interviewees during the research expressed surprise and puzzlement because it wasn't a term that they had ever heard about, in their professional lives. And I gathered there was much discussion in professional networks discussing what indeed they might actually mean, and where the terminology had come from. The easements themselves and the guidance that was provided were designed to be only used as a last resort and activated only when they were absolutely necessary, to relieve strain on workforce capacity, when of course many workers, local authority workers, social workers, medical workers were falling sick or had caring responsibilities or were being redeployed elsewhere in the system during the early peaks of the pandemic.

04:30 Leyla

What was the subsequent impact of the Coronavirus Act and how did it affect the Care Act on adult social care?

04:38 Professor McHale

So, what happened was that when the Coronavirus Act itself was enacted, it included provisions to essentially address the impact of the pandemic on adult social care, and those were put in in Sections 15 and Schedule 12 of the Act itself, and this was modifying the actual 2014 Care Act. And this was also working alongside guidance that was produced for local authorities and also there's an ethical framework that was developed by the Department of Health and Social Care and also the Office of the Chief Social Worker. Now, there were various duties that could be paused or withdrawn under the easements, and that local authorities did not have to comply with existing duties; regarding assessing adults needs for care and support; or assessing carers needs for care and support; or duties to provide written records of assessments, etc. Also, they didn't have to comply with duties to determine whether people's needs met eligibility criteria, for example, in Section 13 of the Care Act. They could

still go ahead and undertake these assessments and determinations if they thought it was appropriate to do so, but they didn't have to.

The same sort of approach was taken in relation to assessment of resources and of charging; so, they weren't required to comply with duties regarding assessment of financial resources under Section 17 of the Care Act, since they provided services during this coronavirus emergency period under the relevant Care Act provision. Previously they would have been entitled to charge for them, but they decided not to undertake that assessment; how it was going to work is that they could subsequently undertake an assessment and make a retrospective charge. They didn't have to assess charging costs at the start. They could actually then come back to that later.

Also, there are duties in relation to meeting needs in relation to care and support in the Act. And these applied to individuals and carers under Section 18 and Section 20 of the Care Act. Now those duties were modified, so it didn't mean that they were removed, but it said that the threshold in relation to those were to be met when the authority considered it was necessary, and that was to meet those needs for the purpose of avoiding the breach of the adults' convention rights. So here we were talking about the rights under the European Convention of the Human Rights, as incorporated into domestic law under the Human Rights Act itself. So those human rights provisions still remained in place. But the question is whether these were an effective ceiling in terms of protection. And as Brian Sloan has noted that there are in fact, of course, considerable practical difficulties in these types of situations of bringing human rights cut challenges as cases such as McDonald v. the UK have highlighted. Now essentially these were designed as very much last resort measures, and ultimately as well temporary and they were also addressed in the guidance themselves in various stages.

07:35 Dr Noszlopy

Yes, the issue of stages is really crucial here, because in terms of practical implementation and the decision-making surrounding that, social services directors had to look at a sort of threshold or tipping point at which that this last resort measure would be activated. The guidance suggested that there were four stages or levels of business, and the first stage: Stage One was business as usual, in which the full pre-amendment Care Act duties would be

met as usual. And if we think back to the start of the pandemic in 2020, nothing was really running as usual, so it was not often seen that things were running as usual. Stage Two was applying limited flexibilities, which were provided for within the pre-amendment Care Act. So those are the built-in flexibilities that we spoke about earlier, which allowed discretionary powers to councils and to social work departments to fulfil their duties, but in a variety of flexible ways that they considered appropriate to particular cases. So that's still to an extent operating as usual. Stage Three, which was the first level of notifiable Care Act easements, was defined in terms of applying easements as provided for in the Coronavirus Act to the extent of "streamlining some services" and at this tipping point of Stage Three, a local authority would have had to formally notify the Department of Health and Social Care via an e-mail - that there was a simple e-mail address that they had to use to send across this notification. Stage Four, which was the highest possible level of Care Act easement was applying them to the extent of a whole system prioritisation, which would in effect mean reducing the care and support for one individual, so that another's higher care or support needs could be met. This is an effect of form of rationing. I suppose that this was the area that caused the most alarm to campaigners who objected to this emergency legislation.

09:26 Professor McHale

It's also important to note here that the provisions of the Coronavirus Act 2020 that we're looking at are applicable in relation to England; though some of the broader lessons for social care and the challenges which social care faced during this period, we suggest are maybe of help and relevance to those looking at the position in other parts of the UK.

09:51 Leyla

So, there is a lot of overlap between different bodies and roles in the healthcare sector. What bodies were responsible for implementing these easements or emergency changes to adult social care provision? Were their roles clearly delineated?

10:06 Dr Noszlopy

In terms of being responsible for implementing Care Act easements or emergency changes to social care provision, that role would fall to local authorities or councils because they have the statutory responsibility towards their citizens who are eligible for care and support as defined under the Care Act. So, it was the staff of those departments, like social workers and support workers and occupational therapists, who would have had to implement any emergency

changes. In terms of who decided whether or not to activate the Care Act easements, that responsibility would have been split, usually between the Director of Adult Social Services and the principal social worker within any given council. The easements legislation itself was handed down, though from the Department of Health and Social Care and was drafted jointly with the Office of the Chief Social Worker.

10:57 Leyla

How did you carry out your research? What is unique about West Midlands?

11:02 Dr Noszlopy

So, in terms of the first question, it was a sociolegal study. So, we had primarily a qualitative approach. We did a broad review of the primary and secondary literature, such as it was, given that the pandemic was a new experience for everybody. And we focused particularly on the grey literature: so publicly available minutes of Council meetings, of government documents, rapidly changing information that was provided on websites with information about coronavirus and changes in the law and how they might affect people. Importantly, we also undertook a series of semi-structured interviews with key stakeholders at both local and national level to understand their experience of receiving these directives from governments; how they had understood them and how they'd attempted to implement them while still maintaining services for their citizens in many cases. And we also interviewed other stakeholders from campaign groups and charities, and with care organisations on the ground at regional level.

Moving on to the second part of your question about what's unique about the West Midlands, it is a very demographically diverse region. So, it's not really all that easy to generalise about the area. Notably, it has some pockets of deprivation, including some of the poorest communities in the country, and with this kind of level of poverty and deprivation, come health inequalities and they have some of the poorest outlooks with regard to health and socioeconomic outcomes relating to COVID itself. But there are also some very wealthy pockets. From the perspective of our research, the uniqueness of the West Midlands was this anomalous cluster of neighbouring local authorities who had each declared the use of Care Act easements. And we were curious to explore why this cluster had happened and whether it was some kind of joint action and decision, whether it was a proportionate response to

particular local conditions or whether it was just somehow coincidental that five of the eight councils nationwide that had formally activated Care Act easements happened to be neighbouring councils in the West Midlands, and that's a really key point actually, that very few councils nationwide did activate the Care Act easements formally and most of those were in the West Midlands.

13:15 Leyla

Was the implementation of easements consistent across the West Midlands?

13:21 Professor McHale

So first of all, in terms of the actual implementation of the easements and consistency around it, one of the things that became very obvious from the research, was the different approaches taken to the actual interpretation of the term easements itself within the guidance. How the guidance itself worked, was that easements related to the higher-level stages under the guidance, which had to be formally notified to the Department of Health and Social Care. And in terms of full easements at that higher-level across the country, there were very few local authorities that actually did implement them. And that's one of the things that's really quite interesting about the West Midlands because there were actually five local authorities which did implement them and the actual implementation period, and it's fascinating when you go back and look and reflect on it, was only for a very short period of time.

So, you've got Solihull kicking off on the 8th of April in 2020. And then the following day you've got Warwickshire and Staffordshire activating easements. Now they're activating at different stages. The most high-level was Solihull on Stage Four. You've got Warwickshire with Stage Three easements and Staffordshire on the 9th coming in. And then you've got Birmingham on the 14th with Stage Three and then Coventry on the 28th of April with Stage Three. And then you've also got the switch off of the easements itself, and you see Birmingham who stopped using easements on the 18th of May. Following from that, Warwickshire, who reverted to Stage Two of the guidance on the 23rd of May. Following on from that, Coventry and Staffordshire who are both standing down from Stage Three on the 27th of May, and finally Solihull, and it's an interesting terminology, they're returning to full compliance with the Care Act on the 30th of June. So, they're the latest, but it's still really a very short period of time and quite a bit of that relates to how these were things that were very, very controversial. They

were controversial in the West Midlands. They were controversial in the rest of the country and that there's a considerable backdrop in terms of the approach taken to these in the campaigning itself, really around that.

The broader issue in terms of consistency is what happened, where outside these authorities, and indeed, what happened in these authorities once they formally stopped operating easements? To what extent did things really therefore revert back to normal? Or were we in a different situation despite that? We looked at a whole range of Council documentation, minutes from health and well-being boards and other Council bodies generally, trying to piece together what actually happened. Even those Councils where no formal declaration was made. And what was notable across the local authorities and the West Midlands, in terms of the changes to provision and delivery of service, was they really were quite similar amongst those who had formally declared they were using easements and those that fell into the other categories.

16:22 Dr Noszlopy

Yes, it really is. I agree, Jean. Very notable that there are similarities across the three groups of local authorities that we identified, because to backtrack a little bit, councils tended to be discussed in terms of “easement” or “non-easement” councils. And the more we dug into the data, the more we realised that it wasn't quite as straightforward as that. There were councils that had formally declared Care Act easements; councils which seemed to fall into this kind of grey area of saying they were operating at level 2 or stage two easements or not easements, and the language became blurry and rather grey at that point as to what they're doing. Another group of councils that declared that they were not operating Care Act easements at all. But when you dug down into the detail of what they were implementing on the ground level, they were doing all sorts of adjustments and changes that were very, very similar to those councils which were formally operating at the higher end of the easement protocol. So, it raised a lot of questions about how this guidance and this legislation had been interpreted and implemented at the Council level because there was such a diverse approach; there was no real consistency between councils or systematic approach to implementing the guidance.

What was really notable, though, was the pushback received by those councils who formally and publicly did declare that they were operating Care Act easements, and those that did were listed without much further information on the CQC website, as easements councils effectively, and those were targeted with lots of Freedom of Information requests from various campaign groups and lobbying organisations and local questions as well, asking quite detailed questions about implementation and impacts and how people were being affected on the ground. And through the interviews, quite some distress was expressed about the level of this negative attention and how that played out in the press as well. So, I think there was some regret that certain Councils thought perhaps they were following the letter of the law by implementing the legislation and openly, transparently activating the Care Act easements, and they felt that it was regrettable that they then experienced all this negative pushback, particularly at a time when they had so much extra work to do and felt they were under really intense pressure in other ways.

In terms of consistency, I think another point that came out of the research was that there was relatively little communication or support forthcoming from the Department of Health and Social Care down to those top teams at local authority level that was consistent across the board. So, they were trying to make these decisions at regional level effectively. To add to the sort of confusion in some areas, some of the things that on the ground might have appeared to be easement type changes were in fact public health measures. But it was a very blurred line even amongst the language of those making decisions. So, with things like general social distancing rules, which would of course affect day-care centres and face to face contact with health and care professionals, there was some confusion about whether these were easements-based changes or whether they were actually related to the public health England guidance and changes in the law there. So yes, it was very complicated to find out the reasoning and the rationale for these decisions at Council level.

19:38 Leyla

What about the public's expectations of adult social care delivery in the pandemic?

19:43 Dr Noszlopy

We found there was relatively little data gathered about public expectations during the pandemic. It's notoriously difficult to gather this sort of information at the best of times. It's

usually done by means of surveys and various charities and some advocacy groups conducted such surveys online, of course, in the first two years, throughout 2020-2021. And all of these revealed that services received had decreased to some degree in their availability and or quality during the first and, in many cases, subsequent waves of COVID, as reported by citizens and people using services. Day-care services and respite were particularly badly hit, and these are crucial to avoiding carer burnout in many cases, and some of these, in fact, most of these stopped entirely at certain points in 2020 and some of them never reopened. Certainly, they hadn't in 2021, or even in some cases, in 2022 or today. Many social work teams worked almost entirely remotely throughout this period, and this, of course changed the quality of care that the public received or, not the quality of care necessarily, but the quality of support and contact that they received, and this arguably had a detrimental impact on Care Act assessments; safeguarding checks and other interventions that social workers would usually do face to face. And many care homes and providers were in crisis also and through the shifting rules around visiting, even though those were more public health related than easements related, this obviously impacted on the well-being of both residents and their families. What we do know from the campaign groups is that there was a strong expectation that care should be delivered closely as possible to the business-as-usual model. Although I think from the reports from the Ombudsman, for example, suggest that levels of complaints dropped, so perhaps expectations had dropped or gone into a lull during those early months as well.

One of the outcomes of the implementation of Care Act easements and the broader changes during the pandemic for adult social care, was the moving online and the transference to remote access technology in the sector and this extended to social workers; social work teams in particular, who almost from one day to the next moved the whole office set up to home offices and started using MS Teams for the first time. And this has proven to have many benefits, but also many pitfalls. Concerns have been raised about the move from face to face interactions, relating to loss of access which has an impact on safeguarding capacity; on lack of contact, which is really important in good social work to building relationships and trust and to counter social isolation and indeed, about the accuracy and effectiveness of the assessments undertaken because social workers often report needing to have that real 360°

and multi-sensory experience of meeting citizens, particularly in their own homes, to understand what is really going on in their lives.

And this is starting to return, somewhat partially, to normal. But there have been significant changes to working practises and it looks like they'll continue long after people have forgotten all about those early months of the pandemic. I think there's a sense in which a lot of different groups and social care staff as well, are thinking about the "new normal" because effectively the health advice has been rolled back to business as usual, more or less, and there are scars left behind really from the impacts of those early months and years of the pandemic. They remain concerned that there's a risk that services and provisions that were paused, reduced, or stopped during peak pandemic times, may not return to normal, and that provision and rights may be rolled back in future because they wonder whether this Coronavirus Act will have set a precedent for these adjustments and reductions to become the new normal. And these are real concerns that need to be addressed by local authorities and the Department of Health and Social Care going forward.

Interestingly, many service users declined home visits from carers and other health professionals during the first year of the pandemic. This was due to fears around infection and social contact. There was anyway less care and support available, but at the same time, there was a real fear of receiving it. So many families cancelled the services that they were pre-pandemic receiving. This obviously distorted the figures somewhat, and they would have had to restart those at a later stage. There was also an initial drop in the number of formal complaints made to local authorities and to Health and Social Care Ombudsman. Though these began to pick up again after the initial shock of the pandemic had settled a little bit. People said as well that it was more difficult to make contact with social services departments during this period because phone lines were no longer in use. Everything went through portals and websites so there were accessibility issues there as well, but notably in the end, while the Ombudsman recognised that the easements were a potential issue, they were cited in only a very few of the cases that were upheld in the end, so it's very hard to measure the expectations on delivery of care.

24:52 Leyla

What were the key lessons to be learned from the West Midlands experience of COVID-19 easements in adult social care?

25:00 Professor McHale

So I think there's a range of things really aren't there, and one of them is, on the positive side, some things that came out again from our respondents was what can actually happen when there is positive working relationships and when councils, communities and third sector organisations come together and there certainly was, findings and stakeholders that communities, effectively in the broader sense, we're pulling together in the crisis; building trust in creative responses, and this question of the ability to actually cut through red tape and the extent to which enhanced discretion was given to people on the ground in terms of being able to divert resources and whatever. And also, that building trust is related to creative responses as well.

The broader question is how those sorts of relationships could be maintained and built on as well. As we said right at the start, adult social care is an area that is under severe pressure and the COVID pandemic has amplified those existing pressures. And there are essentially serious concerns here that unless this whole funding model is reframed, then the legacy of COVID itself potentially could be a problematic one. There is ongoing debate as to the way in which genuine co-production could be involved in rethinking and reforming social care. There are broader debates about social care funding itself going on at the moment.

Something as well that came out was the question of understanding of what was actually happening, both in terms of the legislation and in terms of the related guidance around that. And this also goes to the question of the nature and extent of understanding of the principles both of the Care Act and of the Human Rights Act at professional level. There was certainly a lack of consistency, and the considerable diversity in interpretation and approaches in relation to the application of guidance and the related legislation as well, and I think more generally the lessons here are in terms of how you ensure that people do understand what the law says, what it means, and actually how it should be operated on a day-to-day basis as well.

27:10 Leyla

In your initial report, you mentioned that insufficient weight was placed on gathering and recording detailed data. Why did this happen and how did it affect your research findings?

27:20 Dr Noszlopy

We were initially quite surprised and rather dismayed by the paucity of data gathered regarding people in receipt of social care and support provision. There is a similar paucity of data gathered about the actions of local authorities and care providers in terms of logging their decision-making processes and public explanations of any changes that we're making and the potential impacts of these. Certainly, we didn't see many risk assessments for changes that were being made. And on the one hand, this could be understandable in terms of the climate of panic in some cases, during the early months of 2020, but really part of the job is accountability and logging such decisions and changes. We still don't really understand exactly why this happened other than poor planning, and that's about pre-pandemic planning and the focus on the more immediate worries at the start of the pandemic.

The Department for Health and Social Care initially gave the duty of data gathering to the CQC, that's the Care Quality Commission, and in the end the names of those few councils who had formally declared the use of Care Act easements were listed on the CQC website. And this was the only information provided on the CQC website about Care Act easements beyond a few lines; so, it offered no start or end dates for the activation and no explanation of what stage or type of easement or change had been implemented. And this, of course, raised public concern and also wasn't very popular with those councils who had followed the official procedure and then found themselves named in that way on the website. There's an umbrella social care organisation called TLAP which is "Think Local, Act Personal". They were also given some data gathering duties slightly later than the CQC, but despite connections with a large number of key organisations and charities and local authorities, their reports on the impacts of COVID and the easements on service users and citizens also note the paucity of data. So, it was very difficult to get hard information about the impacts as they had played out. ADASS, which is the Association of Directors of Adult Social Services, similarly noted the paucity of data collection. Although they were directly involved in the development of the easement strategy back in 2018. And very few of the individual councils across England publicly shared their data on the impact of COVID or of easements, whether or not they had formally activated

them. And Jean and I had to dig really quite deeply into the databases of Council websites to find information that contains the minutes of meetings of various sorts. It really was quite a forensic exercise trying to find and sort through information. We thought that the lack of foresight and prioritisation of data gathering was striking, actually, and with hindsight, we know that many social services departments were already in a slightly chaotic state and were overstretched and struggling before the pandemic struck. By March or April, the focus seemed to be purely on providing services and basic care for those most in need by any means possible in many cases. And that's really where the flexibilities came into play, and I think as I mentioned earlier, some specialist charities such as Mencap, Age UK, carried out surveys and these reflected a drop in the level and quality of care available to disabled and older people during the first wave. But these surveys themselves rely on self-selecting respondents, and it's quite difficult still to build up an accurate picture. The ONS notably has done a pretty good job of collecting data throughout and tracked all kinds of COVID related data since the start. Yes, so basically, we've had to piece the information together to get some picture of the overall impacts.

31:07 Leyla

There was a concern that the vulnerable were having their rights removed through such easement. Was this concern justified and what can be done to protect the vulnerable?

31:17 Dr Noszlopy

I mean, this concern was raised at the very outset, as soon as campaign groups had eyes on the legislation, even before it came into law. The initial briefings on the imminent Coronavirus Act elicited strong response from organisations like Liberty and Inclusion London, Disability Rights UK, and others. They all immediately saw what they perceived as a threat to the rights and well-being of older and disabled people. What they saw was at their most extreme, the Care Act easements would allow local authorities to withdraw and ration out care and services, and this naturally caused alarm and anger in some quarters.

To respond to the second part of your question, I think that the language of vulnerability is often rejected actually by these groups. But in the case of COVID in that context, it was clear that some people found themselves to be in a more precarious and vulnerable situation than others. And these “more vulnerable” people, including those who are deemed clinically

vulnerable to the virus from a medical point of view, which often especially included older people and those with certain illnesses or disabilities, as well as those who rely on care services and supports, to function and remain safe and dignified in their daily lives, they were disproportionately affected. And the legislation does go some way to protecting citizens, but we saw that there was already so much flexibility and discretion built into the Care Act of 2014 that it's clear that the protection of people's rights can only be assured at ground level, the local level, and that would be through the ethos and decision making of social workers and their managers, who are in control of decisions made, conversations had, and the funding that's distributed. Their ability and capacity to do this effectively, though, rests with the Department of Health and Social Care and central Government ultimately, who make the national level decisions about policy and funding, because without proper funding, it's very difficult indeed to protect people who find themselves in a vulnerable position.

33:17 Professor McHale

I think many of these problems really are things that have been happening during the pandemic that were already happening routinely before COVID itself and COVID was exacerbating things. And in many respects, the Coronavirus Act itself could provide legitimacy for changes. And I think one of the interesting things of that period is that after the Act, provisions were not necessarily utilised even as changes were made. Looking back over what happened in terms of the concerns as well, there is a need to reflect on the legacy of the pandemic, and we saw that from some of our interviewees. One of the principal social workers in one of the authorities where they didn't implement easements had indicated that, "My worry is because people managed without support, there's a view that people can just survive without it." And people were again, as the quote says, really worried about review of their assessment, saying, "Well, actually, you didn't need that, therefore that's not a need anymore." The fact that they managed to "cope" and "survived" during that period would mean that perhaps going forward, they wouldn't necessarily need things. There were concerns about the level of communication, concerns about, again as Laura said earlier, about why things were cancelled, and what was the justification for it and what were the public health concerns, what was the actual Act itself. And this did come up actually, concerns around the sort of chilling effect on ultimately of all these things: on provision and expectation as well,

that I think does remain a concern for service users and also for health professionals and carers and others too going forward.

34:46 Leyla

This was a very profound discussion of your research on the impact of emergency legislation on adult social care delivery. Thank you both very much for coming onto the podcast to discuss with me your work.

35:58 Professor McHale

Very many thanks, Leyla.

35:59 Dr Noszlopy

Thank you, Leyla.

35:01

Thank you for listening to today's podcast. We hope that you enjoyed it. For further information, check out the links in the show notes of this episode. If you are interested in contributing to the podcast, we want to hear from you. Get in touch through social media or by emailing us. See you next time.