**Recording Details: P015**

R1: So my official title is currently [job tile], and I work for [name of organisation]. We are a local authority trading company solely owned [name of council]. Unique in as much as it’s the first call monitoring assistive technology centre of its kind to act in that way and be a local authority trading company. Over 30 years’ worth of involvement, not myself, [around a decade] for myself. Prior to it being [name of organisation] it was [name of other organisation] so has been a call monitoring centre for a very long time. And that’s our core business. So we deal with the reactive actions for people when they’ve got lifelines or any level of monitored assistive technology in their homes.

[Name of organisation] has been in existence for about three and a half years now, and we have been recently commissioned in the last couple of years to work as the conduit for the transformation fund that we had from Welsh Government or the [name of board] had from Welsh Government through the transformation funding. And we have rolled out then the [name of project] in line with the business plan that came from that funding. So that’s who we are I suppose. We’ve got over 30,000 connections that we deal with across Wales. So it’s not just in [name of cities], we’ve got other corporate customers across [name of other cities] as well.

So quite a big company, and historically have lots of contracts with other local authorities. That’s tended to be the way it is. So I think there are about seven call monitoring centres across Wales. We are probably the biggest, close to with another one in [a certain area of] Wales. So lots going on and lots happening. So we do other things aside from just the call monitoring as well, so the out of hours repair services for housing associations and things like that. I think we take out of hour calls for Welsh Government as well. So lots going on.

Int2: Lots going on, and covering a big area across Wales as well, different parts, so that’s really interesting. So in the work that you do then, how much focus is there on preventing loneliness and social isolation among people?

R: So I suppose a little bit of a step back is traditional service provision within assistive technology and lifeline services is very much a reactive service. We’re sat there waiting for people to press pendants or for sensors to go off, and then the appropriate response will be elicited depending on the circumstances. What [name of project] actually does is still do that, because obviously there is absolute value in terms of being reactive to people’s circumstances. But the aim of the project really is to be much more proactive and preventative in the approach, and I suppose to work with individuals sooner in their journey into health and social care services. The aim then is to look at those individuals, work with them to create a wellbeing plan that suits them, and one of the focuses is around loneliness and isolation.

So we’ve actually got, I’ll say it’s an assessment, it’s not an assessment like you would have anywhere else in terms of some of the statutory service provision. But very much in line with Welsh legislation and the Social Services Wellbeing Act of what matters conversations and understanding personal circumstances. Very much about that person centred approach, where their strengths are, what they can do, where their networks are etc. And the whole assessment then at that front end, there’s an algorithm that does it behind it that is unique to ourselves. And actually it drives then priority areas that we can work on with those individuals. So actually if somebody is saying they only see one person a week, as in there’s only their daughter that they might see.

They might see that person five, six, seven times a week but actually if that person then, and it’s been very apparent in this pandemic, if that person isn’t able to call to the property they then have not got a network around them. So I know people think “oh well they’ve got a couple of family members and they see somebody”. But actually when those networks break down they are then very isolated and unable to achieve probably what they would want to achieve. So the algorithm that we use and that works in the background actually identifies those. So although they might not say that they are lonely or isolated depending on frequency of visits, how often, number of people that they’ve got in their networks, actually that allows us to be able to understand that person’s circumstances a little better.

And what we then tend to work with them on is trying to build those networks. Whether that be when we can back to some sense of normality people joining in with community groups, encouraging them to join things. And we’ve got a digital element of our delivery where we provide them a tablet, a managed tablet in the first instance because if they’ve not got any digital skills it’s a bit of a scary world giving somebody an open tablet then basically. But that then hopefully allows them to become digitally engaged, even if it is through things like Facebook groups or social media groups, and encouraging them then to again join online and link with their family and friends remotely as well.

So everybody sees it as a tech project, which absolutely it is because the technology enabled care that we’re putting in allows us and facilitates us to be able to provide that whole wraparound service that we’ve actually got on the outside of it then really. And I think that’s the key to the success. It isn’t actually about putting lots of tech in somebody’s home. That’s a bespoke assessment. We make sure that we’ve got the right equipment in, but it’s about that additional wraparound service provision that people actually are then supporting those individuals, stepping in when they’re at crisis point. Stepping away when they’re not in crisis point. And this is about building resilience and actually encouraging these individuals to broaden those networks and allow them to be able to be independent and know that they can deal with those situations if it comes up in the future really.

So again it’s not about stopping people from going into statutory service or stopping people from having care calls or whatever it is. This is about managing people in the community for as long as possible to remain independent without pushing that demand into a place where it shouldn’t actually be. So that’s the aim. And loneliness and isolation is one of the key priority areas, and we link in with pathways that are appropriate to those individuals, and either just signposting. People are quite resilient and able and capable, we don’t want to take away their independence, but for those that might be a little nervous, might be anxious, haven’t done these things before then we’ll do as much hand holding as we possibly can for them. And again support them to become confident in being able to deal with these situations.

Int: That makes sense, and it sounds like it is a drive there and like you say it’s embedded within a bigger approach but it’s definitely a priority. So you’ve touched on it then but we are really interested in this pandemic experience and what happened there. So thinking back to the early days of COVID and the first lockdown, what conversations were had in your organisation about how technology might be needed to use differently or more or changed around preventing loneliness?

R: So we started rolling out the project January 2020, so it was just before the lockdown, it was just kicking off. And obviously there was quite a lot of nervousness around people going up and having installations, so we found ways around that. So there were some people then that were okay about our officers going out and doing the installations, they’d be in another room, full PPE and all this sort of stuff. Because actually that would be the only way that those individuals would possibly be able to communicate with people. So it was very much an essential need then for us to continue to do what we needed to do. Also as part of the project we actually proactively called individuals. So again depending on their assessment and their outcomes they either receive a weekly, monthly or quarterly call standard, and we will flex that depending on personal circumstances.

And that call then allows that contact. It allows us to understand if there are any significant changes to a person’s circumstances, and also allows us to pick up on some potential triggers for crisis as well. So if that individual says “well I’ve been able to go down to the local shop to do my shopping for the last couple of years, it’s fine, but that shop has now closed”. That’s the potential for “well okay, how are you going to be managing those things?” “Can we get you to do it digitally, can we support you to be able to do that?” “Have you got somebody that can take you to town to do a bigger shop in a bigger supermarket?” “Are you able to access a taxi service?” All those sorts of things then really isn’t it?

So our proactive calls allowed us to then be able to support those individuals, and certainly during lockdown it was unique for everybody. Nobody had ever experienced any of that had they? We actually did a significant number of shielding calls for [name of Council], so we did the shielding calls for them. So anybody that was on the shielding list actually got calls from us as well. What I would say is that our digital offer we didn’t think was going to be particularly a big percentage of clients that were coming through that would have necessarily ticked the box then I suppose. But because people weren’t able to get out, people weren’t able to see family members. We had local lockdowns where from county to county we couldn’t go and see family.

We probably had a higher uptake with our digital offer than we would have done probably if we weren’t in COVID. Nothing like a bit of a global pandemic I suppose to actually drive forward some of the work that probably a lot of us in this industry have wanted to do, but you tended to find that there were barriers. People weren’t comfortable with working remotely or doing things on video. I find it strange now going into the office and actually sitting in an office with people. We’ve flipped a little bit haven’t we? So I think we as a company are very agile and very flexible in the way that we work, and probably have been one of the few transformation funded projects that have actually been able to do what we should have been doing.

And it’s been very obvious that actually the project and its core ethos around what we should be doing actually has allowed us to be able to support. I’m just looking at some figures now. Participant sign-ups, we’ve had over 4,000 clients since January 2020 that have signed up to the project. So I think what we’ve been able to achieve has been helped a little bit by COVID I suppose. It sounds very cynical I suppose in terms of that, but that’s the reality of it. I think it’s pushed people out of comfort zones because it’s had to, and now people are going “well actually I don’t want to go back to doing it that way”. “This suits me, this is much better for me really”. So if there is a positive out of it then it’s been that we’ve able to get people to where we probably would have wanted them to have been and be comfortable using the technology in a different way.

Int: It’s really interesting and it completely makes sense. It sounds like you were already on that path and then this has almost put it on fast forward because people needed it more than they perhaps would have done.

R: I suppose we would have probably been in positions and situations where we would have had to try to twist people’s arms a little bit, and encourage them to give it a go. Whereas those barriers weren’t there and they were like “well actually that’s the only option I’ve got, and I’m happy to go with it”. So it’s been helpful.

Int: I’ve got some questions to ask about the barriers that you’re aware of, and we’ll come onto that. I’m just wondering, so you mentioned about the tablets and obviously there was the more assistive technology that you were looking at before anyway. So can you just tell me some more details around the types of technology and the actual hardware/software that you’ve been able to help people to use or you’ve given to them?

R: So our standard package, like I said this wasn’t really about doing anything particularly innovative in terms of the equipment that was being used. So everybody that comes onto the project has a basic lifeline, so a button and a box. That just allows us to be able to record certain information, understand a person’s demands and the journey that they’re on. So if somebody is pressing their pendant quite a lot there’s clearly lots going on there. So with the facilitator in order for us to do the other work, we do actually offer an assessment. So it’s a bespoke tech package. So if somebody requires additional sensors, additional support, then obviously they get that within the service delivery.

Everybody has a key safe. Now that’s not assistive technology particularly, but we provide a response service as well for clients. And therefore we have to be able to access the property when we get out there. So again there’s some challenges there. People don’t necessarily like key safes, but the reality of it is if you want a response then we have to be able to gain access, otherwise we’re going to be getting the police to break down doors, which we don’t really want to do. So that was the main crux of it. Obviously the tablet is a managed tablet so stripped back. Quite big tiles rather than small little icons. Making it as simple as possible for people to use with whatever apps they felt appropriate. Quite a lot of people wanted things like WhatsApp, so the video conferencing options to be able to do what they needed to do with family.

It also allowed them for that connectivity with GPs or with any health practitioners that they may very well with working with. At least they’ve got some functionality. I suppose [inaudible 15:45] wearing those systems that were rolled out quite significantly across Wales anyway. And in addition to that we’ve looked at opportunities to use more I suppose not tracking devices but ones where they’ve got the functionality for GPS to allow people to be able to go out and have a walk around, or to be able to go down and do their shopping etc. So we’ve looked at some of those options. The other thing from a client perspective then is where we’re trying to facilitate discharge from hospital as soon as we possibly can.

Looking at those plug and play options to allow people to be given something that they can take home then, rather than us having to send an engineer out to do an installation and things like that. So they’ve probably been the main things, but we’ve also been commissioned to roll a telehealth project out, which is again about remote monitoring but of long term conditions. So things like COPD, diabetes, heart failure. And our health board has actually commissioned us to do a pilot across the region as well. And what we’re trying to do is link back there, because invariably they’re going to be similar clients or the same clients that we need to be working with. And I think longer term we’re going to be looking at trying to use the data that we’d get from there to be even more predictive in understanding when somebody’s potentially going to be hitting the front door for health then I suppose.

So lots of opportunities there. Some [name of company] products as well, so you may have heard of them, [name of country] company. They use a Fitbit to understand frailty. So again it’s about predictive understanding somebody’s mobility, their gait, whether or not they’re dehydrated, are they up and down to go to the loo and things like that. And actually that again is another algorithm that [name of company] have got behind that to understand if there’s a decline for somebody let’s step in a little bit earlier and actually support them. Possibly check if they’ve got a UTI, possibly check if they’re not as mobile as they were what’s going on there, and actually hopefully prevent some of those falls then.

Int: That’s really interesting, I’ve not heard of that before. So you mentioned then especially around the tablets and thinking about the loneliness and isolation. So if people were particularly wanting that video calling, that communication side of things. So was that more successful for some groups of people compared to others rolling that out? What differences were there in the groups?

R: I think we did have some people perhaps that had already had a simple basic smartphone and had some ability in terms of being able to utilise the equipment. Huge differences between people’s ability. So given the fact that also we couldn’t spend lots of time sitting with them and telling them how to use it, and showing them how to use it, we found that that was quite a big resource intensive side of it, is trying to support individuals. So we’ve linked quite a lot with our third sector groups locally. So Age Cymru for us have digital buddies who’ve been able to try and do some phone conversations. A lot of what we try to do is to see whether or not we could have a family member who they would be linking with at the installation so we could talk them through how to do it.

So again ensuring that those individuals had a network of support around them where they could use it. But quite broad really. Some of those people would get it straightaway and were able to do it. We had people that had I suppose early dementia, not early dementia diagnosis but possibly dementia diagnosis. I’ll give an example here because it’s quite comical from our perspective in terms of understanding it, but the reality is it was a frustration for the individual. And actually unless you’re there you don’t necessarily know what it is that they’re saying. My grandparents are no longer with us, but if I said to my grandmother “press the enter button”. That doesn’t mean anything at all to them.

So it’s about having the right conversation as well and understanding you’ve really sometimes got to take it down very basic. But we had a client with an early dementia diagnosis, so very early on in that journey really, had always had an iPad function so was okay with them and things like that. But at the time we didn’t know, they’d taken it out of the case, a robust case around it just to make sure that it’s protected, but had put the tablet back in the wrong way. So none of the buttons were obviously lining up where things were, but she thought that it was working because on the back of our tablets we’ve got a [name of organisation] sticker. So she thought she was looking at a [name of organisation] screen and couldn’t understand why it wasn’t working at all.

And it was only when the daughter went there and actually looked said “it’s actually round the wrong way”. There was nothing wrong with it, it’s just that it had been put back the wrong way. Why she needed to take it out of the case we don’t know, but that’s the reality of what we’re talking about here. So quite a challenge if we’re being honest, and probably within the confines of the project we didn’t have the resource there to actually be able to support those individuals in the way that we would have wanted to really. And that’s been quite a bit of learning for us. The stronger bit for us is about the installation, the initial support, the systems and the infrastructure around those things. Whereas I think our third sector colleagues or people that are actually in the community are probably better placed to be able to provide that ongoing support and learning for individuals.

Int: Like you say it’s different resources isn’t it, different pockets of expertise, and that comes to light as that goes on. And so there’s people obviously then within the groups you’ve helped where they might take to it differently or they might come across different problems. But were there any people where you maybe suggested technology as a way to reduce loneliness or isolation and they didn’t want to engage with it, or maybe they did initially and then stopped? What was going on for those people?

R: So because it’s a managed tablet we’re able to understand usage. So we do tend to tap back in. So when we do the proactive calls we ask them whether or not they’re getting involved in the tablets, whether they want to. And there are some people that are just not interested in it and cannot take to it. And that’s fine, we can’t force anybody to do anything. We just make sure then that those wellbeing calls that we’re doing and the proactive calls are actually supporting. And it goes back to our community wellbeing officers then to understand that this person doesn’t want to engage with that technology, and then they look and review their wellbeing plan to understand what other things can possibly be put in place.

And it might be things like I suppose your befriending services, so they know that they’ve got somebody that they can talk to regularly aside from our wellbeing calls. It might be that we increase the wellbeing calls. If they were a monthly client and they had the tablet, then that would have been perhaps okay. But we might switch them to a weekly call so we can just keep touching base with them really. So varying degrees of success across the board, and that’s the case I think with any technology isn’t it? Some things suit, some things don’t. The three local authorities that we work with have obviously got quite strong third sector groups, so where we can we link them back that way. And it might be that a tablet that isn’t locked down might be more appropriate.

So those groups may very well have little groups that they’ve already set up and find a way to work with them. So we look at all possibilities and sometimes it’s a bit trial and error but you’ve got to try it first to see whether or not it’s going to work.

Int: That’s like you said before about how this situation perhaps prompted more people to try it when maybe they wouldn’t have, but it’s not always going to be a one size fits all is it?

R: No, not at all.

Int: One of the things that we know is a barrier for some older adults is a fear of using technology maybe from not wanting to break it or being afraid of scams and things. Was that an issue for the people that you were working with, and what could you do to overcome some of that if it was a problem?

R: Like I’ve already said I think we struggled early doors within the lockdown period, because we couldn’t physically go in and support individuals. We did our best to try and provide some online, so if we could talk them through to be able to show them some videos and things. So we set up a video process to show people how to use things. It was about trying to connect with family members and see whether or not they could get there, and again about that support mechanism. We’re open 24/7 so I suppose if somebody really had a problem they would be pressing their pendants and they’d come through to us and they would let us know. And we would do our best then to try to be able to support them with their queries and concerns.

But I think on the whole we’ve just tried to support where we can, and like I said if it really isn’t working then there’s no point in trying to push down that route, and just find other mechanisms for individuals to interact I suppose. I think the managed device has allowed us to be able to try things quite quickly with individuals. So we can upload different apps and push things through quite quickly remotely, so it doesn’t require us to go back out and do something, which has been helpful. I can’t quite remember where I was going with this conversation, what were you asking?

Int: It was about the fact that we know about people being afraid about scams and things, and if that came up.

R: Scams is a good one. That was the one that I wanted to say about. So because it is a managed system we made it quite clear to those individuals that actually if somebody tries to get through on those things. So we have had a couple of occasions when individuals were contacted, told by the person on the phone “well if you log into your computer now”. “Have you got one?” “Yes”. “Right, go onto a Google search and type this in”. They’ve gone and done that and it’s blocked it, so they haven’t been able to be scammed then really. So I think for us knowing that that managed device has actually got all of those backups there has meant that we’ve actually been able to stop people from being in those vulnerable positions really.

We’ve actually set up a couple of virtual groups for the local authority. So one is a learning disabilities group. So they have yoga sessions, bingo sessions, karaoke sessions that they do via Teams. But it allows those individuals as well to be quite independent on the tablet but actually within a protected bubble. So I know that’s been really helpful, and the feedback that we’ve had from family members is that they know that they can allow their child, and I say adult child as well to actually go on to websites that probably if they only had their own ones they would be quite concerned. I’m the same now, I’ve got a six year old and an 11 year old, we’re like hawks watching what they’re going on because they haven’t got managed device, well semi-managed because we’ve got a family link back to me.

But they can go onto YouTube, they can go onto certain TikTok videos, all these sorts of things. And you’re just like “oh”. But at least there was a way to control that to a degree I suppose for a lot of them. And the same for our older individuals. And the other group that we’ve got is a day centre group. So when the day centre was closed we’ve been able to link those groups back up, so they’re able to see the people that they would have been talking to and chatting with and things on a regular basis. So again having the managed system I think offers a level of protection that people are comfortable with, and certainly family members are comfortable with as well, knowing that mum and dad are not going to be able to enter their bank details and have all their life savings taken from them.

Int: That’s exactly it yeah.

R: Actually on the technology point of view we are working with our Trading Standards Company and we’ve got a call blocker system that we actually install on behalf of Trading Standards, where it actually stops any potential scam phone calls going through. So actually again that’s another piece of technology that we’re actually putting in again to try and protect individuals as much as we can.

Int: That sounds like something that would be really useful. And I suppose you mentioned in there about having family involved and having that as a real priority. So it’s an interesting one because I suppose perhaps people who are more lonely and more isolated maybe don’t have the family around, but then the family also can be when people do that it’s a key reason why they want to engage and want to communicate. So did you find differences between who didn’t have family around to start with, and then people who have more? How do you navigate that differently with the technology?

R: I suppose the challenge we had with people that actually had lots of family around, it was probably during the height of COVID when we were in lockdown it was quite easy to get people to want to engage with that technology side of it, because they wanted to be able to communicate with people. And where there were family members but might have lived away, again fairly simple I suppose and easy to encourage people to do that. So I know we had a couple of older clients that were obviously locked down, nobody could visit from another town or even across in England and things like this. And we were able to provide them with a tablet and they got to see their first great grandchild through video link and things like that.

That’s immense isn’t it really? It’s quite a dramatic statement but we’ve changed people’s lives by them being able to now have WhatsApp groups that they wouldn’t have been part of previously. So they get to see what’s going on in their family’s lives on a regular basis, even outside of COVID and lockdown. We’ve got family members that are living in Canada and Australia. These people didn’t have a phone, they didn’t have a tablet or anything, but now they can video call on a regular basis. They can have those photos sent through to them and communicate. We had one family that didn’t have a clue that their mum loved opera. And one of the apps that she asked for or put on or whatever allowed her to do it. And they were like “this is a whole side of mum that we knew nothing at all about”.

But again I think it’s allowed for that interaction and a different level of involvement with families a little bit. Those perhaps that didn’t have family around probably were more open to trying to engage with certain groups. But again I think they were quite anxious about it, and I suppose for some there was definitely a step too far because they just were like “I can’t do anything like that”. And again we would try to look at other mechanisms to support that individual through something that suited them, I suppose phone calls and perhaps socially distanced activities and things like that. We worked quite a lot with our local library services to be able to encourage people to have an online presence to be able to at least link in with books and magazines and subscriptions, learn a new language and all sorts of things.

And our mobile library as well. So actually when the mobile library was going out and about they were letting them know about the digital side of things. Because there were occasions when that mobile library couldn’t go and do what it was needed to do as well. So I think there are always going to be individuals that we can’t support from a tech perspective, but then it’s essential for us not to get too carried away with ourselves in terms of the technology and digital world, and still remember that we’ve got other people that are actually not in the position to be able to do that. And I think in Wales we’ve still got some challenges with regards to broadband connectivity issues and goodness knows what.

Our tablet is provided with the internet, so we’ve got SIM based 4G connectivity and things like that. We’ve also got routers for those where perhaps the wireless doesn’t work as well. But we still have challenges where that’s been a struggle even in some of those black spots where we can’t get connectivity. So it’s just about making sure that it’s not “right, well that doesn’t work therefore we can’t help you”. It’s “that doesn’t work, let’s look at other ways to be able to support you in a different way, and perhaps in a more traditional way when we can”. Or they might come up with ideas themselves. Sometimes you’ve got to go with it really, and this is about encouraging that asset based approach. What can you do? What do you want to do?

We haven’t gone as far as allowing people to do parachute jumps and goodness knows what, but again if people want to be doing these things. If they’ve got a bucket list let’s help them to achieve what they want to want to achieve.

Int: And so when you did the survey for us you said that obviously beforehand you were doing equal face to face and then the remote, and it sounds like now we’ve spoken it’s because you were rolling out this new project but it was only early days still. So how do you see things going forward in the future in terms of the balance between face to face and remote services that you might offer?

R: It’s never going to go back, absolutely won’t go back. I think there’s too many people that actually like the ability to do the remote. Our installation teams are still going out and obviously having to do that. There’s a physical requirement for us to do that. Our community wellbeing officers, the original plan when we did the assessments was for them to go out and have eyes on and be able to understand what’s going on. Because it’s amazing how many people tell you certain things down a phone that are not quite right, and I think eyes on sometimes allows you to have a different conversation. Where we can we will go out and do those assessments. Obviously with people that have got certain impairments, so visual impairments or hearing impairments, that would still be the way that we would run those things.

But again it’s back to what suits the individual. If we’ve got somebody that wants to see us then we go and we do those calls, we do those visits. If there are people that want to go to groups and that’s what they want to do, then that will be part of their wellbeing plan. That’s what they want to do. So again very much around outcomes from an individual’s perspective as opposed to what we think they should be doing. And all we can do is guide them and offer advice then really in terms of what’s out there, what’s available. There are lots of people that want to continue to do things that we know is going to be of detriment to them. There’s nothing we can do about it. We’re talking about adults that have got capacity, it is what it is and all we can do is support them where we can really.

But I can’t see anybody going back to the way it was. There’s been a wholesale change in the way that we all work I think. And for service providers and delivery of anything there has to be several options of how that is delivered. There has to be now I think, and rightly so. We should be able to support individuals in the way that they want to be supported.

Int: And it sounds like from your experience then the offer that you’ve got you can be quite confident in that as well because of the things that have gone well and the things that are on offer. So looking forwards it sounds like that can be quite a confident plan. Again I think there was a couple of mentions in the survey about the evaluation side of things, but do you plan to do any formal evaluation of how loneliness and social isolation with your service users or clients has been affected by technology that you’ve used?

R: So obviously because it is transformation grant funding there has to be an evaluation, and that’s being done by [name of evaluating organisation] I think locally for us. So it’s being driven by the [name of board] so we’re just providing whatever we get asked for in terms of that. I’ve recently spoken to a colleague in the [name of organisation] which is the governing body the assistive technology that we are certified with about carrying out some evaluation specifically for us though in terms of understanding how we’ve impacted and what we’ve done. Because I think Welsh Government’s outcomes are probably different than what we would probably want to identify as outcomes, not identify but what we would want to be able to understand from what we’re doing.

So it’s something that we’re keen to do because I think being able to share that learning, and for people to understand where the benefits are from doing these things. We want to be able to share our successes, but we also want to make sure that people don’t make the same mistakes. Because the bottom line is new project, new service delivery, we’ve made mistakes absolutely. We’ve had the theory and then it’s not worked like that in practice, which is always the case isn’t it? And I think we’re just lucky enough that we’ve got a dedicated and committed workforce who are able to be agile and flexible and do what they need to do. Understand the values of doing the right thing for the individual, and working within the confines of our legislation.

Obviously don’t do things that you shouldn’t be doing. But actually allowing clients to push the boundaries a little bit as well. That’s what they want to do. Like I said we can’t stop people from doing things if that’s what they want to do. But I think some of that positive risk taking is very beneficial, because actually I’ve always said it’s the Dr Pepper scenario isn’t it? What’s the worst that can happen? And I think as long as you’re working safely and making sure that you’re working within the confines of law generally, you shouldn’t be doing anything wrong anyway. So I think evaluation is key for anything anyway. Understanding where we’re adding value, understanding the potential to do something slightly differently, and understanding what impact we’ve been able to have on individuals is quite strong.

We’ve generated an assessment tool, very much like an outcomes star is the basis for it. And there are six domains that we actually ask people to score themselves on at the baseline point when they first join. And then we do a six month review currently just to make sure that things are actually okay and people are happy with the service. And we look at then improved, maintained or decreased scores. I think our last one we did we were hitting around the 80% that have either maintained or improved their scores across all six domains. Now I know people think perhaps “maintained, that’s not very good”. But people maintaining their score during a global pandemic and are still comfortable and happy and feel they’re getting the right help and are still fairly positive, that’s phenomenal.

Because actually people’s wellbeing has been significantly impacted through this pandemic, and people that wouldn’t even have thought about their own wellbeing previously have gone “actually yeah, this has been quite a challenge hasn’t it?” And I think if we’re saying that we’ve maintained and improved 80% of our clients’ scores then that’s phenomenal I think in terms of our outcomes for individuals. There are obvious dips in some scores. I think one of the domains is doing things that count. When people can’t get out and do the things that they would normally do, then obviously that’s going to be an area that will be thingy. But actually having the right help has increased quite a bit, because actually that means that we are supporting them to get what they need I think. So it’s quite interesting looking at that, and I think that evaluation will be really key in terms of understand the impact that we’ve had for individuals.

Int: Definitely, it sounds like you’ve got the scope for that in there as well so that’s really good. Well that’s pretty much all of my questions. [section removed for confidentiality, interviewer talks about reaching older adults]

R: Yeah, we collar our clients quite regularly. We’ve had to do it for evaluation things, so we’re registered. Our response team are also registered for [name of organisation], to provide care and support. We [are] also registered as a response service. [section removed for confidentiality]

Int: Thank you. Well that’s pretty much everything from me, so was there anything else you wanted to share or any other comments?

R: No, it’s fine. I’m always happy to talk about [name of project], it seems to be my life at the moment. I’ve got a webinar I think the week after next with [name of organisation] and all sorts of stuff going on. So hopefully my voice will be okay by then and I don’t have to struggle through it. Happy to help and if there are any other queries or questions then just come back to me.

Int: Thank you so much, I really appreciate you taking the time today especially when you’re not 100%. Lovely to meet you, bye.

R: And you, bye.

[CLOSE]