**Recording Details: P011**

Int[[1]](#footnote-1): So you were just going to tell me about your role and the organisation you work for.

R[[2]](#footnote-2): So it’s a new role which is in [type of organisation]. So I work for [name of organisation] now. It’s a new role in adult services which literally came into play in October, so I moved over in October from the health board, and it’s around early intervention, prevention and community support, so it’s like the longest title in the world. I am trying to get it down but it’s not working [laughter].

And basically it was brought in to start, well not start, but to enhance that preventative model, the early intervention work that adult services seems to like almost skim over to some degree, and it was really around bringing together then that third sector, the community response for not just adult services, but then [inaudible 00:58] engaging wider with the council. So that’s my new role.

Within that then I [work with] local area coordinators. I [work with] our volunteering, so we’re establishing a new volunteering element for the council to coordinate both internal and external volunteering opportunities, so that’s kind of new and quite exciting actually. I manage the housing support grant project as part of that, so homelessness, substance misuse; that comes under that remit, and what else do I manage? Oh and carers. I’ve got the remit for carers as well. So it’s quite a lot of that, the community support element that links in across from 18 up really.

Prior to coming into this role I was seven years in the [name of organisation] as their [job title]. So in that role I worked closely with the local authority managing reablement, assisted technology, acute clinical nursing, I didn’t do district nursing, I had a relief, social work element and what else was it? Oh, reablement therapy and OT elements as well, and hospital discharge as part of that.

So that was my other previous role, and I guess the reason I’ve gone back to early intervention and prevention is because actually my background is the third sector, so a lot of my career has been third sector, criminal justice, young people, substance misuse, so it’s been quite broad coming in.

Int: Yeah. It sounds really interesting. You’ve got lots going on and had lots going on, so it sounds very busy. So I guess just within that then, I guess when you did the survey initially you were probably in your role before you were saying, so if you could just talk around your experience generally. We’re looking obviously mainly at how things happened over the pandemic, so I guess that spans over the both anyway. But how much focus has there been on preventing loneliness and social isolation for older adults particularly?

R: So I think when the pandemic started there was a lot of focus on the local area coordinators, who at that time had a much larger patch. So in [name of city] we’re divided into clusters. We mirror the GP clusters, the GP networks. So there's three of them in [name of area], and we were in the middle actually of an adult services change to realign adult services to the clusters as well. So the local area coordinators were set up for each of the clusters, and we only had, at that time, six, so that was two people per cluster. So that’s quite a significant area to cover of 144,000 population, so they’ve quite a substantial remit.

As part of that they were then asked to engage with the local community groups and start to bring in mechanisms for ensuring people could keep communicating. So, one of the things, local to me as it happens, is a community group, part of the church, lots of older people there, lots of people come together. They don’t always do church things, they do community groups there as well, and the coordinator’s very much integral to setting up the WhatsApp groups linking them together, sort of making sure that they had a network set up before she stepped back, because as the pandemic hit, they got re-purposed elsewhere.

And that was replicated actually across all of the LACs. That’s what they were doing then, was trying to set up digital networks, Facebook, WhatsApp groups. Not so much Zoom. We haven't been such a big, not that I know much, many have used Zoom, but it seemed to be more WhatsApp, Facebook groups and general just backup for sharing numbers. So that was done across the borough, therefore obviously making sure that connections were maintained.

We then had a callout to volunteers and that’s where the volunteering part of the service provision started, and that’s where we’ve taken it from. So as that developed we noticed there was a need for that befriending, that wellbeing checks and for individuals. So that’s something that we’re now taking as part of my work plan, to develop that, to enhance opportunities for befriending. So at the moment we’ve got about 80 volunteers on our book, and of those I would say the majority are befriending calls that are happening at the moment, and again that was really about keeping in touch with older people, making sure that the carers that they were linked in with as well had opportunities to engage with other people, and that could have been, some people did face to face. Other people were much more around that telephone call, telephone conversations.

So that was parallel then, as we started to open up services again, as we sort of got into the dip of the wave where the LACs were then back in post and were able to work with our volunteer coordinators to make sure that we can make sure those groups were running again, just making sure that where people had lost confidence to come out, that we could do some work around that, and looking at then the walking groups, the community, just like little knit and natter groups, just sort of starting to bring those back out to engage people back in as well.

On the flip side of that, what was also happening was a digital push. So there was a digital push from the local authority and also a digital push from the health board, so recognising not on a regional but very much on a local footprint that we have quite an established assisted technology team, and as part of the assisted technology model we wanted to start broadening out away from just a button and a box and your lifeline normal sort of opportunity. So we started to look at MemRabels. We started to look at some, if you don’t know what MemRabel is, it’s just like literally, it’s a pre-programmed service, not a pre-programme, you can pre-programme it and it sends you reminders, and it’s almost like a basic version of Alexa really.

So part of what we were also look for was looking at how we can utilise Alexas, how we can utilise Google Play, you know, the things which people buy to put in houses, how can we maximise on that? So there was a bit of a project set up to look at engaging people through Alexas. It’s a very small project that we did. But it was that, coupled with digital literacy. So on one hand it was looking at people’s wellbeing and older people being able to use that, but then also looking at it from a perspective of upskilling and digitalisation as well.

And that went well. It was all done initially quite remotely, as you can imagine, and then we did manage to get a couple of people together and then it was back remotely. So it’s not a huge project, but it’s the start of that engagement for older people and connecting them, I guess, with not just Alexa and MemRabel and things, but also like if other family members have got it, I don’t think people realise you can phone them via your Alexa or talk to, do you know what I mean? There’s [overtalking 09:21] in that.

Int: [Overtalking 09:21, yeah, no that’s really interesting, thank you. You’ve covered loads there already. Yeah, it’s interesting you say that, so it’s not just knowing the technology’s there, but there’s all this other stuff that it can do, but I wonder, how did that go in terms of its early stages, maybe introducing somebody to a device, or I don’t know if you were providing the devices or people have them themselves? I just wonder how it went to start off. It’s a bit difficult sometimes, isn't it?

R: So we have bought Alexas and we’re establishing our Alexa suite so people can come, staff members now will be trained up on exactly what Alexa can support with and how it can link to your heating, how it can link to your doorbells, do you know what I mean?

Int: Yeah.

R: The possibilities are huge. So we’ve just recently or we are setting it up. I think it’s been delayed because of this other wave now as everything else has, hasn’t it. But initially I think the people we were choosing were people that we’d had good relationships with, maybe through their [inaudible 10:37] and family members were phoning up and saying, “I’ve got mum an Alexa, I don’t need that anymore,” and then we’d have the conversation, well okay, let’s look at what we can enhance with the Alexa, and do you know it does this.

So it started from, the idea came from very much like just those general conversations we were having in from people, and then it was like, well why aren't we using it? Why aren't we maximising on it? How can we as a council, what is our role in this and how can we, you know, so that’s kind of where it came from. So in essence they had bought it, the idea came and now we’ve bought some.

Int: Yeah, no that’s really interesting. So it’s quite an organic way that it happened because it was already there, and then you can, yeah, like you say, it sounds like then you’ve made a whole kind of project based around it, so that sounds really good.

And so when those initial conversations happen and you’re getting people introduced to them or getting things set up, what kinds of things are going on to encourage people to use them? Are people quite keen? Are people interested? How does that go?

R: A bit of a mixed bag as you’d expect really. I think, and this is maybe where we’ve been a little bit selective, so obviously we want to trial it out with people who want to give it a go initially and then iron out some of the hiccups before offering it wider.

But certainly I think it’s the family is the key. So if you’ve got family or you want to keep in touch with family, that’s the key to encouraging, so the gran or grandparents to be more involved with it, and I think sometimes they become your tech people as well. They’re in the house and you can have sometimes those conversations them; well if you pull this out and do it that way.

But I would say people have been really responsive to it. Hesitant at first, because they’re unsure about what it is, oh it’s listening to all my conversations, why is it that colour, turning it off. That’s also one. Just little things like that. But I think generally people have been really positive about what it can do. There have been some frustrations, I will say, around accents. When you’ve got some of like the Welsh speaking [inaudible 13:02] has been a bit of a problem, but everyone takes it in a bit of jest and then we have got round it I think sometimes.

And we’ve tried the Google Home hubs as well just to see what the difference is, and I think there’s much more user friendliness with the Alexa. So when you set up the Alexa as well, obviously you need to have it on your phone or on a computer device, and what we’ve found is that sometimes we’ve had to maybe put it on the family’s or the relative’s one rather than it being on theirs. But then saying that, you’ve got some really tech savvy older people there as well, and I think sometimes we say, “Oh they don’t know about it,” but actually you can’t, it’s a sweeping statement isn't it? I know my dad’s in his 70s and he’ll jump over my head sometimes with his tech knowledge.

Int: And what do you think that’s around then, because I was going to ask you about how different, like what you’ve sort of found about different groups of people within the clients, and so the people who are more confident or have more tech skills, do you know where that’s come from or what that’s about?

R: I think it’s being exposed to it. So I’m just going to go on personal experience. So my nan used to work with computers when she was younger. She was like one of the, so from her perspective she used to have loads of different tech in the house just to, not necessarily she would use it all, and when her dementia kicked in she didn’t really understand it, but she was more aware of it.

And I think again it comes down to family or friends and being able to access those digital classes, and just being a bit more up for doing things. I think the groups where we found there was little engagement around it was if they either were couples, believe it or not, older couples where there wasn’t such a reliance on being on your own maybe and needing, you know, writing down your note.

It’s weird. It was a bizarre situation I guess in many respects, but the people that I think are, that were more closer were the ones which were less likely to want to try it out, because the value of it was less unless they had very good supportive families around them, and friends, who would encourage it. But it seemed to be the more, maybe they’d been bereaved for a few years and then you would be looking at then using, okay this is a way, introducing it, family, may have said, “We want to keep in touch,” we can do it this way, and you know you can get the video ones now.

Int: Yeah.

R: So it was just that then gives a face to something, and I think people then became a lot less afraid of it, and especially if they had mobile phones, then this was just like another bit of -

Int: Yeah, linking it all together. That’s interesting you say then about people who perhaps were less directly isolated were less keen. So I suppose that sort of supports the point of it in a way, that the people who were more on their own were the people who were more keen to be involved and be engaged.

And is there anything other than just sort of single or who’s in the household, but is there anything around age or whereabouts people were that was another group factor that you could have identified in how people were engaged?

R: I can’t remember off the top of my head, to be honest, if there was anything with areas. We do have some hot spots where the internet is very sparse or connection isn't, particularly in some of the [name of area] and also in [inaudible 16:50], so we’ve got two valleys either side of us, and the higher up you go the less likely sometimes you’re going to have good quality, or good choice anyway, provider.

So that does impact, and sometimes you get hot spots up there where there is just nothing. So I would imagine that would have impacted on it, but I haven't got that in my head to say.

Int: Yeah, no that makes sense and I think especially with Wales it’s been quite interesting to know that that geographical side of things is quite relevant because there’s so many rural areas, but then mixed in with the other, so the internet access sounds like that can be a barrier. And is that something that your organisation was able to support with or were you reliant on the client to do it?

R: So we do have like a number of iPads and stuff which are 4G, so we were able to go up and we are able to lend them out to people as well. I think it was only a handful that we ended up actually doing that with, and that again was a bit of a, not really around utilising the Alexas, but certainly using the iPads and Skype and Teams, and allowing people to meet with friends maybe who were further away.

And it links with the local area coordinators, because part of their role is sort of sitting down and doing some of that engagement with individuals to get them more savvy in terms of how to use equipment. Obviously there was that big lull that we had in between, but I think where we weren’t doing some of the face to face visits or able to go into people’s houses, you know, WhatsApp, Facebook, Twitter, all of that social media became so important.

And from a council perspective we did have links to it, so if you were, again not everybody had it in terms of internet access, but certainly there were phone numbers then which would allow people to access the front door of adult services and then come into our Safe and Well, which is then the link to our befriending and our food delivery and pharmacy bits, so it’s kind of, we try to cover all bases.

Int: It sounds like you did manage to reach most people then, but what is your sense of there being any unmet need, people that you’re not able to reach when it was only remote services?

R: Yeah definitely there was a, I think we probably didn’t, [inaudible 19:31] say, we’ve got a population of older people, 65 plus, I think it’s about 23,000 in [name of city], so of that I would say we probably only hit about 5% of that population if I’m honest. I think the rest of it, we did have a lot of response through our front door and the telephone contact. Yeah, it’s a tricky one isn't it? I think it probably was about 5% actually, thinking about it. But then not everybody needed it.

Int: Yeah, it’s a percentage within a percentage I suppose.

R: Yeah exactly.

Int: And so you mentioned about people when like introducing technology, and people being a bit fearful, and we know that that’s quite a big barrier for some older adults, is that fear around using technology, and it might be not wanting to break things or being afraid of scams and fraud and things like that. So was that an issue that came up quite often, and how did you get around that or manage to persuade people?

R: Just talking to them I think, you know, the staff that we had going out and sort of working people were really, look, have it, try it, don’t worry about it, just give it a go for a few days. Just leave it in the house. Leave it there so it just doesn’t do anything, do you know, or if you want to have a play with it, just have a go. So it was just really about doing it in a softly, softly approach with people and not forcing it down their throats. So you don’t have to have it, but if you do, this is what the possibilities could be of it.

And then one of the ones that sticks with me is around washing machines. So we were saying, “Well you’ve got a new washing machine, you can use that. So you can learn new things. So this is just a smaller version of your washing machine in many respects,” and sort of building it that way, getting people to think about, it’s not, my god, it’s not a computer that’s watching me or anything. It’s a tool which I can use rather than.

Some people didn’t want to use it and some people would prefer the Teams with families, and they liked to know how to Skype so that they could see their neighbours and keep that friendship going. But for others then it became really helpful. It became a way of talking to people for some, even just Alexa answering you back and you leaving messages because you’ve been used to talking to somebody for so long, it just became not a silent house, which is quite nice.

Int: Yeah, just knowing that it’s there, yeah, definitely. And so in terms of the work that you do and how you were working before and then had to adapt with things, what effect did that technology have on you and your colleagues and how you worked?

R: Well we all had to try it. We had to try all of these tech at first. So that was really good, and sometimes it was quite funny. We’d be in meetings and then we’d mention Alexa and then all of our Alexas would go off, because they were like, “Hello, hello? Don’t know the answer to that question.”

So for us we learnt stuff from it as well. We were learning about all the different, you know, the opportunities. There’s a programme, I don’t know if you, I’m going to get this wrong, ITTP? And basically it links programmes to programmes.

So if I’m using, oh what’s it called? If I’m using like, I don’t know, I can’t think what it’s called at the moment, but like an opportunity for tasking, putting tasks and organising myself, and I think of something that I want to add to it then I can tell, if I do an ITTP link to it, I can say to Alexa, “Alexa, add this to my board,” and it will do it for you. So it was very much about us learning about really cool ways in which we could use it for more productivity and work as well. So that was good.

And for one of us they had, well, no, two of us actually, they hadn't had it before. They hadn't used that, whereas for two of us, we’ve got a number of them scattered around the house, so it was really good, and they’ve still got it now. I think they’ve actually gone and bought themselves a new one, so that was positive.

The other good thing was it really opened up our minds to possibilities of what you’ve got in your own home and how we can maximise on it, and from that we were looking at what kind of apps, what kind of things could we do to potentially develop and link in.

So, one of the things that I’ve always thought around is you’ve got a lot, lots of people or some people wear these smart watches, there’s a lot of tech which we could pick up data and knowledge from around, and it’s just about how we do it, and I don’t think we got to the how, but it just broadened our minds to not just be thinking of assisted technology as a button and a box. It was just, well how can we make this work, and not just for older people but for people with learning disabilities, for younger people in supported living accommodation? What could we bring in?

So yeah, it’s been a really positive world we’re in, and I think we’re just on the journey. We by no means have cracked it. I wouldn’t say that at all, but we’ve certainly, it’s certainly a journey that we’ve started, and there’s a lot of buy-in from it, definitely from the local authority into what we can do, and to start doing some more pilots and proving some of this as well, which is good.

Int: Yeah, because I was going to ask you about how you see things in the future, how the balance of face to face or remote might look for you.

R: So from a tech perspective then in terms of our assisted tech, though as part of the team around that there has been like a wellbeing officer brought in, somebody who then can do those wellbeing calls, check in on people, make sure that they are using the technology appropriately, and almost like having a wellbeing discussion with somebody and not just being focused on, oh you just need a, you know, I don’t know, a lifeline, having a conversation which looks at strengths of family, and then looking at a number of options which could be utilised to support that individual.

And I think that’s very much where we’re going on our early intervention and prevention journey as well. So we’ve got the LACs and my direction to them is you do face to face. You go and you speak to people as much as they want you to be face to face with them these days. We’ll still do that and we’ll do that risk assessment that goes with it.

On the flip side we now have another option, which is the tech side of things where we can, okay, perhaps we’ll just get in contact via the phone or we’ll do it via Teams, we’ll set you up and then if you need to contact us. And from a staffing perspective that works much better as well in terms of being able to remotely work and isolating. You’re just working from home really, aren't you, and still able to do some of your job.

The other bit I would say around it has been, so, oh I’ve completely forgot my thought. We were talking about that and then we were talking about, what was I talking about?

Int: So you were saying about the different things that you’ve been doing and how it made a difference for your work side, and that you could do things remotely.

R: So the combination of the EIP service, I thought I could hear somebody at the door, that's what distracted me, sorry, the EIP services around that wellbeing and doing those wellbeing assessments from the front to be able to push people, not push people, but direct people into alternatives around them, and as part of that we need to have a number of options to choose from. So if that if face to face, if that is tech, if that is group work then we will try and accommodate where possible. And actually we are for some doing training courses for community groups via Teams and stuff.

Int: Okay and what's the engagement like with that? Are people quite keen for that?

R: Yeah. Actually now people have got used to doing it there's much more, people are more up for it, I think because some of the fear over COVID and getting back together, but then it’s really tricky isn't it, because the good thing about that is then you can share numbers and people can get engaged outside of those sessions. On the flip side you never some of them. It’s that engagement bit for people, isn't it? Sometimes going out to that group was the only time they’d go out.

I think some of it, no, not some of it, it very much is the personal feeling of doing things, and we have to roll with what the person wants to do at the end of the day. You can’t force them to do different things.

Int: Yeah and so when there was, as you’ve mentioned, lots of different things that were kind of trialled and were being put in place to address loneliness and isolation, but were there any unexpected positive effects from having used the digital technology to address loneliness that you can think of?

R: For me it was around those WhatsApp groups if I’m honest, those naturally formed groups that were put together to make sure that people could stay in contact with each other that would never have shared their numbers potentially within those community groups, because they’re still active. They still very much are the community engagement action groups in our like neighbourhoods and towns and villages. And some of the comments that we’ve had is like, “Well we’ve all stayed in touch, we know everyone’s alright,” and “[Inaudible 30:48] popping out to get so-and-so some bread,” or something, so they became natural connections in the community, which has been, for me, has been positive.

I think the other thing which is really clear to me is that we don’t have a loneliness and isolation strategy. So that’s one of the things which I’ve taken on board and I’ve started to do alongside with our colleagues in [name of organisation], to develop something. And then underneath that then, what we’ll have is an action plan to address loneliness and isolation across all age groups, and be able to address some of the funding into, so if there’s third sector organisations coming forward we’ll be able to have a really clear framework for being able to direct some of those funding opportunities.

Int: Yeah and that leads me a little bit on to, we were going to ask about whether you’ve done any formal evaluation of what's been done so far in terms of this.

R: No. We haven't got that far.

Int: Yeah but is that something that you plan to do, maybe looking forward at that strategy?

R: Yeah definitely. Yeah, we haven't done it. It’s just been on sort of time and ability to do it at this stage, but going forward it will feed into that and there will be opportunities. I’d like something more formal. I’d like something like an external evaluation of it once it’s all up and running because, I don’t know, it’s just been really positive what’s happened and what's come from it from a, I wouldn't say anecdotal, because we have had quite a bit of information, quantitative perspective really. So yeah, it’s -

Int: But yeah, I suppose, yeah, it’s not easy to plan it in, you know, there probably would be all sorts of support that you would need to get that done, and it’s, yeah, it’s interesting to think about.

R: We have had some funding from Welsh government around isolation and loneliness, and we had money in which was to say to go to the grassroots organisations around it, and that’s where I kind of just said, well, we’d just be giving it out for giving it out’s sake. We need to have a structure around it over the next few years, and then have a monitor around it and evaluate where we’ve been putting the money, rather than it just being a scattergun, which is easy to do, but we don’t know if it’s making any difference and we want to be able to prove it.

And I think a lot of the work around the EIP, around the volunteering, it fits within isolation and loneliness, and there is something around our engagement with younger people and how actually technology has been engaging younger people who are isolated and lonely, albeit that they’re much [inaudible 33:47] more au fait, not everyone, not all of them.

But I think there needs to be much more of a broader look at it now rather than, I think a lot of attention goes to older people in isolation, but actually by that point a lot of them, this is going to sound awful and I don’t mean it, what I’m going to say, I’ll explain myself, a lot of them already are isolated and lonely. There is an opportunity to do something, to put some preventative measures in place to stop people getting to the stage of being older and all of a sudden being isolated and lonely. So that’s what I’m trying to say.

Int: No I know what you mean. Yeah, it makes sense to, rather than that happening all of a sudden, there’s maybe a way of building things up beforehand, and there may be a space for technology within that then it sounds like.

R: Yeah.

Int: And you’ve covered a lot of the positive examples, but I suppose the flip side to that, were there any kind of unexpected negative effects that you came across from using technology for loneliness at all?

R: Not particularly. I think people like people and they like going out and seeing people, so it doesn’t answer all, it’s not a tick all bo-, what’s the saying? It isn't a catch-all, sorry. So yeah, I think there is something to be said about needing the balance between the two. Yes, it’s great in a pandemic, in an emergency and in a crisis, but if that was your day in, day out, there are other ways in which it can be balanced against being able to have some of that community element, and being able to have the digital.

Int: Yeah, so feeling like it can’t fully replace it but maybe -

R: No.

Int: - yeah, familiar with it.

R: Makes it easier but it’s not the answer to everything. I’m really sorry. I have to go to another meeting.

Int: That’s fine. Thank you so much for taking the time. If there was anything else, just drop me an email, but yeah, you have to run, don’t worry. Thank you so much. You take care.

R: Yeah and you as well. Bye.

Int: Thank you. Bye.

END

1. Interviewer [↑](#footnote-ref-1)
2. Respondent [↑](#footnote-ref-2)