**Tischler, Victoria**: Hello i'm Victoria tischler and welcome to this podcast one of a series from the pandemic and beyond. A project funded by the arts and humanities Research Council at the University of Exeter to show how research in the arts and humanities is helping us to live through make sense of and recover from the covid 19 pandemic.

**Tischler, Victoria**: You might have heard about the severe negative impact of the pandemic on care homes, preventing residents leaving their homes and web visits from family members, loved ones and others have been restricted or stopped altogether.

**Tischler, Victoria**: To understand how the human rights of people living in care homes have been impacted during the pandemic, a project lead by Professor Wayne Martin, at the University of Essex, has been working with care home staff to investigate further.

**Tischler, Victoria**: Their project aims to improve the protection of human rights for those living in care homes.

**Tischler, Victoria**: To find out more today i'm talking to Wayne Martin, who is leading the ensuring respect for human rights in locked Down Care Homes project we're joined by one of the project participants, Angela Rhodes, registered manager at Woodley Care Home in Lancashire.

**Tischler, Victoria**: Woodley provides residential care for adults with learning disabilities, so if I could start with you Angela. You've been on the front line of providing care during the pandemic how has the pandemic affected your work and the people who live in your care home?

**Angela Rhodes**: Initially it was it was quite difficult because, obviously, those that would classed as vulnerable, which blanketly sort of, covered by everybody in a care home. And it wasn't looked at in an individual or even individual service, let alone an individual person, so we were placed you know we've got shield, even though a lot of my people didn't have any clinical reason to shield, we collectively would advise to do that and requested to do that by our local commissioning services, of which we have three that Commission our services for individuals.

**Angela Rhodes**: When national lockdown arrived, it was, slightly easier to some degree, because of course we watch the news and a lot, a lot of my service use of Internet and the families were talking about it, so they sort of seem to take it a bit better than and we were all in the same boat, so the sort of course okay with that to a degree. We've put a pop up shop in place and people do like going out to do, like getting and we called it, tuc and tack I don't know if it's the right name for it, but they do like going in home baggings and b&m bagging and spending the tenor, on you know, it's always a quantity rather than quality but that's okay.

**Angela Rhodes**: So we we got a lot of stuff and they started using the Internet and ordering off eBay and Amazon, and it was a really, time of growth really it was really, really good.

**Angela Rhodes**: And, and it really brought out a lovely side that when people were were having the turn of buying stuff. They weren't they weren't choosing items for themselves, it was like oh such a body, it really like this, we have one who loves baseball caps.

**Angela Rhodes**: So they look people are searching for baseball caps, not for yourself but for other people live there, so it brought it a beautiful very compassionate side that i'm sure is there, but not always that evident.

**Angela Rhodes**: When we reached about the four or five month mark, there was a notable deterioration because, it also was quite reflective for me, because it became evident that, when my folks asked me a question and the well, i've always got the answer or, certainly in their mind i've always got the answer be that, where are we going on holiday this year when this happening, when is that happening.

**Angela Rhodes**: And, and I, for the first time in 14 years possibly answered and i've definitely answered that I don't know I really don't know and that almost rocked the world because. We know the staff and myself being particularly know everything, so it was very difficult and we saw a very big dip in mood especially coming up to Christmas, with our big dipper mood.

**Angela Rhodes**: And with that the mood of my staff also dipped because they were trying so hard somewhere and when somebody came on duty that works for days, she chose to actually live to stay overnight.

Angela Rhodes: And, which just made it easier and give that continuity and so yeah it was, it was and still is very, very difficult and a great split really the PPE caused problems.

**Angela Rhodes**: Some of my people are very sensory impaired so we've just we've still got people who just take masks off stuff.

**Angela Rhodes**: Then they just will not tolerate and they need to see that they need to see the laughter and the light behind someones eyes.

**Angela Rhodes**: And they can't always do that with with obviously with PPE wear so the challenges of what we should have done, and what we were told to do and what we must do was very, very difficult.

**Tischler, Victoria**: Okay, thank thanks for giving us that kind of them that picture of of what it was like in the care homes and if I could cut away now, could you tell us Wayne about the ensuring respect for human rights in lockdown care homes project, how did you decide to start this project.

**Wayne Martin**: Thank you Victoria, and thank you Angela for joining us the so i've been directing HRC funded project that started actually quite a long time ago, over a decade ago the autonomy project.

**Wayne Martin**: And we've been working for that all that time really on this ideal of self determination autonomy, particularly in care context social care psychiatric care eldercare and so on, so that's an area where we had developed quite a lot of expertise and also a network of contacts in the community of people, and especially professionals involved in delivering that care and a big part of our kind of approach to that, politically and theoretically was to think about human rights.

**Wayne Martin**: How do you respect human rights in these kinds of contexts and then one area in particular has been around what is gun laws deprivation of liberty, so if the front door to the care home is locked.

**Wayne Martin**: then that person in there is deprived of their liberty it's one thing if they consented to that, but if they lack the capacity to consent then you really into a different area ethically and legally, so we had developed some expertise around that and then you know back in the spring of 2020 when the pandemic the severity of it began to really make us all felt, actually the first thing that happened was that we were contacted by the ethics committee at our local NHS trust and they asked for some research support in trying to prepare for what they were anticipating we're going to be some very difficult ethical decisions, so we supported them.

**Wayne Martin**: And then it quickly became clear that the care homes were going to be particularly fraught area and a dangerous place for many during the pandemic.

**Wayne Martin**: So there's a national body called the national mental capacity forum it's a joint initiative of the Ministry of Justice and the Department of health and social care.

**Wayne Martin**: We were actually slave to that the time to be doing a conference with them that was called off, and so I suggested to the chair of the forum Baroness Laura finley.

**Wayne Martin**: That we switch up, we were early adopters of zoom, and so we switched up to start delivering those On the online as as webinars.

**Wayne Martin**: we've now had eight of those Angela has been a participant in a number of those and they were both research tools, because they prefer we use zoom registration to find out what people like Angela were concerned about to just get information in real time about what was going on in care homes and then to deliver. You know very fast turnaround would take three days to plan them.

**Wayne Martin:** They would we'd open them for registration, they would fill up immediately with 500 at a time and then 1000 of the time.

**Wayne Martin:** Just in order to start this kind of conversation going there.

**Wayne Martin**: So, ultimately, the objectives of our project is really to focus on really lessons learned from the experiences and care homes, but also to think about the new training needs, in care homes, I mean a lot of the issues actually were there before and dependent because really shone a bright light on them. But so we're really trying to identify as we're developing curricula.

**Wayne Martin**: For trying to improve training for care homeless people working with care homes to you know ensure both this sort of proper balance between protection of health and respect for liberty and so on, anyway that's the kind of outline of the project.

**Tischler, Victoria**: Thanks Wayne. Angela what's it been like taking part in the project and participating in those online forum that Wayne was talking about.

**Angela Rhodes**: I would, I would go as far as to say and with regards to all the efforts made and and there have been efforts I don't think anybody's set out to scupper anything of what we do practice clinically or care in the care element, and that that the Rapid Response webinars have absolutely kept me going they have been we've been very, very isolated and all we've got to go off is is copious amounts of emails and daily checklist from local authority with very Clinical all of it is clinically best and and the only thing offered to was training wise very clinically best done in and off NPP infection prevention, control nothing about the real issues we were facing.

**Angela Rhodes**: regards the split between doing things right and doing the right thing non about individual risk assessments and and and taking people's genuine needs on board all become about physical well being and not emotional well being and that sort ofgives me the weapons, really, and I said talk told me where to point them, so I have challenge that gives me confidence and there's certainly give me resilience to keep going when are genuinely considered.

**Angela Rhodes**: You know, a really a really cannot do this i'm not i'm not a young particular person anymore, etc, and I thought you know what is this the right thing for me to do to do and because I didn't I didn't believe in what we were being told to do I didn't because I didn't believe in that.

**Angela Rhodes**: So, and they gave me the confidence to challenge it and i'm still here and i'm still seek you see registered.

**Angela Rhodes**: And the from a visiting point of view, they really pushed home the individual and the well being and the benefits and burdens and you know, to really explore that and to take it apart and put it back together and if I genuinely.

**Angela Rhodes**: stood at the back of that decision if i'm genuinely believed in it, then I had every right on to go for that to support some day, to support somebody.

**Angela Rhodes**: And, and so the sort of give me a coat of armour to just to just keep on going and keep on going and what I didn't find out on webinars whatever the website as well.

**Angela Rhodes**: And i've been on that plenty times and just sort of gone back over all the thought processes and all that, but the camaraderie and lots of the support I felt was was so essential to me.

**Angela Rhodes**: That impacted again on the staff that impact to cascade down as well enough those discussions was was was absolutely priceless.

**Tischler, Victoria**: Okay sounds like they had a really big impact so for those of us who haven't been to one of these rapid response seminars what what happens at one of them Angela.

**Angela Rhodes**: Well, and each one had a different head in a quirky quite comical heading we've up the good the bad and the ugly and you know very engaging from the word go, and the speakers on them it's introducing and facilitated by very nice finley and.

**Angela Rhodes**: Everybody comes over is so efficient and so knowledgeable but not not intimidating in it in any way it was it was for me it's sort of joined into me I could identify with it immediately were some webinars i'm sure you know you can go anything you know I don't know this is my this is my area or every single thing was relevant. You seem to be almost mind reader's of what was going on and what was you know what I needed support with where everybody needed support within the big questions.

**Angela Rhodes:** To be asked, because under mental capacity we had one gentleman who had cancer, and it was in the process of having chemotherapy who did, who was extremely vulnerable, but I have to challenge the fact that they put the whole House, even when we weren't on lockdown.

**Angela Rhodes**: They put the whole House when we came out for that brief spell in the summer and there was a couple of individuals that live with him who attended.

**Angela Rhodes**: A much needed established day support for activities and they tried to stop you know they tried to question should we stop that.

**Angela Rhodes**: So, again being able to show people and taught people their webinars are recorded, you can go through them, and even the people with the been some parents on there.

**Angela Rhodes**: And some carers and a consultant from you explain to the dnr process which, which was very good, which is very interesting, all of them have been very pinpoint.

**Angela Rhodes**: precisely to what that there's not one five minutes there's not one minute in watching them that that I felt has been wasted on not relevant, and they've been exceptional.

**Tischler, Victoria**: Thanks Angela, Wayne, if I could come back to you Angela mentioned DNR. Could you talk us through some of the issues around do not resuscitate orders and how they've been highlighted during the pandemic.

**Wayne Martin**: yeah just before I get to that maybe just to say a little bit about the design of the webinars too if I could.

**Tischler, Victoria**: Yes please.

**Wayne Martin**: A little bit about how we had that aren't we just uh we contain, we made a decision to contain them to exactly one hour I mean, I think there was one time we went over but.

**Wayne Martin**: Then we really thought about them, as in the format of the evening news, you know the evening news you don't get an hour lecture you get a bunch of very.

**Wayne Martin**: Short targeted interventions and it's interesting that Angela describes us as mind reader's because we were mind reader's we were, it was very exciting to get to know these new technologies.

**Wayne Martin**: That we had to all become acquainted with but also to figure out ways to use them to facilitate these kinds of conversations.

**Wayne Martin**: These events were way too big to have you know breakout rooms, or anything like that, but we were using the registration process to gather information, we would then make sure to build that into the presentation.

**Wayne Martin**: We would start off, we would do our team would do some of the analysis of qualitative analysis using sort of standard qualitative analysis techniques from the arts and humanities.

**Wayne Martin:** to analyze those things, and then to feed them back and then the chat functions and the QnA functions, those themselves, they facilitate a conversation among people like Angela who were very isolated in their work.

**Wayne Martin**: But they also then became a huge research resource for us because afterwards, then we would turn those through our our methods in order to analyze what people's concerns were and use those to plan the next session.

**Tischler, Victoria**: Like a really multifunctional tool in your research.

**Wayne Martin**: yeah I have to say was tremendously exciting as a researcher to be.

**Wayne Martin**: You know, finding new tools and finding new uses for them in order to serve a really, really pressing need, and then there were other cases where things just popped up all of sudden.

**Wayne Martin**: And so people started, you know would be in contact with us, I mean when testing really first came on board.

**Wayne Martin**: There were all these questions about what do you do if somebody refuses to be tested.

**Wayne Martin**: And is, you know, under the law someone who lacks capacity to make their own decision about testing, then the decision has to be made in their best interests.

**Wayne Martin:** But now, what is it in their best interest to be tested, or is it in somebody else's best interest to be tested, these are some of the complex sort of ethical and legal questions so you know when that came up.

**Wayne Martin:** We managed. To deliver some one of these webinars very quickly, we were ahead of the guidance actually.

**Wayne Martin:** On that and also been digesting the guidance and, in some cases criticizing the guidance, I have to say as well, but yeah let's should we go on and talk a little bit then about DNA CPR so.

**Wayne Martin**: First of all, your listeners Victoria may or may not be familiar with that language at standards that acronym obviously stands for, do not attempt cardiopulmonary resuscitation some people use this other term DNAR are do not attempt resuscitation or even DNR do not resuscitate.

**Wayne Martin**: One of the messages we've been sort of pushing is that the the blurring of those three things it's a bit dangerous.

**Wayne Martin**: It can be very dangerous DNA CPR is a very specific matter it's saying don't attempt this one particular medical intervention somebody's heart stops don't use just impressions and so on.

**Wayne Martin**: To try to restart their heart, there are other forms of resuscitation you know you might resuscitate somebody by hydrating them, for example, or treating their shock.

**Wayne Martin**: And if you want when DNA CPR gets shortened to DNR then there's a real risk that people will be denied care that they that they need there's been a lot of attention in the media, I expect people will know about this issue by now about the way in which DNA CPR Orders have been adopted.

**Wayne Martin**: The proper way they should be adopted is really on an individual basis and on the basis of consultation, both with the person, if possible, and with family members and so on they're not binding it's very important to know that they're inform medical decision making, but they're not Binding, but in fact we know that at various points in the pandemic, there have been practices of blanket application of DNA CPR orders, so it became At a certain stage.

**Wayne Martin**: When a lot of people answered from hospitals into care homes, it just became a kind of standard part of the admission procedure at some care homes and one of the things that we've learned through our survey data gathering is that care homes vary a lot and some had very good practices and some had much less good practices.

**Wayne Martin**: So that CQC the care quality Commission now issued a report about this and we're building on that the CQC and the press coverage has really focused on the way in which these DNA CPA or orders get adopted.

**Wayne Martin**: But it's also really important to think about the way they get used once one of these things is in place which decisions, does it inform and so we've conducted a an online survey and followed up with focus groups.

**Wayne Martin**: Trying to learn more about that would be publishing on that soon, and one of the things we found is that there's real mission creep sometimes.

**Wayne Martin**: But something that starts out as this very tailored kind of instruction about CPR well it comes to that you know, there are cases where ambulance services have just refused to transport anybody who has a DNA CPR order or it's just not considered that somebody might need to go to hospital because they've got a DNA see these are inappropriate uses I think.

**Wayne Martin**: So we're going to be coming out with some recommendations.

**Wayne Martin:** On this, but also some training and there's another form that's up there that we'd like better it's called Respect.

**Wayne Martin**: That was developed by the resuscitation Council that really thinks more broadly about what's called ceilings of care and we've learned a lot about that, I think practitioners have learned a lot about that. Respect was already out there, but actually I think there's a real opportunity to use the crisis of the pandemic to really get more ethical practice bedded down in care homes across the country.

**Tischler, Victoria:** yeah exactly thanks Wayne.

**Tischler, Victoria**: Angela it sounds like you know it's been a really positive experience for you to be able to have a space in which to discuss and bring these legal and ethical dilemmas is there is there an example from your own practice that you particularly remember that you benefit, you know you you gained advice on or that you that really helped you in your practice through this project.

**Angela Rhodes:** Yes, I am access to such, knowledge and experience is just been quite mind blowing for me.

**Angela Rhodes**: People have always been there, but never been able to access or that easily you know it's so so easy to access like sticking to an hour that's been really good.

**Angela Rhodes**: From a restrictive point of view it's the restrictions, I have two serve issues this one with severe autism, and who, who have not had the vaccination to date, they will require holding to have the vaccination and I am just not i'm not able to take part in that in that practice at all, it is not correct, it is not right i've come up with some ideas for one gentleman who responds very, very well to a clinical environment responds very well to the, if he goes to clinical environment, he will expect almost a treatment so i'm going to sort of try and facilitate that and take him to a hospital where is obviously we've had.

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Angela Rhodes: The vaccination teams come into the home to do people and he thought he sat there and watched everybody in it, when it comes to him it's like no it's Okay, and we left it at that, and so, in that respect, it has been the ability to say you know what is registered manager and the it is down the duty, the the responsibility to some degree, is down to me and the confidence to make my own choices and look through everything and look at what we can possibly do and what it sort of opens your mind really to different places where to go almost like assigned post let's try this let's try that so it's hard to sort of pinpoint one area where are one example, because since i've been on the webinars know which must be rocking up for what 12 months yeah and every month we've I have youth i've taken something so critical away from it and implemented yet be that in policy be that in how we respond to be that in one to ones and challenging stuff within the wider service and challenging stuffs out of our service we've had an issue with an NHS trust recently which I challenged and I actually emailed the CEO, I think, much to my the owner of the care facilities like you've done what and you know what it got resolved so it's it's it's that's what I mean it's give me the confidence to think yeah I am I am a voice for our people and sometimes doing this we've been the staff and myself have been the only voice that our folks is had so that's what it's given me it's given me if i'm voice that they've given me a loudspeaker almost, I will just really put it out there, I don't care yeah

**Wayne Martin:** that's great to hear it's also interesting because I know you also do research in care homes, and you know, one of the things that you'll know is that you know, in normal times. There are a lot of people move coming in and out of care homes, there are advocates there are you know some cases, people have solicitors there's, of course, family members who you know, are often really effective advocates for their loved ones there's also these the institution of what's known as the best interest assessor who play a really important human rights function actually in ensuring that where there is deprivation of liberty it's really in a person's best interest and their GPS, I mean the so, but one of the things that happened with pandemics and medicare homes is all that traffic in and out really dropped off in some cases to nothing.

**Wayne Martin**: And, in other cases, just to a trickle so you know people like Angela were really left to their own devices to play all those roles.

**Wayne Martin**: In a way, and so it was really important for them to be equipped and also this point that Angela makes about the difference between law and guidance absolutely that's tremendously important to get all this guidance it's just overwhelming now the amount of guidance, that is out there.

**Wayne Martin**: And some of it, you know advocates for extremely restrictive steps that measures but it’s just guidance.

**Wayne Martin**: And you know the the people on the front line it was their duty obligation to really exercise their own judgment about which of those measures work in legally speaking with a proportionate or disproportionate measures.

**Wayne Martin**: And Angela was in the situation, she knew her care home residents, she knew the family members, she was well equipped to you know.

**Wayne Martin**: Do risk assessments and so on, and an individualized basis and strategically to you know when it was appropriate to do so to act contrary to god's a very scary thing to do.

**Wayne Martin**: But sometimes it's the right thing to do some of that guidance now has really been overturned.

**Wayne Martin**: As being inappropriate, especially the blanket ban on visitors, the Joint Committee on Human Rights, you know quite a damning letter about that and the policy was changed so it's really encouraging.

**Wayne Martin**: I really, Angela is a hero, I think, really, in terms of having the courage to take those risks in order to do the right thing.

**Tischler, Victoria**: Angela, Wayne said you're described you as a hero, what do you how do you respond to that.

**Angela Rhodes**: it's lovely and it's lovely from somebody that are holding such esteem to be called a hero, but i'm thankful that I think there's quite a lot of us out there and I know there is like like it was said that the attendees.

**Angela Rhodes**: And it's always like as soon as I get an email and ones happens like click click right I don't care what i'm doing it's like register be place and so so there's obviously more people out there i've I cascade what I have done to my deputy manager.

**Angela Rhodes**: And i've passed it to the other, two register managers in the service and and and that’s how it grows that so you get more people doing the right thing then doing what they are told, does the right thing that so you get more people challenging it.

**Tischler, Victoria**: i'm really pleased to use this opportunity to shine a light on the really critical work that you and your colleagues are doing Angela because I think there's not enough attention paid to that and I think the wider public, perhaps don't appreciate, you know what what's going on behind the scenes i'm really glad to hear you have the opportunity to talk about your work and Wayne, in terms of sharing your findings and what it, what are the main ways that you're trying to kind of raise awareness about the work that you've been doing.

**Wayne Martin**: yeah we've been working on a lot of different channels.

**Wayne Martin**: So, as I, you know I indicated earlier, that the first round of work we got involved in was really around triage decisions.

**Wayne Martin**: And so we've published a number of things there, there was a UN project that was coordinated by an NGO called Validity based in Hungary, and so it was really an international perspective on the triage dilemmas so we've published a piece there and we also did a kind of a global seminar there that was super interesting to compare notes with people in other places.

**Wayne Martin**: The we've now published a piece in the journal of medical ethics on the what's called the bath protocol so there was a as people really tried to come up with the triage procedures.

**Wayne Martin**: The bath protocol was one that was quite a developed one, and so we offered a kind of human rights analysis that was mainly ethics driven and part of our kind of distinctive contribution to all of this is to say.

**Wayne Martin**: Well that's not just thinking ethical terms let's use the resources and disciplines of human rights in order to analyze that we've published blogs now, and so on, that we did get drawn in for a while into the whole controversy around covid passports people some called times, called the vaccine passports, but that's not what they are it's that's been a big problem, the nomenclature, the air, and so a Member of Parliament approached us to provide research support to him he's a medical doctor.

**Wayne Martin**: And he worked with the review that's underway now in the Parliament in the Cabinet Office and so he presented a paper that we prepared as part of that procedure and we actually use care homes there as an example what we thought was a proportion that use of covid passports to facilitate visits in a safe and safe way.

**Wayne Martin**: And then you know, of course, the other webinars and all of the traffic that goes along with the webinars we've done a national online survey on the we had I think about 260 responses to that and the we've published a little bit so far in journalism, in response to the CQ see report about DNA CPR and we're preparing a peer reviewed paper for a human rights journal, and we want to also get it in a medical journal, because if you're the people who do DNA CPR are typically GP so you got through the avenues to get get them and then we'll do a final report.

**Wayne Martin**: The sometime in the summer, in which we sort of draw this together, and I guess the last thing one of the key deliverables from our project is training.

**Wayne Martin**: And so we've been pilot we've developed a curriculum, it focuses on the challenges of applying the principle of proportionality in an emergency when.

**Wayne Martin:** And so we've rolled that out with several local authorities, we delivered it in Hertfordshire will be delivering it in Bristol.

**Wayne Martin**: Next month, so that's another key avenue for dissemination of our findings.

**Tischler, Victoria**: As you know, this project, the pandemic beyond and beyond, is really interested in the impacts of the arts and humanities on pan on pandemic.

**Tischler, Victoria**: What do you think philosophy brings, as a discipline to our understanding of the pandemic into recovery from the pandemic and perhaps to planning for future crisis.

**Wayne Martin:** Know it's interesting I gave a there's actually a lecture I gave early on, about exactly that and it's on our website it's called philosophy and the time of coded, people can find that on the mystics autonomy website.

**Wayne Martin:** We don't deliver the answers you know and mean that's for sure, these are the questions that we're facing have some philosophical dimensions, but their public policy questions their health policy questions and so on.

**Wayne Martin**: I do think we have something to contribute, sometimes it's critical, although I really try not to be merely critical I think it's important to also be constructive, but I just give you one example there.

**Wayne Martin**: From the triage context where you know a lot of people say that when you get to you know triage situations it should really just be straight up utilitarianism greatest happiness for the greatest number greatest benefit save as many lives as possible, the.

**Wayne Martin**: And you know philosophers have been thinking about that for quite a long time and actually one of the things is people don't really mean save as many lives as possible right they mean, for example, you know.

**Wayne Martin**: You get to philosophy examples, if you had an opportunity to cut up one of your patients for parts and distribute their life saving parts to a bunch of other people.

**Wayne Martin:** You wouldn't think that was the right thing to do, even though it would save more it might save more lives so there's a human and the point is here you know, you've got to add in human rights dimension to that whatever steps you take in triage.

**Wayne Martin:** They also need to be fair, so we've really been looking at that that's been partly historical we did some historical worth looking at the history of triage and.

**Wayne Martin**: You know that was developed by Napoleon surgeon, and so on, and looking at national cultural variations.

**Wayne Martin:** In the way there's something called British triage it's different from the Napoleonic era and so just bringing that to the table and to give people kind of angles of vision on the challenge they're facing right now.

**Wayne Martin:** The to say look, these are kind of friends to bring fresh eyes to this problem that they're they're struggling with, and so I think that that's that really enrich some of the deliberations around that ethics table.

**Wayne Martin**: When people were trying to develop policy on on triage using kind of tools of reflection, as well as forms of research that came from the the arts and humanities part of it is also just techniques of argument and analysis that's where the real kind of logician by training and.

**Wayne Martin**: You know just to get clear about what the structure of an argument is and what people are really disagreeing about and so on to to bring those sorts of clarity and I also have to say, the skills of the teacher the skills that we developed in the classroom to take all of that, for binders full of guidance and sort of to distill it.

**Wayne Martin**: into provide a kind of a an accessible message there to people who don't have very much time.

**Wayne Martin**: For them to themselves anyway Those are some of the activities.

**Tischler, Victoria:** yeah.

**Tischler, Victoria**: thanks for this insights when I want to enter the question to you, Angela, what do you think, in your opinion, is the most important thing going forward to protect and safeguard the human rights of of residents in care homes, like the one that you manage awareness and training and started from the top down this this.

**Angela Rhodes**: care homes and and some acknowledgement that each care home contains multiple individuals and each services individual and give people the skills and the confidence to challenge.

**Angela Rhodes**: That is very sort of very, very clinical and that's what I i'm not a particular clinical born in my body to that degree, and you know so all the things that we have to implement the oxygen saturation monitoring.

**Angela Rhodes**: The temperatures we've got we have all of that we have as learning disabilities, we have quite quite extensive i'd say ability to check on what we call soft signs, we have a lot of people that cannot speak that do not have a voice that don't tell you how they feel is very, very.

**Angela Rhodes**: Much based on looking at people going off baseline and we I don't know how many times, I was tell people that well we just know well, so what's going on, why do you think that well we just know this person, and we do.

**Angela Rhodes**: We have the luxury that I would people, some of them have been with us 20 years plus along may be there for the next 20 years.

**Angela Rhodes**: and must be so much more difficult in the older people services were literally you know people who come in and only spend the last six weeks of the life with you, but we really have a depth, we have a connection to the people that we support, so I had a lassie come back of 12 months maternity leave.

**Angela Rhodes**: That was the classic on on on your mom does she come back 12 months, maternity, and I did shield that because initially in the pandemic we didn't know if there was any effect on pregnancy.

**Angela Rhodes**: So she came through the door what where do you want me to start and it's like just don't just just get your mask on and just go and catch up to so happy to see her and and but I can't even begin to get you to read everything and it almost struck me as it was almost like a strange sort of care home.

**Angela Rhodes**: The first principle is to assume capacity.

**Angela Rhodes**: With with MCA’s was like just assume everything's normal zoom everything is as it should be.

**Angela Rhodes**: And where it's not number one put your mask on you know where it's not we will tell, we will tell you where we're not business as usual, rather than start, I want to see the poor girl for four weeks and I don't think you've had a set upon some sort of back to work induction so yep we're not out of it, I don't think we'll be able to fit for quite some time, but I think people I think there's a lot of things a lot to be learned from it.

Angela Rhodes: And I think a lot of people have, and I think that's one of the things that the the webinars have done is brought them key players together almost like well the word facilitating so there's been people and speakers on this webinar that are like wow look at you know quite an hour of them in the position of power, but it's made them links it's made them connections it's got people talk it's just a pity that's not how we did things before, so there is a positive.

**Tischler, Victoria**: yeah you know.

**Angela Rhodes**: Things positivity to take from it, yeah definitely.

**Tischler, Victoria:** Thank you that's all we've got time for and i'd like to thank my guests Wayne Martin and Angela roads.

**Tischler, Victoria**: The pandemic can be on team are Pascal alisha Sarah hartley does Fitzgerald Rachel Nicholas Benedict Morrison, garth Davies and me Victoria tischler to get updates on the project find out more about the latest arts and humanities covid 19 research and to access future episodes of this series, you can find everything you need on our website pandemic and beyond Exeter AC UK.