Social Work in Covid-19

Getting the most out of video-calling applications

Sharing best practice

Introduction

Covid-19 is placing increased pressures on vulnerable children and adults, while also significantly impacting the way social workers are able to interact with them.

Face to face contact is much reduced, leading local authorities across the country to adopt video-calling applications, such as *Microsoft Teams, Zoom* and *WhatsApp,* to communicate with people. This is a major shift in practice as personal contact has always been the bedrock of effective support, risk assessment and safeguarding.

Related guidance supporting the professional practice aspects of facilitating a video-call has been published by the Principal Social Worker Networks and Social Work England.

The British Association of Social Workers (BASW) and the Social Care Institute for Excellence (SCIE) have also published the Digital Capabilities Statement for social work practice. This identified the knowledge and skills that social workers should have to effectively use technology in their practice. It also addresses the ethical principles that they should follow.

As part of our work is supporting the sector at this time, we've spoken to a number of adult social care services who have recently made this transition, to understand how they are getting on and to identify good practice. Our conversations have focused on the **technology** involved in video contact - is it working effectively, what are the key challenges, what has been done to optimise it?

Aim of this guidance

Reflecting on our conversations, what's clear is that everyone is at different points in the journey of making use of video-calling. Four themes emerged as priorities for everyone. Along with some challenges to be overcome in relation to each theme, there are also examples of good practice which are shared in this guidance, with associated supporting commentary.

With thanks to our contributors...

Many thanks to the following authorities and individuals who shared their experience or contributed their insight to make this guidance possible:

Priority 1: Mainstreaming usage

There's no escaping the fact that for a video-call to be successful people must have a suitable device and a basic level of digital skills.

This can be a particular challenge for some groups of people, including frail and elderly, and those with severe learning disabilities. For the majority of adult services we spoke to, whilst practitioner to practitioner video-calls are working well, practitioner to citizen video-calling is limited because of this very fact. Some of the successful ways that practitioners are working to address this are show below:

Taking a team by team approach to roll-out. It can be beneficial to consider the individual teams within your service where video-calls have the greatest potential to be effective, based on what you know about their operational context and typical service users.

Considering if a carer can assist the user with technology setup. This can enable a person who cannot access a video-meeting independently to do so. The context and nature of the conversation will need to be considered.

Developing a straightforward 'how to' guide for service users. This would include step-by-step instructions on how to access the video platform and join a call.

When planning a call, speak to the person beforehand by phone. This is an easy way to ensure they are clear on how to access the video-call and understand why it is going ahead via video.

> We are considering how we can extend our use of video-calling, which has been working well for practitioner to practitioner contact but *limited in terms of service user contact. One area we are focussing on is Occupational Therapy* (OT). Our OTs are very keen to use video-calling to complete home assessments remotely, particularly pre-discharge assessments. *Our transitions team are also keen to embed video-calling as business as usual* - for most of the young people they work with, using this sort of technology comes naturally

> A key learning for us has been that *calls are much more successful when there's a third person there*, either a care worker in a residential setting, or a trusted family member, to support the service user to use the technology. Many of our service users do not have dexterity or cognitive ability to use the phone. This can of course be difficult as care workers are time-pressurised and can't always dedicate time to support in this way. There's also questions around privacy. It depends on the nature of the conversation... *Our DoLS assessment team are making progress with video-calls* because the service user would always have an advocate with them for the meeting anyway who is able to work the technology

> Preparation is the key but this also takes time. *Having a conversation with the service user over the phone* first to check understanding and to have the opportunity to talk through the process and ask questions is important. It saves time in the long run as it makes the video-call more successful. We worked with our IT team to *develop a short step by step guide for service users* on how to join a video-call. This has been well received by service users

> OTs need to be able to see the person moving around their home so *having another person present to film is essential* for video OT assessments. Also, the service user's physical ability to bend down and take measurements is likely to be limited so without a third person the visit could be potentially unsafe and measurements inaccurate

Priority 2: Selecting the most appropriate application

All of the authorities we spoke to had been directed by their IT department to use a specific application for video-calls, expect for one authority that has a short-list of three.

However, even the authorities that had a preferred platform recognised that, in some instances, to achieve the best level of engagement, it may be appropriate to use another tool that the service user is more familiar with. Some learning from practitioners is shared below:

Consider developing a simple selection table ("yes", "possibly", "no") for each cohort to help identify with whom and when it's appropriate to use different applications available. This can help you weigh up the pros and cons of different options and make the right choice.

If considering using another application that is not your preferred application, always check this is not in conflict with your IT policy or objectives for the call and, as always, consider what type of information you are sharing and with whom. Limit as much as possible the use of personal/confidential information.

> Microsoft Teams *is our preferred platform for all virtual communication with service users. However, we also use* Zoom *and* WhatsApp*. **We are guided by the service users and the situation.** Practitioners need to weigh up the merits and security risks. Sometimes accessing a meeting can be easier on another platform that the service user is familiar with*

> We have a RAG framework that practitioners can use to decide if it's appropriate to conduct a video-call with a service user, and what application to use. Of course, this is only a framework to support them. **Ultimately they know the individual and the person** and this will inform their decision

Priority 3: Optimising performance

Ensuring the video-calling application is fast, consistent and reliable is a top concern for the services we spoke to.

Practitioners report that freezing screens, failing connections and speaker feedback can sometimes occur and disrupt the flow of a video-call and contribute to a lack of engagement. It was felt that there was not one application that was more reliable than others - the crucial factor is individual users' devices and connections. The steps that practitioners told us they are finding most effective when it comes to optimising application performance are listed below:

Plug your device directly into your router to get optimum speed and stability. If using wireless, try moving closer to the router or consider buying a booster. If mobile, try connecting via WiFi or 4G/5G.

Free up processing power. Video application require increased processing power, so close other non-essential applications prior to video-calls.

Avoid feedback by moving other electronic devices away from your machine. You might want to encourage participants to do the same if you are experiencing feedback during the call.

> *The majority of practitioners in our adult service are adapting well to using* Microsoft Teams*, but we've had some issues with connectivity that can be linked to individual broadband connection. Our IT department has been helpful here in suggesting simple ways that staff can improve their broadband speed, without switching broadband providers, such as trying a wired connection, closing applications running in the background and ensuring anti-virus software is up to date*

> *Some service users may already be feeling apprehensive about meeting on video, so it's important that the technology performs as you need it to. There's nothing worse than starting an assessment via video, and then being forced to end the video call, and continue with audio only because the connection isn't working. That can be really off-putting for the service users. It's really important that practitioners are aware of what can impact application performance*

Priority 4: Maintaining a relationship-based approach

There are inevitable limitations to video contact, as the view of the practitioner and what they see and learn may be limited by what is being shown to them.

Practitioners told us they are utilising guidance that has been developed by the sector to help them consider how they can respond to this challenge by drawing on relational and observational skills, such as the guidance provided by the Principal Social Worker network. In addition to this, practitioners are adapting technology to enable the most meaningful conversation possible:

Position your camera at eye-level. This makes it easier to look directly into the camera when speaking and therefore making eye contact. Try raising the height of your machine using books or use an external camera. If you can move your camera to show your hands, even better.

When on the call, avoid using background blur and ask participants to do the same. This feature can make it harder to understand who is in the room and what the environment is like.

Monitor the chat box. A participant might be trying to contact you through the chat box to express an opinion or to let you know about a technical glitch.

Mute yourself when not speaking and ask other people on the call to do the same to avoid echoes and disturbances.

Use headphones to keep the call private. It's a good idea to test they are working before the call for everyone who will be on the call.

> *Although staff have adapted well to using video-calling applications with service users, there are concerns that it can be hard to get the views and voice of the person, particularly on calls where other family members or professionals are present. Feedback from practitioners is that using the chat box can be an effective way to manage video-calls to ensure that everyone isn't trying to talk at the same time. People can signal in the chat box that they wish to come in or raise a point*

> *Subtle social clues are an important part of communication. Within our team, practitioners avoid using small screens for video-calls as it's harder to make out facial expressions and other important directions and responses. We'll also not use the background blur setting to help create a sense of openness and trust. We'll ask the service user to unblur their background if they are using this feature so we can get a better sense of their environment and presentation*
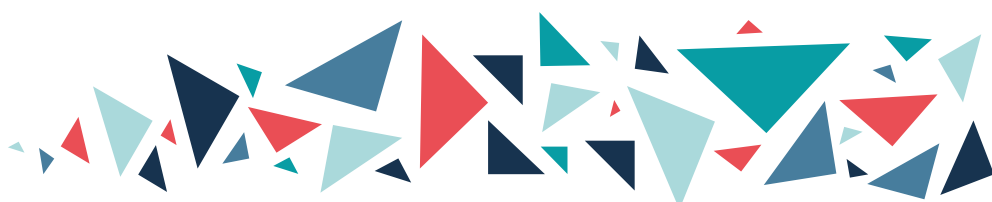
Practitioner Checklist
Getting the most out of video-calling applications

Priority 1: Mainstreaming usage

- ☐ Take a team by team approach to roll-out
- ☐ Consider if a carer can assist the user with technology setup
- ☐ Develop a 'how to' guide for service users with instructions for joining a call
- ☐ When planning a call, speak to the person beforehand by phone

Priority 2: Selecting the most appropriate application

- ☐ Consider developing a tool to help practitioners identify when to use a video-call, and the best application to use
- ☐ If considering using another application that is not your preferred application, check this is not in conflict with your IT policy or objectives for the call

Priority 3: Optimising performance

- ☐ Plug your device directly into your router to get optimum speed and stability
- ☐ Close other applications to free up processing power
- ☐ Avoid feedback by moving other electronic devices away from your machine

Priority 4: Maintaining a relationship-based approach

- ☐ Position your camera at eye-level
- ☐ When on the call, avoid using background blur and ask participants to do the same
- ☐ Monitor the chat box
- ☐ Mute yourself when not speaking
- ☐ Use headphones to keep the call private

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