

Recording SC07

I: Okay, so can you start by telling me a little bit about your current role?

R: Okay, I'm a social worker - so, obviously, I'm a social worker, advanced practitioner; I work for the Discharge Team. Obviously, my role is to make sure that people are discharged to their destination, or destination of their choice safely.

I: Okay, yeah, that makes sense. Thank you. And can you tell me a bit about your experience of using video technology like Zoom or WhatsApp, or AttendAnywhere, or any of those types of technologies that you might use for consultations?

R: Yeah, I have used, I think, Teams and that's the main one that we use. And then there's the hospital one, where they're using before, but I'm not so sure what that one is called. I think it's - because taking into consideration what's going on now, it's fantastic equipment to keep families and service users and professionals aware of what's going on with the patients, or with the service users.

I: Okay, yeah. And so what - can you give me examples of when you have used it, and what you've used it for?

R: I've used it for a safeguarding conference.

I: Okay.

R: Yeah. And, for me, it was great and also I was able to seek consent from the service user as well, to see if they want to get involved via that way. And they were amazed, and they were happy that they actually could have that opportunity to discuss their situation and explain what their circumstances are directly to whoever is investigating.

I: Yeah, okay. And has there been a difference in your using it kind of pre-Covid and the pandemic, and how you're using it now?

R: Yes. Yes, pre-... To be fair, I've never used it until during this time, particularly with service users. Yes, with other professionals, yes, I have used it, but with service users I had never used it, because I normally go and visit.

I: Yes, of course. So it is substituting the visits that you would normally make?

R: It is substituting the visits that we normally make, but, yes, they have some advantages and they have some disadvantages as well.

I: Great. Well, that's my next question. So can you tell me what the advantages have been for you?

R: Speaking directly to the service user or the families, and seeing them. Yes, it's through a video call, and it's not the same as when you're seeing them, when you're there. For me, it is fantastic equipment, and we've got to use it and we haven't got a choice.

I: Yeah, yeah.

R: But the only disadvantages, for me, really, is that that, for instance, I'll give you an example, with mental capacity assessments that we do, obviously now we have to do them via that video calling. The only issue that I have with that, is that I like to build a rapport with someone, like, for instance, if I was... In a care home, I would visit them, more or less, three times or two times, but I'm building that rapport to get to know them, but the video calling is not giving me that. And also I'm speaking from a distance, and you have to take into consideration that the person is confused, and it's trying to explain to them what's going on, together with their diagnosis, let's say, of dementia or confusion or delirium, it's very difficult.

I: **Okay. So have you found it hard to get people to understand, or is it how to use the technology, or what is happening?**

R: Yeah, or even the fact that they are speaking to someone who's not there with them.

I: **Yeah.**

R: It's confusing enough being in a different environment, and then now you've got this piece of equipment that you've got to use and speak to someone that you don't even know. You have not, because we're not visiting anymore. Whereas if I was visiting, I would visit two times and I'd be like, oh, it's not [unclear 04:31] me, and you met me yesterday, and then they would understand.

I: **Yeah. So as part of your normal assessment procedure, is to go in sort of several times, is it?**

R: Yes. Yeah, MCA, and you've got to give someone - what's the word? Take all practical steps...

I: **I see.**

R: ...to make sure that you've tried your best to make sure that that person is able to make the decision.

I: **I see.**

R: So [?! know for 05:00] my practical steps to go at least two or three times to see the person.

I: **Okay, so with the technology, are you just doing a single call now then?**

R: No, even if I can do another call later on, it's just confusing...

I: **Yeah, okay.**

R: ...for the other person. It's not the same as when I go there, and I offer them a cup of tea, and I always ask the staff, when I get to a care home, and say do they drink tea? Would you like some tea? If they want some tea, and I want them to be comfortable.

I: **Of course, yeah.**

- R: Whereas if I'm on the other side, I'm relying on carers to be doing those things, and then they get confused: who am I talking to here?
- I: **Yeah. Yeah, no, I understand. So when you're doing these assessments by video call now, do you schedule, do you treat it like a normal appointment where you schedule the call?**
- R: Yes. Yeah, you book with the - let's say, if you say a care home you can book with the care home and say, I'm going to be calling at two o'clock. And as long as it's not the busier time, you find the most appropriate time for them is when they are not feeding, and if the service user is all right to speak to me. They may not want to speak to me.
- I: **Yeah, okay. And so are you finding that works okay for you?**
- R: Yes. Yeah, definitely.
- I: **Yeah. Have you experienced any communication issues? I mean, you've said that it can be quite confusing for people, are there any other sort of communication issues that are caused when using the technology, as opposed to you being there in person?**
- R: It's difficult to observe things like body language, and if the person is deaf it's frustrating for them, because they can't hear you. And then you're having to have the second person trying to explain to them, and it just gets too much, I think, for someone particularly with dementia or mental health, and things like that.
- I: **Yeah. And so do you - is there always a carer or another professional with the person when you're speaking to them?**
- R: Yes, because they've got to be the one that facilitated that call. I normally - particularly because I would first... Before I ring, I normally prepare myself and I need to find out is the person - are they deaf? Is there anything that I need to be mindful of? Do I need to speak loud? My pronunciation of words. I'm mindful that I've got an accent as well, and I've got to make sure that I paraphrase and make sure my sentences are short and precise. If the carer can understand me, then they can actually repeat those questions to the person that I'm speaking to.
- I: **Yes, there is a lot to think about.**
- R: Yes. Yeah, definitely. No, there is a lot to think about, and also if family, they have... If they need to get involved as well, they can also be involved within that conversation.
- I: **I see. So have you had that happen?**
- R: With capacity assessment, I like to, firstly, do it on my own without the family, and then do it with the family, because you have to take into consideration that sometimes the relationships, some of them they're at a breaking point and some people might come across as being negative to the person that you are trying to promote their independence.
- I: **I see. So when you when you say you like to do it on their own first, is that still with a carer in the room, though?**

R: Yes. Yeah, they're still with a carer in their room, because depending if they need a carer in their room, because with these technologies, sometimes you can be speaking and then he cuts out.

I: **Yeah.**

R: There's got to be someone that facilitates that communication.

I: **Yeah, I understand. And have you ever used the text tool function on Teams? So do you ever type things in, or is it just kind of conversational?**

R: Usually it's conversational, depending if the person - and what means of communication they understand, whether it's written or not written. So those are the things that you prepare yourself before you phone.

I: **Okay.**

R: Yeah. You ring in advance and make sure that if they are deaf, would they prefer a written way of communication, can they read and things like that. And once you know which way you are going, then, yes, you can do exactly what you are saying. You can actually try and let them read it.

I: **Yeah. And have you found there's anything in particular that helps when using the technology, any sort of strategies or techniques that you've used that you've found to be particularly helpful?**

R: For me, it's if there is a carer, I find it really helpful.

I: **Okay.**

R: If there's someone in there, I find it really helpful and it may be breaking, probably breaking the ice as well, and just talking about technology stuff and how wonderful it is that I can speak to them whilst I'm at home, or I can see them. And you're just breaking the ice, so that you can start your conversation.

I: **Okay, and is there anything that you've found has been a hindrance?**

R: Oh, a hindrance, yes. Not - for me, it's not being there, so you can't read the body language properly. Yeah, and being deaf as well, it can't be helped. We've got what we call a MiniTech that we use when someone is deaf, and I can't use that. I can't put that on and speak to them, because I'm not there.

I: **So what is that?**

R: It's a MiniTech; it's a piece of equipment that we take around if someone is deaf, and we use it and put it on and then we speak through that.

I: **Oh, I see, okay.**

R: So that often - it helps. I remember - I know it's... I'm going - I'm coming out of the questions. I remember that at one point, what I did is that there was a lady who was due to go home and, obviously, there had been some concerns that she was found wandering. And so one of the social workers said to me, I don't know if this lady has got capacity, but she can't really hear me and this is the problem. So I said, okay, let's go together and we took a MiniTech, and the lady nearly cried and she said, I can hear, I can hear! It was amazing!

I: **Oh. Yeah, so those sorts of things are really relied on?**

R: Yeah, it really was - yeah, it was absolutely amazing, even to see her face smiling, saying, oh, I can't believe I can speak and understand what you're saying. It's a shame, because we couldn't give it to her to take home, but that's one of the things that we use. Because sometimes people are written off by others because they're deaf, because they assume that they don't have capacity, and that's not the fact. You've got to try all means to make sure that that person is able to make that decision, even if it means checking and using a MiniTech, or checking their batteries in their hearing aid are working, things like that.

I: **Okay. So thinking about that kind of specific circumstance, I suppose, and particularly when residents are deaf, are there any specific situations or specific issues with residents where it just doesn't work having video conferencing?**

R: Yes, yeah. There are lots of issues that are really now, we then become reliant on staff, on carers, how do you communicate with her?

I: **I see.**

R: Yeah. Then we have to dig more to find out and maybe speak to family as well; maybe there's something that we're missing.

I: **I see. And are there any sort of circumstances where you just think this isn't going to work? We can't use this type of technology, it just doesn't work in this situation?**

R: Yeah. Yes, most definitely. Yes, there are some situations where you say, no, it doesn't work. You try it and writing things down, and some people, yes, you can; and some people, no, you can't. Even lip-reading.

I: **Yeah.**

R: Yeah, but it's better when someone is looking at you directly.

I: **So is that specifically when people are deaf, or...?**

R: Yes. Yeah, particularly when people are deaf, that's where I'm finding it difficult.

I: **Yeah, okay. Are there any other kinds of scenarios where you think it just doesn't work?**

R: Obviously, if the person doesn't - cannot communicate, for whatever reason, whether it's written or talking, they cannot communicate and it just doesn't work. Or if the person is agitated and confused, and are put in that video call and makes it worse, then I won't use it.

I: Yeah, okay. And have you got any examples of where it's worked really well?

R: On the one that I was - the safeguarding conference that I had.

I: Okay.

R: Yeah, it was the self-neglect. Just imagine, obviously, if someone - an ambulance crew is going into your house and they have said things about your home, isn't it nice to speak for yourself directly and say, you know what? It is, what it is and that's how I have lived all my life, and that's what I... Those are the choices that I've made, but if there is support and you feel you can help me, yes, I'm happy for you to help me as long as I'm there.

I: Mm.

R: So I thought that really worked, because the person was able to say that I don't want anyone going into my house without me being there.

I: I see. And so do you think - how was it that the technology helped with that?

R: The fact that he was able to communicate his wishes.

I: I see. Well...

R: Otherwise, [unclear 15:56] have happened behind the doors, isn't it? He could have been [unclear 16:00] professionals, because he can't attend. Does that make sense?

I: Oh, I see. So it was the fact that he was able to control what was...

R: Right.

I: ...happening?

R: Yes, he was there to answer the questions, because it was about him, isn't it? So it's best if he answered that question himself.

I: Right. So normally, what, somebody would be going in?

R: Right. Normally, I would go in and say there's a safeguarding concern that's been raised by the ambulance crew, and this is what they are stating, what's your say? I'm wearing a mask as well on top of that, so he... Then I would have to write that down, but it's not the same as the person is actually saying it themselves directly.

I: I see, okay, that's good to know.

R: Yeah, I personally think that, yeah, to take into consideration the situation that we are in, I am grateful for the technology. And I'm sure it's going to get better, because we are learning this is alien to us and this is a new thing that's happened, and we... No one was prepared for it. I think that we handled it really well, because we were able to think on our feet to use technology, to make sure that we keep families together with their loved ones as well, whether it's in the hospital or in a care home. We're getting phone calls, people distressed, trying to find out information about their loved ones. The doctors are busy, and they can't

always be speaking to family every second. So that piece of equipment helps with all of those things, to make sure that they can speak directly to that person.

I: Mm. That sounds very positive.

R: Mm. I personally think that it's a good way. I can't - of course it's got ups and downs, but I think that taking into consideration that this was never... We didn't plan for this, and it's not something that we're looking forward and say we've planned, and we've put things in place. No, it's something that just came, and we just had to manage.

I: Yeah. Do you think it would have been so successful without this kind of necessity?

R: I think so, but I don't think that technology would have become so big if... Because we're not using it actually that way before, if that makes sense?

I: Mm.

R: We were going directly to care homes. We were going directly to the service users' homes. We were not using the technology anyway. Yeah, we just believed on seeing the person and at least you can see the person, you see their home or wherever they are, and go through the notes, the medical notes at the care home, to make sure that things are in place for that person. But now you can't, you just have to trust the other person on the other side of the phone.

I: Do you think it's going to reduce the amount of times that you go to people, you visit people in person in the future?

R: Yeah, I think if it's not necessary, it doesn't have to happen. But if it is necessary, and if there are some concerns... There are some people that are really doing well in care homes, and they're well looked after. And if you can see them, and you can see their skin, you can see they look good or they present well, then those [unclear 19:26] when you speak to staff and you speak to families, and families are happy, then I think in those cases then you don't have to visit. But there are places where you see that we are speaking to the nurses, a person has got pressure sores, all the things that are happening. So you need to you need to go there and see what's going on.

I: But do you think it's changed your views at all on what is a necessary or unnecessary visit?

R: Yes, I think so. I think so. Not all visits - everyone needs a visit, no, I don't... I don't think so. I think we have to prioritise our time.

I: Yeah. And has that been a positive thing for you then, in terms of being able to manage?

R: Yes. Yeah, definitely. Yeah, it definitely has been a positive thing to be able to manage, because all I... For me, as long as - if someone is in a care home, as long as they are well looked after and they are protected, they are fed and their skin integrity is good; and I've spoken to them and I've spoken to family, then I'm happy with that.

- I: Okay, yeah. And when you're sort of recording information now, when you're doing your assessments...**
- R:** Sure.
- I: ...is there any change in how you're recording it and sharing that information, now that you're doing it over video?**
- R:** Video calling? Obviously, we have to record the information on our system, whereas if I was in a care home, I would be writing on their documents as well, as well as my [unclear 21:09]. If I have concerns, yes, I will be sharing that, or maybe I'll probably discuss it with my manager first and say this is the situation, something is not sitting right with me. This - I would like... I want you to know which way I can go here, then we just take it from there. But if there are no concerns, then I'm happy to just record it on our system. I have spoken to family, and I have spoken to the resident directly, and I've spoken to professionals within the care home, and there are no concerns that I've been made aware of.
- I: Okay. And do you think the outcome that you get to, that you reach once you've finished your consultation, do you think that's being altered at all by using video calling?**
- R:** No, I personally don't think that. No, I don't, I think that that remains the same, because I like to prepare, whether it's video calling or not, I would make sure that I've got everything in place with me here, so that I cover all bases; the same as when I'm visiting.
- I: Do you find at all that you're kind of looking for information in different places to make up for the fact that you can't see people?**
- R:** Yes, and that's the hardest thing. That's the hardest thing, because it's really difficult to get hold of people.
- I: Okay.**
- R:** It's - yeah, it's just ridiculously difficult to get hold of people. And the GP is a nightmare, because the GP is one of the important people that you'd need to have in your conversation as well. Yeah, but - yeah, it is what it is, and we just need to try and work together more.
- I: And is that - has that been harder since the lockdown?**
- R:** Yes. Yeah, that's been harder, yeah. Whereas the care agencies are always we'll call you back, the co-ordinator is not there and you never get that call back sometimes. You have to call ten times in order - and during that time, probably you've got another emergency, if that makes sense?
- I: Mm.**
- R:** And then it's just things just end up escalating to another level.
- I: Yeah, okay. Yeah, so this is sort of a shift, really. So you're saving time in some aspects, but then it's taking up more time in other aspects?**

R: Yes. Yeah, [over speaking 23:44].

I: What about contact with family? Are you...?

R: I'm sorry, go on.

I: No, no, no, I was just sort of going to say are you having to make more contact with family, or you... Has that stayed the same?

R: No, I'm having to make more contact with family, and family contact me as well.

I: Yeah, okay.

R: Particularly some families are abroad.

I: Right.

R: Yeah. So it makes it harder for them to get a hold, whether it's the residential home or whether it's the hospital. So sometimes I'm open to emails as well, as long as I know that they are... I'm supposed to be speaking to them, and I've spoken to the resident or the patient to say that, yes, you can speak to my daughter in [another country], that's fine. Then I can do that.

I: Yeah, okay. Has it impacted on your relationship with other professionals that you're speaking to using the video calling?

R: I personally haven't had a problem with other professionals, it's just that obviously, for me, it's more of the delay that I find frustrating. Obviously, everyone - pressure is different everywhere.

I: Of course.

R: Because we all experience pressures in different ways. So I can't say it's because they don't want to give me that information, it's because they... Maybe they have [unclear 25:16] somewhere else, so I haven't had any problems with other professionals other than the delay in information.

I: Yeah, okay. And can I just ask you a few safeguarding questions...

R: Sure.

I: ...about whether you were able to see anything concerning about people when you're using the video conferencing?

R: Okay, what do you mean, because the safeguarding - are we talking the safeguarding is already raised, right?

I: So by the time you're speaking to them, they're already - there's already a safeguarding issue?

R: Right? Yeah. Normally, my experience that I've had normally, the safeguarding issue, or I would go... Let me just give you one example of the classic one that I got. This was in a hospital, so one of the nurses said, oh, the patient is saying this and that. So I said, no, that's okay, I'll come and see her myself. So she actually told me more than what she's told the nurse. So then on my contacting the safeguarding team, I think that was already raised by someone else. So the safeguarding team contacted me to say - or emailed me to say, oh no, that's not a safeguarding, that's... What's the word? That's - oh God, the word has gone. That's poor practice, that's it. That's poor practice, and I personally refused that and I said, no, that's not poor practice. I don't know how the safeguarding has been raised, but I can tell you what she has told me, and that's not poor practice, that's just neglect, that's just abuse. So I'm glad I did that as well, because it transpired that that same person is working for other people, and those other people have complained about the same issue as well.

I: **Right.**

R: So I said that's not poor practice, that's just abuse. So, yeah, so he had to progress to Section 42, so that's why... The thing is, you see it's different because I'm in hospital, so, yeah, in hospital at least I can go and see the patient right now with a mask and aprons, and gloves and things like that.

I: **I see.**

R: At least I've got that privilege to speak to them directly, to find out exactly what's going on.

I: **Okay, so you aren't having to do any of those kinds of assessments over video?**

R: No, not as of lately, no.

I: **Okay. Because I'm just wondering if you would have any worries about trying to identify things over video, as opposed to being able to see them in person?**

R: Yeah, I think probably, yes. I think the only thing that will probably - you... Let's say, if you're video calling and you are able to see the home and things like that, you can see that it's unkempt or whatever, or it's they've got hoarding issues. You might be able to speak to them directly and say to them, do you think it's safe for you to mobilise, because I can see you've got lots of things around you?

I: **Mm. Okay.**

R: That I know of, yeah.

I: **And are you - do you have any concerns about being able to sort of discuss and share safeguarding issues over video?**

R: With other professionals?

I: **Yeah.**

R: No, no. I personally - I don't, because at the end of the day, if someone is discharged to the community, the other workers, they need to know what's going on.

- I: And you wouldn't use it to have those conversations with patients or residents?**
- R: The same conversations with - sorry, say that again?
- I: You wouldn't be using - you wouldn't have those sort of safeguarding conversations with patients or residents using a video platform, you'd want to see them in person?**
- R: Oh no, if they're in a care home, I will have to use the platform of using the video calling.
- I: Okay. But do you have any concerns about discussing that with them then, if there's... If they've got carers around, for example?**
- R: Okay, are we saying that if the safeguarding is about carers?
- I: Well, I don't know, you would probably have sort of a better idea of the kinds of things that might come up. I'm just wondering about if there are any issues around privacy and safety that might be exacerbated by using... By not being able to see somebody privately, or in person as opposed to having those conversations over the video?**
- R: Yes. Even though you do try and check with the resident to say, are they all right to speak? If the person is there, they're obviously going to say they are all right, isn't it?
- I: Yeah. Yeah.**
- R: Because they're going to - any problems, whatever, well, it might not feel right to say no. Yes, I get your point, actually, and it's a difficult one, if I may say, because if then that person is reliant on that carer to give them that phone, or to put the phone in a certain way for them, then it becomes really difficult.
- I: Yes. Yeah. So does that have any worries for you in terms of being able to use this long-term?**
- R: Yeah. No, it does. It does, because at the end of the day, then you don't achieve what you want to achieve.
- I: Yeah.**
- R: And you don't know if you have kept the person, or you have put the person at more risk, or not.
- I: Yeah. So is there anything that you would want to change, going forward, in terms of how the technology is used, or how you could see it being used in the future in a post-pandemic world?**
- R: My only issue, really, is more about catering for those that cannot actually verbalise. Is there something that we can use for them, in terms of communication? I remember - and I'm probably getting side-tracked - when I was a carer, and that was years ago, I had someone that had a [Liberator 32:03]... Is that something that people use?
- I: A what?**

- R: A [Liberator 32:08]; it's a machine...
- I: **Oh no, I don't know.**
- R: Yeah, it's a machine that you used to put something on his head, and he will type his answer and that thing will talk.
- I: **Ah okay, I understand.**
- R: Does that make sense?
- I: **It does, yeah.**
- R: So, yeah, and this person was not able to talk, but they can write, if that makes sense?
- I: **Yeah.**
- R: Using - they will type, using... The thing had like a stick thing, so it will type like as if someone is typing on the laptop.
- I: **Yeah, I understand.**
- R: And the message will come to you to say, okay, this is what I want.
- I: **Yeah.**
- R: So I feel things like that should be incorporated within, to allow those people that cannot actually speak, manage to speak, the other alternatives, if you know what I mean, for them, yeah.
- I: **Yeah, okay, I understand. But you don't have any other kinds of concerns about incorporating kind of the use of this type of technology into your practice?**
- R: No, no, no. I think it's probably it has helped.
- I: **Yeah. So I'm nearly finished, but I just wanted to give you the opportunity to say if there was anything else about your experience with this particular type of technology, or anything that I haven't really covered in my questions, that you think it would be useful to understand about how you're using it?**
- R: Not at this moment, no.
- I: **Okay, that's fine. In which case, I think I've finished, if that's all right with you?**
- R: Sure.
- I: **Right, I'm going to stop the recorder.**
- R: Okay.

End of Transcription