

Care homes: how we could make amends

by Marion Shoard

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The appallingly high death toll inflicted by Covid-19 on care homes has attracted national media attention. But the quality of the daily lives of the 400,000 older and disabled people who live in the UK's care homes has been almost completely overlooked. Care homes throughout the UK have been restricting the routine visiting of all their residents, whether unwell or not, since around Mothering Sunday, on March 22; as a result, visits not only by family and friends but also other valued contacts including ministers and pastoral workers from churches have largely ceased. This has come at a time when homes have cancelled regular visits by hairdressers, exercise instructors, musicians and other entertainers. Although the lockdown rules were relaxed in various ways in late May, there had been no announcement at the time of writing about how this should affect care homes. However, it seems unlikely that homes will swiftly return to the pre-Covid situation as far as contact with the outside world is concerned. This is mainly because the age and pre-existing medical conditions of residents and the circumstances in which they live will continue to leave them vulnerable to both contracting Covid-19 and developing serious illness and dying as a result.

Some homes have provided residents with interesting activities to compensate for the enormous change in the pattern of their daily lives prompted by lockdown. Jill Haddow, who lives at Campbell Snowdon House care home at Bridge of Weir in Renfrewshire told BBC Scotland's *Coronavirus: Scotland's Response* on May 4: "We're kept very well amused. We do yoga, sing a bit, paint, make rugs and do all sorts of things. There's never a dull moment, really." Asked whether she found not being able to see family difficult, she replied, "Of course it is, but we can phone them and we keep in touch very week, I make about six phone calls every evening."

On the other hand, a care worker in Scotland told *Guardian* reporter Amelia Hill on May 14 that, "Residents who were giggling, happy and active before the crisis now just lie in their beds or sit alone in their rooms with their doors closed. Many now barely respond when you speak to them. Some shout for their friends and family. Others have given up entirely and are fading away." The sister of a man living in a care home in Kent reported to me, "The home is not allowing any visitors in to see residents, and I'm not aware that any alternative means of contact has been put in place yet. Not only have the residents been cut off from their families, but they can't go out either ... so my brother isn't going out of his room at all."

It is impossible to know which situation is the more typical at present. What is indisputable, however, is that it is very difficult to sustain a relationship with someone if you cannot meet or speak to them; as a result, key relationships between residents and people outside, from those who simply shared their interests and outlook and thus sustained their sense of identity, to partners and key family members may have disintegrated. Removing the ability of someone in a care home to see and hear another member of their religious community may have undermined their faith. Yet, cloistered within homes, residents cannot easily replace relationships lost from the past. Many of those affected know that they are coming towards the end of their lives. Their

time is precious, and they may not live to see the end of visiting restrictions, whether or not they contract Covid-19.

The national administrations in England, Scotland, Wales and Northern Ireland have all published guidance on how homes should handle restrictions on visiting (see the end of this article for chapter and verse). Firstly, they have said homes should be prepared to permit visits if a resident is dying, and given them instructions on how this can be done safely. Secondly, they have said homes should provide alternative means by which residents can maintain contact with their family and friends. Thus the Care Quality Commission (the homes regulator in England) told homes on March 24 that they, “*Must* support people to maintain connectivity with their friends and families” (my emphasis) and consider alternatives which include, but are not limited, to:

- keeping in touch using remote technology such as phone, internet, and social media phone calls
- video calling, and
- supporting people to see their relatives outdoors, in the home’s grounds or a local open space, while maintaining the two-metres distancing rule.

These steps can of course link residents with ministers and pastoral workers, as well as friends and family. In April 2020, two care homes in Maidstone, Kent accepted the request of Anna Chaplain Elizabeth Bryson for telephone contact. She told me that in one home the activities coordinator took a phone to four residents in their own rooms. “It was really special: I sang over the phone, I prayed with them, I recited scripture. That was a way of giving them spiritual care without seeing them.”

Clearly, the phone remains the most familiar means for care-home residents to keep in touch with contacts outside the home, but not every resident has a phone, while sharing requires staff to decontaminate after each user. Could churches help by asking their local homes whether they might provide additional phones, and if so, which type(s)? Residents who are partially sighted might prefer a large-digit phone and those hard of hearing with one fitted with an amplifier. Churches could also discuss whether additional chargers would be needed and how running costs covered.

We are fortunate that social distancing is taking place at a time of remarkable technological development. Video calls can be made using mobile phones, tablets or other computers with an internet connection, using services such as Skype, Zoom, WhatsApp, Google Hangouts and FaceTime. Again, there may be scope for churches to provide additional equipment to homes. The Christian charity Embracing Age, based in south-west London, obtained a grant from a local trust to buy twenty android tablets. After installing video-calling apps, it distributed the tablets to care homes to help residents stay in touch. However, video-calling will not suit everyone. If someone with dementia sees a loved one in a video call, they may fail to engage, perhaps assuming they are watching a film.

The third alternative the CQC mentioned – meetings outdoors – could bring huge benefits. As well as seeing their visitor in the flesh and enjoying their company, albeit at a distance, a meeting in the home’s grounds or a local open space would also offer a complete change of scene from the indoor care-home environment, often dominated by television and institutional plastics.

Outdoors, the resident could enjoy the warmth of the sun, the breeze on their face, and the sights and sounds of nature, as well as of their own locality.

Have you come across care homes facilitating meetings outdoors? Or successfully facilitating other forms of contact? Or have you encountered problems? Do write and tell me about your experiences and/or views. I am trying to compile more information about what is happening on the ground.

There remains, however, a glaring and, in my view, highly damaging inconsistency in the guidance. Alone amongst national administrations, the Scottish government has said care homes can permit the visiting of someone with a mental health issue such as dementia, a learning disability or autism where the absence of the visitor would cause the resident to be distressed. This exception should also apply to care homes in England, Wales and Northern Ireland. Its extension to these countries would reduce the likelihood of a huge amount of unimaginable suffering.

Note: I set out the official guidance referred to in this article at www.amaranthbooks.co.uk/latest.

Marion Shoard

author: *How to Handle Later Life*

email: marion@marionshoard.co.uk

P O Box 664, Rochester, Kent, ME1 9JB

www.marionshoard.co.uk