**Recording Details: P001 121221**

Int[[1]](#footnote-1): So to start with then if you could just give me a brief overview of your role and the organisation that you work for.

R[[2]](#footnote-2): So I work for [name of organisation]. Just before lockdown we’d started to take over the telecare and assistive technology to start a project of trying to get people involved more in technology within our service, to expand it and work with it. So I was on secondment for a year before lockdown to start using the technology, to get it out there, to roll it out. But unfortunately for us we didn’t get it in time as much as we’d have liked to have got it started. Because it would have been absolutely amazing during COVID to have actually got so much more people using it before. But we’ve picked up the pace again now with our assistive technology. We’re using Alexas which we’ve had from the [name of funder] to roll out within [name of city]. So we’ve got quite a few out there.

The success that we’ve had from them has been amazing. And the response we’ve had from people, more the older people say in their 80s and 90s I’ve worked with a lot. They’ve embraced it so much. I set one up yesterday actually for a 92 year old who has found the whole process amazing to be able to access things just by talking to it. It’s just been amazing for her. Lots of my older people like them. But we’ve also been involved in a trial called Komp, which is no isolation, which is a [nationality] unit. We’re trialling for them at the moment and the response from that has been amazing as well. So that’s a couple of the projects that [name of city] are undergoing at the minute to combat the isolation in our elderly.

Int: That’s loads of information to start with.

R: Well it’s something I feel quite passionate about as well, and I’m trying to use the technology to expand that, not just to use that for communicating but also in an occupational therapy way. Trying to get people to use it to be more independent. So we’d be using it for lighting, for plugs so they don’t have to bend. So window openers, curtain openers. So we’ve expanded it quite a lot to give people that independence as well, being mindful as well we’re not preventing them from seeing people. So we’re trying not to make them so that they’re staying inside the house, but it’s also to give them that independence and that confidence to do things themselves because that has a knock-on effect, sociable as well.

Int: And so your role specifically then, are you involved in the going out and setting it up in people’s homes, or are you more managing the team behind that, what does your role specifically look like?

R: It’s me. So we identify the people when we go out and see them as well. So I advise some of the other team as well if they need any support in setting them up. So I’ve been assisting some of our team members to get them set up in the home so that they can do them themselves as well. So I’m advising them, doing a lot of the research around what we can do with them. Just before the meeting with yourself now I had a meeting with my manager to see what other things we can connect to Alexa, what other things we could use to make people more independent so they’re not so isolated. Because we’re having a problem with care at the moment as well, so having that care, using the Alexa, family can just drop in, talk to them and see that they’re okay just as the welfare calls really. Whereas the family couldn’t normally do that. So I’m the support for our team to set that up. I also do a lot of the initial setups as well.

Int: So you mentioned there the loneliness and reducing that sense of isolation and increasing independence was there, and that’s a priority it seems like. When you said that you started this technology roll out before COVID, so was the focus of that then thinking of your occupational therapy side? Was it more about the physical side of things or was it focused on the loneliness?

R: It was a bit of both actually. Because we know that a lot of people suffer with loneliness, and it was something that we’ve identified for many years where we haven’t had that much technology. So the idea was that they could communicate with other people, they could have groups they can set up with using the Alexa as well. Because as long as somebody else has got that Alexa, if they’ve got a friend that they want to communicate with that’s something that we could look at as well. If they haven’t got it we can set them up with it as well just so that they’ve got that constant communication with someone. I’d gone around to [inaudible 5:12]. They’ve got that system as well where they have two Alexas set up with a friend and the person that’s blind can’t see anybody but they can talk to each other. She’s close up to the screen of the Echo Show, she can actually see the outlines so she knows there’s someone there, which made her feel better just knowing that that person could see her.

So it wasn’t just so much that she could see them, or she couldn’t see them, they could see her and see that she was okay. So that was the aim really because they take up a lot of resources. I know it sounds absolutely dreadful but we have people that were phoning 999 just to talk to someone because they didn’t have anyone that they could talk to. Because that person would come out, the responder would then come out and see them, whether it was a police officer or a paramedic, there was somebody that was going to be at the end of that call and they knew it. So by setting them up with the Alexa they could speak to family who had that video calling technology as well. They didn’t need to worry too much. So it was reducing that. That was our aim, was to try and combat that loneliness within that group of people.

Int: You said that that’s something that would be noticeable as a change, is that something that’s been evaluated or assessed to see if it has reduced those calls maybe or those contacts?

R: One or two of them I’ve been able to keep in contact with. Not all the time because it’s really hard to keep people constantly ringing them, they don’t always like that. I’ve had two particular ones. One that has actually Completely stopped calling 999, and has realised as well the amount of times they had called 999 because they could see from the video calls how many times they’d call a member of family or a support worker via the Alexa. And I think they’d come to realise that they needed to get out more. So that had a positive effective on that person, but that was a younger person who needed to get out and socialise more. The other lady didn’t want to go out, but she was extremely lonely but didn’t want to interact with people because she didn’t like the whole feeling of going out and socialising.

For her the Alexa has brought more for her because she’s been talking to it. She said it was like a lifeline to her. It’s not so much she was talking to other people, it was more that she was able to talk to something, and she found that to be more humbling more than anything. Because she felt that she didn’t need to see or speak to a human, but she had Alexa to talk to. She asked it questions and it answered her. So for her it reduced her loneliness quite a lot in a different way.

Int: So it’s almost like people perhaps think they need more of a contact, but actually just a little bit might be enough.

R: Yeah, it was just somebody answering her, somebody that she could actually talk to. Because her son was grown up and was going to college, she didn’t have anything. So it was also helping her to talk and get things coming back to her that was reminding her as well with her appointments, her medication. So we set all that up on there for her as well so that she wasn’t constantly relying on care. So it was reducing the amount of care that she was having so that she could just do things for herself, which gave her so much more confidence. So it was a lot of things that came out of that just by providing that Alexa for her.

Int: That’s amazing isn’t it? So much difference from one thing. One of the things we’re looking at mainly is the impact of COVID and the pandemic. So your situation sounds quite interesting because it was already underway prior. Can you just tell me a bit about how some of those conversations about the plans of what you were going to be doing, how you were going to be doing things changed when the pandemic started right at the beginning?

R: Well it put a stop to everything we were doing because we weren’t allowed to visit anybody because of the pandemic. So our job then mostly had to go back to my normal job, which is [type of case worker]. So I had to go back to that role. But we still tried to slot in a lot of the plans to help people, to see people again. So we were trying to up it again. So we were putting it into the elderly people who were vulnerable. So our plan changed then to looking at different criteria of people. So we were looking at the more elderly people who couldn’t have visitors. And they were lonely, they were suffering because their mental health was suffering because they couldn’t see anybody. Care was reduced at that time as well for them.

So if they were receiving carers that was being reduced down because they had to put the priorities elsewhere because health needs were changing with other people. So it was all being stretched and pulled. So we rolled out during COVID the Komp which were for people with dementia who weren’t getting that regular contact. The dementia was getting worse for them because they weren’t seeing people. So we trialled the Komp with a few of our elderly people. It helped them because they were able to see family, recognising faces. So that interaction for them was so important for them to be able to see family still, to be able to see the pictures. Because they could send photographs in, they could call in when they needed to check in on them. It helped the family as well, because family who were so frustrated they couldn’t go and see these vulnerable people. They were able to ring in and they didn’t have to answer. So with the Komp, I don’t know if you know anything about the Komp.

Int: I have a brief look, only because actually you mentioned it in your survey and I just had a quick look because I’d not known much about it before. So it answers it automatically after a set amount of time.

R: Because a lot of our people that we were looking at putting these Alexas in for, they couldn’t answer, they didn’t quite understand the whole concept of it. So the aim for the Komp was to target people that didn’t have any technology experience or knowhow. So this was put in for them. It just sits in the room with them, it just switches on. They don’t have to do anything with it, just leave it on. The person then rings in. Professionals can ring in as well and conduct appointments through it. So for them it was giving them a bit of freedom to be able to still have their appointments because they didn’t have to go out. They still saw family and it was real time as well. Could send photographs to them as well.

Int: And when you were rolling that out, was that people who were still in their own homes or was that maybe more in care homes?

R: That was in their own homes and that was targeting people for isolation. That was the main purpose of the Komp was to combat the isolation for people. Because they don’t need the wifi for this one either, so it comes with their own SIM. So they didn’t need to have the technology there, so it was easy to roll this one out for us. We didn’t have to do too much for it, the family did most of the work. We just went out, showed them how to use it, and then if they couldn’t go out to see them for any reason they were able to still have that communication. The case studies for that one for me have been amazing. Because the feedback we’ve had, the families are happier because they can see them. The client has been happy too. One or two of them were a little bit cheeky, they tried to turn it off. They’re so used to turning everything off at night when they go to bed, and they just go round switching it off because it just looks like an old radio system or the old TVs with the knobs on them.

But the feedback we’ve had from them. The one lady, she feels that she can still see people, but she sees them more now. Because her grandchildren are in university in [name of city], they ring in to her, she gets to see them. So she feels so much happier being able to see them.

Int: That’s really interesting. So that particular device has got that real drive towards the loneliness and isolation. Whereas the Alexa has got that, but also the more independence and some more physical things that go in with that as well. Is there quite a few people that you’ve done the combination of both with now, you’ve managed to do a bit of both?

R: Yeah, so I’ve got gentleman. He’s got cerebral palsy and the wife has got MS. So the two of them, I’ve had to do both with them because we’re using the Alexa for the technology to make them independent. So we’ve got the voice controls to do the curtains, the lighting, the plugs for the TV. So Alexa does that for them, but what they don’t have is with the Komp you don’t have that interaction. This has got the big screen, they can see it properly. Because of his hands he can’t do anything, he can’t answer the phone. So they were quite isolated during the first lockdown because they couldn’t communicate with anybody. Both of them were extremely vulnerable, and they were quite lonely. They just had each other for company and it gets a little bit …

Int: Sorry about that, I think it should be all right now. It was up until they were together in the first lockdown, this couple, and so they only had the two of them.

R: So I started doing the Alexa a little bit into the first lockdown I started setting it up for them. The Komp came after. Because the trial didn’t start until midway through the second lockdown. So we got it in pretty much towards the middle of the second lockdown and they were able to see their children. If they can’t answer the normal phone the children were able to ring in and check on them, and they could see them, they could talk to them. So the two they’ve been evaluating for me, because he’s very good for that. So he’s been evaluating both of them to see which one works better. But they’ve both got their pluses and both got their negatives on both devices. So whereas the Komp they can’t call out on that one, they can only call in. But they can receive the photographs of the children, so they’ve enjoyed that concept of it.

The only thing about the Komp is the restriction on not being able to call out. But he likes both of them. He likes the technology with the Alexa because it gives him the freedom to be able to open up his curtains on his own. He doesn’t have to wait for the carers to come in. He doesn’t have to have an extra call. Because his wife, her mobility is pretty poor. So we’ve looked at the technology to make sure that they’re still maintaining a normal life, whereas the Komp is combatting the isolation, not seeing family, and being able to connect with family that they haven’t connected with for such a long time because of COVID as well.

Int: So it’s interesting because it’s almost like that was there happening, and this device obviously has been created for those things, and then COVID just really ramped up that need, even for a need that was a already there it sounds like.

R: Absolutely, but it’s not so much them either, it’s allowing their family to see them. So they might be suffering in the same way but haven’t got the means to get in touch with them. Because if they can’t use the phone, they don’t have the smartphones, they can’t use a smartphone because they haven’t got dexterity either. So that again is just increasing the loneliness of not being able to communicate with people.

Int: It sounds like you’ve had some really good feedback, but when you’re starting the roll out or perhaps you’re setting things up with a client in those early stages. We know that there’s some barriers for older adults about a fear of having the technology and perhaps not wanting to break things or being afraid of the internet connectivity and things like that. Have any issues like those fears and barriers come up for you in the beginning?

R: Well we always get them with everything that we do. Even though we’re [name of organisation] we come under [name of city] Social Services. So as soon as that comes up people literally put up a barrier, they think you’re being nosey. So we’ve got the privacy side of things as well that come up. They don’t want us nosing in and they don’t want people interfering. Then you’ve got the technology side of it. “Oh gosh, you’re going to have people being able to know what I’m doing”. There’s all these things about security. So there is that. So we do come across that a lot. They can’t fund it either, putting the internet in. So there’s the cost of the funding. So we’ve been working with our team in [name of city] as well to see whether we can look at addressing the cost of internet and being able to provide that as a one off for the installation.

So we’ve combatted some of these ones. We’ve listened to what they’ve said. Connectivity is one of the things, so we’re looking at trying to support them with that. So the other one was that they couldn’t afford the cost of the Alexa, so we’re providing the Alexas. So we’ve listened to what they’ve said over the last years and we’ve addressed it as we’ve been going along. And that’s some of the things that we’ve looked at. Because we started using their phones if they had a smartphone. I started getting them to use that. The proactive calls stopped with telecare, which was a lifeline, a welfare call. So we were trying to replace the welfare call with something that we could use so someone still has that connection with the outside world. So we’ve tried to work on that.

So we had a lot of barriers with the technology when we first set that up. So we knew what they were going to say before they could say it to us. It’s almost like we were pre-empting because we started off with the welfare checks using technology. So we’ve already come across those barriers and addressed them as we’ve been going along. So we were almost ready for them to say “well yes, but we can do this for you or we can do that for you”. So we were there ready with some of the answers. I haven’t actually had too much objection with the older people, it’s been the younger people that I’ve had the barriers with. Older people in their 90s and 80s have embraced the fact that we need to use technology to get online with other people.

So they were okay, they were open to it. It’s the younger generation that were like “no, not having it, my privacy”. They put the stop down. So a lot of people we’ve come across with the younger generation, they’re the ones we can’t seem to get through to at the moment. They don’t want it. They won’t have the smartphones, they think they’re being tracked. So they’re the ones that we find are going to be the hardest ones to get in touch with the technology as they get older. And a lot of people that we see are disabled, so they are isolated anyway in different ways. So I found the older ones more open to suggestions. They seem to be more relaxed about it, which is interesting.

Int: Yeah, that is interesting. Why do you think that is?

R: I think they’ve passed the whole like “oh well, if they don’t know it about me now that’s fine, we’ll just go along with it”. But I think a lot of older people now, especially ones that live in [name of city], their families have moved away. So they want to connect with them, they want to be able to speak with them, they want to be able to see their grandchildren. So I think they’re more lonely, they’re the higher end of lonely. So they’ll look at anything to try and connect with them.

Int: So perhaps that need outweighs any worries or concerns they might have, the need is more important. And so then the younger people that you struggle with more, and I know you said perhaps that’s more about the privacy. Do you think that’s the main reason or do you think there’s any other reasons going on there?

R: A lot of the older people think there’s a conspiracy against the internet. I think that’s their barrier. Because they’ve been brought up with technology, so they’re aware of what the technology can do. They’re aware of what can happen. So they’re more clued into things like that. So whereas when I do the setup I have to explain to the older generation about the scam calls that people could potentially get, which the Komp can’t get by the way, they can’t get scam calls. So that’s why they embrace the Komp because the family feel more secure with that setup. So if you have the choice between the Alexa or the Komp, the Komp is probably going to be more secure for family to put in a person’s home than an Alexa. So when you weigh it up I think that’s where they feel that there’s going to be the barrier.

But the Komp, the younger people don’t particularly like it either because they don’t like the idea of not being able to call out and people calling in. So again it’s that people can come into your home and speak to you when they want, not when you want. So that’s where we got the resistance with the younger generation on the Komp. So we’ve only used it for the older people.

Int: So it’s interesting balancing the different priorities or what might be a barrier and making it suit. That must be tricky as well to play it right. So in COVID then was there any other strategies or technology that came to mind for you as the professional? You obviously already had those things planned in and you said you ramped up the priority of the Komp. Was anything else brought into the mix to help with the loneliness?

R: Not so much with that, because a lot of the befriending services stopped as well. So we were given the opportunities, we snapped their hands off to get the Komp to help us with our older generation. Other local authorities have tried other things as well. They tried the Cradle, which is another device to combat isolation and loneliness as well. That’s got a two way device with that one where they can ring in and ring out, which is one that we wanted. And the Echo. Again those ones are the ones that have been trialled throughout Monmouthshire at the moment, which is a big pilot that we’re trying to find the best device that we can use for technology. So I’m not sure if you’ve got any information on [name of county in Wales] on what they’re doing at the moment with the different trials of technology.

All the local authorities that are part of the [name of county in Wales] group, we’re all trying different ones, but I haven’t had any information about how that’s actually working at the moment for them. Only that the Echo and the Cradle are working quite well, because they can do the two way talking.

Int: So that might fit that gap perhaps that the Komp doesn’t have coming in.

R: Yeah, with the Komp it’s a big device, so it’s a big TV. So that’s our plus side for us on that one. Whereas the other ones are small devices, they’re about the size of the Alexas. That’s the downside to them, so they’ve all got their ups and downs. If we had the Komp with a calling out system as well it would be perfect.

Int: So that would be the miracle tool for you at the moment.

R: Yes, but they haven’t got that technology yet, and they have hit some hurdles with it as well. But it’s all new so it’s all a learning curve.

Int: So I guess when you were in the pandemic you would normally have been going face to face and you said that was what you had to stop doing, the visits and things. What is the way around that, was it landline phone, that kind of communication, or how did you get around it?

R: We did do some virtual assessments. We tried a few different types of virtual assessments. Some worked, some didn’t. I know that when some of my colleagues tried doing the Teams calls like this connection was poor, connection was absolutely horrendous. So they failed dramatically because as well a lot of the Teams didn’t work on mobile phones so they couldn’t maybe download the apps or the families couldn’t download them for them, or they didn’t have anybody there to do them. So that technology just went flat. The Teams did not work for outside of the professional capacity. So a lot of us trialled WhatsApp because it was compatible with the mobile phone. We could do the assessments and it worked absolutely brilliantly. Obviously they had to have somebody else there with them to do it, however it worked better. The clarity was better, you could see more and it was easier.

We managed to get quite a lot of the assessments done that way. And I know that some of our girls did some of them with the carers. They used the WhatsApp with the carers. That worked well as well. So we did get around a lot of things but it was all trial and error in trying to get the right balance. And was compatible with other people, because internet areas can be quite tricky sometimes.

Int: You are relying on both, it’s not just from your side is it, that’s the trouble. So we were speaking before about some of the people who have those barriers and the kinds of things you used to get around that, or maybe how they can be persuaded. Are there any experiences you’ve had where they’re just not wanting to engage with the technology, even after you’ve given them the reasons for it?

R: Yeah absolutely, it’s not for everybody. A lot of people prefer that face to face. They like that contact with people. People don’t always like looking at a video screen because they’ve never done it before and they don’t want to do it. We did have quite a few I’d say probably in their 40s and 50s that didn’t particularly want to have that. They had the internet, they had the setup. We were giving them the devices because we were gifting the devices to people. So it wasn’t like they had to pay for it. They didn’t even want the gift of having it set up for them. Obviously I’d go out and set it up for them as well, so I was offering that service. They didn’t have to get anybody else in and it was just a complete refusal. They wanted that face to face, they wanted that contact. So some people prefer the physical being in the same room as someone, and having that experience.

So it’s not for everybody. But again that was in that younger generation gap between 40s and 50s where they would have had at least some technology. But they’re just really against the whole internet. They don’t mind it for their TV to come through to watch their TV, their Netflix, but they didn’t want the whole people being able to see them.

Int: That’s interesting, and are those people you would have said from in your professional capacity that were particularly isolated and lonely and it would have been useful?

R: It would have been very useful yeah. At the beginning as well providing the internet for somebody, the setup and the initial cost of things, we weren’t always able to do that. That’s something that we’ve had to negotiate with over the past few months. Because we’ve come up against this barrier, we could have potentially have provided more if we could have given the cost of the initial setup. Obviously the payments then for the monthly payment for the cost of it we couldn’t address because that’s something that they would have to do. But we managed to negotiate with [name of city] to be able to provide a one off installation fee to get that sorted out for them. But even though we’re saying we can do that for them now, they’re like “no, still don’t want to have the internet” because they don’t want to pay the monthly cost.

Int: So you’ve tried as far as you can.

R: It’s down to money a lot of the time.

Int: So it’s interesting that even when you’ve covered a lot of that there are still those ongoing barriers. And I suppose that’s something because of like you say the maintenance of it and keeping it going. Even if it could be manageable it’s difficult to commit to I suppose in the beginning.

R: And we can’t just say “right, go with this provider”. Legally we cannot say to somebody “you can go with this one”. They have to go and make that choice for themselves. We can give them the information. We can sit there and research it with them and say “right, well there’s this, this and this one, this is how much these cost, but you have to choose”. They don’t like making that choice because they don’t know if they’re making the right one. We’re not allowed to say “go with this one, this is better” because we can’t be seen to be picking one over another. That’s one thing I have found. That if they had to make a choice of which internet provider they go with, then we can’t get involved in that. We’ll help them with the initial setup but we can’t get involved with who they buy the internet with.

Int: And then if they aren’t able to get that into place then you’re quite limited in moving forward aren’t you?

R: Yes, and that’s some of the barriers that I’ve come across. But I try to get them to let me speak to family. So if they’ve given me consent to speak to family I can speak to say a son or a daughter and say “look, we can provide this if you can set up the internet”. “We can provide you with the Alexa, set up the lights, the plugs, but we can’t get involved with the setup”. The one I did yesterday, they did that for her and that worked because the family decided to put the internet in. It was their choice who they chose. So I didn’t have to get involved with all the costs of setup, so we didn’t need to do that because they were fully prepared to do it. They were like “oh yes, we were going to do that for mum, but if you’re going to do that for her we’ll get that done straightaway”. So it’s having that further conversation with families as well to see if they can support them. And they were more than willing. Sometimes it’s getting to speak to family because sometimes you don’t get the consent.

Int: And I suppose there’s a frustration there around the people who’ve got the family perhaps very involved and that are willing to help and speak to you and have that, versus perhaps the people that don’t and then you’re more likely to perhaps come across those barriers but perhaps they’re the people who need it even more.

R: But I’m stubborn so I do try my best. I try every way to persuade them because it’s something that I know that once they’ve got it they will absolutely love it. My mother-in-law is a classic example of this as well. She wouldn’t use the phone. Because we bought her a phone, we pay for her contract so that she can have a smartphone. So we set that up for her. She wouldn’t use the video calls, she wouldn’t use them. So we’ve managed to persuade her to say “actually these are fine”. She won’t come off it now. So she’s constantly on there now. Her daughter then set her up with Facebook and she’s constantly talking to her old friends. She’s like “I spoke to so and so the other day”. The feeling that you get from watching her getting that satisfaction of speaking to someone that she hasn’t seen in over 20 years is great. It’s like “you should see their grandkids”. So that side of it as well has been nice for her.

I try to explain that to a lot of people when I go out. So I use my own experiences of the technology back in the community as well, and what I’ve learned I try to pass onto other people to say “if my mother in law, she’s 79, she can do it, you guys can do it”.

Int: That’s great, and so you mentioned there about initially not wanting to do it, but then she wants to do more things. Are there any other unexpected positive effects that you’re aware of? That perhaps you set something up and think “right, well this is going to do the things we intend it to do”. But what are some of the other things that you hear about after?

R: Well the one lady, the first one I ever set up with the Alexa. This was before COVID. The purpose for that one was mostly to try and reduce the amount of support she was getting as a way of care packaging, getting the hours down. Because she had become so dependent on this person coming and writing out her lists, writing down her routine for the week. They needed to get this dependency away from her because she needed to be independent. So when we set the Alexa up originally for her it was just for reminders. It was only just to try and give her more independence. When I went to review it, I went back a few times to review it, and then she’d say to me “oh guess what I found on here, I can have books”. Because her spelling wasn’t the best, so she found a way of making her shopping lists easier. And she was able to listen to books because she couldn’t read. So she was able to read books, the audio books through the Alexa. And so didn’t think of that at the time because that wasn’t my objective originally. But she’d found all these other things.

Int: But that she found it by herself as well, or came across it on her own to come back to you that’s great.

R: Because with the Alexa, because it talks to you, when you start asking it questions it starts telling now. It’ll say “have you tried this?” “Try telling me this”. So she was using that function to say “oh can you do this?” And then she started thinking “oh I wonder if it can do that?” So she started asking it questions and it was giving her the answers and telling her. So she found lots of other things that she found useful on there as well.

Int: That’s amazing.

R: Which has helped me as well because I’ve passed that on. So as I’m learning as well I’m passing that information on to more and more people, and they’re like “can you?” “Yeah, go and ask it, ask those questions”. But I bought one myself so that I could help other people. So I find out a bit more about what it can do, so I’m constantly researching about different things that can help other people to do things.

Int: That’s really interesting, so you’re getting aware of more and more things from yourself but also from previous clients and building up a whole system.

R: So we do keep reviewing that lady because obviously she was one of our first ones. So I do my case studies on her and how she’s progressing. She’s due actually a call back in the next couple of months to see how she’s been going through lockdown and seeing how things have helped her through that. So we’ll get the beginning and the end to find out how she has managed with it.

Int: And so I suppose the flip side to that, and it might come out from some of your assessments and reviews and things, are there anything unexpected negative things that have come out of giving people the technology?

R: For me the only negative is they keep calling you to fix things. Because you’ve given it to them they want you to come out and fix things, whereas if they’d bought that for themselves they wouldn’t have had that support. But we don’t mind so much because they’re under occupational therapy anyway, we would have had to support them in some way. So we have to try and keep them updated with that. Some of the ones that have just come through social work only, I think the only negative for them would be that they can’t always do everything they want it to do, it doesn’t always listen to them properly. So their speech has got to be perfect. So the gentleman that’s got both the Komp and the Alexa, he doesn’t have to talk to the Komp so it just comes through. With the Alexa his speech has to be perfect for it to be able to pick up.

We set up the speech pattern up on him so it picks up on his speech pattern because he’s the one that uses it the most. But then his wife can’t because she’s got reduce speech too. So I would say that’s probably the only negative is trying to get it to understand you. Older people can find that very frustrating if it doesn’t listen to them properly. They have to understand that they have to use a command word every time they ask it a question. So that’s a little bit of a negative as well from the Alexa is to actually wake it up they have to use a command word. It’s not going to be listening in, which to us is good because they shouldn’t be listening in so the command word is important. And that’s what I try to explain to people as well. It won’t listen in to you if you don’t give it a command. To try and combat that as well with some of the younger ones. They’re like “no, it’s always listening in”.

Int: That’s an interesting one, so there’s a group of people that don’t want to have to use the command, and then some people that that might be a way in to say it’s a good thing. You said about when things go wrong or if they’re calling in because something’s broken or whatever. So is that your team that provides that technology support, or do you have to do that elsewhere or what do you do in those situations?

R: Well at the moment we’ve having to supply the tech support ourselves. But I am aware there is some tech support that we can get through I think it’s [name of county group]. They do offer tech support to teach people how to use the technology. Again that started up in lockdown but then stopped because they couldn’t go out to visit people. So that tech support went behind a little bit. So at the moment if there is something that we’ve put in we’re offering that tech support. We can go out and just sort things out. But that can’t be something that we continuously do all the time. So we would then ask the reach support, which is if they’ve got a support worker we would ask them if they can pop in, because they can pop in and out more often than what we can.

Because they’re obviously a lot cheaper as a resource than what we are. We’re far more expensive than the support workers are. So our time really is just to set it all up, get it all in there if they haven’t got it. Because to do an initial setup is about two hours. Whereas a normal visit for us would only be an hour. But to set up the whole system for them is going to take two hours each time.

Int: That’s interesting, it’s definitely an impact on your actual workout then isn’t it, doing this. So you know the benefits it could bring, but that it is resource heavy in the beginning isn’t it?

R: It is yeah. But once it’s done and it’s so rewarding as well. That’s one thing I will say. It may take two hours but I’ve sat there two hours with somebody that’s so appreciative of what you’re doing for them. So for me to actually see that, to how happy they are when they can do things for themselves it’s great. I just find it absolutely humbling really when you get that feeling that you’ve helped someone. That two hours doesn’t matter anymore. But obviously on the financial side of it for the team, but for me I don’t care.

Int: That’s lovely.

R: It’s nice to see how it’s impacted them.

Int: So it sounds like you go and do the reviews and you check on how things are going. What do you think the plan is for that going forward to do evaluation of people’s loneliness or isolation in the context of the technology they’re using? How does that look going forward?

R: Well for the Komp side of things, because we’re working with [name of county group] alongside them. So [name of county group] would interview them to find out how they found it. So they will look to see if there’s any things that we can improve on. So we’re looking to see how we can improve the service as well, if there’s anything else that we think that could actually add to that. For the Alexas we check in on them just to see if things are working. A lot of them have got open social work involvement so the social worker will put that in as part of their review. “Is it working for you?” “Is there anything else that you think we can do that could support you with that?” Because the main thing is “is it working for them?” “Is it going to support them to keep them from being isolated?” At the moment a lot of people are enjoying the fact that they can do video calls, but the downside to the Alexa you can only do a video call if somebody else has got one.

Int: So you’re relying on that network already being there in some form, or that it’s going to be put in place from the other side.

R: With the Komp, the thing I like about that side of things, because we’ve been constantly evaluating the Komp as we’ve been going along to see how it works, what are the benefits of it because it’s a trial. So we are being more proactive with trying to get that information back from the people. Anybody can use it, download the app on their phone, the Komp app. They just log into that Komp app and they can ring from wherever they are. So they’re using their smartphone.

Int: The other person doesn’t need the same thing. So that’s good for the wider family and people like that isn’t it?

R: And whoever’s invited into that app can have the app, as long as that person gives consent for them to have that link. The family with the main app can invite people, so if they have somebody that needs to do a doctor’s appointment they can invite the doctor to their mobile number to come in at a certain time and then take them off. So it can be used for appointments, it can be used for that sort of thing. Whereas the Alexa can’t. So weighing them up for us on an evaluation side the Komp seems to be more flexible to be able to keep that person involved with the family. The daughter in [name of city] or the daughter in [name of city] can have that app wherever they are and still ring in. They don’t need to have the same device.

Int: That makes sense. And so it sounds like you’ve got some quite concrete ways of doing that evaluation. Like you say because it’s part of a trial so it’s a bit more formal. So it sounded like your work practice changed in terms of not being able to go out physically when the lockdown was happening and the limitations on the visits and stuff. Do you see any changes to that going forward now with technology? That you would keep up more phone calls rather than going, or do you see it more staying face to face?

R: Personally I prefer face to face when I do my visits. Because we didn’t stop visiting urgent patients. We continued seeing urgent patients, so palliative patients, terminal patients. We continued to see them. It was the non-urgent really, the routine appointments, somebody with limited mobility that still are okay, still can get about, but just limited on what they can do in the home. So to see a palliative patient we carried on with those. But to see somebody in an [Interviewee’s work title] sense you need to see their environment. You can’t get that through a video call. So for me even though I love technology and I embrace it more so than anybody in my team, because I like what it can do. I like the fact that we can hook it up to the lights and hook it up to the plugs.

So for me I’m very much there, so for me to say “I don’t like it for my assessments” you don’t get a feel of a person via a video call. Because body language is everything for me. You see a lot more from somebody’s body language. And if you’re trying to speak to an older person who’s stubborn, who wouldn’t necessarily show you how they do things properly because they’re on a video call and they feel like they have to be on their best behaviour. When they’re in their own home environment you see more. You see a lot more. So for me no, I don’t think video assessments or technology is going to work in an [Interviewee’s work title] stance.

Not sure about social. Some of the social workers have done video calls, they’re not happy because they can’t see all of the rooms. Whereas they’re looking and they’re checking the environment as well. So you’re missing things. And other feedback, because I’ve asked people in the social work team how they felt about doing the video calls because I’m nosey and I like to know what’s going on. I just wanted to get a feel how they managed and how they felt. They again have also said that for social work you miss lots. You miss a lot of what’s going on in someone’s environment. For me when I go out on my assessments now, I’ve done a couple of non-urgent [inaudible 48:57] ended up putting in technology. Because I can see that they’re struggling and they’re not seeing people. They’ll talk to you, they’ll open up more.

And I’ll say “oh have you tried this?” And they’re like “no”. So you can pick up more, you can provide more [inaudible 49:15]. So I’ve probably installed more Alexas now I’ve been out visiting more people that are non-urgent, getting them involved in the technology. Using it for other things as well. So I think for me it’s more about getting them to use the technology in a different way to what we would want to use it for. But for assessments no, I can’t see it. If it was a GP appointment doing it via Attend anyway, yes I think you can if it’s just for the minor elements of things like coughs or flus. They can see the person, they can check out what they look like. Because that’s going to be a face to face what they see anyway isn’t it? Mobility wise they don’t particularly get involved in that anyway.

Int: So you can see the benefits in different parts of what needs to be done, but for you specifically and that social work side it’s much more about the physical being there and taking everything else in.

R: Yeah, because we look at the whole environment. So when I was doing my first technology assessments over the phone I researched the property. I looked on Google Earth, I looked at the maps and I scanned in first before. So I could see what the front of the house looked like, and I could see most of what the environment looked like initially. And then when we went inside I got them to show me around the house as well. Because I could see what the house looked like, because I needed to see, because that’s what we do. But it still didn’t really work. I did end up [inaudible 50:51].

Int: You were doing more beforehand and more trying to fill in the gaps almost than you would get if you just were able to go and have a look.

R: If we’re going to provide major adaptions we have to look at what the outside environment looks like as well. We need to see whether there’s lots of steps out there, especially with social housing. It’s whether or not we provide them with those adaptations or not. Because if we gave them an adaptation and didn’t see what the outside of the house looked like, they might be able to use it inside but they can’t get out. So it defeats the object.

Int: So you need that whole approach. That’s really interesting. Well thank you, that’s pretty much all my questions. Thank you so much. You’ve given me so much information there, you’ve got so much experience of doing this, it’s really interesting. Was there anything else you wanted to share or tell me about, or anything that you wanted to ask?

R: I don’t think so, because obviously a lot of the things I’ve gone over anyway. Because obviously I keep in touch with a lot of my Komp users because I’ve heading that with [name of city] anyway. So I like to keep in touch with them all and see how they’re all getting on. And if anybody’s got problems I’m here to help them with the support and get the support in. More about the Komp really, I know I can answer those, but I do get to keep that one, especially as it could be rolled out throughout the UK then and it could help more people.

Int: It’ll be interesting to see if it does pop up more places and people are also finding that same benefit definitely. So thank you so much for taking the time this morning. That’s so helpful, you’ve given us loads. So I don’t know if on your survey whether you had anything else that you’d said that you wanted to get a summary of the findings. I think there was a box for that, did you want to be kept updated?

R: Yeah, that would be great if I could. Because have you got other people that you’re interviewing as well with regards to the technology from different areas?

Int: Yeah, so actually from all across Wales. So we’ll hear from different kinds of experiences from different areas, so that will be interesting. And then there’s a focus in there on the lockdowns about how things have changed from before and after and going forward as well. So hoping to get things all put together to feed back.

R: It’ll be interesting to see how other people have managed to do it as well, and whether they’ve done it any better, or things that we can draw upon as well, it would be quite nice to know.

Int: Definitely, well thank you.

R: Always open to suggestions.

Int: Well that’s how we learn. That reminded me of when you were saying about hearing from the lady that you’d given one to and she was telling you the things that the Alexa could do that you didn’t know. It’s great isn’t it, it’s great to hear about it, great to hear the examples.

R: Of course yeah, and especially if other areas have done it differently to us, and whether they’ve got other ways that they’ve managed to help the elderly in their areas. Because I know that our [name of organisation] have also got the Alexas and they’ve been rolling them out. So we worked quite closely with [name of organisation]. So I know they’ve been doing it as well because they’ve learned from ours. So they’ve taken on what we’ve been doing and they’re doing it as well. So for [name of city] Alexa seems to have just shot out everywhere. It’s no wonder Amazon have managed to earn billions.

Int: Yeah, you’re sorting that out for them aren’t you by the sounds of it.

R: Yeah, we’re just putting in their money.

Int: That’s brilliant. Thank you so much.

R: Pleasure.

Int: Lovely to meet you anyway. You take care, thank you, bye.

R: Bye.

[CLOSE]

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