**Recording Details: P019**

INT: Did you have any questions about the project or the work before starting?

R: No, nothing.

INT: Great. We’ll get straight to it. There are a couple of questions to begin around the general background. So, to start, can you please give a brief overview of your role and the organisation you work for?

00:28

R: My role, I’m [job title] in Wales. I’ve been in this role for about a year but I’ve been working for the [name of organisation] for about ten years. The [name of organisation]... We have services across the whole of Wales – services commissioned mostly by health boards. But my work and the work of my team is to engage with groups. We work with volunteers, work on projects and activities in the community. Then the services I was talking about usually run for a year. And what we’ve seen over the years is once that year has ended, there’s nothing. And that’s what we’re trying to prevent or work with stroke survivors and carers now to ensure they’re not left after a year. A stroke is something that... Well, the effects of a stroke can last for ever – whilst the individual is alive, that is. So we work with them to try and bring them back to activities, try to rebuild their confidence, and work again to reduce loneliness, especially in the past two years. It was quite bad before, but the past two years have been exceptionally hard. So that’s what we do. We also carry out research work as an association, work with volunteers, provide information, and raise awareness of stroke and the risk factors of stroke in the community.

02:32

INT: Great. Thank you for that information. Can you talk about the work you do with older people specifically, if that’s a specific group you work with, and in terms of that, how much focus is there on preventing loneliness?

R: Most people who have a stroke are over 65, so they would be older people. It depends exactly what your definition is of an older person. Someone 50 years old can be an older person, or 65 or whatever. Most the people we work with are older people. What we do is we work with them, either one-to-one or in a group, and try to pair them up with volunteers working on... Well, try to bring them out of themselves, try to get them back to activities they either did before they had a stroke or sometimes start new activities. We also work with an umbrella group of partners in the community. An example of this would be golf [name of organisation]. We’ve also ran therapy projects – some art therapy. We’ve... so many things. Fishing... It depends what the individual’s interests are. We try to work with individuals and pair them up with other stroke survivors with the same kind of interests. This has worked very successfully. We have a project at the moment [name of project] is the name of the project, until the end of this March. What this project has been doing is focusing on, and zooming in, really, on the requirements of stroke survivors across Wales. And, as I said, using volunteers and asking the stroke survivors to... I don’t know... Sorry, the train of thought has gone completely.

INT: No problem.

05:01

R: With groups as well, so that they... well, engage with groups, join groups, and then from those groups they can develop some small companionship groups within groups and things go on from there then.

05:21

INT: It sounds like very valuable work which you do. Thanks for that background. The next questions focus more on the role of technology. So first if you go back to the early days of the Coronavirus pandemic, what kind of conversations took place in your organisation with regards how digital technology could or should be used in terms of preventing or alleviating loneliness?

R: Right at the start of the pandemic, we had to... Well, we met up quickly as a team within Wales and went about working with a fair number of stroke survivors by asking them... Before the pandemic, everything was face-to-face. The groups were face-to-face, every activity, every project we had was face-to-face. The conversations we had were, looking ahead... We of course didn’t know how long this pandemic would last. But looking ahead, how about starting to use technology and meeting up by using Zoom and Teams and Facetime and so on in order to try and carry on some activities or start new activities so as to ensure people didn’t feel lonely, and try, as they say in English, to plug the gap, in activities. So before the pandemic, of course, we had activities face-to-face. As a team, we came together very quickly. We bought a Zoom licence. Well, four Zoom licences to tell the truth so the four officers we had across Wales were able to contact with the stroke survivors they worked with and offer activities. We also had funding from the [name of fund] to develop activities online and that’s what we did. And we had a fair number of activities we were able to offer, from Spanish lessons to Welsh lessons, to Welsh groups we established, and therapy once again online, mindfulness courses. There were so many activities we ran. We then looked back. We did work with the stroke survivors and then asked them what effect that kind of activity had to them. And the... Well, what they had to say was so positive. It’s made an exceptional difference to them. It’s helped them not feel so lonely.

08:22

R: Other things like... The problem we had before was we could run activities in areas and that meant it could be very good for those areas. But there were stroke survivors missing out because there weren’t enough for us to start a group or whatever. By doing everything online, that’s... The... The boundaries have gone now. They can join with people, like someone from [name of city] can meet up with someone from [name of city], and these groups are groups that are still going ahead now. So that’s been exceptionally positive. We also have, what we’ve seen is the same stroke survivors attend several different groups – on different days, that is. And that’s really helped them to not feel the loneliness and too isolated.

09:27

Carers as well. There are people as well, with carers, the whole focus has been on them caring for individuals and we’re also welcoming carers to the groups for them to be supported as well, that is.

And thinking ahead, as I said, the project ends in March. We’ve gone back to the Lottery and asked for more money and the model we’re working towards now is what we call the blended approach. So there will be some amount of face-to-face, but of course continuing with the online sessions as well because they’re so valuable and we don’t want to lose them.

10:13

INT: It’s great it’s such a positive experience. That’s great. I’ll come back in terms of looking to the future. But to ask a bit more about what you’ve already said. You said there were many advantages of using technology in terms of alleviating loneliness. Were there any disadvantages you and your colleagues...?

R: At the very start, what we saw as a heck of a disadvantage was not everyone could or wanted to join online. There’s a lot of older people who haven’t used technology in the past. What we did is we worked with [name of organisation] and [name of organisation] put on courses on our behalf for stroke survivors and their carers, that is, so as to try to get them online, which has worked very well. Not for everyone, but on the whole, it’s worked very well.

11:24

R: Another matter we had was poor signal, especially in the more rural places. That has been a heck of a challenge for us. Also, what we realised was not everyone had the devices to go online. So we had a grant programme and we extended that grant programme to buy laptops, iPads, wi-fi even – to pay for wi-fi or broadband for stroke survivors to help them be able to join us online. That was at the very start. As I said, it hasn’t worked for everyone, but it has worked for the majority. Also with the nature of stroke – stroke can effect communication and this has been an exceptionally big challenge for us – trying to ensure that they weren’t left behind because of all the difficulties they had and because they had nobody to support them either. But I’d say those are the biggest problems or challenges we had.

12:43

INT: Yes, it makes sense by discussing access problems and the such. Were they things that you already had evidence would be the challenges or was it new to you in terms of... because of the pandemic?

R: Completely new, to be honest. We did as a team have conversations before the pandemic about online sessions, and, well, ‘no’ was the response. Nobody was interested in online sessions. Everyone appreciated face-to-face meetings. Nobody thought it would work, in terms of the stroke survivors, that is.

13:25

But, of course, with the pandemic, there was no choice. And it’s done us a great favour as an institution. We’ve been able to move forward. Without the pandemic, I don’t think we’d even be thinking about doing anything online. So in that sense, in a funny way, it has done us a favour. But of course, we had no experience before the pandemic. It wasn’t a conversation we’d had, about challenges.

13:57

INT: It sounds like you responded in a comprehensive way, to be fair, in terms of all the challenges. You’ve talked already about what went online, but can you share more details about the main ways you used digital technology to alleviate loneliness during the pandemic?

14:18

R: The main ways were... Well, everything went either on Zoom, Teams, Facetime. We got rid of Skype quite early. We didn’t see Skype working that well for us. Then, as I said, we ran sessions. We also did one-to-one assessments online. Well, we did start by making phone calls, but it’s very difficult to get all the information we need when we do the assessments of individuals on the phone. We need to see them, to see how they’re coping. You can read the face as well, by seeing someone. It’s not as good as face-to-face, but that’s the closest thing we had. Then we changed a lot of the ways we worked to the sessions online and the assessments online as well during the pandemic.

INT: Thank you that for.

15:32

INT: Generally, do you think you succeeded in your aim in terms of using technology to alleviate loneliness?

R: Yes, I do. As I said before, after having had conversations with stroke survivors and carers, what’s been fed back to us has been exceptionally positive. We did have the aim of alleviating loneliness, and I do think we’ve succeeded to do that. As I said, it hasn’t been for everyone, and that’s very unfortunate. But for the ones we have worked with, they’ve started, as I said, their own new friendship groups. The individuals are part of more than one group, more than one session. It’s been a very good way for us to stay in touch as well. Before, of course, everything was face-to-face and there was travelling, and that took time. By doing things online, we can press a button and that’s it, we’re there. So, what we saw as well is we could see more people, talk with more people, engage with more people than we could before. So, I think that also has helped. And the information fed back has all been positive, to be honest.

17:09

INT: Great. That’s nice to hear. Do you think you were more or less successful alleviating loneliness with some groups of people than with others?

R: Yes, we were. Going back to people who’s communication and speech had been affected by a stroke... This is a daily topic of discussion with us in the organization. And... Well... I don’t know how much more we could have done, to be honest. We are also, at the moment, looking into different communities. For example, hard to reach or harder to reach communities. Most of our sessions have been for people who either speak Welsh or who speak English. We, even now, don’t have the resources to expand to groups who don’t speak Welsh or don’t speak English. So we haven’t been able to give as much... Well, we haven’t been able to give any focus to them, unfortunately. We did try people – going back to the grants – if people couldn’t afford devices, technology, wi-fi or broadband or whatever, then we tried to help them as much as we could. I think we’ve done the best we could. There are, of course, there are always going to be some people who are missing out or who we’ve done nothing or not enough with them. But I’d say, on the whole, we’ve done what we could.

19:09

INT: Yes, I’m sure. More than everything, I’m sure. From those who used or engaged in the technology, what do you think was their main motivation for doing so and to then continue using the technology?

R: I’d say their main motivation was... They wanted a chat. They wanted to continue with some kind of engagement with someone who understood, who was in the same situation as them. Especially at the start of the pandemic, there was such a shock to everyone’s system, especially with the first lockdown. That was a heck of a lockdown, looking back. And people were very willing to try new things. And with the support we had from [name of organisation] and so on, we’ve been able to work with a good number of people we would never have been able to work with in this way. And to continue with this way of working, I think people now... They see that it’s working. There’s more willingness to try working with technology. People understand technology better. We’ve had to. We’ve all had to understand technology a bit more. It’s not so... Well, it doesn’t scare people as much as it did before – going to have a conversation. It’s also become a part of everyday life. And I think there’s willingness to continue because that’s the norm now compared to two years ago when... well, it wasn’t the norm at all.

21:16

INT: Yes, I can relate to that myself, certainly. This question’s quite specific, so if there’s no answer that’s no problem. Were there any users who tried using technology before stopping and if so, do you know why they stopped and what, if anything, could have helped them to continue to engage with the service?

21:40

R: Yes, there were. There were. Some people, from what I understand... Some people just don’t like talking online. Which is a very personal matter. It’s not for everyone. Even though we’ve moved forward as much as we have, it’s not for everyone. What we did do if we couldn’t get any kind of contact or engagement with people online is we picked up the phone – went back to the, looking back, old fashioned way of having a conversation on the phone. Once again, poor signal as well. And no matter what we tried, the signal was exceptionally poor in some, not many, but in some areas. Yes, that’s it, I think.

22:45

INT: Yes, thanks for that. If your service users had any technical difficulties, what support was provided to them, if any?

R: [name of organisation] and also the officers we have, they were exceptionally good, fair play. They’re technical. They understand the ins and outs. They were on the phone. For example, Zoom. They would talk with the stroke survivors or the carers through the process of joining Zoom or to start a new account on Zoom, and then how to join a session. So there was a bit of support from us, but also with external partners, to ensure as many people as we could would join the sessions.

23:57

INT: Great. Thanks. One issue we know can be an obstacle for some older people is fear of using technology, either because they don’t want to break the devices or a fear of scams online. Was this a problem with the older people you worked with and if so, was there anything you could do to overcome or avoid those fears?

24:21

R: This did come up quite a bit – that people were scared. And that older people were scared, that is. We didn’t hear so much with people of working age or younger people. This also was a reason, and I didn’t think until you said now, why not everyone was willing to go online. There was a fear that if they put information – any kind of information – it could be picked up. Privacy is, of course, something we assure everyone. We’re not going to pass their information on. Whatever they give is kept completely confidential. We did have these conversations with people. We just did what we could. We also explained to them things like data protection and GDPR and so on. So as to try to ensure the fears they had were... Tried to assure them that we did... Tried to give them some sense of confidence in using technology, but, well, everyone’s different, aren’t they?

25:52

INT: Yes, definitely. The last question in this section is, turning it around a little, to ask about you and your colleagues. So what effect did using technology in this way have on you and your colleagues and the work that you do?

26:11

R: We, before the pandemic, we tended to meet up face-to-face. It has helped, especially as everyone’s working from home now as well. We did have an office before the pandemic. Everyone works from home now. I do feel that everyone’s tired at the moment. We’re all... There are so many meetings online and people do get tired. But it’s helped people, by using the technology, to be able to carry on day to day work. And it’s just been a way to stay in touch with the team and make sure the team is alright. Not just the people we work with, but to ensure the team is alright. Technology also... The best thing about face-to-face is the questions and the conversations one can have. Using technology of course is the next best thing. The telephone is not always the best. But with technology you can share a screen and can see exactly what the problem is. It has been a great help to maintain focus and carry on with what we’re trying to do.

27:47

INT: Thanks for that. And thanks for all the answers to a bit of a marathon of questions. There are just a couple left to close, if that’s alright. And then I’ll hopefully not cause you too much Teams fatigue by keeping you here for a full hour. But before the question kind of looking ahead, I want to ask are there any unexpected positive effects of using digital technology to alleviate loneliness or any unexpected negative effects that you’ve seen?

28:23

R: Well, the positive is that we’ve been able to stay in touch. And that’s been a heck of a positive, to be honest. Some people, especially in more rural areas, where there weren’t many activities any way, they’ve been able to get a lot more because of technology than they did before things went online. Negative... It hasn’t worked for everyone. Not everyone has been able to join. Without doubt, some people have missed out. The feedback we’ve had from people is that they want to continue with the blended approach or this hybrid approach. I think that’s positive as well, to be honest. People do appreciate that their world has opened up compared to... Well, I think before the pandemic everyone lived in their own little world and carried on with their own little lives. It’s opened people’s eyes to the fact there’s a world outside their own square mile. And also all the different activities - and not just us as an organisation, but other organisations we work with as well - which people can join and people can have the confidence now to do different things. People are a little bit more willing to join with activities or sessions or discussions now than they were before. So I do think it’s been... Of course, there have been many challenges over the last two years, but I do think with the technology, people’s way of thinking has changed and I think that’s a positive thing.

30:29

INT: Thanks for those comments. Last question. You’ve talked a bit about this already so sorry there’s a bit of repetition in the question. In your answer to the questionnaire you said you foresee over the coming months there’ll be a balance between face-to-face support and remote support. Why do you think it’ll be a combination of the two that you’ll proceed with?

R: Why?

INT: Yes.

30:59

R: Because of the feedback we’ve had. And the feedback has been very powerful feedback. And we have engaged with... I was looking at it... 136 people we’ve engaged with, asking, in the next months, looking ahead, what kind of way would you like to see us engaging with you, range of activities, and this and that. Because of the feedback with some saying they’d like to continue with the technology element and would also like some face-to-face because everyone wants to return to some form of normality. And that’s what’s driven us to this way of thinking. And as I said, Wales has now become a lot smaller because of the conversations... I’m thinking now of the Welsh group we’ve got and from four parts of Wales, we have people having conversations, and some people weren’t having a conversation with anyone in Welsh from one week to the next or one month to the next. And now, weekly, they’re having conversations with people in Welsh. We don’t want to lose that and they don’t want to lose that either. But of course people do want the human contact back. So that’s why we’re thinking the way we are at the moment.

32:33

INT: Great. Thanks for that. That was the last question of the interview. Thank you very much again for your contribution in terms of the questionnaire and this. I really really appreciate it. In terms of the next steps of the research, interviews are taking place in January and February and then the research team will write back about this with the team at Bath University, who’s working with them on the project. If you’d be interested to hear how the research is going, we could send you updates when it reaches the next step if you’re interested.

33:08

R: Yes, that would be of great interest, to be honest. And also to share with colleagues.

33:13

INT: OK, right. I’ll make a note of that, no problem. But yes, thank you very much. It was very interesting, personally, to hear about the work you’re doing. Thanks again.

R: Nice talking with you.

INT: And with you. Bye.

R: Goodbye.