**Recording Details: P003**

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

R[[2]](#footnote-2): Okay, well I work for [name of organisation], and my role is the [job title] for older people. So there aren't as many of us. When strategy for older people was launched in 2003 by Welsh Government, attached to that strategy there was funding to have [job title] for older people working in each local authority area. As time has gone by, some of the roles have disappeared and amalgamated into other roles. [sentence removed for confidentiality].

So my role basically is looking at implementing the local strategy for older people in line with the national strategy. Anything and everything really that pertains to older people does come past me in terms of working with statutory colleagues, third sector, certainly third sector, certainly during the pandemic recently now, and working closely with community sectors and community groups as well.

So at the moment we’re signed up now to a commitment to work towards the age friendly communities definition by the World Health Organisation, so we’re working towards having that status. So we’re engaging with communities at the moment to identify a baseline where people identify issues in their own community, and we will be using that information to develop a strategy in the very near future. And digital inclusion, loneliness and isolation are key priorities within the strategy for older people, and the age friendly communities definition as well. So it fits nicely with what I do basically at the moment.

Int: So from what you’re saying then, there was already a focus on that, and this newer initiative has come along as well which builds on that, some of the same things.

R: Yeah. I think the work that we did previously with the communities, we’ve got a project, it’s known, well it’s termed as a place shaping project, so it’s basically engaging with communities, identifying their priorities, what they would like to see their community look like in the next five, 10 years, looking at community assets that are important for them, like community hubs, buildings, whatever, and asking individuals, what skills have you got that you can promote within your community? So we’re looking at setting up community alliances where they’ve identified their community vision, and we’re working with them.

So we had good network, good contact with groups already in place, and when the pandemic hit, so basically we had loads of people put their hands up to volunteer and to be part of existing support groups that we already had in place. So yeah, the pandemic has moved some things forward really, and digital inclusion is certainly one of them.

Int: That’s interesting and we’ll come on to that in a bit more, but I’m just, when you were talking about the initiatives, you mentioned about loneliness and social isolation being part of the priorities within that. Can you just tell me a bit more about in the general sense how loneliness and social isolation is prioritised, how it’s focused on in what you do?

R: Yeah. Well, what we did a few years ago, we’ve established a social prescribing service on [name of city], and we’ve got a community single point of access. So it’s a telephone number that individuals can contact and it’s based within our CVC, within [name of city] Community Volunteer Council, and it’s a dedicated number so individuals can call to see what’s happening in their local area, what activities, contacts and whatever. And likewise professional staff can phone in as well so that they can help their clients in having improved contact with their community, linking people together.

So, for instance, if somebody is identified as lonely and isolated, they are supported in different ways, through volunteers, one to one befriending, links into community groups, community centres, community hubs, and to support us with that project we’ve recruited four local asset coordinators. So basically they’re community connectors really. Again, funded through our integrated care funding and hosted by the third sector. And they basically connect people in the community.

So you can get a social worker who identifies somebody who’s lonely and isolated. They’ll make an onward referral to the local asset coordinator who will have that just general discussion with the individual, no more than that, it’s nothing formal whatever, and then find out what their interests are and make that link within the community, be it something one to one, be it group work, be it community hub or whatever.

So that’s how we tackled it, social prescribing, and linking that as well to GP practices to primary care. So we’ve got software called Elemental, so it’s software that follows the journey of an individual from an initial referral onto whatever the outcome for that individual has been agreed. And GPs can refer direct into a social prescribing model as well, so that's another strand to our loneliness and isolation strategy.

Int: So it sounds like you’ve got this base of lots of different options and then a couple of main ways into it that then once people are in, they can access all the various things that might suit them.

And you mentioned about the pandemic just before, so thinking back to the early days of the pandemic and that first lockdown, what kinds of conversations were happening around your organisation and in your role about how technology might need to be being used to help people with any loneliness or isolation?

R: Well when we went into lockdown we established, it was a quite high level group really, chaired by the lead of the council, and the deputy chief executive, and director of Housing, and director of Social Services. I was part of that group with the executive of the CVC [inaudible 08:47] who coordinates all the third sector and community sector, so our activities.

So we set up a group and met regularly, I think every week initially to be honest, and digital inclusion wasn’t included initially. It was really looking at how we can support vulnerable people within the community, so how can we support the existing networks that we have in the community expand on their role and remit, and possibly recruit more volunteers so that we could support the more vulnerable people in the community at that stage.

Digital inclusion then became something that we discussed further as funding was made available. So funding was made available by Welsh government, because we could change our [name of funding], anything that supports individuals throughout the lockdown. And that’s how we were able to purchase Samsung tablets. We were as well able to access regional funding, so we were able to access regional funding to purchase tablets, iPads, to go to our residential care homes. So each of our residential care homes had iPads and some had more than that, more than one.

Local asset coordinators then identified individuals who would benefit from having the tablets. So we established a loan scheme so people could have a tablet. The third sector then would recruit and train volunteers through [name of centre], so you could have digital companions to help individuals who were conversant with using digital equipment.

So we took advantage really of funding that was made available through slippages in regional projects, and we were able to pivot [name of funding] to support us with purchasing equipment, providing extra counselling services, for instance, you know, that sort of thing. So whatever we identified where we need to strengthen our support services, we were able to utilise the [name of funding] to enable us to deliver those extra services at that time.

Int: Okay that’s interesting. And so you said then about identifying where the need was, and was that something that was coming purely from the pandemic and the effects of the lockdown and things like that that you were becoming aware that people needed that extra contact?

R: Yeah, yeah, definitely. People were obviously staying at home and you had shopping was an issue for some people. Collecting medication was another issue. So we were using that community network to support with, supporting individuals with those individual tasks. And I’ve got to admit, red tape and bureaucracy went out the window and people just got down to it. The health board came and sat down with us. We had agreements then with data protection and whatnot in terms of supporting individuals with medication collection and delivery, and things were sorted pretty quickly to be honest with you. I wish we could continue in that vein really. There’s a sense that we’re getting back to an element again of bureaucracy and red tape.

But yes, so we were identifying issues as we were getting feedback from individuals and from colleagues in social work teams, and obviously people were losing that contact in the community, so there were a lot of people where, and [name of city] is a place where people do use their community assets and community venues. So that came to a halt, didn’t it basically, overnight, so how could we maintain contact?

And that’s why digital projects then became more of a focus for us to see then that we were able to connect people by the tablets, Facetime, whatever. That became particularly important in care homes where individuals could make contact with their family, and individuals that the local asset coordinators identified who are really isolated and didn’t have that network of people around them to support them. So again, using technology to try and alleviate some of the loneliness and the isolation there.

Int: So you said there about the tablets and using Facetime and things, so can you just tell me a bit more about the specific devices or the specific things that popped up? So whether that was organising, you mentioned about the community engagement, so whether there was video calls or meetings or virtual events happening. So what kinds of things were going on?

R: Initially we were looking at the sort of equipment, I think the focus initially for us was residential care homes. So we had regional funding to purchase iPads, so we made sure that residential care homes who didn’t have the iPads at least had the iPads, extra care facilities, again, because of the restrictions with visiting and whatnot. So that was our focus to begin with.

We did hold meetings and actually managed to carry on holding virtual meetings with our older people’s council. So we’ve got an older people’s council who take an interest in older people’s issues and co-produce services with us. So they’re the sound piece really that I use to get older people’s voice. So we continued with having, I think every two weeks to begin with, to be honest with you, virtual meetings with them. So we were getting the older person’s perspective as well, because they were bringing back information from their local communities and we were discussing those issues during those virtual meetings.

So yeah, care homes were certainly using Facetime. Individuals within the communities were, obviously we had to recruit digital companions as well, so that took a little bit of time to train people up, but people were beginning to use Facetime a little bit more and having that contact.

There was a project as well, [name of project], so that project is about videoing how individuals can access GP practices, for instance, you know the new arrangements. You just cannot go in to GP practices. But we had somebody who videoed, now this is how you go about it. This is where you go. Same with the shops, so we had people who went round the shops, because there were one-way systems within shops and social distancing and whatnot. So that was a very interesting project where we put the videos online and people then could access those videos. So just to raise that confidence level really, because -

Int: That’s a good idea.

R: - people’s confidence was hit wasn’t it, in terms of how safe was it to go out into shops and stuff.

Int: Yeah, and some of those things were so bizarre, weren’t they, the masks and staying away and all of that. So yeah, it definitely makes sense to put that in a visual.

And so you said you had that kind of voice input from the older adults group. What kinds of things then were coming out as some of the issues, maybe like teething problems or things that they needed more or less of? What kinds of things were they giving you as feedback?

R: They were saying about loneliness and isolation. They were saying that, some people. They were giving us practical examples of how some people were finding it very difficult to go out shopping.

One issue was getting information to individuals, certainly people who weren’t online. So that prompted ourselves as a council and the CVC to work on an information booklet for people, with all the relevant agencies and services, and we hand delivered, through our community networks, over 3,000 copies of those. So we acted upon what people were telling us. There was some misinformation or misunderstanding some of the messages that were coming from the briefings of the prime minister and the health secretary. So there were issues around this interpreting of information and access to information.

So those were examples really initially of what people were telling us, and I found it very useful. Again, people were telling us as well about the concerns about people being discharged from hospital direct back into care homes without having proper tests and stuff like that. So we were able to feed that back as well to our services within the council.

Yeah, it was very useful to be honest. They found it useful as well, because it was a two-way sort of process. We were able to inform them what was happening as well within the council and wider with health colleagues. So yeah, we found that to be a very useful way of engaging and continuing that engagement, because before the pandemic it was a face to face meeting. So now we were doing it online.

Int: Yeah, no it’s essential, isn't it, to have that. So you mentioned about supplying the tablets and things to care homes and extra care facilities. So how did that go? What were some of the successes or maybe some of the problems with that being used by people? Were there any people who did particularly well using it, or people who found it difficult?

R: Generally I think people found it very useful to be useful, to be honest, because in care homes you’ve got a care staff who are conversant with using iPads and whatever. The majority of the care homes did have their own Wi-Fi, so connectivity was okay.

Some individuals within the community didn’t have Wi-Fi, so as part of the funding we were able to get these MiFis, these, I don’t understand the technical term. Basically you find the 4G don’t you, and you’re able then to link that into your tablet. So we purchased a number of them as well. We purchased some Echo Dots and Echo Smarts as well to support some individuals.

But generally I think it went pretty well, because care homes were used to the technology to a degree. We just increased the number of tablets that were available for residents.

Int: And so the people then, like you say, then more in the community, there were just individuals doing it, what were some of the challenges there then of maybe supplying that?

R: Yeah, well getting the tablets to them was something, so obviously our staff within the council delivered the tablet, and they could only deliver it and leave it at the door, couldn’t you? You couldn't show any instruction. We had a simple checklist that we could help individuals. We were able to have the [name of centre] to provide that tuition to a degree to individuals who had no idea how to use the tablet, and as time went on we were able to recruit digital companions who then we were able to match individuals with individuals who were receiving a tablet.

And that's still ongoing and it is a challenge to recruit volunteers and to train. We’ve got another project at the moment. It’s the [name of online project]. Again using [name of funding] we were able to pivot some of that funding to buy some more tablets, and that project is specifically to try and get people to register on the [project app] so that we can improve the communication between individuals and their GP practice, and people were able to order their repeat prescriptions online, so trying to increase the number of people using the [name of online project].

And part of that project is still ongoing, is still recruiting volunteers to help people. So we’re able to coordinate and share some volunteers around another project that we have as well, which is the [name of virtual project]. So basically it’s around a website that we’ve designed with [accent 25:07], so you have your website, [name of website] with activities, with videos that are already in place for gentle exercise, whatever, and we’re hoping then that we’re able to, as people become more confident in going to community hubs, and they certainly are able to livestream some sections that happen in community hubs, for individuals who are unable to attend physically or they’re carers or whatever. And again, they’ve got volunteers as well to help. So we’re trying to pool all the volunteers, share the resource really, rather than working in isolation.

Int: Yeah, because it all sort of links up, doesn’t it, in different ways. And I suppose then you mentioned about people, different kinds of people, some who were going out more and some who were maybe still staying home and those types of things, less able to come out.

So when the technology was being suggested or people were identified as perhaps being in need of that technology, what groups of people were more engaging and what groups of people maybe were less likely to engage? Do you know if there was a difference?

R: Yeah, definitely. The older adults were certainly less interested in digital inclusion. So certainly I’d say over 80s were less confident. But having said that, we’ve got individuals over 80, well in their 90s, who are happy to use, but there certainly was a pattern developing there. Younger people certainly were more conversant with technology. People with learning disabilities as well were happy to use the technology.

So the groupings were suddenly the older adults finding it more of a challenge, and that’s why it was important for us to have those hard copies of information out to people’s homes, certainly those identified by our community connectors as people were not confident in using technology to be honest.

Int: Yeah, so do you think it’s mostly that confidence then? What do you think is around that? We know that there’s this issue of some people having a fear of technology, not wanting to break things and not wanting to be affected by scams and things like that. What do you think it’s about for them?

R: I think it’s a combination of factors, isn't it? You mentioned scams and not trusting the equipment, understanding how to use it, although if you break it down into a process, it’s not difficult. But I think as well, trying not to be ageist here or whatever really, people don’t want change, ie this is something that we used to do, we communicate with people. Digital technology in a digital world does not interest some people.

But generally I think certainly the older adults, the 80, 85 plus, certainly more of a challenge. But what you do there obviously is work closely with their family members there. And again if individuals haven't got that network around them, our community connectors are very good in terms of providing that support, but mainly if they don’t want to go down the digital route, it’s basically connecting people into their community and community support networks.

Int: Yeah, because it’s interesting you say that, because it does bring up this issue that there’s people who maybe if they are reluctant but they have quite a strong network in place, so in a way they are perhaps less isolated by having family and friends involved, and that kind of thing, versus the people who perhaps don’t have that family network setup, who perhaps need it more but it’s harder to get it in, isn't it?

R: Yeah, yeah. Yeah, definitely, and we do see as well on [name of city], it’s a lovely place to live. People have come here to holiday over the years and they retire, they lose a partner, and they haven't got that community sort of connectivity as much or certainly don’t have their family members living around them. So we have got pockets of areas where you do find individuals who are more lonely than others, certainly people who’ve moved here to retire and have possibly lost a partner and then don’t have that family network around them.

Int: Yeah that’s interesting, so something that’s specifically to do with the geographical area that you’re dealing with is a characteristic of that.

R: Yeah. Yeah certainly I’m looking at the map here on [name of city] and I can tell you exactly where those individuals who would be more lonely because of exactly what I’ve just mentioned to you now, there are pockets of areas where those individuals live. And again we know that. Our partners know that. So that is local information that we’re able to use during the pandemic as well.

Int: And thinking about as well, what about some of the, I know you mentioned about the internet access and Wi-Fi and things, but what about, how did things go with technical problems? Once you’d given somebody something, then how did you, did you find out when things went wrong or how that went?

R: Yeah, yeah. The initial sort of batch of iPads and Samsung tablets, we definitely had the support, the technical support from the [name of centre]. So we were able then, because they were part of the regional project with us, we were able then to access their support. So if individuals were finding problems, technical problems with the iPad, whatever, they were able to support them with that.

We had a couple of breakages. We had a one that was stolen. So you know, these things just happened as they did. But we were able to support really individuals through the [name of centre]. But on the whole I think we haven't had that many issues with them to be perfectly honest with you. We decided on the Samsung tablet because that was the most up to date tablet we could use. It was a little bit cheaper than an iPad and they had a slightly bigger screen. And the feedback that I’m getting, certainly from my colleagues in the third sector, we’re not having any real technical issues with that type of equipment.

Int: That’s good, because again that can be, like you said about the confidence for people using it, that can be a bit of a barrier, can’t it, to think that It can be a bit overwhelming or a fear of it going wrong and then not knowing what to do. But it sounds like you’ve had good success there.

R: Yeah on the whole I think it is. I think it’s work in progress isn't it? So we’ve got this loan scheme obviously and we’re supporting individuals for a period of time, for no longer than three months, then the local asset coordinators then will support that individual to either purchase a tablet themselves or find another grant or whatever, and then that tablet could go on to another individual. So it’s work in progress and trying to build up the confidence levels of certainly older adults to become more digitally inclusive.

Int: And so I suppose the flip side to what we were talking about earlier, but the people who, like you say there, who’ve obviously engaged with it and it’s gone well for them and they want to carry on and maybe buy their own or whatever, what are those successes around? What is it about their situation that means it’s gone well for them do you think?

R: I think the main success is to be able to communicate with family members who certainly don’t live close by. The Facetime has certainly broadened people’s attitudes towards digital equipment and such like. Certain individuals were able to use the equipment to have online shopping, for instance, and that’s been a godsend for some individuals as well. So online shopping, although possibly difficult to navigate initially, people are getting a bit more used to that now and it’s made life a lot easier in terms of getting their weekly or monthly shopping. So [overtalking 35:24] -

Int: Yeah, yeah.

R: - certain things there that helped people to change their minds about using digital technology.

Int: Yeah and is there anything there that I suppose if it’s been, when the services have given one or commissioned it and thinking that it mainly was for the loneliness and isolation and things, but is there anything unexpected that you’ve heard about, you’ve had feedback on that's clocked up that’s gone well for people?

R: Not really, nothing that’s unexpected that’s come back. I think it’s the usual thing like, you know, the connecting with family members was paramount to some individuals, there's no doubt about it. The GP consultation will be a key factor I think in the future, certainly because now there’s less face to face consultations. There’s more telephone consultations and there will be definitely more use of digital consultations as well. I can certainly see that happening, and the health board are developing new apps as we go along. So I can see contact with primary care being a good hook to try and encourage more people to use digital equipment.

Int: Yeah and so I suppose then the people that you mentioned before that are maybe not interested or maybe aren't wanting to engage with those kinds of things, what do you think can be done to help engage them?

R: Yeah it is a challenge, that, I’ve got to admit. Again I put a lot of emphasis on our community connectors, because they are out in the community. They know these individuals, and again without sounding, hoping I’m not repeating myself, it’s possibly identifying or helping that individual to identify a community sort of network that can help them. If they don’t want to use digital equipment, well that’s it, isn't it? As long as there’s that sort of support mechanism around an individual, be it family members or be it community members; I think that’s what we can do there.

Again, family members, possibly we could work closely with family members to try and support the individual, their grandparents or whatever, and possibly look at equipment that is really user friendly, that is as simple as possible to operate, have an icon on the screen where you just basically press and it opens up. That sort of thing I should imagine, looking at equipment, making it very user friendly for the older generation to use.

Int: Yeah, so seeing if there’s something even a bit more specific that could meet that need.

R: Yeah.

Int: And so it sounds like it’s really embedded in the work that you’ve been doing now, this kind of technology, and it perhaps wasn’t, it was there a little bit before but definitely with the pandemic it’s been used more would you say?

R: Yeah. There’s no doubt it’s progressed the agenda pretty quickly to be honest, and we’re looking at, in the future now, we have funding to have small screens and integrated sound systems put into some of our community hubs, so we can see hybrid meetings being the new norm in the future, so rather than just having these sessions within community hubs we can stream these sessions and hold hybrid meetings. I certainly will do that in terms of our older people’s forum meetings rather than having 60 or 70 people that turn up to a local centre in [name of city] here. I can see four or five individuals going to different hubs, and then we get together and we can have that engagement via that hybrid model.

Int: Yeah that was really interesting you said it, because that was going to be my next question about how you see things going on in the future, because that’s one of the things that’s interesting, that a lot of places it might be that there was a sense of moving that way, but like you say, this has really sort of sped things up, because we had to.

So then yeah, it’s interesting to think about how it might look in the future. And if there’s a blend, like you say, maybe of some face to face and some remote, do you see there being particular areas that might need a bit of work? I know we’ve spoken about the older adults perhaps needing a little bit more support, but do you think there’ll be, what will the levels of engagement be like across with some of the other individuals in the community?

R: Yeah, yeah. I think it will support our intergenerational sort of practices, certainly having that hybrid model will certainly help us to be able to engage with a wider number of individuals. It’ll help carers as well, paid carers who possibly cannot attend sessions because of their caring responsibility, or can’t attend as frequently as what they would like. So I can see there being closer working with carers’ groups, and we’re able then possibly to engage with more carers and paid carers.

Certainly we’ve bought equipment as well to support people living with dementia. So we’ve bought interactive screens for our care homes’ day services and I can see there’ll be more use of that sort of technology to provide a more dedicated service for people living with different levels of dementia. The older adults, there are more people who are more conversant with using digital technology. So as we go along there’ll be less people who are less confident in using the technology. It’s what we do now to support those individuals at this moment in time who don’t want to use it for some reason or whatever. It’s trying to support them really.

But yeah, going forward, certainly in the council, for instance now, we don’t have to have regional meetings where we travel. We don’t have to have national meetings where we traipse all the way from [name of city] to [name of other city] or a couple of hours’ meeting. So it’s made life easier for us as well in one way. It’s made it more challenging in another way, because you could go from one meeting to another. So there are pros and cons with everything.

Int: Yeah definitely. And so you mentioned that you have, from like feedback that you’ve been getting and from people that you’ve spoken to from the different sectors that you’re dealing with. Do you plan to have a kind of formal evaluation of how loneliness and isolation has been affected or might be being improved going forward?

R: Yeah. Probably there won't be a formal evaluation unless there’s something that is coordinated by Welsh government. I can’t see a local, we haven't got the capacity to do it. If we asked [name of university] to do work, probably that would cost us again whatever the cost. I can’t see us doing a formal evaluation. Obviously there’ll be informal evaluation of feedback that we get from individuals and community groups and third sector partners and our partners.

Int: And it sounds like you’re getting a lot from that anyway in terms of feedback.

R: Yeah I think so. That’s the way, I think as time has gone by, I’ve been doing this job for a number of years, I think we’ve got these networks now that we’re able to work with and co-produce, I think it’s important that we co-produce whatever strategies that we have going forward, be it digital inclusion or be it loneliness and isolation, whatever. I think that’s the way forward certainly, and the pandemic has moved that agenda forward as well to some degree.

Int: Yeah, no that makes sense. That definitely makes sense. Well that’s pretty much all my questions. Thank you so much for all your help. You’ve given lots of great information there. [information removed for confidentiality].

END

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