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# C2C DOES DIGITAL

THE FULL STORY...



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# MEET THE C2C DIGITAL TEAM

*"It's a great wee group, we all talk to each other, it's like my family and we have learned an awful lot."*



*"A lot of groups keep everything to themselves but we want people in our situation to become like us, we want others to look at this group and think we can do that, we just want it to grow - every town and city should have their own Chance to Change."*

## OUR FRIENDS & PARTNERS

*"I felt as if I could be me, Jennifer. Not, Jennifer the addict, but Jennifer the group member, Jennifer the Friend, Jennifer that could achieve things."*



PETER



DOUGIE



BOXER



CHARLIE



AMANDA



JENNY



CAROLINE



ANGELA



MARGARET



SANDRA



ANN



HAMISH



HILDA



FIONA



CAITLIN



## OUR STORY SO FAR...

From Six Week Pilot to Expert Reference Group to the Scottish Government

*“We love coming here, it’s just great getting up and getting ready and seeing everyone’s happy faces each week.”*

The Chance 2 Change (C2C) journey started pre-pandemic, the idea of Dr Peter Cawston, GP at Garscadden Burn medical practice in Drumchapel. He realised that 10 minutes with someone to talk about heart disease or diabetes just wasn’t enough time and his idea was to place a nurse back in the community for a couple of hours a week.

With funding for a six week trial from the Queens Nursing Institute, Nurse Margaret came out of the GP practice to Stonedyke Community Centre each week. Here the group had access to a working kitchen and could use the gym as often as they wanted for £1 a week.

After six weeks the group wanted to extend the sessions so then Margaret and volunteer Leanne McBride met with Community Connector Ted Scanlon, to work on a funding application.

First task - to come up with a name for the group. “The first name we came up with was Margaret’s Minions, but she wasn’t keen on that. Then one night her husband said, people are coming to the group to try and change so why not call it Chance 2 Change - that’s how the name came about.”

With funding secured via Yoker Campus, C2C continued to meet until disaster struck and Stonedyke lost its funding and closed leaving them without a home.

Then the Drumchapel Sports Centre took them in, and they used the space to play badminton, table tennis, and do yoga. They also used the community room in the Drumchapel Chest, Heart and Stroke shop for their cooking sessions and a meeting room in Drumchapel Library.





The group started to look for training to build confidence and self-esteem. Dougie Taylor, Development and Regeneration manager for Yoker Campus, introduced them to Inclusive Images, a participatory photography social enterprise, led by Charlie Sherry. Together they took part in the *Reclaiming Identity* project, which used photography to explore all aspects of Drumchapel life and culminated in their own community exhibition.

***“That gave everyone so much confidence and belief in themselves.”***

From here the group embarked on the Health Issues in the Community course (HIIC). It was early 2020 and the HIIC programme was eight weeks of learning and planning, followed by two weeks to deliver presentations, finishing with a celebration event. Within eight weeks the world locked down and all their community spaces were closed. The group tried to stay connected while unable to meet, initially with regular phone calls then, when restrictions allowed, meeting up for walks at first in pairs and then in threes or fours.

This peer support was essential to the group members through the initial lockdown. Eventually their status as a peer mental health support group was recognised and they were allowed to meet inside, moving to the Phoenix Centre where they could keep two metres apart.

***“We were keeping to the guidelines - masks; hand sanitizers, social distancing and no cuddles, which was hard for this group.”***

Unable to complete their presentations they instead made a HIIC video and sent it to Dr Cawston, who had just started working with the Scottish Government’s Primary Care Health Inequalities Working Group.

He described the video as *“the most inspirational thing he’d seen”* and wanted to show it to the Working Group who then invited C2C to join them. Throughout 2021 the group shared their experiences, thoughts and ideas with the Working Group eventually publishing a [74-page report](#). One topic raised during the HIIC course which was magnified by the pandemic, was the need to improve the group’s digital know-how. Again the collaboration between C2C, Dr Peter Cawston and Yoker Campus proved pivotal. Instead of simply running digital training workshops to upskill the C2C group, they decided to look at how the group’s learning could influence and have impact on both digital literacy and health inequalities in the wider community. And from here C2C’s Digital Project was born...





# THE POWER OF PEER SUPPORT

## *"Let the Group Decide"*

The C2C group members have lived experience of long-term health conditions, both physical and mental; they understand firsthand what it is to live or grow up in an area of extreme poverty with all the associated challenges, stigma and exclusion this brings.

Although the group is now led by peer facilitator and founder member Leanne McBride and funded by Yoker Campus/Drumchapel Life, they are all adamant it is teamwork which is the secret to their success.

Their one guiding rule - *let the group decide*.

*"It's helped me so much because I was in a bad place. It's teamwork, we're all different individuals but we all give to the group and we all get back from the group, that's how it works."*

*"I first came to C2C through my doctor. He was trying to help me with my anxiety and I've really loved every minute. It's just like a wee family it definitely gets me out my bed in the morning, that's telling the truth."*

*"Coming into C2C as a volunteer, I think is one of the reasons why it is a success, because I'm one of them. I'm holding on as well. I've lived in Drumchapel all my life, I've faced every adversity you can imagine - poverty, drugs, mental health. So it's good for me to use all the negative stuff, flip that and make it into something magic for somebody else. Leanne"*

*"Even if you're feeling down then it makes you feel better coming in here."*

*"When you're in here you feel safe, when you're in a different location you don't know where your safety net is."*

*"I think it's turned me into someone cheeky that I don't recognise. I'm thinking of going as a job as Kevin Bridges. Leanne is the cog that turns the wheel, but we're the wheel that turns."*

*"People are much more likely to be able to feel more in control of their health if they have the support of other people."*



*"Trust. We've learned to trust each other. We've learned to open up, our confidence, our self esteem, it's grown."*



# LET'S GET DIGITAL

## The Project

*"When Covid hit and we went into lockdown, all that peer support kind of fell by the wayside a wee bit, because they couldn't meet up, they couldn't go for walks, they didn't have their own building so we needed a new platform.*

*It was decided, let's get C2C digitally up to date, then if anything ever happens again; if we lose buildings, for whatever reason, it means C2C still have a platform to empower people and keep confidence going and boost morale." Leanne*

During the HIIC course the group expressed a need to update their digital know-how and were starting to make plans to put training in place.

Then Covid-19 hit.

While most switched to Zoom and Teams to stay connected with friends and family, the C2C members found themselves isolated and excluded from life-saving services and support networks. Even when the lockdowns eased many statutory and voluntary organisations continued to operate on a 'digital by default' mode.

With an NHS under extreme pressure the move toward encouraging individuals to monitor and evaluate their own health had begun.

Much of this required digital connections and competency.

Clydesider Creative were commissioned to work with the group to deliver a digital inclusion project which not only upskilled the group members but also shared their learning with medical and professional audiences who had little or no personal experience of digital exclusion.







Thanks to funding from the Scottish Government and Yoker Campus each group member was provided with a good quality tablet and in January 2022 Clydesider Creative began eight week Introduction to Digital workshops. These were tailored to meet the digital skills the group wanted to learn and each session was filmed to show their challenges and triumphs. Members were also interviewed on camera at various stages of the project to talk about their experience.

#### Sessions included: -

- **Intro to tablets** - set-up, settings & camera
- **Intro to the internet** - email set-up, downloading apps & online safety
- **Sending emails & dealing with the media**
- **Intro to Zoom** - downloading app, logging in, using audio/camera and chat
- **Intro to Google Docs** - creating, sharing and editing docs
- **Fun with the camera** - filters, stickers & editing
- **Intro to Slack**

Following a short break Clydesider Creative returned, this time to run a 10-week Introduction to Video workshops.

The aim of these sessions was to allow the whole group to join in creating a short documentary which would share their digital learning experience. With the introduction of GP appointments and consultations via Zoom and individuals being expected to monitor elements of their health at home, the group wanted to demonstrate how challenging this can be for people with limited or no digital knowledge.

#### Sessions included: -

- **Introduction to film-making** - story-planning, video on a tablet, using a tripod
- **Lighting and microphones**
- **Interview techniques & Vox Pops**
- **Mock interviews filmed on Zoom**
- **Trialling NHS websites on camera and feedback to Dr Cawston**
- **Environmental filming**
- **Demonstration and filming of health monitoring practices with community pharmacist** - blood pressure, peak flow, weight etc
- **Planning and scripting mock consultations**
- **Filming mock consultation on Zoom**

The final element of this process was with a smaller group of C2C members who were interested in the film-editing process.

#### Sessions included: -

- **Screening of rough edit to full group** - discussed what further edits they want
- **Introduction to Filmora**
- **File management** - processing files, agreeing what to keep in and leave out
- **Basic editing processes**
- **Logo design**
- **Final screening to full group**



## A NEED FOR CHANGE

*"Digital changes the dynamic."*

*"I think the digital revolution was happening already. And I think people were starting to get left behind. COVID just speeded it up. Something that would have taken five or 10 years has happened in a much more compressed space of time. The problem with speeding things up is that it's easy for people to get left behind. Digital is a good thing, in that it's brought forward a lot more access to resources for people. But it's also highlighted inequality." Dr Cawston*

Dr Peter Cawston, from Garscadden Burn Medical Practice and a GP in Drumchapel since 1999, recognised C2C's digital journey could also provide the perfect learning opportunity for his fellow medical practitioners.

The group agreed to be filmed and interviewed as they learned.

They also volunteered to reviewing a list of health-related websites, trialling on film some healthcare practices we are all now being asked to do at home, such as monitoring blood pressure and weight.

Turning the camera on Dr Cawston himself, the group suggested practising and filming some mock consultations via Zoom.

C2C's digital adventures began in January 2022.

At the first session they received their tablets, the only thing the Clydesider team had done before the first session was to charge the devices. Together the group learned how to switch the device on and off and download basic apps.

For many of the group this was the first time they had used a tablet and they were fearful the digital technology would prove too challenging and stressful.



*"For the group members, I think it would be really fantastic if they felt they had both the confidence to use digital resources in a way that helps them with their health, and also the support of one another to do that. I also hope that'll teach us quite a lot, not just us as a practice, but more widely. I hope that they'll inspire other groups to do the same. I think the government and health boards will learn a lot from watching that video is kind of like a reality check." Dr Cawston*

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*That initial fear of just picking up a tablet or a computer, some people get a real fear thinking it's something they can't do. So the first challenge was getting people to realise it was just like everything else they had done before and they would grow and develop through the course. I think that was probably the biggest challenge. Leanne*

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*Before I started I was really quite nervous because I'm not very good with digital stuff. I've got a wee phone I use as a phone, that's all.*

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*I just didn't have a clue what she was talking about, Google docs? Thought she had made it up. This is a new thing. Now, I'm more determined than ever to go through all the documents one by one so by the time I come the next week I know what I'm doing.*

”

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*I keep saying, 'I can't do it, I'm not doing it, I can't do it.' I get there in the end then and I'll keep trying, I won't give up. I don't have a lot of confidence, but you're doing a great job and I hope you stick in with me with my moods and my ups and down swings because it will come.*

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*The biggest challenge for me was knowing how to switch off the tablet!*

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“

*I was awful nervous because I can hardly text, never mind doing anything else. At first I thought, oh no I'll never be able to do this. Never.*

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“

*You've got that fear when you start it. As you get to know what you're doing, you lose that fear and become more confident the more you can practice.*

”



## WHAT WORKED?

At several stages throughout the digital learning process C2C members were interviewed about their learning experience.

After those who were new to digital got over the initial fear they quickly picked up the basics and discovered that their tablets opened up a whole new world.

Having the support of their peers to help between sessions proved essential.

As did the weekly handouts which accompanied each session.

***“There's a togetherness, being able to laugh at each other and being able to laugh at ourselves. There's been no negative, it's all been positive and we've all helped each other. We're all good at something.”***

The sessions were made as fun and informal as possible with learning tailored to the interests of individual group members.

The pace of the initial sessions was kept slow, this allowed the Clydesider facilitators to get to know the group members and also ensured no-one felt left behind

At the end of each session the facilitator proposed the learning topics for the following week and checked all group members were happy with them

And at the start of each session there was a refresher on the previous week and time for anyone who had missed a session to receive some 1-1 support to catch up.

The Clydesider team members filming the session and C2C's support workers provided additional 1-1 support as and when needed.

As skills, self-belief and trust in the Clydesider team grew, the group were willing to try more complex tasks. By Week Four they were trialling Zoom and starting to help film the interviews.

***“I think it's great we're getting the paperwork because you're okay while you're here but when you go home, you tend to forget quite a lot. You can look back at paperwork and it tells you step by step.”***



“

*I'm beginning to learn more on my phone through Josie. I didn't know how to do WhatsApp and it was Josie that showed me how to do it.*

*She sent me a Whatsapp and I thought 'oh God I'll never be able to get this, where is it?'*

*And she's saying 'press the wee buttons' and I was like oh yes, I got it! So I'm getting to learn on my phone through that as well, I'm quite happy with that.*

”

“

*I think peer support is the best way to go forward because sometimes people don't learn well from tutors and facilitators, they learn better from the wee pal sitting next to them.*

*Leanne*

”

“

*I think Slack is good. It means you are all on the one platform and you are all sharing with each other and you can see all the photos and the comments.*

”

“

*I wasn't here the first two weeks so when I came in the third week, I thought 'oh no, it's going to be too much' but actually Caroline helped me through it and it was so easy to catch up. It wasn't as hard as I thought it was going to be. I enjoyed it.*

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*I enjoyed it as well, it has been nice and relaxing with their aide memoirs. They're good teachers.*

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*Having a good tutor that helps, she explains everything even though it's on paper she still explains.*

*I was nervous at first before you came.*

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*You can save your photos and it's actually good for that. When I went on to Google my photos came through, they weren't that good and at the bottom of the tablet it says 'fix lighting' so all my photos are really nice now.*

”



*"Through lockdown, everybody in the group had support whereas I didn't. I had nobody, I found that really hard. I think the Zoom will help me if it ever has to happen again. I'm willing to give it a try, my confidence is not good but I'm willing to try."*

*"If it's anything to do with mental health I think it's better to see the doctor face to face even if it's over the computer."*

*"So much more now is going to be done through things like Zooms and Teams, it is going to be part and parcel of life."*

*"I feel sorry for the older generation because there's no way they're gonna be able to do it. It's horrible. If I wasn't here my Ma and Da wouldn't have a clue, they would go without seeing a doctor."*

## DEALING WITH DIGITAL BY DESIGN

*"I'm hoping through this project that we can show that there is a platform for digital, but there still needs to be face to face and human contact for people; especially people that are really broken; mental health, trauma. Because anxiety is fear." Leanne*

As the group learned new skills and grew in confidence, they recognised the benefits digital literacy offers but also became more aware of the ever-increasing digital divide faced by many. These were discussed during the interviews and fed back to Dr Cawston when he joined the group for a session.

Their main concerns centred around the impact on existing inequalities and vulnerable groups.



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*I've got a CPN and during lockdown she done a Zoom and I'm like, 'I'm not ready', so I was rushing and I was pure embarrassed, but now I think it would be alright.*

”

”

*The NHS thing to get your jags, that was a nightmare I had to get my friend to do it for me.*

”

*I am definitely less apprehensive, I still would need a wee bit of practice in real life, but I wouldn't have known how to do it without this.*

“

*I think they need to get to know that we've never done [Zoom appointments] before. So when we go in for an appointment we don't want to get cut off.*

”

“

*I think there are a few barriers still concerning the NHS. People like my wee Uncle Ronnie who's not got a tablet, not got WiFi. I feel sorry for the elderly. I found this course quite difficult so don't know about older people, I think there are a few barriers still there.*

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*There's a kind of imbalance there and not everybody feels the same with technology online to talk to a doctor.*

”

“

*I still think there are times when it's not appropriate, I've had negative experiences of using digital and it makes you far more apprehensive about using it.*

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*When we were in [the mock consultation], it felt as if we were improving and as the doctor was asking different questions I felt as if he was saying it in the kind of the language we could understand, rather than being awful stressful. I feel Dr Cawston made us quite relaxed. So if we were to go on again I think it would be easier the next time.*

”



# LEARNING TOGETHER

*"I've learned a lot from the group."*

*"This piece of work will empower people with the knowledge/resources to care for their own needs as well as those of their communities whilst reducing the pressure on an already overwhelmed NHS.  
Leanne*

During the film-making block of workshops the group had the opportunity to be filmed putting their new skills into practice in health-related settings.

This included a visit from the local Community Pharmacist and Garscadden Burn Medical Practice's Healthcare Assistant. This session involved the group practising getting their blood pressure, BMI and Peak Flow rates checked.

They also provided Dr Cawston with their peer review of a list of NHS and health websites often recommended to patients by GPs and other medical professionals.

Dr Cawston worked with the group to trial mock Zoom consultations.

While there were a few technical hiccups both C2C members and the healthcare professionals found this sessions very helpful with significant learning on both sides.

*"It's not just being able to use a tablet or having the internet, it's also being able to look at a webpage and see a lot of information find what you need, and then understand it and use it. There are a lot of hurdles for people. Peter*



## Website Feedback

- Too much information on most websites
- Health websites need to use fewer jargony words (jargon)
- Provide direct links to specific webpages - not just the site
- Several sites need updated
- Some organisations had very complicated online referral processes
- Some sites looked too glossy and unrealistic
- Short visual tutorials given thumbs up
- More sites need clear contact info and opening hours



*"I looked at the site on heart attacks and stroke. It looks lovely and glossy, like a magazine. You could see they were actors. It was only once you started delving into each part of it that you found more information. If I had been sent to this site just after my stroke it wouldn't have been any good because I couldn't read then."*

*"Most of the websites were overwhelming, they had too much on them."*

*"When the nurse and pharmacist came in to teach us how to do our blood pressure and peak flow I found it really good. I didn't like the part where my weight is based on my height. But my blood pressure and peak flow, it was really interesting. It's good to know what you can do yourself with the right equipment, i enjoyed it."*

*"I thought the best website was the asbestosis one because it was very straightforward, it was easy on the eye and just had their opening hours and contact details. Leanne"*



*"The session with the nurse and the pharmacist was really engaging, and I really enjoyed it. I thought it was really interesting. I think you learned skills, but I think not just learned skills, I think you realised that you can do these things yourself. It's not like a huge complicated thing to do, like taking a blood pressure, the machine does it, it is just about being shown."*

*"It is interesting to know you can do it at home hopefully and you don't need to go to the Doctor's just to get a blood pressure check."*



## THE CHANGES

*"You built my confidence really well."*

From never owning or using a tablet before to sending emails and staying in contact via Slack, the change in skill levels and confidence amongst some of the group was remarkable.

By the second set of workshops not only were they confident to get behind the camera and film footage for their film, they were also using their new skills to help friends and family navigate the digital world.

*"I feel more up-to-date now and not left out of the loop. I got a letter for jury duty and just ignored it; then I got another letter and it said I would be fined if I didn't reply. I got in contact with my GP and they emailed me my exemption and I was able to send it on to the court. Before this course I wouldn't have been able to do that and would probably have got fined by now."*

*"I've learned a lot from setting up the interviews with Caroline. You see it when you watch the television - where the person is sitting; how they include the question in their answers. I've learned a lot of different skills."*

*"It means a lot being able to send an email and send a message on Slack. I dropped my phone down the toilet and I was able to send my friends an email to let them know I wouldn't be able to reply as I didn't have a phone. I would never have been able to do that without the digital project."*

*"I sent an email to Dr Cawston with the link to the Scottish Government report and he sent me an email to say thank you. I also sent a wee email to Jenny when she wasn't well, she said that made her day."*



*I didn't think I'd be able to do what I'm doing now. When I opened that tablet it just frightened me but as weeks were going on it got easier and it got better knowing that there was somebody there to help us.*

*I think my digital learning has definitely come on leaps and bounds since I first started.*

*I'd never thought I would have done all that. I wouldn't have known how to do Zoom; how to call the doctor or how to take blood pressure.*

*I get myself into a state beforehand but when I do it I'm okay. Setting up the interview and getting the questions in; I'm learning a lot about filming. The interviews have been amazing.*

*I'd never used Slack before. It's been great for the film as we've been able to upload the videos the group took on there. Every second Wednesday we've Zoomed as a group, between Zoom and Slack we stay connected. When Margaret had Covid we Zoomed her so she could join us. Leanne*

*If I need to learn Zoom to get to speak to a doctor I'd rather go online than have to deal with a receptionist - and I don't like Zoom.*

*My confidence has grown quite a lot and the fact that you can speak to your doctor online, you don't need to go into the surgery, I found that quite easy as well.*

*Because of the digital project I had the courage to apply for my bus pass online and send my photo ID. I wouldn't have done that before and now I've done my Dad's as well. Jenny showed me how to attach things on my tablet; without that I wouldn't know what to do. But if I'm struggling to do it, what about others who can't go online.*



## NEXT STEPS

*"Give everyone an equal choice."*

***"Helping people to have more control over their health and more say, and more understanding, makes the health service work more efficiently." Peter***

The C2C film of their digital learning project is in its final editing phase and will be signed off by the group by October 2022.

The group is aware of the many benefits digital can bring to both the NHS and to patients who can access digital information and technology.

They hope their project will help raise awareness and understanding of the challenges an NHS which is 'digital by design,' presents to many people in communities such as Drumchapel.

Leanne said: *"We're piloting this digital project to see if it can work. Then it'll be up to the powers that be like the Scottish Government, the NHS to actually take that on. As the voice of the community we'll be fighting for it and pushing for the Scottish Government and the NHS to use what we've told them."*

The group has a strong ally in Dr Cawston. He believes peer support groups are essential for the NHS.

He said: *"I think groups like Chance to Change shift the dynamics so people do have more confidence.*

*"It does mean they challenge you more, and that's a little bit scary. Very scary sometimes.*

*"But actually, if you get challenged in a way that's helpful, rather than just shouted out, then it can actually lead to much better outcomes.*

*"So it's not easy, and it does feel uncomfortable, but it's massively worthwhile.*

*"I don't really see how we can have a health service going forward without groups like Chance to Change where people are able to resolve a lot of the problems with their peers and come to us in a way they're already quite knowledgeable and quite empowered.*

*It seems to me like the only sensible way of the health service working in the future."*





## RECOMMENDATIONS

“It's great they've done digital, it's going to help the NHS a lot and it will help other people a lot who don't have time to go to the doctors. But they need to think about the percentage of people who can't go online or can't afford to go online - older people who can't do it; people with learning disabilities. They need to have something in place because it can't just be get on with it. That's not good enough.”

“I get a phone call every six months from my community psychiatrist nurse and I think if she done like a Zoom kind of call, that way you are speaking with each other face to face, I'd feel a lot better.”

“Every community should have access to the resources of the blood pressure machine, height, weight and being able to workout. Especially if you're a community group, one of its core values should be about promoting healthy living and maybe have a resource box for each centre so every group can have access to it. People can be far more proactive about their health and can be in control, it gives you that feeling like I'm in charge; it empowers you.”

“Barriers for the NHS to consider - you have to have WiFi. You need an email address. You need a tablet or a laptop and you've got to consider if you actually have that safe space to be able to talk to a doctor from your home. Need to be very careful that people who are isolated and vulnerable, are not actually even more isolated. For example for women in a domestic abuse relationship, she's going to have her abuser standing over, she's not going to get time to walk to a doctor's surgery and have that privacy.”

“I think they [GPs] need to get to know that we've never done this before, so when we do go in for an appointment we don't want to get cut off.”



# THANK YOU

## C2C would like to thank:

- Dr Peter Cawston
- Nurse Margaret Abraham
- Everyone at Stonedyke Centre
- Anne Glass - Drumchapel Cycle Hub
- Ted Scanlon - Community Connector
- Everyone at Wise Women
- Dougie Taylor - Manager C2C
- Boxer - Drumchapel Life
- Margaret & Hamish Steven - Drumchapel Life
- Terry McLemon - Drumchapel Sports Centre
- Everyone at Drumchapel CHSS
- Everyone at Drumchapel Library
- Charlie Sherry - Inclusive Images
- Elspeth Kerr - Former Concillor
- Sandra MacDowell - HIIC Tutor
- Angie Wylie - HIIC Tutor
- Kenny Keegan - Fitness Instructor
- Hilda Campbell - COPE
- Primary Care Health Inequalities Short Life Working Group
- Scottish Government
- Clydesider- Amanda Eleftheriades-Sherry
  - Caroline Finn
  - Jenny Watson
  - Angela Clark
- Anne MacPhail - Health Care Assistant
- Sandra Cahill - Pharmacist

“Chance to Change has been very special in that they've really taken on board some quite difficult tasks together, supporting each other through empowerment courses. They have a particularly strong group of members and they have strong leadership with Leanne. So they've got a good recipe. And it's come together to make a really excellent group.”

“We couldn't do it without Boxer. He puts the 'care' in Caretaker, there's nothing too big and nothing too small. I can say I need a bit of blue tak and Boxer will get it, or I'll ask him for a cupboard and next week there's a cupboard; he even brought in a couple of onions for my dinner! He calls us the sisterhood and he brings in cakes for us from Greggs each week.”

“They each have their own qualities and skills but they gel really well together as a team. Jenny's patience is amazing; she'll go over everything 55 times and then come back again to make sure no-one is struggling. Caroline knows how hard it is to be in front of the camera and she's taken people to one side and made them feel at ease; she's really sensitive to people's needs. And Angela gets us, she's got the empathy.”





## The C2C Does Digital Project was a collaboration between the following organisations and funders

