Social, Economic and Health Impacts of WaveLength's Work with Loneliness and Isolation

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Introduction

This report presents the findings of qualitative research into the social, economic and health impacts of WaveLength's work on loneliness and social isolation. WaveLength is a charitable organisation which provides access to media technology for people who are lonely or socially isolated and living in poverty.

WaveLength provides equipment to individuals for use in their homes and to organisations for use in residential or community settings. The main types of equipment provided by WaveLength are digital radios, flat screen televisions and tablet computers. Additionally, donations have been made of DVD players and CD players and a small number of individuals have been assisted to purchase a first TV licence.

WaveLength operates across the UK, supporting organisations and individuals across a wide range of vulnerabilities including: homelessness, domestic violence, young people in care, people with mental health problems, learning disabilities, dementia, physical ill health and disability. More information about WaveLength and its activities can be found on its website: http://wavelength.org.uk
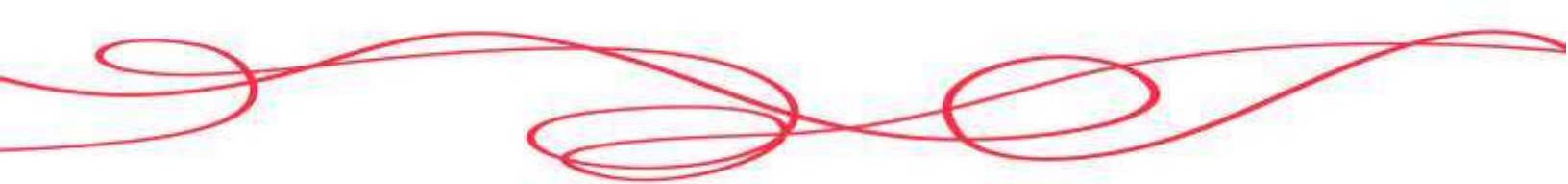
Method

This research was an exploratory qualitative study using semi-structured interviews. The overarching aim of the research was to understand the ways and means through which media technology (radio, TV and tablets) contributes to reducing loneliness and social isolation among vulnerable groups. The research sought to understand what difference the technologies provided by WaveLength make in different domains of people's lives, including emotional, social, economic and health.

Interviews were carried out by telephone with representatives of 11 organisations and with 14 individual beneficiaries who had received equipment from WaveLength. A further 16 individuals took part in face-to-face group discussions, to talk about equipment they had used in a community or residential setting.

Loneliness and social isolation among WaveLength beneficiaries

Loneliness and social isolation were themes very relevant to the work of the organisations who took part in the research. They recognised these issues as prevalent challenges among the groups of people they supported. Circumstances which could leave people vulnerable to loneliness and social isolation included: relocation from

another area (e.g. due to domestic violence, foster care, or transient periods of homelessness); separation from birth families when in foster care; mental or physical health problems; learning disabilities; older age; and making the move into independent living after a period of street homelessness or supported accommodation. People supported by these organisations often lacked strong local networks of family or friends and many were on very low incomes so did not have access to a mobile phone, further limiting their ability to maintain social connections.

Organisations noted a variety of indications that individuals were lonely and socially isolated, including: physical manifestations (taking less care of themselves, not bothering to cook themselves proper meals, not heating their homes, not attending to health needs and perhaps not attending to personal hygiene); behavioural or emotional characteristics including low confidence, low self-esteem, low mood, depression, loss of interest in any type of activity and spending more time at home and in bed; and interactional aspects such as being very withdrawn, quiet and difficult to engage or '*coax out*' into conversation.

The current or recent circumstances described by individual beneficiaries who took part in the research echoed the range of experiences highlighted by organisations as rendering people vulnerable to loneliness and social isolation. These included:

- Relocation following relationship breakdown (typically involving domestic abuse)
- Relocation and/or living in temporary accommodation due to homelessness
- Moving into independent (solo) living following homelessness or long-term hospital stays
- Physical ill health meaning activity outside of the home was very limited
- Mental ill health meaning social interaction was very difficult to engage in
- Depression or anxiety associated with the above range of circumstances.

There was variation among study participants' current levels of regular interaction with others. Some were very socially isolated, for reasons of physical or mental ill health, whilst others engaged regularly with others – be that family members, friends or in community centre or support group settings. Reflecting the subjective nature of loneliness, there was variation in the amount of social interaction that people desired and in the extent to which people felt negatively affected by relatively low levels of social contact.

Use of equipment
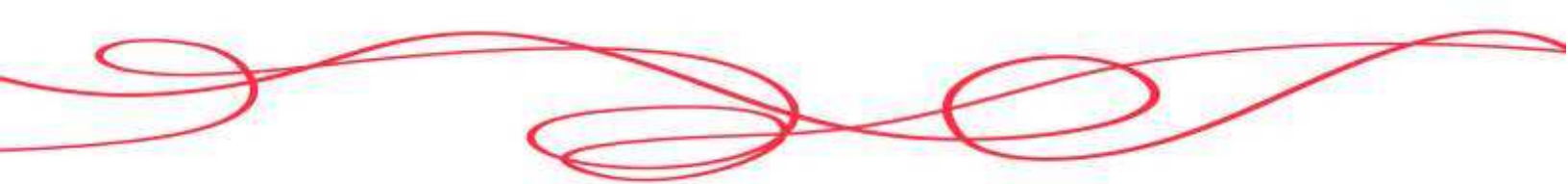
Of the eleven organisations participating in the research, seven had received radios, all eleven had received televisions and seven had received tablet computers. In the case of radios and televisions, there were three broad ways in which organisations were allocating equipment: (i) allocating to individuals for use in private homes (ii) allocating to individuals for use within managed residential settings (hostels, refuges, supported accommodation) (iii) communal use within managed residential or community settings. Where radios and televisions were allocated to individuals in private homes, some were people already established in private residences and others were people making the transition into independent accommodation having been homeless, in foster care or in other temporary circumstances.

Organisations noted that televisions and radios placed in communal or residential settings were in almost constant use during waking hours. As well as broadcasting a variety of channels available via Freeview, some organisations had acquired DVD players and so were able to show movies or informational films to groups of residents or service users, were facilitating group exercise sessions using DVDs, or were using the large screens in combination with games consoles or to magnify computer monitors.

All of the seven organisations that had received tablets had so far used these predominantly within the organisation setting only – only one case was described of a tablet being permanently allocated to an individual for use within a private home. Tablets were being used within organisational settings in a variety of ways, including: use during structured group activities; use on a one-to-one (staff plus client) basis for focused activities; autonomous use on an *ad hoc* basis by individuals in community or managed residential settings; and dedicated allocations to individuals within managed residential settings for the duration of their stay.

Uses of tablets included: email; social media; games; listening to music; watching informational or entertainment videos; jobsearching; completing online benefits applications; searching for housing; finding budgeting and money saving tips; searching for educational courses or training; completing homework and educational assignments; and to support personal development and lifeskills sessions being delivered in a group context.

Of the fourteen individual beneficiaries taking part in the research, nine had received radios, seven televisions and one a tablet computer. Radio recipients varied in their temporal patterns of listening. Some people said they had their radio on '*always*' or '*all the time*' whilst others explained that radio was used mainly in the mornings. Television
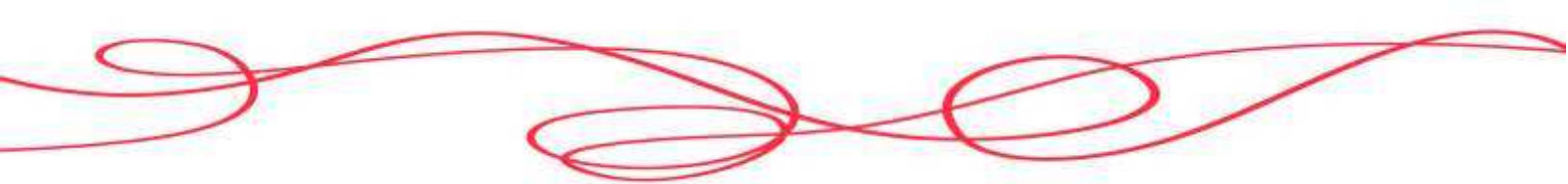
viewing schedules also varied among individuals, though it was quite common for television to be described as more of an evening activity, some participants noting that they were often occupied with appointments or activities outside of the home during the daytime.

A quite common pattern described was for the radio to be turned on upon waking, and listened to whilst '*getting ready*' for the day, then turned off once the individual was ready to go out and about their daily business, with television then being the main form of media consumed in the evening. However, there were some who used their radios at night, including people who liked to have some background noise for company as they fell asleep and people who had health problems where physical discomfort could make it difficult to settle to sleep. Examples were also given of people who left their radio on even when they went out, so that there was an immediate sense of company when they returned to their home.

A wide range of radio and television stations, genres and specific programmes were being listened to or watched. Some radio recipients listened solely or predominantly to music stations (popular or classical), whilst others preferred talk radio or stations focused on current affairs, general interest topics or arts content. Local and community radio stations were also highlighted as interesting and useful in bringing local events and information to people's attention. Amongst the range of television genres mentioned were news, documentaries, films, soaps, science fiction, reality police shows, mystery and detective series, historical and nature programmes.

From a practical perspective, the vast majority of participants had experienced no difficulties in installing and operating radios and televisions. Digital radios and televisions were noted as extremely straightforward to set up and there were no reports of technical breakdowns. Tablets had taken a little more time to initially set up and required a slightly greater degree of technical expertise. Some organisations (particularly those working with older people) felt that there would be a 'learning curve' both for their service users in acquiring practical skills and for the organisation in establishing the most beneficial ways to use the devices with their client group.

Different organisations were taking different stances on whether individuals were permitted to access social media via tablets. Some organisations highlighted the social and emotional benefits of enabling users to engage in social interaction via the internet and the importance of allowing people to use the devices for games and entertainment as well as for practical purposes. However, some organisations noted the risks that access to social media may pose to their particular client group due to their vulnerable

circumstances. Some organisations had placed certain blocks or restrictions on the tablets before introducing them into general use.

Impacts of media technology
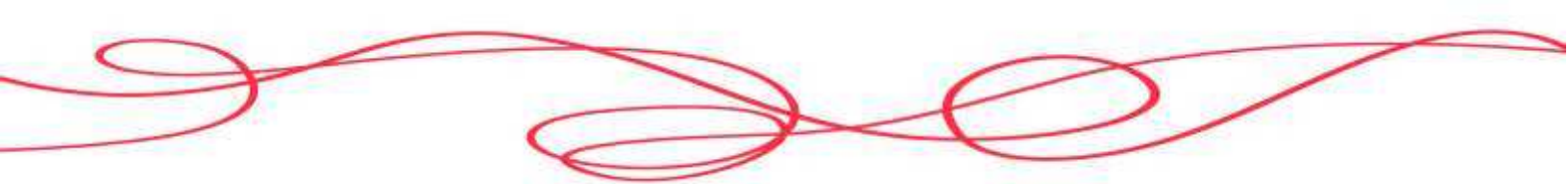
The positive impacts of media technology described by participants fell into three broad categories:

- Alleviating the subjective experience of loneliness and associated negative emotions
- Reducing social isolation by bringing people into 'real world' contact with others
- A broad range of other benefits in areas including: information and interest; emotional wellbeing and mental health; physical health; and economic and educational impacts.

Radio and television were said to alleviate the subjective experience of loneliness and associated negative feelings of boredom and low mood by providing a sense of company and companionship. By bringing sound into the home – music or voice – people felt that there was someone there with them. Radio and television distracted people from dwelling on negative thoughts and could be uplifting at times when they were feeling low. News, information and general interest broadcasts also gave people a sense of being connected to the wider world.

Radio and television had also brought people into 'real world' contact with others. One way this took place was through engagement with programmes that invited listener or viewer feedback. There were also examples of people who had joined in with local community activities or events which they had first learned about through the radio. People also noted that radio and television programmes provided a talking point with others, offering a way in to initial conversation and prompting further social interactions. Radio and television as a talking point could be useful for organisations in providing a stepping stone towards engaging people in additional forms of practical or social support. Being up-to-date with popular TV shows and 'socially current' with popular culture was noted as important for social integration, both for younger and older people. For young people living alone, having a television in their home enabled them to create a homely environment which supported their ability to host friends and offer hospitality.

TVs placed in communal areas in community or residential settings had the effect of drawing people into shared spaces, which prompted greater social engagement between group members. Interactions that began around the focal point of the television could in time lead to stronger friendship formation and group cohesion, which in turn led to other forms of 'real world' shared social activity beyond television viewing. For
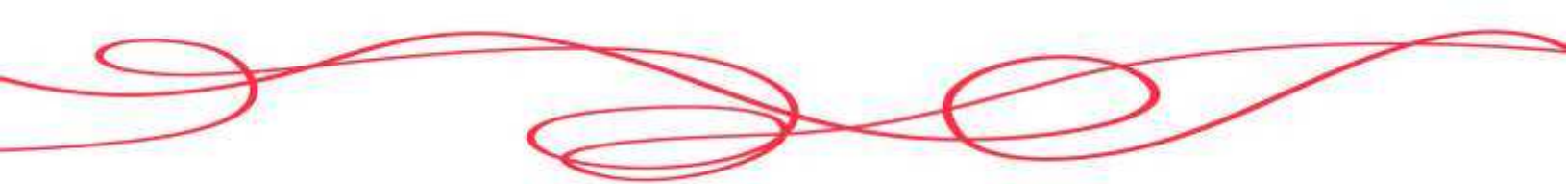
community organisations, the draw of a large screen television or other screen-based activities could again be a useful way of initially engaging people, which could then provide a bridge into taking up broader forms of support.

Tablet computers brought the benefit of enabling people to make online contact with family and friends, contributing to reductions in loneliness and social isolation. Email, social networking sites and instant messaging or photo exchange applications helped people to stay in touch with significant others. Most people supported by organisations taking part in this research were on very low incomes, and so tablets used within organisation settings facilitated online social communication where individuals did not have a smartphone or other means of accessing the internet. Tablets used in communal settings also brought people together in a 'real world' sense, for example, playing games together, sharing entertaining online content or supporting one another to develop IT skills. As with television and radio, being able to access online content also gave people talking points to stimulate conversation with others and helped them to remain socially and culturally current.

Wider benefits of television and radio included providing both general interest content which helped to keep people's minds active and also specific information on mental or physical health conditions, public health messages and updates on changes to social security and available benefits and grants. By virtue of providing access to the internet, tablets enabled people to access a vast and varied range of information and entertainment, which could in turn prompt hobbies and interests that involved 'real world' engagement with others.

Radio, television and recreational use of tablets supported emotional wellbeing through their calming, relaxing and soothing effects as well as providing amusement and diversion. Some participants felt that the occupation and distraction offered by radio and television had contributed to improvements in clinically diagnosed depression and anxiety, whilst tablet computers provided access to online support groups and discussion forms focused on specific health conditions.

People had gleaned healthy eating and healthy lifestyle tips from TV and radio programmes. Active uses of television screens, where people engaged in exercise or dance DVDs or physical console games, had the potential to improve physical health. The uplifting effect of radio and television could also prompt greater physical activity in general, by lifting people out of lethargic states. By alleviating boredom and providing distraction from negative ruminations, television and tablet computers could divert people from engaging in physically damaging pastimes, for example, drinking or drug

use. Radio and television could also help to distract people from the pain and discomfort of physical health conditions.

Of the three types of media technology explored, tablets were felt to have the most direct economic and educational impacts. For a number of organisations, jobsearching was a main way in which clients were being encouraged to use the tablets, alongside other practical uses associated with economic stability, including making online benefits applications, online banking, looking for permanent housing and finding money management and budgeting tips. There were examples of people using tablets to identify training, education or voluntary work opportunities, and to complete school and college assignments or practice basic literacy and numeracy through online exercises. Tablets were also in themselves a means of individuals developing essential IT skills.
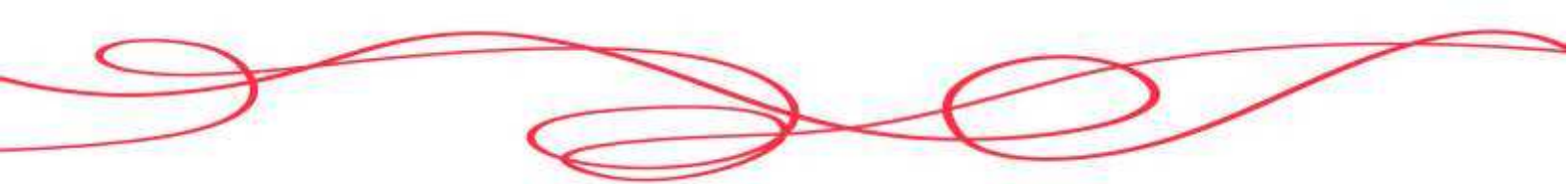
It was noted that many television programmes were broadly educational and some could provide ideas and inspiration for potential careers. Furthermore, television implicitly offered guidance and exemplars for people who needed to develop their skills of social interaction, language or cultural knowledge.

The vast majority of participants said they could see no detrimental effects of the media technologies they had received from WaveLength. A few participants made the point that use of media technology needed to be moderate and kept in balance with other types of activity. The potential risk of physical inactivity and unhealthy eating habits that could be associated with excessive television viewing were noted, as was the potential to become 'hooked' on the use of computers and the internet. As noted above, the potential risks of social media for vulnerable people and the need to support safe and secure use within organisational contexts were also highlighted.

Conclusion

The qualitative data gathered in this study revealed that media technology could have positive impacts both in alleviating the negative *subjective* experience of loneliness at times when people were physically alone and also in reducing more *objective* social isolation by bringing individuals into greater contact with others. The research has provided evidence of how media technology can provide not only a *sense* of company and connectedness, but in some cases can also be a genuine bridge into 'real world' social engagement with others.

Radio, television and tablets also provided valuable sources of practical, social and health information, improved emotional wellbeing by offering a means of relaxation, diversion and entertainment, helped to lift low mood and for some people could help to

alleviate more severe mental distress or physical discomfort. Tablets in particular were also bringing economic and educational benefits, through access to online jobsearch and related financial activities, and by facilitating education, training and skills development.

Overall, the findings of this research provide a positive picture of the impact of WaveLength's activities. As well as the specific emotional, social, health and economic impacts described by participants, it can be argued that WaveLength's work also plays a crucial role in providing what are now considered 'basic' material goods to people who could not otherwise afford these items. Radio and in particular television have become social norms and something that people have come to depend on as an essential. In the digital age, the same could be said about the fundamental need for individuals to be able to 'get online'. As such, the work being done by WaveLength is vitally important in meeting these basic social needs for access to media technology.

Chapter 1   Introduction

This report presents the findings of qualitative research into the social, economic and health impacts of WaveLength's work on loneliness and social isolation. The Social Policy Research Unit (SPRU) at the University of York was commissioned by WaveLength to carry out this first piece of independent research into the impact of the charity's operations. A narrated slideshow presentation of key findings from the research is available online at:
http://php.york.ac.uk/inst/spru/research/summs/wavelength.php
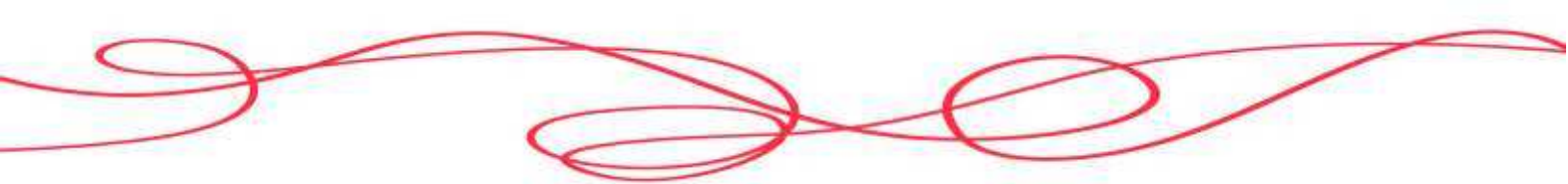
A review of previous literature on the relationships between media technology, loneliness and social isolation was also conducted as part of this project, and is available from the web page above.

1.1   Background to WaveLength's Work

WaveLength is a charitable organisation which provides access to media technology to people who are lonely or socially isolated and living in poverty. The organisation was established in 1939 through a collaboration between the St Pancras Rotary Club and the BBC and has the mission to bring contact, comfort and companionship to lonely and isolated people through media technology. The organisation receives no government funding and is supported by donations from Trusts and individuals.

WaveLength provides equipment to individuals for use in their homes and also to organisations for use in residential or community settings. Where equipment is provided to individual beneficiaries, WaveLength operates a 'sponsorship' approach, whereby a third party – typically a professional keyworker of some type, but in some cases a friend or acquaintance – submits an application on the individual's behalf. These third parties are referred to as 'sponsors' by WaveLength and in the remainder of this report.

Organisations receive equipment as 'Stockholders' or as 'Projects' or in some cases both. Stockholder organisations receive a number of items of equipment to be allocated to users of their service at the organisation's discretion (adhering to WaveLength's overarching criteria of loneliness, isolation and poverty). The term projects is used to describe organisations using equipment in the group contexts of community or residential settings. Organisations taking part in this research included both stockholders and projects. However, in the chapters that follow these terms are not

used as analytic distinctions and we refer mainly to 'individual' or 'communal' uses of equipment.

WaveLength's main activity is providing radios, televisions and – more recently – tablet computers, although donations have also been made of DVD players and CD players. A small number of individuals have also been assisted to purchase a first TV licence.

All equipment provided by Wavelength is new and of a good quality recognised brand. Radios provided are DAB digital radios and televisions are flat screen and Freeview ready. To date, most donations to individuals have been 19 inch televisions. Larger screens have been provided to some organisations for communal use and to some individuals where a case can be made (for example, where an individual is visually impaired). As of autumn 2015, WaveLength is no longer offering 19 inch TVs to individuals, but will offer larger screens as standard.
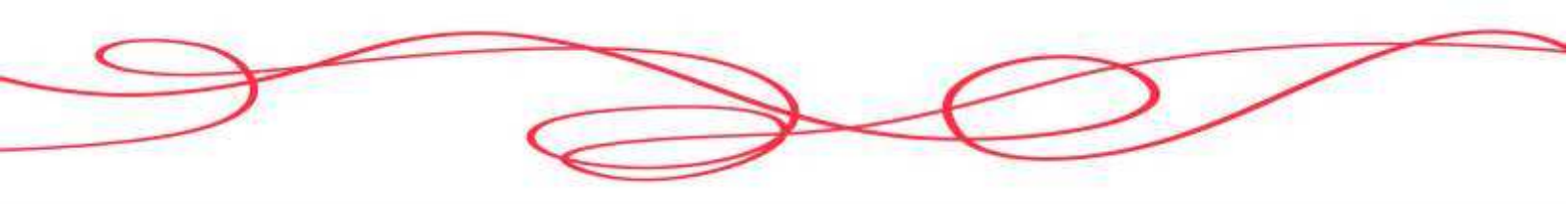
WaveLength began to make donations of tablet computers in 2014 (around one year before this research was conducted). The most common type of tablet computer donated has been the Tesco Hudl. This was selected because of its very straightforward user interface and the good level of technical support available from the manufacturer's helpline. More recently, other makes have been trialled with some recipients. To date, tablet computers have only been provided to organisations. WaveLength does not currently offer tablets to individuals on a direct basis (although organisations may choose to allocate tablets to individual users of their service). This is reflected in the research study sample (see Table 2.4) in that only one individual beneficiary had experience of a personally allocated tablet.

WaveLength operates across the UK, supporting organisations and individuals across a wide range of vulnerabilities including: homelessness, domestic violence, young people in care, people with mental health problems, learning disabilities, dementia, physical ill health and disability. Appendix 1 provides an overview of WaveLength's donating activity to organisations and individuals across approximately the past 18 months.

More information about the WaveLength and its activities can be found on its website: http://wavelength.org.uk

1.2 Loneliness and social isolation – concepts and definitions

WaveLength's mission is to reduce loneliness and social isolation through the provision of media technology. Loneliness and social isolation are distinct but related concepts. A key distinction is that loneliness is understood to be a subjective state whilst social isolation refers to a more objective lack of social connections, and is a risk factor for loneliness.

Scholars of loneliness have proposed a range of dimensions and typologies, looking at antecedents, correlates and outcomes (see Peplau and Perlman, 1982a). Drawing together the work of a number of contributors, Peplau and Perlman (1982b) offer the following summary of common points of agreement among the different definitions of loneliness:

> First, loneliness results from deficiencies in a person's social relationships. Second, loneliness is a subjective experience; it is not synonymous with objective social isolation. People can be alone without being lonely, or lonely in a crowd. Third, the experience of loneliness is unpleasant and distressing (Peplau and Perlman, 1982b, p.3).

Put another way, loneliness is a negative personal experience resulting from a mismatch between the type and number of social relationships in our lives that we *have* and those that we *desire*. Loneliness can be distinguished from *solitude*, which is an alternative experience of aloneness that can be positive and indeed desired and sought after.
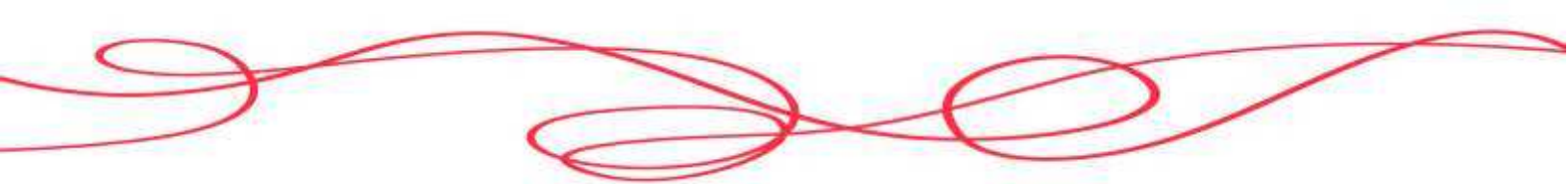
Loneliness is a universal experience, but is more likely to affect people in vulnerable circumstances (for example, homelessness, illness or domestic violence) or at times of change or transition (for example, bereavement, retirement or migration). As well as these 'trigger' factors, it has also been proposed that certain personality traits, such as shyness, introversion and low self-esteem are 'predisposing' or 'dispositional' factors for loneliness, which might make it more difficult for individuals to form fulfilling social relationships (Perlman and Peplau, 1984; Pinquart and Sorensen, 2001).

Loneliness is also closely correlated with depression and shares many of the same manifestations (for example, low mood, sadness, withdrawal), although the two are again distinct concepts (Horowitz *et al.*, 1982; Peplau and Perlman, 1982b).

1.3   Relationships between media technology, loneliness and isolation
The literature review conducted as context to the present study considered the following key questions:
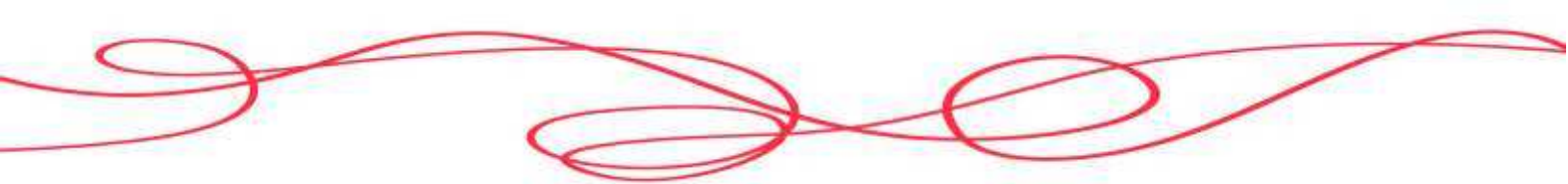
- What is the evidence that radio reduces/increases loneliness and social isolation?
- What is the evidence that television reduces/increases loneliness and social isolation?

- What is the evidence that the internet reduces/increases loneliness and social isolation?

The review identified evidence that television and radio can alleviate loneliness and social isolation, both when used individually and in group settings. For people who are alone, radio and television can fill a void, providing a sense of company, distracting from negative thoughts and alleviating boredom in the absence of the physical presence of others. Communal radio listening and television viewing bring physical togetherness and prompt verbal interaction through offering talking points and revealing and nurturing shared interests. Radio and television also provide a link to the outside world and a sense of connection to society, including through the provision of news, current affairs and discussion programmes. Local radio and local television stations can also link people into activities taking place in their community, leading to 'real world' social interactions. At the same time, television and radio can also be used to provide solitude, that is, a positive and welcome form of isolation, at times when people feel a need to withdraw and disconnect from others around them.

However, the review revealed a curious paradox between the more plentiful qualitative and more limited quantitative evidence of the impact of radio on loneliness and social isolation. Whilst radio is commonly perceived to offer respite from feelings of loneliness and isolation, quantitative measurement scales seem to show little significant effect of radio on reducing loneliness. The evidence is also equivocal in terms of the relationships between television viewing and reductions in quantitative measures of loneliness and social isolation. However, quantitative and qualitative evidence suggests that when people feel lonely or alone, switching on the television is certainly a *strategy that people employ* to provide the sensation of having company or to distract from feelings of aloneness, and data indicate that people find this an effective strategy at least in the immediate term. What is less clear is whether television can reduce longer term (*chronic* or *trait*) loneliness and isolation or whether it is more effective as a short-term remedy to alleviate associated symptoms of *transient* or *situational* loneliness, including boredom and dwelling on negative thoughts.

Whilst there is no doubt that the internet has provided new ways of connecting people across distances and time, and has broadened the scope to develop new and larger social networks, it has been argued that our embracing of the 'virtual' social world has been to the detriment of our 'real world' social connections with those physically closest to us, displacing face-to-face interactions and leading to increased isolation and loneliness. Studies identified in the literature review reflected this contested role of the internet in reducing or increasing loneliness and social isolation. Overall, however, the

evidence indicates that there is no definitive answer to the question of whether the internet is a benefit or a risk when it comes to experiences of loneliness and isolation.

What is important to note is that the internet is but the medium for a wide range of activities. The review highlighted that different internet-facilitated activities and different uses of these facilities will have different effects on loneliness and social isolation. Some types of activity may carry a risk of displacing social interaction thus increasing isolation, whilst others have the potential to enhance social interaction, complementing and augmenting people's offline social networks. Some uses may emphasise people's feelings of loneliness whilst others will provide a positive and welcome distraction from these feelings. And the effects of internet use will differ according to personal characteristics, circumstances and motivations. As noted by Williams (2007, p.398), 'The Internet is no panacea but is not a direct source of problems either. More likely is the case that the costs and benefits for individuals will be predicted by their personalities and particular kinds of Internet use'.

A potential risk lies in the evidence that people who are lonely or socially anxious may come to rely on virtual social contact rather than direct human interaction. It is important to ensure that online social interaction does not replace or displace contact building with others in face-to-face contexts. Additionally, a note of caution may be required in view of the associations that have been found regarding lonelier people's more problematic or 'addictive' use of the internet and the risk of becoming victim to online bullying.

1.4   Structure of this report

The remainder of this report presents the methods, results and conclusions of qualitative empirical research into the social, economic and health impacts of WaveLength's work on loneliness and social isolation. The structure of the report is as follows:

Chapter 2   Method

Chapter 3   Loneliness and social isolation among WaveLength beneficiaries

Chapter 4   Use of equipment

Chapter 5   Impacts of media technology

Chapter 6   Conclusion

References

Appendices
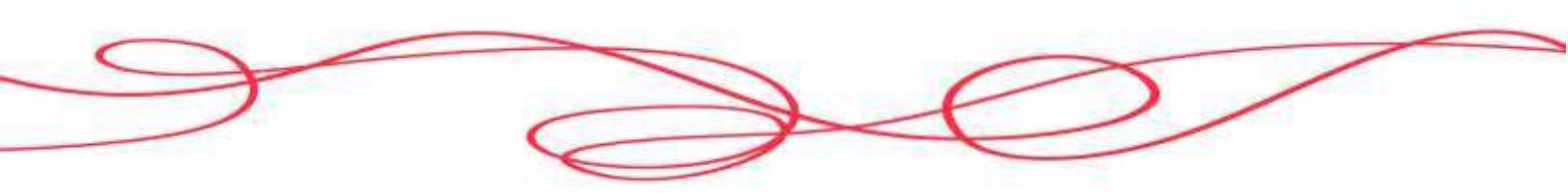
Chapter 2   Method

This piece of research was an exploratory qualitative study using semi-structured interviews. Ethical approval was sought from the University of York's Department of Social Work and Social Policy Research Ethics Committee, and was granted in June 2015 prior to commencement of recruitment and data collection.

2.1   Research aims and core research questions

The overarching aim of the research was to understand the ways and means through which media technology (TV, radio and tablets) contributes to reducing loneliness and social isolation among vulnerable groups. The research sought to understand what difference the technologies provided by WaveLength make in different domains of people's lives, including emotional, social and economic and health.

The study's core research questions were as follows:

- How are people using the technology provided by WaveLength?

- What forms of media are they consuming via this technology?

- How is the technology contributing to increasing social interaction and building relationships, including ways in which the technology supplements face-to-face contacts?

- How is the technology contributing to subjective improvements in health, happiness and well-being and how do people feel their lives are being enhanced in terms of connection and engagement with others?

- What practical or economic impacts are derived from the technology (for example, returning to employment)?

- How might WaveLength's offer be improved through expansion into other types of equipment or services?

In order to gain a balanced understanding of the impacts of media technology, the research also sought to understand any unanticipated adverse outcomes of media technology. An additional overarching aim of the research was to inform the design and approach to be taken in a larger scale follow-on project, including what quantitative outcome measures might be most appropriate.

2.2   Sampling strategy and sample selection

The research sought to capture both breadth and depth of experience, through a three-strand approach focusing on (i) organisations that had received equipment from WaveLength (ii) groups of individuals using WaveLength equipment in community and residential settings (iii) individual beneficiaries of WaveLength equipment.

The sampling strategy for individual beneficiaries aimed to include equal numbers of radio, television and tablet recipients and to capture both immediate and longer-term impacts by including people who had received equipment recently (within the past six-months) and longer ago (12-18 months).

The target numbers of interviews in each strand are summarised in Table 2.1 below.

Table 2.1   Target sample distribution

Research strand	Target number of interviews	
Interviews with organisations	10	
Group discussions with people using equipment in community and residential settings	2	
Interviews with individual beneficiaries	**6 months**	**12-18 months**
Television	2	2
Radio	2	2
Tablet	2	2

The sampling frames of potential participants to approach were WaveLength's electronic databases of organisations and individual beneficiaries. For organisations, electronic records were available from the beginning of 2013. For individual beneficiaries, electronic records were available from September 2013. Samples for the three strands were purposively selected in collaboration with WaveLength, as described below.

Organisations: From the range of vulnerable groups supported by organisations in the WaveLength database, it was decide to focus on six areas including: homelessness, women's refuges, young people, elderly/dementia, learning disabilities and mental health. A shortlist of 2-5 projects under each theme was drawn up by WaveLength, with a target of achieving 1-2 interviews within each, as summarised in Table 2.2, below. Shortlisted organisations were those which WaveLength believed would be amenable to

participation and had responsive and 'articulate' lead individuals. The shortlists of organisations within each theme were given an order of priority by WaveLength in terms of which might be most fruitful to speak with[1].

Table 2.2   Shortlisting of organisation to approach for interview

Organisations focus	Shortlisted organisations	Target number of interviews
Homelessness	5	2
Women's Refuges	5	2
Young People	5	2
Elderly/Dementia	4	2
Learning Disabilities	2	1
Mental Health	2	1

Group discussions: A shortlist of five projects was drawn up by WaveLength, with a target of achieving group discussions with two of these. The shortlisted projects covered homelessness, learning disabilities, mental health, elderly and young people. These were again given an order of priority, the top four being organisations that were also to be approached for an organisation-level interview. It was felt that pairing organisation interviews and group discussions would aid recruitment (having established a relationship with the organisation lead as 'gatekeeper') and would also enable the researcher to gain a deeper insight through this 360 degree perspective on WaveLength's donations to the organisation.
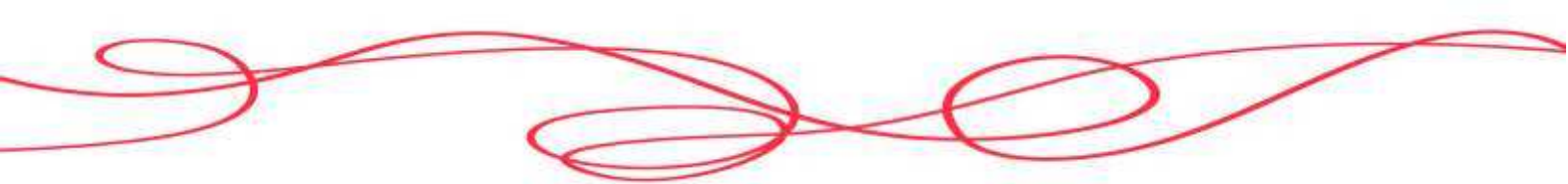
Individual beneficiaries: Based on the sampling strategy described above (see Table 2.1), the researcher drew up an initial purposive sample of individuals to approach, using information provided in WaveLength's database of individual beneficiaries.

2.3   Recruitment

2.3.1 Organisations
WaveLength made an initial approach to lead individuals from the shortlisted organisations in order of priority; giving an introduction to the evaluation and passing on an information sheet prepared by the researcher (see Appendix 2). Where interest in

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[1] From a methodological perspective, this approach might be considered a potential source of bias in the data and this should be borne in mind when interpreting the findings. However, although organisation participants were universally positive in their views on the services provided by WaveLength, they were also reflective and measured when it came to giving perspectives on impact and thus we believe that this approach simply facilitated ease of recruitment, rather than 'cherry picking' uncritical respondents.

principle was established, WaveLength relayed this to the researcher, who then contacted the organisation directly to address any remaining queries and, with agreement, arrange a time for the telephone interview.

All of the top 10 organisations agreed to take part in the research, and interviews were achieved with lead individuals from nine of these – one was cancelled due to a change in the participant's availability and was unable to be rescheduled during the data collection timeframe. An eleventh organisation from the shortlist was therefore approached and agreed to take part.

2.3.2 Group discussions

The possibility of arranging a group discussion with members/service users was discussed with five organisations, including two which did not appear on the initial shortlist but which emerged as interesting cases through information provided in the organisation lead interview. One organisation felt it would not be feasible to arrange this type of session due to the daily schedules of service users. The remaining four organisations were willing to consider hosting a group discussion and ultimately three took place, three to four weeks after the interview with the organisation lead.
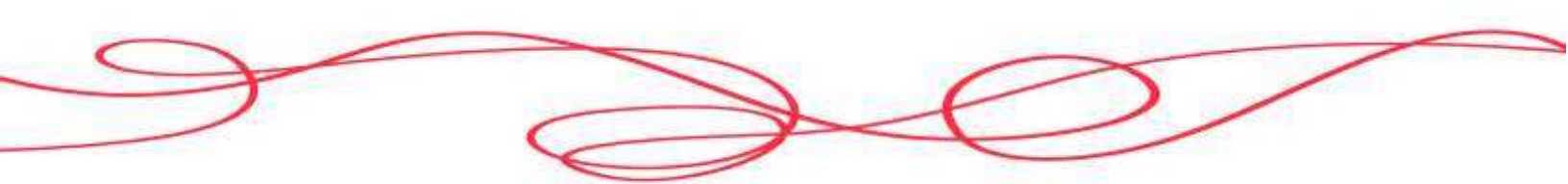
Organisation leads were each sent a tailored information sheet to circulate among potential discussion group participants (see template in Appendix 2) and then arranged for a small number of individuals to gather at the planned time and place to speak with the researcher.

2.3.3 Individuals

Due to the vulnerable nature of WaveLength beneficiaries, it was felt that a direct approach from the researcher could be confusing or cause anxiety. As such, it was decided that the primary approach would be made by WaveLength to the beneficiaries' sponsors[2], to introduce the research project and establish whether or not it would be appropriate to invite the individual to take part in an interview. WaveLength contacted the relevant sponsors by email, attaching an information sheet prepared by the researcher (see Appendix 2) and asking people to respond either to WaveLength or directly to the researcher. This strategy yielded only one response initially, from a sponsor who felt that the individual beneficiary would not be in a position to participate in the research.

A few weeks after WaveLength's initial approaches to this selected group of sponsors, the researcher followed up (by telephone and/or email) all outstanding sponsors who

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[2] As explained in Chapter 1, 'sponsors' are individuals, typically professional keyworkers of some sort, who serve as an intermediary facilitator of individual applications to WaveLength.

had not yet responded, to try to establish whether or not it would be appropriate to contact the respective beneficiaries. Some of these follow-ups successfully generated interviews, but in a number of cases sponsors were no longer in touch with the individual concerned or were themselves not contactable having moved on from that job role. Where sponsors responded saying that they felt it would be acceptable to approach the individual, the researcher then made a direct approach to the beneficiary by telephone, using the contact details in the WaveLength database or a more up-to-date contact provided by the sponsor.

Recruitment of individual beneficiaries was expected to be challenging due to people's vulnerabilities and in some cases unsettled lifestyles. Recruitment was initially slow and scheduled interviews were often subject to postponement due to unforeseen circumstances and/or 'no shows' followed by failure to re-establish contact with the individual over several subsequent attempts. As such, a number of other recruitment strategies were employed in addition to the above:

- WaveLength sent out a generic message to its sponsor mailing list to promote the research and generate interest in participation.
- Where organisations taking part in the research had passed on equipment to individuals for personal use[3], the researcher made enquiries during interviews with organisation leads as to whether they could suggest individual beneficiaries who might be willing to take part in the research.
- WaveLength made some further targeted approaches to sponsors who had made recent applications on behalf of individuals.

In total, four recruitment approaches were used, generating different numbers of achieved interviews as outlined in Table 2.3 below.

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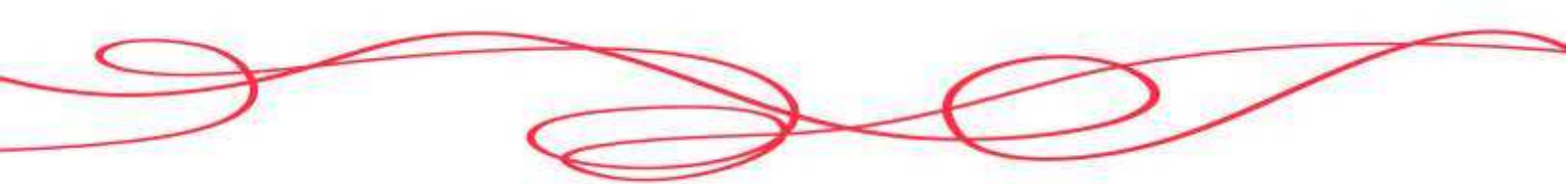
[3] As described in Chapter 1, some organisations served as 'stockholders' passing on WaveLength equipment to individuals for personal use, as opposed to or in addition to utilising WaveLength equipment in communal or residential settings.

Table 2.3   Recruitment approaches and interviews achieved

Approach	Number of sponsors/organisations contacted	Interviews achieved from this approach
Message to sponsor mailing list (WaveLength)	127	6
Purposively selected sample of beneficiaries via initial approaches to sponsors (WaveLength and researcher)	11	2
Approach to specific beneficiaries via organisation interviewees (researcher)	5	1
Selected approaches to additional recent sponsors (WaveLength)	10	5

In light of the challenges in recruitment, it was agreed with WaveLength, after a time, that the initial sampling criteria (see Table 2.1) would be relaxed somewhat, so as to focus on the primary goal of achieving 12 interviews with individual beneficiaries within the timeframe available for the research. The effect of the additional recruitment strategies detailed above was that the achieved sample was weighted towards more recent recipients and it was not possible to obtain an equal mix of radio, television and tablet recipients (see Table 2.4). However, the effectiveness of the additional strategies meant that the overall target of 12 interviews was ultimately slightly exceeded, with a few later offers of participation in fact having to be turned down due to project time constraints.

Looking towards a larger-scale second stage piece of research, a learning point from these experiences is that targeted approaches to more recent sponsors/beneficiaries appears to be more successful than a more abstracted purposive sample design. Due to beneficiaries' changeable and transient circumstances, reaching individuals who had received equipment over a year ago proved particularly difficult. The importance of personal and recent connections – both between WaveLength and sponsors and between sponsors and individual beneficiaries – was clear when looking at which recruitment approaches proved most fruitful.

WaveLength
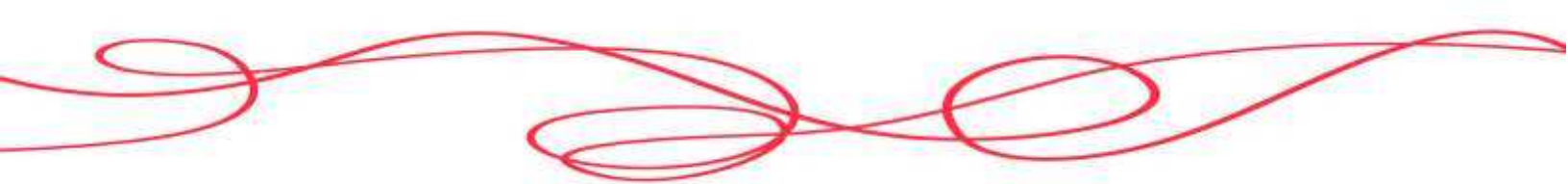
Individual beneficiaries who agreed to take part in an interview were provided with an information sheet prepared by the researcher (see Appendix 2). Some had already received a copy of this from their sponsor in advance of the researcher's direct contact and others were sent a copy by the researcher in advance of their interview appointment. In a small number of cases, individuals agreed to take part in an interview 'on the spot' when first telephoned by the researcher and in these instances an information sheet was sent retrospectively.

2.4   Conduct of interviews

Interviews and group discussions were conducted between June and August 2015. All organisation and individual beneficiary interviews were conducted by telephone. The group discussions took place face-to-face in the community or residential settings where the WaveLength equipment was being used. A semi-structured topic guide was used for all interviews. Three separate versions were prepared, all covering a similar set of core questions but tailored to each of the three strands of the research (see Appendix 3). All interviews were digitally recorded with participants' permission.

Informed consent was sought from all participants at the beginning of the interviews, using the consent form shown in Appendix 4. Where interviews were conducted by telephone, participants in most cases gave their verbal agreement to statements read aloud by researcher and this was captured on the audio recording. Where time allowed between recruitment and interview, a printed copy of the consent form was posted for information – a few participants who had access to a scanner chose to complete the form by hand, scan and return the form electronically to the researcher, meaning that it was not necessary to take consent verbally at the opening of the telephone interview. In two of the three group discussions, participants completed consent forms by hand and gave these to the researcher at the beginning of the session. In the third case, group participants were people for whom English was an additional language, most of whom did not read very well. Here, a member of organisation staff read out the consent form both in people's first language and in English, and participants gave their consent verbally – this process being captured on the audio recording.

In all cases, a member of organisation staff was present during group discussions and assisted with providing context, prompting participants for comment and elaboration, and in one case assisting with translation.
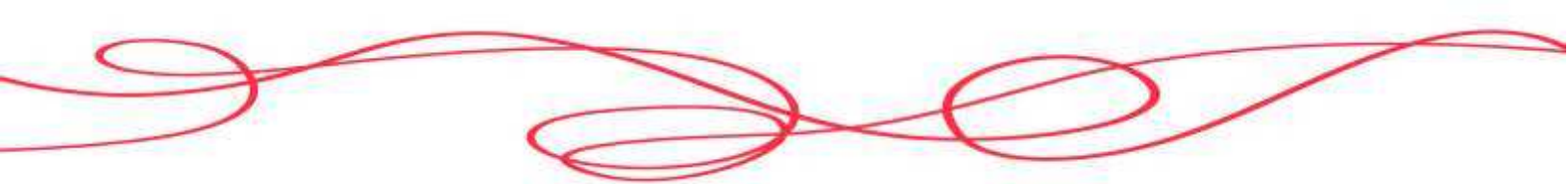
All individual beneficiaries and discussion group participants were given a gift of £20 in recognition of their time and contribution to the study[4]. In the case of all individual beneficiaries and one of the discussion groups, this was given as cash. However, for one discussion group, the organisation lead asked that the gift be given as supermarket vouchers due to factors relating to participants' vulnerable circumstances and for another discussion group the organisation lead distributed the £20 in three instalments, again in the interests of individuals for whom receipt of £20 cash could leave them vulnerable in various ways.

Interviews with organisation leads lasted from around 30 minutes to just under an hour, with an average length of around 40 minutes. The group discussions lasted around 25-30 minutes, but all visits included additional time for orientation to the setting and informal discussion with staff and group participants. The researcher made notes on observational and informal aspects of the visit and these were incorporated into the data.

Interviews with individual beneficiaries lasted between 18 minutes and 43 minutes, with an average length of just under half an hour. Where individual interviews were shorter, this was due to the particular circumstances of the participant, for example, one individual was currently on medication for a severe mental health condition and evidently found engagement in the conversation quite challenging and another had chronic obstructive pulmonary disease (COPD) and became breathless if speaking for too long – hence these interviews were kept relatively brief. Some other individuals had only received their equipment very recently and hence did not have very much experience to reflect on as yet. However, all participants engaged reflectively with the researcher's questions and all contributions – whether brief or extensive – provided valuable information for the study.

In group discussions, there was also variation in the extent to which different individuals contributed to the conversation. In all cases, there were more talkative individuals alongside others who said very little. This was again influenced by individual circumstances, including learning difficulties, medication or substance use, English being a second language (although translation assistance was offered) and variation in the extent of people's experience of using the WaveLength equipment. From a methodological perspective (thinking towards a large-scale second stage piece of research), the experience of conducting these group discussions suggests that attempting to gather in-depth perspectives from multiple individuals using a group format may not be the most fruitful approach when working with vulnerable individuals

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[4] In line with established practice within the Social Policy Research Unit, organisation leads interviewed in the context of their professional roles were not remunerated for their participation in the research.

who have communication or interactional difficulties. However, the group discussions nevertheless added value in providing triangulation and elaboration on perspectives offered by the organisation leads in their one-to-one interviews and in giving the researcher an insight into the physical contexts in which the WaveLength equipment was being used. Furthermore, despite some challenges in capturing detailed verbal reflections, the strength of enthusiasm and positive feelings towards receiving and using WaveLength equipment came across clearly in the group discussions.

2.5   Achieved sample
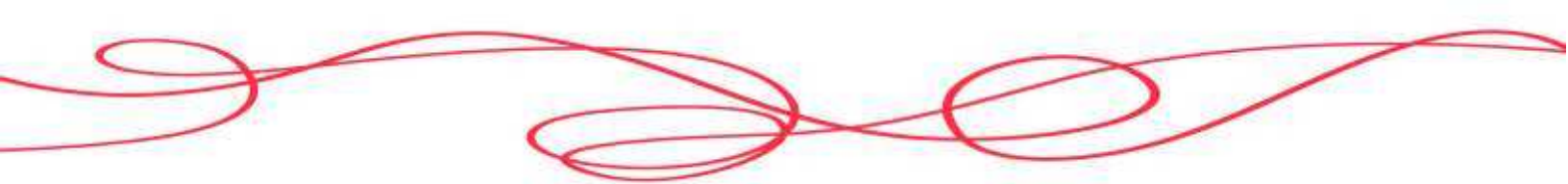
Interviews were achieved with 10 organisation leads and 14 individual beneficiaries. Three group discussions were held, involving between three and eight participants, plus one member of organisation staff in each case. An additional interview was conducted with a sponsor who offered to speak to the researcher in a 'proxy' capacity about the case of an individual beneficiary who was not felt to be in a position to take part in an interview directly. The sponsor was able to give a general background to the individual's circumstances but could not comment in detail on the subjective impact of receiving equipment. However, as a senior officer of an organisation providing a broad range of social support to vulnerable individuals, and who had used WaveLength on two occasions, this person was able to comment on a number of the questions posed to organisation leads and so this conversation was treated as comprising an eleventh organisation interview with data incorporated to the analysis as relevant[5].

Of the 11 organisations interviewed, two had a primary focus on homelessness, two were women's refuges, three focused on support for elderly people, two offered support for vulnerable young people, one focused on people with learning disabilities and/or mental health problems and one offered financial, practical and social support to people who had previously been employed in a specific sector of the economy. In practice, a number of organisations addressed more than one of these broad themes by nature of the complex circumstances of the individuals they supported.

Discussion groups were conducted with members/service users of:

- An organisation supporting people with learning disabilities and mental health problems, which had received a large screen television being used for a weekly film group;

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[5] The individual beneficiary who was discussed can be seen as constituting a brief 'case example', as were provided by several of the other organisation interviewees.

- An organisation offering community-based and outreach services to older people, which had received a large screen television being used in a community day centre setting; and

- An organisation supporting vulnerable young people, which had received a large screen television for the communal living area, digital radios for use in private rooms, and a number of tablet computers for use of residents of one of its supported accommodation projects.

The first discussion group included three men and two women, all of whom had learning disabilities and/or mental health problems. The participants were of working age but none were in paid employment. The second and third discussion groups involved women only, due to the focus of the service. The eight women who took part in the second group discussion were all from minority ethnic communities and of retirement age. Most had physical health problems associated with older age. The third group discussion involved three women who were involved in sex work and/or substance use. None were in formal employment and all were on low incomes.

The individual beneficiary sample comprised six women and eight men, aged between 19 and 73 years. Based on information they volunteered about their personal circumstances, 10 had recent experience of homelessness (street homeless or in temporary or refuge accommodation), eight had physical health problems or disabilities of various types, four had mental health problems and one had historic substance abuse problems. Several people described more than one of these circumstances – typically homelessness coupled with a physical or mental health problem. Most participants lived in rented accommodation of various types, including council or housing association rented properties, temporary accommodation, supported housing projects or sheltered housing schemes, and all but one lived alone (though in some cases this was in a single-occupancy flat within shared supported accommodation). The person who did not live alone, as such, was a long-term resident of a mental health facility, though he too had a private room.

None of the individual beneficiaries were in paid employment at the time of the research interviews. Whilst a couple were beyond retirement age, the majority of participants were of working age but currently in receipt of ill health/disability related social security benefits including Employment and Support Allowance, Disability Living Allowance and its successor Personal Independence Payment. Some people expected to work again in future (the youngest participant was in fact due to begin a paid apprenticeship the day after the research interview), but some participants felt that their health problems would prevent working again in future.
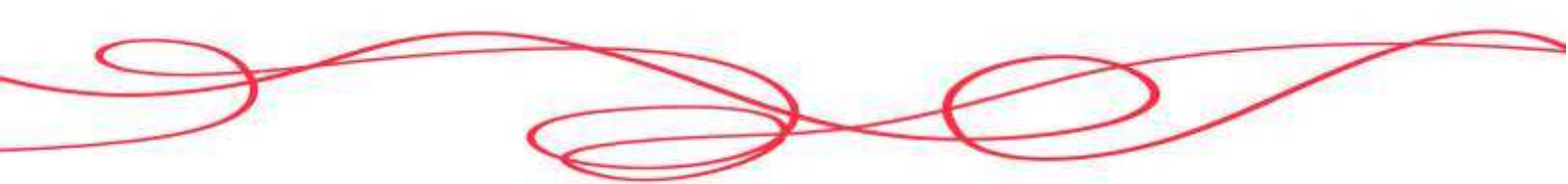
Table 2.4 gives a summary of the types of media equipment received by organisations and individuals taking part in this research (see Chapter 4 for a more detailed description of allocation and use of equipment). Note that some organisations and individuals had received more than one type of equipment, hence column totals sum to more than the number of participants.

Table 2.4   Types of equipment received

Type of equipment	Organisations	Individual beneficiaries
Radios	7	9
Televisions	11	7
Tablets	7	1[6]

Organisations had received their first donations of WaveLength equipment between six-months and two years ago. Some organisations had made more than one application to WaveLength over time and hence had received equipment in a number of instalments. Some of the organisations interviewed had received additional items very recently, in particular tablet computers, and in one case the tablets were still being set up for use and had not yet been introduced to service users. Individuals had received their equipment from just a few weeks ago to approaching one year ago, but it was most common for participants to have had their equipment for somewhere between three and six-months at the time of the research interviews.

A more detailed overview of participant characteristics in each of the three study strands and the types and timeframes of equipment received is included as Appendix 5.

2.6   Analysis

As a first step, detailed written summaries of each interview (including extensive verbatim quotes) were prepared by the researcher, using a pre-structured template that reflected the key questions of the topic guide.

The data were then subjected to thematic analysis (Braun & Clarke, 2006), supported by the qualitative analysis software package MaxQDA2007 as a means of managing and organising the data. The researcher read all summaries in detail a number of times, extracting factual and contextual data, noting emerging themes pertinent to the core research questions, and constructing a detailed code system of impacts of the three main technologies: radio, television and tablets (discussed in detail in Chapter 5).

Analysis and interpretation of the data were also informed by the background review of literature on the relationships between media technology, loneliness and social isolation, with many themes highlighted in the literature review being echoed in the empirical data.

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[6] As noted in Section 1.1, tablet computers are not currently donated directly to individuals (but may be allocated via organisations), hence the small number of beneficiaries in this category.

A note on quotations

In the chapters that follow, verbatim quotations from organisation leads and individual beneficiaries are given identifiers as used in Appendix 5: organisations are ORG01 through to ORG11 and individual beneficiaries are IND01 through to IND14. Group discussion participants have not distinguished individually, but quotations are marked with the group discussion identifier GRP01 through to GRP03.

Chapter 3   Loneliness and social isolation among WaveLength beneficiaries

Loneliness and social isolation were themes very relevant to the work of organisations who took part in the research. They recognised these issues as prevalent challenges among the groups of people they supported. Trying to reduce loneliness and social isolation – through a range of individual and/or group focused activities – was a core part of their work. During the research interviews, organisation participants talked about the *circumstances* that led to loneliness and social isolation among the people they worked with, and also the way that these experiences manifested themselves among the client group – in other words the *behaviours or outwards signs* that organisations observed that suggested to them that a person was lonely or socially isolated. These two aspects are covered in Sections 3.1 and 3.2 respectively.
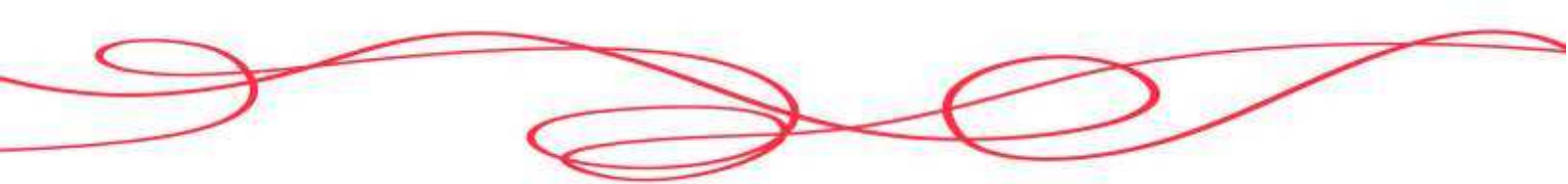
Individual beneficiaries were not asked directly about their experience of loneliness or social isolation, as this was expected to be a sensitive topic and also the researcher did not want to pre-empt or influence their later responses regarding the influence of media technology. However, in describing their current or recent personal circumstances, several individual beneficiaries' experiences echoed those noted by organisations as placing people at risk of loneliness and social isolation and some participants did spontaneously use these terms. Section 3.3 therefore considers the data emerging from individual beneficiary interviews on experiences of loneliness and social isolation.

3.1   Circumstances leading to loneliness or social isolation

Organisation participants described a wide range of circumstances faced by the groups they worked with that could leave people vulnerable to loneliness and social isolation. These included:

Relocation from another area due to fleeing domestic violence, being placed in foster care or resulting from transience during a period of homelessness. People in these circumstances often had no local support network of family or friends. Additionally, particularly in the case of those fleeing domestic violence, people typically brought few personal possessions with them – either practical or sentimental – and this could contribute further to feelings of isolation.

Separation from birth families where young people had gone into foster care or had become homeless due to difficulties within the family home. Organisation interviewees

working with vulnerable young people noted how this group could lack a strong network of guiding adults or supportive peers, which in turn could lead to difficulties in social interaction and falling behind in education and career progression relative to others their age.

In relation to relocation and separation from families, some organisation interviewees noted the loss of '*status*', '*identity*' or '*culture*' that could accompany loneliness and social isolation where people had moved away from their home, family and social circles and had had to leave behind personal possessions. For example, in relation to young people in foster care, one participant noted:

> *Because of not having strong links with their families, a lot of them have identity issues, because they don't know their beliefs or their morals or their culture. Different things suffer if you're moving from place to place and each time you move you're having to try and fit in with that new family or that new place or system, so it's extremely difficult for our young people.* (ORG02)
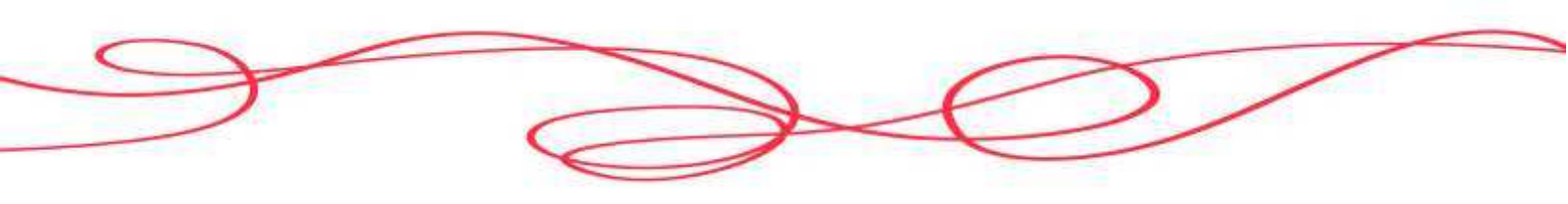
Mental health problems such as anxiety, depression, low mood or social phobias could mean people found it difficult to engage and interact with others. Note that these issues could be reinforcing, with low mood and depression also a consequence of loneliness and social isolation.

Physical health problems which left people housebound or with very limited mobility outside of the home. Some organisation interviewees noted that, besides the organisation staff themselves, the only social contact that some people had was with the community health care professionals attending to them at home.

Learning disabilities which one organisation interviewee noted could leave people vulnerable to disability hate crime, meaning that people avoided coming into contact with others in their neighbourhood or other public settings.

Domestic abuse which, as well as the impact of relocation (see above) was noted as an isolating experience in itself, where the perpetrator exerted extreme amounts of control over the individuals' activities and movements:

> *If people have come from such a controlling environment, where they haven't been allowed to go out, they haven't been allowed to see family, friends, access services and stuff like that, they are extremely isolated.* (ORG10)

Older age with associated factors of spousal bereavement, declining social networks and physical health restrictions that left people housebound. One organisation interview also noted that it was not uncommon for the older people they worked to with to lack close family networks because their families had moved overseas.
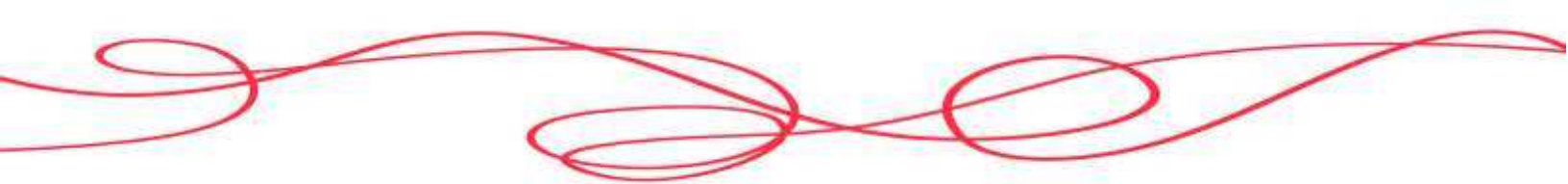
Moving into independent living after a period of homelessness or supported accommodation. Organisations supporting these client groups highlighted how – although a positive step in the long run – making the transition into independent, solo living could be a significant adjustment for people who had spent time living on the street or in supported accommodation where there were always others around. As noted by an organisation providing support for homeless young people:

> *It is amazing the number of young people that just desperately want to get in their own places, whether they were living in a shared house or supported lodgings scheme like ours, but not really thinking about the difficulties of living by yourself. Kind of thinking about the money and the impact that you're not going to have a lot of cash etc. etc. But it's the loneliness factor. The number of young people that I meet and it's "Oh hi! How are you? How are you finding it?" and they'll say "Oh it's great, but I never realised it was gonna be so difficult". I say "What do you mean?" They say "God, when you're by yourself, it's so hard" and that tends to be the biggest thing really.* (ORG09)

Similar experiences were noted for people who had returned to independent living after a long stay as a hospital in-patient or as a resident of a mental health facility.

An organisation providing emergency hostel accommodation noted that although these settings brought individuals under one roof, some did not have communal areas meaning that residents did not have a shared space in which to interact socially. Moreover, it was noted that people whose circumstances had led them to be in such settings (for example, fleeing domestic violence or serious mental health problems) may not be at a stage where they felt able to make social contact with other residents or people in the wider community:

> *If they're feeling quite low in themselves anyway, and if they've got other mental health* [problems]*, they're not necessarily in that place where they can just have a chat with somebody, even if they're cooking in the same kitchen.* (ORG01)

One organisation working with vulnerable young people noted that night times could be especially difficult for individuals in terms of feelings of loneliness and isolation. People supported by this organisation made a commitment to engage in educational or vocational activities during the daytime, but once the day's activities were over, night times could become a time for rumination on more negative thoughts:

> *That's like the lowest ebb on a night time ... where a lot of the thoughts and feelings seem to come awake more on a night time than they do during the day ... It's on a night time when they've come back after* [daily activities],*like a lot of their thinking time isn't it'.* (ORG06)

The majority of vulnerable individuals supported by organisations were on very low incomes, typically in receipt of social security benefits and in some cases without any benefits yet in payment at the time they first came to the organisation for support. As such, people often could not afford a mobile phone and so were limited in their ability to make and maintain contact with family and friends.
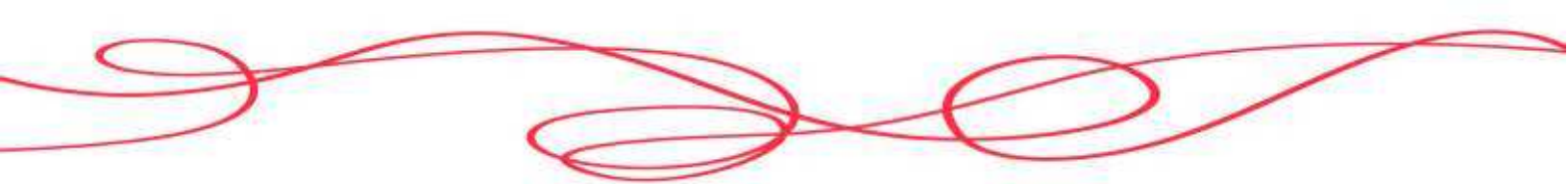
3.2   Manifestation of loneliness and social isolation

Organisation interviewees were asked a question about how loneliness and social isolation manifested themselves among the people they worked with, in other words, what did loneliness 'look like' or how could they *tell* that a client was lonely or socially isolated[7]. Responses included physical signals, behavioural and emotional characteristics and interactional signs.

From a physical perspective, some participants noted that individuals who were lonely and socially isolated might begin to take less care of themselves, not bothering to cook themselves proper meals (and so losing weight), not heating their homes, not attending to health needs, such as routine dentistry or optometry, and perhaps not attending to personal hygiene. Behavioural or emotional characteristics associated with loneliness and social isolation included low confidence, low self-esteem, low mood, depression, loss of interest in any type of activity and spending more time at home, in bed and asleep[8].

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[7] As a methodological point, it was notable that the researcher's initial question about 'manifestation' of loneliness as phrased in the topic guide (see Appendix 3) often did not 'come off' as intended and a rephrasing in one or more of the ways noted here was often necessary. Participant's responses tended initially to pertain to the *circumstances* leading to loneliness rather than the manifestations or outward signs of loneliness and social isolation. Note also from a theoretical/methodological point of view that what have here been termed 'manifestations' (that is, symptoms) might also be considered *correlates*, *associations* or *effects*, pointing to the complex nature of loneliness and the reciprocity of cause and effect.

[8] Note that many of these physical, behavioural and emotional characteristics echo the symptoms of depression. Loneliness and depression have been found to be distinct but closely correlated concepts.

Interactionally, lonely and isolated people could be very withdrawn, quiet and difficult to engage or '*coax out*' into conversation. In residential settings, organisations would observe that people spent more time in their room and opted out of group activities. On the other hand, it was noted that social isolation could also manifest in people being very talkative, outspoken and struggling to operate well in a group, because they were unused to norms of social interaction, such as allowing others to take turns or express a different opinion. Some organisations highlighted the need to re-establish '*trust*' with isolated individuals who had become wary of others and sceptical of their motives for interaction.

Other behaviours that organisations felt indicated a decline in the social well-being of their particular client group included individuals failing to keep on top of administrative tasks, such as household bill payments, known service users being seen in the community sleeping rough or being caught shoplifting, or engaging in risky sexual behaviours as a means of seeking intimacy.
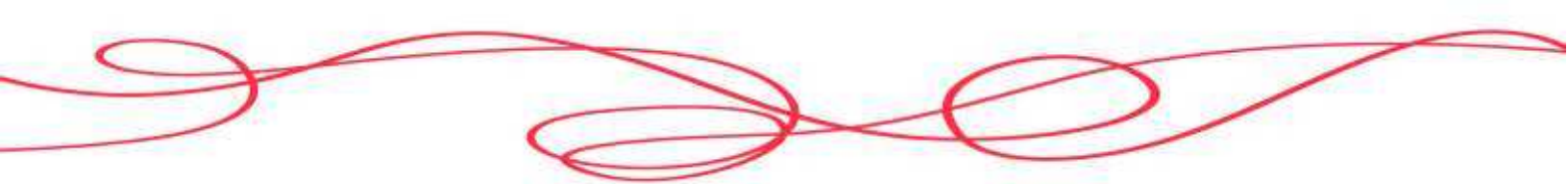
In addition to observable manifestations, some organisations noted that explicit expressions of loneliness were quite common among the people they supported: '*Oh very much so, yes, it's one of the key things that they often mention to us is loneliness, you know, they say "Oh I feel really lonely"'.* (ORG03).

3.3   Individual beneficiary experiences of loneliness and social isolation

The current or recent circumstances described by individual beneficiaries who took part in the research in many cases echoed the range of experiences highlighted by organisations as rendering people vulnerable to loneliness and social isolation. These included:

- Relocation following relationship breakdown (typically involving domestic abuse)
- Relocation and/or living in temporary accommodation due to homelessness
- Moving into independent (solo) living following homelessness or long-term hospital stays
- Physical ill health meaning activity outside of the home was very limited
- Mental ill health meaning social interaction was very difficult to engage in
- Depression or anxiety associated with the above range of circumstances.

For discussion of the interrelationship between loneliness and depression see Peplau and Perlman (1982).
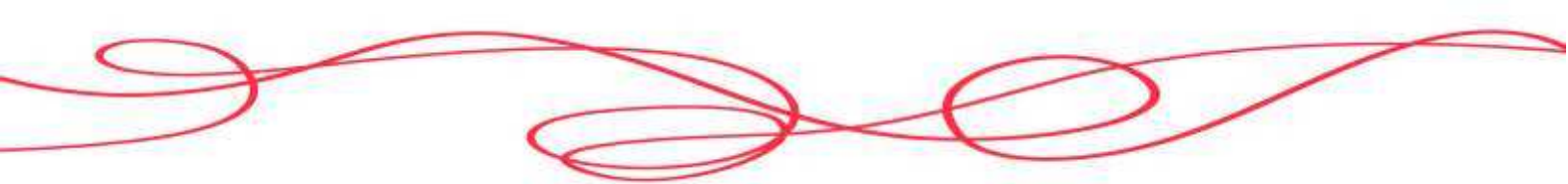
The feelings of isolation that could come with the move into independent living after a time in a more communal setting were described by a number of individuals, including people who had been in refuge accommodation, homeless hostels, had been street homeless or who had had long stays in hospital. People who were now settling into permanent accommodation were generally very pleased with their new homes, but some noted that it could be a lonely experience making the transition into solo living and that the sense of isolation could lead some people to return to their former circumstances:

> *When you get into accommodation, you get quite lonely cos you're used to being around a lot of people ... Cos when you're on the streets you've got like a family, a connection with all the people you meet. You're always around people; you're always around them at the day centre, night shelters or handouts – where you get your food from. So you're always constantly around people and then when you move into your first accommodation, you're on your own ... If you haven't got that support network around you, some people do fall from it and go back on the streets. I've seen a few people do that.* (IND04)

> *Even though I didn't socialise much* [at the refuge]*, there was so much going on about the place. So when you come here* [private home]*, there was nothing.* (IND10)

In terms of social isolation (that is, an objective lack of contact with other people), there was variation among study participants' current levels of regular interaction with others. Some were very socially isolated, for reasons of physical or mental ill health, whilst others engaged regularly with others – be that family members, friends or in community centre or support group settings.

Some people noted that they had little or no family living close by, or even if they did, their relatives' personal or work lives meant that they saw them rarely. On the other hand, some participants did see certain family members (for example, adult children, grandchildren, their own elderly parent) on a regular basis – weekly or in some cases almost daily. This included a participant who provided care for her own mother. Two participants with recent experience of homelessness explained that they were on good terms with their family but it was not possible to live with them due to lack of space or poor relations when they did try to live together. One participant described intensive caring responsibilities for another family member, meaning that her opportunities for social engagement were limited.

As noted in the introduction to this chapter, the researcher did not explicitly introduce the terms 'loneliness' or 'isolation' into interviews at least until some time into the conversation. It was notable that although some participants did spontaneously use these terms, there were also a few who did not describe themselves as feeling particularly lonely or isolated. Reflecting the subjective nature of loneliness, one participant described how he in fact did not desire a high degree of social interaction in his life. He described himself as '*a very quiet person*' and '*sort of a loner*'. This participant spoke very positively about his one close friend whose support and companionship he valued very much, but explained that did not particularly desire to pursue other friendships or engage in the broader range of social activities that were readily available in his retirement community:

> *I'm a very quiet person. I prefer my own company a lot of the time. If I need company, there's always people there where I'm living now, you know, to talk to, and people doing their gardens, watering their plants and all that, so there's always people around me ...* [but] *I'm sort of a loner, you know, I prefer my own company a lot of the time.* (IND08)

The youngest participant in the study group explicitly said that she did not consider herself to be lonely. This individual had been *at risk of* homelessness due to breakdown of relations in the family home, but had never actually been street homeless as she had moved directly from the family home into a supported accommodation scheme for young people. She had not moved far from her family home, so still maintained friendships in the area and relations with her family had improved since moving out.

Another participant described a quite busy life outside of the home, including support groups he attended (linked to previous vulnerable circumstances) and also making efforts to go out on walks, visit parks and take advantage of live music events when these were freely accessible. However, despite varying levels of perceived need for (additional) social contacts, these individuals – in common with all the individuals taking part in the research – felt that receiving a radio or television had been a great benefit to them in a range of ways, as will be discussed further in Chapter 5.

Chapter 4   Use of equipment

This chapter describes the ways in which organisations and individuals were using the equipment provided by WaveLength, including when people used their devices and what type of content was 'consumed'. Use of equipment by organisations - including how items were being allocated - is described first (Section 4.1) followed by use by individuals (Section 4.2). These sections also consider the extent to which organisations and individuals had access to these forms of media technology prior to receiving donations from WaveLength and whether people also owned other forms of media technology alongside the equipment provided by WaveLength. Section 4.3 discusses the extent to which organisations and individuals had experienced any issues or challenges in using WaveLength equipment, both on a practical level and in terms of safe and secure use.
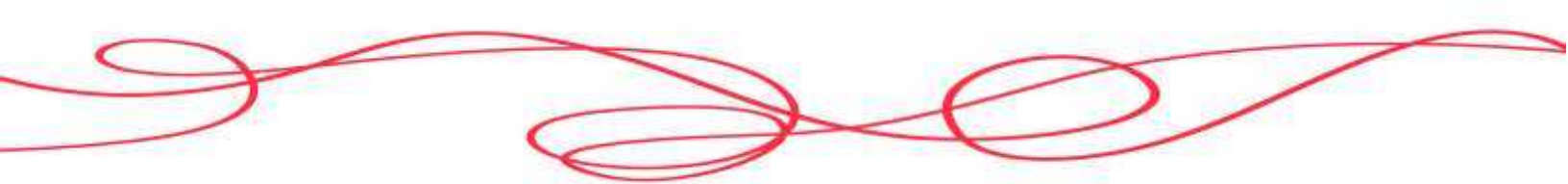
4.1   Organisations' use of equipment provided by WaveLength

4.1.1 Allocation of equipment

Of the eleven organisations participating in the research, seven had received radios, all eleven had received televisions and seven had received tablet computers. In the case of radios and televisions, there were three broad ways in which organisations were allocating equipment: (i) allocating to individuals for use in private homes (ii) allocating to individuals for use within managed residential settings (hostels, refuges, supported accommodation) (iii) communal use within managed residential or community settings. Table 4.1 gives an overview of numbers of organisations allocating equipment in each of these ways.

Table 4.1   Organisations' allocation of radios and televisions

	Number of organisations	
Type of allocation	**Radios**	**Televisions**
Allocated to individuals in private homes	3	8
Allocated to individuals within managed residential settings	3	3
Communal use within managed residential or community settings	2	7

Through WaveLength donations, some organisations providing managed residential accommodation had been able to provide a radio or television in every bedroom or flat in their property. This included an organisation which provided supported accommodation for vulnerable women involved in sex work and substance use, an emergency refuge for homeless people, and a Women's Aid refuge.

Where radios and televisions were allocated to individuals in private homes, some were people already established in private residences and others were people making the transition into independent accommodation having been homeless, in foster care or in other temporary circumstances. Organisation interviewees often noted that people in these latter situations would typically have very few possessions and very low incomes and would need to devote their limited financial resources to the absolute essentials – a bed, a refrigerator, crockery, food and clothing – hence a radio or television was a very important and helpful item to be able to offer (see further in Chapter 5).

In most cases, where organisations allocated items to individuals in private homes, these were given to keep on a permanent basis. However, one organisation operated a long-term loan system, whereby individuals borrowed a radio or television for a six month period, but could renew for a further period if they had not yet been able to afford or acquire one of their own.
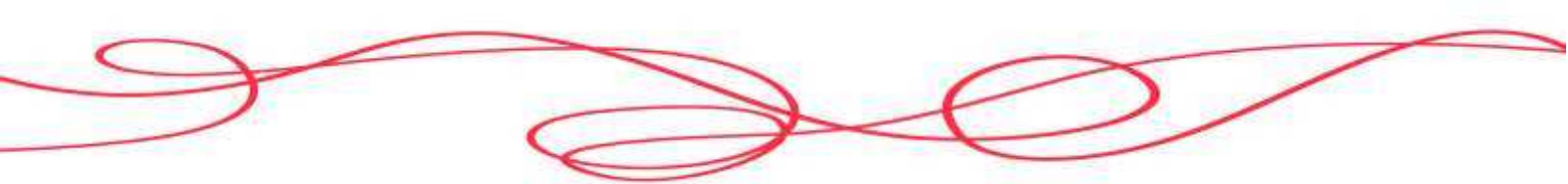
Where there was an option of offering an individual either a television or a radio, some organisation interviewees noted that an individual's preference for one or other form of media would guide their allocation of equipment:

> We found that some people prefer a radio. Some of the blokes and the older residents, they were more than happy, they preferred a radio. They could listen to the sport and that kind of thing on it ... It's all about what's best for them and what makes them feel more comfortable. (ORG01)

> [One recipient] did say to me, "I can stand radio and I like to keep up with the news and what's going on, but I don't like to see the TV", and I said "Well that's ideal". (ORG08)

Communal settings in which radios and televisions were being used included community day centres for older people, film clubs run by support organisations in community venues and in communal areas of managed residential accommodation.

All of the seven organisations that had received tablets had so far used these predominantly within the organisation setting only – only one case was described of a

tablet being permanently allocated to an individual for use within a private home. Tablets were being used within organisational settings in a variety of ways, including: use during structured group activities; use on a one-to-one (staff and client) basis for focused activities; autonomous use on an *ad hoc* basis by individuals in community or managed residential settings; and dedicated allocations to individuals within managed residential settings for the duration of their stay.

4.1.2 Temporal use of equipment

Where radios and televisions were being used by individuals within managed residential settings, some organisation interviewees noted that equipment was used on an almost constant basis:

> *When I've been in people's units, the tellies are always, always on ... It's very rare that the tellies are not on, while they're in the unit.* (ORG01)
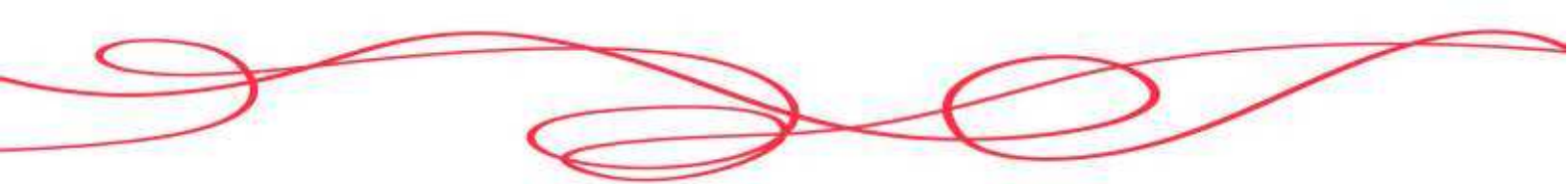
> *If they're upstairs in their rooms, they have the radio on all the time.* (ORG06)

Similarly, radios and televisions placed in communal areas were described as rarely being switched off – left broadcasting even when nobody was in the room. Echoing previous literature (Parrot, 2010; Tacchi, 1998), two organisation interviewees noted that some radio recipients left their radios on constantly, even when not in their homes/rooms. This was thought to be as a means of providing an immediate sensation of company on re-entering the home:

> *Most of them seem to leave the radio on all the time, from what I know, they don't seem to be switching them off. Seems to be strategically placed, shall we say.* (ORG03)

> *When they go out, the women, they leave them on sometimes, because sometimes it's lonely to come back into an empty house. Whereas before it used to be obviously their husband there or whatever, you know, obviously he was violent but it was another adult there. So quite often they leave it on when they go out, because it feels like when they come in, somebody's already - there's life in the house.* (ORG07)

One of the organisations which provided managed residential accommodation had placed the radio in the shared kitchen/dining area. The radio had only been received a day or so before the research interview, but the organisation interviewee noted that

since its arrival, the radio had been tuned to a music station, turned up loud and played constantly throughout the day.

4.1.3 Content consumed

Organisations which had allocated radios and televisions to individuals for use in private homes or rooms sometimes did not have direct or detailed insights into what types of content people were consuming via their devices. However, one organisation working with people from minority ethnic communities highlighted how digital radios provided by WaveLength were enabling people to access content of interest in their first language:

> *We have tuned it up for them to listen to the* [BBC] *Asian Network, where they can listen to the news in their own language, and some of the Bollywood music and stuff. So that is a great ... It's 24/7 so there are different presenters and different languages and different things are covered.* (ORG05)

It was also noted that some people used their television to access digital radio stations:
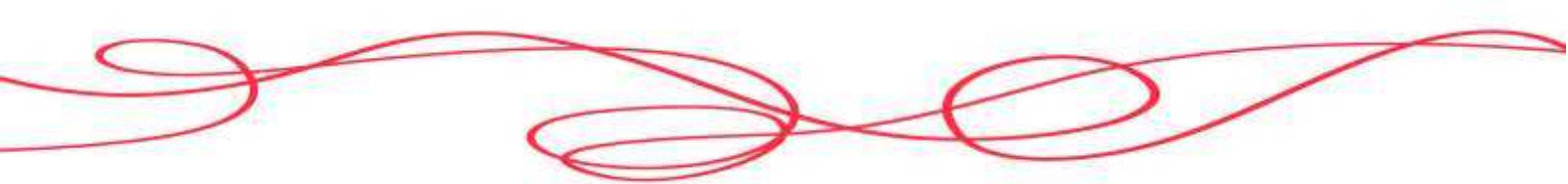
> *I have noticed that quite a lot of* [residents] *use it for the radio, you know, if they're not watching something specific, they'll use it for the radio just while they're trying to do something else in the room or keeping themselves busy doing something else, they just put the radio on for a bit of background noise.* (ORG01)

In day centre and communal residential settings, televisions were used to watch programmes broadcast on various stations, to watch films or TV series on DVD[9], and to listen to digital radio stations via the television. Particular television stations, genres or programmes mentioned included BBC1, ITV, Channel 5, news channels, music TV channels, soaps, sports, political debate shows, films, documentaries, children's programmes, *Big Brother*, *Embarrassing Bodies*, *Benefits Britain, Ghost Adventures* and (mentioned by multiple participants!) *Jeremy Kyle*.

An organisation running a women's refuge specifically brought residents' attention to any programmes on the theme of domestic violence or related subjects:

> *Anything that's about domestic abuse, they all come together to watch it, or we will let them know on Facebook what's on, what could be*

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[9] Note that some organisations had purchased DVD players to use with televisions or had been donated a DVD player from another source.

appropriate – bearing in mind that they're all quite vulnerable, so we wouldn't put anything too heavy on. (ORG07)
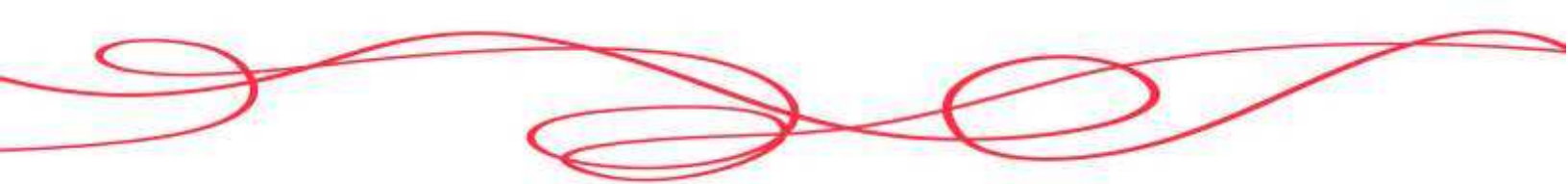
The organisation working with minority ethnic communities noted that it was not currently possible to broadcast community language television channels as their community centre base did not have a satellite dish, and as tenants rather than owners of the building, the organisation was not in position to add this facility.

Two organisations providing day services to older people had used their screens to show informational videos on subjects including staying warm in winter and various health issues. Another organisation was using its large-screen TV to magnify a computer screen, thus facilitating accessibility for visually impaired members of the group. In some cases, large screen TVs were used with Wii games consoles[10] for activities including Wii Tennis and DanceMat. Other uses of large screen TVs included to play yoga DVDs or music videos for group exercise or dance sessions. During one of the group discussions, a participant noted that Karaoke sessions and coming together as a group to watch football matches would be other enjoyable uses of the large screen TV.

People using tablets within organisation settings on an individual basis (typically autonomously, but sometimes with the support of a member of organisation staff) were undertaking various activities including:

- Email
- Social media
- Games
- Listening to music
- Watching informational or entertainment videos on YouTube
- Jobsearching
- Completing online benefits applications
- Searching for housing
- Finding budgeting and money saving tips
- Searching for educational courses or training
- Completing homework and educational assignments

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[10] Wii consoles had sometimes been donated to organisations from other sources or were personally owned items brought into settings by a member of staff.

The one example of tablets being used in a group setting came from an organisation supporting cared for young people and care leavers. Here, tablets were being used to support activities during personal development and lifeskills sessions, for example, searching for training or voluntary work opportunities and searching for information and illustrative materials (including video content) on topics, such as healthy relationships.
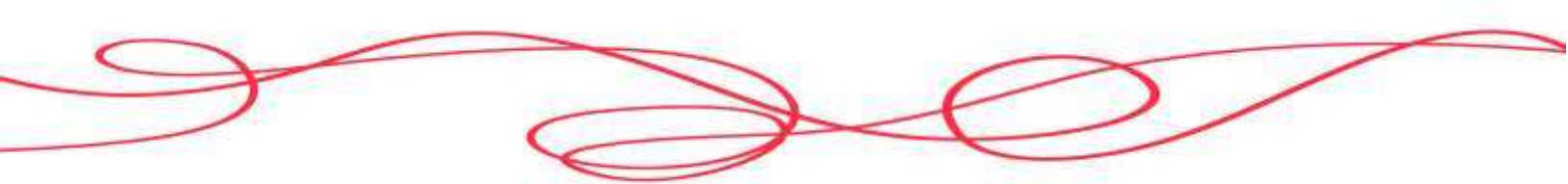
An organisation providing support to older people had found that understanding how best to use the tablets with their client group was something of a '*learning curve*'. They had discovered that the older people they worked with did not particularly want to enrol on detailed or lengthy courses to learn about use of IT; rather they simply wanted a quick introduction to how to send an email or how to make a Skype call. This organisation had initially tried giving tablets to individuals to keep, but found that these were given back as people did not know how to use them. The organisation was currently taking the approach of staff members going out to the homes of individuals and giving them a simple introduction to email.

Another use of the tablets by this same organisation was to show short informational films on fuel poverty to individuals in their own homes. This was done in tandem with the organisation's 'handyperson' service, the handyperson taking the tablet with them when they went out to complete a job in someone's home, and inviting the individual to watch the films whilst they went about their work.

4.1.4 Prior access to media technology
In keeping with WaveLength's eligibility criteria, organisations that allocated equipment to individuals for use in private homes prioritised people in most need – namely those with very limited financial resources. However, there were also cases noted where individuals already had televisions but were provided with a second device or an 'upgrade' to replace an older or less reliable model. One example was an older person who was bedbound due to ill health, for whom a smaller television to place in her bedroom in addition to the 'main' TV downstairs was seen to be beneficial. A similar case was noted of an individual who did have a television downstairs in her home but was given a radio to use in the bedroom. Another organisation had provided 19 inch flat screen televisions to some people who already owned black and white or older, more cumbersome devices. Thus, whilst it was true for most people, it was not the case that all beneficiaries had been without access to *any* form of media technology prior to receiving items from WaveLength.

Similarly, a few organisations that had received televisions for communal use explained that these replaced older or less reliable devices already in use within their settings:

[Our previous TV] *wasn't as good, and it would break down and different things. So most of the time we would just turn it off and leave it and carry on with the activities. But giving us the opportunity to use very good, nice equipment that's maintained well, it has been more beneficial.* (ORG08)

Some organisations working with younger people noted that it was helpful to now be able to offer access to the internet via a WaveLength tablet, because although young people did tend to have mobile phones, some were not internet enabled or, if they were, people did not have the financial resources to keep their mobile data package topped up. It was also noted that vulnerable young people tended to have cheaper phones that would break easily and that they may have lost their phone in the course of transient living arrangements. Some organisations had already been able to offer clients access to computers and the internet via other on-site computer equipment, but tablets offered some advantages in portability and privacy of use. For one organisation, the receipt of WaveLength tablets had enabled them to provide internet access to service users for the first time.

4.2   Individuals' use of equipment provided by WaveLength
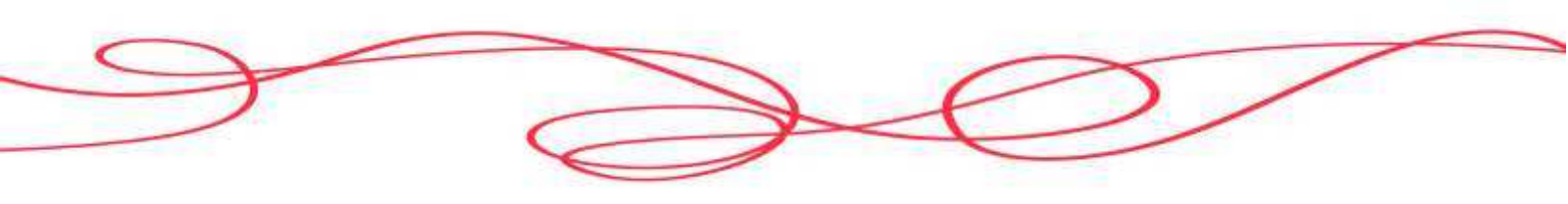
Of the fourteen individual beneficiaries taking part in the research, nine had received radios, seven televisions and one a tablet computer. Interview participants were asked about when they used their equipment and what kinds of things they watched, listened to or otherwise 'consumed' via these technologies.

4.2.1 Temporal use of equipment

Radio recipients varied in their temporal patterns of listening. Some people said they had their radio on '*always*' or '*all the time*' whilst others explained that radio was used mainly in the mornings. A quite common pattern described was for the radio to be turned on upon waking, and listened to whilst '*getting ready*' for the day, then turned off once the individual was ready to go out and about their daily business, with television then being the main form of media consumed in the evening.

People who listened to their radio '*all the time*' generally seemed to be referring to times when they were in their home – some specified that they did switch the radio off when they left the house and when they went to bed. However, there were some who used their radios at night, including people who liked to have some background noise for company as they fell asleep and people had health problems where physical discomfort could make it difficult to settle to sleep:

What I find with the radio is I sleep better, because even though there's somebody talking in the background, it's like somebody's there. (IND12)

*On the nights when you can't really get a lot of rest, cos I also have
arthritis, so a lot of the time you're in a lot of pain, so you can't sleep when
it's like that, so it's just nice to have some sort of sound in the house.*
(IND14)

One participant noted that their radio was preferable to television in this respect, where the flickering of a screen could make it even harder to settle down.
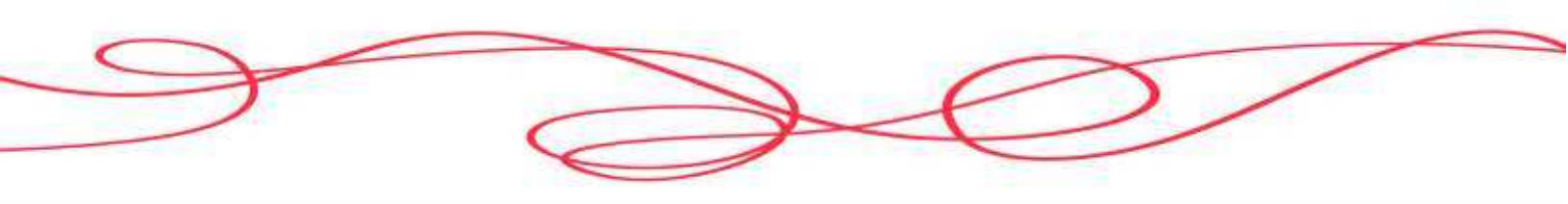
One participant exemplified the type of 24/7 use described by some organisational leads and noted in previous literature (see above), leaving the radio on overnight and when she was not in the house. This person had recently left a violent relationship and, as will be described further in Chapter 5, found security and comfort in a constant sense of background presence. In contrast, another participant said she did not particularly like '*background noise*' and preferred to consult the broadcasting schedules to establish which selected programmes she would tune in for or listen to via a 'catch-up' service:

*If I'm in the mood to listen to something I will actually look at the
programmes on the tablet to decide what I'm going to listen to on the
radio, so I don't have to scan through ... I'm not one for background noise,
I think there's enough of it in the world.* (IND06)

Television viewing schedules also varied among individuals, though it was quite common for television to be described as more of an evening activity, some participants noting that they were often occupied with appointments or activities outside of the home during the daytime. Some people said their TV was on pretty much constantly when they were in their home but there were no examples of people who left their television on when they went out.

4.2.2 Content consumed

When asked what types of things they listened to or watched, a wide range of radio stations, genres and specific programmes were noted. Radio stations mentioned included Chill FM, Kiss, KissStory, Magic, Heart, LBC, Capital Radio, Radio 1 Extra, Radio 3, Radio 4, Radio 4 Extra and Classic FM. Specific programmes noted included *The Archers* and *Woman's Hour*. Some people enjoyed a variety of stations whilst others said they had just one or two that they stuck with. Some listened solely or predominantly to music stations (popular or classical), whilst others preferred talk radio or stations focused on current affairs, general interest topics or arts content. Local and community radio stations were also highlighted as interesting and useful in bringing local events and information to people's attention.

Likewise there was variation in the types of things different participants chose to watch on television. Amongst the range of genres mentioned were news, documentaries, films, soaps (though a number of people emphasised that they *did not* watch soaps), science fiction, reality police shows, mystery and detective series, historical and nature programmes. Specific programmes mentioned included *Panorama*, the Gunther von Hagen *Autopsy* series, *Family Guy* and *Ghost Adventures*.

Some people explained that they preferred radio over television, for reasons including the more varied and up-to-date content of radio, poor eyesight which made TV viewing difficult, the fact that radio was more compatible with simultaneously undertaking other tasks around the home, or simply not being much of a 'TV person':
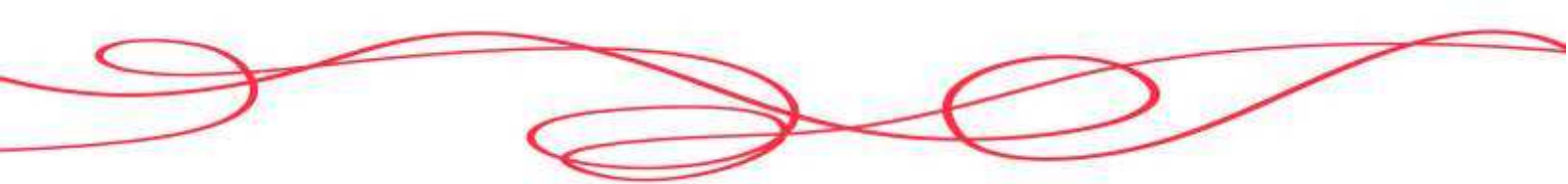
> *I'm not really into the telly because it's mainly repeats anyway, the same old same old ... I'd always go for the radio, out of the two ... because it's more up to date, more real.* (IND07)

> *I much prefer the radio ... because you get more on it, you've got it in the background, you don't have to sit and watch it ... You can potter around, do whatever, because it's there in the background.* (IND12)

There were also references to the fact that digital radio stations could now be accessed via Freeview televisions. For some people, this meant that they now rarely used a standalone radio device, but one participant described how she still preferred to use a radio as she did not like the way the TV screen drew one in regardless of whether there was something engaging to watch:

> *If you've got the radio on* [via the TV]*, I think you can just think "Oh well, I might as well put a channel on, and they you're stuck there and then the time's gone, you know, you've been sitting there for about an hour.* (IND12)

The one individual who had received a personal allocation of a tablet was using this for a range of activities including: email; contacting relatives overseas via an instant messaging; jobsearching and downloading person specifications and application forms; taking photos and videos to share with family; using WhatsApp to communicate with grandchildren; watching humorous videos on YouTube; playing games with grandchildren; helping grandchildren with homework; and accessing news, weather and practical tools, such as GoogleMaps.

WaveLength

Additionally, one person with visual impairment who had received a large screen TV was using this exclusively with her computer as a means of magnifying the display. This individual was using the computer/TV combination for creative writing and for accessing various types of information via YouTube and Google.

4.2.3 Prior access to media technology

Most individuals taking part in this research did not already own the type of equipment provided by WaveLength at the time they received their donation. However, there were a small number of instances where WaveLength equipment had been an 'upgrade' on items already owned - in two cases a WaveLength digital radio had replaced an analogue radio and in one case, a participant had received a superior television to the one already owned. In another example, a visually impaired individual who already owned a radio, large screen TV and computer was provided with a second large screen to use exclusively with her computer. Additionally, some people who had received a radio already had a television and vice versa and there were also some people who already owned a tablet computer or had access to the internet via a mobile phone. Hence, as also emerged from the organisation data, it was not *necessarily* the case that people had no access whatsoever to media technology prior to their WaveLength equipment. However, there were also a number of people who had no access to media technology at the time of receiving items from WaveLength and some emphasised how the receipt of equipment had made a significant difference to their circumstances at a time when they had very little:

> *They* [TV and Radio] *were a lifesaver because I didn't have anything ... So that was a real good. I think I would have gone crazy without it ... They're not classed as like essential items for me. They would have been last on my list, because obviously I'd have had to get like cups and plates and things.* (IND10)

Only one individual beneficiary in the study sample had received a tablet computer. However, most participants were asked during the research interviews whether they had means of access to computers and the internet and responses varied. Some people did have computers, laptops or tablets for personal use and some had internet connections in their homes. There were also people who had mobile phones through which they could access the internet in WiFi enabled locations and participants who had no personal access to computers or the internet, but who used libraries to access these technologies. A small number of people said they were not currently users of the internet, including one of the oldest participants and an individual living in a residential mental health facility.

4.3   Issues and challenges

4.3.1 Practicalities and usability

From a practical perspective, the vast majority of participants had experienced no difficulties in installing and operating radios and televisions. Several people commented on how simple the devices were to set-up initially:
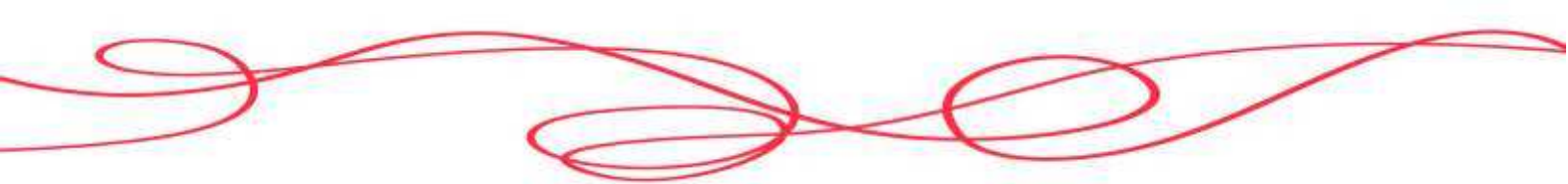
> *It's actually pretty simple to use. You don't even need the instructions really. It's all on screen and anybody could actually activate it. It's actually got setup for disability somewhere on it, it says on it, so all you do is plug in and away it goes.* (IND04)

> *There's no way anybody could not understand how to do it. I've never ever come across anything like that before, you know, for the simplicity.* (IND10)

There were also positive comments about the good quality of the equipment and about WaveLength's delivery and maintenance support.

There were no reports of technical breakdowns of equipment, although two participants had encountered some difficulty in receiving a digital signal. One person, who had received a radio and a television from WaveLength had recently moved house and found that she could no longer pick up the radio stations she had enjoyed in her previous location. She had also been unable to get her television working because her new accommodation lacked a rooftop aerial. Another person, who had been living in temporary accommodation which again did not have a strong aerial connection, had experienced some usual interference on her radio and found that the signal often 'cut out'. A third person explained that she was not yet making full use of her digital radio, because she had been very busy with caring responsibilities in the couple of weeks since it had been received, and, as such, she had not yet investigated how to change the station from the one which appeared as the default. However, she was enjoying the content of this station in the meantime and felt she would be able to learn from the instruction manual how to use her equipment more fully once time allowed.

Although no major problems had been encountered, setting up tablets had been a somewhat more involved process as compared to radios and televisions. A number of organisations noted that a particular member of staff had assisted in the initial set-up - in some cases a member of a dedicated IT team and in others a colleague who was generally good with computers. The one individual beneficiary who had been directly allocated a tablet described how the initial set-up of her device had taken a little time

because, although once initiated she could then access the internet via free WiFi hotspots, the initial set-up of the device required a secure internet connection and it was a few days before this could be organised.
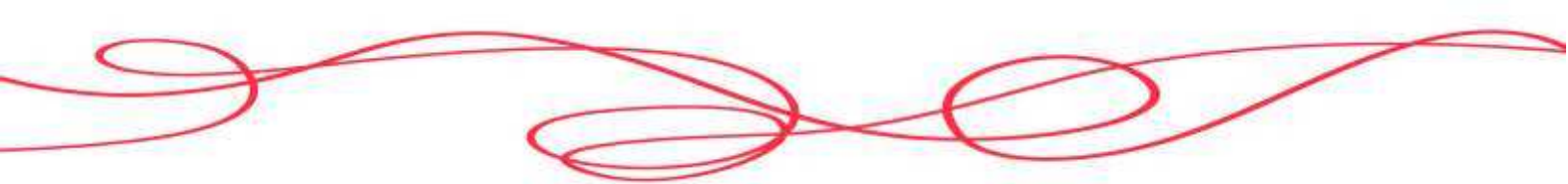
In contrast to the simplicity of using the radios and televisions, organisations expected that learning to use the tablets would be somewhat more complex for some individuals. Organisations working with young people commented that their client group tended to be quite adept with computer and internet technology - either already knowing how to use a tablet or able to work it out with little trouble. However, as had already been experienced by a few organisations, some users were expected to need more support to learn the basic functions of the devices. In some organisations, staff members or external facilitators with links to the organisation were available to offer support to individual users and there were also examples of 'peer support' being offered by more IT-literate members of groups.

4.3.2 Safe and secure use of equipment

It was notable that different organisations were taking different stances on whether individuals were permitted to access social media via the tablets. Some organisations highlighted the social and emotional benefits of enabling users to engage in social interaction via the internet and the importance of allowing people to use the devices for games and entertainment as well as practical purposes, such as jobsearching or bidding for properties. However, there were also organisations which noted the risks that access to social media may pose to their particular client group, for example, women working in the sex industry. Whilst these women were not restricted in their use of personal devices, such as smartphones, it was felt to be irresponsible for the organisation to potentially facilitate advertising or the making of appointments through the communal equipment donated by WaveLength: *'It's their personal choice isn't it. They're over 18. But we're not going to give them the tools to access it.*' (ORG06)

Another organisation also supporting vulnerable women highlighted the tensions between the potential risks and benefits of providing residents with internet access:

> *Within our project, the risk we have now, you know, you've got vulnerable women accessing dating sites and stuff like that ...* [Tablet access] *definitely benefits someone, being able to have access to the internet, learn how to use a computer and stuff like that. But it's monitoring it and regulating it. That could have massive benefits, but based on experience here, we're finding lots of issues ... It's just monitoring it and the risk that that poses ... which is a shame, cos it's positive, you know, somebody*

learning new skills, how to use a computer, type up CVs, and stuff like that. But it's the downside. (ORG10)

Other organisations described how they had placed certain blocks or restrictions on the tablets before introducing them into general use. For example, one organisation providing refuge accommodation for women and children fleeing violence had removed the GPS function from the tablets so that young people could contact their peers on social media but their location could not be identified.

One organisation supporting individuals with learning difficulties and mental health problems explained that a tablet had been permanently allocated to a service user but this individual had so far only used it in the organisation setting as she had very challenging domestic circumstances and taking the device home could render her vulnerable, with the tablet being appropriated by other family members or removed as a form of punishment.

In terms of basic physical security of equipment, one organisation providing hostel accommodation had needed to wall mount TVs using brackets as there had initially been a few incidents of televisions being taken to pawn shops by residents with substance use issues. A few other organisations noted that tablets were used only under monitored conditions and were locked away when not in use.
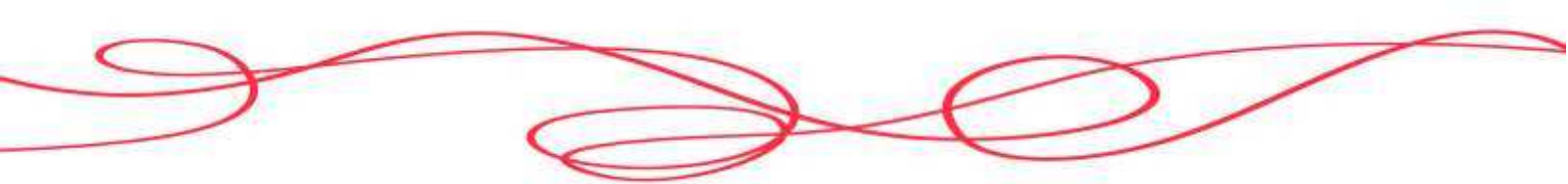
4.3.3 Equity of access in community and residential settings

Organisations which had received equipment for use in group settings were asked whether any issues ever arose in terms of equity of access or agreeing how equipment would be used. No significant problems were noted in this respect. In the main, decisions about what was to be viewed on communal televisions were said to be reached amicably, either through consensus or a process of turn taking:

> *It's about being a good neighbour isn't it. Even if you're in a refuge, it's about that understanding of other people's needs, and we think it's a good thing really. Of course they have discussion of what they should watch first, like any family. But it works out well.* (ORG07)

Where this question was asked in group discussions, again no problems were noted regarding equitable access or decision-making around use of communal televisions.

One organisation providing refuge accommodation to women and children had allocated tablets to young people in the 14-17 age range because of their value for educational purposes and maintaining social contact with peers. This was not felt to have raised any

objections among other residents, with people understanding the basis for the decision. Another organisation providing supported accommodation had received enough tablets to be able to allocate one to each resident. However, the organisation lead felt that there may have been challenges if there had been fewer devices available:

> *I think if we'd had three or four then I think we would have had a lot of problems. We'd have to book them in and out and oh there'd be ructions on!* (ORG06)

Organisations providing non-residential support for vulnerable young people had not experienced any problems through the fact that there were fewer tablets than clients, and so far supply had matched demand for *ad hoc* use of the devices by clients coming into the setting. The organisation using tablets for group activities noted that some young people had smartphones and so with these alongside the tablets, every group member could have access to the internet one way or another - tablets were allocated to those without personal devices.
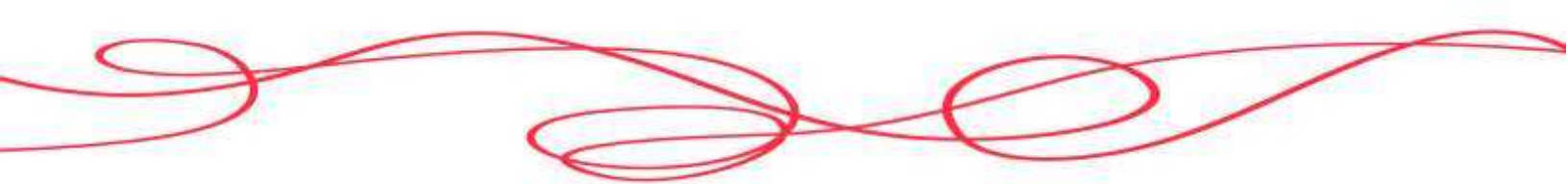
4.3.4 Licensing
One of the first organisations to be interviewed noted that they had not been able to show movies at their day centre due to public broadcast licensing laws. This prompted the researcher to ask about this issue in subsequent interviews. In contrast to the first organisation, it seemed that others had not given this matter specific consideration and participants did not speak with certainty about the legal position of hosting film groups or broadcasting television channels to large audiences. From information provided by the British Film Institute[11], it appears that most of the organisations taking part in this research would be exempt from public licensing regulations due to their charitable status. However, the apparent lack of clarity on this issue in some organisations was notable.

Highlighting another potential source of confusion, one individual beneficiary who had received a television described how she did not have a TV licence and was not intending to get one, as she planned only to watch programmes on 'catch-up' and believed that a licence was not required for this type of viewing. Information provided by TV Licensing suggests that this individual was correct in her general understanding[12]. However, given that the TV provided by WaveLength was not a 'smart TV', it seemed doubtful that she would be able to execute her plan to watch only 'catch-up' and would still require a television license if she was to access content via her television. WaveLength routinely lets every organisation and sponsor know that a TV license is

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[11] http://www.bfi.org.uk/neighbourhoodcinema/licensing-your-community-cinema
[12] http://www.tvlicensing.co.uk/check-if-you-need-one/topics/technology--devices-and-online-top8

necessary for watching 'real time' broadcast television. However, this example suggests that the advent of catch-up and online viewing may in the short term lead to some lack of clarity for individuals around TV licensing regulations.

Chapter 5   Impacts of media technology

This chapter considers in detail the various impacts of media technology reported by study participants. An analytic distinction which emerged from the data (and which reflected the background conceptual literature) was that between (i) the role of media technology in alleviating the subjective experience of loneliness and associated negative emotions by providing company and occupation to individuals when they were alone; and (ii) the role of media technology in reducing social isolation by providing a bridge or stepping stone to 'real world' contact with others. In addition, there was a wide range of other benefits described pertaining to broader social, health and economic impacts.

In the sections that follow, which look at radio (5.1), television (5.2) and tablets (5.3) in turn, we consider the data in each case under these three overarching themes:

- The impacts of media technology on alleviating the subjective experience of loneliness and associated negative emotions.
- The impacts of media technology on reducing social isolation by bringing individuals into actual direct contact with other people in a 'real world' context.
- The broader social, health and economic impacts of media technology on people's lives.

Analysis of the range of broader impacts described by research participants suggested four subgroupings: *information and interest*; *emotional well-being and mental health*; *physical health*; and *economic and educational impacts*. These sub-headings are used in relation to radio, television and tablets in respective sections of the discussion below (5.1.3; 5.2.3; 5.3.3). A summary of impacts across all three forms of media is given in Table 5.1 (pages 81-83).

The chapter concludes (5.4) with a brief discussion of the potential negative impacts of media technology that were highlighted by research participants.

During the research interviews, the researcher used various prompts from the topic guides to explore specific areas of impact (see Appendix 3). It should be noted that not all participants perceived impact in all of these areas. For example, some did not feel that radio or TV had influenced physical health and some had not experienced economic impacts from television or emotional well-being effects from their particular use of tablets. However, the present analysis focuses on the nature of the qualitative impacts that *were* described, rather than quantifying the balance of opinion on the domains where media technologies did or did not have an influence.

5.1   Radio

5.1.1   Alleviating loneliness and associated negative emotions

Several participants, both organisations and individual beneficiaries, described how radio could provide '*company*' or '*companionship*' and reduce feelings of aloneness. The radio brought sound into the home – music and voices – giving people the sensation of there being '*somebody there*' with them:

> *The main thing is making people feel not so isolated from society, you know, they just feel – not like there's someone in the house – but that there's sound in the house, shall we say. It's not quiet, which I think a lot of them don't like, this, you know, sitting in the house and nothing.* (ORG03)

> *With the radio, there's always something different on, there's somebody just talking and it's basically - it's a lifeline, it is. You've got company; you're not here on your own.* (IND12)

> *When I got my first flat,* [my sister] *bought me a radio and she said "I know this sounds silly but I've bought you a radio so like at least you're not on your own, do you know, like, you can just put the radio on and it's somebody else talking."* (GRP03 participant)

> *You don't seem as isolated, hearing other voices, you know, cos I don't really see anybody.* (IND14)

Some people explicitly referred to feeling '*less lonely*' when talking about beneficial effects of radio[13] and there were participants who went so far as to describe their radio as a '*friend*':

> *It's like my friend, you know? When they're talking there, I can listen to them, so I did not really feel like lonely, you know ... It doesn't mean they're really friend but, you know, I feel like somebody's talking next to me.* (IND05)

> *It's companionship, I think. It serves as a companion, especially when you're living on your own ... It's more of a background thing that serves as a friend, if you like.* (IND07)

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[13] Note that the researcher generally avoided using the words 'lonely' and 'loneliness' until the end of interviews, so as not to influence participants' choice of language. Thus, most references to loneliness by participants could be considered spontaneous.

An organisation interviewee noted the case of a radio recipient who he knew would sometimes talk back to her radio and '*debate*' with it.

As noted in Chapter 4, some people left their radios on even when they went out, so that there was an immediate sense of the presence of another when they returned home. Speaking about a radio recipient who had been recently bereaved, one organisation lead explained:

> *She said when she's coming into the house and she felt totally isolated, you know, how bad it was. Her husband wasn't there any more. And by having the radio and she wasn't walking into – from her perspective – an empty house. Although she knew she was, at least there was some music to welcome her in through the door, shall we say.* (ORG03)

An individual beneficiary commented similarly on her own situation:

> *It's like there's somebody here, and it's like when you come in, you can still hear the radio and everything, so you're not coming into an empty place, you're not coming into nothing, where you're here on your own ... You've got the radio and you've got backup, a sound, and everything. So it's more like company really. It is company, definitely.* (IND12)

For some people, the companionship of radio had been particularly important at times of transition, where people who had been used to plenty of social hustle and bustle in their lives suddenly found themselves housebound due to ill health or had moved from shared accommodation to living alone:

> *All my life I'm used to being working with people, working around people. Because of this sudden change due to my illness, everywhere is quiet. Nobody around me. And it's not something that I'm accustomed to. So when the radio's on, it's kind of like a buddy, you know, like some would have a pet or something. So it serves that kind of a role.* (IND07)

> *Just listening to the music, hearing DJs on Kiss Radio talk and all that sort of thing, you know, it made a big difference ... because I was shut in the room, it was too cold to sit out, and I had plaster on* [my leg]*, I could hardly move, and it was just nice to hear the music and hear people chatting, rather than sitting in the room on your own for days on end, you know?... It made a big difference, it really did.* (IND13)

> *It was a lifesaver, and I mean that in the literal sense ... When you move to a new area, you don't know anybody, you don't know the surroundings. I didn't even know this little village existed. So it's just like you've been put*

out into space somewhere, so then it's just until you sort of re-adapt really ... I'd have been climbing the walls I think, without it. (IND10)

A further benefit of radio was that it could provide welcome distraction and occupy the mind when alone, contributing to reduced feelings of loneliness. People also noted that radio helped to '*take your mind off*' things or to '*switch off a little bit*' and could help to stop people from dwelling on negative thoughts:

> *I find I'm kind of conscious of that when I turn it off - that when it's not on, you tend to think more. Whereas when it's on, it's just more soothing, it takes your mind away from thinking about problems or what have you.* (IND07)

> *Because I am listening to them, my attention is going there, so I don't have time to like, you know, think on other things, cos I'm focusing on what the radio is saying.* (IND05)

As will be discussed further in Section 5.1.3, people also commented on how listening to music on the radio could lift one's mood when feeling low or depressed.

Radio helped both to '*pass the time*' and – through providing hourly news bulletins – could also mark time for people who might otherwise lack points of temporal reference in their day. As noted in Chapter 4, some people used the radio at night time if they struggled to sleep.

For one individual who had recently escaped from a violent relationship, radio was particularly important in providing a sense of security. The constant sense of another's presence in the home was important both for the feeling of companionship but also for her feelings of safety and peace of mind:

> *It's given me a form of security, because I don't feel lonely now, because I've got that, but also it gives me the security like I don't feel that I'm in the house by myself. And if I wouldn't have had it then I'd be listening for the doors and the windows – maybe more, because I've still got that fear factor of my ex-husband ... it just feels like I'm living with someone* [and] *that I'm safe to live with them.* (IND10)

People also described how radio provided a sense of being '*connected with the outside world*' or '*in touch with the real world*' (cf. Bonini and Perotta, 2007). One organisation lead highlighted how being able to tune in via digital radio to a community language station that broadcast news and information pertaining to people's country of origin had been particularly beneficial for the people they worked with (cf. Meadows and Foxwell, 2011):

> [Before receiving the radios] *they never had been able to catch up with the news from back home. So that has been a good source of information for them and they feel connected ... They don't feel that they're isolated. They feel part of it, a part of a bigger community or a larger community. So they just feel some of the sentiments of their feelings are shared.* (ORG05)

A participant with recent experience of street homelessness described how having a radio had provided a valuable connection with the outside world during that time:

> *Particularly when you're street homeless, your world can get quite narrow in terms of both your routines and where you go and what you do and how you - so you're not necessarily connected with the great outer part of life. You're even limited in terms of what newspapers you might have access to or where you can sit and read them, especially during the winter months.* (IND06)

In a comment which summed up several of the benefits of radio described above, one organisation interviewee observed:

> *It opens up conversations to people, they feel emotionally more attached to the world, they know what's going on more, and it certainly does help their mental well-being because they're not in an empty, lonely house. It's got a bit of life to it cos you've got a bit of music and a bit of song and chat and whatever, and it sort of changes the whole concept of the house.* (ORG03)

5.1.2 Facilitating social connection

There were three main ways in which radio had brought research participants into 'real world' social connection with others. The first of these was still at some degree of remove from face-to-face contact, but a few participants described how they had called in on one or more occasions to a talk radio station to share their views or experiences with the host and other listeners (cf. Ewart, 2011; Ricks, 1984; Surlin, 1986). One person had called in to discuss his experience of making an application for Personal Independence Payment and another had called in to a discussion on working in the entertainment industry, a subject on which she had personal experience. This latter participant had been invited to take part in a more in-depth discussion during the programme, being brought into dialogue with a younger caller looking to pursue a career in this industry. The research participant described how she had given the younger caller some words of advice and caution based on her own past experience. She had left her personal phone number with the radio station with the offer that this be passed onto the younger caller, who indeed rang the

participant back on a couple of occasions to update her on how her career plans were going.
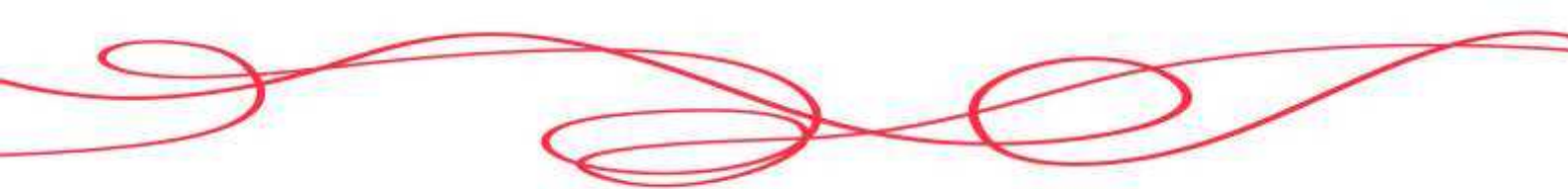
A second way in which radio had brought people into real world contacts with others was through hearing items on national or local stations about public activities and events that were taking place, which they then joined in person (cf. Foxwell, 2012). One participant who cared for her own mother had heard about a local carers support group through a local radio station and had attended this group with her mother. Going along to this session had provided moral support as well as being an enjoyable social outing for both the participant and her mother as it involved a 'coffee morning' type set-up:

> *I learned about that* [carers' group] *from the radio ... Took mum along and it was lovely. There were other people, so she could have a chat with other people in her situation. Cos she's very independent – she just gets frustrated that she can't do things because she gets short of breath, but she has all her faculties and it was lovely for her to be able to sit and talk to people. And I was able to sit and talk to - well we were all sitting there bitching about it, whatever you do's wrong and everything like that! But yeah, but I went to that and I'd heard about that through the radio.* (IND12)

This participant had also heard about a local family fun day coming up and explained during the research interview that she planned to attend with her sister-in-law and young nieces. Another participant gave an example which illustrated the use of radio and tablet technology in tandem. Having heard an interesting feature on national radio about 'Guerrilla Gardening'[14] the individual used her tablet to look up a local group and now enjoyed participating in the activities of this collective:

> [There was] *a whole feature they did on Guerrilla Gardening, which I don't know if you've heard of? ... I just think it's the most intensely amazing little quiet, terribly, terribly English revolution I've ever heard of. It's just great. And I've actually used my tablet to join in this group and we go out with trowels and things and we plant herbs in various places at night ... When somebody plans something or they get a load of seeds or seedlings or whatever - We've got one chap that's got an allotment and he grows things up to a certain point and then there's sort of like the word goes out, "Ok, let's everybody meet tonight at whatever station" or whatever, "and we're going to do that."* (IND06)

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[14] From Wikipedia: 'Guerrilla gardening is the act of gardening on land that the gardeners do not have the legal rights to utilize, such as an abandoned site, an area that is not being cared for, or private property. It encompasses a diverse range of people and motivations, ranging from gardeners who spill over their legal boundaries to gardeners with political influences who seek to provoke change by using guerrilla gardening as a form of protest or direct action'.

This same participant had also heard on the radio about a local residents' discount pass which offered (amongst other things) subsidised swimming and information bulletins about local events. Having registered for one of these passes, the participant had been to a Chinese New Year event with her granddaughter, had joined some walking tours and was now able to afford to go swimming on a more regular basis, bringing both social and health benefits. A further participant noted similar *potential* advantages that she might benefit from in the future. Although mental ill health currently prevented her from engaging in social activities outside of the home, she had heard on the radio about local events that she may have been interested in taking part in, were her circumstances different:

> *They do advertise what's going on in your local area, and groups and clubs and things like that, so I'm sure I would have ... [Local radio station] do local ones, like they do fun walks and if there's a pub, like if they've got a hog roast or it might be a barn dance or something. And also they advertise about our local little parish and they have different fundraising things on and groups. So I would have gone, but then obviously I'm just too scared at the moment.* (IND10)
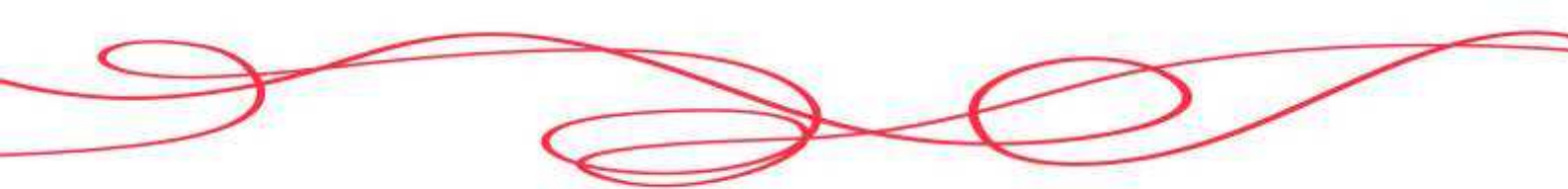
Thirdly, some people noted how radio could provide a conversation point with others, for example with other members of the family or elderly neighbours. Notably, one organisation interviewee described how talking points arising from the radio could provide a useful entry point to engagement with vulnerable older people, thus facilitating the pathway to take-up of additional types of social and practical support. Speaking about one client in particular, this interviewee noted:

> *I think it was the starting point for us getting through the door, cos we were talking to her and we were gaining her trust and that type of thing ... When we went back to talk to her a bit about the radio, she'd say "Oh yes, I was listening to this on the radio and I heard this", so it helped with conversation, and that conversation led to, "Well, do you fancy going out a little bit, you know, and go to a club?" "Well, dunno..." and then eventually "Yes, I'll give that a try" and then she started going out into the community ... I'm not saying the radio was the only part of it, but it certainly helped as in the mix of starting up conversations and helping her to become socially active again.* (ORG03)

5.1.3 Broader impacts

Information and interest

Radio was noted as being a useful source of national news, keeping people '*up to date*' (linking back to the theme of feeling '*in touch*' with the wider world), and was a source of local news and information, which could lead to engagement with real

world social activities (see Section 5.1.2). Traffic, travel and weather reports were also of practical benefit to people.

Radio was also a source of public health and social policy information, examples including changes being implemented within the NHS and introduction of energy-saving grants. One organisation interviewee described how members of a day centre for ethnic minority groups might hear information on a community language channel and then come to the centre to ask for more advice and assistance in accessing a given benefit or subsidy:

> *When they listen to programmes, some of the information, for instance, any changes happening for instance in English law, they will hear it on the news in their own language, so that would make them aware of what is happening. Laws or any other changes to do with the social care or things like that ... Any health or benefit advice or whatever they can get, from any ads coming on during the programme ... If they can't locally get that help, at least they approach us then to say, "Oh I heard this on the radio and I think I need some more information on this; can you get me that information?" So for instance, these energy-saving grants, they hear on the radio and they come to say, "Oh can we get that? Are we entitled to it?" Then we would get in touch with the right kind of people who can support them through this.* (ORG05)

People had also heard radio programmes on a wide range of generally interesting or thought-provoking subjects and had also learned of special interest areas, which (as noted) could prompt people to pursue hobbies that brought them into face-to-face social contact with others. A couple of participants noted that they had picked up cooking tips or recipes from a radio show and another described how he particularly liked the human interest aspect of talk radio, hearing about others' lives, experiences, problems and viewpoints.

Emotional well-being and mental health

Participants used a number of terms to describe how radio could have a positive impact on one's emotional state, including that listening to the radio could be '*soothing*', '*calming*' and '*relaxing*'. One participant noted that listening to classical music on the radio helped him to calm down at times when he found himself feeling '*a little bit uptight*'. Radio was also described as '*uplifting*' and capable of bringing people out of a negative frame of mind or low mood:

> *I lost my mum about five years ago, and I get a little bit upset sometimes, when I wake up in the morning thinking about mum, you know? And I put the radio on and it helps calm me down, you know, the music, yeah. I do think of her a lot.* (IND08)

Some participants noted how hearing a favourite song from earlier in one's life could be transporting and mentally take one back to more positive times:

> *If you've been through some trauma in your life, and then we've all got records from our past, and you know, it's stupid like I'll give you an example ...There was this record called Rock Me Gently, can't even remember who sung it, and I remember being on the big wheel. So it brought that back. So even if you're down, when you hear music and it takes you back to nice happier times, then it lifts your spirits as well. It's very uplifting.* (IND10)

> *Singing along with the songs, if they hear a song which has good memories for them, emotionally they feel much more connected and much healthier.* (ORG05)
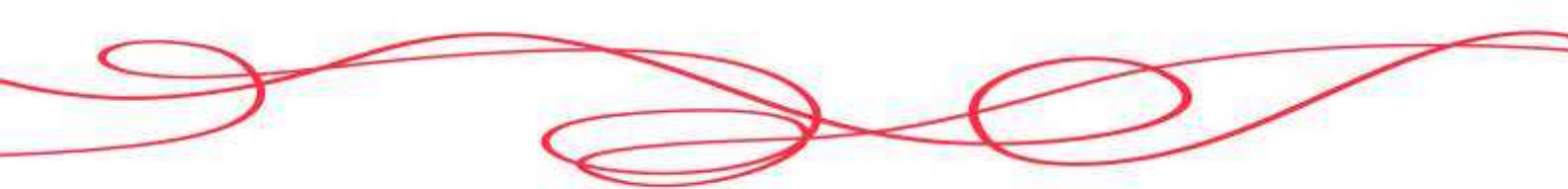
> *Days when you just don't feel motivated to do anything or it's dreary, it's miserable, cold, and then you hear certain tunes – especially if you hear tunes that you remember positive things – yeah it's good.* (IND01)

There were also examples given of how radio could bring pleasure to people who had a particular love of music. One participant who had recently been homeless spoke about how he had always loved classical music since his childhood and how receiving the WaveLength radio had enabled him to reconnect with this passion:

> *The radio's really made a lot of difference to my life, cos I've always loved classical music and when I was evicted, all those months went by without listening to music ... It really makes me feel great, now I can listen to it again.'* (IND08)

Another example was given by an organisation interviewee, who gave a moving account of a radio recipient who had been a guitarist before having a stroke, and in his final days when bedbound by ill health, listening to the radio had given him great comfort and enjoyment. The recipient's wife had described to the organisation how one of her final memories of her husband was him sitting in bed '*waving with the music in time and singing along*' to music that he loved. (ORG03)

Comments on the theme of radio's capacity to lift a low mood were closely linked to the theme of alleviating loneliness and feelings of isolation – given that loneliness itself is characterised by negative emotion and low mood. The following comments from an organisation interviewee illustrate this reciprocal relationship:

People get emotional when they feel that there is no one out for them, and they feel very lonely, and that has an impact on their mind, on their mental health, and they start feeling low moods and feeling depressed. So [radio] does reduce, to some degree, some isolation and the loneliness they are feeling, because they feel a little connected. (ORG05)

A number of participants used the term 'depression' and it was not clear in all cases whether this referred to a clinically diagnosed mental health condition or was more a lay use of the term to describe feeling low. However, there were a few individuals who did describe medically diagnosed depression who felt that radio had, to some extent, played a part in the improvement of their condition. One such participant described how, as well as the radio providing a sense of company and diversion from negative thoughts, she had heard useful radio programmes covering the topic of depression.

In an interesting example, one participant who experienced anxiety following domestic abuse described how hearing male voices on the radio was in some sense forming part of her recovery process. Hearing male voices, particularly with her ex-partner's accent, was traumatic but was something she used to coach herself out of the negative associations that had built up:

> *Sometimes if I hear someone that speaks with his accent I think "Woah" and then I think no, it's the radio, don't go there, you've got to overcome this, you know, he can't have this control any more. So it's good from that point of view.* (IND12)

Commenting more generally, another participant noted that music therapy was now becoming established as a way of treating mental health problems.

Physical health

One way in which radio was noted to impact on physical health was through the delivery of information and advice about healthy lifestyles, healthy eating and about specific health conditions, which could raise awareness and potentially prompt lifestyle changes. As one organisation interviewee noted in relation to an older people's day centre:

> *Listening to the debates on TV or radio about healthy eating and how many portions of vegetables or fruit they should have, and different topics about diabetes, blood pressure, heart diseases, cancer and all that, it does raise their awareness, you know, and they do bring that to the centre as well, to share this with other ladies: "Oh I heard such and such a thing on the radio and the doctors are saying we should eat this more, it helps prevent cancer or reduces the sugar level in the body" and all that kind of*

stuff. So it shows us that it is having some sort of impact. So if they make small changes in their lifestyle listening to these programmes, then obviously it's going to have an impact. (ORG05)

Linking to the above point regarding public health and social policy information, this organisation interviewee also noted that people taking advantage of the information on subsidies and grants might then have more money left to spend on other things including, for example, eating well.

Interestingly, some participants also noted the '*motivating*' influence of radio, which could lift people out of physical lethargy and get them up and about completing household tasks. This increased level of activity had a potentially beneficial effect on physical health:

> *It makes you more active, I guess, because you feel motivated to do things and get up, for example, and you're moving around then. Otherwise you're just sitting there.* (IND01)

On this theme, one organisation interviewee mentioned the wartime radio show Workers' Playtime which members of an older people's group had brought to her attention. This show was broadcast during the Second World War with the aim of raising morale amongst manual workers[15].

For one participant who suffered with fibromyalgia, radio could provide a helpful distraction from physical pain:

> *Sometimes what I do is I'll go and lay on top of the bed, and I've got the radio on and that's fine because I can be listening to a play or whatever, and it takes your mind off everything that's going on ... Because you're concentrating on something else, you're listening to something else, you're not thinking about the pain. I mean it's there all the time, but you've got some sort of like distraction, you've got something else to think about, because you're listening to what they're saying.* (IND12)

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[15] From Wikipedia: 'Workers' Playtime was a British radio variety programme transmitted by the BBC between 1941 and 1964. Originally intended as a morale-booster for industrial workers in Britain during World War II, the programme was broadcast at lunchtime, three times a week, live from a factory canteen "somewhere in Britain", initially on the BBC Home Service (now Radio 4) and, from 1957, on the Light Programme (now Radio 2) ... The programme had the support of the Government because the shows were seen as supporting the war effort on the home front. Workers' Playtime was a touring show, with the Ministry of Labour choosing which factory canteens it would visit. Throughout World War II, Ernest Bevin, the Minister of Labour and National Service, would appear on these shows from time to time to congratulate the workers and exhort them to greater efforts. When the war ended it was realised that the show had worked, which meant that Ernest Bevin wanted Workers' Playtime to continue to raise the morale of the workers, whilst the Government rebuilt Britain and the British economy'.

Economic and educational impacts

There were no concrete examples of radio having supported jobseeking activity or entry into employment, though some participants speculated that some types of local radio might deliver information on job vacancies. On a slightly related note, two participants were interested in working in radio itself, one of whom had previously worked in this industry (before ill health had led to a break in employment) and would have liked to return to this field, and another who was a personal development coach and had ideas in development about how he could deliver his lifeskills programme via a radio format.

Considering wider economic impacts, one organisation interviewee noted that improvements in physical and mental health which were brought about by information conveyed via media technology could have long-term potential to benefit the broader economy in terms of fewer visits to GPs, less use of medication and fewer hospital admissions.

A final point broadly relating to educational and economic impacts was given by an organisation interviewee in relation to the provision of digital radio alarm clocks in a supported accommodation project. Placing a radio alarm in each individual flat had assisted residents in getting up on time for appointments with training providers, counsellors, probation services and other support organisations with which they were engaged. The organisation interviewee highlighted both the practical benefit and the useful life skill that this supported in promoting more independence among the young women:

> *It used to be staff every morning braying on their door and getting them up and usually getting a mouthful of abuse ... So now it creates a little bit more independence for them, because we'd say to them, "No, you've actually got an alarm clock now, you should be getting yourself up. It's not down to us to get you up" ... We've promoted them to use these to get themselves up and about on a morning rather than staff getting abuse for knocking on their door and waking them up. So they've been really useful.*
> (ORG06)

5.2 Television

5.2.1 Alleviating loneliness and associated negative emotions

With regard to alleviating loneliness, the range of benefits of television closely echoed those cited in relation to radio. Television was seen to provide '*good company*' and companionship to people who were socially isolated:

I think it's a bit of a background noise, just to make you feel like somebody else is there, isn't it. When I've been in people's units, the tellies are always, always on. (ORG01)

Without telly, will be quiet. I don't like quiet. I always have the TV on. (GRP02 participant)

With the TV, it looks like more people's in the house. (GRP02 group participant)

At least they feel that there is another voice coming in the house. Somebody living on their own, nobody to talk to, if they have a TV on, obviously they are hearing somebody else talking, although they can't communicate back, but at least they can get involved through listening. (ORG05)

A lot of the young people that do come our way are quite isolated. So in terms of what WaveLength do provide, the TVs that we get, it's fantastic ... The fact that they're not just left without anything [when] *they get in on a night time, close the door. A big factor for a lot of young people at that age, moving through into independent living, is isolation. They can have friends at school or at college or at* [this organisation]*, but once they get in and they close the door, then they're by themselves, and that's when reality strikes really ... and they're looking at four walls. So to have a TV's great.* (ORG09)

In the absence of another human presence, television occupied the mind and offered something to '*engage*' with. This could be helpful in distracting people from dwelling on negative thoughts which could in turn offer respite from feelings of loneliness and (as will be discussed further in Section 5.2.3) lift low mood:

I feel a lot better since I got a TV because it's something to do and then I'm not thinking too much about my past and stuff like that ... It stops the loneliness a bit, you know. I know it's only a materialistic item, but it does help ... It doesn't really stop the loneliness, but television's a different reality, so you're not thinking too much about things that can upset you, you know, the past and things like that, and not dwelling on things. (IND02)

Although I do watch TV by myself, it keeps your mind occupied, so you don't feel lonely. (IND03)

It has been a great help for me ... cos if you think about things all the time too much you can make it worse, make your health worse ... You start thinking of things and it starts getting you more depressed. (IND04)

For young people that are quite withdrawn and haven't had the best start in life, to pop them into their own tenancy without a TV would be just a recipe for disaster. For those young people, they do need something that they do engage with, and I think when you're watching TV you do engage with it, you know, you're actively involved in it. (ORG09)

As with radio, television was also used by some as a means of occupation or diversion at night time if they had difficulty sleeping.

A theme which was not raised explicitly in relation to radio was that television could alleviate boredom. Linking to the above theme of distraction from negative ruminations, this was particularly important for some people who were abstaining from substance use or other damaging behaviours:

A lot of our substance abuse clients and people who are struggling with alcohol use, what we've found with a lot of them is that boredom is a big issue for them. And if they are bored, then that's when they tend to, you know, if they're trying to be abstinent, then when they're bored, that's when they get sort of swayed. So the telly's really useful as a practical resource to keep them occupied during the day. (ORG01)
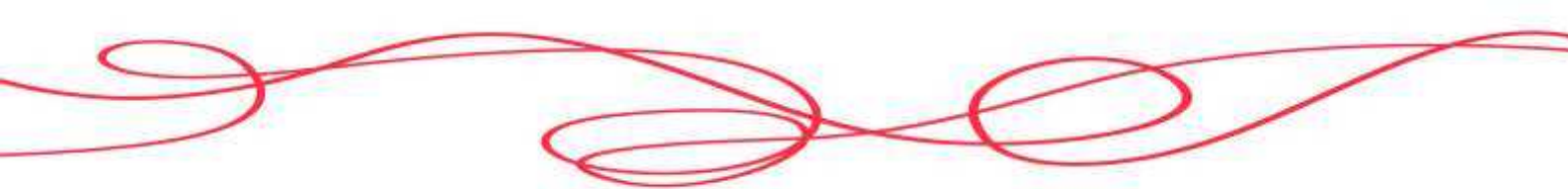
One participant who had previously been homeless spoke about how the transition from street homelessness to independent accommodation could be an initially isolating experience (see also Chapter 2). The loss of social contacts had led some people he knew to leave their tenancies and return to the street. For this person, a television had been helpful in providing entertainment and occupation during this transitional phase:

It helped me cos I had a bit of entertainment, some noise in the room, something to watch ... When I got into my accommodation and started watching telly it sort of gave me something to look forward to, instead of sitting around doing nothing all day. (IND04)

Again echoing comments about radio, television was seen to provide people with a means of '*connection*' and '*keeping in touch with the outside world*'.

5.2.2 Facilitating social connection
A common observation among organisations that had placed televisions in communal areas of community or residential settings was that these devices drew

people into the shared spaces, thus bringing potentially isolated individuals into more face-to-face contact with others. Television could then create a conversation point, sparking interaction between residents and group members. As noted by one organisation interviewee in relation to a vulnerable women's refuge:

> *The television in* [the communal lounge], *that is a big focal point. Cos lots of women haven't been allowed to watch the television, so they get quite excited. They have the soaps night and stuff like that. It encourages dialogue, debate, and it just gets them, you know, to sit with staff and other residents, and that in itself helps reduce isolation ... For some women that haven't been allowed to watch the telly, just to sit with other women and just chat, it's a massive, massive thing when they come in here, just that they can do that. They haven't been allowed to do that or had that opportunity. And just sitting there, it just encourages sort of dialogue and debates. So it's only positive.* (ORG10)

Two organisations providing community day services for older people also highlighted how shared viewing could promote conversation and positive interaction between group members:

> *They have a good laugh, a lot of comments are made. So the atmosphere is quite good, it becomes quite lively and especially if it's a comedy programme, so they do have a good laugh and try to make their own jokes and stuff like that, to make other people laugh as well ... Some people are shy of talking and all that, and they do come out of their shell, you know, and it builds their confidence. They will make a comment and they will have a little debate about something as well, about right and wrong, something they have seen on TV. So it gives people the confidence and it breaks the barriers down of communication. So someone from a different community has come and they haven't broken the ice with that person, so this provides them with a great opportunity.* (ORG05)

> *Sometimes they watch a film on it or just sit and watch it and it creates a talking point ... because they're joining in with a group, together, and they'll sit around and have a cup of tea and a chat together and it may be just the fact that somebody can't stand Jeremy Kyle or they want to watch something – the latest film that's coming on in the afternoon, or a quiz show or something like that. But they'll sit there and it creates discussions as well, even if they're shouting at the TV it's creating something! So it has become quite a focal point for them.* (ORG08)

Drawing people into communal areas in shared residences could lead to stronger social and friendship groups, which in turn could stimulate further 'real world' shared

activity. One organisation interviewee felt that since the introduction of a television to the communal area of a women's refuge, there had been greater engagement in the residents' support group. This increased enthusiasm from residents had motivated staff to organise more group activities, for example, a recent trip to Legoland. Although recognising that she could not evidence a direct causal effect, this participant nonetheless felt that the communal TV had played a part in enhancing the level of social interaction within the refuge:

> *Before it was just an empty room. Now it's got a telly in it, they're coming down and doing more social things and it's adding other stuff. Now they're doing more communal things since we've had the telly. Like the other day they had a barbecue and got a communal paddling pool. Where before it was almost like they worked in individual flats rather than coming together ... They're starting to be a community ... Before,* [participation in the residents' group] *would be really low, because they wouldn't really like socialise ...* [Now] *they're asking, "What can we all do together?" And they're also doing stuff like going - someone's pregnant at the moment, and three of the women went with her to the hospital. Whereas before they wouldn't even know each other, because they'd have no reason to socialise and sit in a main room together. And they're keeping an eye on her ... And before, she would just be in her room. But I do think it's because the communal TV and things like that. I can't say definitely. But it's looking that way to me.* (ORG07)

Similar experiences were noted by participants from a vulnerable women's supported accommodation project (see further in Case Example 1).

Case Example 1 (ORG06, GRP03)

ORG06 provides support for young people who have a wide range of vulnerabilities including alcohol and drug problems, offending, sexual exploitation and experience of foster care. Amongst a range of activities, the organisation provides supported accommodation in a number of individual properties plus two group residential 'projects'. One of these projects provides housing for up to seven women (at any one time) who are or have been involved in sex work or who have substance use problems. This project has received one large screen television, seven digital radio alarm clocks and seven tablet computers from WaveLength. A radio alarm clock has been placed in each individual flat within the residence, the television is in the communal living area, and the residents are able to use the tablets on request, in a supervised context.

The large screen television in the communal lounge is '*never off*' and has made a difference to the level of social interaction between residents, drawing them more often into the shared social space and leading to more conversation, stronger

friendships and further group activities stemming from this. Group discussion participants commented:

> *Everyone sits in here, it's like social, isn't it.*

> *There wasn't a telly before. You need a telly. Plus, it's everyone getting together during the night. It's like a family thing on a night.*

> *We just all like chill out don't we, and then like sometimes we get takeaways. Like on a Saturday, we'll get a take away and we'll just like sit and - or like sometimes the staff will bring like DVDs.*

> *It develops your relationships doesn't it. Cos obviously we start talking and you get to know people better and then you start organising other things that you're wanting to do ... Just even if it's just going to the shop together, do you know what I mean, even if it's just like "We're going to the shop, are you coming with us?"*

A group discussion participant who had arrived at the project only a few weeks ago described how other residents would come and call to invite her down to join in communal viewing activities:

> *They'll knock and say "We're putting a DVD on" and I'll come in and watch it with them ... This [TV] in here, it's like - it's more sociable, where we're all just sitting, watch a DVD or watch a film, get our munchies out and pyjamas on. Ace!*

If there was no communal television in the residence, the group discussion participants felt that the communal living area would not be used as much, meaning there was less social contact between residents:

> *It wouldn't be used really. And we wouldn't see as much of each other would we?*

> *We'd go out more and we'd be in our rooms more ... [The communal area] wouldn't be used nowhere near as much, would it. The only thing that would probably get used is the oven and the washer*

> *It's more like a living room, isn't it ... Whereas I don't think - I think if [the TV] wasn't there, it'd sort of just be like a passing through room, wouldn't it, where you just pass through.*

The tablets have proved incredibly popular, as the organisation lead notes: '*They're requesting them all the time to be out. They love them, absolutely love them*'. Tablets are being used for jobsearch, online benefits claims, email, online banking, completing college assignments and practicing literacy and numeracy skills, researching hobbies and interests, and also playing games, which is important for alleviating boredom and diverting from more damaging pastimes. As noted by one

group discussion participant who had experience of substance use problems, '*They fill my days, whereas I could be out using*'. The organisation lead likewise noted:

> *It embraces them ... It's passing time away for them, and as long as the time's passing quickly, they're not going back out on a night time doing other things. So I think it's been a real, real big thing for us, because it keeps them focused ... It's been a real good thing for them to have*.

As well as being used for individual pursuits, there are ways in which the tablets bring the women together in shared activities, as described by the organisation lead:

> *They'll sit round the table on a night with them, and they'll all play with each other on the games or sort of like work against each other. And they help each other out, like how to use them as well. We've got a few vulnerable women who know what they are but they haven't got a clue how to use them, so it's good because the others bring the other ones on.*

The women enjoy listening to the radios in their flats, with background music providing company and entertainment while they are '*getting ready*' for the day. The organisation lead noted that the radio alarm clocks have also been helpful in encouraging independent time management of daily schedules among the young women.

Organisations also noted the impact that television could have as a route into engaging individuals with additional forms of support. By bringing people into community settings where the television (or associated activities, such as film clubs or computer access via a large screen TV) was the primary draw, organisations could then link people into other sources of practical or social support. One organisation interviewee noted that their day centre attendee numbers had increased since the introduction of a large screen television. The large screen TV was both enhancing the experience of existing members, providing them with further motivation to come to the group, and – as word spread – was attracting new participants. Again acknowledging that the TV was not the sole cause of increased membership, this participant felt it was at least a contributing factor:

> *Before* [the TV] *we felt that in between all the activities there was some time where the women were feeling a little bit, you know, "What do we do next?" kind of thing. Now having the TV and someone making an effort of bringing a DVD of their choice from home, that gives them a purpose to come to the centre next time, and they're so keen and they are so motivated to show that to other people and get reaction from all those people. Before that, it was always a struggle to decide, you know, what should we do next in that hour we have? ... They're spreading the word around in the community quite a lot. So it has become a quite good marketing exercise for us ... Attendees have gone up.* (ORG05)

Another organisation, which had used a large screen TV to magnify a computer monitor at their elderly persons' IT club noted that the first individual to have benefited from this had spread the word to other visually impaired peers who had then joined the group and there were now three regular members benefiting from this equipment. (See also Case Example 2 for another instance of the primary draw of television providing a way in to additional support.)

Echoing comments made in relation to radio, one organisation interviewee noted how simply talking about television could provide a way into initial engagement with vulnerable and isolated individuals, with a view to offering further support:

> *Certainly when we go and visit people, or visit new people, there is definitely always conversation about whether it's soaps, whether it's quiz programmes or whatever, so it is again a focus of sort of introductory conversation and sometimes more, if you like.* (ORG11)

As noted in Chapter 4, some TVs were bringing people together through group activities including exercise sessions or games using consoles, such as the Nintendo Wii. There were also examples of 'peer support' stemming from the use of large screen TVs in communal settings. For instance, one person had been able to restart her hobby of creative writing through a large TV screen attached to a computer monitor and was now assisting a peer from her community group by editing some of this acquaintance's work. In another organisation which supported people with mental health problems and learning disabilities, one young woman had been using the TV to practise yoga and another group member, whose counsellor and occupational therapist had both recommended he undertake some relaxation activities, had then approached her to ask for some guidance in this.

Case Example 2 (ORG04, GRP01)

ORG04 provides support for people with learning disabilities and mental health problems, delivering a range of community-based activities with the aim of improving people's social, personal and professional opportunities. The organisation received a large screen television from WaveLength, which has been used for a variety of group activities, including dance and exercise sessions and a regular weekly film club.

The film club meets on a Monday afternoon in a local community centre where the group have use of two spacious rooms and a shared kitchen. Each week, there is a shared meal before the film. The menu is decided a week in advance and at the beginning of each session, some members of the group will go to the local supermarket to buy the ingredients and some will prepare the meal supported by a member of organisation staff. As the organisation lead explained, the shared meal is an important part of creating a social atmosphere, as well as being one of the few hot meals some group members may have during the week.

The film is chosen by group consensus, which helps to develop skills of negotiation and compromise, and a range of genres have been enjoyed in the three months since the group was established. Currently there are around six regular members of the group. The organisation lead and group members would like the film club to grow, attracting a larger group of regular attenders.

The film club provides a safe social space for individuals who may find it difficult to engage in other group settings and would not feel comfortable attending a standard public cinema screening. As the organisation lead described: '*It's a step to identifying a circle of friends really ... It's actually opened up people's social opportunities*'. Group discussion participants spoke about how the film club was a '*family*' atmosphere and somewhere they could relax and feel comfortable among friends. The sessions were also described as '*de-stressing*' and '*a safe haven for watching a film*'. Some group members have recently begun to go on to a local bar following the film session, to share a bottle of wine, which the organisation lead highlighted as a very positive social step for this group of individuals.

By situating the film club within the community centre, group members are also brought into contact with a range of other potential sources of social support, including the luncheon club that is held twice a week on the premises (open to all for a nominal and means-based charge) and an IT skills group.

The organisation has also received four tablet computers from WaveLength, which are currently being used by individuals for a range of purposes including email, social media and to support various hobbies and interests. These uses are having the associated positive effects of providing empowerment, friendship building, relaxation and a space to '*zone out*' from the stresses of a challenging home life.

Turning to more individualised use of televisions, in a parallel with radio, one person had found a sense of connection by sending in viewer comments to interactive television shows:

> *If you watch the TV you can actually take part in some of the things on the TV ... Like BBC Breakfast sometimes have topics and you can contact them about it and it's quite good fun, it's quite entertaining, something different. I've never done it before ... It is pretty interesting. They always send you an email saying that they've received the email. The odd times you do get a comment back so, is quite good.* (IND04)

This same participant also echoed the experience of some radio recipients in that he had engaged in a public music event that he had first heard about via a local TV channel. He commented:

> *The things you can watch on TV, they give you ideas of what to do and where to go. Like, you get programmes that say, "Oh you should go here, try here or*

go there, or try there" ... The TV gives you really good ideas on what you can do. (IND04)

Television was also noted as having an important role in keeping people 'socially current' which again facilitated talking points and social integration with others. This was highlighted as important for people across the age range – children, young people, adults and older people:

It stops isolation, that [young people] *have actually got something to talk about, that they feel normal. I think it's a normal right to have a TV really, and not to have them makes them feel different. But now, if someone talks about Eastenders, for example, they feel that they can get involved, whereas before they would probably withdraw, because they wouldn't know what the - they wouldn't have kept up to date.* (ORG07)

I think it's very important because, you know, [TV] *is often talked about and people assume that everyone has a television. So if the* [older] *person is going into a day centre or something like that, it's a good source of something to talk about ... I think if you're sitting without a TV, when you're thrust into a day centre or that kind of scenario, if you don't know what on earth they're talking about, then it just makes it a wee bit more difficult to engage.* (ORG11)

I think particularly for children, I think it's quite difficult for them, going from a home and a house to two rooms in a communal building. And just that sense of normality; the TV just brings that doesn't it ... When they go into school, and their friends know that you're in a hostel, I think the telly just integrates them a little bit again. At least they can talk about normal things with their friends, when they're watching telly the same as they are ... [And] *I think sometimes it can allow* [adults in the refuge] *to build a bit of rapport with somebody else. If you can't chat about anything else, you can chat about what was on telly last night can't you.* (ORG01)

Some interviewees from organisations which allocated televisions to individuals moving from supported housing into independent accommodation highlighted how important this equipment could be in enabling people to 'host' others within their own home, allowing them to socialise and offer hospitality to peers, which was noted as especially for younger people:

Being able to do things that regular young people do, so to be able to watch a DVD or to be able to have friends round and watch TV. So it's something that allows them to kind of broaden their social circle really ... Rather than just have somebody round to your new flat that you want to

show off, and you've got nothing in there apart from sitting on the settee and chatting, you can put the TV on, you can have friends round to watch, you can socialise with other people. (ORG09)

Speaking about a particular client who had been under curfew (having just been released from prison), another organisation interviewee echoed this point:

> *When he got the TV he was able to invite people over and just like chill with them in the evenings. Because where he was staying is a residential unit, but they lock the communal areas at 7.00pm and that was the time when he was usually getting in from the curfew. So now he has a TV in his room, he's able to have friends over til about 9.00pm ... With the TV he's able to like entertain friends and watch films and watch the news.* (ORG02)

Another instance cited by this same organisation interviewee was a young woman who was living in an area where she did not feel very safe and who had been burgled shortly after moving in to her accommodation, compounding her fears of going out in her neighbourhood. Having a television in her home enabled her to invite friends round to socialise in a safe space: *'She is able to bring friends over and just chill together and talk and watch a show and comment about it and stuff.* (ORG02)

Interestingly, the theme of desired solitude also emerged through discussion of the impacts of television. One organisation interviewee described how residents in refuge accommodation sometimes chose to isolate themselves in their rooms and watch television alone when they did not desire social contact:

> *They've got the TV in the women's lounge, but sometimes they just don't wanna come down and they just wanna stay in their room. Lots of women who access refuge, they do suffer from depression and anxiety, and some of them do have mild phobias like agoraphobia and stuff, where they don't wanna go out, so having the TV in their bedroom's perfect, cos they can dip in and dip out. If they wanna come down, sit in the communal areas, they can. If not, they can stay in their bedrooms.* (ORG10)[16]

The individual described in Section 5.2.1, who had found television useful for entertainment when making the transition from street homelessness to accommodation, also noted that now he was settled into independent living he too

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[16] Note: this participant did also talk about how organisation staff would keep an eye on residents who frequently isolated themselves, noting that part of the support role was to assist and encourage vulnerable women to venture out and engage in more social contact over time.

found television beneficial when seeking some solitude in what was now a busy life (in part due to a number of health conditions which were now being addressed):

> *There is a different kind of feel to it after a while; you do get a different side of it and feel. Sometimes you're actually glad that you've got your own space when you get back. But before it was like, "Oh I've got to go home* [and] *there's nothing to do". But now I get back, I've got my own space, I can sit down and chill out, watch telly. Even if I've had a big hospital day, I can just come back and just forget about it and put the telly on, which is great, cos especially after a whole day's appointment, I get back and I think "Oh, I can relax now."* (IND04)

A few individual beneficiaries who lived in shared residences noted how receiving a television for personal use in their private room – where previously they had only had access to the communal television – also brought the advantages of having full choice and control over what was viewed and being able to watch without disturbance.

5.2.3 Broader impacts

Information and interest

As with radio, television was noted as a source of news and information on current events, both national and local, which kept people in touch with goings on in the wider world. A number of participants also talked about how television could be educational in a broad sense, delivering documentary and lifestyle programmes on subjects of practical and general interest and keeping one's brain stimulated:

> *There's lots of documentaries and programmes. Even some of these talk shows, some of them have got quite good topics on, education and stuff, so, you can find some quite worthwhile information and find out some things you never knew ... I watch a lot of police programmes on the TV on Channel 5, and it always tells you about all the new laws that come in that you didn't realise were new laws, what they're about, what can affect you and stuff. Something like that you can learn, so it's quite invaluable.* (IND04)

> *It keeps my brain cells ticking over, with like the documentaries that I watch, and things like that. I watch the news, obviously, on the TV as well, so obviously it's keeping me in touch with the outside world isn't it.* (IND10)

Other topics highlighted included DIY, cookery and handicrafts, such as sewing and knitting. For people who had tried these out in practice, these new hobbies could provide additional benefits, being both useful lifeskills and a form of relaxation.

Emotional well-being and mental health

As with radio, participants described in a range of terms the positive impact that television viewing could have on one's overall sense of emotional well-being, including television being '*settling*', '*calming*', '*chilling*', making people feel relaxed and reducing stress, providing '*happiness*', '*comfort*' and '*satisfaction*' as well as bringing entertainment and amusement.

Again echoing comments about radio, television was perceived as lifting low mood, which in turn could help people to engage more with others in social contexts. As one organisation interviewee noted in relation to emergency hostel residents:

> *I think if they didn't have the telly, and you had low mood, then that would just escalate as a result of being in that room on their own. Whereas with the telly, the mood is much better, their mental well-being is much better, which then allows them to communicate with other people.* (ORG01)

One participant who experienced difficulties with anger described how retreating to her room within her supported accommodation to watch television was a useful strategy at times when her anger began to escalate:

> *If I get stressed out, I don't have to sit in the communal area to chill out. I can just chill out now ... My anger is terrible I've got real bad anger issues, so that I have to take myself out of that situation ...* [It] *takes my mind off it as well, cos you switch on the TV and just watch TV without even worrying.* (IND03)

Although recognising that they could not attribute positive effects solely to the receipt of televisions, some organisation interviewees felt that access to a television had contributed to overall improvements in the attitudes and outlook of some of their clients:

> *The guy who's had a TV, he's feeling a lot more settled, a lot calmer. When he comes to group he's talking a lot more, he's talking about his week, talking about who came over. He's engaging more, and he's like, "Oh, you know, I can't wait to come off the curfew. I'm gonna make positive changes, so I can do this, I can do that" so he is getting his mind to more positive* [things]. (ORG02)

It's hard to relate it just to the telly; they're not going, "Oh, because you've got me the telly..." But I've known the refuge prior to having tellies and since we've got them, and I have noticed more positive outcomes for the women, you know, their attitudes, not so many referrals to other sources. (ORG07)

Some participants made the point that television is a contemporary social norm and that having access to a television was therefore an important normalising, stabilising and comforting factor for people in unsettled and vulnerable circumstances. As one organisation interviewee described in relation to the provision of individual and communal televisions in an emergency refuge:

I think it is quite socially isolating being in a hostel as well, you know, just that sort of stigma of it. So I think a TV just, it makes it feel a bit more normal, a bit more homely ... eases that transition ... Prior to having all the tellies in every room, that was what every person would be saying: "Oh god, do you not have a telly?" And then since we've got them, everybody says, as soon as you show them to the room ... it's just a basic room, but they all say "Oh I'm really grateful I've got a telly in here". I think when they first come in and they don't know anybody else, that's a real comfort. (ORG01)

Another organisation interviewee highlighted the benefits of television in maintaining a sense of routine, familiarity and '*control*' for young children coming into refuge accommodation:

Most of the children when they come in from school, that would be what they do. They'll put their school clothes off [and] *they would go into the children's lounge cos it's relaxing and informal, and then they put the TV straight on. So it would be like CBeebies or whatever they wanna watch, or they'll put a DVD on ... I think for some it's good routine, cos some people have had routines before they've come into refuge, and that might be the only little routine that they've got when they come in, putting that television on, cos that's what they would do, so it's just for a little bit of the control thing.* (ORG10)

Another way in which television was seen to have a positive impact on mental well-being was through offering a point of empathy with others, or indeed sympathy in realising that one's own situation could be worse. In this respect, two participants referenced the popular talk show hosted by Jeremy Kyle:

They think their life's Jeremy Kyle really. And I don't know, there's something in that! If you feel you're the only one and you're watching

something else and someone's life is just as bad, then basically it makes you feel - I dunno, I can't explain ... But like they've gone through a hard time and you watch it on telly, someone else has gone through a hard time, it makes it feel better, doesn't it. It makes you think oh, look I've got through this, they've got through that, you can get through life. (ORG07)

If you're feeling really depressed, if you watch something on telly, it sort of lifts you upwards doesn't it, makes you happy cos you're listening to someone else's problems and you forget your problems. Especially Jezza Kyle! (GRP03 participants)

At the moment they've got all those 'How to get a Council House' ... and I think if sometimes you come into a place and you start off with nothing, and sometimes you start to feel a little bit sorry for yourself, then when you see programmes like that, then you just think, oh my goodness, how fortunate we really are. And you should always remember that there's someone worse off than you, you know. (IND10)
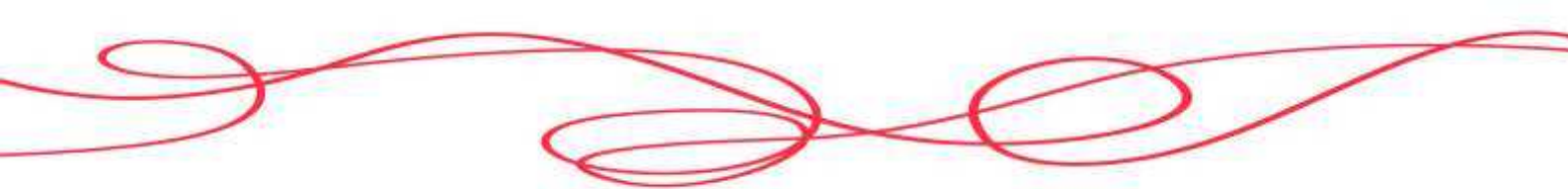
As noted in relation to radio, the term 'depression' arose in a number of interviews though it was not always clear whether this was in the clinical or lay sense of the word. However, two participants did say that television had played a part in helping to alleviate their personal experience of depression, through taking their mind off negative thoughts, reducing boredom and prompting other forms of activity:

It stops the boredom, you know, if you're just sitting here by yourself and it gets a bit boring, and you sometimes get a bit depressed. So I'd say it's helped me - stopped depression a bit, because at least something to watch ... I feel a lot better since I got a TV because it's something to do and then I'm not thinking too much about my past and stuff like that ... It stops my depression. Because I've got kids abroad and sometimes I miss them and I get depressed about it. So the television's helping that way. (IND02)

It improved my health a bit, cos I was getting more depressed. But since I got the telly it's perked me up a bit, it's got me motivated to do bits and save up for things and, like I say, it's getting me to get out and about and enjoy my time now. (IND04)

Physical health
Echoing comments in relation to radio, one way that television was thought to impact on physical health was through delivering information on health issues and healthy living. Participants noted that they had picked up cooking tips and knowledge about various health conditions from television programmes, and one example was given

of an individual who had noticed symptoms of a particular condition having seen a television feature, and had had this checked out with their doctor. One organisation supporting older people had used their large screen TV to show health promotion DVDs supplied by the health service on topics, such as diabetes and dementia.

Two instances were given of how television could contribute to managing alcohol intake. One organisation interviewee spoke about a client who had reduced recreational drinking now that he had a television in his flat, whilst an individual beneficiary with previous alcohol problems noted how television provided occupation and diversion which helped him to maintain his abstinence:

> *The guy who got the television, since he got the television, he's started drinking less. Because when he was in the room by himself, there was no kind of entertainment, he just had a few songs on his phone. I guess when there's more time to reflect or just go into your feelings, then he was drinking more. Now that he's got the TV, he's drinking less; he's a bit more positive about his life.* (ORG02)

> *Before I got the TV, I mean I'd stopped drinking* [but] *then sometimes you're thinking too much and then you're craving a drink, so if you watch television, sort of makes you forget about it ... Takes your mind off it.* (IND02)

Again as with radio, it was noted that television could distract from physical pain and discomfort by providing amusement and an alternative focus of attention.

There were also a number of examples given of how televisions had been used in combination with DVD players or games consoles to undertake physical activities including fitness workouts, dance routines and yoga. Where these had been undertaken in a group, there were additional social benefits to be gained. An interviewee from an organisation supporting people with learning disabilities and mental health problems also noted how using the TV in this way within the safe space of the organisation made such activities more accessible for this client group:

> *For people who haven't got the confidence or the knowhow or the financial means to join an evening class or a day class of Zumba or dance, you know, they're miles away from doing that ...So to have your peers joining in an activity that you're interested in, it's building everyone's not only physical well-being but it's building social skills isn't it, cos you're having a laugh when you get the moves wrong or, you know, you're turning the wrong way and stuff. So it brings a number of things into play. Confidence, physical well-being, having a laugh, social skills.* (ORG04)

Economic and educational impacts

Two participants commented that television could be useful in giving ideas about what kinds of jobs might be available and what might appeal to individuals. Although not job advertisements as such, these people said they had picked up ideas and inspiration about potential career paths from things they had seen on the television. One had in fact gone on to apply for and successfully obtain an apprenticeship in the catering industry, having had her interest sparked by television shows:

> *It sounds weird; you don't think on TV you see jobs advertised. But you do. Cos like it makes you realise what kind of jobs you wanna do. You see an advert and you're like "Oh yeah, I could do that" ... One time I put the cooking channel on and I watched about how they made all the roast dinners and that, and then I went and made it. And if I hadn't have seen that, I wouldn't have realised that I actually do enjoy cooking, so then I wouldn't have applied for the job of apprentice chef at KFC.* (IND03)
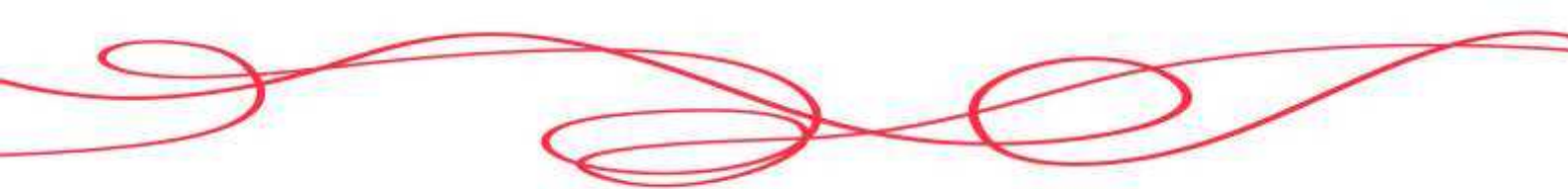
> *It gives me insight of what I could do for a career, sort of thing, cos I watch programmes on* [TV], *people talk about what they do and stuff like that.* (IND04)

Another way in which television had facilitated steps towards economic activity was given by an older person whose receipt of a large screen TV – used to magnify her computer display – had enabled her to restart a hobby which she hoped might in time generate a modest income (see Case Example 3).

There were other ways in which TV was felt to help in building personal and social skills that might in due course support educational and economic advancement. One organisation interviewee gave the example of a young woman who was new to the country, for whom television was a useful in developing English language skills and cultural awareness:

> *English is not her first language, so she uses the TV to learn things and watch shows and just gain more understanding of the English language and the world and things like that. She's very new to the country so it's a way of her just understanding this different culture and different way of living.* (ORG02)

Another organisation interviewee noted that for young children living in refuge accommodation, whose mothers may not yet be in a position to integrate them into local nursery settings, television could again help to support the development of language and social skills:

We do encourage them to go to the Children's Centres and that kind of thing, but I think the telly builds some social skills for the children ... It does bring them on in that respect, speech and social skills ... If they can see how other children [on TV] *are interacting.* (ORG01)

One individual beneficiary similarly noted that he had personally found television useful in overcoming difficulties in social confidence and communication:

I used to suffer really bad not communicating with people and stuff like that, and watching the TV, listening to what people talk, and stuff like that, has helped me build the way I can do it – communicate with people – as well. I can understand the way people communicate through TV. Sometimes I actually talk to the TV so that I can learn to converse with people properly ... So it's a way of communicating and learning how to talk to people. (IND04)

In one organisation providing support to people with learning disabilities and mental health problems, the large screen TV donated by WaveLength was being utilised by two service users to run group exercise sessions (yoga and Bollywood dance). The organisation interviewee highlighted how the screen had in this way '*empowered two individuals to facilitate, albeit in small steps*' which formed an important progression in their journey towards greater confidence, independence and social integration. This same organisation ran a weekly film club using the large screen TV and the organisation lead noted that one particular member of the group took the lead on setting up the TV and DVD equipment each time, which again gave an important sense of '*responsibility*'. (ORG04)

As noted above, television could also be educational in the broader sense of delivering documentary and lifestyle programmes on topics of general interest, and in this way it could keep the mind active. One participant mentioned the programmes broadcast by the Open University, pointing to another way in which television could provide more explicit or deliberately educational content.

Case Example 3 (ORG08, IND11)

Mrs X (IND11) is in her early 70s and lives alone. She has a son who is married and has children, who she sees regularly. Mrs X has visual impairment and has a guide dog. Although she has some physical health issues (including diabetes) these are well managed and do not cause her significant difficulties. However, her mobility is affected by the visual impairment.

Mrs X attends a community day centre (ORG08). The organisation runs a computer club for older people and received a large screen television from WaveLength. This large screen has been connected to a computer monitor, which has made access to the computer and internet possible for Mrs X, who now enjoys attending the computer club:

> *By going and using the large screen at the computer room, I was meeting other people there. They were doing different things, genealogy and what have you. Being able to go and use the large screen at the computer room brought me among friends and what have you. I mean that was really good* (Mrs X)

The organisation lead also commented on the socially connecting impact the large screen has made for Mrs X and for other visually impaired individuals who have since joined the group:

> *It gives* [Mrs X] *a purpose to come out ... and she just looks forward, because she's met so many people. The TV has given her a purpose. Cos I think because her sight had failed so much, had it just been the small monitors, we couldn't have done a real lot for her ... And she's introduced other people as well. So there's two other people that come along, that are sight impaired, that have listened to her and they've come, and so it really has - it's done them wonders.*

Mrs X has always enjoyed creative writing, in which she achieved a degree three years ago. However, as her sight failed, she had been unable to maintain this interest because reading and writing on a computer had become impossible. Having access to the large screen at the community organisation meant she was able to take up this interest again.

Following this, Mrs X was also given a large screen TV by WaveLength to use in her own home with her personal computer. She is now actively pursuing her creative writing, experimenting with different genres, and hopes that she may be able to publish some of her work in due course. Although she may not make a personal income from this, she hopes her writing might generate a legacy income for her family. Mrs X is also now helping another member of the computer group to edit their writing:

> *At the moment I'm editing someone else's writing. They're trying to write a book, but they're not writers and it's all in one long line, no dots, no crosses, no nothing! So I've said I would help, cos I've got the big screen, I'm able to*

> *help ... Because now I can see the screen I can do things like that. So I'm able to help someone else.*

The organisation lead also commented on the positive difference the screen has made for Mrs X in relation to facilitating her hobby:

> [She's] *started writing. She's actually writing now. She used to do it before she became visually impaired and it's actually enabled her to start up again. And she said to me the other day, "Do you know," she said, "I've got my life back", and I said "Really, is that right* [Mrs X]?" *and she said oh yes. She's so pleased with it. Just didn't think that she would get that satisfaction out of it, but she has.*

As well as using the screen for writing, Mrs X is now able to use the internet at home (she had had internet access for some years, arranged by her son, but was unable to make use of this due to visual impairment). Although she is still in the early stages of getting to grips with the internet, she has enjoyed looking up gardening tips, health information and researching for her stories. Of the internet, Mrs X says: '*It is a wonderful thing. It's brought me back into life and it gets your mind going*'. Her six-year old grandson also enjoys using the screen with the computer to play games when he makes his weekly visits to his grandmother.

The reduction in activity and social interaction caused by failing sight had led Mrs X to experience depression. She feels that having access now to computers and the internet, both at home and at the community organisation, has helped to alleviate this depression by giving her a new window onto the world:

> *I used to get really depressed because I couldn't do anything. I was always a very active person ... I was always active, I used to knit and everything. And that comes to a full stop with sight* [loss]. *So I'd nothing apart from talking books from the library. But you do get fed up of just listening to books. Whereas now, I have a visual stimulation by going to the computer, and it really does lift me out of this nothingness.*

5.3   Tablets

5.3.1 *Alleviating loneliness and associated negative emotions*
Compared with radio and television, alleviating loneliness *per se* was not such a prominent theme in relation to tablets[17]. A participant who had in fact received a large screen television from WaveLength but was using this exclusively as a means of magnifying her computer display, commented on how being able to access the internet was providing a sense of company and connection to the outside world:

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[17] Note: The fact there were fewer individual beneficiaries of tablet computers in the study sample (for reasons explained in Section 1.1) may in part explain why there were fewer comments generated on their impact on *subjective* experiences of loneliness.

It may sound silly, but because I don't get out and about all that much, it brings someone else into my home, makes it interesting ... I've found it opens the world to me. (IND11)

As such, in that they are another means of accessing the internet, there is an implication that tablets could also provide similar benefits of a sense of company and connection to isolated individuals.

A few people also noted the benefits of tablets in alleviating boredom which, as has been noted above, could prompt people to dwell on feelings of loneliness or be a risk factor in engaging with more damaging behaviours.

5.3.2 Facilitating social connection

The most commonly noted benefit of tablets in terms of social connections was the ability to contact and keep in touch with friends and family via email and social media[18]. Recalling that most people supported by organisations were on very low incomes, tablets used within organisation settings facilitated social communication where individuals did not have a smartphone or other means of accessing the internet:

Most of them are on a really, really low income when they might come to us. They might have no income ... But at least if they can loan our tablet, they can go on Facebook or whatever, or Twitter, and contact a family member or whoever it might be. They've still got that human contact with somebody that they know; they've still got that support there ... If they can borrow the tablet every day and go on and speak to their family members or their friends, it just reduces that isolation. (ORG01)

Being able to keep in touch with friends was noted by one organisation interviewee as particularly important for young people who had had to relocate due to fleeing domestic violence. Being able to maintain social connections online was also noted as having knock-on benefits for mental well-being (discussed further in Section 5.3.3). One organisation gave an example of a young man who seemed visibly calmed by making contact with a relative:

There's one young man, as soon as he comes in he's on the tablet, he's already talking to his uncle or somebody, cos that's the only time that he gets to do that. And you can see that he's very agitated when he comes in, because I think that's what's on his mind. Once he's done that for a little while, he'll come back out and he'll be like "Hey guys, how are you?"

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[18] Although, as described in Chapter 4 (Section 4.3.2), some organisations were restricting the use of social media in the interests of personal safety.

Like it calms him down, like he feels like, "Yeah, I've got in contact with somebody." (ORG02)

This same organisation interviewee gave an example of another young person who was using a communal tablet for online dating. Again, this was felt to be bringing broader well-being benefits as, although the individual was not yet meeting people in person, the responses she was receiving were providing a boost to her self-esteem:

You can see, she just feels more calmer and settled. She has a lot of issues of insecurities with her body image and stuff like that, and I guess when she's getting certain messages, it's just making her feel a bit better, like "Ok, I might not be meeting people physically right now, but I am talking to somebody and we never know how that will go." (ORG02)

Echoing findings of previous literature (Blusi *et al.*, 2013; Nef *et al.*, 2013; Torp *et al.*, 2008), one individual beneficiary described how her use of a tablet had increased the number of ways in which she was able to engage with her young grandchildren, including the use of WhatsApp to send messages, exchanging photos and short videos, playing games together, watching amusing video clips together on YouTube and helping with homework assignments:

'[It's their] *primary mode of communication. So even if I'm in their house and* [granddaughter] *is in the bedroom, she'll WhatsApp me a message when I'm in the living room! Because they're at that age and it's quite normal for them. And it's nice to be able to share things like pictures and movies.* (IND06)

A number of the themes raised in relation to radio and television were also noted in respect of tablets. In terms of bringing people together in physical settings, one organisation that was providing individuals with access to tablets within a supported accommodation project noted how the residents would engage with the tablets in pairs or small to play games and would also offer peer support in teaching each other how to use the devices:

Before we got these ... they'd just tend to lie around and not engage so much. But now they sort of like wanna be downstairs, communicating with the others, wanting to see what's going on and what [apps/websites] *they're on.* (ORG06)

Another individual beneficiary noted that access to the internet[19] had provided talking points to engage with friends:

> I can talk about things ... I'm back in the world, because I know what's going on in the world ... So it gives me something to talk about, shall we say. If one of my friends mentions a hobby they've got, I can look into it and then we're able to have a better conversation, or something to talk to them about. (IND11)

The benefit of enabling people to stay socially 'current' was also noted in relation to tablets. With regard to young people, one organisation interviewee commented:

> It's really important for young people to feel current, and things are changing so often. I guess with a lot of them, watching YouTube clips, watching different celebrities that they like and different things, it means a lot to them, for them to be able to know what's going on in the world ... because then they talk about it and say like "Oh, have you seen this?" or "Did you know what's going on with this person?" and stuff. And if those conversations are going on and they have no clue, then it's kind of making them feel even more isolated. (ORG02)
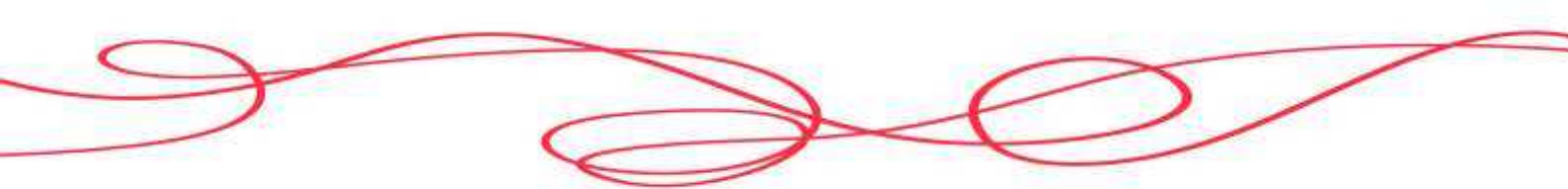
Finally, one organisation interviewee felt that giving a tablet to an individual for personal use had been a demonstration of '*trust*', which in turn had led to the individual wishing to engage further with the organisation, training to become a voluntary Peer Advocate as well as a service user.

5.3.3 Broader impacts

Information and interest

By virtue of their providing access to the internet, tablets had enabled individuals and groups within organisation settings to access and research information on a wide range of topics, in some cases prompting new hobbies or facilitating the development of existing interests. For example, a group of residents in one supported accommodation project had used the tablets to look up recipes so that they could hold a baking night and another individual who attended an organisation supporting people with learning disabilities and mental health problems was using the tablet to watch instructional videos to develop her sewing skills and her interest in yoga:

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[19] This individual had in fact received a large screen TV, but was using this exclusively as a means of magnifying a computer screen, which had enabled her to begin making use of the internet both at home and in a community setting (see Case Example 3).

From my point of view it's come in handy for things like doing my yoga sessions and my fashion tutorials and so on. Learning how to do basic sewing things, and even if it's watching like episodes of Sewing Bee [online]*, you can get ideas and inspiration from there. For example, what's this person making? What's that person doing? How are they doing that? And various things and picking up tips on different fabrics and what you can use and various sewing techniques.* (GRP01 participant)

Also encompassing physical and economic benefits, one organisation was using tablets to show clients informational videos on fuel poverty, how to keep warm in winter and how to access government subsidies to assist with heating the home.

Emotional well-being and mental health

As with radio and television, participants described how tablets could provide a way to '*chill*', '*relax*' or '*zone out*'. Tablets were seen as bringing emotional well-being benefits in that they offered a form of entertainment, diversion and distraction which could bring people out of low mood and boredom. As noted by one organisation interviewee in relation to residents in a supported accommodation project for vulnerable women:

> *Mentally and emotionally, I think it engages their minds, giving them something more to do. Cos especially if they're upstairs and they're just laid there, you know, you think more, don't you, and you tend to get more down in the dumps. But if they've got something to focus on downstairs and with people around, I think it keeps the mood a bit more positive.* (ORG06)

One participant who had received a tablet for personal use noted that, amongst a wide range of other uses, one thing she had done was to watch archived recordings of television programmes from her youth and discover a number of contemporary comedians from her home country who she had not previously been aware of. Engaging with these online videos had given her a positive sense of connection with her cultural background, which she described as having '*reaffirmed my personal identity*'. (IND06)

Linked to the theme of information and interest, one participant noted how having access to the internet could lift one out of low mood and depression by offering mental and visual stimulation (see Case Example 3).

Other ways that tablets could be useful in relation to clinical levels of mental ill health included through providing access to online support groups and discussion forums (noted as particularly useful if few groups were available locally), watching videos about mental health conditions or films which conveyed the personal stories of

others going through similar experiences. As described by an organisation interviewee working with vulnerable young people:

> *We do have people with diagnosed mental health problems, and with that group, they use the tablets to talk to others or do some research or watch clips of people going through the same things as them and how they've overcome. So I guess it makes them a lot calmer because some of them have said "Oh, I saw this and this guy had the same thing as me, but you know, he's actually been working and, you know, it can happen can't it" and I'm like, "Yeah it can". It's like "Oh, I'm gonna do some more research on this, and this organisation". So I guess it's just made them feel less negative or despondent about their situation. Hearing other people's stories and watching clips of other people and talking to other people that are going through similar situations just makes them feel like there is hope, you know, they can overcome the mental health challenges, and do something meaningful with their lives.* (ORG02)

An organisation which had not yet received tablets from WaveLength but had an application in progress was planning to use these devices to support the activities of a 'magical memory tours' group for older people, some of whom had dementia. The aim of the group was to prompt engagement and mental stimulation through reminiscence (see also Ayres, 2013) and the organisation planned to use the tablets to enhance the activity audiovisually, using them to make videos and take photographs.

Physical health

There were relatively few comments on the physical health impact of tablets, although as noted above, there were some potential indirect benefits in terms of providing access to information on, for example, keeping warm in winter. One individual beneficiary described how she had used the internet to look up further information about some physical injuries she had sustained which had been useful in providing some very clear information about her condition. It was also noted that GP appointments could now be made online in some surgeries.

Economic and educational impacts

Relative to radio and television, a much more direct effect of tablet computers was apparent in participants' comments about economic impacts. For a number of organisations, jobsearching was a main way in which clients were being encouraged to use the tablets, alongside other practical uses associated with economic stability, including making online benefits applications, online banking, looking for permanent housing and finding money management and budgeting tips.

Being able to carry out online jobsearches via tablets within organisations was noted as especially useful for people whose mental health made it difficult for them to access the internet in other public locations:

> *They'll have an obligation, if they're claiming a jobseekers element, to do the jobsearches, and that can be quite onerous, quite time consuming. And if they've got low mood or they've got some depression, they struggle to get to the library. It isn't close to here, you know, it is a 15-20 minute walk, to do those jobsearches – and they're on an everyday basis. So if they were able to do that here, you know, it just reduces the chance of them getting sanctioned and having no income at all.* (ORG01)

Another organisation noted that being able to offer young people access to tablets was useful in prompting and encouraging them to keep a regular check on their email, if they were in the process of making job applications.

One organisation interviewee noted that women in their supported accommodation project had used the tablets to research volunteering and training options and had identified a charity-based voluntary opportunity with which they were now engaged on a weekly basis. Another organisation that was using tablets in a group context with vulnerable young people had run a session on employability skills, during which the tablets had been used to research training and voluntary work options, look at relevant websites and watch informational videos. The young people at this organisation were also able to use the tablets to pursue individual career interests, for example, researching specific organisations, making contacts in relevant fields and sharing information about their plans with others.

From an educational perspective, examples were given of people who had used the tablets to research and identify training and education opportunities and also people using the tablets to complete school or college assignments or practice literacy and numeracy via online learning applications. One organisation interviewee noted, in relation to school aged children in refuge accommodation, how helpful it was to be able to offer a tablet to young people who could not otherwise afford a personal computer, given that access to word processing and the internet was now virtually a necessity for completing school work. Tablets were also in themselves a means of individuals developing essential IT skills.

In terms of the broader range of personal and social skills that tablets could facilitate (which in the longer term might contribute to overall employability) examples were given of services users assisting one another to learn to use the tablets, which could be empowering for the person who was imparting their knowledge as well as a positive social interaction between individuals. One organisation interviewee, working with people who had learning disabilities and mental health problems,

described how a particular individual had taken on the role of social media lead for the organisation's Peer Advocate group, through which she had been supported to learn how to use Facebook and Twitter via the tablets.

Use of the internet was also educational in the broader sense of keeping the mind active and stimulated. By providing a rich source of information and interest, one participant noted that the internet '*keeps my mind alive, instead of vegetating*'. Access to the internet (in this case via a large screen TV attached to her computer) had been particularly useful for this individual, as visual impairment meant she could no longer use libraries for information seeking, as she had done in the past. Another participant commented in relation to online games that even though these might be seen as '*just games*' they required mental engagement and focus:

> *Even though they are just games ... they keep your mind active, you know. I'm not just like sat looking at a telly, do you know what I mean, you've got to think about things still and there's puzzle ones on there and stuff, and word ones and all different ones.* (GRP03 participant)
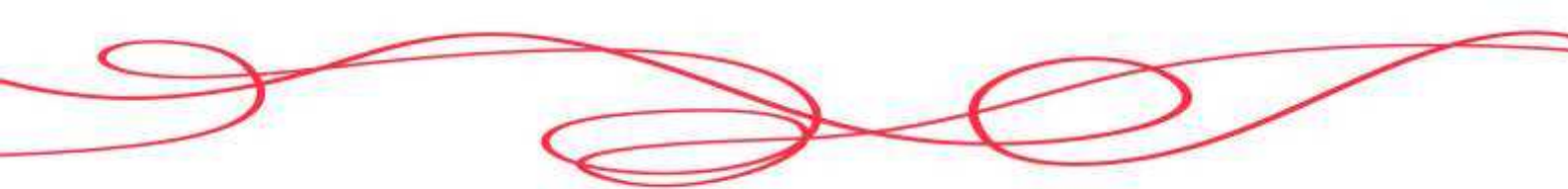
5.3.4 Inherent benefits of tablets

The predominant benefit of tablet computers was providing users with a means of access to the internet, from which they could undertake a range of practical, social and entertainment based activities which in turn brought a variety of other benefits, as have been discussed above. Thus, for the most part, what were really being described by participants were the positive impacts of *the internet* and the myriad online tools and resources available via this medium. However, there were a few points made about the particular advantages of tablet computers themselves over other forms of computer technology or other means of delivering information.

An organisation using tablets to facilitate lifeskills and personal development sessions with vulnerable young people noted how the tablets made the sessions more dynamic and engaging, in comparison to more traditional 'pen and paper' delivery:

> *We try to incorporate different ways of working with the young people, not just pen to paper, and we find that the young people engage with technology so much more than anything else really ... It's definitely more fun, more interactive.*' (ORG02)

This organisation also found that being able to use the tablets to facilitate online activities during the session itself (or in supported follow-up sessions) was more effective than asking young people to go off and look things up independently afterwards, as this was less likely to be followed through.

The organisation using tablets to show informational videos about fuel poverty to older people felt that the devices had been of great benefit in enabling them to take this information directly into the homes of their clients in a more engaging and accessible way than they would otherwise have been able to do:

> [Without tablets], *we would have had to just sort of have a leaflet, you know, tried to put on an event ... That has made a massive difference ... You couldn't have shown that to people before ... That has worked really well, helped us get a very important message out into the community.* (ORG03)

The benefit of portability of tablets was also noted by another organisation interviewee, this time in relation to supporting homeless young people:

> *It's great, because the work that we do, a lot of it is online. It's stuff like looking at appropriate properties to move the young people through to, looking at job vacancies, looking at college vacancies, so rather than having young people sat in our office when they come it, we can take them into an interview room with the tablet, and go through it with them, which is a really good resource to have.* (ORG09)

Again by virtue of their portability, tablets were noted as offering rather more privacy in comparison to fixed desktop computers in communal spaces where someone might be '*going over your shoulder*' and asking what users were doing. The speed of access to the internet offered by tablets in comparison to desktop computers was also noted, in that they took much less time to start-up.

Table 5.1, overleaf, provides a summary of the impacts of media technology described in detail in the preceding sections of this chapter, bringing together the key findings in relation to radio, television and tablets.

Table 5.1

Summary of impacts of media technology

	Alleviating loneliness and associated negative emotions	Facilitating social connection	Broader social, health and economic impacts

Radio	• Providing company and companionship
	• Occupying the mind and offering distraction from negative thoughts
	• Passing and marking time
	• Providing a sense of security
	• Providing a sense of connection to the outside world.
		• Engaging in talkback radio shows
		• Through provision of local information, prompting engagement in social activities and events outside of the home
		• Providing conversation points with others which (for organisations) can be the first step to engaging individuals in additional forms of support.
			• Information and interest:
			  o National and local news and events
			  o Public health and social security information
			  o Topics of general interest
			• Emotional well-being and mental health:
			  o Relaxing, calming, soothing
			  o Lifts low mood and depression
			  o Programmes providing information on particular mental health conditions
			• Physical health:
			  o Information on healthy lifestyles and particular health conditions
			  o A motivating effect prompting physical activity
			  o Distraction from pain and physical discomfort
			• Economic and educational impact:
			  o Potential for long-term impacts on health service use, through lifestyle and health information acquired
			  o Radio alarm clocks supporting independent time management.

WaveLength

	Alleviating loneliness and associated negative emotions	Facilitating social connection	Broader social, health and economic impacts

Television	• Providing company and companionship
	• Occupying the mind and offering distraction from negative thoughts
	• Alleviating boredom (diverting from potentially damaging behaviours)
	• Providing a sense of connection to the outside world.
		• Communal televisions drawing people into shared spaces
		• Communal viewing creating group interaction which can develop and strengthen friendships...
		• ...Leading to further 'real world' shared activities
		• Providing conversation points with others which (for organisations) can be the first step to engaging individuals in additional forms of support
		• Bringing people together for other screen-based group activities (for example, film clubs, exercise DVD sessions, games consoles)
		• Engaging in interactive TV shows
		• Through provision of local information, prompting engagement in social activities and events outside of the home
		• Keeping 'socially current'
		• Enabling people to offer hospitality in their homes
		• Note: Can also enable desired solitude.
			• Information and interest:
			  o National and local news and events
			  o Topics of general interest
			• Emotional well-being and mental health:
			  o Relaxing, calming, settling, comforting
			  o Lifts low mood and depression
			  o Normalising, stabilising
			  o Offers points of empathy and identification
			• Physical health:
			  o Information on healthy lifestyles and particular health conditions
			  o A motivating effect prompting physical activity
			  o Supporting abstinence (by alleviating boredom and rumination)
			  o Distraction from pain and physical discomfort
			  o Use of TV for screen-based physical activity (for example, exercise, dance and yoga DVDs, active console games)
			• Economic and educational impact:
			  o Providing career ideas and inspiration
			  o Building language and social skills
			  o Empowerment through leading screen-based group activities
			  o Keeping the mind active through engagement with broadly or explicitly educational content.

	Alleviating loneliness and associated negative emotions	Facilitating social connection	Broader social, health and economic impacts
Tablets	• Providing a sense of connection to the outside world • Alleviating boredom (diverting from potentially damaging behaviours).	• Contacting and keeping in touch with family and friends • Bringing people together in communal settings • Providing conversation points with others • Keeping 'socially current'. Economic and educational impact *(continued)...* o Completing homework and college assignments o Practicing literacy and numeracy skills o Acquiring IT skills o Peer support and empowerment o Keeping the mind active.	• Information and interest: o Prompting new interests and facilitating existing hobbies o Public health and social security information • Emotional well-being and mental health: o Relaxing, calming, 'zoning out' o Lifts low mood and depression o Providing general entertainment o Online support and information relating to particular mental health conditions • Physical health: o Access to information on particular physical health conditions o Ability to make GP appointments online • Economic and educational impact: o Facilitating practical activities including jobsearching and job applications, online benefits applications, online banking and searching for o Sourcing information on education, training and voluntary opportunities o Facilitating lifeskills and personal development training sessions. *Continues in adjacent column...*

5.4   Potential negative impacts

The vast majority of participants said they could see no detrimental effects of the media technologies they had received from WaveLength.

A few participants made the point that use of media technology needed to be moderate and kept in balance with other types of activity. One organisation interviewee from a supported accommodation project for vulnerable single women explained how the communal area in which the TV was located was closed at a certain time each evening, to prevent residents from watching television all night and developing an unhealthy daily rhythm:
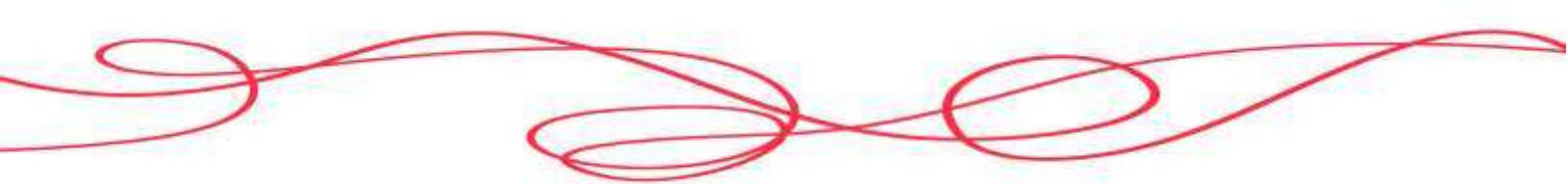
> *That's just about providing like a life-balance stability type of thing. If we leave it open to them all night long, then they'd be up all night long, they'd be watching telly, listening to music, then they'd be sleeping all day. We try to encourage them into a healthy living pattern where you do your normal things during the day, chill out a little bit at night time, you go to bed relaxed and you're ready for the next day again ... We're just trying to promote healthy lifestyles really.* (ORG06)

This same participant also spoke about how providing tablet computers in another of the organisation's residences, which provided accommodation for young mothers, would not have been as appropriate or beneficial as it had been in the residence for single vulnerable women, as it may have introduced an unhelpful distraction from mothers' caring responsibilities and diverted attention from interacting with their children:

> *Where they're preoccupied with babies 24 hours a day, we more encourage them to do the baby things and the Sure Starts and the group sessions and stuff, rather than sit on a Hudl or sit on the phone a lot of the time ... If we had them in the* [mother and baby residence] *and they're wanting to use them, then obviously noting would get done, we'd have crying babies and babies going overdue for feeds. So they're definitely more appropriate to where they've been placed.* (ORG06)

One individual beneficiary highlighted the potential risk of physical inactivity and unhealthy eating habits that could become associated with excessive television viewing. He recognised that there had been times when he had fallen into these behaviours and had needed to bring himself out of this rut:

> *Sometimes you can get too comfy with it and not wanna go out ... You can sit there and veg out with food and put weight on. I have trouble with my*

weight; it's up and down like a yo-yo. But if there's a good film on, you're tempted to go to the shop just before and get a load of munchies in, you know, to sit and eat with when you're watching the film, which is bad ... You've got to sort of learn to say "No, that's enough". But sometimes you can't. Sometimes you just get that urge and you want it ... Sometimes you can get that feeling where you could just sit every day and not bother going out, and that could be a bad side to it. (IND04)

Another individual beneficiary described how in the short term following initial receipt, she too had felt quite hooked to her new devices:

I think the only downside, and it happened with both of them [radio and tablet]*, was I think for the first 48 hours after I got them, I don't think I turned either of them off. But that was the only downside and I mean that's not anybody's fault but my own. I just got sort of mesmerised ... Because I haven't had a digital radio before, I had an old analogue one with twisty knobs, there was a degree of novelty, so I was a bit like a small child getting a keyboard for Christmas ... And the same thing happened with the tablet, I was all over the place, and then I calmed down a bit.* (IND06)

A discussion group participant who had not yet begun learning how to use the tablet also noted the potential risk of over-use once she did have the necessary skills: '*I'll probably learn and I'll never be off it!*' However, a fellow discussion group participant went on to say that relative to other activities in which vulnerable people could be engaged, intensive use of tablet technology was arguably a lesser evil: '*I suppose that's one of the downsides, that you could just get addicted to it ...* [But] *I'd rather be addicted to the game on the Hudl than addicted to something else, do you know what I mean. At the end of the day I'd rather be doing that than doing that*'.

As has been discussed in Chapter 4 (Section 4.3.2), some participants also highlighted the potential risks of social media for vulnerable people and the need to support safe and secure use within organisational contexts. One group discussion participant with experience of substance use problems described how Facebook use could have negative impacts in terms of the potential influence of peer activities. She explained that if she saw friends online saying that they were going out that night, it could '*trigger you, like if you see your friends going out drinking, stuff like that, and you're thinking oh god. So I think I'd rather not know, do you know what I mean, I'd rather just not know*. (GRP03 participant)
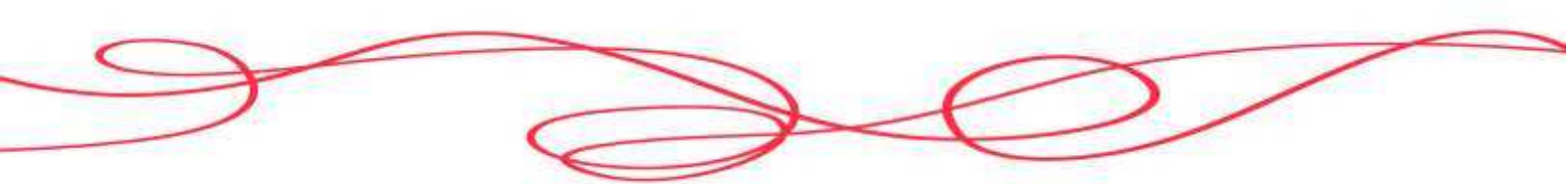
Chapter 6   Conclusions and implications

This final chapter provides a summary of the impacts of media technology that have been described in detail in Chapter 5, bringing together the key findings in relation to radio, television and tablets, and considering the evidence in relation to arguments about the role of technology in facilitating or presenting an obstacle to social interaction (6.1) and concludes with a brief consideration of future directions for WaveLength's work (6.2).

6.1   Summary and discussion of key findings

The qualitative data gathered in this study revealed that media technology could have positive impacts both in alleviating the negative *subjective* experience of loneliness at times when people were physically alone and also in reducing more *objective* social isolation by bringing individuals into greater 'real world' contact with others.

Subjective feelings of loneliness were alleviated through media technologies' ability to provide a sense of company and companionship, to occupy and distract the mind from dwelling on negative thoughts, and to provide a sense of connection to the outside world. However, media technology did not just provide diversion from feelings of loneliness and associated feelings of boredom or isolation (cf. Moore and Schultz, 1983). There were also a number of concrete examples of how radio, television and tablet computers could bring people into greater social contact with others, both by drawing people into communal spaces (particularly in the case of television viewing) and in bringing to people's attention social activities and public events in which they could participate. Communal activities based around television viewing or other uses of TV screens (for example, games consoles or exercise DVDs) had opened up conversation and social interaction between individuals and led to the development of stronger and more supportive friendships within some residential and community settings. Tablet computers additionally facilitated 'virtual' contact with others, through email and social networking. There were also examples of people engaging with others through talkback radio and giving viewer feedback during interactive television shows.

Broader impacts on people's emotional well-being were also noted. Music and spoken word delivered via radio and television were experienced has having therapeutic effects, being calming, soothing and relaxing, and tablets were also noted as offering a space for people to 'zone out'. All three types of media technology were noted as having the potential to lift low mood, and for some people this was felt to extend to impact on clinically diagnosed depression. Factual information about mental and physical health conditions had also been obtained via radio, television and tablets. Furthermore, radio

and television were noted as having a 'motivating' effect which could prompt greater general physical activity and also distract from bodily pain and discomfort.
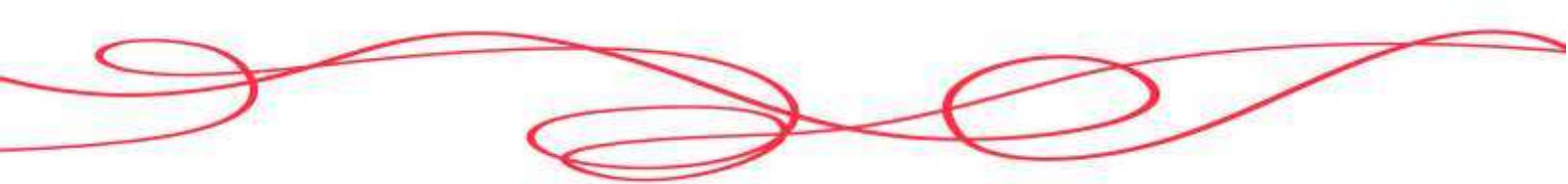
Regarding economic impact, it should be noted that a number of individual beneficiaries and the users/members of organisations involved in this research were not currently looking to move into employment. Some were beyond retirement age and several had health problems or other personal circumstances which prevented work, at least for the foreseeable future. However, television had given some people ideas about possible career paths they might pursue and information conveyed via radio, television and the internet was seen as helpful in keeping the mind generally active and stimulated. For some people, television could be a way of acquiring social and cultural knowledge and improving communication skills.

For some participants of working age, tablets were providing a useful means of accessing the internet for jobsearching and job applications, and others were using them for school and college work. Tablet computers also enabled people to complete other practical tasks with a broadly economic focus, such as online benefits applications, searching for permanent housing and identifying training and work experience opportunities. Use of tablets was also beneficial in itself in supporting the development of IT skills.

Participants in this study perceived virtually no negative impacts from their use of radio, television or tablets. A few people did highlight the need for moderation and to maintain a balance with other forms of activity and for some organisations there were considerations of safe and secure use of the internet when supporting vulnerable individuals.

Other issues and considerations arising from the research included:

- *A need for technical expertise to initially set-up tablets*: A number of organisations noted that a particular member of staff (either in a specific IT role or happening to holding advanced IT skills) had taken responsibility for the initial configuration of tablet devices. This suggests that there may be some challenges for organisations where such technical expertise is not readily available.

- *Training for unfamiliar users of tablet and internet technology*: One organisation had found mixed levels of interest among older people in using tablets – whilst some were impressed by the technology, many had been rather reticent. This points to implications for how best to engage more reluctant people in use of technology so that they might enjoy the potential benefits. Other organisations were planning to
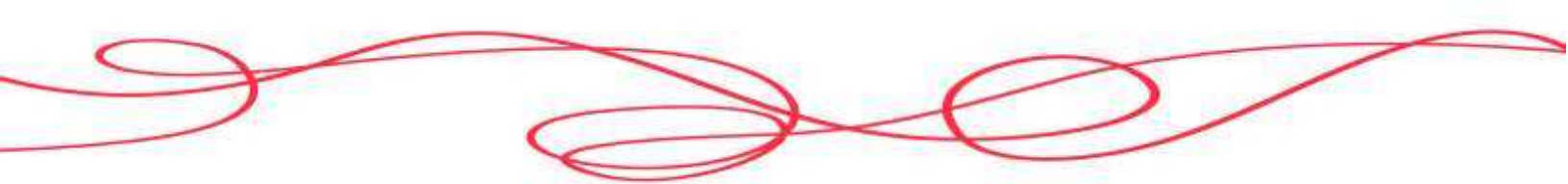
run courses or work with external facilitators to enable service users to make the most of the tablets.

- *Clarity around licensing regulations*: There seemed some lack of clarity among organisations about the legal requirements around public broadcasting of television and films. Whilst there was no suggestion that organisations were acting illegally, greater clarity might be useful to ensure compliance with regulations. Likewise, it may be useful for individual beneficiaries to have clear information about TV licencing regulations when televisions are being used for 'catch-up' and online viewing.

Turning to questions of whether media technology is connecting or isolating, what emerges from this study is the importance of the broader context and considering the alternative of what an individual's situation would be *in the absence of* media technology. Arguments against media technology as a response to loneliness and social isolation arise from a negative image of an older person sitting alone all day in front of a TV set with no other human contact. However, if the alternative for that person would be sitting all day at home with no form of stimulation at all, there is a positive argument for providing access to the 'companionship' of radio, television or tablet computers at least *as a first step* to greater social reintegration. Likewise, whilst concerns abound over young people's over-use of technology to the detriment of their social and emotional well-being, these arguments seem rather misdirected in the case of vulnerable young people who lack *any* access to the internet at all, and for whom access to a tablet computer could enable jobsearching, online benefits applications, sourcing an independent tenancy and acquiring essential IT skills – as well as maintaining connections with peers and family members.

Of course, media technology is not the whole solution and must be seen as just one among a range of strategies to bring people into greater contact with others. As noted by one participant in this research, '*The TV is as an addition to eliminating isolation but I don't think it can substitute for human contact, because that need is important and it always will be there*' (ORG05). This research has provided some qualitative examples of how media technology can not only alleviate the negative feeling of loneliness by providing a *sense* of company and connectedness, but in some cases can also be a genuine bridge into 'real world' social activities.

Overall, the findings of this research provide a positive picture of the impact of WaveLength's activities. As well as the specific emotional, social, health and economic impacts described by participants, there were numerous generally positive comments and words of thanks expressed for the charitable work that WaveLength pursues.
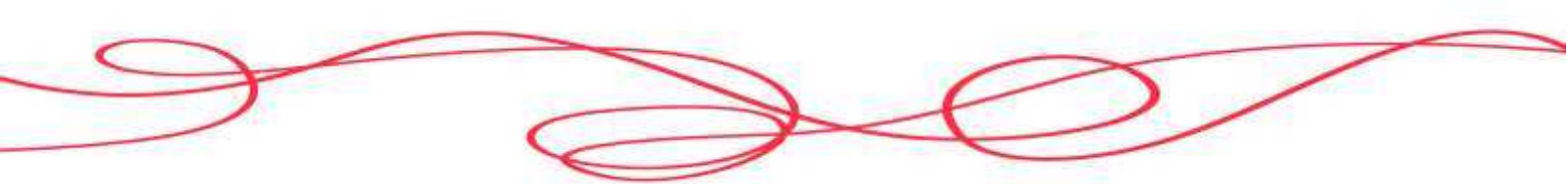
Going back to the essential core of WaveLength's work, it is also worth noting that a number of participants (particularly organisations but also some individuals) highlighted the fundamental positive impact of WaveLength's work in providing what are now considered 'basic' material goods to people who could not otherwise afford these items. Regarding televisions in particular, it was noted that these are not among the highest priority items for people starting out with nothing (that is, who need to acquire a bed, clothing, food and cooking equipment) but they are nonetheless a social norm and something that people have come to depend on as an essential. In the digital age, the same could be said about the fundamental need for individuals to be able to 'get online'. As such, the work done by WaveLength was described as incredibly important in meeting these basic social needs for access to media technology.

6.2   Looking ahead

WaveLength is continually looking to expand and improve the services and support it offers to organisations and individuals. A number of innovative projects are currently in development around the use of tablet computers, including a project with a large teaching hospital whereby prostate cancer outpatients will be provided with tablets in order to facilitate quicker communication with medical professionals and easier access to key information. Mindful of the negative perceptions of online technology being isolating, all projects supported by WaveLength are focused on the use of tablet computers to re-connect and embed individuals within their real-world communities rather than immersing themselves in cyberspace.

Another current development is the provision of an online database of activities, hosted on the WaveLength website, to which community members and organisations will be able to add social events taking place nationally and locally, and through which individuals can search (using tablet technology) for local activities in which they might like to get involved. The emphasis will be on events that are open to all and free to participate in, with the underlying aim that this will link people into their communities and provide company.

All research participants were asked for their ideas as to anything additional WaveLength could be doing to meet its aim of reducing loneliness and social isolation through media technology. Some of the suggestions put forward were things that WaveLength is already addressing, including the provision of larger screen TVs to individuals as standard (19 inch screens are no longer being offered) or were ideas that the organisation will be able to consider further, including the provision of external
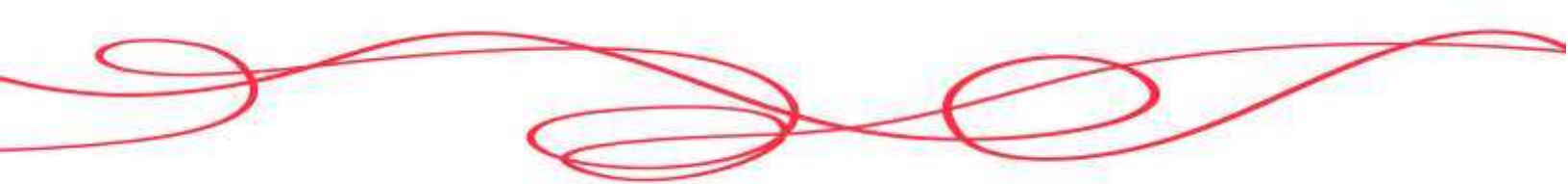
speakers to enhance viewing/listening experiences and also strengthening existing links with community radio providers.

Finally, it should be noted that a number of suggestions put forward by participants were things that WaveLength has already considered but is unfortunately unable to incorporate into its offer due to the paramount need to ensure no financial or personal risk is placed on the recipient. WaveLength is also very mindful that any equipment provided should be simple to use and should not bring demands for technical support or maintenance that the individual user is not able to sustain. As such, provision of items including mobile phones, games consoles and laptop computers are not something that WaveLength currently feels able offer.

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Appendices

Appendix 1   Overview of WaveLength's donating activity

This section provides an overview of equipment donations made by WaveLength over approximately the last two years. The details below are based on information provided by WaveLength from their electronic databases of organisations and individual beneficiaries. For organisations, electronic records were available from the beginning of 2013. For individual beneficiaries, electronic records were available from September 2013[20].

A1.1   Organisation donations

From the beginning of 2013 until the first week of June 2015 (evaluation start date), WaveLength had made donations of equipment to 93 different organisations across the United Kingdom. The focus of these organisations covered a wide range of vulnerable groups, as shown in Table A1.1, with homelessness, women's refuges and young people being among the most common.

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[20] Applications to WaveLength can be made via a paper form or by email. Paper applications are still relatively common. Applications are stored in hardcopy and key information is inputted manually to a computerised database. A technical fault during 2013 meant that the database was lost, hence the relatively short time period for which electronic records were available in the above analysis.

Table A1.1 Organisation focus

Focus of organisation	N
Homeless centre	29
Homeless centre with mental health focus	1
Women's refuge	21
Young people	13
Dementia	7
Mental health	7
Mental health and learning disabilities	2
Learning disabilities	3
Learning and physical disabilities	1
Elderly	3
Cancer	1
Care home	1
Multiple groups	1
Physical disability	1
Rape survivors	1
Spinal injury	1
Total	**93**

The types of equipment donated to these organisations included televisions, digital radios, radio/CD players, DVD players and tablet computers. Table A1.2 summarises the numbers of each equipment type donated. Note that several organisations received more than one type of equipment, either in a single application or through repeat applications.

Table A1.2 Equipment donated to organisations

Type of equipment	N organisations
Television	78
Digital radio	30
Radio/CD player	10
DVD player	12
Tablet computer	14

Televisions donated to organisations ranged from 19 inch to 50 inch screens and some were 'Smart TVs' enabling internet access. Televisions were variously intended for individual use in residential bedrooms, communal use in shared areas of the organisation's premises or on a loan or onward donation basis for individuals moving on

from residency. Likewise, radios were sometimes allocated to individuals for use within or beyond the organisation and were sometimes placed in communal areas.
As with TVs and radios, some tablets had been assigned to individuals to take with them as they moved on to independent living whilst others were used within organisational settings on a shared basis or assigned to an individual for a period of time and then passed to new users as people moved on.

A1.2   Individual beneficiary donations

From September 2013 to June 2015, WaveLength had made donations of equipment to 241 individuals across the UK. A total of 278 items had been donated, with 37 individuals receiving two items, most commonly a 19 inch television plus a digital radio. Table A1.3 provides a summary of the types of equipment donated to individuals.

Table A1.3   Equipment donated to individuals

Equipment type	N
19 inch TV	224
22 inch TV	2
23 inch TV	2
32 inch TV	14
Digital radio	33
Solar DAB FM Radio	1
Radio Cassette	1
Radio/CD	1
Total	**278**

Individual beneficiaries included men and women across the age range. The youngest beneficiaries were in their late teens with the eldest being in their 90s. A slight majority of beneficiaries (57 per cent) were aged 50 or above. A range of vulnerabilities were experienced by individual beneficiaries, with mental health being the most common, followed by physical ill health and physical disability. Experience of homelessness was also prevalent. Just over half of beneficiaries (52 per cent) were identified as having multiple vulnerabilities. Table A1.4 gives an overview of beneficiary characteristics.

Table A1.4   Individual beneficiary characteristics

Gender		Vulnerabilities	
Male	133	Mental Health	116
Female	108	Poor Physical Health/Illness	78
Total	**241**	Physical Disability	61
		Other	56
Age		Previously Homeless	53
Teens	4	Age Related Mobility Problems	26
20s	21	Domestic Abuse/Violence	19
30s	33	Learning Disability	5
40s	45	Dementia	3
50s	69	Homeless	2
60s	38	**Total**	**419**
70s	21		
80s	9	Multiple Vulnerabilities	125
90s	1	Single Vulnerability	116
Total	**241**	**Total**	**241**

WaveLength

Appendix 2   Research information sheets

- Organisation interviewees

- Individual beneficiaries

- Discussion groups (template)

Research on the Impact of Wavelength's Work with Organisations and Individuals
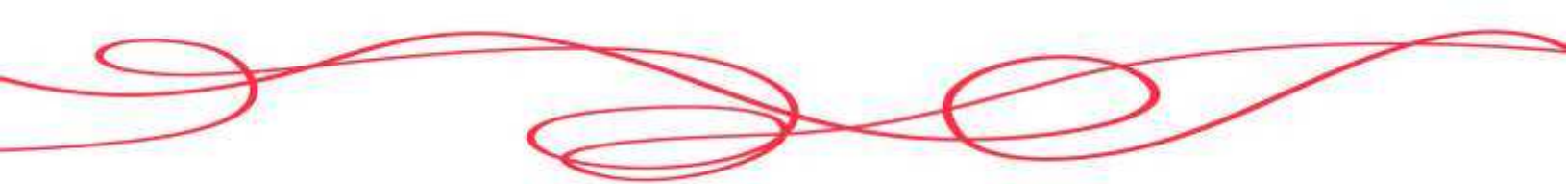
What is this research about?

As you will know, **WaveLength** is a charitable organisation that provides televisions, radios and tablet computers to lonely or socially isolated individuals and organisations who offer support to vulnerable groups. **WaveLength** would like to know more about the impact that the equipment they provide has on people's lives. **WaveLength** has asked a team of researchers from the University of York to carry out a project to explore what difference media technologies make to how people feel and what they are able to do. The research team will be talking to representatives of organisations and to individual beneficiaries about their experience of receiving support from **WaveLength** and the impact this has had. The researcher who will be carrying out the interviews is called Annie Irvine.

As an organisation which has received equipment from **WaveLength**, it would be really helpful for the research if you were willing to speak with Annie about your experience and that of the people you support.

What will happen if I decide to take part?

We would like you to take part in a telephone research interview. This would be at a time convenient to you, and would last around 45 minutes. The interview would cover the following main topics:

- Background to your organisation and the work it does.
- What kinds of equipment you have received from **WaveLength** and how it is being used within your organisation.
- What difference you feel the equipment has made to the people you support.

- Other ways in which **WaveLength** could offer useful support to your organisation and the people using your services.

At the end of the study, the research team will write a report for **WaveLength** giving full details of what was learned from interviews with organisations and individuals. The report will bring together the views of everyone who took part in the study and will include some quotations, but your own name and the name of your organisation will not appear anywhere in the report. A shorter summary of findings and a slideshow presentation will also be produced. These will be freely available to everyone who has taken part in the research and we will let you know how to access them.

Your personal details will be treated confidentially and securely in accordance with the Data Protection Act and would not be passed to anybody outside of the research team.

What happens next?

Annie Irvine will contact you in the next week or so to answer any questions you may have about the research. If you would like to take part, we can then arrange a convenient time for the telephone interview. If you would prefer to contact Annie directly, please feel free to get in touch on 01904 321977 or annie.irvine@york.ac.uk.

Your participation in the research would be extremely valuable to the study and we very much hope that you will be interested in taking part. However, please be assured that your participation is entirely voluntary and you are under no obligation to speak to the researchers. Taking part or not taking part will have no effect on your continuing relationship with WaveLength.

For more information, please contact:

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Research on the Impact of Wavelength's Work

What is this research about?

As you will know, **WaveLength** is a charitable organisation that provides televisions, radios and tablet computers to people who are living in difficult circumstances.

WaveLength would like to know more about what difference the equipment they provide makes to people's lives.

WaveLength has asked researchers from the University of York to speak to some of the people it has helped, to find out how they are using their equipment and what difference this makes to how they feel and what they are able to do.

The person carrying out the research is called Annie Irvine.

It would be really helpful if you were willing to speak with Annie about what difference your equipment has made to you.

What will happen if I decide to take part?

We would like you to take part in a telephone research interview. This would be at a time convenient to you, and would last between 30 minutes and an hour, depending on how much you wanted to tell Annie.

Annie would like to find out a bit about you and then ask you about:

- What kind of equipment you have received from **WaveLength**.

- How you use this equipment.
- What difference it has made to your life and to how you feel.
- Other ways that you think **WaveLength** could help people more.

If you would find it very difficult to speak over the phone, it may be possible for Annie to come and visit you at home or at another place of your choice.
You will be offered £20 as a thank you for your time.

What will happen then?

At the end of the project, the researchers will write a report for **WaveLength**. This will include your views and the views of all the other people who have taken part. The report may include some quotations using your words, but your own name will not appear anywhere in the report. We will keep your answers safely and not let other people know that it was you who gave these answers.

A short summary of findings and a slideshow presentation will also be produced. These will be freely available to everyone who has taken part in the research and we will let you know how to access them.

Your personal details will be treated confidentially and securely in accordance with the Data Protection Act and will not be passed to anybody outside of the research team. The only exception to this would be if you told Annie something that made her worry that you, or someone close to you, was at serious risk of harm. Annie would discuss this with you first and try to contact someone who could give more help.

What should I do now?

If you think you would like to take part in the research, please tell your sponsor, and they will let Annie know. Annie will then contact you in the next week or so to answer any more questions you may have. If you would definitely like to go ahead, we can then arrange a convenient time for the telephone interview. If you would prefer to contact Annie directly, please feel free to get in touch on 01904 321977 or
annie.irvine@york.ac.uk.

We would be really pleased if you could take part in the research. However, please be assured that taking part is completely voluntary. You do not have to speak to the researcher and taking part or not taking part will have no effect on your continuing relationship with WaveLength.
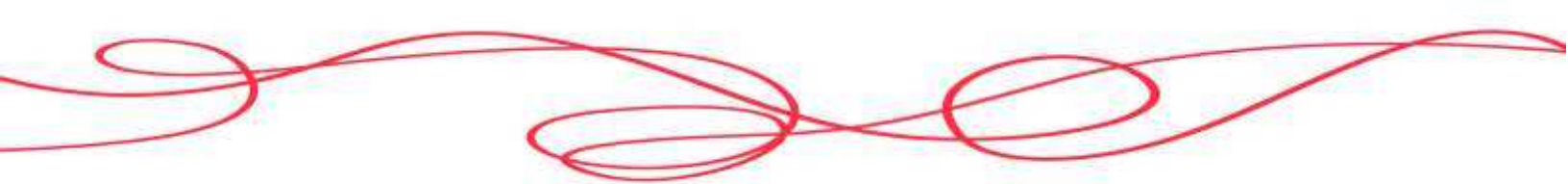
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Research on the Impact of Wavelength's Work

What is this research about?

As you will know, **WaveLength** is a charitable organisation that provides televisions, radios and tablet computers to people who are living in difficult circumstances.

WaveLength would like to know more about what difference the equipment they provide makes to people's lives.

WaveLength has asked researchers from the University of York to speak to some of the people it has helped, to find out how they are using their equipment and what difference this makes to how they feel and what they are able to do.

The person carrying out the research is called Annie Irvine.

It would be really helpful if you were willing to speak with Annie about what difference the equipment at [name of organisation] has made to you.

What will happen if I decide to take part?

Annie will be visiting [name of organisation] on [date tbc] to speak to a group of people who have used the [TVs/Radios/Tablets] provided by **WaveLength**. We would be really pleased if you could take part. The group discussion will last around an hour and you will be offered £20 as a thank you for your time.

Annie would like to speak with you about:

- How you use the equipment provided by **WaveLength**.
- What difference it has made to your life and to how you feel.
- Other ways that you think **WaveLength** could help people more.

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What will happen then?

At the end of the project, the researchers will write a report for **WaveLength**. This will include your views and the views of all the other people who have taken part. The report may include some quotations using your words, but your own name will not appear anywhere in the report. We will keep your answers safely and not let other people know that it was you who gave these answers.

A short summary of findings and a slideshow presentation will also be produced. These will be freely available to everyone who has taken part in the research and we will let you know how to access them.

Your personal details will be treated confidentially and securely in accordance with the Data Protection Act and will not be passed to anybody outside of the research team. The only exception to this would be if you told Annie something that made her worry that you, or someone close to you, was at serious risk of harm. Annie would discuss this with you first and try to contact someone who could give more help.

What should I do now?

If you think you would like to take part in the research, please tell [named individual at organisation], and they will let Annie know. If you have any questions and would like to contact Annie directly, please feel free to get in touch on 01904 321977 or annie.irvine@york.ac.uk.

We would be really pleased if you could take part in the research. However, please be assured that taking part is completely voluntary. You do not have to join in the discussion group, and taking part or not taking part will have no effect on your continuing relationship with [name of organisation].

For more information, please contact:

Annie Irvine
Research Fellow
Social Policy Research Unit
University of York
Heslington
York
YO10 5DD
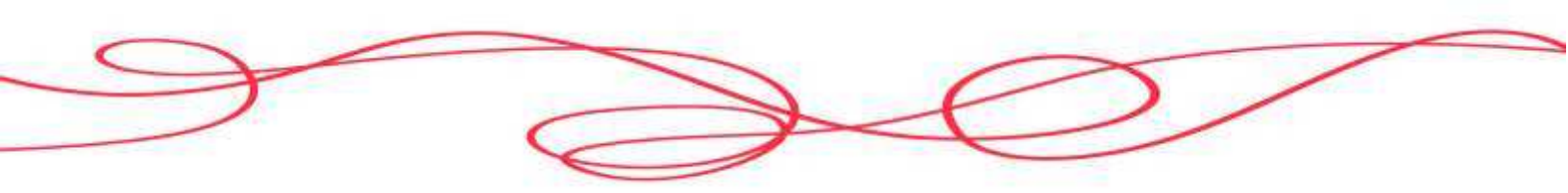Tel: 01904 321977
Email: annie.irvine@york.ac.uk

Contact TBC

Tel:
Email:

Website: http://www.york.ac.uk/inst/spru   Website:

WaveLength

Appendix 3   Topic guides

- Organisations

- Individuals

- Group discussions

Research on the impact of Wavelength's work

Topic guide for interviews with organisations (project leads)

> **Introduction**
> - Introduce self and the Social Policy Research Unit, noting independence from WaveLength
> - Remind participant of aims of the research, with reference to the information sheet
> - Check whether participant has any outstanding questions about the research
> - Seek permission to record interview
> - Establish consent verbally, with reference to consent form – capture responses on recording

1. **To begin with, please could you tell me a bit about the organisation and your role within it?**

2. **Before we talk about the equipment provided by WaveLength, could you say a little about how you see loneliness and social isolation manifesting among the people who use your service?**

   e.g. staying in their rooms, not wanting to talk to others, feeling anxious around others

3. **How did your organisation hear about WaveLength?**

4. **Form(s) of equipment provided by WaveLength**
   - Dates of receipt (approx)

5. **How is the equipment being used?**
   - How often/at what times of day is it used?
   - What media is watched/listened to via TV or radio?
   - What online activities are done via tablets?
   - What do people particularly enjoy?

6. **What difference has the equipment made to the people who use it?**
   - Practical

     e.g. accessing information
   - Emotional

     e.g. feelings of wellbeing, happiness
   - Social

     e.g. feelings of 'connectedness', coming into contact with others, talking points, finding shared interests, developing new interests/hobbies, making new friends, re-establishing social/family contacts
   - Physical health
   - Mental health
   - Economic

     e.g. jobseeking, finding work
   - Educational

     - ➢ **Probe for detail** on how/why have these impacts come about
     - ➢ **Probe for contrasts** with how things were before

7. **Have there been any downsides to receiving/using the technology?**
   - Any ways it's made things worse?
   - Have all changes noted above been welcome?
   - Any problems or difficulties in using the equipment?

8. **WaveLength's aim is to reduce loneliness and social isolation, with a focus on media technologies. Within this remit, what else could WaveLength offer that would be useful to your or similar organisations?**

     - ➢ **Prompt:** Suggestions of other things WaveLength could do to meet their aims?
     - ➢ **Prompt:** Information about other loneliness prevention services (e.g. online)?

9. **Anything else you would like to add?**

THANKS AND CLOSE

Research on the impact of Wavelength's work

Topic guide for interviews with individuals

Introduction
- Introduce self and the Social Policy Research Unit, noting independence from WaveLength
- Remind participant of aims of the research, with reference to the information sheet
- There are no right or wrong answers – I just want to hear your personal views and experiences
- Check whether participant has any outstanding questions about the research
- Seek permission to record interview
- Establish consent verbally, with reference to consent form – capture responses on recording

1. **Please could you start by telling me a little bit about yourself**
   - Age
   - Living arrangements
   - Family/close others
   - Health
   - Work

2. **How did you first find out about WaveLength?**

3. **What kind(s) of equipment have you received from WaveLength?**
   - Dates of receipt (approx)
   - Check if (also) has television/radio/computer/smartphone

4. **How do you use the equipment?**
   - How often/at what times of day?
   - What kinds of things do you watch/listen to?
   - What kinds of things do you do on your tablet?
   - What do you especially enjoy?

5. **What difference has the equipment made to you?**
   - Practical
     - e.g. accessing information
   - Emotional
     - e.g. feelings of wellbeing, happiness
   - Social
     - e.g. feelings of 'connectedness', coming into contact with others, talking points, finding shared interests, developing new interests/hobbies, making new friends, re-establishing social/family contacts
   - Physical health
   - Mental health
   - Economic
     - e.g. jobseeking, finding work
   - Educational

     - ➢ **Probe for detail** on how/why have these impacts come about
     - ➢ **Probe for contrasts** with how things were before (e.g. "*What was a typical day/week/evening like before you had the equipment?*")

6. **Have there been any downsides to receiving/using the technology?**
   - Any ways it's made things worse?
   - Have all changes noted above been welcome?
   - Any problems or difficulties in using the equipment?

7. **WaveLength's aim is to reduce loneliness and social isolation, with a focus on media technologies. Can you suggest any other things they could be doing to meet this aim?**

     - ➢ **Prompt:** Information about other loneliness prevention services (e.g. online)?
     - ➢ **Prompt:** "*What else could WaveLength offer that would be useful to you or others in your situation?*"

8. **Is there anything else you would like to add?**

THANKS AND CLOSE: Remind participant that £20 thank you gift will be send by recorded delivery and please could they return the receipt in the prepaid envelope.

WaveLength

Research on the impact of Wavelength's work

Topic guide for focus group discussions

Introduction

- Introduce self and the Social Policy Research Unit, noting independence from WaveLength
- Remind participants of aims of the research, with reference to the information sheet
- There are no right or wrong answers – I want to hear your views and all opinions are valid
- Check whether participants have any outstanding questions about the research
- Explain that the conversation will be recorded
- Complete written consent forms
- Offer thank you gifts and collect receipts

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1. **Establish brief personal details of participants (if willing to share in the group)**
   - "*Please could you share your name, age and a bit about yourself*" e.g. family/close others, work, health, how things are for you at the moment

2. **I understand from [project lead] that [name of organisation] has received [equipment] from WaveLength. How have you all been using the equipment?**

   - How often/at what times of day?
   - What kinds of things do you watch/listen to?
   - Other ways of using the television screens?
   - What kinds of things do you do on the tablets?
   - What do you especially enjoy?
   - Does anybody also have a television/radio/computer/smartphone of their own?

3. **What difference has the equipment made to you?**
   - Practical
     - e.g. accessing information
   - Emotional
     - e.g. feelings of wellbeing, happiness
   - Social
     - e.g. feelings of 'connectedness', coming into contact with others, talking points, finding shared interests, developing new interests/hobbies, making new friends, re-establishing social/family contacts
   - Physical health
   - Mental health
   - Economic
     - e.g. jobseeking, finding work
   - Educational

     - ➤ **Probe for detail** on how/why have these impacts come about
     - ➤ **Probe for contrasts** with how things were before (e.g. "*What was a typical day/week/evening like before you had the equipment?*")

4. **Have there been any downsides to receiving/using the technology?**
   - Any ways it's made things worse?
   - Have all changes noted above been welcome?
   - Any problems or difficulties in using the equipment?
   - Any issues of access/equitable use within the setting?

5. **WaveLength's aim is to reduce loneliness and social isolation, with a focus on media technologies. Can you suggest any other things they could be doing to meet this aim?**
     - ➤ **Prompt:** "*What else could WaveLength offer that would be useful to you or others in your situation?*"
     - ➤ **Prompt:** Information about other loneliness prevention services (e.g. online)?

6. **Is there anything else anybody would like to add?**

THANKS AND CLOSE
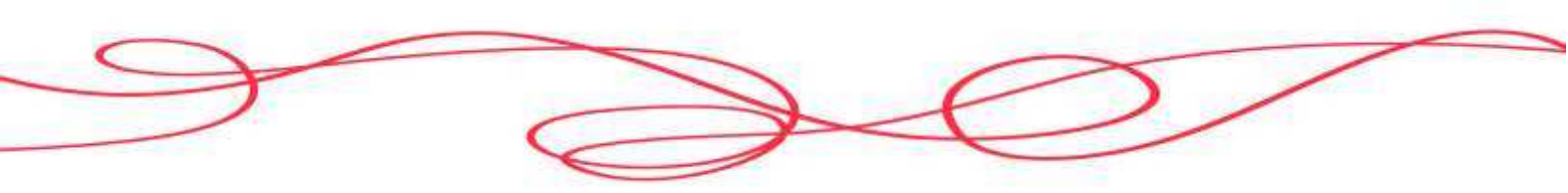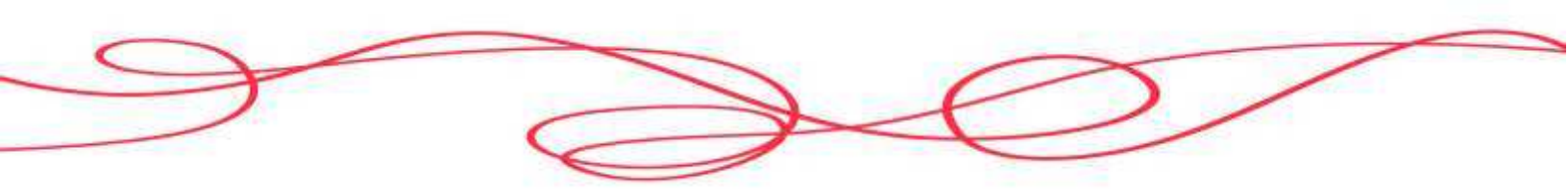
Appendix 4   Consent form

Research on the Impact of Wavelength's Work with Organisations and Individuals

Consent Form

I have seen the information sheet and had time to think about it.

☐ Yes   ☐ No

I understand what the research is for and what taking part will involve.

☐ Yes   ☐ No

I have had a chance to ask questions and I am happy with the answers.

☐ Yes   ☐ No

I know I do not have to take part in this research if I do not want to and I can stop the interview at any time.

☐ Yes   ☐ No

I understand that the research report will include my views along with the views of other people, and may include some of my words, but I will not be identified by name.

☐ Yes   ☐ No

I understand that my personal details will be treated in strict confidence according to the Data Protection Act.

☐ Yes   ☐ No

I understand that the researcher may need to speak to someone else if I say something that makes her think that I or someone else is at risk of harm, but this would be discussed with me first.

☐ Yes   ☐ No

I agree to take part in an [interview/group discussion] with the researcher.

☐ Yes   ☐ No

Name: _____

Signature: _____

Date: _____

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Participant overview

Table A5.1 Organisations

Identifier	Focus of organisation	Equipment received and type of use	Timeframe of receipt[21]
ORG01	Emergency housing for vulnerable persons (for example, physical or mental health problem, fleeing violence).	• Thirty-three x 19 inch TVs for use in individual rooms in emergency hostel - now able to provide a television in every private unit. • Individual TVs given to people moving on into independent accommodation (numbers not established). • Four x digital radios – for use in individual rooms. • Ten x tablets (five x Hudl, five x Lenovo) for use within the organisation by groups and individuals.	• Three waves of TV donations - first wave received about 18-months ago. • Radios – timeframe not specified. • Tablets received recently.

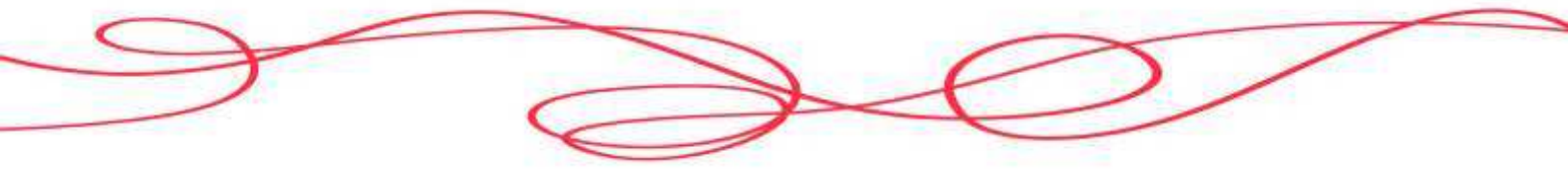[21] Note that timeframe of receipt as listed in these tables is based on participant recall - in some cases this was fairly approximate. Where receipt of equipment was described as 'recent' this varied from within the past week to within the past couple of months. In a few cases, tablets that had been received 'recently' by organisations were still in the process of being set-up and had not yet been introduced to service users.
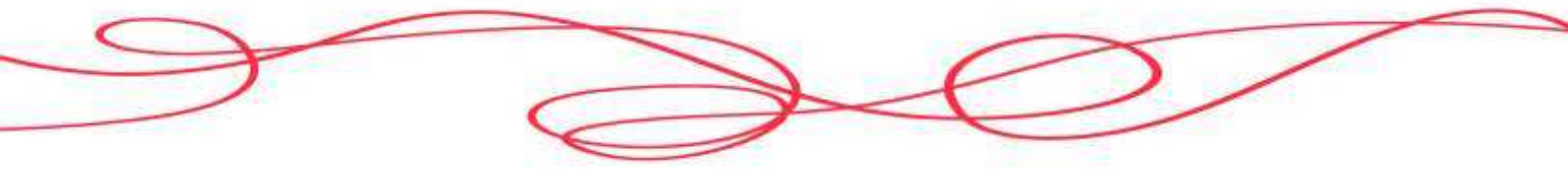
Identifier	Focus of organisation	Equipment received and type of use	Timeframe of receipt[21]
ORG02	Support for young people in care and care leavers (including personal development, lifeskills, independent living skills, employability and confidence building). Note: not a residential facility, not involved in arranging foster care itself.	• Two x TVs given to individuals moving into independent accommodation. • Four x tablets for use within the organisation by groups and individuals.	• TVs received about 4-5 months ago. • Tablets received about three-months ago.
ORG03	Support for older people and their carers.	• Five x TVs given to individuals for use in private homes. • One x TV for use in social club. • Ten x digital radios for individuals in private homes. • Four x tablets – being used with clients, but not allocated to individuals.	• First TVs received about 18-months ago. • Tablets received recently.
ORG04 [GRP01]	Support for people with learning disabilities and mental health problems (wide range of courses and activities to improve social, personal and professional opportunities).	• 32 inch screen Smart TV – used for a weekly film group held at community centre and for weekly group yoga and Bollywood dance sessions. • Four x Hudls for use within the organisation by individuals.	• TV within past six-months. • Hudls – timeframe not specified (but within past six-months).

WaveLength

Identifier	Focus of organisation	Equipment received and type of use	Timeframe of receipt[21]
ORG05 [GRP02]	Health and social care support for elderly people from minority ethnic communities, people with mental health problems, people with learning disabilities and carers (includes day care, domiciliary care, advocacy, advice and guidance, counselling, outreach).	• Large screen TV – used at organisations community centre base. • Four x TVs given to individuals for use in private homes. • Four x digital radios given to individuals for use in private homes.	• Equipment received 3-6 months ago (between February and May 2015 in several waves).
ORG06 [GRP03]	Supported accommodation for vulnerable young people (includes support for health, benefits, debts, education and training, lifeskills, personal safety and well-being).	• Large screen TV – used in communal area of supported accommodation flats. • Seven x digital clock radios – used in individual rooms in supported accommodation flats. • Seven x Hudls – for use in supervised conditions by supported accommodation residents.	• Equipment received around seven-months ago (January/February 2015).

WaveLength

Identifier	Focus of organisation	Equipment received and type of use	Timeframe of receipt[21]
ORG07	Women's Aid organisation providing support to women and children escaping domestic abuse (includes refuge accommodation, resettlement support, drop in and outreach services and advice services).	• Ten x 19 inch TVs – nine placed in individual flats within refuge, one placed in the communal area. • Five x digital radios – allocated to individuals for use in individual flats within refuge. • Seven x tablets – allocated to older children (aged 14-17) for the duration of their stay at the refuge.	• First equipment received around two years ago. • Most recent equipment (tablets) received around three-months ago.
ORG08	Community organisation providing a range of services and activities to vulnerable members of the community. Original remit was elderly people but over time have broadened scope to include other vulnerable members of the community. Services include day centre (offering a range of social activities, a café, food bank and charity shop, older person's IT group), and outreach befriending in the community.	• Three x digital radios – two loaned to individuals on a six-month basis for use in private homes, one being used in community centre base. • Four x 19 inch TVs – loaned to individuals on a six-month basis for use in private homes. • Two x 30 inch TVs – one used in organisation's community based premises, one given to a visually impaired individual for use in private home.	• First equipment received around two years ago (September 2013).

Identifier	Focus of organisation	Equipment received and type of use	Timeframe of receipt[21]
ORG09	Youth homelessness support (includes supported lodgings and support to individuals to prepare and transition into unsupported accommodation and independent living, including focus on education, training, employment, budgeting, and so on).	• Four x TVs – given to individual young people moving into independent accommodation. • One x tablet – used within organisation on one-to-one basis (staff working with young people).	• First three TVs received around 6-8 months ago, a fourth received recently. • Tablet received 2-3 months ago.
ORG10	Women's Aid organisation providing support to women and children escaping domestic abuse (includes refuge accommodation, a children's support service and outreach services for women and children, plus advice and support around benefits, school places, safety and resettlement).	• Seven x TVs (with integral DVD player) – some placed in individual flats within the refuge; some given to individuals moving on to independent accommodation; one placed in communal area. • One x radio/CD player – used within communal area.	• TVs received around seven-months ago (January 2015). • Radio/CD player received within past week.
ORG11 ['Proxy' interview]	Organisation supporting people who have been employed in a specific sector of the economy, who require financial, practical or social support in older age or harder times.	• Two x TVs (one 19 inch, one 32 inch) – given to individuals for use in private homes.	• TVs received within the past year.
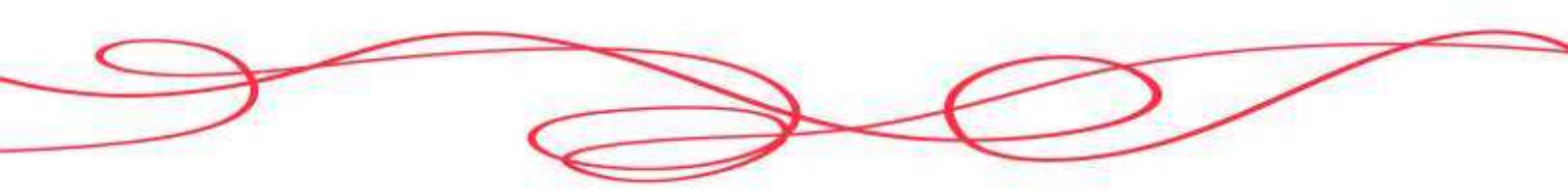
WaveLength

Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND01	Female	42	Previously homeless.	Rented two-bedroom house Been here five weeks Previously street homeless (seven-months) than in studio flat in shared house (two-months – horrible) Lives alone (with two pet dogs).	ESA	Solar powered digital radio 19 inch TV	Radio about six-months ago TV about two-months ago

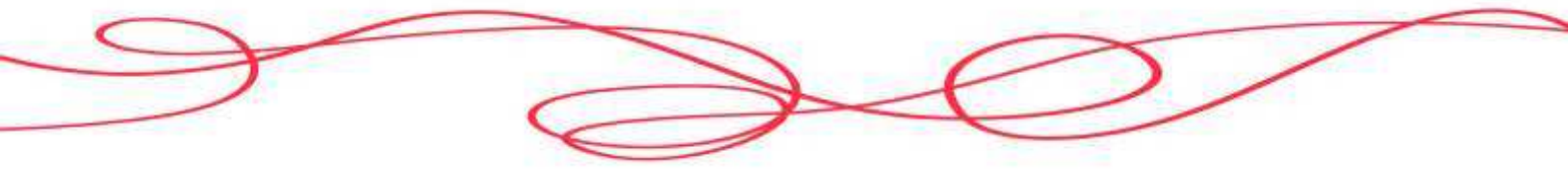| Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND02	Male	62	Previously homeless Alcohol problems (though currently abstinent) Depression and PTSD.	Temporary accommodation Studio flat On list awaiting permanent accommodation Loves alone Been here almost four-months Previously in hostels.	ESA DLA	19 inch TV	About two-months ago

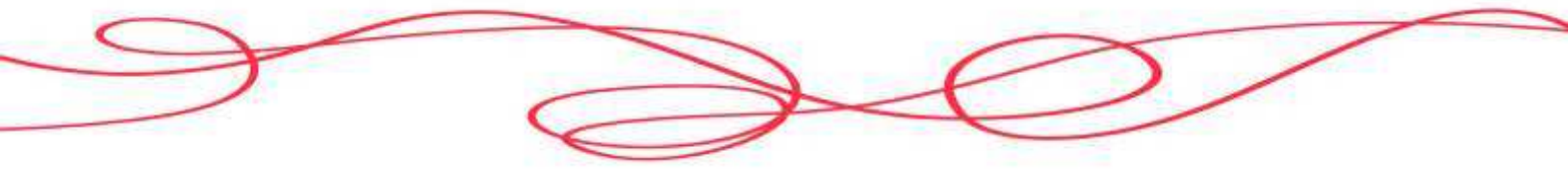| Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND03	Female	19	Previously at risk of homelessness Epilepsy – unpredictable, but familiar; knows how to cope with it.	Supported accommodation scheme for young adults Been here six-months Own ensuite bedroom, shared kitchen and laundry facilities Moved here directly from parental home.	JSA Paid apprenticeship beginning day after research interview.	19 inch TV	About six-months ago
IND04	Male	34	Previously homeless Amyloids Asthma Anxiety attacks.	Supported housing – own studio room, shared kitchen and bathroom No communal lounge area in residence Moved in about a year ago Previously spend 19 years street homeless.	ESA PIP claim in process Does voluntary work at homeless organisation.	19 inch TV	About 10 months ago

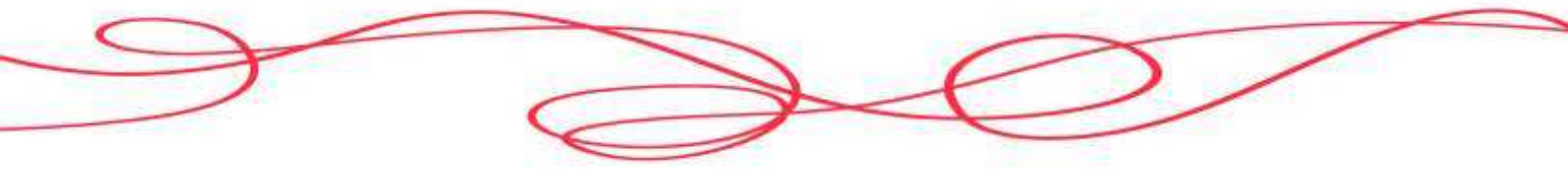| Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND05	Male	48	Chronic Inflammatory Demyelinating Polyneuropathy – though gradually recovering, mobility is very restricted, virtually housebound Wheelchair user Depression – attributes to housing situation.	Temporary accommodation arranged by the council – awaiting permanent accommodation but council struggling to find somewhere wheelchair accessible Been here about one year Previously in private rented accommodation. Then spent eight-months in hospital (in patient). Could not return to previous accommodation because it was second floor – now had mobility restrictions Lives alone.	DLA Not currently working due to ill health Was a security officer in a university before becoming ill Interested in working again in future.	Digital radio	3-4 months ago

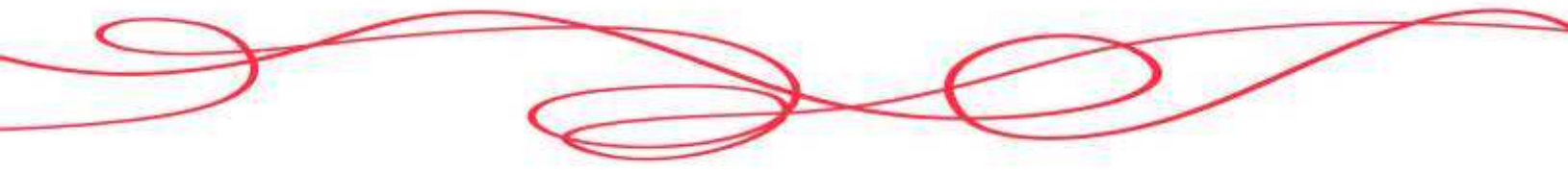| Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND06	Female	48	Previously homeless.	Hostel accommodation – came here in January 2015 (6-7 months ago) Own bedroom, shared kitchen, bathroom and laundry Previously street homeless for about seven-months.	ESA Was working until knee injury in late 2013 – then made redundant while off sick Feels she is now capable of some work (though not previous line of work, due to injury). Is looking at work possibilities despite lack of benefit-related obligation.	Digital radio Tablet	Radio about six-months ago Tablet about three-months ago

Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND07	Male	59	Sarcoidosis – chronic respiratory problem.	Council rented flat – moved in about a week before research interview [previous accommodation not specified but I think it was another rental flat] Lives alone (separated – divorce pending) Previously hospital in patient for four months.	Has claimed benefits [details not specified] Self-employed personal development consultant but not worked since January 2015 due to ill health Will be looking to get back into work once health improves.	Digital radio	About two-months ago

WaveLength

Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND08	Male	70	Previously homeless Physically quite well.	Sheltered accommodation flat Moved in a couple of months ago Previously evicted from council rented flat due to rent arrears. Then stayed in a hostel for about seven-months.	Retired at age 65. Used to be a NHS hospital orderly/porter, for 40 years.	Digital radio	About one-month ago

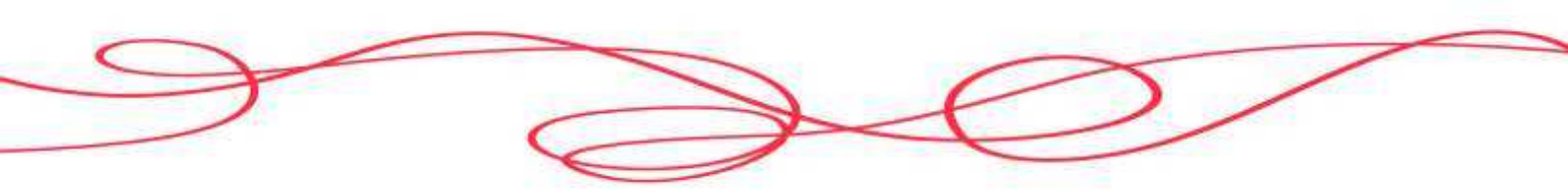| Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND09	Male	39	Mental ill health Physical health is OK.	Mental health unit – has private room. Can have visitors and has leave to go into the community. Has been in hospital for over 15 years (37/41 restriction order) Has moved around various hospitals Previously in prison for six-months.	Not in work.	19 inch TV	5-6 months ago

WaveLength

Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND10	Female	51	Previously homeless (due to domestic violence).	Moved into rented bungalow (from a charitable trust housing organisation) just under a year ago Lives alone Previously in a women's refuge.	Receives PIP and ESA Used to work for Social Services (21 years as child psychologist). Stopped work at the request of ex-husband – the beginnings of excessive control, which later became violent. Cannot currently work due to COPD – need to be physically fit and 'consistent' for her line of work.	Radio 19 inch TV TV License	About one-year ago

WaveLength

Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND11	Female	73	Visual impairment Has some physical health issues (incl. insulin dependent diabetes), but these are well managed so don't bother her, don't limit her too much. Does not feel ill with it.	Type of accommodation not established – but presume private accommodation Lives alone – with guide dog.	Pensioner. Used to teach craft in schools. Continued with voluntary work in schools after retirement from paid work, but then had to give up the voluntary work due to loss of sight. Three years ago graduated from Open University in creative writing, but this came to a '*full stop*' due to loss of vision – could not access material or read her computer. Interested in creative writing with a view to profit (for her family if not in her own lifetime).	30 inch TV	About three-months ago

WaveLength

Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND12	Female	54	Fibromyalgia rheumatic Depression Previously in refuge accommodation.	Housing association bungalow Been here one year this month Lives alone Previously in relationship, which broke down due to her illness – moved into refuge.	ESA and PIP Unable to work due to health (used to be a nurse but health condition would prevent return to this kind of work) Not expecting to work again due to health (although would like to work) Informal carer for own mother – sees her on a daily basis. Does not claim carers allowance.	Digital radio	About 10 months ago

WaveLength

Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND13	Female	54	Knee injury Blood clot – several strokes Previously in temporary 'hotel' accommodation.	Rented flat Lives alone Been here about a fortnight Previously in a shared flat but problems with flatmate from whom she was subletting a room (he had drink problem, got violent, stole from her). From there was housed in a 'hotel' for about six-months – this was horrible.	ESA Stopped work in January 2015 due to knee injury. Was working as a cleaner in a pub at the time of injury. In the past has been a dancer and dance teacher, a Capital FM Girl, a qualified nurse.	Digital radio	5-6 months ago

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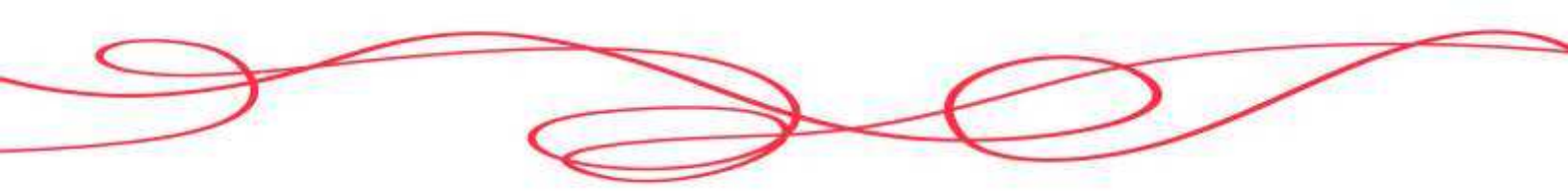| Identifier	Gender	Age	Circumstances – as described in interview	Accommodation	Work/income	Equipment received	Timeframe
IND14	Female	61	COPD – struggles for breath Arthritis.	Type of accommodation not established – but presume private accommodation Lives alone.	DLA (she thinks – not too sure) PIP application in process Didn't get a clear response to whether getting ESA – perhaps too old? Perhaps she meant ESA not DLA? Was a carer for own mother (who had Alzheimer's) for several years until she died last year. Did not claim Carers Allowance. Has not worked for a number of years, due to caring for mother. Is not expecting to go back into employment, due to health. Condition will deteriorate, not improve.	Digital radio	About two-weeks ago

Identifier	Context	Overview of participant circumstances
FG01 (ORG04)	Group discussion with members of regular weekly film club (which uses WaveLength large screen TV). Discussion took place at the community venue where the film club is held, at the beginning of a regular film club meeting.	Five participants – three men, two women. All have learning disabilities and/or mental health problems. Ages not specified but estimate in early 30s to late 40s. None in paid employment, all on low incomes.
FG02 (ORG05)	Group discussion with members of a regular women's group (which uses WaveLength large screen TV). Discussion took place at the community venue where the group meets, during a regular session.	Seven participants – all older females. Ages not specified but estimate in 60s and 70s. English as an additional language. Most had physical health problems associated with older age, for example, diabetes, arthritis, respiratory problems. All women retired.
FG03 (ORG06)	Group discussion with residents of a women's supported accommodation project (which has received WaveLength large screen TV, seven Hudls and seven digital clock radios). Discussion took place in the communal lounge area of the residence.	Three participants – all female. Ages not specified but estimate mid-20s to late 30s. Women involved in sex work and substance use. None in paid employment, all on low incomes.

WaveLength