**Recording Details: P018**

Int[[1]](#footnote-1): Okay, so yes, the first thing that I’m going to ask about is some background, so it would be great if you’d tell me a little bit about your role in the organisation that you work for.

R[[2]](#footnote-2): Okay, so I work for [name of organisation] as a [job title], and my role involves working with people ranging in age from 50, and I think my oldest customer is mid-90s, so quite a range there. I work in a very disadvantaged area of [name of city], which is a large council estate effectively, although some people do own their own homes, with a reputation for high crime rates and poverty basically.

I have been working from home throughout the pandemic and I still am. Originally that was due to self-isolating myself, but now it’s due to an eye problem I’ve got which means I can’t drive, which is ongoing. I don’t know whether it will be resolved. So all of my work has been done by phone, email, Teams meetings and Zoom meetings basically.

I’ve got 61 customers. To give you some idea how that customer base grew, I think I had 23 pre-pandemic. That rose to well over 100, which was very, very difficult to manage, as you can imagine. It’s now down to about 61, which is still quite a high number for somebody who only works 15 hours a week. But the fact that I’m doing this by phone does mean that I can contact more of them each week than I would have been able to had I been on the ground amongst them.

Twenty of my customers have access to some form of IT, whether that be themselves, their carer, their support worker, or a relative. So that’s broadly a picture of what I do. My role really involves signposting people to any avenue that can help them, so that could be an event for them to go to, to meet new people, or it could be bin issues from the council, for instance, or if they needed some home adaptations I could refer them to the relevant people. So that’s about it really.

Int: And you talked about how your customer base has grown. How do people find out about you or how are they referred to you?

R: Okay, well referrals are through a variety of means. I get referrals from GP surgeries, from the Red Cross, from the tenancy office. I even get some of my customers saying they’re worried about somebody else. I’ve had self-referrals. So it’s from a variety. Other community agents if the person doesn’t live in their area. Age Connect refer people to me. Alzheimer's Society, they’ve referred people to me. It’s quite a wide variety really.

And my background, for many years I worked for [name of organisation] and I was the employer and partnership manager for [part of] Wales. So partnerships are quite important to me, and I know how important they are in a working environment. So I think I did make a lot of partnerships at the beginning of my work as a community agent, which was in, I started in April 2019. So that could be why so many different places refer to me, because I introduced those networks when I first started the role.

Int: And how would you describe or what would you say is the main purpose of your role?

R: It’s to befriend people and to help them access the service that’s right for them at that time. Because of the nature of where my work is, a lot of my customers have numerous issues. You climb one hurdle and then another one pops up. There's a problem with transport, for example. Even though it’s only about a mile and a half from [name of city] town centre, there is a huge issue with people being able to access things in the town centre, because the buses are very poor and not all of my customers have their own transport.

So there are numerous kinds of issues. There’s a lot of problems with drugs, for instance. Quite a few of my customers live in fear, basically, of thugs, drug dealing, that sort of thing. So I don’t actually live in the area. I live eight miles away in a pretty little village which is like chalk and cheese really, but because of my role with [name of organisation] I did know the area that I work in quite well previously, because I had a member of staff stationed there.

So I knew what the problems were, but I don’t think I knew the scale of them before I started speaking to people. There is a great deal of loneliness as well, because although people live on a big estate, some of them are completely on their own, no family, what they perceive to be no friends, although when you get talking to them you do find, well they have got friends. Problems with people living in flats with noisy neighbours and, as I said before, drug dealing. It is quite a deprived area.

Int: How much of your role or the work that you do is focused on preventing loneliness?

R: Quite a lot in that I get information about local events. A lot of the other community agents you will find organise events for their customers to go to. I don’t have to do that because there's lots of events going on already. They get quite a lot of money from Welsh government as part of various funding streams, and there is quite a lot, a big organisation called [name of organisation] which has quite a few staff itself, and they draw funding from here, there and everywhere, and there are lots of events going on locally. So I’ve never really felt the need to organise an event.

Int: Thank you. That’s really helpful background. Thinking back to the beginning of the pandemic or the early days of the pandemic, do you remember much about how your work changed?

R: Well my work going back to, when was it, March 2020, used to involve visiting customers in their homes, discussing any needs with them and then referring them. Now, because I’m working from home because of my eye problem, it’s the same but it’s by phone. So obviously there is a barrier there in that I can’t see a person. I have got a hearing problem, so that can be an issue, although to be fair it’s not been as big an issue as I thought it might be, working by phone. But I can deal with a lot more people by phone than I could when I was driving round quite a large estate.

So that’s the main change for me really. I can still refer them. I can still do exactly what I did before, but before whereas I might sit with somebody and do a Blue Badge application, now what I have to do is use an advocate. But we’ve got some of those. We’ve got plenty of those locally, so I can arrange for them to go and sit with the person and do it.

The only other thing I think that’s changed is that services aren't as accessible, particularly the local authority, because if one of my customers even still rings the council, they get a message saying that “It’s not been possible to answer your call, please leave a message,” and then nobody ever gets back to them. However I can email the council, because I’ve got an email address, and I can get issues like bins, that sort of thing, sorted out quite quickly for them.

There is an issue I think with some energy companies in that if people have got a really high bill, which is obviously very topical at the moment, they themselves have to speak to the energy company. I can’t do it on their behalf, because they won't speak to me. So there are a few little issues which I suppose if I was visiting somebody would be overcome a little easier. But generally speaking it’s similar really. I can still refer people.

Int: Looking at the responses you gave to the survey, which I’m sure you don’t remember -

R: No [laughs].

Int: - but one of the questions is about when you started using technology with older adults to, well, for the purpose of trying to prevent loneliness, and you responded that this is something that started after the first lockdown or since the first lockdown of the pandemic in March 2020.

R: Yes.

Int: Can you remember back to what kind of conversations were had in your organisation with colleagues or others about how technology could be used to mitigate loneliness during the pandemic?

R: Yes. Well [name], who’s one of the commissioning team at the council, secured a grant. I think it was the, oh what was it called? And it’s some kind of inclusion grant to provide iPads for customers, and I managed to get four of those, and I’ll just give you a couple of very quick case studies.

I’ve got a lady who’s not very old, she’s 55, 56, but she’s got a coil fitted in her brain and she’s got lots and lots of health issues, and I’ve been dealing with this lady for two years off and on, originally because she needed to get to [hospital], but because of something that’s happened in her past, she is terrified of going in a car because she can’t, roundabouts give her a big, big problem. Now I’ve not dug too deep into that because that’s not my role really. But I ended up having to organise for somebody to go with her on a train to get to this appointment to see a brain specialist.

This lady has got a brother who’s also got numerous health issues, and in fact he was isolating in the early part of the pandemic because of his health. Now he only lives probably about two miles away, but neither has their own transport, and so one of the iPads was given to her and one was given to her brother, even though he’s not in my area, I shouldn't really have done that, but hey-ho, which enabled them to keep in touch with each other daily on Facetime, and for her to know that he was okay and vice versa, because she does worry, really worry, and she’s got various mental health issues as well.

So obviously you can’t just give somebody an iPad and expect them to know how to use it. So I did do a course which wasn’t very good. It told me what I already knew. I was hoping it might tell me where to begin with this training, but it didn’t. So what I did is I produced something very basic with some safety tips on, you know, be very careful, don’t give your password, blah, blah, blah, and some very basic instruction really, which I was able to email her because she did have an email address. So hopefully that helped. That was one story.

Another story was another customer who’s not very old, but again got multiple health issues, including spina bifida, problems with his kidneys, all sorts of things. He’s got custody of his granddaughter and it enabled him to help her with her school work and that sort of thing as well. So that was quite useful.

So as I say, we did get four iPad. Or they weren’t iPads. They were tablets, but which hopefully did help. But what I do find is a lot of the older people, particularly in their 70s and 80s don’t want to know about anything IT. It scares them. So I think what would be helpful is some one to one tuition from somebody who’s qualified, not from me, but from somebody who can explain the very basics, because I think they only need to know online banking, supermarket shopping online, and an email really. If they knew that; that would open so many doors for them.

I mean speaking from personal experience, my husband’s one of these people, he’s a pipe fitter so he’s never had to use technology in his job. He’s now a carer for his mum so he still doesn’t have to use it really, and he’s got me, and teaching him to do online banking, it’s very scary for somebody who hasn’t got a clue. I mean the only reason I’ve always worked with Word and Excel etc, so it’s the old adage, the more you use it, the more experienced you get, the more comfortable you get. But for some of these old people it is scary.

Int: That’s very interesting and resonates with what Rita was saying yesterday too. So, other that providing the tablets, I guess with some of the other customers that you’ve been talking about, were there other ways in which they were supported to use technology other than just provision of equipment?

R: I’ve been able to tell them, even if it’s their carer or a support worker or a relative, about events going on. To give you an example, last week I was able to send an email to the 20 people who are online, telling them about a new mental health hub which is situated actually right in the middle of the estate, a walk and talk group that was going on, and a women’s group that was going on. And what I do, I’ll just turn round a second to show you. Can you see that?

Int: You haven't got the camera on.

R: Oh haven't I?

Int: No.

R: Hang on, let me put it on. Sorry. So I tend to print things off and then send them to people, or I print them off so I can tell people over the phone, but I’ll take a screenshot of it and I can email all the info to people, which has been quite useful. I’m just having a look at my notes now in case there’s anything I’ve forgotten to tell you.

Int: Just going back to the early days of the pandemic when I guess we were going into lockdown, so you talked about the community team providing these four tablets, and I guess sort of thinking about people who already had devices and how they could be supported to connect with others using their own devices, what did you think were the pros and cons of using technology to prevent loneliness among your customer group during the lockdown?

R: Well I think the cons are obviously getting people to sign up for it. I’ve got one lady who’s in her 60s, she’s quite smart generally, but she won't hear of it. She keeps saying, “No, fraud,” and I keep saying, “No, you can protect yourself from that.” And it’s so time consuming having to ring her every time there’s something she might be interested in, whereas if I could just email it to her it would be so much easier. But I think we’ve got to accept that there will be people that have got a brick wall up and nothing you can do can knock that down.

The pros are that you can get information out to a lot of people very quickly. They can keep in touch with what’s going on locally. I’ve even put people in touch with each other who didn’t know each other before, just so they’ve got a friend. And that’s worked out quite well, although you’ve got to be quite careful when you do that they both agree etc. So there are obviously advantages, but I do think it’s an uphill struggle with a lot of the older people.

Int: Why do you think that is?

R: Because of the need for training, because they can’t just go on and do it on their own. And there was at one point an offer of some telephone training, but my personal thoughts are it needs to be one to one and face to face. Obviously we have got courses running, which again are online, so it’s not ideal if you’ve got somebody who hasn’t got a clue. It’s okay if somebody’s got a little bit of know-how.

The local college does online courses, which I have told people about, because some people, I can send them an email and I know that they can’t respond to that email. And very few people do respond to my emails actually, because I don’t think they know how. But at least I know that I’ve sent the info and hopefully they can see it and then make a judgement whether or not they want to partake.

Int: I’ve just got reminded actually. You said at the beginning that of your 60 something customers at the moment, 20 or so have access to IT equipment.

R: Yes.

Int: But does that mean that the remaining 40 don’t have any -

R: No.

Int: - access at all? Okay.

R: No. I mean a lot of them have got mobile phones, so I can text them.

Int: And then you’ve mentioned the need for training. So, to what extent is that a completely unmet need, or have some of the customers you're aware of, are you aware of some of your customers accessing some form of training?

R: Only one or two really, and I think that might have been because of the pandemic as well. They may have felt, because a lot of people are still very, very scared to venture outside their front door, which is very sad isn't it really?

My role as well has been to try and coax them, which has been difficult because of all the mixed messages; stay in, don’t go out, you must protect yourself, and the next minute, oh it’s okay, go out, go out, then again, no you’ve got to stay in again. So the same with COVID jabs really. The lady with the brain injury is convinced that having a COVID jab would make her condition worse, and you’ve got to be very careful. You can say, “It’s not,” but at the end of the day that’s her belief and she’s not going to change it due to something I’ve said.

So IT has been useful to be telling people about COVID pop-up clinics, vaccination clinics and testing centres, because again we’ve had several of those right in the middle of the estate where people can get to. So it has been useful for that as well.

Int: You touched on this already so I know the answer’s yes, but perhaps you can say a bit more about this, if there is more to say, but has technology been more successful at reducing loneliness and isolation for some groups of older people compared to others?

R: Yes I think it has marginally but not as much as it could have been, due to the training and the effects of COVID obviously. I think people have sort of seen the need to go online, but seeing the need and actually doing it are two different things, aren't they really?

Int: If you think about the people that it has worked for, well can you tell me a bit about where it has worked?

R: I’m trying to think. Some of the customers I weren’t aware were online, but a lot of people, particularly if somebody’s got dementia, I tend to talk to a relative instead, because I’m quite aware that a phone call from somebody, who somebody with dementia may have forgotten in between calls, can be quite, you know, I don’t want people stood there worrying, who’s that that’s just phoned me.

So I do tend to talk to the daughter or the son, and that’s been quite useful, because often they are IT literate and I can send them info, and they can then pass it on. So that’s been quite useful and I would say I’ve spoken to a lot more relatives since the pandemic than I did before. Before it was usually just the customer I was speaking to.

Int: Is there anyone that you’re aware who tried using technology and then stopped?

R: Say again, sorry.

Int: Are you aware of anyone who tried using technology during the pandemic but didn’t carry on with it?

R: No, not really, no. I think if they’ve tried, they’ve usually tried their best and persevered, yeah. Even my husband [laughs].

Int: So when you’re talking about the ones who didn’t get on with it at all, that was sort of a complete refusal to engage with it?

R: Yes. She wouldn't even try. I even offered her one of these tablets which, hand on heart, I did think to myself at the time, I can’t just give her a tablet. She does need help. But I was quite willing to go over it on the phone with her, which is not ideal, but it would have been better than nothing. But she wouldn't even entertain it, and she is quite a stubborn lady. So I didn’t pursue it really.

Int: In the survey you talked about barriers that made using technology difficult for the older people that you worked with, and one of the ones that you said was like a considerable problem was hardware or software issues. Do you know if people who were trying to use technology but encountered hardware and software issues, do you know if any support was provided to them?

R: I’m trying to think back now. I think what I might have meant by that is perhaps not hardware, software issues, but broadband issues, and in particular the cost of broadband, because with these tablets people have to buy credit to use them, and the guidance that we had wasn’t that clear for me to pass on. And I did try to get more clear information so that I could tell people, because the first thing somebody’s going to ask is how much is it going to cost me? So you need to be able to answer that.

It was a little bit woolly, the info we got, and I think that might have been because the lady who organised it is not really very IT savvy herself. So she may not have asked the questions to the powers that be above her.

Int: So what was missing from the guidance or what was it unclear about?

R: Well I think the info she gave me was, oh I think they’ve got to do this, and I think they go to a shop and buy this. Well think [inaudible 31:08], we needed to know rather than think, because I didn’t feel confident passing on that info, which wasn’t very clear.

Int: Do you think that ended up being a barrier that prevented people from continuing to use the technology?

R: I think that could have been a barrier. I don’t know whether it was, but I definitely think the high cost of broadband could be a barrier.

Int: Do you know if anyone, I know in some places people had financial support for covering these costs. Was that something that the people you worked with had access to?

R: No, not that I was aware of, no.

Int: You mentioned the fear of scams, one of the people that you work with who wouldn’t use technology because she was afraid of scams, is that right?

R: Yes.

Int: How common is that as a barrier for people?

R: I’ve only heard of it once. So I wouldn't say it was that common.

Int: What do you think could be done to help people overcome that fear?

R: I think again a one to one, face to face training, where you could explain to somebody, you don’t give your password, you stay safe online basically. I didn’t go into any depth with this lady because I couldn't get over the first hurdle with her. But I think some one to one help may have been able to convince her. I don’t know. She is very stubborn.

Int: Were there any unexpected positive effects of using technology to address loneliness during the pandemic?

R: I think one of the positive aspects of, I’ll give you an example. Before Christmas one of the ladies who used to work in our office arranged a Christmas lunch, and it was a three course Christmas lunch with entertainment at a local restaurant with £10 towards transport, and it was free, presumably paid for by some grant from somewhere.

So I was able to tell 20 people immediately by email, because that was quite quick for me to do, but the other 40 people I had, it was quite difficult to tell them in the timeframe because I only work 15 hours. My phone calls are spread over a month. If I speak to somebody today, depending on their needs it’s usually another month before I speak to them. They’ve got my number so they can contact me in between.

So it was very useful to be able to just email stuff, and out of all the people I did manage to tell, which was probably 90% of my customers, 12 of them actually went along for this meal. And I’ve spoken to two or three of them since to find out how it went, and they really, really enjoyed it, meeting new people, which again is a way to combat loneliness, because if you meet new friends you can go on days out etc.

I’ve got one customer, [name], who again is not very old, he’s in his early 60s, you probably think he’s old [laughs], but in comparison with me he’s not too old. He lost his wife five years ago, but he still talks about her as if it was yesterday. Every single time I phone him, he says, “and [name] would have done this and [name] would have done that,” and it’s quite sad because he would love a friend, but I don’t think he’s got the mental capacity to be able to use IT, which is a shame.

But he has got some learning issues. I don’t know what they are but I don’t think he’d be able to use IT. So he’s been stuck in a top floor flat on his own. He’s lucky he’s got a little balcony that he can sit on. He’s got a brother but he hasn’t got anybody else in the whole wide world. And it is quite sad that people like that are excluded from a lot of things. But as I say, I don’t think he’d be able to use IT. Perhaps that’s unfair. Perhaps if there was some one to one training he could try.

Int: I suppose, I mean I suppose perhaps other people with similar needs to him, they might have someone caring for them who would help them get online.

R: Yes, yes that’s what I’ve found, especially with people with dementia. I’m talking to their son or daughter and I’m able to pass the info through them, which, as I say, it saves me talking to the person and getting them worried if they have got dementia. It’s a quick way for me to get any messages out, just ping an email, and it’s useful for the relative as well, because the relative often doesn’t know which way to turn.

So what I’m finding as well is that social workers locally just seem to be dropping people, and carers are just sort of left to get on with it and I know that from my husband. He cares for his mum. They’re just left to get on with it, and because the family do get on with it, then they’re just left alone but they don’t get any help such as respite care or anything like that. It’s a very rewarding job speaking to these people, and even a very quick phone call once a month, some of them’ll say, “Oh you’re an angel,” and I think, well I’m not an angel. I haven't done anything. But you might have been the only person that person’s spoken to in the whole of that time. Very, very sad.

Int: If you look back over the time since the pandemic and how technology has been used to prevent loneliness, what would you say are the biggest lessons from that?

R: I think the biggest lesson for me would be if you want older people to partake then you have to give them one to one tuition at the beginning, and I think once they’ve got that basis, they will improve themselves by using it. I think that’s probably, and maybe look at cheaper deals for broadband to make it more affordable for them to do that, because there's lots of Zoom groups and Teams groups that people can access, but they can only access it if they know how. So they’re discounting a lot of the older ones that way.

Int: Okay, well thank you very much [name]. I’m going to stop the recording now.

END

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