



UNIVERSITY  
OF HULL



CARING FROM A DISTANCE:  
WHAT CAN WE LEARN FROM  
CARERS' EXPERIENCES OF  
USING NEW AND FAMILIAR  
WAYS TO STAY IN TOUCH WITH  
FAMILY AND FRIENDS IN CARE  
HOMES DURING COVID-19?

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## Summary of our main findings

# WHAT WE FOUND OUT

## Our main findings



### KEEPING IN TOUCH BEFORE COVID-19

Visits were really important and carers helped in many ways during visits. Feeling welcome was important.

### KEEPING IN TOUCH DURING COVID-19

Carers tried different ways to stay in touch - including technologies, posting gifts and socially distanced visits. All worked well for some people but not for others. For some people only visits worked.

### SUPPORT TO KEEP IN TOUCH

Most care home residents needed support from care staff to help them stay in touch. The amount of support provided varied.

### THE COSTS OF SEPARATION

Being apart was painful for carers & residents. Carers felt sadness, distress & guilt. They worried about the impact of separation on their relative/friends.

### CONCERNS ABOUT SAFETY & WELLBEING

Not being able to see residents worried carers, and they could not always spend time together privately.

### RELATIONSHIPS

The relationship between carers and the care home is really important in helping carers stay in touch.



### DIFFERENT WAYS OF STAYING IN TOUCH WORK FOR DIFFERENT PEOPLE

A personalised approach is needed to meet individual needs and preferences. And good staff support is essential.



## Background to the research

Visits with family and friends (referred to in this report as carers) are an important part of care home life. Carers do lots of things during their visits like providing practical and emotional care and support; keeping an eye on the person's health and the quality of the care they receive; helping the person to stay connected to the world beyond the care home, and providing company to reduce feelings of loneliness.<sup>1, 2, 3</sup>

The COVID-19 pandemic meant that many countries closed care homes to all visitors early on. This lasted longer than anyone expected. The re-opening of care homes has been slow, and affected by new waves of the pandemic. While care homes were closed, contact was limited to socially distanced visits, often supported by staff, or to phone or video calls for those who could manage them. As COVID levels continue to vary across the UK, some care homes continue to restrict visits, meaning that carers can visit less frequently or freely than they did in the past. In addition, as we enter winter, care homes are reporting rising COVID rates again, alongside flu and outbreaks of winter vomiting which often cause short-term closures of homes. There is huge variation in how people are thinking about COVID; for some people it is still a very real concern, while other people are keen to return to as normal a way of life as possible.

Research has shown how difficult the COVID-19 pandemic has been for everyone connected to care homes.<sup>4, 5, 6, 7</sup> Residents have felt lonely and missed family and friends, experienced worry, anxiety and depression, and some people's physical or cognitive health may have deteriorated during this time. Carers experienced worry about their relatives' wellbeing. Care home staff also experienced high levels of anxiety as they tried to deliver care in challenging and often changing working conditions.

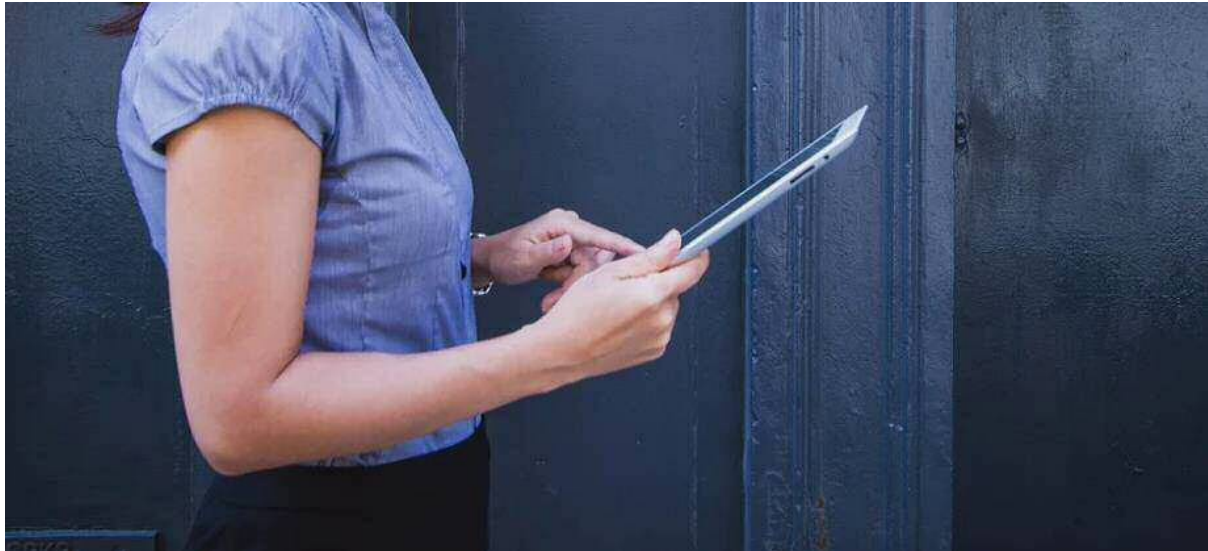
For many carers the closure of care homes meant that they were no longer able to visit as often as they used to. However, for some carers not being able to visit regularly wasn't new, as many carers already provide care and support from a distance. These carers may be unable to visit as often as they might wish, due to long travel times and costs, or transport difficulties. Staying in touch with relatives has already been reported as a problem by 'distance carers'.<sup>8, 9</sup> The closure of care homes to all visitors, in response to the COVID-19 pandemic, meant that in many ways, all carers of people living in care homes became 'distance carers' regardless of where they lived, due to the restrictions on visiting.

The aim of this research was to make sure we could learn from carers' experiences of trying to stay in touch, especially anything that worked well. Lessons from this difficult time will be important to support people in the future who might experience difficulties visiting, such as distance carers, carers who become ill themselves or who also care for other people. Also, although the scale of the COVID care home closures was new, care homes do sometimes need to close due to other infections (like diarrhoea and vomiting outbreaks),<sup>10,11</sup> and so anything we can learn about how to stay in touch during these times will help in the future.

This report shares some of what we found through the research.

#### [A note about language](#)

In this report we use the term 'carer' to refer to people who support their relatives and friends in care homes. We refer to people living in care homes as residents. Paid carers working in care homes are referred to as staff.



### What we did.

We sought to explore carers' experiences of staying in touch with a relative or friend living in a care home during the COVID-19 pandemic. Our aim was to:

- Learn more about carers' experiences of staying in touch with care home residents at a time when visiting was not possible or permitted, and
- Find examples of good practice in supporting care home residents and carers to stay in touch.

We carried out an online survey. Carers were invited to take part if:

- They had a family member or friend living in a care home during the COVID-19 pandemic (this included care homes, nursing homes, supported housing, and other staffed services)
- Both the carer and care home resident were aged 18 or over.

The survey was open to people in a range of relationships (for example spouses; adult children; parents; siblings; friends), and included carers of older people, people with autism, learning, physical or sensory disabilities, and people with mental ill-health.

Using an online survey meant that we could include a range of people from throughout the UK, and ensured that people could take part at a time that was convenient for them.<sup>12</sup> However, we recognise that using an online survey may have meant that some people were unable to take part, or to find out about the research, as they may not have had the skills, confidence or resources to go online.<sup>13,14</sup> A hard copy of the survey was posted to anyone who requested it.

The survey questions were developed by the research team, based on previous research. The survey used a mix of tick box questions and open questions that allowed people to share their own views and experiences in as much detail as they wished.

We told people about the study in lots of different ways:

- Social media: We used Twitter (@dist\_care) to publicise the research.
- Organisations: Emails and Twitter messages were sent to carer organisations and other relevant organisations asking them to share information about the research – for example, via newsletters, social media, or on their websites.

- Radio: The project was discussed on a local radio station (July 2020).

The survey was open for people to fill in from June to December 2020. Since the survey closed there have continued to be disruptions to 'normal' patterns of visiting for some, due to the ongoing pandemic.

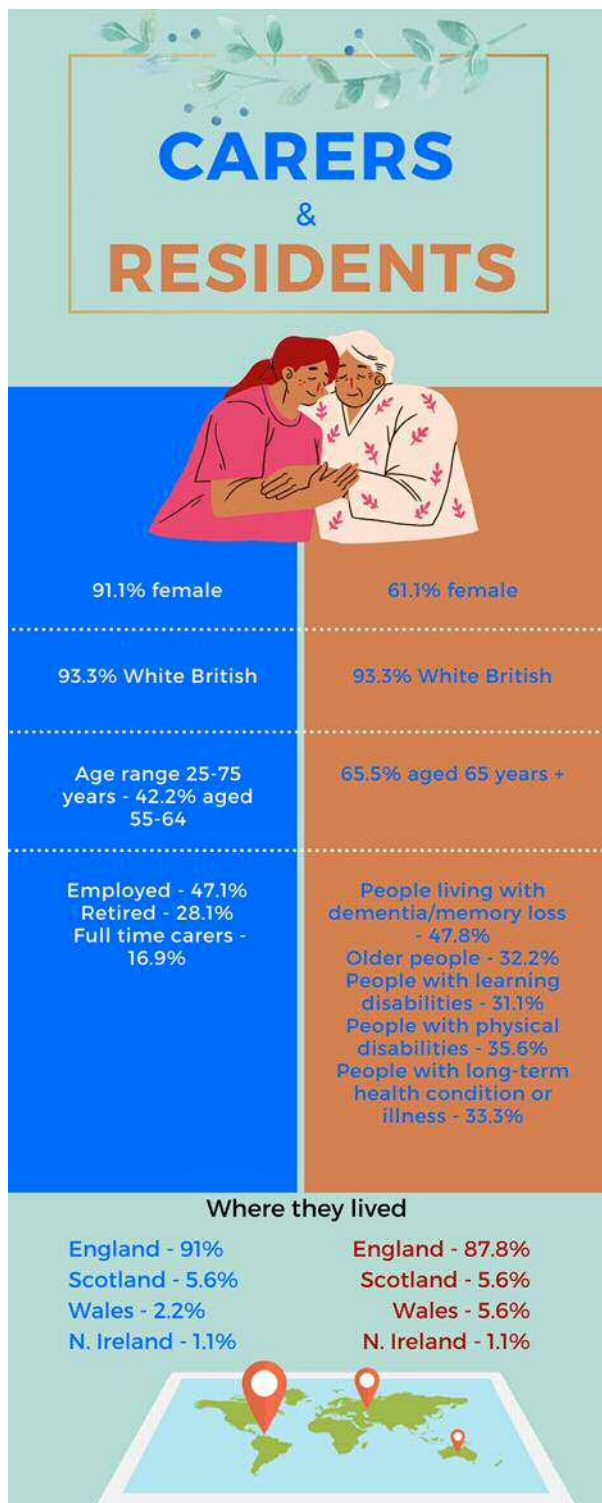
99 surveys were filled in, and we were able to use 90 of these. 9 could not be used because they were not complete or did not appear to have been completed by a carer.

We analysed the survey responses. This allowed us to identify the most important themes and messages within the survey responses.

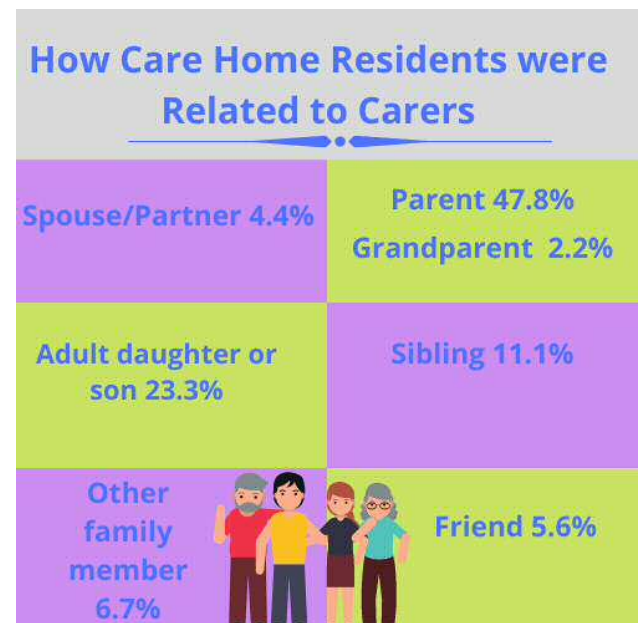
Ethical approval for the study was given in June 2020 by the Faculty of Health Sciences Research Ethics Committee at the University of Hull.

## What we found out

We collected information about the characteristics of carers and the care home residents they supported.



Almost 80% of carers reported that their relative or friend had a cognitive impairment, due to either dementia or a learning disability.



We also found out about six important aspects of keeping in touch. These were:

- 1) How carers kept in touch before COVID-19
- 2) Ways of keeping in touch from a distance during COVID-19
- 3) The importance of support to keep in touch from a distance
- 4) The costs of being separated
- 5) Concerns about safety and wellbeing
- 6) The importance of the relationship between carers and the care home

### 1) How carers kept in touch before COVID-19

People told us that visits are important because caring doesn't end when someone moves into a care home. Most participants (69%) visited their relative or friend at least once a week (including 11.5% who visited daily). Others visited at least once a month (17.2%). A small number were not able to visit in person (2.3%).

People generally lived close to their family member, relative or friend: the time to travel (each way) when visiting for most carers was less than half an hour (42.5%) or between half an hour and an hour (20.7%). However, 37.7% were (using our definition) 'distance carers' who had a travel time of at least one hour (each way) when visiting; this included 17.1% who travelled for three hours or more each way to visit.

Before COVID-19 carers did all sorts of things during their visits including; helping with washing and dressing (41.4% helped with personal care); taking people to appointments; helping with finances (50.6% helped with practical things such as shopping, money, medical appointments); making sure the person was able to spend time outside; and offering emotional support.

83.9% of people spent time with their relative/friend chatting, reminiscing, playing games, they also went out on trips (55.2%) and helped their relative/friend to stay connected to others (43.7%). Visits were also an important way to keep a close eye on how someone was doing and to step in quickly if there were any worries or concerns. For some carers visiting face to face was the only way they got to know anything because their relative or friend was unable to speak on the phone or keep in touch in any other way. 86.7% reported that when they visited they spent time making sure their relative/friend was getting the support they needed.

In between visits, contact was also maintained with their family member, relative or friend through a variety of means (such as by phone, post or online meeting tools).

*Able to monitor his care; Assist with personal hygiene dressing and maintaining his appearance; Assisting with feeding; Keeping his spirits up; Filling the gaps in his memory bridge; Encouraging activities; Chatting reminiscing; Just being there (Carer 79).*

Some carers told us that before COVID-19 care homes were really supportive of them visiting and very flexible. People spoke about feeling welcome and valued. Visiting also meant that carers got to know and trust the staff. For people who moved into care homes for the first time during COVID -19, their carers told us they didn't know the home or the staff and so having no face to face contact at this difficult time was really worrying.



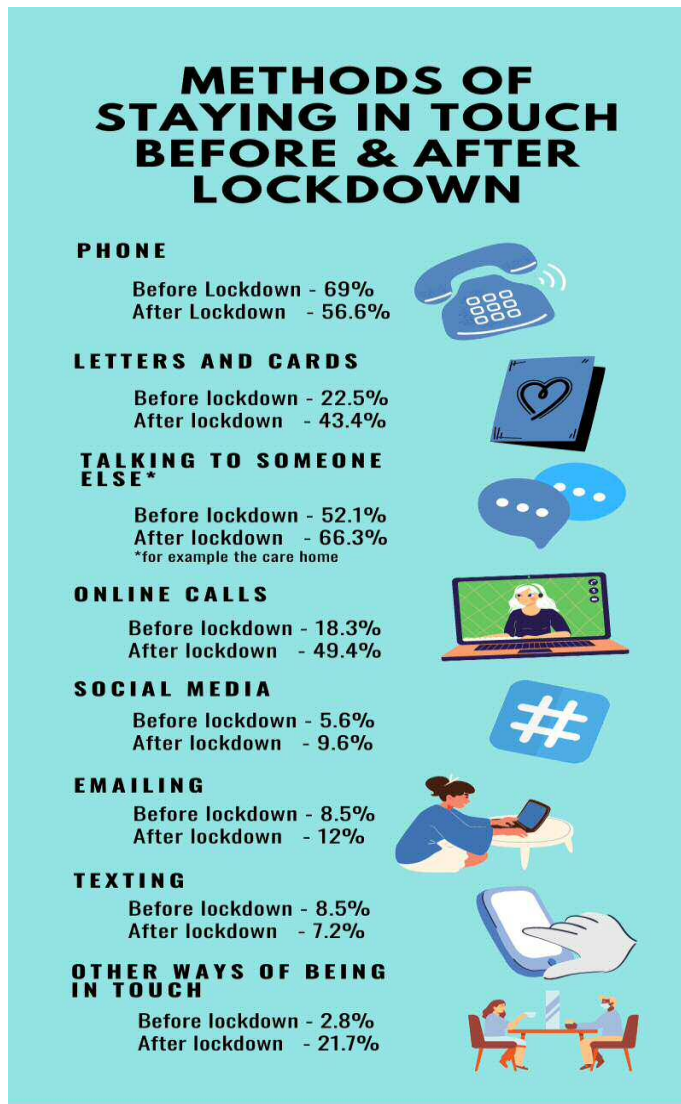
Very importantly was frequent and informal interaction with staff so a question/problem/arrangement could be dealt with in a relaxed manner at a time that was obviously convenient to all concerned (Carer 75).

It was lovely to be able to pop in for a couple of minutes or to stay for a few hours, share a meal etc. Lovely to be able to go alone or have several members of the family - and the dog (Carer 75).

I could visit any time, bring my husband home and take him for walks and exercise at a gym to keep him mobile (Carer 64).

## 2) Ways of keeping in touch from a distance during COVID-19

How people kept in touch changed as visiting became restricted. After the UK lockdown began there was a substantial increase in people using online technologies to contact their relative/friend, as well as posting gifts and cards, and contacting the care home (to get updates and find out how the person was).



People also told us about a whole range of different ways they kept in touch during lockdown. The table below gives some quotes from carers about positive and negative experiences of using different ways of staying in touch.

**Table 1 – Carers’ experiences of different approaches to staying in touch.**

<b>Technologies</b>	
<b>Positive experiences</b>	<p><i>My brother finds communicating easier when he can see who he is speaking with. Using visuals has been revolutionary for his communication (Carer 27).</i></p> <p><i>She has been very pleased to be able to see me on FaceTime especially when the cat has appeared (Carer 22).</i></p>
<b>Difficulties and challenges</b>	<p><i>Mum needs some help to make and receive calls .....99% of the time there is no support. Mum struggles to answer video calls but persists unsupported to call family members back (Carer 43).</i></p> <p><i>Zoom and FaceTime just didn't work for someone with advanced dementia - she just couldn't engage, and got upset (Carer 65).</i></p> <p><i>When family members have tried to make contact with her using this type of technology, staff have often not been able to utilise it themselves. So it has not been very successful (Carer 66).</i></p>
<b>Phone</b>	
<b>Positive experiences</b>	<p><i>What has worked best is the telephone in his room which he is able to use himself without help (Carer 89).</i></p> <p><i>Dad has a mobile and family are keeping in touch regularly (Carer 3).</i></p>
<b>Difficulties and challenges</b>	<p><i>He just about manages on the phone because of hearing loss. No support offered (Carer 80).</i></p> <p><i>My mum is no longer able to focus on phone calls (Carer 41).</i></p>
<b>Socially distanced visits</b>	
<b>Positive experiences</b>	<p><i>Outside visits have really helped. Mum is so much happier seeing us face to face (Carer 26).</i></p> <p><i>My mum was absolutely delighted to see me when I visited. She is a very social person and craves having someone to talk to (Carer 40).</i></p>
<b>Difficulties and challenges</b>	<p><i>Mask visit to gardens 3m away resulted in mum not recognising me and thought I was a Doctor. I continued 2 further garden visits but this is distressing to us both (Carer 47).</i></p> <p><i>Window visits allowed on a few occasions but these distressed my husband. He wanted us to come in out of the pouring rain (Carer 79).</i></p>
<b>Post</b>	
<b>Positive experiences</b>	<p><i>I know she enjoys receiving cards and letters as being able to re-read them helps her to remember things and I also send her photographs of her grandchildren which she loves (Carer 40).</i></p> <p><i>Sending in photos, letters, etc. This keeps the contact going and helps staff with gaining background knowledge about the resident (Carer 8).</i></p>

<b>Difficulties and challenges</b>	<p><i>Sending her cards or presents doesn't feel like keeping in touch....I've never sent presents before. I have to keep asking whether they've been received and given, because staff don't tell me. I have to trust that they are explaining that the present is from me. I don't know if my sibling understands (Carer 87).</i></p> <p><i>Cannot read letters/cards etc. Sometimes gets help with this - sometimes just put onto her table or bed for her to look at (Carer 71).</i></p>
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### **Technology**

Some people used digital technologies and apps to interact with relatives/friends and to contact staff. Virtual calls were successful with some people, who enjoyed this new approach. Some carers told us about the importance of seeing their relative/friend and how reassuring that felt. But using these digital technologies places demands on care homes, staff, residents and carers. Carers and care homes needed good internet connections, digital skills and confidence. Not everyone was comfortable with digital technologies. While some residents enjoyed online chats, others found this distressing, confusing and disorienting.

### **Phone calls**

Phones are a more familiar way of staying in touch and some residents were able to make calls by themselves. However, for others, phone contact had become difficult. Physical, cognitive and hearing impairments all contributed to difficulties, meaning that the phone was used with difficulty, with staff support, or not at all. Adapted handsets could be useful for some people if they were available.

### **Socially distanced visits**

Some care homes allowed 'window' visits, meetings outside, or created 'safe visiting' spaces, for example, using screens to stop close contact. Such visits, although a bit odd at first, were enjoyed by some. However, this was confusing for some people and was difficult for residents and carers with hearing problems. Some carers told us these felt like 'prison visits', and the weather also made outdoor visits difficult and uncomfortable at times.

### **Post**

Carers posted letters, cards, photos and gifts to their relative/friend, to let the person know that they were thinking of them. Cards, letters and pictures were things residents could keep going back to and show to others. However, not everyone was able to read letters. Some carers never found out whether the post had arrived or what reaction it got.

### **Talking to someone else**

Carers relied on staff for updates. For some people, speaking to staff was reassuring. However, others found that staff were too busy to answer calls or to give much information. Whilst updates from staff could be useful, it was not the same as keeping in touch with the person directly.

### **Getting creative**

We were blown away by the incredible creativity in the ways that carers kept in touch and found ways to let the person know they were not forgotten. Carers told us about sending photos and photo gifts that would stimulate memories; sending personalised gifts; exploring new ways to help

their relative/friend understand the COVID-19 situation. The table below shows some examples of this creativity.

**Table 2 - Creative approaches to staying in touch**

Spending time together	<p><i>I started reading stories on Skype which she is really enjoying. I made social stories to try and explain the current situation. We sing songs (Carer 17).</i></p> <p><i>Find out what motivates your loved one and use this to communicate with them (in our case football quizzes) (Carer 35).</i></p>
Using photos	<p><i>I also had a cushion printed with family photos which I am told my relative connected with (Carer 75).</i></p> <p><i>I send him a photo post card every week. The postcard has a photo of family members, and at least every other week a photo of me and him. With a message (Carer 23).</i></p> <p><i>Send big photos they can put up and look at between calls - it gives them something new to think about and to talk to carers about. Or get a photo book made for them to keep nearby (Carer 52).</i></p>
Explaining the pandemic	<p><i>I produce regular large print 'Covid newsletters' for her to read with her video magnifier as she can't hear the news (Carer 60).</i></p>
Sending personalised gifts and treats	<p><i>All things mum knows are coming from me the things I would do when there....Lucozade for afternoon. Tissues as she's never without one. Treats for staff from mum, all the things she knows are coming from a loved one - although she's not 100% sure of where I fit, in she knows &amp; has maintained that familiar connection with me (Carer 58).</i></p>
Using video	<p><i>I sent a video message and the home filmed my mum watching it (Carer 41).</i></p>

Despite all this creativity many carers told us that nothing came close to face to face visits and the lack of touch (not being able to hug and hold hands) was the hardest part. Some carers told us that they had not found or tried any new ways to stay in contact. This was often when they felt a person's cognitive difficulties or dementia meant it would be too difficult to try anything new or that the things they had tried made the person upset. Many carers told us that they felt that the action taken to try and stop the spread of COVID-19 was at the expense of their relative/friend's wellbeing, and in violation of their human rights.

*Many including my Mum are not scared of dying but have been denied their human rights and quality of life because the only metric being looked at is keeping people alive and avoiding COVID transmission. It is existing not living (Carer 59).*

### 3) The importance of support to keep in touch from a distance

A lot of carers told us that their relatives/friends need support to stay in touch, perhaps because of memory problems or communication difficulties. So being able to stay in touch relied on staff helping people.

*Staff teams put the phone in my brother's view and we have a conversation which staff team answer for my brother (in a respectful way which supports him to be involved without verbally answering) (Carer 7).*

*Staff have told me they talk to him about the postcards (Carer 23).*

Carers told us they really liked it when their relative/friend initiated contact (with support), as otherwise keeping in touch could feel very one way. There were lovely examples of staff helping people to make and send birthday cards and posting things made in arts and craft sessions.

*On a couple of occasions my friend has been supported to contact me rather than me always supporting him - that has been wonderful and really makes our relationship feel equal (Carer 15).*

This really shows how staff had an important role in supporting contact and giving regular updates to carers. Having these regular updates gave carers something to talk about with their relative/friend, as well as helping them keep an eye on things.

*Seeing weekly activity plan & posts on a closed social media group about what is happening at the home and in the community...helps me to talk to my brother (Carer 72).*

*Weekly short update email weight, BP, eating, drinking, wellbeing...really helps as someone might spot something important that has been missed (Carer 58).*

People had very different experiences. Some carers told us about excellent support they had received from staff. Some care homes made sure that care plans included scheduled time for contact with family/friends. Some people found that contact was dependent which staff were on shift, and other people had no support to stay in touch with their relative/loved one.

*Some staff were skilled in supporting people to take part and also told us what he had been doing and how he was coping. Others just left us on the FaceTime without support (Carer 35).*

*Every care home should have an individual keeping in touch care plan for every resident, personalised to the individual (Carer 89).*

There were also examples of carers and care homes buying new equipment (such as Tablets) to help people keep in touch during the pandemic.

#### **4) The costs of being separated**

Carers told us about just how difficult and painful this separation had been, sharing feelings of sadness, distress and guilt at being unable to see their relative/friend. They worried about the impact of lockdown on their relative, and whether they would still be recognised when visits were again possible, and indeed whether they would ever see them again. Carers felt strongly that their relative/friend's physical, mental and emotional health had got worse because of the lack of contact. They felt that their relatives/friends missed them and were lonely, and did not always understand or remember the reasons for the lack of visits.

*The last 6 months have been incredibly sad for me. My mum is well cared for but I feel her overall quality of life has been poor as she just doesn't have access to the people who give her pleasure....I wonder if she'll remember who I am when I next get to visit (Carer 40).*

*He still felt very cut off and forgotten a lot of the time. Didn't consistently remember about the lockdown, so often thought we'd all forgotten about him (Carer 53).*

*Mum.....no longer knows who we are, it's like we've lost that period of time which is sad (Carer 3).*

*As time went on, he found it increasingly difficult to not see us. He became withdrawn and depressed and interacted less and less. We think he could not understand why we could not come to see him (Carer 35).*

### 5) Concerns about safety and wellbeing

Carers were worried about what was going on behind closed doors in care homes whilst they were unable to visit. Some carers told us that because they were not visiting they had been left out of important decision making meetings. Carers also told us they never had time alone with their relative/friend because staff were there to supervise visits or to help with phone calls and this worried some. Carers also raised worries about whether consent had been given to post photos on social media. There also appeared to be concerns for some care homes and carers about how to get the balance right between ensuring that residents had access to the internet and the risks to them of going online.

*They allowed my brother access to the internet without supervision. We had to accept responsibility as his family - but we trust his keyworker - who says she will let us know if there are any problems (Carer 12).*

*I don't like the fact that because of COVID restrictions I have not been inside the home since March. I would use my visits to check how staff treated residents - you can gauge a lot by interactions both with me and with other residents (Carer 7).*

### 6) The importance of the relationship between carers and care homes

Carers stressed the importance of having good and trusting relationships with care homes. Some carers had good relationships with the homes and the staff and trusted them completely. These carers felt welcome, as virtual or face-to-face visitors. Carers told us that some care homes worked hard to make carers feel welcome and supported from a distance. However, some people told us that although they had felt welcome before, during COVID-19 things felt very different. Many carers told us staying in touch had been a 'battle'.

*They have been fantastic, always ready to help us with phone calls and weekly Skype sessions. They never make us feel like this is a burden, though obviously it takes a lot of their time, especially as they're doing this for so many residents and their families (Carer 67).*

*The booking system [for outside visits] wasn't particularly straightforward and the whole process of organising a garden visit made me feel I was causing great inconvenience (Carer 40).*



### Strategies for keeping in touch (top tips)

In addition to asking carers to share their experiences of staying in touch with people in care homes, we also asked them about the advice they would share with other carers and with care homes. Based on their responses we have collected together the following advice about staying in touch outside of visits:

#### 1) Strategies for staying in touch

**Technology** can be an enabler. Although technology did not provide a good solution for all, carers recommended the following:

- **Try out and test it** - Persevere with technology (with the person in the care home, with other family members, with care home staff) to develop skills to use new technologies, such as Facetime, Skype.
- **Be innovative** - Try different technology – find out what works best, thinking about what engages your loved one online (for example, family quizzes).
- **Promote access** – If possible, provide your family member/friend with access to things that interest them e.g. audiobooks, online stories, films, music
- **Invest in tech** - Buy your loved one a smartphone or tablet/iPad if possible.
- **Use technologies as ‘eyes’** - Use it to ‘see’ what is going on and how the person looks (not just using the phone to ‘hear’ what is going on).

Technology is not the only solution. Although technology has often been recommended, there are many other ways to keep in touch, which can also work well:

- **Consider a range of options** – Not all people in care homes are able to use video and/or other technology nor is it appropriate for all people with cognitive, sensory, physical or communication difficulties. Understand your loved ones’ communication preference(s) – play to their strengths too.
- **Be creative** - Create DVDs and photobooks. Use different and varied means of contact with your loved one (phone, email, text, send photos, multi-media, letters, postcards).
- **Find alternatives** - Between contact send in sweets, treats, books, puzzles, food parcels, etc. Video messages and songs can be replayed and enjoyed many times.

#### 2) Advice for developing and maintaining relationships between carers and care homes

Good relationships with care home staff are central to maintaining contact and facilitating relationships:

*I feel that my mum is well cared for and settled but I would enjoy more communication. I have the greatest of respect for team who care for my mum but I haven't seen or spoken to her at all during lockdown. I feel the care staff are afraid of letting virus in but I would like a safe way to have some contact with my mum as key workers (Carer 41).*

▪ **Carers' advice for developing relationships with care staff:**

- Ask for a named member of staff to facilitate contact / communication.
- Make sure staff know 'who you are'.
- Ask staff what they need from you to help them / Ask staff for ideas of best ways to maintain contact and keep in touch.
- Arrange a monthly telephone/video call with the manager or senior member of the team to talk about how your relative is doing.

**3) Advice from carers about supporting contact**

Care homes and care home staff have a critical role in supporting contact:

*We've had excellent support from care homes, in normal times in the past and during lockdown. The big thing is always communication. My advice to care home staff is don't assume residents know what's going on, even if it has been explained repeatedly. Don't assume they will ask for help. Keep reminding them, and their families, what you can do to help with contact (Carer 53).*

Carers also shared examples of good practice by care homes to help residents and carers stay in touch.

**Good practice by care homes in supporting contact**

- Care homes make staff members available to speak with families via the phone.
- Staff being in residents' room at the agreed time to support communication.
- Staff keeping families informed of any incidents or accidents.
- Staff sending photos of resident activities and daily life to family members.
- Staff sharing video messages (carer to resident and vice versa).
- The care home setting up a closed Facebook group and posting regularly.
- Socially distanced, COVID secure visiting options (e.g. garden visits, meeting room with screens, window visits, meetings in parks, drive by/waves, PPE availability and testing).

▪ **Carer's advice for care homes in supporting contact**

- Identify the technology infrastructure and software needed to support reliable communication e.g. Wi-Fi boosters/extenders to facilitate online communication
- Have a plan for clear, regular and timely communication to families – this could include using emails and newsletters.
- Enable residents to make contact with their family and friends (rather than relying on family and friends to take the initiative) either online, by phone or by making cards, sending letters or photos.
- Remember that video calls can be upsetting for some residents and carers, so be ready and available to support residents during and after calls.



- Agree personalised plans for supporting resident and family communication and contact for times when visits cannot happen. These may include plans for socially distanced visits and how to stay in touch and support interactive communication between staff relatives and residents.
- **Carers' advice for other carers about how to make sure contact happens:**
  - Don't be afraid to ask questions to make sure you get the information and detail you need.
  - Keep ringing up / Email regularly, and ask for updates.
  - Ask staff to send photos of your relative so you can see the activities they have been doing, how they are and what their daily life is like.
  - Buy your family member a phone, tablet or device to support distanced communication, if possible.
  - Ask staff to help set up video calls e.g. apps on tablets/phones ready to use, if this is suitable for the resident, and to provide support during these calls if required.
- **Carers' advice for how care homes can help them keep in touch:**
  - Make sure residents are available when carers have arranged calls or contact.
  - Print off emails from family members to share with individual residents.
  - Print off photos, enlarge and post in their room / communal areas.
  - Offer emergency, socially distanced visits if face to face visits are not possible (e.g. if the home has to close due to infection).



## Discussion

Being able to stay in touch is vital for care home residents and their carers (family and friends). This contact is essential to maintain healthy relationships and to prevent loneliness and distress for residents and carers. The research highlighted the important roles carers continue to play when a relative or friend moves to a care home. It is important that carers are welcomed into care homes to maintain relationships and provide support. However, it is also important that they can stay in touch outside of face to face visits. This is in the best interests of residents, carers, families and friends. This may also be beneficial for care staff.

Throughout the pandemic, carers, residents and care homes have tried new ways of keeping in touch. This research has helped identify what has worked well, as well as some of the difficulties people have experienced. The findings can help us to better understand how to help people stay in contact between visits, when visits are not possible, and during any future care home closures.

Different strategies for keeping in touch were discussed by carers. These included new ways of being in contact (for example, using technology), as well as more familiar ways (such as the phone and post). All of the methods worked really well for some people, and were unsuccessful and distressing for others. A key message from this research is that there is no single 'best' way to keep in touch from a distance. Instead it is important to find the right method for the resident and their carer. This is often referred to as having a personalised approach; this should be part of residents' care plans, and reviewed and updated regularly.

It was clear from the findings that keeping in touch from a distance was very challenging for some care home residents, and it had not always been possible to find good ways of managing this for everyone. It is important to continue to look for things that work well (this includes different methods of staying in touch, and exploring whether things such as the time of day help). However, it is also important to recognise that, for some people, close contact with their family and friends through visits appears to be the only thing that works well; this may be due to cognitive or sensory issues which make remote contact especially difficult. The prolonged restrictions on visits has been a real cause of distress for some residents, carers and care home staff. It is important to consider how

this can be better managed as COVID becomes endemic, in the event that future restrictions or care home closures are needed, so that the risks from infection are balanced alongside risks to residents' mental health, and their rights and wishes.<sup>7</sup>

The research also highlighted the importance of support from staff and managers for keeping in touch. This support is essential to enable many care home residents to manage technology, the phone, and to send or read their post. Many care homes have provided excellent support with keeping in touch during the pandemic<sup>15</sup>, however others have struggled and have not provided the level of support that families and residents have wanted and needed. If residents are to enjoy the benefits of being able to maintain contact with friends and families in the ways that work best for them, then all care homes need to provide excellent support in this area. This includes having enough staff, staff who are skilled at supporting contact, and have the skills and confidence to use technologies. However, even outside of the challenges of a pandemic, care homes and care home staff work under pressure and with many demands on their time,<sup>16</sup> and homes are often poorly resourced.<sup>17</sup> There is a need to better understand why some homes struggle to support communication (while others manage well), and what needs to be in place to enable them to manage this better.

In addition to enabling staff to support contact, it is also important that care homes have good resources, such as access to technologies and good internet connections, as well as having other 'low-tech' resources available, such as adapted phones which can be used by people with sensory impairments or physical disabilities.

Staying in touch from a distance, especially when using digital technologies, presents some challenges in making sure people's privacy is maintained and that security issues are considered, so that people are safe online. Concerns about safety should not be used as reasons not to engage with technology, but do highlight a need for good resources, information and support to enable care homes to use online methods safely. This is also an important area for future research.

The research has highlighted the importance of support to enable families, friends and care home residents to stay in touch. However, the needs of care home residents who do not have families and friends should not be ignored. Although this group of residents was not the group included in the research, their needs also require attention, and it is important to consider the best ways of helping to link them to support and friendship within the wider community.

The COVID-19 pandemic has been a very difficult time for everyone linked to care homes. However, it has also been an important time for learning and thinking in new ways about care and support. The pandemic has really shown the importance of care home residents' contact with their families and friends, and demonstrated that this should be an essential part of resident support, enabling them to maintain identity, dignity and family life, and should not be seen as an added luxury. We hope that this report can help promote discussion within the care home and social care sectors about what needs to be in place to ensure that all care homes have the resources they need to support excellent communication for residents. This should include learning from residents, families and friends, and from the care homes which are already providing good support.



### Limitations and the need for future research

As this research was carried out during COVID-19, with lockdowns and social distancing in place, the survey was carried out online, as was most of the publicity. Therefore, the people who took part in the research had access to the internet, as well as digital skills and confidence. People who could not use the internet were therefore excluded from this research. This means that we did not hear about their experiences. Carers who are unable to access or use online methods may have experienced particular difficulties with staying in touch and their needs should be considered in future research.

Although we tried to include a wide range of carers, there were some important groups who only took part in small numbers. These groups included carers from ethnic groups other than White British; male carers; spousal carers. All have important views and experiences, some of which may differ from those included in this report. This highlights a need for researchers to find good ways to ensure that carers from these groups are better included in future research.



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### For further information

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