HAGIS
Healthy Ageing In Scotland

COVID-19 AND YOU: IMPACT AND RECOVERY STUDY

A qualitative study of older adults' experiences living through COVID-19.

Rapid report 3: Technology and social connectedness

Prof Louise McCabe, Dr Tamara Brown, Dr Cristina Douglas

Roy Anderson, Elizabeth Chrystall, David Curry, Margot Fairclough, Christine Ritchie, Pat Scrutton and Ann Smith

UKRI Economic and Social Research Council

UNIVERSITY of STIRLING

Table of Contents

ACKNOWLEDGMENTS

We are thankful to the HAGIS team for their support with the qualitative data collection reported here. We are extremely grateful to our community-based co-researchers Roy Anderson, Elizabeth Chrystall, David Curry, Margot Fairclough, Christine Ritchie, Pat Scrutton and Ann Smith, who are this report's co-authors and have contributed extensively to the development of project materials, conduct of qualitative fieldwork, and analysis and interpretation of the findings.

Suggested citation for this report is: McCabe, L, Brown, T.J., Douglas, C. COVID-19 and You: Impact and Recovery Study. *A qualitative study of older adults' experiences living in Scotland during COVID-19: Technology and social connectedness.* Rapid Report 3. Stirling University: Scotland, UK; 2022.

Funding support: This research was funded by the Economic and Social Research Council (ESRC) as part of the UK Research and Innovation (UKRI) rapid response to COVID-19. Grant number: ES/V01711X/1.

EXECUTIVE SUMMARY

The COVID-19 pandemic significantly impacted all our daily lives. This rapid report describes the overarching themes arising from an in-depth qualitative study that explored the lived experience of the pandemic in adults aged over 50 living across Scotland. A co-production approach was undertaken to data collection and data analysis by a team of three academics and seven co-researchers. This rapid report is the third in a series of three reports detailing findings from the qualitative field work. This report focuses on older people's experiences of using technology and of being connected to others during the pandemic.

KEY THEMES

In terms of technology use and social connectedness, strong themes that emerged from the date related to:

- Changing natures of social connectedness with friends, family and neighbourhoods
- Loss of social connections
- Caring relationships
- Increasing, diverse and personalised uses of technology
- Barriers to technology use
- Looking to the future.

MAIN FINDINGS

- Participants stayed in contact with family and friends but did this in different ways, mainly using technology or forming support 'bubbles' with close family
- People missed physical contact with family and friends and the 'vibe' people felt when together in person
- Friendships were sometimes affected by differing opinions about pandemic restrictions and vaccines
- Caring relationships were under increased strain due to lack of formal care provided at home and reduced contact with friends and family
- Communities were an important resource for older people, providing both a source of support and opportunities to contribute by supporting others in the community
- Technology was core to the way people sustained and strengthened their social connections.
- Technology use increased sharply for almost all participants although a few resisted the adoption of technology

- Technology was used to engage with a wide range of activities including connecting with social networks, taking part in physical and social activities, shopping, banking, learning and accessing health services
- Participants were engaging and using technology in a very personalised manner, incorporating personal experience, opinions around safety, political and ethical concerns, together with personal choice
- Some participants developed mastery in their use of technology
- Engagement with health services using technology was reported negatively.

INTRODUCTION

During the COVID-19 pandemic, people's lives in Scotland changed significantly due to the impact of restrictions such as lockdowns and social distancing strategies that were introduced to restrict spread of the infection and to protect the NHS. These restrictions had repercussions on various aspects of our daily lives, and we wanted to explore how these changes were experienced by people aged 50 and over living in Scotland and how they responded both to the restrictions imposed and to their own understandings and knowledge of the pandemic.

Aims

This part of the COVID Impact and Recovery study involved an in-depth qualitative exploration of older people's lived experience of the pandemic to develop a rich understanding of their pandemic related experiences, worries and behaviours.

METHODS

A co-production approach was adopted for the design of research tools, data collection and data analysis. The project team included seven people aged over 50 who worked on a volunteer basis alongside the three academic members of the team. The volunteer co-researchers were provided with training and support to develop the necessary skills to undertake data collection and analysis.

The project received approval from the General University Ethics Panel, University of Stirling, project ID 485.

Sample and recruitment

People aged over 50 living in Scotland were eligible. A one-page recruitment advertisement poster was posted on the study's website and social media (Twitter), the University of Stirling's website and placed on public libraries or supermarkets' boards. Participants were also recruited through snowballing using the co-researchers' professional and social networks.

A purposive sampling approach was adopted to recruit a diverse sample that includes experiences across age, gender, and locality as well as differing experiences of the pandemic including people who were shielding and unpaid carers.

Data collection and analysis

Data collection involved semi-structured individual or small group interviews. The interview topic guide (APPENDIX 1) was guided by the overall HAGIS project themes and included questions related to:

1. General feelings and thoughts about COVID-19 and related restrictions
2. Social connectedness
3. Health
4. Finance and work
5. Technology.

The interview schedule was developed in collaboration with the co-researchers who helped shape the specific topics as well as the wording of questions to ensure these were engaging and easy for participants to understand.

Co-researchers also played a vital role in the recruitment of participants. The participants were asked whether they preferred to participate in an individual interview or a small group interview involving two or three participants. All participants gave informed consent and were given the option of written or verbal consent processes. The interviews were conducted online, using the platforms Microsoft Teams or Zoom, by telephone, or face-to-face subject to individual preference and COVID-19 regulations. Thirty-six participants took part. We conducted individual interviews with 21 participants and 7 small group interviews with 15 participants (6x 2 participants and 1x 3 participants). For individual interviews, 13 were conducted online, 2 by telephone, and 6 face-to-face; all small group interviews were conducted using MS Teams videoconference.

Interviews were carried out between October 2021 and April 2022. Twenty-five interviews were co-facilitated by one member of academic staff and one member of the co-researcher team, the remaining four were conducted by an academic researcher alone. The format for these data collection processes was relatively flexible, with the technical aspects (i.e., welcome and introduction, a brief presentation of the research, recording etc.) being covered by an academic researcher and the questions being asked by a co-researcher. For each interview and small group interview, the researchers met approximately 30 minutes prior to the participant joining to discuss how the interview and focus group should be conducted. The interviews took approximately an hour and small group interviews around

1.5 hours. After the interview concluded, the academic researcher conducted a debrief discussion with the co-researcher.

The data was transcribed using a University of Stirling approved transcription service and analysed in collaboration with the co-researchers using thematic analysis.[1] Open coding was initially undertaken to understand the breadth of issues covered in the interviews and to start to understand commonalities and differences across people's experiences. Deductive coding was then undertaken by academic and co- researchers supported by data processing utilising NVivo v.12.[2] The analysis progressed in a number of steps. Following the transcription of interviews all members of the research team read through a small number of transcripts and developed a set of themes and topics that had resonance in their sample. The group then shared written notes which were reviewed before the group met to construct the first set of themes. This coding framework was uploaded to NVivo and the academic team then coded all transcripts against this framework. Around half way through this process the whole team met again to review the content of a sample of themes to help refine the coding framework. Coding then continued until all transcripts were coded. Inductive analysis of individual codes was then undertaken by different members of the team to develop the codes and findings presented below.

FINDINGS

Participant characteristics

We recruited 36 participants, 13 self-identified as male and 21 as female (2 did not report), aged between 50 years to over 80 years. The majority of participants self-identified as white British or White Scottish. Eleven participants lived alone. There was a good geographical spread although missing participation from people living in the North West of Scotland and a mix of rural and urban. One participant explicitly identified as from a LGBTQ+ community. The limitations in our sample are discussed later in the report. Sixteen participants self-reported good overall health, despite a few of these same participants also reporting other conditions including diabetes and asthma. Baseline characteristics of participants are described in Table 1.

Table 1 Baseline characteristics of interview/focus group participants (n=36).

Gender	Male	13	**Geographical area**	Aberdeen	4
	Female	21		Aberdeenshire	7
	NR	2		Borders	1
Age	50s	6		Dumfries and Galloway	2
	60s	17		Edinburgh	4
	70s	7		Fife	2
	80s	4		Glasgow	3
	NR	2		Inverness	1
Ethnicity	White Scottish	10		Kincardineshire	1
	White British	14		Lanarkshire	1
	White Irish	1		Moray	1
	British	1		Paisley	2
	Scottish	1		Perth	2
	White	3		Renfrewshire	1
	NR	6		South Ayrshire	1
				Stirling and Falkirk	2
Health conditions*	None/in general good health	16		NR	1
	Poor/average general health	2	**Household composition**	Lives alone	11
	Osteoarthritis	2		with spouse	13
	Heart	5		with spouse and child	1
	Hip replacement	1		with another adult	3
	Diabetes	4		with adult child	1
	Asthma	5		with adult child with additional needs	1
	High blood pressure	3		with child/children	2
	Lupus	1		NR	4
	No spleen	1			
	Non-Hodgkins Lymphoma	1			
	Mobility issues	1			
	Anxiety	1			

*some participants reported multiple health conditions

Overarching themes

Our thematic analysis of the whole qualitative dataset revealed eleven overarching themes, listed below. These themes emerged from a deductive approach using the key HAGIS themes as a guide as well as inductive analysis looking for new themes and topics that had resonance across the dataset.

1. Behaviours
2. Daily Living and other activities
3. Difficulties
4. Feelings
5. Finances
6. Health
7. New habits and routines
8. Perceptions
9. Social relations
10. Technology
11. Temporality

The findings from the qualitative analysis are reported across an interconnected set of three reports. These reports draw out more detail on the themes that had most resonance in the dataset (subjective experiences of older people, opportunities emerging from the pandemic) alongside those that have relevance to the wider HAGIS project (technology, health and social connectedness). Each report focuses on a group of themes, but it should be noted that these themes are interconnected and we would recommend you read all three reports to get a full understanding of our findings. The three reports cover:

- Feelings, losses and opportunities emerging from the pandemic (Rapid Report 1)
- Experiences of health and engagement with health services (Rapid Report 2)
- **Technology and social connectedness (Rapid Report 3).**

Each rapid report provides an overview of each topic illustrated with quotes. Quotes are accompanied by a code that identifies the participant and whether they took part in a group or individual interview, for example, GI01R1 refers to the first respondent in the first group interview and II21 refers to the respondent in the 21st individual interview.

This rapid report covers the topics of technology use and social connectedness. Unsurprisingly technology played a crucial role in how people stayed connected during lockdowns and other restrictions and so these topics are closely interwoven.

Further, they answer some key research questions from the wider HAGIS project:

1. How and to what extent did older people's ICT use change during lockdown?
2. How and why did people choose new ICT-enabled social, health and economic activities?
3. What are users' perceptions of the social, health and economic benefits of using ICTs, and of the likelihood of their sustained use of activities identified in Q2?

This report starts by reporting on findings about how people maintained social connections during the lockdown; demonstrating how these changed in nature and frequency and reflecting on connections that were lost. This presents the context within which people began using technology in new ways. Technology was most commonly used to stay connected with others although it was also used for shopping and banking, to access information, learning new skills, physical and social activities, and to engage with health services.

Social connectedness

Family and friends unsurprisingly played important roles in people's experiences during the pandemic. All participants described the support they drew from family members even when they were geographically far way. As noted in the section on technology below, connections were often maintained using videoconferencing and other communication apps such as Zoom, as well as the telephone. For some, their frequency of contact with family members increased, enabled by technology, and this included contact with family and friends living in different countries.

Participants did report losses in social connection and the inability to hug and have physical contact with others was a particular challenge for many people.

> *I think the single hardest thing, and some of my friends were saying the same thing, was the no touching…we think we live inside our heads, but how much of it is body. You know, and we missed it terribly. I'd have been much worse if I hadn't had [son] at home, because we do hug. And it would have been much worse if I hadn't had him. But this idea that you couldn't touch people, I think was probably cruel to the point of, you know, if it happened again I don't know that we should be doing it. Because it was so damaging. You know, maybe it stopped things physically but then if it leaves you mentally that scarred by it, I don't know what the advantage is*. (II24)

> *I was lucky, you know, that I could speak to them. But I missed…the physical touching and…there's nothing like a wee hug from your granny, you know, aye*. (GI08R1)

One participant who works as volunteer in a social club for older people reported many of the people they cared for were facing social isolation.

> *It's also very depressing in that the people I'm dealing with in [service], they're in their eighties and nineties and they're saying to me they're struggling because they can't see their family. The phone calls I'm making to them impact greatly on them because they're so desperate for contact.* (II01)

When caring for grandchildren with special needs, one participant expressed difficulties in trying to maintain the bond with the grandchild, especially as they were very young.

> *For me, it was very difficult. Really difficult because my wee granddaughter has special needs and she was only just…what did she…she was just under one so when I couldn't…we weren't allowed to be in touch, you know, in lockdown. I was shielding so I wasn't allowed anywhere near, so by the time the two years was passed, she didn't know me…So that was very difficult.* (GI08R2)

A few participants found other creative ways to stay connected and show their love for others. One participant decorated her house and garden so that when her grandchildren were walking past, they would know she was missing them.

> *I yarn bombed my…I learned how to crochet using YouTube videos and I basically yarn bombed my front garden, bought love hearts off the Internet, posted them all in my…stuck them all in my windows and when I was speaking to my grandkids on the phone I was like, you know, it's just to let you know Granny's missing you and she loves you*.(II10)

For some, relationships with friends were negatively impacted, both due to the inability to meet up and, for a few, by different attitudes towards COVID-19.

> *to be honest it did tail off a bit. Depending on I have to say some of the conversations because some people were a bit anti- COVID anyway. The subject wasn't allowed to go away...in a situation where they were believing it was actually happening and we would just say, okay if that is how you feel about it then we will*

> *just maybe put things on the back burner for a while. But just trying to establish and keep your self esteem, just that friendship we didn't want it to be tainted in any way by COVID.* (II15)

And for many, the uncertainty brought by frequently changing and often complex rules and restrictions was hard to bear and made planning social activities difficult.

> *So everything like that, any certainties you had in life, you can't plan anything.* (II01)

But participants were very resourceful and were able to find ways to ensure they stayed connected despite restrictions. This involved creative uses of technology, visiting people but taking steps to stay as safe as possible and creating support 'bubbles' with specific family members. The opportunity to form support 'bubbles' with specific family members was very positive for several participants.

> *One of the blessings of COVID is we got our granddaughter, a surprise baby, our first granddaughter. So that was magical, that was absolutely magical for us as a family. Even with the restrictions, you can't go…these households and whatnot, we formed our own bubble as a family and said we've got to support each other, you know, which is what we did.* (II09)

There were many examples of neighbours and communities coming together to offer support during lockdowns and the older people in this project both contributed to this support and benefitted from it.

> *As soon as the pandemic hit and we were into lockdown, the lady across the road phoned over – she's in our church, she phoned over…whatever you're needing, shopping-wise, or if you're needing any prescriptions, she said, please just give me a ring and I will get them. So she was doing a lot of our shopping to start with. And all my neighbours were the same.* (1107)

> *We're both very busy volunteers. My husband works for the foodbank so he was doing extra shifts helping to get deliveries out to people. I run a memory café in the town which at the beginning of COVID obviously was closed. And my thoughts were how were our attendees going to manage. So my focus became the care basically of the elderly people that I knew in our community – so we diversified and we brought our café to the community. We turned it upside down. So what we did was we arranged to have soup and cake delivered twice weekly.* (II09)

Participants also felt a need to support their local business through schemes such as the 'eat out to help out.'

> *The ten pound Eat Out to Help Out deals, because where I stay there are so many businesses offering eating. And they were all struggling so much. So wanted to support the local businesses and we felt that they did have precautions set up within them that made it safe for us.* (GI01R1)

And by shopping locally.

> *A lot of the local shops have been going the extra mile. The local butcher, they've been open the whole time. People were having to queue out in the street, talking to the people queueing in the street. It was like wartime again, you know? But they stayed open and yes, I made sure that I gave them the backing.* (II01)

There were mixed views of support from local churches with some reporting very positively on the support received while others had more negative experiences.

> *I really wish that the churches would have had the bottle to have had people meeting, as I say, over gravestones, because the churches have just shut. We've found here that people have been very quick about trying to get the money in, but they haven't bothered to ring round to see if people are all right.* (GI02R2)

The pandemic was reported by some as offering new opportunities for people to be involved in their communities.

> *So COVID presented me with lots of opportunities to engage in our community, more so than we had already been engaged, if that makes sense.* (II09)

And it contributed to a growing sense of community spirit.

> *So I thought there was a huge, sort of, community spirit appeared out of this. And it's still…in a sense still going within that high rise block. So that's something I had never expected.* (GI08R2)

> *I mean, again, I'm fortunate, you know, neighbours. I suppose because they can see this daft old devil living in a house on his own, mumbling, and shuffling, and whatever, you know, people would come, how are you doing, are you alright, you know, whatever. And that, again, reminded me of the war, in a way, that community spirit.* (II04)

One specific relationship that was impacted significantly by the pandemic was that between unpaid carers and the people they care for. The caring responsibilities people had prior to the pandemic have been amplified and challenged, often due to the withdrawal of face-to-face support from paid carers, other family members and the community. In some cases, older people took extra caring responsibilities especially for their adult children who struggled due to mental health issues.

The most challenging situations were those in which participants had to care for a partner living with dementia. During periods of strict lockdown, people could not access respite or formal support. Further, it became increasingly difficult for carers to explain the restrictions to the person with dementia. These situations were affecting the carer's wellbeing as they felt disempowered, lacking choice and control over the situation.

> *But it was hard getting him to understand it. He just couldn't understand it. Every day he was asking again about it, you know, why are we in lockdown? Why? Why can't I go out? Why can't I go and meet people?* (II07)

For one of our participants, caring responsibilities for her adult son living with mental health issues emerged towards the end of pandemic restrictions. The participant attributed this to the lack of face-to-face checks for her son and the lack of understanding about mental health conditions from the care providers.

> *… my younger son has…he has schizophrenia and he is supported and he had a wonderful support network and just at the beginning of all this, that changed because they were getting more mental health issues to deal with. So he moved onto another section and nobody's been near him. They phone him every week and say how are you and he says I'm fine, because that's what he's like, and they just leave him to get on with it.* (GI03R2)

These findings were also reflected in reports from participants working in the care sector who shared this distressing account of an older person who had been abandoned.

> *We found a wee lady, for ten days nobody had been near her. She hadn't been fed, washed... And she had no food in the house… She was in a wheelchair. She had been sleeping in it for nearly two weeks. … Because nobody… She normally got somebody… It was like, you know, somebody gets her up and somebody puts her to*

bed and she had meals ordered. She had nothing. The services had just pulled out completely.

Use of technology

During pandemic restrictions, older people used technology in new ways to support their everyday lives. Most of our participants were willing to engage with technology and demonstrated a need and willingness to learn about technology and adopt it to support their lives. A smaller number of people were already confident and familiar with technology and did not need to adapt in the same way. A minority of participants remained resistant to the use of technology and did not use it in their day to day lives. Technology was core to the way people sustained and strengthened their social connections.

During the pandemic participants used a wider range of devices and platforms, see Table 2 below, and used this technology for a very wide range of activities to support their social lives, health and wellbeing, finances, and to shop. These wide ranging and creative uses of technology are illustrated in the word cloud in Figure 1.

Table 2 Devices and software used by participants

Devices	**Platforms/apps/software**
Tablet computer	Zoom
Kindle	MS Teams
Alexa/Google home	Facebook
Computer	FaceTime
Laptop	WhatsApp
Landline telephone	Skype
Mobile phone	Email
	YouTube
	Internet
	Google Hangout
	Viber
	Wildix

Figure 1 Uses of technology described by participants

Nearly all participants reported benefits from using technology and changes in their social lives and everyday activities supported by technology use. For some, this related to more frequent contact with friends and family members, for others it was about expanding their networks and sometimes connecting with new people or taking part in events in other countries.

> *People we wanted to speak to, we spoke to more regularly on Skype or whatever. And rather than seeing them once every ten days or two weeks, we would speak weekly on Skype.* (GI03R1)

> *I did actually go into this wonderful exhibition that was on in America in Washington and it was a huge Degas Ballet* (exhibition) (II15)

Many reflected on the creative ways people found to use technology in place of what would previously have been in-person events such as birthday parties.

> *I think for me it was seeing how creative people could be. Because we had a couple of friends who had special birthdays, 70th, and normally we would go out, we would*

do something. And it was like what are we going to do. So we had a Zoom party and trying to do that was a bit of a challenge but we did different activities. It was quite interesting how creative… Because what we would do is everybody would have the responsibility to do something as part of it. (GI03R2)

Participants were using technology in very personalized ways to engage in these different activities. Preferences were dependent on people's experiences with different devices and platforms but also influenced by ethical and political choices as well as concerns about security and risk.

Yeah, but I don't do Twitter. Twitter? No. That's something Donald Trump used (II14)

I refused to put the bank stuff in it (mobile phone) *because I feel it's not secure enough*. (II01)

You know, we're in regular contact with my family, we're using FaceTime…not Zoom, FaceTime. (GI01R2)

Learning was a key part of using technology for many of our participants. People were actively engaged with learning, for some this was about taking courses while most took a more informal approach to learning with support from family and friends. Grandchildren could be a catalyst for learning, for example, through engaging grandparents in home schooling, however, their grandchildren's mastery and speed of use of technology wasn't always helpful to older people.

Yeah, but I couldn't remember, you know. And then, the little ones, they stare at you. don't they, she'd stare at me, and say, Granddad, I've just shown you that - I know, I know (II04)

A lot of grandparents I know who are my generation have upskilled a lot because they've helped with home schooling. (GI02R2)

A few participants reported their own mastery of new technology while one participant had got so used to new technology they had forgotten how to access BBC television channels.

I order much more online now. I'm single-touch Amazon. I don't even need to get my credit card out now. (II01)

> *I find I do not watch, in fact, [wife's name] said to me last night, she came home and she couldn't get BBC, she was wanting to watch something on BBC, on live TV. And I said, well how do you get live...? I'd forgotten how to get live TV.* (II21)

Participants did face barriers and challenges when accessing and using technology in everyday life. Some felt overwhelmed by the amount of technology in their houses and others missed the ability to tune into others and 'feel the vibes' that you get in in-person circumstances.

> *You've got things like Google Home, Amazon Alexa, all that, the house is full of it, you just can't get peace from it.* (II11)

> *I hate Zoom. The thing is you miss so much in the interaction with people, you can feel the vibes and everything like that. Whereas Zoom, I didn't use Zoom during the pandemic if I could avoid it because I just phoned folk up. I don't need to see them. I can talk to them and I feel more relaxed talking to folk.* (II25)

Enjoyment and engagement when accessing events such as church services online were dependent on other people setting up the technology properly and this could be a barrier to engagement and these technical challenges influenced what people chose to connect with.

> *You felt you were much more included in the way the Anglican Church was filmed, or where the camera was. You felt like being part of that.* (GI17R2)

Participants also identified risks in using technology such as scams and misinformation, but overall risk was not a strong theme in the analysis with just a few participants focusing on this.

> *There really are too many scams. I don't know if you ever watched the programme on the television in the morning, some weeks it's on, some weeks it's not, they're going on about people who get conned into paying men money just now for so-called relationships that are a load of…* (II25)

And, as noted earlier, a small number of participants resisted the use of technology or spoke of friends and relatives who did not engage with its use. One participant reflected that this appeared to be a personal choice rather than linked to an individual's age.

> *My mother was a nightmare, but I mean, I've got 80 year olds, even I've got a 10 year old who can use his phone better than I can*. (II11)

> *My favourite aunt's still around. And I've been sending her cards and things and she sends me nice cards. But she cannot figure out how to use the Internet. And her daughter, grown up daughter, keeps trying to but she just can't do it, which would be…it would be so lovely to be in touch with her in that way*. (II22)

One area of technology use that did seem to be particularly problematic for participants was engagement with healthcare services. The discussion of health during the pandemic that follows below reflects the wider impact of the pandemic on access to health services. There were few positive reports on the use of technology for healthcare. See Rapid Report 2 for a fuller discussion of access and engagement with health services.

The quote below is from a participant who was shielding and reflects on the frequent messages received from the NHS regarding shielding processes.

> *I was getting text messages, long text messages as well. They tried to communicate quite a lot on the text messages. So, you know, that's not all that easy to read on a phone when they get quite long, and certainly if you're going back over it and trying to find one that came in a month ago, you know, you've got this great long screed of stuff that you're trying to get back through to see what the important bit was.* (II24)

Participants anticipated a more hybrid approach to life, continuing with many of the online, virtual activities that they had adopted during the pandemic restrictions but also looking forward to getting back to in-person activities.

> *When the churches all closed, we started for the first time ever going online and watching recorded services. And as soon as we could, we returned in person because the churches were all set up with social distancing very much in mind* (GI01R1)

> *I found I've just moved more and more to using a tablet for watching YouTube, just for entertainment... And I don't know why, I think, as I say, having that extra time initially made me, sort of, turn to this thing and now I wouldn't be without one* (II21)

DISCUSSION AND CONCLUSION

This report highlights the speed at which older people engaged with technology and adopted it into their everyday lives. Looking forwards, it will be important to achieve a balance which ensures that positive aspects of technology use are supported and maintained whilst avoiding the assumption that everyone will want to continue using technology. Increased, forced consumption of technology, is likely to lead to exclusion of those who cannot or do not want to engage. Concerns raised here about the delivery of health care using technology need careful consideration.

Relationships among families and friends were altered during the pandemic. Those people caring for family or friends found themselves in particularly challenging and often stressful and exhausting situations, especially those caring for spouses with dementia. The lack of physical contact and in-person interaction have had a negative impact for many and if restrictions are imposed again, it will be important to weigh up both physical and emotional risks. Our findings across all three rapid reports highlight the vulnerability to, and importance of, wellbeing within the context of the COVID-19 pandemic.

Local communities have provided both a source of a support and opportunities for older people to meaningfully contribute to society. Participants were also worried and saddened that this community spirit may be lost going forward. This highlights the need to understand and support community resilience and the role older people can play in their communities and how technology can support that.

Where we go next

It will be important to understand how people adjust to the ‘new normal’ and whether uses of technology are sustained over the longer term or if people return to pre-pandemic patterns of social connection and technology use. Further research should explore what social connectedness and technology use look like post-pandemic to ensure that forced consumption of technology does not lead to social exclusion for older people.

APPENDIX 1 INTERVIEW TOPIC GUIDE

Interview/focus group question guide

General

- How do you feel when you think about COVID-19?
- Thinking back to summer 2020 – do you feel differently now compared to then? (safety, stress, anxiety, happy, sad etc.)
- What have you enjoyed (if anything) during the pandemic?
- Have you missed physical interaction – how has that impacted for you?

Social connectedness

- How did your family and social life change during the lockdowns? (probe for intergenerational activities)
- What have you been doing since the lockdowns have lifted? (same/different to pre-COVID)?
- What influences your decision making about when and where to go out and about? (probe for COVID fear)
- What influences your decisions about who to meet and where to meet them? (probe for COVID fear)
- In what ways has COVID affected your feelings about seeing friends and family?
- Was there anything that you couldn't do during the pandemic? (probe for whether they managed to stay in touch with the people from these activities or whether things came to a total stop)

Health

- How has your health been during the pandemic (physical and mental)?
- What new things, if any, did you do to look after your health during the pandemic? (Diet, exercise, supplements, self-medication etc.)
- Have you developed any new routines or habits since the start of the pandemic? (hand washing, carrying masks, antibacterial gel, going out at certain times, etc.) – and will they continue now that lockdowns are lifting?
- Did you have any direct experience of COVID-19 (Self or close friend/relative)? If yes, can you tell us about this?
- What contact have you had with health services during lockdown?
    - How did you access your normal health services during lockdown (doctor, dentist, health visitor, chiropodist, physiotherapist, counselling service, pharmacy etc)?
    - How many regular or planned appointments did you miss or have cancelled? How did this affect you?

    - What alternative arrangements, if any, did you make if your normal health service wasn't available?
- And since lockdowns have lifted?
- Have your feelings about attending health appointments changed and if so, in what way?
- Are there health appointments you are more or less likely to attend now? (prompt re cancer screening, vaccinations, hospital and/or GP appointments)

Finance and work

- During the Covid-19 pandemic were you in paid employment, voluntary work or retired?
- Has the pandemic affected the money coming into your home and if so, how has this affected you and your family? (furlough, redundancy, supporting others)
- How have your spending habits changed during the pandemic? Do you think these changes will continue post-pandemic?
- If working, has your way of working changed since the start of the pandemic and will those changes continue now lockdowns are lifting? (home vs office based work)
- If working, what are your feelings about attending an office/shared working space?

Technology

Questions are about everyday technology (computer, laptop, tablet computer, Alexa (or similar), smart phone, mobile phone, landline phone)

- What new ways have you been using technology during the pandemic? (probe for: staying socially connected/accessing health services/working - shopping, family chats, medical appointments, baking, learning, social events etc.)
- What activities do you think you will continue to undertake using technology now that lockdowns are lifting and why? (probe work/health/social)
- What have been the benefits to you of using technology?
- Is there anything that concerns you about using technology?

REFERENCES

1. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology 2006;3:77-101.
2. QSR International. NVivo 12, 2018. Available: https://www.qsrinternational. com/ nvivo/ enabling- research/ the- new- nvivo

Contact us

Healthy Ageing in Scotland (HAGIS)

University of Stirling

FK9 4LA

Stirling, Scotland