

**Recording SC02**

**I: Before we start, I just want to check that you are happy to be interviewed, and for the interview to be recorded?**

R: Yeah.

**I: Okay, great. So to start, I want to know what your experience has been using video technology like MS Teams, Zoom, Attend Anywhere or WhatsApp for consultations?**

R: So it varies, so if I'm doing the MS Teams or video stuff for professional, with professionals, I'm finding that very useful. Obviously, it's different being in a room, because if you're in a room with people and you want to say something, you kind of speak when you're... But on Teams you find it really difficult, because you think someone's stopped talking so then you try to talk, and then I think everyone just... So it's hard to read the room, as in like face-to-face, and... So, yeah, I'm finding that quite easy. And then I think the video stuff is quite handy for, obviously, relatives that aren't able to see their loved ones that are in hospital or in the care home, so they can use FaceTime and things like that. But, for me, I really struggle with assessing people, patients over like videos, because I find that quite tricky.

**I: So can you tell me a little bit about what you do use this type of technology for? You said assessments, but what kind of - what do you do?**

R: So it will be for obviously MDT meetings we're using it for within the care homes to get updates and stuff. For families to have communication with us, and with their relatives, and meetings with them. So if there's a family disagreement or a disagreement within discharge plans, then we'll set up a meeting. But for the assessments for the patients it's for their care and support needs, for their views and just to get a good idea of what they were like before, what they want to achieve and things like that.

**I: Okay, well, have you ever used this technology before?**

R: Outside in personal life, but not in work, no.

**I: Yeah, so you'd never used it before in your practice?**

R: No, it's very new.

**I: Well, what have been the advantages of using this technology?**

R: Well, I mean, it makes everything more accessible, because it's easy just to slot in things over the phone, than having to navigate travel time for you and other people, and things like that. And, obviously, with the Covid restrictions, it's best to stay at home as much as possible, so it enables people to do that. So there's lots of advantages in that kind of way.

**I: Well, then what are the disadvantages?**

R: So the only disadvantage that I've got for the assessment process, is I find it - and it's just me, and other people feel differently - but I find it quite impersonal. So I think sometimes it's hard enough to gain people's trust, to be able to tell you what they need to tell you face-to-

face over a limited number of contacts. But I think over the video, if they're not used to it, or if they are quite confused, it can be more harmful to them and to the rapport than it is to build it.

**I: So there's kind of - maybe even it's difficult to build a trust, a rapport with them, and if they're confused, that makes it much more difficult in your assessments?**

R: Yeah, because if you're trying to do it just on one-on-one, and they are confused or they don't know how to hold it, or because it's new to them. So that in itself makes it tricky, so you have to have a member of staff that's in the unit, taken out of their time, to sit with that person to kind of not do your job, but to oversee that they're aware. And then, obviously, if you've got somebody that you're querying capacity for, it can be quite hard to assess them, because you want to give them the best opportunity to be able to take in the information. But doing that over a phone or an iPad or whatever when they're not used to that anyway, is that us giving them the best opportunity?

**I: Yeah, they're almost kind of being put at a more disadvantage, because they're not used to the technology, you would say?**

R: Yeah, sometimes. Yeah, definitely.

**I: Well, does using this technology fit with your existing ways of consulting?**

R: Yeah, I would say for the different aspects, for the MDTs and things like that at the family meetings, yeah, it's definitely... That's definitely an advantage, because it makes people feel like you're more contactable, I guess, because you're free and they don't have to necessarily book in time with you. And with the units, we do the MDTs over the video thing, which means that everyone can be in the same place at the same time, as at the moment, we can't do that, so that really helps.

**I: So it's helpful for the things with other team members and with their family, with the multidisciplinary teams, and then you have the family member communication, but it sounds like it's not as helpful assessment, and maybe review or monitoring actual residents?**

R: Yeah. So I don't find it that useful, and it may be just because of the patients that I've had; and the experiences that I've had. But, certainly, I feel more comfortable when it's talking to people about their long-term decisions. I find it better for them and for me if I do it face-to-face, as opposed to over the Internet. Sometimes I've had younger patients though that I can do the video things with, and it works really well.

**I: Yeah, but it's more difficult with more older patients, and maybe more cognitive issues and things?**

R: Yeah, and I think just that it may be a generational thing, like if they're not used to using it. Some of them obviously used it in their day-to-day life before anyway, but for some it's like brand new to them and they've never done it before. And then you've got someone that

they've never met before on the other end of it, trying to talk to them about personal things, and I think that it makes them a bit more standoffish.

**I: So it's a little bit more... Oh sorry, go ahead.**

R: It's just different if you're face-to-face and you're smiling, even though you're wearing a mask or whatever, if you're smiling and you can kind of bounce off each other, and I find that they're a bit more closed off on the video.

**I: So they're not willing to maybe share as much, or disclose as much?**

R: Yeah.

**I: Interesting. Well, with your calls, do you tend to schedule them at particular times?**

R: Yeah, so with the patients, you tend not to do it first thing in the morning for when they've just woke up, so mid-morning before lunch, or maybe just after lunch. And like to book it in with the staff, so that they're aware of what's going on and they can maybe then talk to the person beforehand to say this is what's going to happen, because of the virus or whatever. So just to lay the foundation, so it might be a bit easier when it comes to do it. But, yeah, definitely not first thing in the morning.

**I: So it works - so you found that it works better if you do plan particular times and things for the calls?**

R: Yeah. And a one that fits in with them as well, so everyone is different. So some people are really good in the morning and some people are just really dozy and sleepy, and they don't want to talk. So it just varies of what fits in with them, because my... Because it is on Teams, my schedule is really easy and it's I'm not doing anything, so it's just sitting at a computer.

**I: So then you're - you can make decisions about times and things based on the home and the staff's availability, as well as what might be the best time for that person?**

R: Yeah, definitely. But I think it makes it more - your time is more freed up, so you're not restricted by, oh, travel time, like I said, or having to be somewhere at a particular time. Because it's on the laptop it is quite easy to just slot in with whatever suits everybody else, so that's a good point.

**I: Mm. Were there any communication issues that you faced using this technology?**

R: Yeah. So it definitely doesn't help if they're hard of hearing, because, like I said, it kind of... So you've got someone from the home that's sitting with the person that you're talking to, and if they've got hearing issues, then you're relying on that staff member to relay the exact information that you've been saying to them exactly. And then either if they've got a speech impairment or something like that, then it can be difficult to read what they're saying back. So you're very reliant on the person that's in the room with them, to communicate for you and for them.

**I: Okay, yeah. So sometimes there can be issues, not only them, for them hearing and then you trying to understand what they're saying it sounds like?**

R: Yeah, sometimes because if the people have had strokes and things, and they've got the speech problems, then it can be really difficult to communicate. Because sometimes what you would do, if you're face-to-face is you would write down stuff, or you would just get an idea. But I think in the cases that I've been part of, I just feel the frustration because it's like they're kind of closed off anyway because of the... What's going on, and then because they can't communicate with you, can't understand them, or they can't understand you, it gets really frustrated. And something that should have been quite a nice conversation about what they want, turned into like someone that's very closed off and doesn't want to talk at all. Or the care home staff having to do kind of your job, as they see it, because they're having to do what you're telling... Like kind of you're telling them what to say, and they're having to do that. So, for them, it's taking time out of their day, and just to sit with someone and do the same thing that you could be doing with them if you were doing it face-to-face.

**I: Yeah, so you're relying on the care home staff to help support the conversations?**

R: Yeah, and I think sometimes that might kind of, I don't know, like upset the apple cart slightly, because you've got the dynamic then of them of saying, well, we're really busy, too, and then you kind of have to navigate around that whole thing.

**I: Yeah, that's a really good point, is that you are trying to... You're relying on their support and help, especially with somebody who may have communication or sensory issues. But they are burdened and busy as well, and taking the time... And having to take the time out of their day to help support the conversation, which normally, in person, you would do without their support.**

R: Yeah. So for them, it's probably easier if we come in and just do it face-to-face. I mean, obviously, you get moments and sometimes the people are really happy to help and willing. But, obviously, it's the same for everyone and if they're really snowed under and rushed off their feet, or they've got an emergency going off or something, and then it's quite difficult for them to be taken out for an hour, or however long, to do the same thing.

**I: Yeah, that's a really good point, definitely. Well, was there - I know you've talked about the staff being a help, but was there anything else that helped you to use this technology?**

R: So, obviously, work giving us the equipment that we need to be able to do it. And then, obviously, if the care homes are... So some hospitals and care homes, they haven't got the technology that they need for then us to be able to do it. So I worked at a hospital before, because I work in the care homes now, and they didn't have any iPads or anything in that way that they could do. So they had to use their personal phones to make WhatsApp calls and things like that, which made it tricky. So, yeah, it definitely helps if the home has got the right equipment as well, or the people, if they've got their own equipment.

**I: Yeah. If you don't have the right equipment, then it's really difficult.**

R: Yeah.

**I: Well, is there anything that then hindered you using it, and it being...?**

R: So signal - terrible. If you're in a bad signal area then, again, it can make it really difficult, because of frustration. And not even just with the assessments, but if you've got a poor signal and a family member is desperate to see their loved one and you're trying to navigate them to talk to each other, then it can be quite upsetting if they can't hear, or the signal is cutting out. And it can be quite - sometimes less is more.

**I: Mm. Yeah. It sounds like you're having to have been - negotiate not only signals with the care home, but then also with family members?**

R: Yeah.

**I: Yeah, that's a lot of possibility for the signal not to be good.**

R: I know, especially at the moment and my signal is terrible all the time.

**I: Mm. Well, were there any specific situations, or residents, or even events in which using video technology worked really well?**

R: Yeah. So I would say I had a lady that wanted to go home. Well, she was telling me that she wanted to go home all of the time. To her family, when they were having conversations with her, she was telling them that she wanted to go into a care home. So, for me, I can only listen to what she's telling me, and not what the family are telling me that she's saying. So the tricky thing was obviously that we weren't all in the same room at the same time, and we couldn't have the exact same conversation. So I set up a Zoom call with the family and with the patient, and I was actually with the patient in the same room. But it was easy for me to navigate that, because she was able to put forward her views to her family with me witnessing, and they were able to then communicate back with her. And the outcome was that she did want to go into a care home, but not as like the long-term and she wanted to just try it for a little while. So she was in hospital at the time. And that worked really well because without that, we... It was impossible for me to get the right information, because to me one thing, and then to the family another thing, so that really helped.

**I: Yeah, and maybe it's easier sometimes to get - especially if people are far away, or not really close by, or can't be there at the same time, it then can be helpful to just everybody be in the same virtual room, I guess.**

R: Yeah, well, that was in the middle of - I think that was around March time or something, when coronavirus was really bad, and we had it in the hospital really bad. So family members weren't allowed in at all, so it made it really difficult to try and have those really important conversations. And sometimes it's unavoidable, and sometimes you can delay making certain decisions because of the situation, but sometimes it is unavoidable and that decision needs to be made. So, yeah, it really helps in that kind of aspect.

**I: Is there any other situations or events that it worked really well?**

R: Yeah, so, I mean, I would say that it works - that the higher percentage of it working well, is there. So it's only on the rare occasion that you get somebody that is either lacking capacity

because of their cognition, or speech, or hearing. And, even then, if you have got somebody that's working in the home that is willing to support you and quite happy to do that, then it still works really well. So it's minimal that it doesn't work well; most of the time it works well with making decisions, discharge decisions with MDTs, that definitely works well. So, yeah, I would say more times than not, it works really well.

**I: Your only concern is when it comes to assessments, it sounds like?**

R: Yeah, I think that with that, it just - it doesn't sit comfortably with me, but if it works well, then I'm willing to be happy with that. But it's when, yeah, I just, I feel like it's a little bit impersonal, but if they're happy with it and we get to the decision - brilliant! But if there's some kind of issues, then it feels really... It kind of doesn't sit right with me making those decisions based on that, and I would rather do it face-to-face if there's obstacles.

**I: Yeah, especially if there's cognitive issues or hearing, or communication issues.**

R: Yeah.

**I: Well, I know you have mentioned that sometimes the care homes' staff have joined the calls to help support the individuals, residents. Can you explain that a little bit more when that happens, and when it maybe even doesn't happen, and why it may happen?**

R: So nine times out of ten, if you've got somebody that is able to communicate quite easily, you won't need anybody else in the room. If they're aware of how to use the technology, then you can quite comfortably have that conversation with them without support. But either if they feel that they need support, or if you recognise that they may need some level of support, you'd then negotiate that with the care home. So you would call the manager just to say this is what I need to do, are you happy? If they're not happy for you to come in or you can't come in, I need to do this over the phone or FaceTime, is there someone can support? So they'll say, yes, because they're supporting you, but on the day, if they're really busy, then you can be met with that kind of obstacle of you feel bad, because you're taking up their time, but you need to get the information.

**I: Yeah, and you need their help?**

R: Yeah. And, yeah, you need their help and you can't do it without them. And in them helping us, then we help them because that kind of frees up their bed or whatever. So it is we're all working together, and that is very much like that. But there are days - and it is probably in any job anyway - there are days when you feel that there's a little bit of tension surrounding the taking time out of their day to support you.

**I: Yeah, it sounds like - yeah, because you can't... It's not like you can just go to the home now, it's you're having to rely on them to be able to log in the call and use the software, and set it up and do all of that. You can't just show up at their door.**

R: No. So with me, at the moment, I've got an agreement with the home that I'm working with that I come in two days a week, and I am swabbed weekly, just to kind of safeguard them and everyone else. So I come in two days a week, and then the rest of the days I don't go in

and we do anything that we need to do through video. So I think that kind of has helped the dynamic and the rapport, because they see me as willing to still come in and engage, if they're happy for me to do so. And then I kind of think that that makes them, in turn, feel more comfortable with helping me, because it's kind of give on both sides.

**I: Yeah. Yeah, that's really interesting that kind of - maybe that dynamic has kind of changed, and you've made those accommodations with them.**

**R:** Yeah.

**I: Well, this kind of gets to the same point, actually. How do the consultations feel compared to face-to-face encounters?**

**R:** I think I go into them apprehensive more, because you're kind of thinking of all the things that could go wrong, or... So I think I'm more apprehensive about them when I need to do them. But, like I say, if you've got someone that's quite able and it's a good conversation flow, and it doesn't feel like awkward for them or for you, then I think it can work quite well. But if you're met with somebody that can't really hold it properly, or doesn't really know what's going on, then I feel bad and guilty because I feel like I should be there. So it kind of doesn't sit right sometimes. And I think as well, because I've got the setup with the home, then if I know for like first of all that someone's going to struggle with it, then I would always put those people on the priority list to see face-to-face, and then try and pick ones that I think are able to do it not face-to-face.

**I: Yeah. Kind of selecting the residents that maybe are more able and more cognisant to use the technology versus making them a priority if they're not, when you see them and when you're at the home.**

**R:** Yeah.

**I: Well, we've kind of talked about this, but was the person's understanding and participation in the conversation really impacted by using video technology?**

**R:** Definitely sometimes, I would say. That it just feeds into the - again, the cognition, but sometimes not even that, and sometimes if you've got somebody that's completely incapacitated, knows exactly what they want or they need, but if they're not used to using it, then it's so confusing. Like one of the men that I was looking after in the hospital, again, it was family wanted to speak to him. So you had the man that was completely - knew what was going on in the world and everything, but he just couldn't understand how to hold this phone in his hand, and that his son was on the screen. And his eyesight was a bit poor as well, so it was kind of like if that sounds like him, then signal. So sometimes it doesn't even need to be about cognition or anything like that, it's just that it's so alien to just look at a little phone and try and pick out a person on it.

**I: Yeah. If it's something completely new to that person and something they're not, they don't really maybe... Can't get their head around that technology, then it can be really maybe difficult for them to participate or understand.**

- R: Yeah. And in the environment that they're in - if they're in a quiet room and they can hear and very like calm, like it's nice and calm, then it will work better. But so in a care home environment it's quite good, in the sense that they've got their own rooms. But in the hospital, you've got like four beds in one bay, and then you've got people that could have dementia or something, or screaming out. And trying to do that in there is just - yeah, so definitely environment has a massive impact.
- I: **Yeah, definitely. Especially if you - like you mentioned, if they're having hearing issues and then there's other noises going on, or other distractions from the screen, then they may not be as engaged.**
- R: Yeah. And so with professional assessments then you would always negotiate that they go to a quiet room. But with family it's very difficult, because you can't always negotiate the quiet room for every single person that you've got around, and that can make it quite frustrating for them, I guess, to speak to their loved ones.
- I: **Yeah, definitely, if there's - yeah, if you can't find the space to have the conversation that's quiet or private, it's really difficult.**
- R: Yeah.
- I: **Well, how are - how was information from consulting, consultations and these conversations that you're having recorded and shared?**
- R: So that's the difficult thing. So the MDTs that you have, obviously it's all on video and it's not recorded or... And it's documented by people individually, so I make notes and then I upload it to a spreadsheet and then shared via email. So, for me, they've got a secure email and we've got a secure email, so we can share the information like that if it's personal information. So, yeah, the emails and that are going backwards and forwards, but it's difficult with the residents. So there's certain paperwork that they need to sign, and I think for the time being, we've been using family. So if the family member has got an email address, we can send it over to them for email and they can send it back. But you're a little bit stuck if you haven't got - if you've got someone that hasn't got any family or friends, or anything to support them, then you're reliant again on the care home staff, or coming in yourself to get that signed personally.
- I: **Yeah, that would be really difficult, actually, because they can't sign it. Yeah, it might be to get some paperwork done. How are things shar-...I know you mentioned having a spreadsheet, but is there anything else that you use that is shared with the other people that might be involved?**
- R: So their assessment or financial assessment, things like that, they can all be sent out by post, and we did that previously anyway; so it can be shared that way. In terms of information that they need with regards to charging policies, or to sign for the screening for them, it's similar things. If they've got family, you can send it via email and they can post it back, or however they choose. If they haven't, then it is a case of getting somebody, sending the information over by email to a staff member, and then them getting them to sign it and explain it and go through it with them. Again, taking time out of their day. Or you can - I've



been doing the... Anything paperwork-wise that needs to be done from them, I've been doing that on my time when I come in.

**I: Okay. Well, do you have any concerns, or do you have - or do you just have access to some of the things that maybe care homes record now, or is it really difficult to say if they have paper notes and things that you would usually see when you visited, but maybe you can't do that when you're not allowed in the homes?**

R: Definitely. So the usual one, for me, is the nursing notes. So the MDT notes that we have, that the therapy team kind of organise and tell us what the plan is going on with them, they send that through via a secure email, so you've got that information once a week. But I've got quite a good relationship with them anyway, so anything that comes up in between that information, we email each other or ring each other, so we're up to date. But the nursing notes is really tricky, because to get the information that you need from there, it's in lots of different places. So you'd have like the weight that you might need, and then somewhere down the line, you've got bowel movements or whatever. So it's really tricky to say to a nurse, can you just go through the whole of their care plan and send me this, this, this and this? And also some of the - whether they are sending it by typing it, or whether they're scanning it and sending it over to you, it's still time-consuming for them. So we've tried it once through secure email, but I think I just prefer to come in and get that information.

**I: Yeah, it's a little bit easier for you to just come in and find it, than them trying to send it.**

R: Yeah, or just upsetting the apple cart by saying, I know you're really busy, but can you send me all of this? It's a difficult one, because you don't want to put too much pressure on people, but also the information that you need is quite important to progress with plans. So it's kind of trying to get that balance of working together, and that relationship.

**I: Yeah, I mean, that's the question I was going to ask you, is in what way has the relationship between yourself and the care home staff been influenced by having to rely so heavily on video technology?**

R: Well, I think, in some ways, it's kind of brought you all closer together, like as a team, because you do feel you're all in it together: let's all muck in and help each other. So in that way, it's really good and it makes you realise, actually, just exactly what work they do and how busy they are. And I think it gives them an insight into all the information that we need, and why it's so important. So it has its pros, but it definitely has its cons, in the sense that if you haven't built up that relationship with the managers or the staff, or even just the carers on the ground, if you haven't built up that relationship, then it can be sometimes quite tricky to get things booked in, because you're met... What's the word? Reluctance; like, oh, I'm really busy, I can't do it today, or...

**I: Yeah.**

R: So it's definitely important to compromise, I think. So what you can do for yourself, and what you absolutely need support with and finding that middle ground for everybody.

**I: Yeah, and finding what you can do and what kind of works and is acceptable, it sounds like?**

R: Yeah.

**I: Well, what would you change going forward?**

R: Do you know what? Even though it's got its cons, I don't think I would cha-... I think I quite like this way of working because, for me, I have the freedom to come in and do the things that I want to do face-to-face that I don't feel comfortable doing over...online. But also I have the freedom of using it as well, so that if I need to go and pick the children up or whatever, and I can't be on-site all of the time, it frees me up and it helps with my wellbeing and my work/home life balance. So I wouldn't necessarily change anything, and I quite like the freedom that I have with choosing where I can work and when I can work, and things like that.

**I: Yeah. And then also deciding if something does require a visit, and your travel that's needed for that?**

R: Yeah. Instead of having to do it every - being nine until five every day in one place, and not just at the moment because of Covid, but going forward it just, it makes it... I think it has - I think this pandemic has helped a lot of people realise that you don't necessarily need to be in one particular place all day, every day to get what you need to get done.

**I: Yeah.**

R: And I think that's helping - not to stereotype - but definitely me and a lot of my women friends with the children situation.

**I: Yeah, with your other responsibilities.**

R: [Over speaking 33:49] closed.

**I: Oh, yeah. Yeah, so with your other responsibilities, it's a little bit easier to manage, it sounds like?**

R: Definitely. And before I was heavily reliant on when the schools weren't open, like for school holidays. I was heavily reliant on these school clubs that cost a fortune, that I couldn't really afford, and I never even... It never even entered by head that there might be a different way that I could work. So it's kind of forced me, I guess, to be in a position where it's actually helped and I can still do the things that I absolutely need to do face-to-face. I can still have that connection, but then I can do a lot of it as well when I don't need to be somewhere.

**I: Okay.**

R: So it is good.

**I: Yeah, you've got that - for your own work and life balance, it sounds like it's actually helpful.**

R: Yeah.

I: **Well, what do you see about the person concerning - when you talk to the person, concerning the other people living in the home, could you ever see anybody else in the home or anything else going on in the home?**

R: What do you mean, sorry?

I: **So when you would have video calls, was it always - I know you mentioned that usually it was in a private room, but were there ever times where you could see what else was going on in the home, or other people?**

R: No, so not in the care home environment at all, because it would always be in their room, which is private and it's always arranged. So there's never someone just barging in, or sometimes... Actually, that's a lie, and sometimes you might have someone knock on the door and say, do you want a cup of tea? And then not realise and go, oh sorry, and then walk away. Sometimes you can - but even when you're face-to-face, you can get interrupted like that, because the door is closed and they come in. But in the hospital I would say, yes, definitely, because there is so much going on, and it's so busy. And finding a quiet place for someone is quite difficult, because there's not really that many places they can go - hiding in the bathroom.

I: **Yeah. So, I mean, besides the like - bless them - the staff knocking on the door and asking if the person wants a cup of tea, was there any other things happening around that you can notice with the care home staff, or anything else going on in the care home?**

R: No. So it's quite normal everyday stuff, and they're sitting in their room and they have the conversation with you, and then I suppose they go about their day. If somebody is with them, because they need to support them, then that person will be in the room. And I haven't met any problems that I feel like they're having kind of a conversation that I'm not privy to, so I haven't come across anything like that yet, or someone being in the room that isn't supposed to be in the room. But I'm sure you'd kind of get an indication, because the person would be looking elsewhere.

I: **Yeah, they wouldn't be focused, yeah.**

R: Yeah. But, no, normally quite focused, unless they don't know how to work the thing.

I: **Yeah, unless they're having other issues, yeah.**

R: Yeah.

I: **Well, how confident are you that you might be able to pick up on any potential safeguarding issues?**

R: Not very confident.

I: **You're not confident?**

R: Not confident, because I think - I think when you're in the home and you're working from the home, and you're in a separate room, you've got eyes and ears. So you can hear things, you can see things, and you might walk past something and pick up on it. But when it's a structured phone call, the slip-ups are less likely to happen in the sense that, unless someone walks into the room and they're completely not aware of what's going on, and then you pick up on something from that. Nine times out of ten, everybody knows or that person has got a family meeting, or that person has got a call with a social worker at this particular time. So then it's not a surprise, is what it would be if you're sitting in a room and you can overhear a carer or someone talking to a patient that's sitting in their room. So, yeah, and also at home as well, I guess, because if you've got someone living at home with their husband or partner, or whatever and if you're on the phone, they might not necessarily know. But if you're in a video-conference call, then they can see and hear everything you're saying and it's not very private at all. So if they want to kind of have that private conversation with you telling you something, they can't really.

**I: Did you have any concerns about privacy in the care homes, or do you think - or is that usually managed well?**

R: It's managed well, unless you've got someone that can't communicate, and you've got the supporter there. But even in that situation, and the supporter wasn't there, they wouldn't be able to communicate with you anyway. So that's why I really struggle with it sitting right with somebody that isn't able to, and I would much prefer to do it face-to-face. Because if you've got someone that likes to write things down, even if they haven't got the communication problems, but it might be something that they want to keep very confidential, doing it on a video in front of people, or even sometimes even on your own, because you can't whisper, really.

**I: No, that's true, you can't really whisper.**

R: No, or mouth things, because sometimes you can go, are you okay? But just mouth it to them in the room when you're face-to-face, and they might pick up on that. Whereas, on here, you'll do it and they'll think the signal has gone.

**I: Oh. Well, how - were you able to discuss, or do you feel that you could discuss and share about safeguarding concerns and issues, if you do notice any?**

R: With the person?

**I: With anyone about - you know?**

R: With professionals - absolutely. With family members, more than likely. So I haven't come across it, but you would normally ring them anyway in that sort of situation, and speak to them about whatever you needed to speak to them about. So I don't really see a different way for doing that, either just over the phone or video, instead of face-to-face. I don't see there being a problem, but with the person, yeah, I think it might be... For me, it wouldn't feel right to do it over the video. I feel like I would have to be there face-to-face, because I think people tend to be more closed off over here, because it feels very formal. Whereas when you're face-to-face and they can pick up on your body language, or... But over the

video it's quite difficult to judge, and how comfortable they feel. So, yeah, I don't know how I would feel about doing that one, and talking to them about concerns; I think I would rather do that face-to-face. Obviously, if it's the only option, and they're happy and comfortable to do it, then yeah, absolutely, because you need to get the information. Yeah, but I think you need to be really led by what they feel comfortable with, if they're the ones that have got the concerns or worries, fears.

**I: Yeah, definitely. Well, those are all the questions that I have. I'm just going to open it up to you, if there is any other information regarding your opinions or your experiences that you would like to share, or you think would be useful for me to know?**

R: So I think - no, I think we've kind of touched on it. I think it's just about building relationships with the other professionals that you're working with, so there's compromise, so you can get the best out of it. At the end of the day, the only person that really matters is the person that you're looking after, or trying to look after. And if everyone has that same goal, that their wellbeing is the most important thing, then you can all navigate and work around it together to do the best thing for that person. But, yeah, I would definitely say that it has its pros - absolutely - but there are moments where I would definitely not feel comfortable using video.

**I: Yeah, it sounds like those issues - there's times that you would use it, and you see the advantages of it.**

R: Yeah.

**I: But then there's the - especially with regard to assessments, or if there's any cognitive issues or sensory issues, or even communication.**

R: Safeguarding.

**I: Yeah.**

R: Anything kind of like, yeah.

**I: Yeah, so...**

R: That makes you go like that.

**I: Yeah. It makes you like shocked, or it raises a red flag.**

R: Yeah, that's it.

**I: Yeah. So that - those kinds of situations you definitely prefer going into the home, and you don't think are really captured using video technology, unfortunately.**

R: No. Yeah. Not unless you have CCTV all of the time.

**I: Yeah. If there's video recording happening all over the home, and not just that little square that you get talking to them. Well, if you don't have anything else to say, we can end the interview?**

R: Lovely. Thank you.

I: **No. Yeah, thank you very much for meeting with me, and your time is very much appreciated, and your comments have been really helpful.**

R: Good. I hope so. I did drone on a bit.

I: **No, that's fine. The last thing I just wanted to double-check, we have - we are going to store your, or save your information because you have checked that you would like to be contacted about the findings, what we do find, so we can share that with you. And just double-checking that you're still happy for that to happen?**

R: Yeah, perfect.

I: **Great. Yeah, we want to make sure that you feel like - hear back from us that your input was very con-...your contribution was valued, and led us to have some great results.**

**End of Transcription**