**Recording Details: P006**

Int[[1]](#footnote-1): So you will have done the survey because that’s how we’ve got through.

R[[2]](#footnote-2): Yeah, and then the additional information and comments.

Int: Yeah, so then we asked for a case study, and I think I’ve got on here that you said you would provide one. So it might have been that we’d asked for an example or a story of a case study that’s happened in your organisation. So it might be that but we can come back to that at the end, so no worries. Just for the purposes of this then, so to start with can you give me just a brief overview of your role and the organisation that you work for?

R: So I’m a [job title]. I currently work within an older people’s team in the community for the local authority, for [name of council]. So my day to day work is pretty much as it is for older people’s services across the board these days. It’s just basically care management. I know that sounds a bit “oh just” but it’s assessment, care and support planning and reviewing care that we set up. I do carry out mental capacity and best interest assessments. And it’s multidisciplinary working so working alongside health colleagues as well.

Int: And so within that then, it must be a very busy hectic role, how much focus is there on preventing loneliness and social isolation for your clients?

R: Well that’s a key part of the Care Act isn’t it around wellbeing. So it’s about setting up services. It’s about using the third sector. So just as an example because of my sensory background I strongly champion that a lot, and that comes into play with a lot of things I do. So for example if somebody is struggling to get out because of their sensory loss, and then not least because of their physical frailty as well often with some of the older people I’m working with, then it’s about looking at ways to bridge that gap really. So it might be that telephone ring round service that [name of organisation] offer. And it’s about looking at day services as well, but our day services with COVID obviously look very different. So it is a part of the considerations that we make during the assessment really, is about their social isolation, looking at social inclusion for them.

Int: And so you mentioned then within that about the sensory loss side of things, and so that being a particular group that you do focus on. So are there any other groups that are most affected by loneliness or isolation do you think?

R: I should just say generally I think a lot of the older people that we work with, some of them now don’t have any friends, they’ve outlived their friends. Families are living quite separately these days as well, so the support from families isn’t always there as it was years ago. So some people are just living on their own, they might not know who their neighbours are. And that’s quite a common feature really with a lot of older people. But I focus on sensory a lot as well because obviously if somebody has got a sensory loss either hearing or visual, or both, that isolates them even further.

Int: Yes definitely, that makes sense. So it’s a key focus. So from what you’re saying then just even generally across the older adults that you work with it is a problem or it can be an issue.

R: Yeah, and obviously COVID has come along and compounded that hasn’t it?

Int: Yeah, and so it’s interesting because it’s thinking about COVID then and thinking back the early days when it was that first lockdown set of restrictions. What sort of conversations were happening in your organisation, [name of organisation] teams about how technology might need to be used with people going forward?

R: Well in terms of our interaction with service users in order to protect them as well during COVID we were looking at more creative ways. So we might be considering using Zoom, Teams. Not everyone has a computer at home and that is the problem. So it was about if somebody had a mobile phone using WhatsApp, doing video calls. Just finding different ways of being able to connect with people and to reach out to them. And that is the same across the work we were doing when we were reviewing people in care homes. We were having to do quite a lot of it on the phone, doing video calls. And I absolutely get that not all people have got a mobile phone, and not all people have got a computer. Not all people are interested in social media, Facebook and all those sorts of things.

So connecting with people is still quite difficult. And some people choose not to have those things. There’s a lot of older people that still won’t have a mobile phone. So there’s a lot of work I think that still needs to be done. I think as this generation is coming forward, as they’re getting older they’ll have experienced technology in quite a different way. But I still think we’re working with a group of people now of their generation who didn’t have mobile phones. The thought of doing a video call with somebody was alien to them. So I think going forward as we’re aging we’ll have that experience. That will be the norm for us. Mobile phones, video calling, computers, anything like that. And it will be much easier I guess. So we try to do stuff but it’s difficult. You can’t say to somebody “oh I think you should get a computer and then you’ll be able to do this, this and this”.

Because a lot of people as well that we work with, by the time they come to us there are quite complex issues. People are coming into social care now because of all the eligibility criteria, with the Care Act it’s about looking at people’s eligibility as well. But sometimes by the time people come to us they’ve got quite complex needs. So going into those conversations around “oh have you got a computer or have you got a mobile phone?” Sometimes when we talk with them or with families, it might be the family have got them a mobile phone. I’ve been in [name of city] the last 18 months and there’s only one person I’ve worked with that has a tablet, and on that tablet the family had set up a very simple thing where they could connect with the family by video call for a weekly catch-up. But actually this lady I worked with had had a career as an administrator and her mind worked in that way that she was able to cope with that. Whereas quite a lot of people aren’t in my experience.

Int: It’s interesting, so from what you’re saying there’s a few different aspects to it. So there’s the age side to it perhaps where the older-older adults have had less exposure to technology maybe, so that’s a little bit more tricky. And then perhaps the younger or depending on what someone’s done in their life previously they might be a more confident do you think with the technology?

R: Yeah, a bit more confident. Part of what their role was in their job meant that they were used to interfacing with people in different ways so it wouldn’t be so alien to them.

Int: So it sounds like you had to cover a lot of different bases thinking about how to access people and be able to do the work that you normally do in that pandemic situation. So focusing on loneliness and isolation within that then, what were the particular things you would try to engage people with in terms of technology, what went well I suppose?

R: It was just with telephone calls. Just having that conversation, touching base with people. And putting third sector in touch with them so that they were part of a ring around service for example, so that they felt that somebody was checking in with them if they had no family that could do that. Just having that contact.

Int: And so you mentioned before as well about the various different options you had. So you had the WhatsApp smartphone or using the landline phone. So can you just tell me a bit more about some of the things that you did to maintain that contact or to help the people to go away and maintain the contact with others perhaps in terms of loneliness? So what were the different types of things that you were using?

R: So we would encourage people, we would say “if you have a mobile phone, is there any way that family can support you to set something up?” Like a tablet for instance. Basically for me not all older people are going to embrace technology, and that’s a given. And also if somebody has a sensory loss again technology has to be set up in a specific way. Over the last 18 months since I’ve been working with this local authority my experience has been that we’ve had to make do and mend basically. So we’ve been doing telephone calls to clients. We’ve had to do reviews over the telephone for the best part of it, particularly with care homes. And as part of that I was encouraging speaking to somebody say on WhatsApp video. So it would have to be connected with somebody that had that facility on their phone in the home and we could do that.

So a lot of stuff we were having to do quite remotely rather than face to face. Encouraging older people to look at technology that would help them to reduce social isolation. If they couldn’t use a mobile phone it was going to be limited really to what we could encourage, and somebody that’s starting with memory loss. A lot of people we work with have got a certain degree of memory loss or they’re more complex advanced dementia and it’s much more difficult.

Int: So that option’s not there.

R: Sorry, I’ve not really answered your question.

Int: No, that’s really helpful and it’s interesting just to pick on a couple of those bits. So you said about the family support, if it’s already in place, if people have got family involved and you can almost use that as a way in to say “can they help you to set something up?” So that might be something that helps the situation along. But what about when people don’t have that family support, or you’re aware that there’s nobody nearby who could have come in to help them, was that a particular barrier? How did you go around those?

R: Yeah, that’s always going to be a barrier isn’t it I guess, because whilst we like to think there’s that big society out there, there isn’t. And whilst we like to think that there’s a lot of voluntary third sector available, there isn’t. Yes it exists, but they don’t have the staffing levels because not everyone wants to volunteer these days. And so a lot of third sector organisations have to operate within constraints. They’re limited to what they can provide. But if somebody doesn’t have family we can refer them to supporting people organisations, third sector organisations like for example [name of organisation], Age Cymru. So there are organisations out there. We’ve had community connectors within the council that we can then ask to make contact with people as well. So we are very much relying on trying to refer over, signpost over to these different organisations.

Int: So drawing on those other options that hopefully might be able to help.

R: Yeah, but again because of the constraints with COVID, but even prior to COVID in all honesty these voluntary organisations just don’t have the levels of staffing or volunteers that would really make a huge difference. People are still waiting on a waiting list, or they can have this but it’s time limited. And you just think “well if you can only have four to six weeks of this, the loneliness and whatever it is they need doesn’t stop after that”. “What happens then?”

Int: And it sounds like that that’s quite frustrating from your side to know that that need is there but not perhaps know, they may be isolated, they may be lonely but you’re limited in what you can offer aren’t you?

R: And also there are people that don’t want any input. It’s a piece of work in itself trying to get someone to the point where they might feel confident about participating in something which would reduce their social isolation.

Int: Well I was just going to ask you about that.

R: And that can be a barrier in itself. Sometimes if somebody has been on their long for so long and they’re like “oh I’m not interested”. But there’s a lot of things that become apparent that perhaps that social isolation, that loneliness is impacting on their health and wellbeing. And there’s a piece of work there that needs to be done in order to support that person to a point where they may feel that “actually do you know what, I do want to connect with people”.

Int: It’s really interesting you mentioned that because I was going to say about the sense of knowing that there’s people that just don’t want it. We know with older adults particularly thinking about technology there’s a sense of fear sometimes around using it, and maybe not wanting to break the device or being afraid of internet scams and fraud and things like that. So is that something that you came across when you were engaging with people via these different methods that you wouldn’t have had to before that there was that sense of the reasons behind why people didn’t want to use things?

R: Yeah, I can recall comments around things like “oh I couldn’t possibly do that because you hear about all these things that can happen”. And in all honesty I share that same fear. I’m [over 50] years old but I share that fear. It took me ages, it took me up until last year to get a banking app on my phone. So it’s not necessarily just about older age, but yes with older age obviously it comes with the additional fear. It’s the fear of the unknown because they don’t have that familiarity with IT that the younger generation have these days. I had one. It wasn’t the cared for, it was the carer that had an iPad they were using and then they got scammed. They also used it to keep in touch with the family as well, and then they panicked and they literally broke the iPad. They physically destroyed the iPad because they were scared.

They were questioning whether they should go ahead and get another one. As it happened the daughter talked them into it and they did, but people are wary of technology. Because all we hear about these days is scamming and cyber-attacks and this and that. And for an older person that just doesn’t have that familiarity necessarily with technology it’s going to be doubly hard for them to trust it isn’t it?

Int: Yeah, and like you say it is understandable, but it’s also about trying to unpick that I suppose and try and help in a way that’s supportive. But it is difficult and like you say it’s that fear of the unknown for a lot of people. And I suppose is there anything you have, it’s an interesting example you gave but I suppose the flip side to that where the change in circumstances and doing things remotely and encouraging the technology where there was some real positive examples of how that went for people?

R: I can’t remember sorry. If I put anything in my feedback before it may have been because I was sat and I was able to just think about that on that day, and then type that response. But I’ve got things going off on my cases and I’m doing a hospital discharge at the moment so my brain doesn’t really flip about into different things sorry.

Int: No, don’t worry at all.

R: I’m just trying to think.

Int: Just even if there’s that sense of some of the positive effects or the benefits from using technology.

R: So not about computers but this is technology. So going back to the sensory bit I often work with people, because of my background I often get some of the cases that come through that have got a hearing or visual loss element. So I’ve encouraged my team that I work with, my colleagues, to use a digital hearing communicator for example. Because a lot of people that are very hard of hearing that perhaps won’t wear hearing aids for whatever reason, they cannot participate in assessments, conversations, medical reviews, anything that requires them to be able to hear information. To receive it and to be able to make sense of it and respond. And often other people get “oh they’re confused”. And actually it’s not they’re confused, it’s that they can’t hear what you’re asking or talking to them about.

So one of the things that I champion the use of because of my experience is digital hearing communicators. And it’s a simple thing, it’s a little box with a microphone and a volume button and headphones that the person wears you’re speaking to. It amplifies your voice, and it just enables people to be able to hear. My one case that I worked with, in fact it was the same one where the wife destroyed the iPad. But he was quite hard of hearing, he couldn’t wear hearing aids because he had this issue with one of his ears and was constantly infected and whatever. So anyway the family were frustrated with him. The wife was like “he’s not interested, it’s like he’s shut down, he’s in his own world”. So I took along one of the communicators and I explained what I was going to do. He put the headphones on, I put the volume on quite high unfortunately but that was the level he could hear at, and he was responding to questions.

And as I was asking them the wife was sat there with her mouth open going “I don’t believe this”. She said “I’ve never heard him talk so much”. I shared this with the team because I was just so gob smacked, but for the first time he was able to hear his three year old or four year old grandson speak. Because all he could hear was just some very low level background noise, but not speech at all. But he was able to hear his little grandson speak. And do you know what, he brightened up, he was much more responsive. His wife was like “I’m going to get one of those, I need to get one of those”. So that’s what she did, she got one so that they could use it as a family and it made a huge difference. Well that’s communication, that’s reducing his social isolation because he could sit in the same room as another human being, but if you can’t hear them talk.

Int: Absolutely, it’s another level to it isn’t it? It’s not just the loneliness as in not having people around, but it’s being isolated from the people who you are around and that is another dimension.

R: Yeah, and he became less anxious. In his wife’s words “he’s not as grumpy”. Because she would say something, and because he couldn’t hear her he would be just like “oh”. So that’s using technology for communication, and that’s my experience and that’s a really good example.

Int: Yeah, that’s a great example definitely, and it is coming at it on that deeper level as well. It’s not just people that have not got anyone around, but that particular need within that. And so thinking then just about, and I don’t know if you mentioned this before but being aware of the different devices or the different setups that people already have. You were saying you’re aware not everyone has a computer or a smartphone or whatever. With the people that you work with, have you been aware of internet access and that access to the technology in itself, whether that might be financial issues or those kinds of things. Has that been a challenge at all?

R: So whether that’s been a barrier to somebody, so financial issues being a barrier to them being able to purchase. No, I wouldn’t say so. I’d say it was less likely to be financial and more likely to be that they’re just not interested. Certainly I’ve not had anything come to light where I’ve been told that somebody can’t afford maybe to have a smartphone or a computer. I’ve not been aware of that at all.

Int: That’s interesting, so the main thing was more that people just didn’t want to engage and just didn’t want to be onboard with the technology.

R: Yeah, being fearful of it really.

Int: And that’s like you were saying before. And I suppose when you encountered those conversations then when there was limited scope to encourage people I guess and they were quite set, what kind of things can you say in your role or can you do to move forward when you were so limited with other options about how to help people?

R: Well the thing is you can only give people information and advice and signposting. Obviously if somebody has dementia and perhaps they lack capacity to understand and even consent perhaps to have some form of technology which would link them to other people and reduce their social isolation for example. At the end of the day you can only give people information and advice about things. I’m quite an assertive [job title] I would say in that I don’t just leave things there. If I feel something could do with a little bit of gently pushing things along I’m not backwards in coming forward. I will say “come on”. I was moving furniture with an OT last week, so it was like “come on, we’ve got to do this”. “Come on, let’s get the neighbour”. The neighbour’s a friend, come round. Yeah, we’ll get this done. And we did it within half an hour, and the wife’s like “oh okay”. And I’m like “it’s done now”.

If I hadn’t have been that assertive [job title] that OT would have gone back week after week after week, the furniture would not have been moved to make room for the hoist. It wouldn’t have happened. But I’m quite “come on, let’s get this sorted”. A bit gung-ho at times but not to the extent where I’m stepping on someone’s rights or whatever. So for me it’s information and advice, encouragement, and if somebody’s not going to grasp it. If somebody’s just not interested, then the best I can hope is that maybe if I set a day service up for them or the ring around service. They’re getting some form of contact if they are completely without family or friends or whatever and they’re very isolated.

Int: So you’ve got those options. Like you say that’s the most you can do, it’s not a sense of wanting to force people is it, it is a difficult thing to overcome.

R: And we’ve got [name of project], we’ve got the [name of project] and they can go and take people out. I’ve referred people to them. That is a funded service but it nevertheless is there. We’ve got a visual impairment club which now is closed until March because of COVID again. But that’s something that is there for people who are elderly and have a sensory loss. So there are things there, although there are not many.

Int: It’s a tricky one isn’t it? You mentioned then about things changing again with COVID and I know we covered this in the survey but just thinking. How do you anticipate things going forward? I guess you perhaps went from being fully face to face before really to then having to use those more creative forms of technology with your clients. But how do you see things going forward? I appreciate it’s a bit of a strange time right now.

R: Well we did return to being able to do face to face visits, and we were just about starting to return to going into care homes but now things are starting to draw back again. We are still able to do face to face visits at the moment when we’re doing our lateral flow tests and whatever. And I think going forward post COVID, or the best we can get to post COVID, I think actually we will be doing face to face visits with people. At the beginning we all found it really uncomfortable sitting and talking to somebody on the phone, having to do as much as we could over the telephone. We all found that difficult. We’re used to going out and sitting with people in their homes, you see much more about what’s going on in their environment. It was a struggle.

However we adapted and I don’t see us going back to just doing completely on the telephone or just using that as a reason. I still think it’s always going to be important for us to go out and do a face to face with a client basically.

Int: That makes sense, and some things just needs that contact doesn’t it, that visual. Is there anything with the remote side of things that if it was to stay part of your work, that could make that improved for being in touch with people that would make that system run better if you were using technology?

R: Well I guess the technology is only going to be workable if the person at the other end that were reaching out to has got that technology. So I don’t know. Is there a place for a bit more media coverage, a bit more information being made available to older people to encourage them to consider technology? I have an awareness of not just the sensory stuff but also alongside that is the assistive technology that we have an abundance of now. There’s so much technology available for people. But just the word itself “technology” frightens people doesn’t it? So I think there’s probably a need for there to be more media coverage around connectivity, technology, so it encourages perhaps older people and their families maybe to consider it a bit more rather than dismissing it as like “oh no, we can’t do that”.

And a [job title] going “well you know what, if you had this and this”. “No, mum won’t have that because she’ll just worry and then we’ll end up having to do this, and then she’ll lose it all”. And then she’ll go “oh then this will get scammed”. And actually I think it has to come from somewhere a little bit wider than that, the messages. They have to be given a bit more wider, and I don’t know whether the government can do that or organisations like Age UK or Age Cymru or whatever that could do a campaign to encourage older people to actually embrace technology a bit more. The message is about being lonely. How we can help you? If you have this then it might mean you’re not so lonely. It’s that sort of thing.

Int: That’s a really interesting point. And so from what you’re saying it would be helpful if that message from coming from a broader sense and it was being built up anyway in other things. So that when people like you were doing their work it wasn’t a reactive solution I guess to be “oh let’s do this, or let’s suggest this” and catch people off the hook. I suppose it’s having that awareness and building that up, and it’s not so easy to do it in a quick situation over the phone. It maybe needs a bit more. And so there’s obviously some of the specific examples that you’ve got, but are you aware in your organisation more broadly of any evaluation that’s been done about how people have found using technology for loneliness or isolation?

R: I’ll be really honest, since I’ve been with the authority I’m with now I don’t recall anything coming up around this. But I’m afraid these days I work on a need to know basis. When I need to know something. So much information gets flooded through day after day by email, by technology, and you have to be quite discerning and think “right, I’ll park that for now because when I do come across somebody I’ll know that I need this and then I can look and see what I’ve got in my info box”. So I couldn’t honestly say that there’s been anything that’s evaluated the importance of technology in combatting loneliness.

Int: That’s fine, it’s completely understandable. I suppose it’s just about whether going forward, and it sounds like on a personal basis with the clients that you work with you would know how it had gone for them, and you would get that day to day feedback for how they were using things. But whether there is anything that would be beneficial to get more evaluation from people in order to improve things going forward.

R: Yeah, with the day services at the moment, they’re re-evaluating those. Because with them having closed the day centres through COVID, and then they were doing some community support remotely from a fixed base, they’ve been evaluating how that was going this year in terms of whether it goes back to a full day at a day centre scenario or a mix and match with community support. So in that sense in terms of social inclusion I think they are looking at that. But in terms of technology and loneliness I couldn’t honestly say. I do see that there’s a value for that I guess, but again we could signpost people to [name of four organisations] because they have a sensory area which they’ve got funding through for bits of equipment and so on.

So it’s where does that equipment come from? Whilst we’re selling the fact that technology could be really helpful in reducing loneliness, are we selling that as a message that “and then you go off”? Or are we selling it as a message that if you can’t afford it, where is that technology then going to come from? And that would be a barrier wouldn’t it, to any local authority because they’re struggling to keep care going and stuff like that. So to put themselves in a position of sending a message that technology will reduce your loneliness, and that person can’t afford it, who’s going to purchase that piece of equipment? Whether it’s a phone or a computer or a tablet. So that would be a bit of a barrier in itself wouldn’t it I guess?

Int: Yeah, it’s interesting isn’t it? So it’s all well and good saying that you want to encourage it, but you have to be aware I suppose of what barriers there are people on the other end and how realistic it is for them.

R: Exactly, in terms of purchasing and setting things up if there’s no family. It’s like “okay, well have a computer”. That would need setting up and that would need somebody from some organisation that would have to do that. So I don’t think information technology is really, apart from what’s used within local authority, outside of that with service users I don’t think a great deal of thought has ever really been put into it to a point where it’s established that “yes, this is what we’re going to try and push, this is how we’re going to do it, and these are the people that would perhaps come and sort these things out”.

Int: Yeah, do you think that would be useful to have a stronger process like that in place?

R: I think it would be actually. And across the board, it should be a UK wide thing. First of all broadening the message across and bringing it from some higher authority to encourage older people in using technology to reduce loneliness. And maybe through that filtering down to local authorities. We are supposed to consider things, and I suppose from my background as well that’s already there for me. It’s a given that when I’m doing an assessment, and if I know they’ve got a visual or a hearing impairment or sensory there might be bits of assistive technology where I think “oh yeah, that could work for them”. And I talk to them and I try and filter that through to colleagues. And there are people across the whole UK that have got different experiences around technology, and that may or may not sell it to their service users.

But I think there needs to be a more global message that with our greater aging population, again it’s like the care situation. It’s been under-funded. Older people don’t want to think about it.

Int: And I guess one of the things that we’re interested in is how different organisations have been able to deal with the people who we can’t reach, and the people who it’s difficult to reach through technology, and the pandemic obviously brought that into reality. I suppose with your role there was that more essential element to it that you would have been able to reach people probably one way or another because it was so crucial. But there is a question there.

R: Yeah, because people refer themselves in or family or paramedics will refer them into our front door, and they’ll come to us that way. We’re then making that contact and reaching out to them. But unless they’re referred into the service we’re not going to know about them. They’ll only become visible if sometimes happens within the community, they’re seen by somebody in the health sector or a neighbour or a family member.

Int: And it comes back to what you were saying at the beginning that then by that point sometimes things are already quite complex. So then to throw a different technology or something else into the mix is not straightforward because you’re already dealing with perhaps a different bunch of other things. Well thank you. This is pretty much all of my questions.

[section removed for confidentiality]

There’s nothing right or wrong, it’s just a case of seeing what’s been done or maybe what hasn’t been done and seeing how things have varied, and then going forward from there. But we will then also want to speak to some of the older adults themselves as well to see what their experience has been. But it’s been really interesting so far speaking to different people from different places. We’re quite near the beginning so we’ve still got quite a few more bits to do.

R: Well that’s good. It’s good that you’re doing that, it’s really important. And hopefully coming out of this will be something that will work towards a global message across Wales or the UK around how can we reduce isolation using technology? How can we encourage older people to use it, and make it easier for them?

Int: Definitely, I think that’s a really interesting point that you made about doing it on that level. I suppose it’s not always something that occurs to do it just overall. It’s not always straightforward. But once those things are there it’s that messaging isn’t it?

R: Yeah, interestingly I think banks have tried over the years to try and encourage people. They’ve called it [name] haven’t they and stuff like that. So I know the banking sector have probably tried to do that. Mind you there’s a bit of self-interest because they were closing branches and probably wanted to make sure that older people could still access their bank account.

Int: Yeah, but it’s a similar thing with the contact isn’t it, and just having that familiarity I suppose.

R: Yeah, but as long as it’s been of some help anyway.

Int: Absolutely, it’s really helpful, thank you so much. So that’s fine, and thank you for giving such detailed examples, it’s really useful. So we may be in touch perhaps in the New Year but no pressure. We’ll keep you on the radar and any help you can give is great. But thank you so much for taking the time today. Well take care and have a lovely Christmas.

R: And you, bye-bye now.

Int: Thank you, bye.

[CLOSE]

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