

Understanding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove

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Understanding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove – Executive Summary

Introduction

This report outlines findings from the first work package exploring digital capabilities and experiences among ethnic minority elders in Brighton and Hove. This informs the second work package which intends to support future engagement in research from this underserved population (and will be reported elsewhere).

The project was funded by NIHR (National Institute for Health and Care Research) CRN (Clinical Research Network) Kent, Surrey and Sussex.

The sample

The 22 people engaged in this study were recruited with the assistance of Bridging Change¹, Sussex Interpreting Services and a local community group of minority ethnic elders. A flyer was used to support recruitment and posted at the Black and Minority Ethnic Community Partnership in central Brighton.

Five conversations were held individually and 17 people participated in four focus groups.

Of the 22 people participating in the study, six defined themselves as male and 17 as female. The age ranged from 61 to 82, with an average age of 71.6 years. Their ethnic backgrounds consisted of: Indian, Sri-Lankan, Black-Caribbean, Pakistani, Iranian, Egyptian, White-European, and Turkish.

People's confidence with digital technology averaged at 3.1 out of 5 (5 being the highest level of confidence). This provides valuable context to the findings, that concerns, barriers and fears were able to be discussed. However, these worries and concerns were not shared by everyone. There were six people in the sample who rated their confidence 5/5 and were confident in online purchasing, contacting their GP online, internet banking and generally making more advanced use such as linking up their phone with voice technology (e.g. Alexa) and screen-mirroring.

¹ An independent organisation intending to 'build strong, dynamic and successful Black, Asian and minoritised ethnic groups, communities, organisations, businesses and individuals that are empowered to flourish, free from inequality and discrimination'.

Findings

The findings were grouped into the following eight themes:

1. Digital skills – Most people, although had a mobile, were using it predominantly to make phone calls or text. There was a particular problem in accessing emails on a mobile, knowing how to file them, send them, and turning off notifications. Other skills such as changing font size or connecting to WiFi were discussed and found to be easier on a laptop compared to a mobile. Some made reference to people in their local community who had far less skills to use digital technology. Also, while some said they intended to raise their confidence with digital technology, others were admittedly trying to avoid it.

2. Using digital technology – People used digital technology for a range of different purposes including shopping, banking, comparing deals (e.g. for car insurance), booking holidays and generally searching for information. Keeping contacts with family and friends, often abroad, was a particular benefit. Social media was rarely used, with some describing this as deliberately avoided.

3. Lowering people's confidence – Poor reliability due to loss of connection, 'crashing' and confusion over passwords dampened people's confidence. However, the main barrier to using digital technology was centred around distrust. This was particularly the case for unscrupulous emails and financial transactions including banking and making online purchases. This extended to concerns over privacy and sharing data without knowing, with several people having been scammed which only exacerbated these worries.

4. Building trust – There were various strategies used to allay the distrust issues. The most common way was to get help from friends or family (usually their children), mostly in knowing how to operate a mobile and access the internet safely. This extended to family or friends making online purchases on their behalf (by settling their friends or family member's credit card use by cash), and checking emails with others (both receiving and prior to sending). To combat the possibility of being scammed, some suggested having separate accounts for online purchases. Others spoke specifically about only using reputable and well-known websites even if that was not the cheapest deal.

5. Health and GP access – Most people either preferred not to use an online GP booking system (such as e-consult) or had tried with great difficulty. Several shared experiences of people in their community who were greatly disadvantaged by this. Most preferred to make an appointment direct with the surgery (often in person). Once the appointment was in progress, there were also

problems in terms of sending photos or videos. Further problems were knowing when a return call from a GP would occur, not using or understanding the NHS App, and not being able to reply to a letter online. Because of the complexities of making an appointment and having to wait, there were instances where people attended the local Emergency Department to get advice. By contrast, some also found remote appointments more convenient, benefitted from online prescriptions, and some mentioned the advantages of Patients Know Best to access results quickly.

6. Age-related issues – Most people did not learn about digital technology at the time the internet was first emerging. Families, friends and some professional ‘drop-ins’ have been valuable sources of advice and assistance. Most people were generally interested in attending further training, although others felt it was too late and they were disinterested in learning new skills. For any further support, the language would need to be accessible and the content tailored to specific needs. Above all, people expressed that their age meant any training would have to be step-by-step and not too fast-paced. Also, people spoke about the training focusing on what people ‘need to know and what they don’t need to know’ in preference to a ‘crash course’ that covers everything. The support would need to be informal in order to minimise embarrassment and not create any fear about making mistakes or being ‘left behind’. Additional comments suggested the benefits of community-based venues with support led by members of that same community.

7. Ethnicity – Although faith or country of origin had no role in shaping experiences, language was considered as a significant obstacle to using digital technology. Being able to read letters, messages, emails and using the NHS App was impossible for those for whom English was not spoken or was their second or third language. Even if a person’s understanding of English was good, understanding test results from the NHS App and My Health and Care Record was problematic. In view of the language, some people mentioned the main obstacle of using digital technology was a combination of ‘language and technology’.

8. Digital technology as a whole – Although recognising some of the benefits and inevitability of digitisation, people commented that the world was becoming too digital. This increased the pressure on people to keep up to date with digital developments. Too much dependency on the phone was mentioned as, if it was lost or corrupted, this could remove all passwords and other saved data. If the option of human interaction was not possible, this was particularly frustrating and people mentioned how this had extended to health care, car parking, airports and train travel. In further comments, people expressed some concerns how it has affected family interaction with people revealing how their grandchildren were

'always on their mobile'. Apart from this general annoyance about being too reliable on digital technology, people also shared how some people within their communities are becoming increasingly disadvantaged by lacking any digital skills and not having the support networks of friends and family.

As a final point, by the very nature of the research, the people who are more aware of digital technology are more willing to participate in the study compared to those with no experience. The digital skills shown by participants in this study are likely to be overrepresented compared to their peers in the local community.

Of the 22 people contributing to this study, three volunteered to participate in the second work package (reported elsewhere).

Understanding the use and attitudes of digital technology among ethnic minority elders in Brighton and Hove – Main Report

Introduction

It is widely acknowledged that the world is becoming increasingly digitised. Online banking, online shopping, booking holidays online, and having GP appointments by phone and video is becoming the norm for some people. The evidence shows a dramatic shift to digital solutions since the Covid-19 pandemic. [NHS data](#) showed that 48% of GP appointments in May 2020 were remote, compared to 14% in February 2020 (pre-pandemic).

Certain people are less likely to use digital technology and could face disadvantage, for example, in being unable to book GP appointments online. It is understood that [older people](#) are less likely to use digital technology and so may be disadvantaged in being able to manage their healthcare online. Additionally, compared to '[extensive digital users](#)' we know that people who are Black Asian and minoritised ethnic people² are [1.5 times less likely](#) to fully use digital technology. [People whose first language is not English](#) are also less likely to use digital technology. Further evidence showing older people and those from minority ethnic backgrounds are digitally disadvantaged is reported by the [British Academy](#).

Within [Brighton and Hove](#), 8.6% of the adult population have never used the internet or have not used it in the last three months, and 16% of the adult population lack the five basic digital skills (managing information, communicating, transacting, problem-solving, and creating).

NHS Sussex (our Integrated Care Board) is exploring how to better engage with groups who experience greater health inequalities, and this funding opportunity matches their ambition.

The Sussex Integrated Care System (ICS) published [Improving Lives Together](#) which aims to improve the lives of local people by supporting them to live healthier for longer and making sure they have access to the best possible services when needed. A key ambition is "Improving the use of digital technology

² This term has been used as advised by Bridging Change (an independent organisation intending to build strong, dynamic and successful Black, Asian and minoritised ethnic groups, communities, organisations, businesses and individuals that are empowered to flourish, free from inequality and discrimination).

and information". There are clear parallels with the ambition of this funded opportunity to the local policy context.

This context supports our intention to hear the views from minoritised ethnic people, over the age of 65, regardless of whether they use digital technology or not. This allows us to understand the motivations that people have to use digital technology, the barriers that some people face, and how people move to becoming being more digitally capable. Further, the [importance of being digitally included](#), rather than excluded, is captured through a range of social and lifestyle factors; financial rewards; health benefits; and cost savings for the health and social care service.

Within Brighton and Hove, the 2021 Census reports that 26.1% described themselves as non-White-British. The largest additional ethnic group was Other White (11.5%), followed by Mixed Race (4.8%), Asian (3.7%), Black (2.0%), Chinese (1.1%), Arab (1.1%), and Other (2.0%). Older people from these additional groups are eligible for inclusion into this study.

Aim of the project

To understand the lived experience of older ethnic minority groups in Brighton and Hove in relation to digital inclusion, and how that impacts on access to their engagement in research studies.

Methodology – Partnership approach

There are two work packages in this project. One led by Healthwatch Brighton and Hove (HWBH) and the other led by the overall Project Lead, Dr Ali (Reader in Geriatrics, Brighton and Sussex Medical School). Dr Ali has previously worked closely with HWBH³. Dr Ali will use the information from work package 1 in understanding the views of older ethnic minority groups in Brighton and Hove in shaping local research priorities in digital technology (more details of work package 2 can be seen in Appendix 1).

Work package 1 – HWBH

The purpose of work package 1 was to understand the lived experience of ethnic minority groups in Brighton and Hove in relation to digital inclusion. This understanding provides important intelligence to support work package 2 (supporting future research engagement in this underserved population).

³ Dr Ali and HWBH collaborated on a study exploring people's [views and experiences of dementia services](#) across Sussex. Both are members of the Digital and Data People's Panel run by NHS Sussex.

HWBH is the local health and care consumer champion and ensures that NHS leaders and other decision-makers hear the voice of people and this ultimately contributes to improved policy and care. HWBH achieves this through fostering relationships with local communities, undertaking ground-breaking projects, responding to helpline enquiries, and escalating issues when required.

Through this work package 1, we engaged with 22 people from minoritised ethnic backgrounds over the age of 65. The engagement consisted of four group discussions and five individual interviews which depended on the participants' preference. This included those that had used digital technologies to different extents for health and social care purposes.

We used a flyer explaining who we would like to speak to and how interested audience can express interest in having a interview (a highly effective technique used in a HWBH recent [dementia study](#)). The flyer is shown in Appendix 2. As participants expressed interest, they were then sent more details of the project via an Information Sheet (Appendix 3) and the how to arrange a discussion.

The individual and group discussions were supported by a Topic Guide (Appendix 4) used by the meeting facilitator. The topic guide is an aide-memoire to facilitate discussion rather than a specific list of structured questions. This Guide was modified according to feedback from the first interviews and was tailored according to whether people opted for a small group discussion or an individual interview. The format of the discussion was broadly as follows:

- Introduction including purpose of discussion, ground rules, consent (Appendix 5), equality data and what is meant by 'digital technology'.
- Understanding of digital technology and requirements to facilitate its use.
- What digital technology is used and not used for, including interacting with health and social care services.
- Pros and cons of using digital technology and its overall importance in society.
- Reflecting on past experiences – encouragements and discouragement to use digital technology, enablers to become more digitally capable, recent learning and what future learning would be welcome.
- Using digital technology in relation to the local community, culture or faith as an influencing factor e.g. language, keeping in touch with relatives.
- Interest in further involvement in research studies through digital technology (link to work package 2).
- Summary and feedback for researcher to ensure correct understanding of discussion.

The discussion facilitator was either the HWBH Head of Research or a Researcher from Bridging Change or Sussex Interpreting Services (see Recruitment). On some occasions, groups were co-moderated and involved a translator.

Recruitment

As expected, it was necessary to use a variety of gatekeepers to reach out to older people from minoritised ethnic backgrounds, where relations and links to the desired sample were already established. To achieve this, the following approaches were undertaken:

- Bridging Change - an independent organisation intending to 'build strong, dynamic and successful Black, Asian and minoritised ethnic groups, communities, organisations, businesses and individuals that are empowered to flourish, free from inequality and discrimination'. A researcher from Bridging Change was briefed about the project, advised on the project materials and undertook three interviews and facilitated two focus groups (11 people in total). Notes and recordings (see Analysis) were provided to the HWBH researcher.
- Sussex Interpreting Services - exists to 'enable full access, for people with language needs, to publicly fund services in order to improve health, education and quality of life'. SIS assisted in creating a discussion group among four linguists. They included people for whom English was their second or third language. A SIS researcher co-moderated this discussion group with the HWBH Head of Research, enabling them to add some questions to meet their interests, such as views about the SIS website, use of QR codes, and views about the SIS database. Further interviews with two linguists were performed after this focus group.
- Egyptian Coptic Association - this group meets regularly with up to 80 people at any one time. Five participants from this group joined a focus group discussion. This group required the assistance of a translator.
- The flyer was posted in BMECP - Black and Minority Ethnic Community Partnership (<https://bmecp.org.uk/>) in central Brighton.

For both Bridging Change and SIS, these are examples of the communities engaged benefiting from the funding awarded. Both organisations saw the research as relevant to their existing priorities, and were reimbursed for their time to co-moderate or arrange discussion opportunities.

Analysis of discussions and focus groups

Subject to consent the discussions were digitally recorded supported by interviewer notes. Recorded information and meeting notes were analysed thematically. Braun and Clarke's (2006, 2013, 2019)⁴ methods were used to identify, describe and analyse themes and patterns within the data. The analysis focussed on the generation and emergence of common themes and explanations derived from the data.

Findings – Sample profile

All 22 people interviewed (or participating in a focus group) completed an equalities questionnaire beforehand. The findings from this data are presented in the table below and related text.

In the table, the acronyms refer to the following:

BC = Bridging Change

SIS = Sussex Interpreting Services

ECA = Egyptian Coptic Association.

Disability is defined as are your "day-to-day activities were limited because of a health problem or disability which had lasted, or was expected to last, at least 12 months?"

⁴ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>.

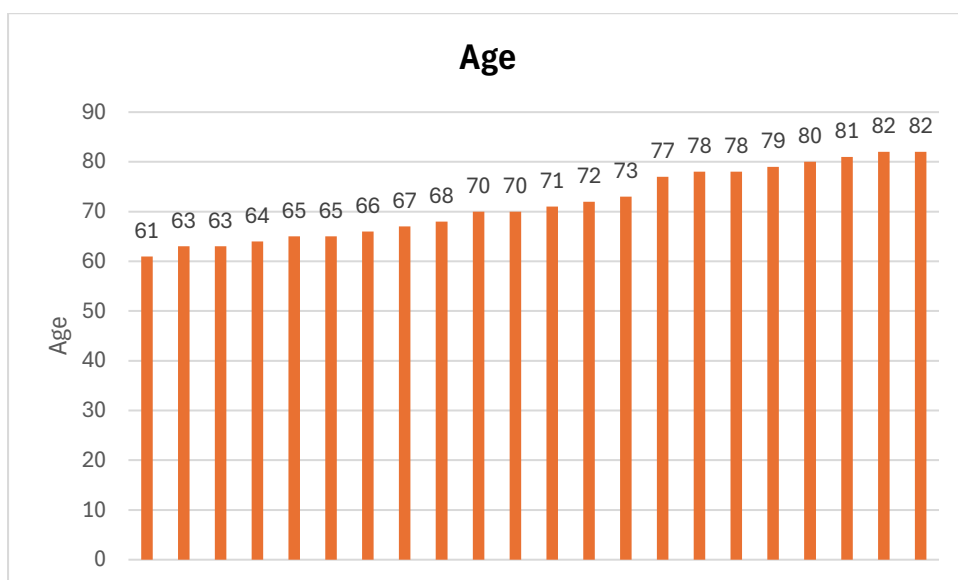
Clarke, Victoria & Braun, Virginia. (2013). *Successful Qualitative Research: A Practical Guide for Beginners*.

Virginia Braun & Victoria Clarke (2019) Reflecting on reflexive thematic analysis, *Qualitative Research in Sport, Exercise and Health*, 11:4, 589-597, DOI: [10.1080/2159676X.2019.1628806](https://doi.org/10.1080/2159676X.2019.1628806).

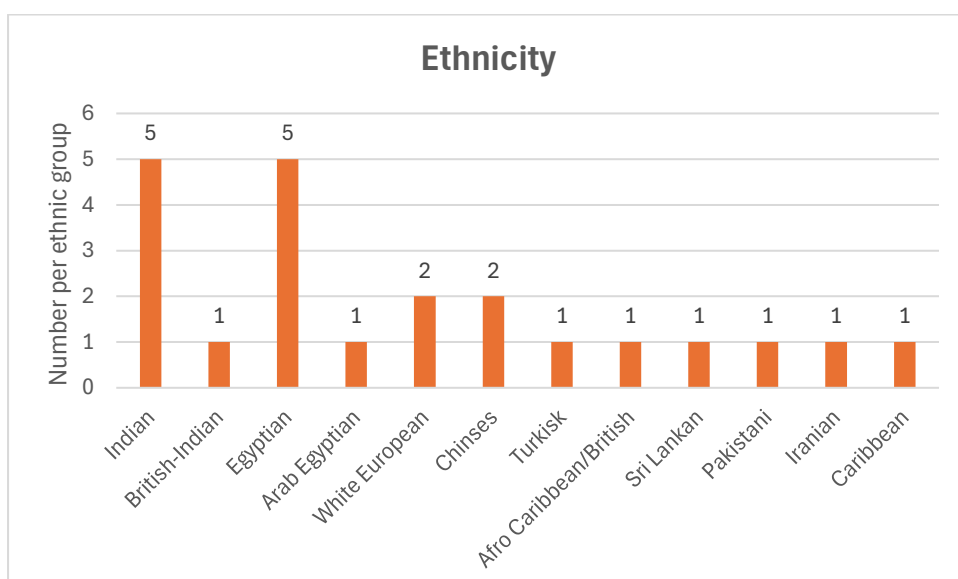
Source	Age	Live in Brighton & Hove	Gender	Gender same as sex assigned at birth	Sexual orientation	Disability	Ethnicity	Religion	Carer
BC - Person 1	72	Yes	Woman	Yes	Heterosexual	No	British Indian	Sikh	No
Person 2	71	Yes	Woman	Yes	Heterosexual	Yes, a little	Sri Lankan	Buddhist	No
Person 3	82	Yes	Man	Yes	Heterosexual	No	Caribbean	Christian	Yes
Person 4	81	Yes	Man	Yes	Heterosexual	No	Indian	Roman Catholic	No
Person 5	73	Yes	Woman	Yes	Prefer not to say	No	Indian	Hindu	No
Person 6	82	Yes	Woman	Yes	Heterosexual	Yes, a little	Chinese	Christian	No
Person 7	77	Yes	Woman	Yes	Prefer not to say	No	Afro Caribbean/British	Christian	Yes
Person 8	65	Yes	Woman	Yes	Heterosexual	Yes, a little	Indian	Sikh	No
Person 9	80	Yes	Woman	Yes	Heterosexual	Yes, a little	Indian	Christian	No
Person 10	66	Yes	Woman	Yes	Heterosexual	No	Indian	Sikh	No
Person 11	78	Yes	Woman	Yes	Heterosexual	No	Pakistani	Muslim	No
SIS - Person 12	79	Yes	Woman	Yes	Heterosexual	Yes, a lot	Iranian	No religion	No
Person 13	78	Yes	Woman	Yes	Heterosexual	No	Egyptian	Muslim	No
Person 14	70	Yes	Man	Yes	Heterosexual	No	White European	Baha'i	No
Person 15	67	Yes	Man	Yes	Heterosexual	No	White European	No religion	No
Person 16	65	Yes	Woman	Yes	Heterosexual	No	Chinese	Christian	Yes
Person 17	70	Yes	Woman	Yes	Heterosexual	No	Turkish	No religion	No
ECA - Person 18	63	Yes	Woman	Yes	Heterosexual	No	Egyptian	Christian	No
Person 19	64	Yes	Woman	Yes	Heterosexual	No	Egyptian	Christian	Yes
Person 20	68	Yes	Man	Yes	Heterosexual	No	Arab – Egyptian	Christian	Yes
Person 21	61	Yes	Man	Yes	Heterosexual	Yes, a little	Egyptian	Christian	No
Person 22	63	Yes	Woman	Yes	Heterosexual	No	Egyptian	Christian	Yes

As show by the table above, six people were men and 17 were women. They all lived in Brighton and Hove, all described their gender as the same to their sex assigned at birth (with the exception of two people who preferred not to say). All were heterosexual.

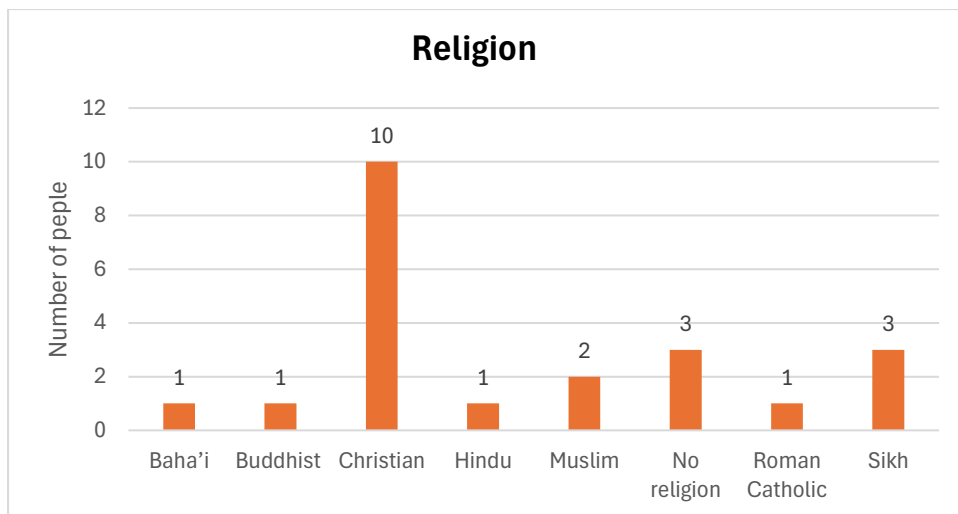
Participants' age ranged from 61 to 82, with an average age of 71.6 years. The individual ages are shown below:



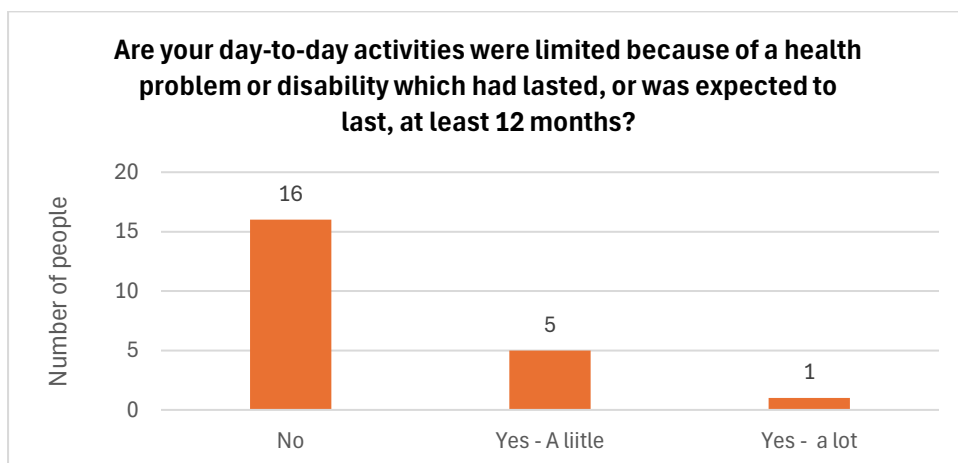
There was a wide range of ethnic backgrounds, with the largest proportion describing themselves as Indian or Egyptian:



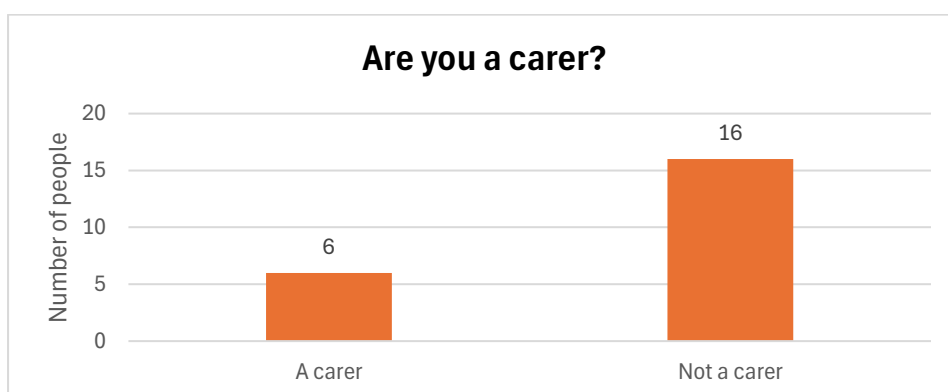
There was also diversity in terms of religion, with seven different types of faith reported. The largest group was Christian reported by 10 people.



A total of six people reported a disability. One person said their day-to-day activities were limited 'a lot' and five people said 'a little'.



Six people described themselves as carers, usually for a younger child or their partner:



Of the 22 participants, 11 people said that English was either their second or third language.

Findings – Themes

The discussions started by clarifying what was meant by digital technology, acknowledging that this may not be a familiar term for everyone. This was said as follows:

“In this session we want to hear your views about digital technology – by this, I mean using a computer, phone or tablet (like an iPad) – using these devices for a range of things such as messaging people via text, email or WhatsApp, making video calls, or accessing the internet for general searching, online shopping, accessing health care, etc. We want to hear from people who are, and are not, using digital technology in these ways.”

The findings will outline the 9 themes that arose from these discussions:

1. Confidence with digital technology
2. Digital skills
3. How people use digital technology
4. Barriers to using digital technology
5. Health and GP access
6. Getting help to improve digital skills
7. Overall thoughts about how to increase the use of digital technology
8. Thoughts about the world becoming more digitised
9. Digital technology and background of participants

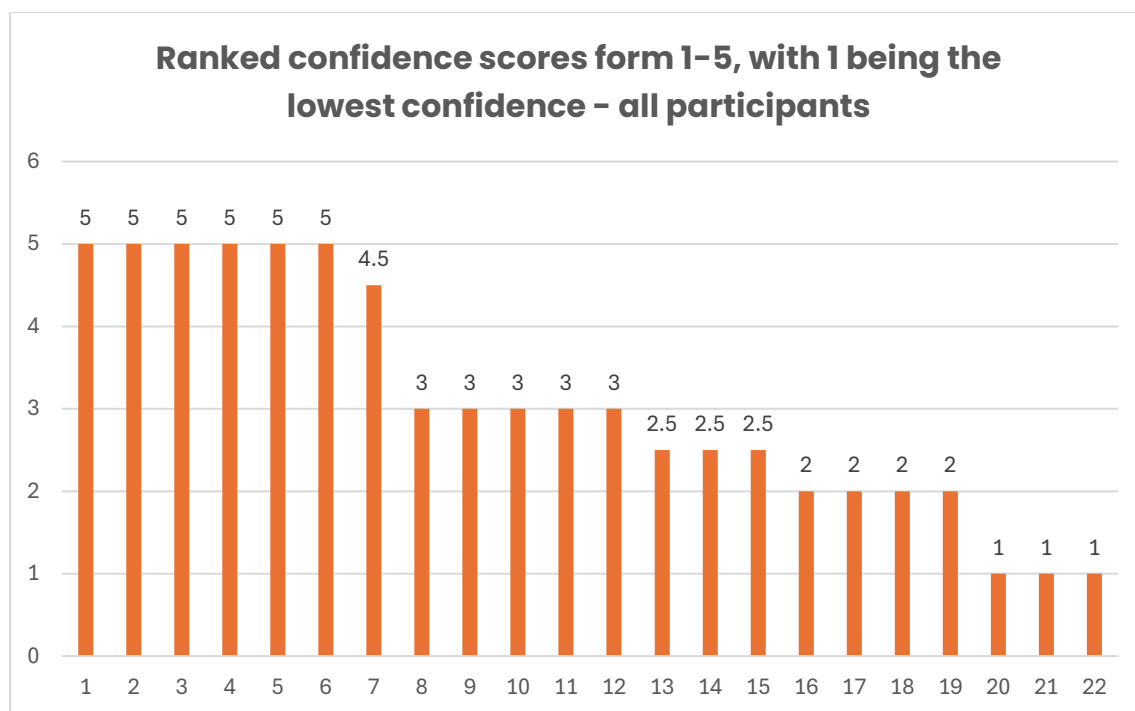
A concluding section will summarise the key themes including those that reflect the older, ethnic minority composition of the sample.

Note that the quotations used to illustrate the findings are using pseudonyms to preserve the anonymity of participants.

1. Confidence with digital technology

Used as an introductory question, people were asked about their confidence in using digital technology. This helped frame some of the later questions on participants' use of digital technology. Participants provided answer on a 1-5 rating scale (1 being 'not at all confident' to 5 being 'very confident'). There was

wide variation in people’s confidence, with the scores ranging from 1 to 5 with an average of 3.1/5. The full scores are shown below illustrating a mixture of experience among the sample:



Although confidence averaged at 3.1 out of 5, there were extremes as shown in these first two examples showing levels of confidence at 5 and 1 respectively:

“5 [confidence level] – pretty confident. I use technology for everything in my life, it rules my life, we [partner and himself] couldn’t do without it, we are totally reliant on technology.” Henry

“1 [confidence level] – forgotten all about it. At the present moment, since I retired I haven’t used it for a long time, so I am not with it, all the rules and regulations – it is because I am out of practice.” Alice

Additional recounts of confidence were as follows, showing the medium to low level common among the sample:

“So the confidence [using digital technology] thing is still like OK there’s a bit but it’s on a very low level and yeah it would be like 2 ish.” Clara

“I understand it, but confidence wise I do use it but I would say I’m really kind of in the middle as well, because I know we’re going digital...I mean I can do certain things on computer like emails and all but then I think if everything you do it

takes time, depending on the age and how you and you know it's good for some reasons, yes I think in the middle really 3 yeah.” Amrita

“Somewhere in the middle, learning all the time – I am quite fearful of it, I feel I should know quite a bit more but I don't – if I am honest I shy away from digital. I am 2 or a 3.” Fatima

As the following people describe their confidence, they interestingly showed that there was minimal intention or motivation to further their skills:

“Sort of medium [confidence], I use it and I can make it work and understand it, but I don't want to go to the highest level of it.” Aarya

“I am being honest with you, I am a dinosaur, I keep telling people that – especially computers and mobiles. But you are right, I do know more than I let on, I like to say I am a dinosaur, but the truth is that I do not like it very much... to be perfectly honest with you, no, there is an ocean of things I need to know about and learn about it, but I am trying to avoid it.” Fatima

Related to people's confidence, and perhaps an issue specific to this sample, people occasionally mentioned that their **age** made them less reluctant to learn new skills or, if they did, it would have to be at a slower pace (see the later section on 'Overall thoughts about how to increase the use of digital technology' for further detail):

“For other community members you know, even older people, they find it hard you know. It's OK for us to change everything quickly but overall there is a problem because the majority of the people the older people. It's certainly is hard for them to you know to understand these [digital] things....For people who are not confident, is there is a way to, to you know make them confident? Or it's just the generation gap, isn't really a problem for youngsters, that would be OK for them you know.” Amrita

2. Digital skills

As a bridge between confidence and how people use digital technology, participants were asked about their level of digital skills.

Some drew on **specific digital skills** they had. For example, people were asked about their ability to change the **font size** on their laptop/desktop and their

mobile phone. The majority were able to change font size on their laptop/desktop, but could not do so for their mobile phone:

“Actually I can change you know making the text bigger or changing the font and that kind of things because at my previous job that’s what we used to do on Word and Excel and that kind of things but I would really like I haven’t done it on the mobile either, don’t know how to do that but still there is the fear of technology, you know more and more expectation to do this, so not confident at all really.” Amrita

“In Word documents and everything like OK so I suppose in that sort of set up like I can change the font, I can change size, I can join the bold italics portion but I’m not sure that I’m able to do it on the phone.” Priya

Others had not tried to change the font size on their phone so were uncertain whether they could achieve this:

“On the computer [can make font size bigger] but like I said on the phone I’ve never really tried it.” Maia

“Like I said I probably I haven’t tried it yet [increase font size], just like used to be mostly on landline, and for mobile phone I use for like about WhatsApp and emails at all but at work we used to have an IT person as well for complicated things on the mobile phone.” Amrita

By contrast, one person said they had successfully changed the font size on their phone:

“I have been able I’ve got a Samsung and I’ve learned to use menu and make it [font] larger and I made it a lot larger because I’m wearing glasses now.” Clara

Additional skills were evaluated by abilities to access **Wi-Fi and downloading Apps**. Again, there were occasional difficulties although in both instances, they had support to assist them:

“Wi-Fi, I have the icon so I know if it’s on and if I come to the place where we were [today], I look at my phone and see oh, oh it’s not on but I’m not confident to just quickly do it and, and get it back on or something...though my husband showed

me about piggybacking you know being signed on with somebody who has it or something.” Clara

“To load Apps onto this mobile, I'm not that confident myself and so I ask my husband to do it and at the moment I'm using the NHS App which is you know it is quite good as well one way you can see your records on, and you know your appointments, but I have to ask my husband to help me.” Priya

There were also other remarks about technical abilities. Although most people understood how to use emails, the internet and manage Apps, there were some other difficulties noted. For example, these people had difficulties in managing **emails and other notifications, particularly on a mobile device:**

“I use a mobile but I don't know how to use it. I can phone and I can send messages. I don't know how to send emails from my phone, I know you can send emails through my phone.” Alice

“It used to be phone calls that you missed but now it's emails. I had to turn my sounds or notifications off because I got so many emails coming, WhatsApp and text messages. So, I turned it off and so I don't always see my emails so I don't see them right away because there's so many notifications. The same goes for WhatsApp and Messenger, I turned them off. I don't know maybe you can make a special sound for the serious ones... The notifications is my problem I need to turn them off.” Mehmet

Within the same focus group, a person shared some advice for the immediately above example:

“The way I resolved that problem is to make one e-mail for work related and different email address for private use so it's kept separate.” William “That would be a good idea.” Mehmet

Managing emails was a recurring theme that some people had difficulties with, particularly on a mobile device. One example showed how a person enlisted their daughter for support:

“That bit [filing emails] I don't like – that is the bit that is irksome and annoying – I am lazy about it – I have done it – my neighbours they are so helpful and they are sweet.” Aarya

"If I do an email, I forward to my daughter to check, she sends it back via Whatsapp to check it's ok and then I send, because I worry about sending emails." Sweta

Some also expressed frustrations that, having shared their emails, they were receiving **constant advertisements**:

"Once you share your email they keep on sending you things which is a real nuisance." Alara

Other specific difficulties were raised, including managing **photographs** in this first example:

"My Gmail is nearly full of photos and you can't erase them, it takes ages...I don't even know how to upload some of my photos from phones and all sorts of things, you know?" Mehmet

"I missed a month's work because I did not have a DBS. I have it now but the online application slowed the process down." Ying

A related problem was **completing forms online**:

"How do you sign a form online? That's got me in a tangle so I gave up. A typical course won't help you with things like that." Mehmet

Although there was a reasonable variety of abilities reported, some mentioned that fellow members in their **community** lack some of the confidence and skills.

"There are people who in my community as well they, they won't be confident to use all these [mobile phones]." Amrita

"Every Friday I go to an over 50s group and they all of them have got a mobile phone and don't use the phone – they can make and receive calls, but some don't know how to make a text, and every time I go I have endless people asking me to show them this and the majority are Asian women who ask me things. They are really left behind." Henry

This last point is important because, by the very nature of the research, the people who are more aware of digital technology are more willing to participate in the study compared to those with no experience. The digital skills shown by

participants in this study may be overrepresented compared to their peers in the local community.

3. How people use digital technology

People use digital technology for a **range of different purposes**, for example:

"Email, access google information, WhatsApp, booking appointments...mmh, I used it for accessing by Covid vaccine." Aarya

"I use it for shopping I buy from eBay from Amazon and other online stores but it's mainly household things. I don't buy clothes or shoes because I want to try them." Dieter

"In the old days you would ring half a dozen companies [for insurance]. In a way, tech has made it easier as it is all on one page and made it easier, which is good." Fatima

Most people had used the internet to **find information** or research various topics:

"I use it for information, very useful, very important, it's a way of life now." Sharon

"If I want information for example on medicines, I will look online so it's a very useful tool but of course I do not know everything." Dieter

Digital technology was also commonly used to keep in **contact with friends and family**:

"I also use it for a lot of communication, I use FaceTime on iPhone." Dieter

"We had a full moon day, my sister was at a festival, so I sent a message to my brother, and when the moon came out we had food, so in my language I said something to my brother. The video call really helps." Tiya

Specific to the linguists in this sample, **translation** was seen as a useful tool:

"Specialist tools for translation is really useful because you have the language on one side and the translated text on the other, some suggestions, and it's a good way to work and improve your productivity." Dieter

A further person mentioned using her phone for **maps**:

"My phone serves me better because of the navigation I have and it's a, it's a good navigation pathway for me." Clara

It is also interesting to note **what people do not do with digital technology**, particularly when it comes to social media, with others only using it as a phone or messaging app:

"I don't do social media and I avoid it like the plague." Clara

"I don't [use digital technology for social media]. To be honest with you, I shy away and avoid it. For example, my mobile, I haven't done WhatsApp – I have done it with my daughter – I prefer a direct link – person to person – as for my mobile, I would only use it for the telephone, for making and receiving and texting, anything else I don't get involved. Not with emails. I will do emails on the lap top." Fatima

As a unique example, this person talks about how he has used digital technology to care for his wife in ill-health. In this example the technological support is extensive using a wide variety of devices – due to this unique scenario, it is presented as a case study:

Henry, age 82

"Due to the fact that my wife is diagnosed with Alzheimer's and I have done research into what technology I can use as time goes along – I use it with appliances, I use it for a clock as with Alzheimer's because one of the things with Alzheimer's they are always repeating themselves, and use Alexa to set reminders for water, to take her tablets..."

I am in the process of looking into technology when I am not here, so when she [his wife] is on her own when I am not here, I am looking into cameras and doorbells and so when I'm not here I can monitor her, speak to her – it is all confidence building for her as well – and she is used to voices [from Alexa], she doesn't stop talking she talks about the past rather than what happened today– my daughter took her out, she knows she had food and that she went out but she can't remember who took her out and she can talk about the past, her grandma, I also use music on Alexa and connect it up to Spotify and make playlists for her like Jim Reeves, Ray Charles, Nanny Wine – memories of when we went to the Caribbean.

I also set up on the TV, got Apple TV, which is a streaming system and I stream all the photos I've taken and can stream photos from her nursing days – and

America and abroad and stream it on the TV, some with sounds that do describe who the people are in the TV stream. It will tell the story of the pictures, like I have pictures of her Christmas dinner in 1963. I have pictures when xxxx started nursing, her pictures – she told me the names of some of the people she worked with and she has forgotten them, I can remember some of their names and I will put them down.

I've been doing some research, and I am looking at mats at the doors so if you step on it you will be get a message on your phone, so you know if someone is leaving the house, it tracks whether you leave the house."

4. Barriers to using digital technology

There were a number of barriers that people expressed about what stopped them from using the internet to its full potential. Given that the majority of our sample had a medium level of confidence, and in some instances had used Microsoft Teams to share their views, we would expect these barriers to be more prominent in a representative sample of older people.

Barriers consisted of external matters out of one's control and other issues more personal.

a) External issues

A common external problem was the loss of internet **connection**. Although some were competent in trying to restore the signal, this did seem to lower people's motivation towards digital technology:

"If it is working – if it goes wrong then I don't know – if there is a problem – if Wi-Fi isn't working or the problem is on their side, it puts you off...Then I phone and find out what the issue is – I don't have the time to correct it – I don't have all the time in the world." Aarya

"It just stops – if Wi-Fi is not working, because Virgin Media is not the best, I get in touch with the provider, I send an email and then they tell me if there is an issue on the line." Fatima

Other ways of expressing these reliability issues were thoughts around 'crashing' and **generally being unreliable connectivity**:

"I'll start with saying I'm a 'happy sceptic' and digital has improved our lives like when mobile phones were started and there were the big, big problems so half and half I've seen digital fail me in my appointments that I needed to have."

Clara

"This is a good example of the problems [the meeting link not working] you can have with Teams or Zoom. I thought it was my problem but it's not." William

A further source of common frustration was the inability to manage **passwords**, either having to change them regularly or remembering them:

"Only one thing I'm finding it not OK is the thing you got to log in and password situation but I'm thinking you know this part is remembering too many passwords. It is not really on data protection either to have the same password, can't be anybody you know you gotta change the password I think ... I think the passwords too many to remember in that kind of things is actually quite a problem with digital technology...so remembering so many pin numbers, passwords, I think it's just too much." Maia

"When you get the apps you know parking app or something and then sometimes they will tell you the prompt [for a password] you to get and then I think do I need to have a different password too you know it's like they encourage you to have something quite obscure and I sort of think oh do I have all the letters of the alphabet and it like bugs me in my head." Clara

These external problems can also cause a lowering of **confidence**:

"Like when I couldn't get onto Teams it really scares me because I did not know whether it was my computer that was the problem. It's everything, you start questioning yourself and then my confidence goes down to zero. If I talk to someone face-to-face, I don't have that, but the computer is unpredictable and sometimes the internet just goes off and you can't communicate at all so I don't trust computers at all." Tina

"When systems don't work, they [people] lose confidence." Aarya

b) Personal beliefs

In terms of personal beliefs, not being able to **trust** the internet was a recurring theme. This ranged from trusting the reliability of the internet through to beliefs around financial security. For example:

"I don't trust the internet every time, it works sometimes and it doesn't other times." Aarya

Some had particular **concerns about untrustworthy emails**:

"How do we find out what is good or bad to open, they say go on this website and I don't know whether to open it or not." Tiya

"Those that contact you, who ask for personal information, I fear about being scammed, from those people offering things, seems to be common now." Ahmed

This issue of trust became more evident when making **financial transactions** online, with this first person relying on others to help them:

"I don't like it or trust it, the fear of hacking – the thing about it is around money – I ask someone to do it, too many bad stories...I do buy things, but other people do it – I don't do it directly – they do it for me so I know it is okay. The other thing is when you get the emails that say they have taken money from your account I discard it – sometimes people get conned – intelligent people. For example, the parking app – I wouldn't do it on my own – I would need someone with me . . . No I wouldn't do it." Aarya

"I don't do that much of online like anything on the banking stuff, I am just not that comfortable doing it because I don't have enough knowledge or I feel the risk of going wrong, I'm old fashioned in that sense, I'm cashing in with the chequebook so I know it's there!" Priya

This person insists on doing any banking in person which she considers is more 'official':

"Anything involving money, I would go to the bank in person and get it down on paper so it's more official." Nubia

One person was so distrustful that she does not have a credit card and cannot purchase items online **without the help of a friend**:

"This is becoming a card only world and what's the use of cash? We don't have a credit card and if I want to use cash they won't take it. I had to go to my friend, give her cash and then she would be able to buy things online if they only accepted online." Ku Sweta

This caution around online banking extended **to making any type of purchase** online:

"Once a year I do buy things but only out of necessity if I couldn't find them elsewhere, so prefer to buy from shops even with the extra costs, so I'm still paranoid." Sharon

Closely related to trust, some people raised **privacy** issues:

"Privacy is quite a big issue because you can go in somewhere have your camera on because in a hospital ward you have to be sensitive. Somehow it has to be stressed how technology should be used in a hospital setting because everything is sensitive like the staff and patients, and I think this is an issue. In hospital no one checks you and you can just go in." Dieter

In relation to trust and privacy, **fears over being scammed** were often mentioned:

"Somebody I knew quite closely and hadn't spoken to in a while just suddenly this thing popped up from him. He's a well-travelled guy and why would he be calling me? And like I said to you I am a happy sceptic and I just sort of thought what? I showed it to my husband and I said you know what this might be, and he said just delete it so we did you know but it wasn't him, it was a scammer that had got into his phone." Clara

"Somebody I knew bought something from the Internet and then the company didn't exist so they paid the money and never received the goods...it's very difficult you know to understand if they are an actual company and that is a problem, that's why I kind of am agitated to do things online." Amrita

Some had direct **experience of being scammed, or making mistakes**, which made them even more cautious about sharing their personal information:

"Bit paranoid about online so only use it if necessary. My information, I am concerned about that, my bank details and have been scammed before...They asked me for an offer for a phone and I needed to pay in advance and it was too late and so I reported it to the bank and they refunded it." Sharon

"The negatives – always the fear that it is not working and the scammers and do you know that years ago – 1988/9 – we were burgled and the two CID men came at 10pm night and I will never forget what they said, 'Do you know what ever [security] system you put in people that want to get in [to your computer files] will get in' ." Aarya

Closely related to privacy and fears of being scammed, several spoke about their concerns over **security**:

"Not sure about security, with phones recording what you say..."Keeping safe online is the main thing." Mehmet

"I can't remember passwords, I thought they're in my phone, so if my phone is corrupted everything is gone. So, security is very important to me." Tiya

To negate the fears of being scammed, people spoke about only using **websites that they considered reputable**:

"I do some shopping, Amazon, everyone does that, but try not to do too much as bought something from China and they would not take it back, so I do use Amazon most of the time...Amazon is easy, they have my information and my card so I don't have to add my numbers again, so it's very easy and nothing has happened that I'm not happy with." Alara

"For Amazon it's ok, you can trust them, for any other place I read the reviews."
Nubia

To combat the possibility of being scammed, two people suggested **having separate accounts** for online purchases:

"To pay for online purchases you should have a separate account online so that at any point your exposure is limited to one account rather than use your main account." Priya

"I thought no I have to get this little account set up first before I even entertain the idea of doing this online shopping...have a limited funds within this account because I've heard of people of friend of a friend that got their fingers burnt."
Clara

Some people would use the internet as their first source of health and wellbeing advice, but depending on how much they **trusted a website** would determine their next step for help:

"If you had a symptom – I would google it but if I wouldn't trust it, I would go to the GP." Aarya

"I go for directly for what I want, but I tend for health to go through the government site – search for health, I go through them." Henry

Linked to being scammed and using authentic sites for purchases and advice were **fears over sharing personal data** without permission:

"I'm, I'm blown away sometimes with say for example at sending all my information so I'm very sceptical about sharing information. I sent it to the powers that be and it, it just vanished into the ether." Clara

"This business of when you give your information away and then you're a bit worried... she said no, it [letter] didn't come from here and I haven't sent you anything. So that kind of made me hold my breath and I'm sceptical and things when it works it's really good and when it doesn't it's not." Sweta

Fears of making a mistake was a further barrier, and made some people ask others for help:

"Not afraid to ask, I just don't want to make a big mistake." Aarya

Interestingly, one person saw **overuse of the internet** as a potential problem:

"Yeah, I am [worried] spending too much time on the Internet I can just sink into it. 'Just read this message' is a personal choice but like personal choice is to be an alcoholic or not." William

Although in the minority, some were **less worried about the barriers** noted above.

For example, some were very **confident about online banking, with the second example** showing the best payment methods to accommodate refunds:

"Use it for Banking? Yes of course!!...I use PayPal – because it is easier to refund, I use my credit card for Amazon, and for my shopping." Henry

Also, one person took an alternative view to most, saying **most online sites for making purchases were trustworthy**:

“Overall if you don't know the company or something I'm not really sure that is a concern nowadays.” Amrita

5. Health and GP access

A number of questions were specifically asked about participants' experience of GP access and their preferences for their care. This is presented in terms of booking the appointment followed by the actual appointment with the GP.

a) Booking GP appointments online (such as via e-consult)

There were mixed responses as to whether people used digital technology to **book appointments online. Some found this problematic**:

“When I want to make an appointment online – that's the one that's a nightmare, my GP, takes a long time, really bad for older people, I'm ok but other people can't do that. So, I go to the GP and make the appointment at the surgery.” Alara

“A gentleman in his early 80s or younger, he didn't know how to book a blood test at my surgery and he said I'm really in pain and he has to struggle to come back to the surgery. He said I can't go on the computer...so the pain this could go undiagnosed, and it could be fatal you know which is very important for the NHS.” Amrita

A recurring theme in this study was the support offered by family members to help people use online methods. This is included in more detail under Section 6 (Getting help to improve digital skills), however there were distinct findings related to the online GP bookings:

“I have my daughter to help me, for my GP appointments and for my Pharmacy.” Nubia

“My daughter helps me with the online GP results...the test results come in 20 pieces but thanks to my daughter, I can understand.” Inez

Due to the technological problems of booking online, some spoke about having gone to surgery to request an appointment but were told to **phone the next day**, and that the staff were not always helpful:

"They stick with the policy since the pandemic. I went to the GP to book an appointment but they told me to go home and make the appointment from home by phone. Human to human and they won't make an appointment."

Mehmet

"I went to the doctors but if I walk in there they won't give me an appointment, they say call before 8:30. This is better for me rather than having to go online to book an appointment." Sweta

One person mentioned that by using the online booking system they were **unlikely to get a choice of doctor to see**:

"You used to go to a doctor that you knew but now you go and see someone that you may not know, especially if it's not one to one, and so you have to explain everything again and again and it's quite scary." Tiya

By contrast, some people did **not see online booking technology as disadvantaging them in accessing their GP**:

"I do use it [online booking] to make GP appointments on my phone also emails." Aarya

"I've never had any problem with contacting my GP online." Mehmet

b) Remote appointments via phone or video

In terms of appointments, **those conducted remotely by phone or video were found to be a disadvantage** to some people, due to the technological requirements:

"I have this problem, the doctor called me, and he asked me to send him a video. But I had never done this to take a video and send it over. That was the problem for me so in the end I went face-to-face." Tiya

"Doctors have taken advantage of the pandemic, because it's all online and it's very difficult for all of us older people." Alara

Others commented that return phone calls from a GP were not useful because they were **not given a precise time**:

"Then they [doctor] said they would phone me, but it could be anytime that day, I could be out in a shop or whatever." Mehmet

"I need to know the time they [doctor] will call us rather than just waiting and waiting." Tiya

An additional issue related to remote appointments was the **inability to reply** to a letter, which may not have been the case if it was a face-to-face appointment:

"It's annoying when you get a [health-related] message you can't reply, like an appointment time, and they are not allowing me to reply." Sharon

Perhaps due to the digital disadvantage noted above, some people **had not seen their GP since Covid**, despite their occasionally being a need:

"I've not seen my GP since Covid...you should be able to see your GP face-to-face." Clara

"I have hypertension, and recently when he [GP] asked me that we haven't done a blood test on you for 3-4 years, are you still alive?" Priya

By contrast, others saw **digital technology as a benefit in terms of their appointments with their GP**:

"Yeah, I do it [use the computer] to use it to remind [wife] to take her tablets, to help with doctor's appointment." Henry

"They [GP practice] contacted me by letter, they noticed me because of my age. I contacted them through the phone and they got hold of me through my mobile phone and they sent it [prescription] through by message...they even reminded me a day before and that was very good." Alice

c) Remote or face-to-face appointments?

People spoke about their thoughts on remote or virtual appointments. Some people were opposed and clearly **preferred a face-to-face appointment** which they thought provided a better service of care.

"I still I still probably think of all the ways you know, a face-to-face, physically going to see somebody [GP] is different, I don't know, it's a personal touch." Clara

"Face-to-face is good because they can examine you, but nowadays face-to-face is very rare. On the phone, you may miss things because of the language. It limits a lot of the value of the consultation." Tarik

Others clearly preferred the **convenience offered by remote appointments** with their GP:

"I think so [remote appointments] because I feel that you don't have to make that journey to the practice and hang about a bit until they call you and once again you can have that conversation at home." Priya

"Now I must say I prefer the [GP] video call, saves time to get to the surgery, more convenient for a 10-minute conversation." Sharon

For others, **remote appointments were seen to complement rather than replace face-to-face**, with the latter always being available if required:

"But there is room for both phone and face-to-face, sometimes it is just for information and I've had a range of issues. They can call you and if they think it's necessary they will see you face-to-face, like, OK after two hours I can see you, or come tomorrow so my surgery is quite flexible like that." Dieter

"Face-to-face, it's as good as a phone call because they hear what you need to sort out and if they need to see how you're feeling they can make an appointment and they can make a total assessment." Clara

This hybrid approach was also recognised as being a **more efficient** service:

"I start a meeting with my GP saying I would get a call so it is working much more flexibly now. Unfortunately if you are busy that is a bit more difficult, but I think they can access more people per unit of time with the [remote] appointments." Dieter

d) Ongoing technological support for managing health and care

As a further positive example, these people shared how online technology had enabled them to see and understand **results of scans** and **blood tests, with the first person mentioning the benefits of Patients Know Best:**

"For my health, I have something amazing, it's called Patient Knows Best and today I had an x-ray and I came home and they said results will not come that quick, but they said result might come today. It was funny to look at it and they say results will be coming, and they said your results will be on Patients Know Best." Alara

"I have Patients Knows Best [on NHS App] which has got your records and the rest of it, I can access my records and I can find what is going on and the rest of it, it has the various readings and it does not mean a lot to me and not until I saw the doctor before Christmas and he was looking at my readings and he said that my kidneys were deteriorated." Fatima

An additional medical related benefit was ordering online **prescriptions:**

"There are prescriptions they can issue. We ask them for to repeat the ones which is helpful yeah so those apps are helpful." Priya

"I use my ipad for different bookings, ordering my prescriptions which is really useful." Alara

In relation, some people talked about the benefits of the **NHS App:**

"With the NHS App, I make bookings, I monitor my blood sugar and blood pressure, I get advice, I can order my medication, get test results." Ahmed

Although most had not used the **NHS App**, in one instance a person had been shown how to use it:

"They [doctor] said they were going to send results but they haven't. It may be on the NHS app but I've never opened it but it sounds like it may be useful." Tiya

"I didn't know about the NHS app but this kind doctor showed me how to register for it." Sweta

To close this section, some felt either they or people they knew were being left behind as a reliance on online solutions to health care, and saw the consequences this had on other services (such as the Emergency Department):

“Most of us don’t use online and we are suffering. I don’t have all the technology for health things, people I know are being left behind. You try the phone to make a quick appointment and you have to say it’s urgent otherwise they say go online, which I can’t.” Tarik

“I have several health issues, so I often call an ambulance to take me to A&E because I need help there and then, it’s easier for me to do this rather than wait 2-3 weeks to see a GP.” Ahmed

6. Getting help to improve digital skills

In view of the concerns raised in previous sections, people spoke at length how they received help when having problems or when using digital technology for the **first time**. Mostly said this was through **friends or family**:

“I started to learn about the mobile phones – our relations pushed me to it, my family told me to learn about the mobile phone – encouraged me to use the mobile phone because it is handy.” Alice

“Friends and neighbours and sometimes younger family members [help].” Aarya

Some specifically said they use **family members for advice**:

“I fiddle around when I’m online and get myself into a hole and stuck on something, and then try to get out of it. My son can help me or my granddaughter.” Tiya

“I wouldn’t know all my functions in my smartphone. I only know the basics like how to make a phone call how to send an e-mail and WhatsApp and that’s it. Or look at pictures that’s all I can do. And the other things, if I get stuck I have to call my children to help me.” Tina

More specifically, some people ask their **family to make online** purchases, support them in internet banking, or manage emails, rather they themselves performing this task:

“The rest of the family do it [buy from Amazon] and I just give them my list.” Clara

“Everything is online, I’m scared of this, so I have joint accounts with my daughter, to protect me. How do we know this is not legit?” Tiya

Others said it was a combination of **family and more professional support**:

“My daughters, my daughters. I had an old Nokia phone for years and years and one day it just stopped working. It couldn't be repaired, and my daughters just jumped on me and they said you just have to get a smartphone and I was like ‘oh no’ but I did get one. They gave me an iPhone and yes they taught me how to download Apps and how to transfer everything from my Android to my iPhone. And I still have help through the ‘HOP 50’, it’s an organisation for retired people and they have all sorts of activities over lunch club and there’s a volunteer there and you have to make an appointment to get help with IT. Without him I couldn’t have done it he used to be a programmer. And you know there is a queue for his appointments.” William

“If you see people struggling, or not that sure, there may be encouragement to say it’s not that difficult you know asking. Like for use in our community we have IT drop in sessions to the community centre which are free if you need to get advice or something and some people may not know that.” Priya

Others said it was almost **exclusively from professional support** usually through attending courses:

“The Sussex Interpreting Project and they used to show people how to use a mouse – I volunteered so I could also learn, I was teaching people how to use the mouse – I did it because I wanted to use it and learn how to use the mouse. I used to show them how to go to BBC website, because everyone knew about that...I did lots of courses in the early days and went to night school.” Henry

While professional support was mentioned, others had not been able to access this although **recognised their own need**:

“I wanted to join [a computer course] nothing else, hoping that there will have some kind of programme to improve my IT...What I need is a refreshing course, and it would be helpful to have a booklet. Yes – I need refreshing to learn about computers – they are changing all the time. All my request is to request a course – I know very little – I need a refreshing course, nothing else.” Alice

Others were fortunate enough to have a background in the area, so could **self-teach** themselves how to become familiar with digital technology:

“Most of it I told myself, but I'm Dyslexic so it was a difficult thing. So I got myself an iPad and you're coordinating between different phones, but I think it's becoming easier now and I learned programming in 1975, it was different but I have a background.” Mehmet

“Self-taught really, a basic course, picked it up as I went along, one hour a month, important for my job.” Sharon

7. Overall thoughts about how to increase the use of digital technology

In consideration of the previous themes, overcoming the barriers around poor or unreliable connectivity, fears of being scammed and trust issues would be key areas to address. In consideration of the family, friend and professional support noted above, further insight to how people increased their digital skills provides important evidence to inform effective interventions.

In respect to training, this person suggests that using **accessible language** and a **step-by step** approach would be helpful, as not to overwhelm people and undermine their confidence:

*“Basically, we need to provide so much training that makes it like writing ABC, make it accessible so they are not put off, use everyday language so people feel they can do it. WhatsApp today, internet another day, make it sound easy. If you use difficult words it puts people off, use user-friendly words and small groups – cut and paste – files, etc. once you have done it properly, that is it! ABC simple.”
Aarya*

This following example further shows the benefits of a **'step by step'** approach to acquire the skills, with this person saying this is a suitable approach given her age:

“When I got my Barclays App – I went to Barclays and a woman there helped me. She explained step-by-step and if someone teaches me like that then I can do it. Your first experience really sets your mind, the woman was lovely and made it comfortable it felt like I was doing it over coffee. When people explain it properly it is helpful, my brain cannot do it all at once – step by step.” Amrita

Several people noted that their **age was a factor** in their ability to pick up skills as quick as younger people:

"I'm so scared of Facebook. My daughter told me to press this and press that, she wrote it down for me. But some people like me have memory problems so I don't remember how to do things, like how to understand bank statements." Tiya

"Everything is online and I know nothing about this, so frightened to start but I want to learn. I need a free course, but at my age I learn slowly unlike young people, because I do forget things." Sweta

In relation to the step-by-step approach, it must also be recognised that some of our older people **may not realise they are not keeping up with the learning, especially if not set at the right pace:**

"The speed at which people learn, it doesn't resonate in time, and everyone gets left behind are not necessarily going to say I'm left behind, or even know there left behind." Priya

In addition to the pace of training, one person noted the importance of **tailoring the training** to people's specific digital needs. This is particularly applicable to 'drop ins' rather than formal training courses:

"The over 50s [group] has a guy and he does come in every few weeks and he is too technical – because everybody wants to know a different thing and he shows them what he wants to show them. They can't get onto Zoom for instance." Henry

Also, some of the sample had comments about what could be **useful content for digital support groups:**

"You need to have a simple 'do this and not do this' so you don't make a mistake." Tiya

"I think it's important to learn it, being online and things, I know that we need to, and knowing what we don't need to know also." Sweta

Providing **community-based education** led by members of that same community was also recommended as a means to promote digital inclusion:

"Through education, everything is through education really. It is to know what white people call 'hard to reach' communities. But they are not 'hard to reach'...it sounds easy for me – because I know the community I live in, I work within it, I can reach who I want, so if I want to reach the Africans I know where to go, or

young Black people I know where they go and For Asian, they are easy, I know where they go, I know what they are interested in.” Henry

“In our community, we have someone to teach us about digital, very useful. If I need anything I go to him. We don’t want a longer course, but an answer to the specific things we need.” Inez

Others spoke about specific locations **where people could receive help**:

“I think there should be people like I said like in libraries other places like maybe GP surgeries. Like with the IT person I spoke about earlier you have to make an appointment but without him I couldn’t have done it, so there is a need for this.” William

“I think maybe Citizens Advice, someone there who could help, [GP] surgeries that could help people because they must have a self-interest in people becoming more able to use online. Few minutes it doesn’t take long if there’s someone who knows it, you know, and someone kindly who you know.” Mehmet

In relation to the way people learned about digital technology, this person described in detail about **how support in the community** has the best potential:

Alice, age 82

“You have to start to get people in, encourage and make sure that the course is available, get people interested. We all know that everything is online and knowledge is available there. Also do a survey, like you are doing, see how many people are interested before you start the course.

In Hove community hall, there was a room, although I learned from the technical college in Brighton there was a room for a computer and there was a tutor, a few years ago, before COVID – in days before that. It has stopped now – it was community people, I think it was organised by community people. It was a free course in the technology.”

Finally, a further way to promote use was to **reduce the costs** of a phone, and the associated monthly charges and insurance:

“I don’t want to know more I think, it’s too complicated and I also think you need quite a lot of money to buy good phone with more functions. I don’t like thinking

about spending a lot of money to have like the latest iPhone. I cannot see why people want that, you know, if they're not working, not job related so why do you need a very expensive phone? I know it's taking over now people taking pictures in the street or whatever and you need at least £100 to get a decent phone, and if you think of buying food and things do you think it's worth buying an expensive phone? So I'm sure a lot of people don't think it's necessary unless you're a young person, like you need a good pair of trainers to show off. It's to do with the status something to show off rather than the necessities. The way to get people to use more phones is if the price is going down so it's cheaper. And you have to maintain the phone like paying £10 or so a month and insurance, so it is costly."
Tina

8. Thoughts about the world becoming more digitised

People generally recognised the importance of having a degree of digital skills. It was understood that **some base level of knowledge was an essential life skill**, more so now than ever:

"The world is becoming digital and you don't want to get left behind. Best to keep up with what is going on – I don't want to be the sort of person who hates digital... living in today's world, you need to use it to gain access, to gain knowledge, it is everyone's duty to not be left behind." Aarya

"I prefer not to use it [Digital technology], but it is a necessity." Fatima

The Covid **pandemic** had made the use of digital technology even more essential:

"I used it more [during the pandemic]– because we were not meeting up, the appointments and jobs were easy to access, they made it easy. I used Zoom and Teams a lot of the time, I didn't have to waste time travelling, I did find it helpful." Aarya

Although most accepted that some knowledge was essential, these people share their fears about the future and the **dependency or over reliance on a phone** and the issues that arise about loss of device or connectivity:

"I think we have no choice it's just the way we live, I mean computer started in the 1970s, it's pushing people to become digitised. And now I realise in China you can't use cash to buy anything. Unless you download apps and if you can't download apps that's a problem and you can't get anywhere you can't even buy

fruit. So, your phone becomes everything, all your ID, audio, air tickets is in the phone. Just imagine if I lost my phone or my phone doesn't work, how am I going to go through the airport or identify myself my passport is in there, everything. This is the way when it's worse than your purse being stolen or losing your passport. Everything about you is in your phone and a phone is so fragile you can drop it or if there's no signal. If you don't have a phone, you can't go anywhere, it's frightening. And I don't like it but I think that's why we have to learn, I think everybody has to learn about computers, no choice...The phone is everything."
Tina

"I think we're going to be chipped at some point, which would be useful for me because I lose things. It's so easy to lose your telephone or someone steals it or something, you need to have some backup system or something. All your photos, all sorts of things like my ID card, and even my rail card they said they had to be on my phone you know my senior railcard. And if your phone is out of charge you can't buy a ticket and things like that it's a worry I think it's too much." Mehmet

"All my passwords on my phone and my notes and if this is corrupted I will lose everything." Tiya

In relation, some people thought **digital should not replace the need to interact with people directly**, but work in conjunction with each other:

"I do use digital but what it has taught me is having the man on the phone if you need it...it is here to stay, it enhances life so I would say that half and half is OK, digital is good because it connects us you know 24/7." Clara

"In this kind of job where you're assessing people and looking at how they are feeling, saying a word or sending a message doesn't convey the same message. And that's when somebody has to speak to someone if they know something is not right and this is where my big gripe is that if it's just digital you know sometimes you're tempted to get some diagnosis on 'oh let's go on Google'...so we need a bit of both and the access to be able to speak or query something that maybe wasn't quite right." Priya

This person draws on her experience as a midwife and how the over-reliance of **digital information fails to replace the face-to-face, more personalised care**:

"As a midwife we have this group about pregnancy and how and I was doing it years ago we used to give out information when we saw them face-to-face, you know give them books to look at which they then kept all the way through their

pregnancies. Now when they book in they are just told to go to a website you know and, and they have to scroll through so much information to get to the point that they want to know about...I was a bit disappointed in that the rapport we used to have with the women's lives, how we meet up and you know and give them the information." Maia

This lack of human interaction also ties in with other people who expressed how **technology is replacing communication** within the family:

"Technology, when I see my grandchildren they are always on their mobile, I ask them to look at me when I talk to them, we used to talk to each other. If I haven't seen my granddaughter for ages, she hugs me and then goes back on her phone. More conversation and people's writing has got worse." Alara

"There's no personal touch, no bonding, just stay at home, all four grandkids are on their phone. This is all day when they come to visit. Even when we are walking, they are still on it." Nubia

Some considered themselves or others to be **disadvantaged** to some extent due to the increased reliance on digital technology:

"It's a really big disadvantage [relying too much on digital technology], creates a big divide and there are people that have nothing, it's all going too fast. It's affecting all sorts of things, and this causes stress and ill health at the end of the day." Mehmet

"Without a shadow of a doubt there are a lot of vulnerable people from ethnic minority backgrounds who are completely in the dark [with digital technology] when they need help and the rest of it, it must be very frustrating. There are people who don't have people to turn to like I have my daughter and my son." Fatima

Other people talked about the disadvantage specifically in relation to **car parking, banking and at airports**:

"On the Argus online [local newspaper] the amount of people who are writing in because they can't park their cars. Because they don't use cash and they have to pay online." William

“You know it's a bit like about banks closing their local branches right, people's spending behaviours have changed but you know there's still a sizeable proportion of people who want to go to their local branch.” Priya

“Even at the airport it's all online and we don't use cash anymore. I am worried because if I use my card they can take my number.” Sweta

Although most had used digital technology for shopping, more so for goods rather than food, this person has concerns over balancing the convenience of online food shopping to the **decline of the high-street**:

“Ordering online is easier, and because I get back ache, I sometimes don't want to go to the shops so getting things [food] online is a good thing, but because of that some shops are closing which is a bad thing. Easier for us but bad for them, they lose their jobs and things. Can't think of anything good about that.” Alara

Finally, with the over reliance on technology, one person shows how she has **back-up documents should her phone not work**, has run out of charge or cannot get a signal:

“But with the apps you know when we had our vaccinations and we travelled and things it was good to know that it was on there. But I still carry the card because again if you're in an airport or something or your Wi-Fi isn't working or something and your app doesn't show up the card. I've just slipped it on the side of my phone case or something.” Clara

9. Digital technology and background of participants

People were specifically asked whether their faith or background had shaped their use or thoughts about digital technology. Most said this had no impact:

However, several people responded that **language** was a barrier for either themselves or people within their community:

“I think with language barriers, if you don't understand it [e.g. GP online booking form] you won't be able to explain yourself...certain groups and certain communities, if there are language barriers it is very hard for them.” Amrita

“To make it [digital technology] available for people who are not good at English, it must be available, using basic words. Should be available free, make it available everywhere, bring it to people as well as having it available.” Sharon

Two people independently said that **language and technology** were the two main barriers to people using digital technology:

“The language barrier is the big one then the technology and then to help them understand.” Amrita

“The costs of DNAs [Do Not Attends] costs the NHS a lot of money but people who don’t know digital cannot reply or know when these appointments are. So, the lack of skills has a lot to do with this, they can’t deal with emails, they [older people for whom English is not the first language] do know what it means. So, for example, there was one person who was advised to stop caffeine two days before the scan. Because she does not know what it means...she had two obstacles, the language number one and technology number two.” Sharon

In relation to this question, a SIS researcher also mentioned the responses above would be different if participants were asked about their friends or relatives who do not speak English. Many Apps, including the NHS App, are not in other languages and present a significant barrier to use (see their research [here](#)).

A further unique aspect tied to ethnicity, is the community groups that frequently meet. For this Egyptian group, they meet every two weeks and during this supportive network they occasionally benefit from learning more about digital technology:

“Because we have group meetings every two weeks, we are able to talk to each other about anything. It’s mainly Egyptian and we help each other. There is around 80 people who come. For new ones, it’s often the language which is the issue, but that is usually ok after two years. There’s a religious element, but there is community support across the generations and we do sometimes get advice about online things.” Nubia

Additional aspects of people’s background revealed the importance of training or **skills-support being offered by someone of similar background**. For example, this person talks about his ability to relate to people who he recognises may have specific needs:

“Yeah, because we [Black Caribbean community] feel we are being left behind – we’ve always been left behind. There are a few of us who are well advanced – but the man in the street, the guy who works in a restaurant or sweeps the street does not have the foggiest idea about digital technology...I know what they like, I knew what would interest them as I am one of them.” Henry

Conclusions and recommendations

Of the 22 participants, most described themselves as having medium confidence with digital technology. More specifically, from a 1–5 scale, from very low to very high confidence, the average score was 3.1, although 10 people had a confidence score of 2.5 or lower (and 7 a score of 2 or lower).

1. Digital skills – Most people, although had a mobile, were using it predominantly to make phone calls or text. There was a particular problem in accessing emails on a mobile, knowing how to file them, send them, and turning off notifications. Other skills such as changing font size or connecting to WiFi were discussed and found to be easier on a laptop compared to a mobile. Also, while some said they intended to raise their confidence with digital technology, others were admittedly trying to avoid it.

Some made reference to people in their local community who had far less skills to use digital technology. This is important because, by the very nature of the research, the people more aware of digital technology are more willing to participate in the study compared to those with no experience. The digital skills shown by participants in this study may be overrepresented compared to their peers in the local community.

2. Using digital technology – People used digital technology for a range of different purposes including shopping, banking, comparing deals (e.g. for car insurance), booking holidays and generally searching for information. Keeping contacts with family and friends, often abroad, was a particular benefit. Social media was rarely used, with some describing this as deliberately avoided.

3. Lowering people’s confidence – Poor reliability due to loss of connection, ‘crashing’ and confusion over passwords dampened people’s confidence. However, the main barrier to using digital technology was centred around distrust. This was particularly the case for unscrupulous emails and financial transactions including banking and making online purchases. This extended to concerns over privacy and sharing data without knowing, with several people having been scammed which only exacerbated these worries.

4. Building trust – There were various strategies used to allay the distrust issues. The most common way was to get help from friends or family (usually their children), mostly in knowing how to operate a mobile and access the internet safely. This extended to family or friends making online purchases on their behalf (by settling their friends or family member's credit card use by cash), and checking emails with others (both receiving and prior to sending). To combat the possibility of being scammed, some suggested having separate accounts for online purchases. Others spoke specifically about only using reputable and well-known websites even if that was not the cheapest deal.

5. Health and GP access – Most people either preferred not to use an online GP booking system (such as e-consult) or had tried with great difficulty. Several shared experiences of people in their community who were greatly disadvantaged by this. Most preferred to make an appointment direct with the surgery (often in person). Once the appointment was in progress, there were also problems in terms of sending photos or videos. Further problems were knowing when a return call from a GP would occur, not using or understanding the NHS App, and not being able to reply to a letter online.

Because of the complexities of making an appointment and having to wait, there were instances where people attended the local Emergency Department to get advice. By contrast, some also found remote appointments more convenient, benefitted from online prescriptions, and some mentioned the advantages of Patients Know Best to access results quickly.

6. Age-related issues – Most people did not learn about digital technology at the time the internet was first emerging. Families, friends and some professional 'drop-ins' have been valuable sources of advice and assistance. Most people were generally interested in attending further training, although others felt it was too late and they were disinterested in learning new skills. For any further support, the language would need to be accessible and the content tailored to specific needs. Above all, people expressed that their age meant any training would have to be step-by-step and not too fast-paced.

Also, people spoke about the training focusing on what people 'need to know and what they don't need to know' in preference to a 'crash course' that covers everything. The support would need to be informal in order to minimise embarrassment and not create any fear about making mistakes or being 'left behind'. Additional comments suggested the benefits of community-based

venues, which several participants attend, with support led by members of that same community.

7. Ethnicity – Although faith or country of origin had no role in shaping experiences, language was considered as a significant obstacle to using digital technology. Being able to read letters, messages, emails and using the NHS App was impossible for those for whom English was not spoken or was their second or third language. Even if a person's understanding of English was good, understanding test results from the NHS App and My Health and Care Record was problematic. In view of the language, some people mentioned the main obstacle of using digital technology was a combination of 'language and technology'.

8. Digital technology as a whole – Although recognising some of the benefits and inevitability of digitisation, people commented that the world was becoming too digital. This increased the pressure on people to keep up to date with digital developments. Too much dependency on the phone was mentioned as, if it was lost or corrupted, this could remove all passwords and other saved data. If the option of human interaction was not possible, this was particularly frustrating and people mentioned how this had extended to health care, car parking, airports and train travel. In further comments, people expressed some concerns how it has affected family interaction with people revealing how their grandchildren were 'always on their mobile'. Apart from this general annoyance about being too reliable on digital technology, people also shared how some people within their communities are becoming increasingly disadvantaged by lacking any digital skills and not having the support networks of friends and family.

By exception, these worries and concerns were not shared by everyone. There was one person who was supremely capable in all digital solutions – confident in online purchasing, contacting their GP online, having remote GP appointments, internet banking and generally making more advanced use such as linking up their phone with voice technology (e.g. Alexa) and screen-mirroring.

Appendices

Appendix 1 – Work Package 2

Appendix 2 – Recruitment flyer

Appendix 3 – Participant information sheet

Appendix 4 – Topic guide – SIS focus group example

Appendix 5 – Informed consent

Appendix 1 – Work Package 2

Dr Ali (Brighton and Sussex Medical School) led on the second work package which used the information from work package 1 in understanding the views of older ethnic minority groups in Brighton and Hove in shaping local research priorities in digital technology. A specific meeting with volunteers from the above audience introduced the ageing research landscape. This meeting was interactive in a community setting that was identified from work package 1.

From this process, the intention was as follows:

- From the above engaged cohort, Dr Ali will identify 1 or 2 research champions to work with in the future.
- Dr Ali will also build on the engagement work that HWBH has delivered to develop principles which support future research engagement in this underserved population.
- Dr Ali will use qualitative data to identify elements and themes which might be used to produce a toolkit of guidance for researchers in targeting these communities. This learning will be written as a report shared with the research champions and community leaders.
- Dr Ali will lead dissemination of the project output via scientific abstracts, academic papers, webinars with KSS-CRN, ARC-KSS and national institutions such as the British Geriatrics Society.

The outcomes of Work Package 2 are reported by Dr Ali as a separate document, with this report focussing on the findings and conclusions from the discussions with 22 older people from minoritised ethnic communities.

Appendix 2 – Recruitment flyer



brighton and sussex
medical school

healthwatch
Brighton and Hove
Your health and
social care champion

We want to hear about your experiences of using - or not using - digital technology, and get a **£20 voucher as a thank you.**

Are you a Black, Asian and minoritised ethnic person?

Are you aged 65 or older?

And a Brighton & Hove resident?

For more info or to book your conversation, please contact **Lester** at Lester@hwbh.co.uk.

Project starting **October 2023**.

Appendix 3 – Participant information sheet



PARTICIPATION INFORMATION SHEET

Your views about digital technology – using a computer, phone or tablet to access the internet (for general searching, online shopping, accessing health care, etc.) and using emails.

Invitation

I would like to invite you to share your views about digital technology – whether you use it or not. We want to hear about why you use digital technology or may not use it often or do not use it at all.

By digital technology, I mean using a mobile phone, computer, or tablet (or iPad) to access the internet and send/receive emails.

This project is being led by Healthwatch Brighton and Hove, which is your local health and social care champion. We listen to people's views and share them with people who are responsible for designing services in the City. Read more about what we do [here](#).

Why are we doing this project?

We are aware that the world is becoming increasingly digitised. Online banking, online shopping, booking holidays online, and having GP appointments by phone and video is becoming the norm for some people.

We know certain people are less likely to use digital technology and could face disadvantage, for example, in being unable to book GP appointments online. We know that [older people](#) are less likely to use digital technology. Compared to 'extensive users' we know that people who are Black Asian and minoritised ethnic people are [1.5 times less likely](#) to fully use digital technology. We also know that for [people whose first language is not English](#) are less likely to use digital technology.

This knowledge is why we would like to hear the views from minoritised ethnic people, over the age of 65, including those that do, or do not, use digital technology. This allows us to understand the motivations that people have to use

digital technology, the barriers that some people face, and how people move to becoming being more digitally capable.

Do I have to take part?

It is entirely up to you whether you decide to take part or not. If you want to find out more information our contact details are at the end of this form. Please remember that even if you say you would like to be involved, you can also **withdraw at any time** without giving a reason.

What will taking part in the research involve?

This study involves having a conversation with a researcher for around 30 minutes but can be longer if you prefer. The interview is most likely to be over the phone, but also a Teams or Zoom meeting can be arranged if you prefer, as well as a face-to-face conversation.

The interview will be an informal discussion and there are no right or wrong answers. We want to hear your views whether positive or negative.

What are the benefits of taking part?

Although there are no immediate benefits of taking part in this study, the findings will help us understand ways in which to best support people who do not use digital technology.

At the end of the interview, you will be offered a **£20 High-Street voucher** to say 'thank you' for your time.

What are the possible disadvantages of taking part?

There are no foreseeable risks of taking part in this study. However, you can stop the interview at any time if you feel uncomfortable.

Further opportunities

At the end of the conversation, you will be asked whether you would like to be involved in further research projects. This will involve a further discussion around how digital technology affects your participation in research which will be facilitated by Dr Ali in a subsequent meeting. This next meeting is not compulsory, and you do not have to decide 'on the day'. This will be fully explained in the conversation.

How will you keep my personal details safe?

Anything you say to the researcher will remain strictly confidential. However, if we hear anything during our conversation which makes us worried that you or others may be at risk of harm, we might have to inform relevant agencies of this. This would usually be discussed with you first.

Nobody from outside of the Research Team will be able to identify you from any comments you make to us. All data will be stored securely using a password and a network protected computer.

Our privacy policy can be viewed [here](#).

How will the research be used?

The research findings will be written up in a report and submitted to the funders of this project – The Kent, Surrey and Sussex Clinical Research Network.

You will not be personally identified in any research reports.

What will happen next?

If you are willing to take part, please contact Lester by email at lester@hwbh.co.uk. Lester will then contact you to arrange a convenient time for the conversation.

Lester will be able to answer any questions you might have, and you will be asked to give consent to show that it is your choice to join the study.

Another person from the research team may be present in the conversation and will be taking notes.

Contacts for further information:

Lester – Lester@hwbh.co.uk

Principal Investigator – Dr Khalid Ali (Reader in Geriatrics in the Brighton and Sussex Medical School), and a consultant geriatrician at Princess Royal Hospital (PRH) in Haywards Heath, Khalid.ali0@nhs.net

At the end of the research, a one-page summary and an infographic will be made available to you if you are interested to hear what the research told us.

If you would like to know more about promoting digital inclusion in Brighton and Hove, please visit:

<https://digitalbrightonandhove.org.uk/help-with-the-internet/>

Appendix 4 – Topic guide – SIS focus group example

FOCUS GROUP WITH SIS LINGUISTS – INTRODUCTION

Who we are? – Lester (Healthwatch), Laura (SIS) and Khalid – Khalid is from the Brighton and Sussex Medical School and he will say a bit more about future research opportunities during the discussion.

In this session we want to hear your views about digital technology – by this, I mean using a computer, phone or tablet (like an iPad) – using these devices for a range of things such as messaging people via text, email or WhatsApp, video calls, or accessing the internet for general searching, online shopping, accessing health care, etc.

a) Ground rules:

- This is an option, but we'd really like for people to have their cameras on and to mute when not speaking if there is any background noise.
- Everyone has the opportunity to speak – I'll use prompts such as 'can you tell me a bit more about that?', 'why do you feel that way?', 'does anyone else agree with this view?', 'does anyone have a different experience?', etc.
- There are no 'right or wrong views' – in this type of group it's good when people have different views.
- Raise (Teams) hand to make a point if it's not obvious you want to say something.
- We think this discussion will take around 45 minutes but we have time for a little longer if needed.
- Please be respectful and ultimately enjoy!

b) Consent:

- All comments will be anonymous so we will not be using people's real names in any reports etc.
- All comments are confidential, so we will not be sharing any personally identifiable information beyond the people present today.
- The only exception to this is that, through our discussions, either you or someone you know is at risk of serious harm, where we would have an obligation to inform a professional about this.
- Just to say, that you understand that this discussion, alongside some other conversations with people will be used to produce a final report and a one page summary showing the headlines which will be made available to you if you wish.

- Can we record so we capture everything you say?

c) Check equalities data has been completed beforehand:

It's really important for us to know more about the people involved in this study. The details you give help us to assess equality in our research activities, and to meet our equal opportunities and diversity commitments.

<https://www.smartsurvey.co.uk/s/DigitalOlder/>

This questionnaire includes an email address (if you have one) or space for an address where we can send you the £25 High-Street voucher at the end of this session.

Any questions before we start?

START:

INTRODUCTORY QUESTIONS

(i) When we say digital technology or going online, what does that mean to you/what are the first things that you think of?

Equipment, phones, laptop, etc.

Internet, emails, video calls (e.g. Zoom), WhatsApp, shopping, banking, online learning, etc.

(ii) What things do people need to help them go online / what things can stop people from going online?

Computer with an internet connection, mobile, ipad and other tablets etc.

Costs / cost of living crisis?

Local area connectivity.

No interest / no motivation to use it.

Knowing how to use it and get the best out of it.

(iii) I want to hear about people's personal experiences of digital technology. I'd like to ask you on a scale of 1-5 where 1 is 'not at all confident' and 5 is 'very confident', how confident are you in using digital technology? PLUS HAPPINESS/NOT LIKE IDEA/TRUST

Please say a bit more about you answer?

Prompts to assess further abilities – perhaps a show of hands? Chose the bold 3?

- **I can/cannot use the different menu settings on a device to make it easier to use (e.g. change the font size to make it easier to read).**
 - I can/cannot connect a device to a Wi-Fi network.
 - I can/cannot update and change my password when prompted to do so.
 - **I can/cannot upload and use Apps on a device.**
 - I can/cannot open an internet browser to find and use websites.
-
- Can you send texts, use WhatsApp, email, video calls, etc?
 - Can you buy items or services from a website (like shopping)
 - Do you know how to **spot scams, clear your cache, delete browsing history**?

(iv) How often do you go online? Think about texting, going online, etc.

Every couple of hours? Daily?

Text, emails, versus using the internet.

When mostly do you go online - Winding down time/evening etc.?

2. USE OF DIGITAL TECHNOLOGY (SHAPE QUESTIONS ACCORDING TO THE ABOVE SCREENING)

(i) Thinking about how to use digital technology – IF YOU USE IT what do you use it mainly for?

Text and email messaging, keeping connected with people?

Internet – food/other shopping, booking holidays, etc.

(ii) Are there other things that you are less likely to use digital technology for?

Is going online suitable for some things more than others? e.g. Banking (trust issue)/? Shopping? Health care? General advice / 'googling?', online learning/courses.

(iii) What is the group's experience of using/not using online methods to specifically access health services like your GP?

e.g. Booking GP appointments online? Outpatient appointments? Online consultations with GPs? Ordering prescriptions (including long-term conditions)? Self-help advice including NHS111 online? Issues in accessing information in different language? Try and get a case study from this?

Are there worries of the accuracy of remote appointments compared to ftf, or difficulties in discussing private matters at home?

(iv) (Thinking of the above answers) What are the pros and cons of using digital technology based on your own experience or people you know?

Pros – convenience, speed, saves time (Teams meeting like this, online learning), saves money, 'keeping in touch' with people/wellbeing including those abroad (less isolation)?

Cons – sharing data/data security, viruses, keeping safe (what steps do you take to keep safe, stop being scammed?)

(vi) Overall, are there things that you can't do but would like to know more about?

What things? E.g. text, video calls, using Apps?

If so, where would you look to get help, or find out more? Friends, family, or more formal sources like classes?

(v) Finally, in this section, what overall importance do you give to digital technology?

Is there too much emphasis on this?

Is it an essential life skill?

Does it help some people more than others?

Are people disadvantaged if they prefer not to or don't know how to use digital technology?

Do you think some people get 'left behind' and, if so, who are these people less likely to get online?

3. PAST EXPERIENCES AND FIRST USE – THINK ABOUT A TIME WHEN YOU DIDN'T USE THIS TECHNOLOGY OR WHEN IT WASN'T AVAILABLE

(i) Reflecting on past experiences, what encouraged or discouraged you to first use digital methods?

Encouraged – Was there any specific reason? What were the benefits of using digital technology?

Discouraged/barriers – Were there any worries that had to be overcome? e.g. Sharing personal data, keeping safe online (being scammed etc.)?

Understanding the language?

Ability to know your way around an internet site?

(ii) Did anyone help you get support or help you get online?

Family, friends, local community, library, council etc.? Formal/informal help.

Who do you speak to if you have a specific problem?

(iii) Are you still learning new things about being online? What was the most recent thing you learnt?

(iv) Did your use change during the Covid pandemic?

Did your use change – increase? Why? Did you renew contact with people? Has anything else changed your use – we know some people use go online and then have a period of time when they don't?

4. GENERAL

(i) Is there anything specific to your local community, culture or faith that influences your use of digital technology? e.g. language, keeping in touch with relatives?

(ii) How could we encourage more people to become familiar with digital technology?

Think about what worked for you? What would work better?

What barriers do we need to overcome?

Should we always try to get people more used to digital technology or not?

5. FURTHER INVOLVEMENT

(i) Have you been involved with research studies before?

Khalid - **(ii) Would you consider being part of a research study? This will involve a further discussion around how digital technology affects your participation in research which will be facilitated by Dr Ali in a subsequent meeting. Khalid – more detail.....**

Khalid - **(iii) Would you consider using digital technology (emails, text, whatsApp, etc.) to participate in research studies?**

6. SUMMARY AND FEEDBACK

(i) Any further comments?

(ii) Summarise main discussion and check with participants.

(iii) Reminder for survey link if not completed.

Appendix 5 – Informed consent

CONSENT TO PARTICIPATE IN AN INTERVIEW/FOCUS GROUP

Your views about digital technology – using a computer, phone, or tablet (iPad) to access the internet (for general searching, online shopping, accessing health care, etc) and using emails.

Please add your initials in the box alongside each statement to indicate that you agree with it and then write your name and the date at the bottom of the form. If you do not agree with any of the statements or do not wish to consent, please do not initial or sign the form*.

1	I agree to participate in an interview to share my views and experiences of digital technology, whether I use it or not.	
2	The researcher has explained to my satisfaction the study purpose and how my comments and information will be used.	
3	I understand that everything I say will be treated in strict confidence and no information identifying me or my household will be passed on to anyone other than members of the research team.	
4	I understand that my details will not be shared with anybody outside the research team - however, I know that the researcher is obliged to inform another professional if I disclose that I, or someone I know, is at risk of harm.	
5	I understand that I am free to withdraw from the study at any time, without giving any explanation.	
6	I agree with the discussion being recorded for the purposes of this study.	

Please initial box

Participant's name:

Signature: / Date:

Researcher's name:

Signature: / Date:

**For verbal consent, the researcher will read out the statements and the participant will be asked to individually agree (or disagree) with each statement.*