Online Group Activities For Older People:
Learning from Lockdown and Beyond

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Independent Research
Commissioned by Open Age

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Foreword

Open Age have been keeping our members heathier, happier and having fun for longer for over 30 years. Historically we have done this by delivering a large range of in-person group activities for older people in various venues across Northwest London.

During the periods of national lockdown in 2020-22 we, like many similar organisations, were forced to rethink how we could deliver our activities while keeping our members safe. Despite no previous experience of online delivery, we took the decision to develop a large zoom based programme of activities.

From an initial small pilot in June 2020 we rapidly scaled up to a weekly programme of over 100 hours of activities. Our online programme was a huge success that challenged many of our preconceptions about what our members would and would not enjoy. Over 1800 members engaged in some way during lockdown, with around 500-600 older people regularly taking part each month.

We know we were not the only charity to move services online during this time. However not all organisations were as successful as ours and indeed many told us they were unable to move online at all.

Our experiences during lockdown have led us to believe that there is a greater role for online options in the delivery of services for older people than is currently on offer.

We want the sector to look again at the benefits of online delivery. We are not advocating that online should replace in-person activities but we do believe that older people should have the choice to access online where they want to.

However for this to happen the sector must invest in designing and delivering online services in such a way as to make them as appealing and accessible to older people as possible.

The research here was commissioned from an external professional researcher, and is completely independent - and all the more powerful for it. Open Age will certainly use the findings to inform our future service design and we hope the wider older people's sector will find it offers valuable insight into a developing area of work.

Iain Cassidy
CEO - Open Age

Authorship and acknowledgments

Author: Dr Alex Evans

Alex Evans is an independent researcher and consultant. He has worked in the health and social care sector for over 20 years, including 10 years as a senior leader in London charities. He has particular expertise in place-based and community-led support projects, and has worked extensively on projects to support older people, as well as in the field of digital inclusion. Some of his most recent work has included research and development for a major new almshouse project in south east London, and a major evaluation of a key partnership between the VCS and the NHS supporting the development of GP networks and localities. He also spent some years as a professional academic and qualitative researcher with a special interest in health, culture and identity. He can be contacted at dralexevans@gmail.com or via www.alexevansconsulting.org

Acknowledgements

Executive Summary

This report looks at the use of online group activities for older people (social activities delivered using video teleconferencing) during and since the onset of the Covid Pandemic. While it explores some of the initial move online during the start of the Pandemic, it also focuses on the ongoing use of this kind of support, with a view to understanding its value for the future. The independent research was commissioned by Open Age, a charity in North West London, who deliver online activities as part of their programme. It was funded by the Dunhill Medical Trust and the National Lottery Community Fund. This full report provides detailed research findings, results and analysis, while a shorter summary report for wider circulation is available at Open Age's website.

"It's really valuable… especially […] if [..] you do live on your own. […] I am on my own quite a lot of the time. It's vital. It really [..] has been a lifeline and still is."

Policy context

Online group activities sit at an important juncture in social policy questions around digital inclusion, loneliness and isolation for older people, and the need to provide better care and support for an ageing population. Where once the notion of social digital interventions might have been viewed with suspicion, and indeed, was much less feasible, some in the policy and evidence sphere are beginning to suggest that the time is right to reconsider the potential of this type of support. This is especially the case in light of the social changes of the last three years. While older people are more likely to be digitally excluded, the number of older people who are active users of the internet cannot be ignored. This research suggests that online group activities may provide a significant opportunity for organisations who support older people in our changing society, as long as they are not used to replace face to face activities.

Older people: Who is using digital technology? Who isn't? [1]

Who is included?

- 77% of all over 65s DO have access to the internet and use it at home
- 95% of people 60-64 DO have access to the internet and use it at home
- 94% of people 55-59 DO have access to the internet and use it at home
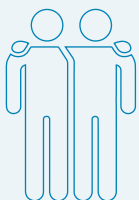
Who is excluded?

- 53% of people over 70 DO NOT use or have access to the internet at home
- 60% of people over 70 who also have a life-impacting or limiting condition DO NOT have or use the internet at home

All figures: OFCOM. (2022). Digital exclusion: a review of Ofcom's research on digital exclusion among adults in the UK. March 2022.

Older people's experiences

The research showed that older people who use online group activities experience significant benefits, particularly in terms of reducing their sense of isolation and loneliness, and giving them a sense of purpose, structure, and meaning. This began for some during the pandemic, and a significant number of older people are still participating where these activities are available. In many ways, the benefits they experience are similar to those they experience from face to-face-activities. The decreased need for travel has significant benefits especially for those with disabilities, and for carers.

"For me, it's the social aspect [that are] really important. The friends I've made, people I see each week at different classes. I think that's a huge, huge element of it."

In terms of barriers, many experienced well-documented issues around digital inclusion, related to access and skills, and suspicion about technology (as well as fear of fraud); however, the research also shows that older people who currently use online group activities are far from all technical experts. Most are at basic levels of adequacy, and many only become so with the support of organisations and their own resourceful use of personal networks. Some struggle with the social awkwardness of Zoom, and this can be a barrier to access, with a "steep learning curve". Despite these barriers, some of those who had initially found online activities unappealing have overcome their initial objections simply as a matter of pragmatism. While some non-users still find these activities unsuitable or uninteresting, many agree that if face-to-face options ceased to be available to them (e.g. due to illness or frailty), they may reconsider, if the right support is offered.

"I don't like techy stuff generally. But needs must."

Organisations' experiences

Interviewed organisations who delivered online group activities over the pandemic and since have seen substantial benefits for older people. They confirmed the value they had seen for those with disabilities, and carers. Organisations in rural areas were particularly enthusiastic, noting that the reduced need for transport meant that in some ways, "geography didn't matter any more." Several noted benefits for two key user types: the very isolated and less mobile older people with higher needs; and those with currently lower levels of need who want to maintain an already active and happy lifestyle. The latter category presents organisations with an opportunity to 'upstream' support and work preventatively. Offering choice and agency to older people is also seen as a significant benefit, and is a key area of focus for organisations who are now running hybrid services. Some funders and commissioners were also enthusiastic about the possibilities these activities offer.

"I think you should learn how to do it now, in case you ever get to the stage where you are housebound, and can't ever go out, and that was really your only lifeline."

"We hadn't done any online activities prior to lockdown, and before the Pandemic, we believed no older people would take part in online activities. But now, post lockdown, we've changed our minds."

Organisational barriers and enablers

Most organisations who had begun delivering online activities during the pandemic were enabled by the flexibility many grant-makers offered in that initial period. This suggests that flexible funding can lead to substantial innovation. Some are now concerned that a lack of ongoing funding risks losing those digital innovations. Organisations faced barriers to adoption in terms of skill and culture – and in finding the practical resources necessary to support large numbers of older people without technical knowledge. Notably, some organisations who had chosen not to offer online group activities had been especially concerned about digital exclusion. In contrast, most organisations who had gone ahead had initially felt those same concerns, but had also seen the potential for greater inclusion.

"Online activities in a rural area would be a cheap, very accessible way of doing things."

"Once [our activity] went online, obviously, geography didn't matter…"

"Hybrid is really important to us now."

A hybrid future

In the future, many of the organisations interviewed wish to continue activities in hybrid form, and some have plans for expansion. Others fear that a lack of skills and funding, and competing priorities, will mean that this is unlikely to rise to the 'top of the list', even though most feel this could offer a valuable contribution to future work. All agreed that further digital inclusion work for older people was especially necessary in our changing society. As for older people, users were clear that, while they were anxious not to lose face to face activities if they could attend them, they had significantly benefited from the online option. For many, these activities continue to be a 'lifeline' and a 'godsend.'

"For most older people now, it's an option, not a necessity. We're building in the digital option."

"The key is choice and agency. Can older people decide what they need, and get it in the way they want it?"

Technology as an enabler

The work here reinforces the need to see digital technology as an enabler, and not solely a barrier. The barriers that affect the digitally excluded are extremely well-explored and well-documented; less well-documented is the experience of older people who do use technology, on a broad and complex continuum. Understanding this is valuable, especially after significant social shifts in the last three years relating to use of technology. Offering choice to older people will become ever more important in the coming years, and perhaps sooner than previously anticipated.

This does not mean that all older people should be herded onto the Internet – quite the opposite; this work suggests a responsibility to keep providing services that meet older people's needs in the way that best suits them. In order to meet the many different needs of older people, providers of support, and the people they help, require as many potential tools and enablers as possible – from a minibus, to a support worker or a friendly neighbour, to a webcam.

"We always knew we [as an older people's support organisation] would eventually come to the digital world. We'd done courses for older people and so on. But COVID accelerated the digital need."

Key recommendations

For funders, policymakers and infrastructure organisations

- **Funders should invest in online group activities for older people now** – there is a danger of losing ground gained in the early days of the Pandemic.

- **Funders should take a flexible approach to funding, to allow innovation** – this was key to the development and success of online group activities.

- **Infrastructure organisations could provide training, resources, and support** for organisations developing online services.

- **Researchers need to build evidence for effective online group activities**, and identify and promote best practice.

- **Campaigners and policymakers need to promote more nuanced messaging about digital inclusion** for older people, especially to the health and social care sector, focusing on choice and potential inclusion, as much as exclusion.

For organisations supporting older people

- **Provide interactive, manageably-sized, high quality sessions with good group management**. Older people value personal attention from sensitive leaders and interactive sessions.

- **Work out the right activities that speak to participants' interests**, and integrate socialisation into structured activities.

- **Your existing connection to your clients is highly valuable**. Older people value a trusted organisation to help them get online and using these services – especially one they already know well.

- **Start small and treat it as an experiment** – and give it a chance to 'bed in.'

- **Don't underestimate the amount of technical support you may need to provide** – and be realistic about who the service can work for.

- **Don't assume none of your older people will go online**, and remember that some will be more included, even while others will not be able to take part.

- **If you can't do it yourself, consider partnering with other organisations** to share activities and services.

Introduction: when lockdown hit

Community activities play a huge role in many older people's lives, and have significant positive impacts on their wellbeing.[2] They help older people feel connected to community around them, stay stimulated and active, and prevent or reduce isolation by helping them build and retain social networks and friendships. This may be why the sudden lockdown in March 2020 had hit many of the participants in this research hard. Indeed, some found the change difficult to believe:

> *'At first it didn't register with me. Sandra phoned and said class was cancelled today. What do you mean the centre's closed? What about the next day? What about Friday? It was just disbelief.'*

Many older people described a spiral of negative feelings, as boredom, loneliness, and loss of meaning set in. *'I was sad – sad to lose the people.'* Older people who previously had community activities to attend talked about struggling with a lack of stimulation: *"You're at home doing nothing, you cannot do anything, it was boring."* They began to feel physical as well as mental effects: *"Because of lack of exercise. You know, I was feeling a bit tired, exhausted, without doing anything."* A lack of structure meant that some started to *"lose track of the days"*, as they found *"nothing but empty days, and nowhere to go, and nothing to do."* Some said they didn't know *"what day of the week it was,"* and some spoke of a *"Loss of purpose… You're just driftwood."* Some began to wonder, *"What's the point?"*

"I think everybody… well, I was certainly…. in a sort of a panic mode. What am I going to do?"

For some, this had a deeply negative effect on their mental health. One interviewee, who lived alone, and had limited mobility even before the pandemic, described *"a bad head space,"* feeling trapped *"in a new little world I couldn't escape from."* Another spoke of a feeling of encroaching panic: *"I think everybody… well, I was certainly…. in a sort of a panic mode. What am I going to do?"*

Over time, after in many cases turning their attention to more urgent basic care needs for a time, some older people's organisations focused on reducing social isolation (alongside wider focuses on health and wellbeing) decided to try delivering their group activities online. One such organisation was the commissioner of this independent research, Open Age. Open Age is a charity based in North West London. A membership organisation for 4000+ older people, it offers a wide range of group activities. When the pandemic closed all face-to-face activity, it set up over 100 hours of participative zoom-based activities each week during lockdown. Their online offer was accessed by more than 1800 of their members, with around 600 regular users.

When online activities were made available, some older people jumped at the chance, while others were less sure.

> *"I start looking at this bulletin and say, Whoah, let's have a look. […] Now until then, I never used zoom. I've heard of it. But like many things, when [..] one doesn't know about it, [one] feels a bit reluctant. But […] It was becoming difficult, the day to day, lock down business and all that not seeing friends not having a purpose. So I started to see what was available and slowly, gradually, I started to join more and more classes."*

Many older people found online Zoom classes transformative to their experiences of lockdown. Zoom activities being *"a lifesaver" "a lifeline"* and a *"Godsend"* were phrases used repeatedly. For some, these activities came to play a central role. As one interviewee put it, "It kept us going".

For those who lived alone, the total isolation was often unbearable – Zoom activities provided *"the only contact we had. If you lived alone, and you're elderly on your own."*

> *"These people really are just pictures, moving pictures on a screen [...] And if I do it, I create a link with someone else. At the time I very much needed that as well as the structure. To avoid [..] perhaps not to really lose it. [...] If people are in a dark place, they need this."*

As we will see later, perhaps most interesting in comparing older people's experiences of online activities during lockdown, and their experiences since, is how many similarities there are in terms both of their ongoing experiences of loneliness, and of the benefits they continue to experience.[3]

The question, then, is what role online group activities might play going forward.

About this research

This was the question that Open Age wanted to answer, by considering the experience of their own users, and those in other organisations. Why did older people continue to use online activities? And for those who did not, why not? Open Age also wanted to know to what extent other organisations have a similar experience to theirs – what were the critical success factors? What were the barriers experienced both by older people, and the organisations who supported them? Moreover, they wanted to understand the current state of online delivery post-pandemic – they had since started to deliver services in a hybrid online/ in person form. Was this a common model? If so, who else was doing it, and to what extent?

This would be valuable for their own future direction – should they continue to offer online group activities for older people, or even consider expanding these? At the same time, if there is a developing practice – as yet underexplored – it would be valuable to gather and share their own expertise and experience, and that of others.

Methodology

This is a piece of qualitative research using a thematic analysis methodology. It draws on individual interviews, focus groups and observations with older people accessing a range of charitable activities, across multiple charities (including those who accessed online activities and those who did not). It also draws from interviews with professionals from charitable provider organisations. The fieldwork took place between July and October 2022, and took place online over Zoom, and in person.

Scope and scale

The primary research with older people comprised:

- 5 in-depth individual case study interviews from one organisation
- 7 focus groups delivered online and in-person (with 46 older people) across 3 organisations
- 7 online activity session observations across 3 organisations

Research inputs with providers/ delivery organisations comprised:

- 14 interviews with professionals from 10 front-line provider organisations
- Contextualising interviews and discussions with professionals in organisations working at a strategic level, including a housing policy-focused organisation, an NHS commissioner, and grant-makers from major charitable trusts
- Informal evaluations, and case study documents provided by organisations

Alongside this, a high-level policy and white and grey literature review was conducted, and a market survey of providers.

How and why participants were selected

In-depth individual interviews of older people were designed to provide illustrative case studies giving a 'deep-dive' into the experiences of users of online group activities. Interview participants were also selected to ensure a diversity of users representative of the organisation's client diverse multicultural base, and for their knowledge and usage of online activities.

Focus groups involved visits to existing groups, after an observation of the session. Participants were invited, in advance, to remain in-session for discussion. Groups were selected as a sample by the researcher to provide a cross-section of activity and organisations, and included fitness, quiz, language learning, and more general social activity. An in-person focus group of older people who had chosen not to use online activities was also convened.

Provider organisations were selected and invited by the researcher in order to give a broad picture of locations and activities, and based on introductions made through organisational and individual networks.

Older people were not selected based on their age, save that they used services at organisations specifically designed for older people – defined variously as 50 and 55+ in each organisation.

Who took part?

Older people who took part

We made efforts to ensure that a diverse range of older people were consulted, and ethnic diversity in particular factored into our purposive sampling for individual interviews and the specially-convened focus group of non-users. Meanwhile, group visits and interviews relied on the existing make-up of those individual groups, which were selected for range and type of activities rather than the make-up of their participants. Data was patchy and difficult to gather in some cases based on what partners had available, and what older people were willing to discuss. Overall, of the data we were able gather, 47% of participants were from non-White British backgrounds, and 76% were female. 39% of participants were aged 70-79, 25% 60-69, 18% 80-89 and 7% 50-59. As one would expect in this client group, there was a wide range of health conditions, including heart conditions and blood pressure problems, Parkinson's, mental illness and emotional difficulties, dementia and a variety of musculoskeletal issues.*

The groups of older people interviewed were all based in London, albeit in very different areas – one in Southwark, one in Croydon, and one in Westminster. This is a limitation, and while the conversations with organisations elsewhere were intended to reduce any London bias, this is a place for further exploration.

Similarly, further quantitative work which looks at demographic differences would certainly be of value – it would be particularly useful to look at socio-economic and educational factors, which can often be overlooked and are especially valuable. Similarly, disability factors would make a valuable further data stream. Looking at the overall make-up of users of online groups across whole organisations would also be a logical next step.

Organisations who took part

Apart from Open Age itself, we have chosen not to name the organisations where interviews took place, in order to avoid identifying any older people, and to ensure that organisations were able to be open about the challenges as well as the successes of their work. However, below is a brief description of each organisation.

- Open Age, a membership charity for older people based in North West London.

- An older people's community organisation based in Northern Ireland which offers a major charity-led social prescribing programme using community development methodologies as well as delivering activities for older people itself.

- A major UK public arts organisation who deliver arts workshops across the UK with a range of community groups, including with older people with neurological impairment, working in partnership with the NHS. We focused on a project in North Yorkshire.

- Three local community older people's charities, including one multi-purpose community centre working with older people as well as children and families. These were based in ethnically and socio-economically diverse London Boroughs, and all offered a range of support for older people, from group activities to befriending and care coordination.

* The mixed sampling methods (and sample size) here do not permit formal statistical observations. However, it may be helpful to make some informal observations. First, it appeared that the ethnic make-up of preexisting groups broadly appeared to represent the overall client group of organisations. There were considerably more female than male participants across the board, although this again tended to reflect the make-up of organisations' client bases. The pre-existing online groups included a wide range of ages – there were many in their seventies and eighties. (In fact, the majority in the groups for which we have data were in their seventies). The oldest online participant was 93

- A national infrastructure organisation connecting volunteer-led faith-based community support projects for older people, which also runs its own front-line support activities in the Reading area.

- A community older people's charity providing range of support for older people, from group activities to befriending and care coordination, covering a wide mixed rural and semi-urban area of the West Midlands.

- A national organisation in the disability sports sector who developed activity programmes for older people during the lockdown.

- A small charitable specialist housing provider for older people in London.

Also interviewed were:

- A regional NHS clinical commissioning group senior commissioner focused on older people's services

- Expert professionals from a housing policy think-tank

- A senior grant-maker from a major UK charitable trust[4]

Funding for this research

The structure of this report

Part one begins by looking at the policy and evidence landscape in a range of areas related to online group activities. This includes the 'loneliness agenda', digital inclusion, and the health and social care landscape. It tries to identify key drivers in these policy areas, to suggest where they may be synergies for – and perhaps potentially investment in – these kinds of activities.

In part two, we look at the direct responses of older people in interviews and groups, identifying the key shared themes of their experiences. We consider both users of the service, and, for balance, the opinions of some who do not, and consider the benefits of the activities, alongside barriers and any drawbacks experienced.

In part three, we consider the experiences of professionals in 10 organisations across the UK, understanding the benefits and opportunities, challenges and barriers they experienced related to running online group activities. This included organisations who have not delivered online activities a well as those who have, and we draw out some of the differentiating/ structuring factors in that as the organisations perceive them.

In part four, the report summarises the findings, draws general conclusions, and makes some key recommendations for policymakers/ funders, and for delivery organisations for the future development of online group activities.

Part One: A Summary of Policy and Evidence

Introduction

We start here by with a contextual overview of policy and evidence areas, and some key literature with relevance for online group activities. This is a broad introduction to existing thinking, with a focus on areas where online group activities could show the greatest synergies. We start by looking at top-level areas of social policy, including digital exclusion and the loneliness/ isolation agenda for older people, before moving into policy areas focused on housing and social care, and health and wellbeing.

The loneliness agenda

The 'loneliness agenda' has been a significant focal area for policy over the last few years, particularly related to the isolation of older people.[5] As well as major initiatives in public policy at regional/ local, national and international level, popular awareness of the negative impacts of loneliness have increased significantly – the statistic that loneliness has the same negative impact on a person's mortality as smoking 15 cigarettes a day has become commonplace in the press as well as in policy literature (and charitable fundraising).[6] (It has a similar effect on mortality and morbidity as lack of exercise, obesity, high blood pressure, and can be associated with cognitive decline, mental health conditions, and even reduced immunity.[7] Age UK predicts that loneliness will continue to increase, reaching 2m lonely people by 2026.[8] No wonder then, that this is an issue of some concern to policymakers.

At a Government policy level, pressure from the VCS to tackle loneliness was given greater weight by Jo Cox Commission on Loneliness, and in 2018, the Government appointed a loneliness minister, and published its first cross-departmental loneliness strategy, looking to reduce the stigma of loneliness, and drive a 'lasting shift to ensure policy makers and sectors work together, and that organisations who combat the issues are both connected and supported to amplify impact, as well as on improving the evidence base.[9] Covid intensified this work, with the launch of the NHS 'Every Mind Matters' campaign offering advice and links to support,[10] and the creation of the 'Tackling Loneliness Network,', a coalition of funders, charities and business leaders, to connect work across sectors, develop innovative ideas and champion the cause. The Tackling Loneliness Action Plan was developed, offering key strands of work including a digital 'Tackling Loneliness Hub' for organisations and professionals, with an accompanying evidence review, and produced a post-Pandemic action plan.[11] A range of funding streams has been launched, with more likely to come.[12] The NHS's implementation of what is now known as social prescribing is in large part due to the drive to reduce loneliness and isolation, and in turn, its negative impacts on mental and physical health.[13]

Loneliness was exacerbated by the isolation of the pandemic, and there has been global concern about the effect this has had on older people. The World Health Organisation published a new briefing on loneliness and social isolation in older people in 2021, noting that the pandemic had made the issue even more salient.[14] Older people who lived alone particularly struggled with isolation from family members, and often saw the curtailment of the few social activities available to them. As a result of the digital exclusion issues we will discuss shortly, of course many older people were unable to use the digital technologies many of us quickly came to rely on, and this precluded their participation in some of the activities that could have helped reduce that loneliness.[15]

At the same time, while the ONS reported that loneliness significantly increased during lockdowns, from 5% of the population to 7.2%., it found that loneliness had increased more for young people than older people, and those of working age. This is not necessarily positive news for older people, however: as the title of Age UK's briefing on Covid loneliness has it, for many older

people, 'Life during the pandemic was no different to normal… I'm always lonely.'[16] It is also important to note that many have not yet properly emerged from the isolation the virus brought, due to continued shielding or reduced mobility and confidence.[17]

Digital Inclusion/ Exclusion

As vital functions and services move increasingly online – and at an unprecedented, accelerated rate during the Pandemic – the drive to ensure that everyone is able to access and use digital technology has become all the more pressing. Alongside the move online of vital retail, banking and essential services such as utilities, the drive to move public services online has been just as strong, and there has been a wide range of policy drives across the public sector over the last 10 years to ease this transition.[18]

Digital inclusion is impacted by several barriers, including access (whether one has the technology to go online), skills, confidence, and motivation. The number of people who are digitally excluded is reducing all the time, but the increasingly online nature of society means that the negative effects for those who are digitally excluded are becoming all the more overwhelming – it is hard to think of any area of day-to-day life where digital exclusion does not have a negative effect.

Older people: Who is using digital technology? Who isn't?[19]

Who is included?

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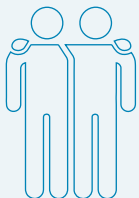
Who is excluded?

- 53% of people over 70 DO NOT use or have access to the internet at home
- 60% of people over 70 who also have a life-impacting or limiting condition DO NOT have or use the internet at home

Age is still the most substantial factor in determining those most likely to be on the 'wrong side' of the 'digital divide.' Data on the 3.7m people in the UK who do not use the internet at all shows that the majority (67%) are aged 70 or over, and 32% are aged 50-69.[20] Alongside age, factors of socio-economic class have a compounding factor on older people's likelihood of being able to use digital technology, with socially disadvantaged adults considerably more likely to be digitally excluded than others.[21] There are further compounding factors: living alone, having a limiting or impacting condition, or being financially vulnerable, all significantly decrease the likelihood of having access to the internet. OFCOM's latest study of digital exclusion found that "Among those living alone who were also aged 70 and over, more than half said they didn't use the internet or have access to the internet at home (53%). This proportion rose to 60% for people who lived alone, were aged 70+ and had an impacting or limiting condition."[22] Gender is also a factor: women still use the internet less than men; however, this gap is closing generationally, from 10% more men than women in the 75+ range, to a small reversal in the 55-64 range.[23]

At the same time, it is easy to lose sight of the fact that significant numbers of older people do use the internet. At the highest level, 95% of older people aged 60-64 have access to and use the internet, as do 75% of those over 65. Even in the age ranges where the majority of older people do not use the internet, the minority who do is far too large to discount – 47% of over 70s is not

an insignificant number of internet users. It is a fallacy, therefore, to think that all older people cannot or do not use the internet, even if, understandably, there has been a tendency in the public policy sphere to focus on the most digitally excluded older people. (After all, those are the ones who need help the most.)

Similarly, framing older people's digital inclusion/ exclusion in black and white terms is far too simplistic, and notions of a hard and fast digital 'divide' can be misleading.[24] Others have noted the polarised version of older people often presented in the media and everyday popular culture: the idea that they are 'either "tech savvy silver surfers" or "digital dismissive" reticent non-users' can be unhelpful.[25] It can disguise the complex range of variations between older people in terms of their use of technology.

Given the increasing digitalisation of society over the pandemic, one might ask whether this has led to more older people going online. The Centre for Ageing Better notes that the digital 'gap' was exacerbated by the pandemic, while showing that many organisations have expanded their support for older people to get online.[26] Age UK's 2021 briefing 'Living in the Digital World After Covid' focuses on older people who 'do not live their lives online,' and suggests that 'the national figures, and our feedback from talking to older people, shows the pandemic has not caused a major shift towards internet use among those who were digitally excluded.'[27] As OFCOM note, however, these figures are constantly shifting. Their survey on digital exclusion is due to be conducted again in 2022, and should allow a clearer view on any changes the pandemic brought about.[28] In other policy research areas, as we will see later, there has been evidence that older people made greater use of the internet - even if insurmountable barriers for the most excluded were not magically removed.

Technology and loneliness

There has long been divided opinion between those who feel technology is a solution, and those who feel it contributes, to loneliness, and the evidence is often contradictory or inconclusive.[29]

A mixed picture

A recent (pre-Pandemic) study by the University of East London of the Hackney Connect digital engagement project found no strong evidence of use of technology in reducing social isolation, except related to learning about the technology face-to-face in a group. However, much of the focus in the project was on interventions to develop digital inclusion - rather than actual use of technology interventions themselves.[30] Meanwhile, an overview of reviews for What Works Wellbeing (2018) found only fairly weak evidence for technology's benefits, but makes a helpfully nuanced observation, that 'it is highly likely that solutions developed to tackle loneliness generated by having insufficient 'quality' of social relationships would be distinct from those where loneliness is the outcome of having fewer relationships than an individual desired or of reliance upon digital relationships.'[31]

In terms of a peer-reviewed formal academic evidence base for the effectiveness of technology solutions to loneliness, there has also been conflicting evidence.[32] [33] Some systematic reviews have been positive, and some considerably less positive: for example, the relatively positive Chen and Schulz (2016), and the more negative Shah et al (2021). However, both might be characterised as fairly inconclusive (likewise Chips et al.'s 2017). In general, these reviews of reviews, and wider study of technology interventions tend to suffer from unhelpfully broad definitions of what exactly constitute similar types of interventions: comparing a WhatsApp group offering CBT is considered alongside videoconferencing, and even static web pages, for example.[34] All of these interventions use 'digital technology' – but they are vastly different activities and interventions. In many of the reviews of evidence, it is hard to discern whether differences are due to the medium of the intervention, or to some other difference in the intervention itself. In related fields (for example, in online therapy), the technology itself has been found to have less determining effect on the outcome of the intervention than might have been expected.[35]

Promising developments

Despite this, digital possibilities have increasingly been seen as 'promising.' Already in 2015, Campaign to End Loneliness and Age UK's Promising Approaches report found experts starting to agree that technology, over time, could offer 'a cost-effective way of providing wider services and supports to social connection' which 'may sometimes represent the 'best case scenario' in a time of limited resources, even though face-to-face provision may be preferred'.[36] In revisiting this in 2020, Joplin et al argue that while 'connecting online should not be a substitute for face-to-face, […] the COVID pandemic has forced many to embrace online digital connection' and their experts found that 'digital contact was providing a significant degree of comfort to people who would not connect otherwise.'[37]

The Mental Health Foundation's recent review of loneliness policy in England also recommends that ensuring that everyone has access to digital communication technology has to be a key part of any strategy to tackle loneliness. While some benefit greatly from these technologies, and others find it is no substitute for face-to-face, they argue that 'regardless of individual preference, digital exclusion is a significant barrier for people to achieve their desired quantity and quality of social relationships.'[38]

Since the onset of the pandemic, the sense of opportunity that technology offers to the loneliness agenda been reinforced. In the policy sphere, as a University of Stirling report found, 'people found themselves having to adapt to new forms of technology - assisted communication – most notably, Zoom and other video conferencing software. These technologies to enable virtual communication have become increasingly vital lifelines to social support, particularly for older people, who are more likely than other groups to be confined to their homes, often isolated from friends and family networks.'[39]

Similarly, more favourable academic research is starting to appear regarding socialisation via technology for older people, and it feels here too like a tide may be turning. One study noted that 'web-based socialization is the most promising method for mitigating potential mental health effects that are related to virus containment strategies […and these] can be implemented during and beyond the pandemic to bolster the mental health needs of older adults."[40] A 2021 study looking into Zoom-based group activities found strongly positive results for 'countering boredom and feelings of isolation'.[41] It found the main critical factors noted for adoption and success were 'access, motivational and need-fulfilling factors, and whether the activities are sufficiently tailored to individuals' preferences and abilities.' Furthermore, the authors also stress the need to offer a wide range of topics tailored to individual need, and importantly, ensuring accessibility.

In general, even before the pandemic, the consensus seemed to be forming that, 'while there are pitfalls there is also huge potential for the whole range of digital technologies to contribute to combating loneliness whether by helping people connect to their communities, existing friends and family or to make new connections.'[42] While the evidence picture for loneliness interventions using technology has always been mixed, there appears to have been an increase in promising academic studies and positive policy research emerging since the pandemic, which may reflect a shifting 'mood'. It is likely that the shifting picture in social policy and academic debate reflects shifting perceptions and experiences amongst internet users themselves - as more people become increasingly used to technology playing a role in their social lives.

Housing and social care

In this section, we focus on relevant policy and research developments in the housing and social care sector, a key area of focus for policy related to older people. There is a drive to find cost-effective ways to support older people to stay independent, in their own homes for longer, and to offer the kind of support people need to retain a high quality of life. Finding ways for older people to connect socially is of paramount concern for housing and social care providers. They recognise the need for the support they provide to help meet some of older people's social needs, and to

avoid the health and wellbeing risks associated with loneliness and isolation.[43] As the Social Care Institute for Excellence notes, 'Enabling Older people to retain their independence for as long as possible, through preventative approaches, is central to maintaining their quality of life and also reducing pressures on local health and social care budgets.'[44]

The need to act preventatively is even more pressing during a tumultuous time for housing and social care providers, where cost pressures are acute.[45] Indeed, some housing organisations are reducing their participation in the sheltered accommodation and care space because it represents a huge financial challenge. Staffing shortages have also become especially pressing, alongside significant issues with workplace skills.[46] 'Telecare' has long been a distinct area of interest in the housing and social care sector, and with those challenges comes an appetite for innovation where it can show economic as well as social benefits. Therefore, technology is increasingly seen as playing an important strategic role for the future of the sector. The Government's *People at the Heart of Care*, Adult Social Care Reform White Paper (2021) sets out a 10 year vision, with funded proposals to transform adult social care.[47]

A key theme throughout is that 'Digital tools and technology can support independent living and improve the quality of care'. There are substantial plans to drive and fund this, with a promise to 'publish a social care technology blueprint, as well as developing advice on 'what good looks like' for social care technology,' and 'at least £150 million of additional funding to drive greater adoption of technology and achieve widespread digitisation across social care'.[48] As one housing policy expert interviewee put it, the 'mood music' in the housing sector is right for digital interventions. Assistive technology is an area of considerable innovation and market development in the sector.

Several key reports have looked into the particular opportunities technology provides, and critical success factors it requires. *Ageing Well With Assistive Technology: Co-producing technology solutions with older people* by the University of Stirling, developed with Stonewater Housing, considers ways in which assistive technology can 'meet the desires and needs of older people.' Meanwhile, the *TAPPI Inquiry report (Technology for and Ageing Population: Panel for Innovation* (2021) focuses on 'technology as a contributor to pro-active prevention of illness and related intervention. Healthy independence is the goal, with home technology playing its vital part throughout an individual's life.'[49] [50] The report outlined ten key principles for technology to be built into older people's housing. Now moving into Phase 2, TAPPI is starting to implement those principles with a range of different partners, developing solutions in a range of 'testbeds' to act as 'exemplars' across the sector.[51]

McCall et al (2022)[52] explore 'in-depth evidence that supports the role of the housing sector as a provider and facilitator of technology' – and considers the ways that technology-enabled support can contribute to older people's quality of life in a range of different dimensions, including facilitating social connectedness and reducing loneliness, exercising control over their day to day lives and promoting independence, promoting mental and physical health (in particular, apps to keep the brain active, or for physical activity, including online Zoom classes). It can also facilitate educational activity and entertainment – from reading, and learning languages, to gaming. Writing after the lockdowns, they note that many different types of technology are valuable in this, but special mention is made of Zoom and videoconferencing software during the course of the pandemic.[53]

Overall, keeping residents less isolated, more engaged, and more connected could have strong benefits to wellbeing which later translate to better-maintained independence. There is an appetite in the housing and social care sector for digital technology to play a role in this. In the climate of innovation in, at least some parts of, the market, the potential for online group activities to contribute to the prevention, loneliness, and modernisation agendas seems strong. This may intersect with positively the need for cost efficiencies, although that will require some caution.

NHS, Health and Wellbeing

For the WHO, the health of the world's ageing population – and the sustainability of its health services – relies on the adoption of 'active ageing.'

> *"Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. […] [..] In an active ageing framework, policies and programmes that promote mental health and social connections are as important as those that improve physical health status."[54]*

It notes that this kind of holistic approach to older people's health and wellbeing leads to fewer premature deaths and disabilities caused by chronic diseases, as well as more people 'enjoying a positive quality of life as they grow older'. A key facet of this is to allow more people to participate actively as they age in the social, cultural, economic and political aspects of society. In turn, they note, all of this will lead to lower costs related to medical treatment and care services.

An ageing population is both and achievement for the NHS, and a growing problem. One in five people in England are over 60, and rising, while 75% of over 75s have at least one long-term condition.[55] Compounding this, there is a significant challenge with older people failing to get the earlier stage care and support they need to stay well – this contributes 'further down the line' to visits to A&E, and hospital stays which may have been avoided. The goal therefore is to ensure that as people age they stay well – enjoying a better quality of life, and requiring less care and support. Similarly to housing and social care, a prevention agenda has been a significant focus for the NHS, developing especially since the NHS Five Year Forward View (2014).[56]

Like the WHO, increasingly, the NHS recognises that purely medical approaches are not enough – taking a holistic view of people's health and wellbeing, and the social factors that contribute, is vital. The need to recognise loneliness in planning for health has seen its inclusion as a key target in many public health Joint Strategic Needs Assessments, and the NHS itself provides advice to address loneliness in its guidelines for applying the 'All Our Health' population-level health strategy.[57] It is now starting to recommend explicitly the use of digital technology including videoconferencing as one way to combat loneliness and isolation.[58]

A key part of this more holistic approach has been the development in recent years of social prescribing, where health professionals and the voluntary sector work in partnership to identify the holistic emotional, social, and practical needs that may have an impact on the health and wellbeing of a patient.[59] 'Prescriptions' often involve community group activities to reduce social isolation, build confidence, and improve mental wellbeing. Social prescribing is particularly common for older people, and there is a growing body of evidence that social prescribing is effective in improving health outcomes.[60]

The drive towards prevention, a more holistic model of health and wellbeing, and recognition of the value of social activity, particularly in reducing loneliness, is of course a substantial part of the NHS's Long-Term Plan (2019).[61] Alongside this, the development of digital services is a central pillar of the plan. The Department of Health and Social Care recently published its plan for digital health and social care.[62] Meanwhile, the plan is clear about the interrelation of health inequalities and digital exclusion (and the NHS published its own digital inclusion guide for health and social care in 2019). At the same time, it commits to ensuring that patients should have a choice between face-to-face services and anything delivered digitally. This links in with another key initiative: providing Universal Personalised Care, putting choice and control of their own care in the hands of NHS users.[63]

Overall, there are clear drivers in the NHS and the health sector towards reducing loneliness and isolation for older people, as well as a developing determination to develop digital services alongside face-to-face options, especially where the latter helps increase choice. There is also an understanding that connecting people with community has significant impacts on their health and wellbeing. Social prescribing, which often looks towards the community and voluntary sector to provide social opportunities for older people is one of the key interventions. Clearly, many of these

policy areas could be of relevance to online group activities, which, if effective, may potentially offer positive contributions to key health policy challenges.

With that said, the NHS is well-known to be facing substantial challenges to its finances. The move to preventative services will require a front-loading of finance to see greater benefits further down the line – and often, this simply does not seem to be forthcoming. Mental health support for those with serious mental illness is limited – whether prevention money can truly be found remains to be seen. Furthermore, while there may be substantial benefits to social prescribing, the tendency has been to fund the *prescribing* (and its coordinators and networks) rather than the prescriptions (indeed, funding that may once have been given to the local VCS to provide that function has quickly been returned to the NHS itself in many localities). While online group activities could have a substantial impact on older people's health and wellbeing, much will come down to individual commissioners in local areas deciding whether or not they could invest. Rightly, an NHS commissioner who was interviewed pointed out that Local Authorities were traditionally the funders of this kind of community and social activity – but with several declaring bankruptcy, this too may present a challenge for any future investment in new services.

Online Group Activities: Who are the providers?

Given these important drivers, it is perhaps no surprise that provision of online activities has started to develop in different sectors. Below is an overview of some of the existing providers of online group activities. This is not exhaustive, but aims to give a broad picture of the current, developing landscape.

Adult learning

In the adult learning sector, popular with retirees, online group activities proliferated during lockdown. Providers such as London's City Lit moved their courses online into interactive Zoom sessions where possible, as did some Local Authority-run courses and local library activities. Some of these have continued online, alongside in-person, perhaps in recognition of the desire for flexible approaches to learning as part of learners' busy lives. This followed a wider move over a number of years towards online learning that has come from the university and wider training sector, developing Massive Open Online Courses, and platforms such as Udemy[64] and Coursera[65] (we found several older people used these services regularly). The Open University has delivered group sessions of its courses online for some years now. Universities across the world also popular with mature student retirees - moved online quickly when the lockdowns hit, and while most have moved back to face to face teaching, there are some who have continued, especially for distance learning. There are also the informal learning 'ideas' learning platforms such as TED, and newer sites such as 'The Garden' which offers access to curated talks from academics and public intellectuals, both live and on demand.[66] Outside of formal university learning environments, these latter products tend not to offer direct interactivity apart from the ability to ask questions via text boxes.

Charity sector

As we will see later, many local charity and community groups developed online activities at various levels – some fully embracing the technology, and others 'dipping a toe in the water'. Some developed what they termed 'virtual community centres', such as Toynbee Hall and Elephant and Castle Community Hub in London.[67] Leicester Ageing Better Together created a 'Zoomers' club with over 20 activities a week, and plans to develop the services further as a 'Virtual Community Centre' with support from their Public Health department.[68] At a smaller level, many local community organisations (including many Age UK branches) are now running regular fitness classes,

reading groups, and in some cases, online events such as film or theatre screenings that can be joined virtually. The commissioner of this work, Open Age, set up 100+ hours of participative zoom-based activities each week during lockdown which was regularly accessed by around 600 members, and now runs a hybrid offer they plan to scale up.[69] Support groups for those with particular needs have also developed widely.[70]

At national scale, The Royal Volunteer Service have a '*Virtual Village Hall*' initially developed during lockdown, which runs live through Facebook Live streaming (and has 47,000 followers).[71] This offers classic 'village hall'-type activities such as crafting and arts, physical activity, language classes, and viewers can interact with volunteer tutors. U3A has an online platform for live streaming of events and talks at national level, and at the outset of lockdown, created Trust U3A, now 'Interest Groups Online' which allows various local branches of U3A volunteers to share their online content and activities across the UK – this is a decentred approach suited to its membership structure, which relies on each member/ leader to produce their own content.[72]

Private sector

Recently, several online group activity providers have developed in the private sector. *Oomph!* Is a provider of fitness activity videos delivered via various apps on platforms with a focus on care homes and sheltered accommodation.[73] Their content is archived after initial broadcast and can be used by subscribers on demand. They have worked in partnership with housing and care organisations including Notting Hill Genesis Housing and New Care.[74] *Sparko* is a 'virtual retirement community' platform based around a device which can be set up with any television, offering an interface designed to make it accessible for the oldest and least technology-capable. It offers video-conferencing as part of its service, and access to online group activities. Sparko too has been used in housing settings.[75]

There are also two investor-backed private sector direct-to-consumer subscription services providing online group activities for older people, working at national (and to an extent, international) level. *Mirthy*, launched just before lockdown in March 2020, offers 80 activities a month over Zoom.[76] *The Joy Club* is a very similar service, offering 100 online group activity sessions, forums and a blog.[77] Both offer a range of standard subjects and classes such as arts and history, dance and fitness, book groups and discussions.

While both organisations are based in the UK, the Mirthy session observed during this research had users from across the world joining, including from Brazil, West Hollywood – and Southend on Sea.

With that international market in mind, it is worth noting that online group activities have of course developed in other countries. One notable platform is Televeda, based in the US, which offers an integrated booking, timetabling and scheduling platform, used by community centres, housing schemes, and civic organisations.[78] As part of this, it includes a proprietary application that gives 'one click' access to virtual activities. As well as some content of their own, the platform allows organisations to share their own content via the platform, both within their own organisation and beyond.

Overall, this is clearly a developing market (both in private enterprise and charitable spheres), although its size and user-base is, so far, difficult to estimate. Moreover, this is a very decentred landscape without clear providers of first resort (working across notoriously decentred and fragmented sectors such as housing and social care, and the VCS). We noted during this research that provision, where it exists, can be hard to identify and locate. That does raise the question of whether older people themselves will be able to locate it.

Part Two: Older People's Experiences

After lockdown, many organisations continued their online activities in some form. We talked to a range of older people from Open Age and other community organisations, using in-depth individual interviews, group interviews, and observations of sessions.

Distinguishing types of online group activities

There is a wide range of approaches in terms of 'shape' of activities and how they are delivered. Our research found that key distinctions include:

- **The level of interactivity** – while some offer full Zoom-to-Zoom interaction between participants and a facilitator, others take a 'broadcast' approach entirely (with a camera on the tutor end only). Others allow interaction only through text boxes. There is a continuum across providers.

- **The approach to participant location** – some run activities that expect to be delivered via Zoom to a room with multiple co-located participants (eg. from a tutor to a recreation room in a care home), and some from a facilitator to individual participants joining from individual devices in different locations.

- **The number of participants** – some online group activities are run at significant scale with hundreds of participants. Others can be as small and intimate as a group of five or six.

- **The platform** – while many providers use Zoom to deliver their activities, some have their own proprietary platform, or use other platforms such as Facebook Live. Those platform decisions will affect the contours of what can be provided.

These distinctions will no doubt have an impact on quality and effectiveness; however in this study we focused only on live fully interactive Zoom sessions run from a tutor to virtual groups comprised of individuals on separate devices. (Eg. a tutor in their home, connecting by Zoom to ten participants, each of them in their own home).

Our key questions were:

- What benefits do older people derive from using online group activities?

- What barriers do they experience? Do they have any objections?

- In what ways have these activities made a difference to their quality of life?

- Why have they continued to use these activities, when face-to-face activities are often now running again?

Below we explore some common themes raised in older people's responses. We focus initially on the benefits experienced, before moving in the following section on to the barriers and drawbacks they faced – including those which had prevented older people from choosing to take part.

Reduced loneliness and Isolation

For many participants, this social connection and camaraderie combats social isolation and loneliness. This can be especially important for those who live alone:

> "It's really valuable… especially […] if [..] you do live on your own. […] I am on my own quite a lot of the time. It's vital. It really [..] has been a lifeline and still is."

> "The social and the camaraderie. Especially for those who can't go out, or don't have much social contact. And you feel like you've got to know the other people even if you haven't seen them in person."

> "I live alone, and […] it was great to be able to see people and talk to people. […] And I think it made a big difference to lots of people who were very lonely."

> "I don't say I don't feel lonely any longer. I do sometimes. But in a way, you know, before I was feeling lonely majority of the time, and is not really a good space to be in. [..] But with these, these zoom classes […] and then of course, with the live one [..] I feel less lonely."

Some found the activities had an energising, lifting effect:

> "It gives you a boost of energy. You don't feel like going out, or doing things, but after this you feel a bit livelier. I didn't want to do my hoovering, or do things around the house or go out, but after this I think, I feel a bit more like it now."

Interviewer: "So the interaction is really key for you?"
Interviewee: "Yeah, well, in life as on Zoom."

One of the most common benefits users described was an opportunity to build a sense of community and connection to others through active friendships.

> "Yeah, we meet friends here. We made friends, socialising, and [..] it is [..] also socialising and mental happiness. We are not alone, alone at home, with nothing… boring. So it's good to talk and laugh."

> "For me, it's the social aspect is really important. The friends I've made people I see each week at different classes. I think that's a huge, huge element of it."

> "We have a laugh. You know, we [..] always have a laugh, […] always, always, always. And it's always positive, always positive, always positive. [..]It's great."

Some users said that they had initiated friendships online, and found it especially exciting if they later saw friends in person whom they had met online, and vice-versa. This was a particular benefit of a hybrid approach, where older people attended both online and in-person activities.

> "I joined the Bereavement Cafe at the Carers' Centre on Zoom when my husband passed away. And it was a very personal group. I'd never met any of these other people who were attending at all. And we built up a friendship over zoom. And then we organised to meet up for coffee and lunch separately. […] So we initially met on Zoom. And then we decided we wanted to meet and have coffee and we meet for lunch now on a regular basis. So that's how our friendship started over zoom."

As well as a sense of community, and the ability to build real friendships, participants often spoke about what might be called a sense of belonging. Knowing the other people in a group, recognising them, and being recognised in return was just as important as it was in 'real life'. As one tutor noted,

> "You still get to know people […]. But you notice when someone's had their hair cut – 'Oh, [Leila], you've had your hair cut,' or you see someone's got a little dog there. 'You don't

normally have a dog.' 'Yeah, I'm looking after my daughter's dogs.' Even though it's through digital, you see a lot more than just them participating." [79]

It was also important to group members that they felt the tutor knew those who were attending:

"But when you feel that the teacher or the tutor has got to know who you are, yeah, you know what you mean? They pick up on things and such."

"I need to know that person is counting on me to come to the class."

"It's really valuable… especially […] if you're on your own […] I am on my own quite a lot of the time. It's vital. It really [..] has been a lifeline and still is."

Many users, especially post-lockdown, said they had not joined online groups specifically to reduce isolation or loneliness. However, most of those who said they were there to learn, or to keep fit and active, or to stave off boredom, admitted that they too enjoyed the social relationships they built online.

"There are lots of fitness classes and dance classes. We've done questionnaires in the past where they say like, why do you do the classes? Is it to make friends? Is it [..] because you're lonely or whatever? And I always think no, no, I don't do for those reasons. But you do start to get to know people. [..] And that was like a nice by-product – it hadn't [..] been [..] my main reason for going, but it was [..] a nice side effect."

Some did say that the connections they made online felt less intimate, while others felt this depended on the group and specific activity:

"It's nice to see them because I know them and you get to know the other faces, but you don't get to know them very intimately, you know, personally."[80]

"With me, having joined the readers group, which is a bit more personal. […] We do [..] chat and ask each other […] what they've done that particular week, say, so you're getting more, you can get more personal and more friendly. Having joined the readers group. But because [this is] the exercise [group], you just do the exercise."

Providing Structure

"You have to have a plan and you have to structure your day, because if you don't, you have endless hours filled with nothing."

"Otherwise, one gets lost. I wake up in the morning. I don't know what day it is. But it's, 'I know, I've got a certain class. I remember.'"

Many older people especially appreciated the structure that these activities gave to their week, and the fact that it gave them "something to look forward to." They felt that a lack of structure in their lives posed a danger to their wellbeing:

"All of a sudden to have the entire day after day after day, your free time […] can become a danger zone for me. […] So sometimes you can start to think too much and not feeling that well, if you know what I mean."

Many framed this benefit in terms of their retirement from work:

> *"I mean, before I even retired, my two sons said to me, you cannot retire without a plan […]. Because if you wake up in the morning, and there's absolutely nothing facing you, then what? [..] If you don't [have a plan] you have endless hours filled with nothing."*

For them, the structure of online activities provided a way reduce to combat this feeling:

> *"It's organising my life in some ways [..] It keeps the days of the week, especially as I've stopped working and so on. […It has] helped me […] feel fully alive. [.. Otherwise..] you lose the lose track of time."*

Some thought that maintaining structure had an impact on their wider wellbeing:

> *"If you don't, then your brain goes to mush, and you start doing silly things. And I found I had to also keep my meal times correct. Otherwise, I'd be eating the wrong food at the wrong time of day. You know, it's these little things that, you know, as you get older are quite important."*

Convenience and choice

"And if we have a choice of a little bit of this and a little bit of that we're lucky."

"Before was a necessity, because I didn't have an alternative. Now, yeah, it is a question of convenience."

The convenience of online activities was one of the most common benefits raised by participants. While there were many for whom this ability to 'do more' allowed additional opportunities alongside an already full and active life, there were others who used online activities to combat significant barriers to participation.

Travel options

One of the most common benefits users talked about was a reduced need for travel.

> *"Yeah, I, I have travelling problems [..]. I've got reduced mobility. And if I need to go anywhere, I would have to use dial-a-ride. Or if friends will take me out. […] I wouldn't be able to get to somewhere at 10 o'clock, unless I got get transport booked. And then sometimes that's difficult."*

Older people spoke about the impact that the logistics that travel had on their ability to attend group activities. Bad weather, the need to take two buses, or to arrange specialist transport or rely on friends were common features of their everyday life, and clearly had a negative impact. This was especially true for older people who face physical and mental health issues:[81]

> *"I don't have that much mobility. So I was restricted because the [large, cumbersome medical device] doesn't allow me long expeditions."*

> *"..But there's lots of people that I know that have gotten the mobility problems, and that's you know, one of the joys of zoom. [..] I can't walk, I have two broken ankles. I've had two knee operations and I'm wearing special things on my feet."*

For unpaid carers, the ability to stay close to their loved one while still taking part in outside social activities was welcome: *"Some people can't get there because they have to stay in and look after their [..] their loved ones. Some people can't leave the home, you know, they're stuck in the home.*

But some people would like to get out."

Alongside those who experience particular barriers such as disabilities or responsibilities, there were those simply liked the fact that online activities allowed them to 'do more' and fit more activities into an already busy and lively schedule. Zoom gave them more time to enjoy the activities they wanted to, and maintain their normal routine outside of that.[82]

> *"The reason I've continued is I've been doing a lot [..] of other things. And [..] I don't have to travel. So I can fit the Zoom classes in with other ones where I actually attend. So I have the variety that I need for myself."*

> *"Yes. When we do Zoom, when we finish the class, we are told you have plenty of time because there's no travelling, we can do our cooking, painting, do our shopping. So time factor. So you have the time otherwise we dress up and we are spending a lot of time wasting time on the bus going here and there. [..If there's..] bad weather we can't travel."*

Flexibility during change

Participants also valued the flexibility that online group activities offered when circumstances changed. For example, those with worsening health or mobility issues were able to continue online when they were no longer able to attend in person. Relationships, as well as routines, could be maintained.

> *"I have [a foot problem] at the moment and this online stuff really helped because I've had [..] to cancel going to everything, because I just cannot get there."*

> *"Another thing it's helped [..me..] with - our church service was on Zoom. That would have been nice for me when my husband was ill, and I wasn't able to get out to church. It would have been nice to listen to it on the Zoom. And, you know, even now, I had COVID A few weeks ago, wasn't able to do anything. So I did things on Zoom."*

The latter interviewee also lamented the fact that this hadn't been available before:

> *"Well, that was, as I say, when my husband was very ill, if he could have done something on Zoom, he would have been happier."*

While the flexibility helped deal with temporary changes, some participants were explicit that online group activities acted as a kind of insurance policy against future more permanent changes in their own mobility:

> *"I think you should learn how to do it now, in case you ever get to the stage where you are housebound, and can't ever go out, and that was really your only lifeline."*

The possibilities of the platform to deal with the latter circumstances were not lost on some non-users who viewed the activities in a negative light. When asked to consider whether their views may change if their circumstances did (and they became much less mobile), even overtly hostile participants noticeably changed their positions. In one focus group, there was a very noticeable change in the room's 'temperature' – and in a subsequent straw poll, 6 out of 7 participants agreed that if they had significantly reduced mobility, they may consider using online group activities.[83]

"Participant 1: You're underrating the value of people coming together and getting off their behinds. And getting out of the house. You'll become housebound whatsits if you're not very careful!…

Participant 2: …I can't walk, I have two broken ankles. I've had two knee operations and I'm wearing special things on my feet!"

Choice of activity

Many of the benefits participants experienced were related directly to the activity they took part in, and meeting those specific needs or interests sat alongside wider themes. Those who attended exercise classes were naturally most excited about the impact the classes had had on their fitness; while those who attended a quiz were happiest that the quiz kept them mentally active. For most, especially post-pandemic, the draw of the activity itself was the thing that specifically drove their initial interest: *"Well, what makes it for me, first of all, [is] the topic of the session. So if it's not physical exercise, I'm doing philosophy."*

In places with a wide variety of activities, the range and quantity of activities (online and off) that older people had taken part in was impressive – and several spoke of enthusiastically *"throwing"* and *"launching"* themselves, or *"jumping [with] both feet"* into activities. Across all of the groups interviewed, many users took part in multiple online activities (often alongside in-person activities where possible), and frequently those run by several organisations.[84] When offered the opportunity, it seemed that some quickly became 'power-users', actively building their own programme of online activities:

> *"So I started to see what was available and slowly, gradually […] I started to join more and more classes. And I kind of tried to distribute them in a way, where I had a bit of physical exercise, the intellectual aspect of it […] stuff like philosophy, Greek mythology, shared reading, and [..] what I call the spiritual side, that was Qigong mindfulness. […] that was very important, well, still is […]. And I got to a point where I had at least two classes a day. On some occasion, I think I had three because in parallel I was engaging with […] an organisation who deals with weight gain, and how to lose weight, a combination of informative talk and exercise[…]. So I started to join their virtual gym."*

These 'power-users' demonstrated both the scale of the appetite for online activities from some, but also the value of providing a choice of activities that can allow participants to match and meet their own particular interests or needs.

Critical success factors - what works best?

Participants were asked what they thought made online group activities most successful for them. The following were some of the key themes that emerged.

The need for online group activities to be interactive was a common theme – that is, the opportunity for live communication, using video, between a participant and a group. Some contrasted the live online groups via Zoom with those they had experienced in non-interactive platforms.

> "So we often sign up to watch the TED talks, don't we? And there isn't really interaction in that, other than you can post questions. And unmute at the end to say thank you, but…"

> "That contact, that you know, that person is watching what you're doing. [..] The fact that you can ask that person a question. If there is anything, you can always ask. […] I don't know how to do that, or can you please repeat this for me to see how it's done? Or explain it better? There is that interaction. It's the interaction."

Users also saw the personality and demeanour of the group leader as one of the most vital parts of a successful session. The expertise of the leader was important for some in situations where the activity demanded it (eg. fitness, or learning). More generally, people felt connected to their tutor, and it was clear that often this personal connection was as important to them as the connection to their peers, *"when you feel that the teacher or the tutor has got to know who you are."* Being a *"good entertainer"*, leading the group in a fun, engaging way was also vital.

The need to control and manage a group was also important, especially when there could be a tendency for chaotic overtalking, or for some participants to talk excessively (particularly because social cues are harder to read). One participant put it frankly – she needed a tutor who could deal with *"someone really annoying"* in the group. (She was quick to note, however, that sometimes *"it might be me."*)

The specifics of joining Zoom calls - how many clicks it took to access the call, whether pins needed to be entered, how often and when links were sent - were very important to users, and whenever this was mentioned, discussions became animated and very detailed. Users compared their experiences of systems between different providers, and what they preferred. Most of all, they wanted something that felt as easy as possible, preferably using 'one-click.' As one user put it *"Making it very easy is great."*

Finally, in general, there was enthusiasm for activities that covered a range of options and interests. While participants enjoyed activities for broader reasons (such as reduced isolation and loneliness, increased sense of structure), for many participants, the most important factor was exactly what the activity was. When older people had decided no longer to use online activities, it was often simply because the thing that interested them was no longer available.

" If Zoom classes are stopped […] I'll feel completely lost."

Getting creative: the range of activities

Carnival in your living room
One group ran their own online replacement for the Notting Hill carnival (which was cancelled during lockdown). A couple who usually took part every year brought down their costumes from the attic. They danced to Soca music with the group, clad head to toe in feathers. They admitted that their costumes had been difficult to fit in their living room…

Men's Shed Online
During lockdown, several organisations had sent activity packs to older people (a common strategy during that period), but some combined these with an online group. For example, one organisation had continued their Men's Shed online – and sent specific materials and tools to the participants' homes so they could follow along online with their friends and a tutor.

Virtual tours
In one organisation, during lockdown especially, interactive group virtual tours of museums and art galleries had been extremely popular – and had allowed live guided visits to places far away from those that participants would have been able to visit in person (eg. a London group visiting the National Museum of Scotland).

Singing together
Singing groups and choirs were particularly popular during lockdown, and some have continued in that way since. As one interviewee put it, sometimes *"the singing was awful, but the social aspect was great."* The need to mute singers (due to the delay of Zoom) was not always a barrier – one participant said she would never have the confidence to sing if others could hear her, but this way, she could sing as loudly as she wanted.

Pantomimes and parties
One organisation staged a Christmas pantomime, with costume changes, funny hats, and performances delivered by its staff and group leaders, for all online participants. This was regularly referred to by their participants as one of the highlights of lockdown.

Kids and care homes
During lockdown, several organisations ran online group activities bringing together older people in care homes and children in primary schools via online teleconferencing for a range of shared activities, such as indoor gardening, crafting, and singing. In some cases, these links built ongoing relationships that have continued since the pandemic.

Virtual orchestra
One organisation connected older people with neurological damage with an orchestra 200 miles away, allowing them to conduct, play along, and collaborate directly with the musicians and an expert music therapist in real time.

Bedtime support
One organisation runs meditation classes to help clients with sleep. With online group activities, these can now be accessed live virtually, in people's own homes – and, if necessary, from bed.

Technology: barriers and enablers

"I don't like techy stuff generally. But needs must."

Clearly, technology is a still a significant barrier for both users and non-users, and as we saw earlier, there is no shortage of studies on the technological barriers that people face. At the same time, users gave a very diverse picture of the enablers, as well as the barriers they faced in terms of digital inclusion.

For non-users, the specifics of situations and the exact mapping of barriers could be complex – motivation and skill could be high, but access could be a problem; in other cases, access could be no problem, but skill held a person back. While some cases were fairly simple – which may be summarised as 'never learned; don't have a computer; don't want to' – the detail and diversity of experience made clear the need for individualised solutions (which, as we will see later, many organisations offered).

Meanwhile, users demonstrated a very wide range of skill level. Where perhaps once online group participants might have been considered at the bleeding-edge of technology users, it was clear most were not enthusiastic 'silver surfers' or technical wizards. The profiles ranged from an early adopter of BBC BASIC in the 1970s who had built her own PC, to someone who had received a tablet from a relative four days before lockdown; however, most users were anywhere in-between. Most did not identify themselves as especially adept or technically advanced, but at various levels of basic adequacy.

> *"I mean, I wasn't that great with it anyway, but it was pretty basic - you know, I can log on and check my mail and just standard stuff."*

> *"I've just muddled on, then [I] learn[ed] how to do it by, you know, asking the questions."*

Similarly, access to devices was on a continuum. Some older people had smartphones or tablets and did not have laptops; for others, the opposite was the case. One participant, while using her iPad for Zoom, proudly showed her phone "for the elderly" (a Doro simplified phone) as evidence that she wasn't *"good with technology."*

As we will see later, many organisations offer support to older people to get online; however, it was also common for participants to find support from friends, family, or neighbours.

> *"[They] had a lot of classes to start with to try and show people online how to connect yourself to zoom. For me, it didn't work, because I'm that thick, but my granddaughter came and connected me to Zoom."*

> *"I got some instructions on how to do it. And I did it on my mobile phone, which wasn't ideal. But I used [..] to have my phone here and I'd be scribbling with one hand. And then a friend loaned me a laptop which I managed to get set up and then that was very old so it died of old age. And then I bought a camera and my chap I know came and fixed it up for me."*

This acted as something of a reminder that, while some older people with limited digital capacity will rely on organisations to help them, many do have support networks, and can be resourceful in finding the help they need from other sources. There were also several examples of peer support, either taking place during sessions (for example, explaining how to do things in Zoom), or offline between group members (helping a friend set up a computer, or get access to Zoom).[85]

> *"Well, I knew how to use a computer already. […] But all the other little bits and pieces how to do this, how to do that on Zoom. […] I started asking people […] doing the classes with us during the hour, and then they will explain, so there was quite a lot of help among us students beside the teacher."*

Some older people were very aware of their age and how it affected their relationship with technology. This was both a matter of their own feeling of interest or competence, but also, connectedly, of how they thought others perceived them. Some older people who took part in this research were very resistant to telling the researcher their age. One explained her resistance this way:

> "The ageism as well, sometimes it does happen, you know […] You're ignored because you're old. I think that [..] you have to fight it off. [..] Because you're shushed away [..] in some ways. Or maybe sometimes [people think] just that you're too old to know; you're too old to learn."

She thought this was particularly the case when it came to IT, and felt that ageism was a barrier to her digital inclusion – people just gave up on her, rather than explaining and helping. Sometimes, she said, this could affect her own perception of her abilities:

> "And then sometimes you then start thinking oh, maybe I am. You know, in some cases […] Too old to do it. Too old to understand."

This was an apparently very confident older woman in her seventies, with strong IT skills. One wonders what effect those perceptions and prejudices may have on older people with less confidence and less developed IT skills.

Barriers and objections

Alongside the benefits older people derived from online group activities, we wanted to understand what barriers non-users might face to using them – whether practical, or motivational - as well as objections and drawbacks that people who actively used the service might experience.

'Everything is going this way': Suspicion about how technology is being used

Frustration with the increasing drive to use online services - seen by some as a sort of bullying – cut across users and non-users, who were "sick of it."

> "In 30 years' time, everyone will be on Zoom and I dread it, I really do."

Perhaps strongest of all these suspicions was a belief that online group activities would inevitably replace face-to-face – indeed, in all groups interviewed, there were some who seemed suspicious that this may be the aim of the research. For example, one community group for older people had recently had presentations from three digital inclusion projects, promoting apps, urging them to go online, and offering support. There was also a digital inclusion volunteer from the local Council sitting at a table in the corner, offering one-to-one support to those who needed it. The group convenor made clear to the researcher in advance that the group could get 'grumpy' about digital activities. Members of the group, none of whom used group online activities, were given the choice as to whether to take part in the discussion, and only a minority wished to take part.

At the end of the session, the researcher was approached by a man who had chosen not to take part, and had not heard details of the research project - only that it involved online activities. He said:

> "You don't really care about us. You say you do, but you don't. I'm 86, my wife is 92, we're not going to get online and all that stuff. All the younger ones, they do all that as a matter of course. You could have just waited, but you didn't."[86]

Despite reassurances, there seemed to be a strong belief that this was yet another project to take things away from him. 'We' were moving ahead without him, despite the needs of people like him who would never get online. 'We' could have waited before starting to remove the face-to-face services he relied on – but went ahead because we simply don't care. His experience was of seeing every face to face option taken away from him – why would he believe a researcher that this was not another project to do the same?

There were other suspicions. Online scams, privacy, and security were of particular concern.

Indeed, some were anxious that the research took place via Zoom – one user wanted a staff member from their organisation to be present because she was concerned about what might happen. Completing an online consent form to take part was initially refused by many, as much for reasons of distrust at 'signing anything online' than technical issues or objections to the research itself. Others spoke of their frustration that they were constantly told by banks that they should do their banking online, and then warned by the banks themselves how unsafe this was. They had no confidence that banks would support them if they were victims of online fraud. In all of these cases, the need for a trusted organisation who could support – and provide a 'protective layer' between the technology and the vulnerable user – was seen as highly valuable.

Additionally, some saw increasing use of technology as more sinister, and wanted to resist on principle. One non-user objected that:

"I think it's the beginning of things taking over. [..] Big Brother. [Laughter and agreement] One day you won't have a name, you'll have a number."

Other participants continued, adding *"It'll be on your forehead;" "You'll have a chip in your arm;" "They've already got that – facial recognition."* While science-fiction scenarios were sometimes mentioned, so were very real cases of authoritarian and invasive uses of technology - for example, the racial profiling inherent in many image algorithms, and the increasing use of CCTV.

'It's just not the same': social awkwardness

Not all older people who tried online activities felt a strong sense of human connection, and some felt that online activities were a poor substitute for in-person contact.[87]

"And although we said earlier that zoom and online activities are better than nothing. They're only better than nothing for a while. And it's a very poor relation. In my opinion."

"In person, you can pick up 'vibes' off people. There's an atmosphere."

"Personally, I'd like to sit next to and interact with friends, good friends who have made during live classes, rather than see them at a distance and not really be able to have a conversation with them. In this medium."

Those who felt least convinced by the potential to build social relationships and experience human contact tended to express frustration with the social awkwardness of Zoom.

"At the end of every single class [..] I would always feel upset with myself and frustrated, because I would feel that maybe I've left those people with a feeling that I'm not a very nice person [..]. Maybe I shouldn't have been speaking at that time. Oh, I was trying to get into my point. Did I wait long enough for my turn? Oh, why was that person given so long to dominate the class? And what about this person? He didn't speak the whole class. I'd be in turmoil."

"I don't even like speaking, as I'm doing now on Zoom, because I don't feel the physical reaction."

Despite the discomfort, some had pushed through what one person called "a bit of a steep learning curve," having originally found the activity 'stilted.' One husband and wife interviewed together laughed about this:

Interviewer: *"So you started off hating Zoom?*

Bob: *Yeah, I sort of got used to it. You got used to it.*

Angela: *You're lucky you can see him today - normally he's off screen."*

Overall, that there was a continuum of feeling about the difference between Zoom and face-to-face activities. The less enthusiastic or negative stressed their difference, and the more enthusiastic focused on their similarity, or at least, their sufficiency for their needs. Some said they recognised the value in both ways of meeting, despite its difference, and some even thought *"different can be good."*

"There's a different feel about it when you're face-to-face. I think it's a human thing, actually. […] That socialising thing and, you know, on seeing someone [..] and just sort of existing in in that one space, I guess. But equally online, you can have a lovely group, online, and feel part of it. Also. It's just a different kind of experience, I guess. And don't ask me to explain it because I don't think I can."'

One person felt frustrated with his friend, who was suffering from very low mood. He felt they could have benefited a great deal, but they would not try Zoom "because it's not the same." He had replied,

"Duh, it's not the same, but it's better than nothing."

Overall, negative attitudes to technology were clearly a barrier for many, and for some these were insurmountable. For others, the practical desire to get what they needed was enough to overcome that barrier:

"I am very, very anti-technology. […] But I had to do it because otherwise I've lost all kinds of routine. And I was in some sort of lonely abyss and so I started doing the U3A and that gave me the incentive to start Open Age."

Again, users were by no means all technology enthusiasts. Most were just pragmatists.

Is the medium the most important factor?

Finally, perhaps what was most striking in conversations with many older people who enjoyed online activities was the very similarity between their experience of online and face-to-face activities. Indeed, some people in groups often amalgamated online activities and in-person activities when discussing them, and seemed not to see a clear divide in terms of the medium itself. Rather, they were interested in what they got out of the activity, however it might be delivered. This would make sense: in some ways, the outcomes and impact older people described here for online activities are exactly those one would expect from any group activities, for example those delivered in a community centre. The key difference is in its availability.[88]

Part Three: Organisational Experiences

In order to expand out our research from the older people we spoke to directly, we consulted professionals in ten organisations across the UK, to find out more about their experiences of running online group activities over the lockdown, and since. Among them, we included some organisations who had not delivered these activities, to ensure we also captured their reflections. In the following section, we draw out key themes. This includes some of the opportunities and positive impacts they encountered, barriers and challenges they experienced, and their hopes and plans for the future.

Prior to this work, there have been a few other studies of online group activities during the pandemic. The National Lottery Community Fund published an overview of their Ageing Better fund activities supported during lockdown – a test and learn programme which saw most of its activities having to move online, contrary to expectations at its outset.[89] Elsewhere, the University of Salford and Manchester Metropolitan University evaluated community provision of remote online activities during the pandemic in Salford, and found that, while these services do not offer a 'panacea' for older people, many of whom cannot engage, 'the move to remote and online methods of delivery has provided proof of the ability of older people's activities and services to continue to operate timely, effective, and much needed engagement and support for older people in Salford.'[90] Both of these studies relate to an earlier stage of the pandemic. The present work provides additional insight to the lockdown periods, but also, a snapshot of ongoing provision since lockdown (as of July - September 2022).

Launch during the Pandemic

As context to this work, we began by asking organisations to tell us about their experiences of transitioning to lockdown. At the onset of the pandemic, most older people's community organisations had to close their client-facing services overnight. These organisations' key purpose is often to bring people together to build relationships and reduce isolation (as well as a range of specific purposes, such as improving health and wellbeing). Clearly, in this context, the lockdown could hardly be more testing. As we saw earlier, older people themselves were often taken by surprise, and found themselves isolated and without the day-to-day activities they normally relied on.

Organisations had to identify rapidly where they could best make a difference. For some more vulnerable older people, problems with meeting basic needs quickly became apparent. Many local community organisations therefore quickly transitioned from providing community group activities to providing one-to-one support for older people to meet their basic needs, such as helping them access food and medicines. Triaging clients' needs via telephone calls, arranging for volunteer or staff support, and providing some level of emotional and moral support through check-in calls was a common approach. Many befriending services also switched quickly to telephone delivery. Alongside one-to-one approaches with staff welfare telephone calls, common approaches included sending out fun activity packs for completion at home, arranging buddying and further befriending matches, and latterly, telephone groups. Some organisations made major changes to what they offered – for example, one of the organisations we spoke to became a whole-community food distribution hub, while maintaining its older people's support services.

As the Lloyds Bank Foundation found in their study of small charities' experiences during lockdown, 'charities […] consistently cited their most significant achievement as remote adaptation.'[91] Alongside the necessary digital adaptations to day to day working practices internally (such as adopting remote working), some organisations who had not previously delivered any activities online started to realise that they could use some of those same new technologies to work with older people directly.

For organisations who decided to try running online group activities, there was no guarantee of success. All were very aware that the activities would not be suitable for those who were digitally excluded, and some were sceptical that there would be enough take-up. However, those organisations we spoke to who went ahead found there was in fact sufficient interest and participation, and had found that the positive impact had been substantial.

"We hadn't done any online activities prior to lockdown, and before the Pandemic, we believed no older people would take part in online activities. But now, post lockdown, we've changed our minds."

"We've got to bear in mind technology as an enabler, as well as a barrier."

Rural opportunities:
'Obviously, geography didn't matter'

Rural organisations can cover very wide areas – the three rural organisations we spoke to covered between 1,000 and more than 2,000 square miles respectively. This was a key reason they were especially enthusiastic about the difference online group activities had made for them and their service-users. One organisation noted that, once they moved online, *'obviously, geography didn't matter'*. As in older people's own accounts, reducing reliance on transport featured heavily in their responses.

> *"It's very hard for older people to get to activities, even if they drive – and worse if they don't. In some places, there are only 4 buses a day, and they stop at 4.30pm in many cases. You can't do anything if you don't have a car."*

> *"We started to work in East Riding, which obviously geographically adds up to quite a large area. And so […] we were just grappling with 'how do we get people that live up on East Riding into town for the sessions, because it's such a long journey, especially [..] if you have fatigue issues and things like that, because you know, we can pay for a taxi, that's fine. But actually, if travelling an hour and a half [to] a two hour session, travelling there, an hour and a half back, is too much, it just isn't possible."*

 Organisations reflected that, even where some face-to-face activities are possible for older people, there is a question about how many of those activities could practically take part in. A long journey once a week may be manageable - but once a day is not.

Cost for users was also raised – since many older people in rural areas have to rely on cars with increasing fuel costs, and wider cost of living pressures, getting around becomes less and less financially available to those with lower incomes. For the organisations themselves working in rural areas, cost and efficiency considerations were significant. This means more rural organisations often have to provide extensive (and expensive) transport services via minibuses, or in some cases pay for taxis for older people to attend activities from a wide area. One noted that *"most traditional day centres are struggling with significantly reduced numbers"* after the pandemic, as many older people's mobility had reduced, shielding continued for some, and financial issues worsened. The cost of delivering services for older people had therefore become more and more difficult to sustain. For wider community-based activities,

> *"Because of the wide rural area, you struggle to get enough people in one place to make it worth hiring a tutor in any one place, especially with their transport needs too. So this kind of approach makes much more sense.*

Organisations in rural areas were far from blind to the additional challenges faced, however, especially related to well-known issues with patchy, slow broadband, and weak mobile signals/ black-spots.[92] For example, in Northern Ireland,

> *"You don't have to go far outside town to find people who are very isolated. Some don't even have mains electricity, never mind broadband. Outside of the big towns, you can struggle with wi-fi connection and phone signal. We have horrific issues with broadband – it's a very underinvested area."*

Despite this, another organisation thought that in some ways the drive to get online was stronger in rural areas, where shopping, paying bills, almost all aspects of everyday life otherwise become extremely difficult for older people: "If you can afford [technology], and you can get it, you do. Because how else would you do anything?" There were already significant incentives for rural older people to get online. For that organisation, digital opportunities (and challenges) like these were one more reason to put a significant amount of effort into their digital inclusion work.

"Online activities in a rural area would be a cheap, very accessible way of doing things."

Increasing inclusion

In making the initial move online, all of the organisations we spoke to were very mindful of digital exclusion, but those who had run online group activities also recognised that technology brought opportunities for greater inclusion: *"We think it's an opportunity to broaden participation, because it gives people an opportunity to engage who wouldn't be able to otherwise."* Organisations' experiences of working with their clients in this way concurs with the experiences that older people themselves related: this could particularly be the case for specific groups, such as those with disabilities, and carers.

> *"We found our carers group worked very well - it seems to be better to be online for them. Lots of them would find it difficult to attend otherwise. So they're much happier on zoom. They don't have to worry about the person they're caring for, and can be there while they're still looking after their loved one."*

> *"Like, I remember this one particular story, this lady was a carer. And if she left her home to participate in an activity, she would have had to pay somebody to look after her mother, which she didn't have the funds to do. So she was able to participate in multiple activities across the week, and know that if her mum was yelling or crying or something happened, she could go next door quickly and check in on her mum."*

A disability-focused organisation noted that for those with disabilities and sensory impairments, the online fitness and physical exercise activities for older people delivered over lockdown had revealed a range of new opportunities:

> *"For visually impaired people, transport is a massive issue. They need things that are accessible to them [ie. to their special needs], but they can be very hard to get to. They may not have anything they need around them – there are 1000 [sport/ physical activity] clubs and providers across the UK, but significantly less when you need them to be accessible. What if they aren't near you? Sometimes people will travel over an hour to take part in something accessible."*

Again, concurring with user interviewees, organisations noted the benefits of the flexibility and continuity offered as older people's circumstances changed.

> *"Group members have sometimes moved away, or got a health condition. So it means they can carry on attending and coming to things when things change."*

Alongside the opportunity to offer support to those who might otherwise be excluded due to

particular barriers they face, organisations found that for some, online activities meant that they were simply able to do 'more,' and to maintain a happy, active, stimulated older age.

> "There are people who can attend, but who wouldn't otherwise, because of their lack of time to come to activities. It allows older people to go to new things, more things."

> "I [..] think there are some people I know that […] we care a lot about bringing people together and the social side of our groups, but there are a lot of people who already have a big social life outside of [our organisation] and don't necessarily come to [us] for the social life, but might want to come to [..] learn a new skill or to be physically active. And those people might be the type of person that wants to do it online. Because they can do it without the travel [..] there and back, participate and then kind of carry on with their life, as well. So I think it's like a real spectrum: [..] some people who have higher needs, need to zoom. But equally, some people who have very low needs want the zoom as well."

> "In the future, it could allow us to reach new people, and people who wouldn't see themselves as 'old'. The pandemic has revealed that as an opportunity."

There is a balance, and a double benefit for some organisations, then. They are able to reach 'deeper' to help those who have high levels of need and barriers, alongside reaching 'wider', to those with lower levels of need, and perhaps in those cases taking a more preventative/ 'upstream' approach. For some with higher levels of need, it could be a 'life-saver.' For others, this approach simply offers convenience, and a welcome enhancement to quality of life.

> "But there's also to consider, you know, a lot of older people's health conditions have got worse during the pandemic. So, you know, now this may be the only option for them, or what they're comfortable doing. So, yes, [..] this is their only option. […] ..But it's […] an option that should be there generally."

Two user personae

Gita: 'I can do so much *more...*'

- In her late 60s, Gita wants to enjoy her retirement. She has a very active social life and 'throws herself' into all kinds of activities, and has a wide circle of friends. She has fairly good mobility too, although she has a recurring condition that means sometimes she has to take a step back for a few weeks. The most important thing for her is not to lose the activities that make her life worthwhile, and to stay active and occupied. She uses online group activities to allow her to *do more.*

Irene: 'This is my lifeline...'

- In her early 70s, has very limited mobility and lives alone. In-person, she can only access one or two activities in person a week at most, usually when a minibus is provided. Now she is able to attent a wide variety of online activities alongside the few in-person activities. She would rather be there in person every time, but this is the next best thing and means she feels less lonely and housebound.

Hybrid services: offering greater choice

Of the organisations interviewed who delivered online group activities over the pandemic, all have either continued delivering some activities in this way, or would like to. Most have had to reduce their online offer, due to limited funding, and the effort required to run both face-to-face and online activities in parallel. Some have seen a drop-off in attendance at online activities as people have started to re-attend in person; however, others have seen new members join online, especially as their individual situation changes.

Organisations' approaches to how exactly 'hybrid' services are delivered is different in different locations. Some have adopted what we might call a 'blended' mode of delivering live, face-to-face activities with a leader and a group in one space, with some participants joining remotely – this can allow people who can no longer attend a group to see their friends, and indeed the venue they are used to. Others are running sessions 100% online, with individuals joining by separate devices from separate places. The former can allow those who can attend to experience more of the traditional feeling of being in a group, while the latter can allow more direct interaction with all participants on a 'level playing field'. Some activities worked better than others in each way – one organisation noted that group singing worked particularly well in the 'blended' mode. Some organisations have taken multiple, flexible hybrid approaches. For example, during lockdown, a project in Northern Ireland had connected older people in care home common rooms with children in a school classroom via Zoom. In that case, an outbreak of Covid later left older people confined to their rooms – at which point, each person was provided with a tablet to be able to join the children's classrooms through individual Zoom accounts.

The most common desire was to offer older people options that maximised their chance of attending.

> *"Hybrid is really important to us now. We're starting to move towards none of our online services being solely online, except for the carers group. Some people want to be there in person, and some want to be there online. It's best to offer them options. For example, our dementia singing is in person and online at the same time. Sometimes people come in person, and when they can't come in person, they come online. It's important to recognise the need for choice for older people and that the opportunity to come online meets their needs, their circumstances, and their preferences. Hybrid services have been a lifesaver."*

There was no doubt that the value of people 'being there' was huge – but most thought the potential for additionality was significant. One housing organisation, considering the opportunities for the future, weighed this up:

> *"For an organisation like us, nothing beats face-to-face, but you could deliver so much more. Currently, we've got one or two things a week. But you could have things all the time."*

As another organisation put it, choice was now the key driver:

> *"For most older people now, it's an option, not a necessity. We're building in the digital option."*

An NHS commissioner discussed the moving of commissioned online fitness and falls prevention programmes online over the pandemic:

> *"The programmes were delivered over zoom during pandemic. They were successful, and we can show really positive outcomes. Despite the fact that most people can go back to in-person, I don't think we should go back to a position where that is not an option."*

Finally, a key charitable funder of older people's services perhaps put this best:

> *"The key for us is choice and agency. Can older people decide what they need, and get it in the way they want it? You have to trust people to decide and know what's best for them, rather than telling them what to do. We do fund online activities, although we're mostly interested in hybrid, because we think that choice is so important.''*

Technology support

"We always knew we would eventually come to the digital world. We'd done courses for older people and so on. But COVID accelerated the digital need."

Much of what organisations told us about older people's use of technology relative to the project concurred with what we had heard from older people themselves. They saw a considerable variety of ability, availability, and motivation, from older people with no device or skills at all, to those who "have everything" (ie. in terms of technology). At the same time, organisations related the huge effort of providing technical support for older people to use the service, both during initial start-up in lockdown, and to some extent since.

Motivation is key to driving digital inclusion.[93] This use of online group activities as a 'hook' that gave older people a reason to engage digitally was a common theme.[94]

> *"It's about how we pitch it to older people and introduce it. You've got to make sure it's fun and attainable – but also, tailored to what they want it to be. There's no point in persuading a 90 year old man to do his Sainsbury's shop, when all he wants is to get BT Sports. Don't say 'you have to because this is the future' – say 'what do you want to enjoy? What do YOU want from this?"*

Organisations also thought the subject matter or particular activity was important.

> *"My mum would never go to a social group or coffee morning, but she loves scrabble. When she saw there was scrabble available [in person at a community centre], she was suddenly interested. You can offer much more variety if you offer things remotely – and what people are interested in matters. [You can give them] A broader range of opportunities."*

> *"It's about having something that they really want to do. This is an incentive to do it. And then other benefits may follow."*

Once the 'hook' was established, all of the organisations who delivered online group activities provided some level of technical support – even those where this fell far outside their normal purview.[95] Alongside the specifics of the technology, this required patient confidence-building and 'moral support.' Most organisations offered individual one-to-one support over the telephone (or in person, where possible), and the need for intensive, tailored individual support for those who had the 'furthest to go' technically was a common theme.

Support offered was usually a mixture of written how-to-guides, training sessions, and one-to-one support (online, over the telephone, or in-person, depending on requirements and what was permitted). Most created their own step-by-step how-to guides for downloading Zoom suitable for their particular client group and device. The range of devices caused problems for professionals trying to help. One organisation created different guides for each type of device, and a spreadsheet listing the particular device that each user had to allow them to tailor their support – a mammoth task. Further, some older people didn't know what device they had – they would attend an iPhone session and discover they didn't have an iPhone. Devices themselves were not the only issue – wi-fi and broadband access, 4G signals, particular versions of software and operating systems, and a whole range of factors had an impact. The sheer number of variables was a particular challenge to organisations trying to provide support.

Some better-resourced organisations were able to offer individualised support at a significant level:

> *"We realised the cohort of people that, for example, couldn't be helped in the [Zoom group training]. And that needed one to one support. That's where we developed linkup tech support. [..] One of our linkup coordinators is exceptional at this kind of stuff, […] so where guidance*

permitted, we would meet people [..in] green spaces on their balconies and, you know, help them download zoom, help them go into the settings if that was what [..] was required. Or what could have been just an update to their [..] device [that] just wasn't working. She's also helped people [..] to identify which device to buy, for example, if they have those means - all sorts of things."

While for some organisations, this could be supported by specialist staff or volunteers, for others, particularly during lockdown, it was a matter of 'rolling up your sleeves' and using whatever skills each staff member had. This created a common challenge:

"Not every staff member, even though they know how to use Zoom, [..] know[s] how to explain to someone who doesn't know how to [..] use it."

Clearly, the greatest effort for these organisations was at the outset of the Pandemic – taking a whole cohort of older people online, at once, largely over the telephone, while also learning the very technology oneself, was a massive undertaking. In some ways, this was a one-time only 'acceleration' of digital inclusion work; however, organisations noted that while the support demands have become steadier, the need has not gone away.

For larger organisations with wider programmes, this remains a substantial part of their work. One noted that most of their staff are now able to provide quick support to those who call at the outset of each session, unable to 'get in', and have to be, to some extent, on-call when sessions start. Having specific staff who are able to solve these issues, or other delivery staff who have the skill to be able to advise, remains important. Managing day to day technical issues specific to running an online programme from registration, administration, the sending and management of links, through to on-the-day 'stage management' of sessions is also no small amount of work for organisations with larger programmes.

"The admin system [..] was, and it still is, quite substantial. So you're always checking, they've got the link checking, they've got the connection. And that the tutor is fine in there. But then as a tutor gets booted out, you've got to go back in to bring the tutor back in."

It should be remembered however (as discussed earlier), that although many older people need extensive support from an older people's organisation, others either have pre-existing skills, or someone who can help them.

"I mean, the thing the best thing […for us is that] in the live programme anyway, we get […] their informal family carers to come to the sessions with them. They're like equally important participants. And so a lot of times it would be actually I set it up with them. And they set it up for the participant, and then they go out and do what they need to do."

Overall, organisations felt a strong sense of pride in what they had accomplished – and were very clear that the effort was worth it in terms of impact:

"The older people who do get online have such a strong sense of achievement about it – it really boosts their confidence. And we have a strong sense of achievement when they do it too."

Finally, organisations recognised that, realistically, some older people simply won't ever be able to get online – even if they want to. So where did they draw the line? Some had fairly clear boundaries: *"Hardware or access – if they have no data or internet or device, it's too hard to make it happen. […]"*. Others – perhaps those with greater resources – were able to offer more in-depth support, which could even include arranging broadband and a device as part of a wider package of digital inclusion support. Overall, however, the feeling was perhaps best summed up as:

"You have to be sure that getting people online is the best approach – the time it takes has to be proportionate to the impact, and it being the best approach for them."

Free devices: benefits and drawbacks

Often, the deciding factor on what device an older person has is what has been given to them by a friend or relative.

"I had an iPad given me three days before lockdown. I think it's a long time before I got to anywhere at all."

Those gifted pieces of equipment are often the first step to later purchasing or sourcing more suitable equipment, but, as the quote above shows, this is only one step. These devices, given out of kindness, and very often a vital gateway to online access, can also be a barrier. As professionals related, sometimes people are given technology that does not work, or is so out of date that it cannot do the things that users need it to. For people who lack confidence, or skills, this can be a further blow – "they assume they are the problem, and not the equipment." The variability of equipment, which can be very old, and barely functioning, can make technical support especially challenging for organisations trying to help, who see countless devices.

Several organisations also talked about issues with schemes providing older people with devices during the pandemic. They spoke of older people who found themselves stuck with devices they could not use, and, after an initial 3 month free period, saddled with contracts they could not afford, which were difficult for them to understand or negotiate. Some questioned the motives of providers.

One organisation told the story of a beneficiary of the scheme who had received a smartphone, and had been featured in the media talking about her (very real) gratitude. Later, behind the scenes, she had become confused, upset, and anxious about using the device, and it contributed to her wider anxiety during the pandemic. She had not been alone in this experience. Furthermore, while the organisation had been happy to distribute the devices, they did not have the skills or capacity to support older people in using them. Some organisations said they would not act as distributors again without knowing exactly what support was being offered to recipients – and planning for the problems stored up by essentially 'free trial' contracts given in the name of charity.

Digital Provider Upselling: 'Borderline Financial Abuse'?

More concerningly, some organisations talked about the experiences of older people with service providers – from telecoms and providers of digital services. There was a particular problem with confusing and often unaffordable contracts which older people had taken on without understanding them, often due to aggressive upselling. One organisation told of a major UK telecoms provider who had sold a complex, top-of-the-range contract for various digital services to an older person who had no way of knowing how to use any of the technology, and had not understood what they were being offered. This was unaffordable, and the charity organisation had to intervene on her behalf. Only when the charity eventually gained access to a transcript of the call – which made clear that the person had no idea what was being sold – did the provider relent and cancel the contract, but even then, did not fully refund the customer. This, the organisation said, was 'borderline financial abuse'. These concerns were raised by several other organisations.

Organisational barriers

Staff skills and attitudes to technology

When asked to consider organisational challenges experienced related to online group activities, staff skills were a key theme. One organisation pointed out that, even if they had highly skilled digital inclusion staff, those leading groups and activities often had low technology confidence and skill. This was even more the case for volunteers.

Several organisations who had struggled to develop online group activities noted that many of their staff were in the older age range themselves, and thought this may be why they showed lower levels of confidence or ability to develop these services.[96] One organisation who had not delivered online group activities, and working in a deprived area of London noted that:

> "Most of the staff here working with older people are in their mid 50s to mid 60s. They are the people least confident to work with IT. It can be difficult to get staff to work even with basic IT. There is a problem with digital literacy but sometimes even wider literacy. That's especially the case for staff who are working with older people. And a lot of people could do it, but they just don't want to try it, and therefore can't build their confidence."[97]

Another interviewee noted that they had underestimated the size of the organisational skills challenge when, initiating training for staff in a care home as part of a digital partnership project, staff were visibly frightened to touch the laptops provided to them.

Alongside more general technology skills and confidence, staff had to overcome the same barrier/ learning curve of video-conferencing social awkwardness that older people faced. Furthermore, managing the 'classroom' or Zoom room had to be relearned for those who were otherwise very experienced group facilitators. Meanwhile, some experienced group leaders were initially resistant – some out of preference, and some out of concern for safety (particularly those teaching physical activity classes.) More than one organisation talked about the importance of (kindly) forcing staff who were uncertain and unwilling to take part at an early stage, to overcome the 'pain barrier' before it became insurmountable.

Another familiar theme was a lack of 'buy-in' and cultural resistance from staff. Especially during the pandemic, "staff were exhausted" and did not want to take on another new thing, especially since, as one interviewee put it, *"they didn't see it as useful. They can't get out of the mindset that people have to be in a room to be physically connected. They struggled even with online meetings."* This lack of enthusiasm, they thought, was likely to be passed on to potential users:

> "During the pandemic, they asked users if they wanted to do things on Zoom. [The response was negative.] But I have no confidence that they were selling it to people."

Two organisations in particular talked about the fact that they had each recruited new staff members since the pandemic who were more technology-literate (and in one case, this had been something they had specifically sought out). This has left them feeling that they may be better positioned to try an online offer in the future.

Concerns about digital exclusion

Some organisations who had not run online activities were honest about the fact that they had not even considered the possibility: *"To be honest, the thought never occurred to us."* In some cases, this was simply because they had found other ways to meet the needs that older people had. Telephone groups and moving to telephone befriending were common solutions, and this had worked well for some. Others had prioritised differently, moving to the more urgent one-to-one support and care needs of the most vulnerable older people, and having to accept that this meant social needs took a back seat.

Still others had assumed at the outset that older people would be disinclined, or unable to take

part, due to widely-known digital exclusion factors. They quite rightly recognised that, in working with the most elderly and disadvantaged, they were statistically likely to find lower take-up.[98] One organisation working at national level put it simply:

"Some older people use the internet. Ours don't."

At the same time, during further discussion, those organisations sometimes recognised that they did not know in reality how many of their users used the internet. All of the organisations interviewed (whether they had chosen to deliver online group activities or not) were necessarily basing their decisions on their own perceptions of their client group, rather than any "hard data" on their own service users. They recognised that those perceptions may or may not be accurate.

Working with that lack of direct knowledge, however, was something that organisations who had run activities had also experienced, and had come to a different conclusion:

"You just need to take the risk and try it out – even if you don't know people will take part, it's worth a try."

Most older people's organisations pride themselves on knowing their client groups, and there is no suggestion here that any organisations made the wrong decision. At the same time, some organisations felt that the pandemic had revealed more use of the internet than they had previously recognised, and that there is a changing demographic.

"There are nowhere near as many as 60% of our residents online – but there's a very distinct better quality of life for those who are. There are people who WhatsApp each other in the [residences]. An increasing number do video calls on their phones. We started by thinking that not many want internet and just won't touch it. But then everybody who's signed up for [a unit] in the last 6 months has wanted wi-fi. They're all younger, of course."

Finally, while digital exclusion remained a concern for all, one organisation noted that

"The older age range will probably struggle [with digital technology] more. There are exceptions, but that will largely be the case. But the older age range are also the ones who can't get there in person."

For those who are least mobile, and most elderly, this kind of work would often not be the ideal solution, but often, neither are standard, face-to-face methods. In this sense, they suggested, digital was no better but also no worse. The problem, as all organisations who work with the most isolated, vulnerable and disabled know, is highly intractable, and usually requires a whole range of different approaches. Online group activities are one more potential tool in a toolbox which requires a good deal of flexibility.

Funding

All of the organisations we spoke to talked about the benefits of their charitable funders offering more flexible core funding during the initial lockdown. Funders making core and unrestricted grants during the pandemic, or allowing existing projects to be reconfigured, or completely changed, was one reason that organisations were able to experiment. Organisations also noted that the additional specialist Covid funds which had been made available from different funders had encouraged this approach.

There were some drawbacks to online group activities in terms of fundraising. Most relied on gathering small payments from participants in activities to partly pay for groups, and this became impractical once activities moved online. Organisations noted that small payments of £3-4 for a session "add up" – often they allow an organisation to pay for the activity itself (eg. a tutor or instructor), and this can be hard to 'roll-in' to wider core costs. Some organisations asked for donations through their usual donation gateway instead, and thought that, as one organisation put it, it had "just about washed its face", but couldn't be sure. During the pandemic, any loss here was fortunately balanced out (as intended) by the additional funds from charitable funders – but that may not continue.

Since the pandemic, funding for online group activities has become more of an issue. Most organisations have had to reduce their online offer – they were clear that running an online offer alongside an in-person offer is not resource neutral.[99]   The additional time required for technology support, as well as substantial logistical and administrative demands, need additional staff time (or time taken away from other things). Importantly, post-pandemic, no organisation wanted to reduce in-person activities in order to offer them online. To run hybrid activities, which may reach new people, and offer greater choice, may in some cases increase the requirements for funding. This needs to be set against any possibilities for reducing cost and increasing efficiency in other ways (such as the significant changes to cost-effectiveness suggested in rural locations). Some were particularly concerned that by having to scale back their online group activities significantly since the end of lockdowns, they were losing some of the considerable digital ground they gained as an organisation.

What, then, was the appetite from charitable funders? A senior grant maker from one of the UK's largest charitable grant makers, who fund a wide range of activities for very vulnerable older people, reflected on this. For them, the flexibility they had offered to providers during the pandemic made sense as part of their wider ethos:

> *"However people deliver services is fine, for us. We're not particularly stringent on outputs – we care about outcomes. Whether the service is delivered on a computer, or face-to-face, the key is the effectiveness."*

For the future, they saw strong value in online group activities where are a result of organisations listening to, and supporting the needs and desires of, older people:

> *"The key for us is choice and agency. Can older people decide what they need, and get it in the way they want it? You have to trust people to decide and know what's best for them, rather than telling them what to do."*

As for the future, they were clear that, as with delivery organisations, opinions for some funders had changed: "Prior to the pandemic, our trustees were very sceptical of anything online – but that is starting to change and they are much more open now." Overall, as far as they are concerned, the funding landscape is clear:

> *''We do fund online activities, although we're mostly interested in hybrid, because we think that choice is so important. But hybrid is here to stay."*

Thinking about the future

Organisations were asked to reflect on the future for online group activities, both from an organisational perspective, and for their users. From all organisations, there was a recognition that as time goes on, and demographics shift, the barriers to these activities will only reduce. Further, some organisations believed that there was not only a demand, but an imperative to think about working in ways that older people will come to expect.

> *"We always knew we would eventually come to the digital world. [..] But COVID accelerated the digital need."*

> *"You know, we've got to start thinking about [..] the population. The older people who are getting older, are going to be probably more digitally [..] competent. And so, it's part of life, you know."*

> *"As generations change, the handholding and tech support will become less – younger age groups are more tech-savvy."*

All of the organisations who had run online group activities had plans to continue delivering these in the future. Most older people-specific organisations had plans to increase the amount of digital inclusion work they did, partly as a result of seeing that acceleration of need – and opportunity - as a result of the pandemic. For them, hybrid approaches are the future.

Some had specific plans for growth and development of their online group activities. One plans to substantially expand its own online group activities and offer them to other organisations' users. Another has received innovations funding, and is working with a technology partner to create an easy app for older people's use, which provides a simplified environment, as well as remote access to enable direct technical support from the organisation. Capability for Zoom sessions would be included in the app. One charitable membership organisation was considering strategically how their online offer may enhance their offer specifically for paid members, to provide added value for those who choose to support the organisation.

Meanwhile, most organisations were considering exactly what shape a hybrid offer might take – face-to-face groups with some joining live online, online groups where one facilitator connects to many individual users of the type largely covered here (alongside separate face-to-face sessions), or activities where one tutor connects to a co-located group in another location (for example, delivering to a recreation room in a care home). All of these possibilities are being explored and tested, with the right option being selected in each organisation (and group's) case.

For those who have so far not run these activities, there seemed to be an openness – if not always a strong appetite - to explore these further. They considered their lack of experience and skill in the area to be a barrier, as well as a lack of capacity or dedicated funding, and there remained a concern that they would be actively excluding many older people. More broadly, some suggested that, given their other priorities, this kind of activity must fall to the 'bottom of the list' for now. As ever, they suggested, maintaining existing services was difficult enough, without having to develop completely new ones outside of their area of expertise.

Good Zooming: Hot Tips

We asked organisations for practical 'hot-tips' on running an online session with older people. These were their key suggestions.

- **Make sure everyone can participate**
  Give people time to speak, and don't "let one person hog it." Lack of social cues means it is very easy for 'talkers' to overtalk – a common annoyance for many participants.

- **Explicitly welcome individuals**
  "We had to find new ways of acknowledging people without eye contact, at the beginning."

  "When people are jumping in one by one at the start, you have to make sure that everyone is greeted, and everyone feels welcomed."

- **Ask people to leave their cameras on**
  "Because there's nothing worse than members sitting and you just see the camera and you don't see who's behind it. The need to see the faces - I mean, it's really important."[100]

- **Provide an interesting mix of activity and social chat**
  "People want interesting things to do, but they also want to be able to talk in small groups if it's a larger event." Groups which had less social interaction, such as exercise classes, still found time, such as during breaks, to let all participants freely chat informally, and participants appreciated this.

- **Only mute people if you have to**
  "Sometimes that silence that you have when everyone's muted makes you [..] feel a bit like you're doing it on your own. So sometimes, [..] hearing a person cough [tells you] 'Yeah, there's other people doing it,' or someone's doorbell rings. [..] I prefer to have those noises, so that we know there's other people in their homes."

  "You lose the chit chat because people are muted. You can choose not to mute things if it's a general group, and a social group. […] If it's exercise, or particularly focused on the tutor, you don't want people with the radio on in the background. [So] What we do [..] is offer split sessions, so you can deliver the session, and then [turn mute] off for half an hour of chat afterwards."

Part Four: Summary and Conclusions

"Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In an active ageing framework, policies and programmes that promote mental health and social connections are as important as those that improve physical health status. It allows people to realize their potential for physical, social, and mental wellbeing throughout the life course and to participate in society according to their needs, desires and capacities."

World Health Organisation: Active Ageing, A Policy Framework[101]

The research here suggests promising results, and an appetite, for online group activities for older people. This is an area of growth, development and innovation across multiple sectors, including many organisations in the VCS, (traditionally a source of a good deal of support and social connection for older people,) but also a growing number of private providers.

While there remain substantial barriers for the least digitally connected, and this solution cannot work for everyone, there is enough positive evidence here, and in a growing range of other academic and social policy and research, to suggest these activities should be taken seriously by those concerned with older people's health and wellbeing. The research suggests these activities can make a contribution to the wellbeing both of more vulnerable older people who would otherwise struggle to take part in activities, and at a more preventative level to the lives of older people who would benefit from maintaining and enjoying 'active ageing'.

In summary: the policy landscape

Over the last few years, several policy areas of relevance to older people and this work have become of increasing significance. Digital technology, and the opportunities and challenges that this presents, has been centre stage in an increasingly online world. Digital inclusion and the 'digital divide' have been an area of investment and policy concentration in all sectors of society – across the public and private domains. This has been of particular importance to older people who, historically, and still today, make up the largest proportion of the digitally excluded.

Meanwhile, an increasingly elderly population prone to isolation is experiencing an epidemic of loneliness, with a whole range of negative impacts on health and wellbeing. This in turn has substantial negative impacts on services that support older people, in health and social care and housing. The potential for digital technology to make a positive contribution to reducing isolation, or a range of other health determinants for older people, has until recently tended to be treated with some distrust, perhaps rightly – rather, its exclusion of older people has always tended to be foregrounded.

During the pandemic, the centrality of digital technology in all of our lives only increased, and while this left some older people further behind, it also revealed opportunities that had previously been less well-explored. Coming out of the lockdowns, the social policy and research sphere has started to explore the positive impact (as well as some of the drawbacks) that technology can have for older people especially around the loneliness agenda. More promising evidence is starting to appear in both the social policy and academic sphere around interventions and services using technology, and this includes uses which aim to decrease social isolation.

There is a sense that the 'mood music' is right in some key areas of health and social policy for further exploration of the legacy of the early stages of the pandemic and its drive to move online. Meanwhile, in health and social care, where prevention, reducing isolation, and the need to maintain independence for older people is most pressing, digital advancements are seen as

central to the modernisation of key areas of health and social care, and to offering greater choice to users – as well as potentially making services more sustainable by increasing efficiency. With this in mind, online group activities, as they started to develop in various locations over lockdown, merit further exploration - and this work aims to make a contribution to this.

In the context of a demand to 'upstream' and focus on preventative services, and a drive to integrate digital innovations into health and social care, online group activities have the potential to contribute to a wide range of policy areas - across a spectrum of health and social care sectors, from the VCS and NHS to the housing and social care sector.

In summary: for older people

Impact and benefits

Our interviews with both older people and organisations suggest that online group activities can produce a range of benefits, including reducing social isolation and loneliness, increasing social connectedness, giving people better access to activities when their mobility is limited by their circumstances, and providing much-needed structure for those who can experience their lives as monotonous. They seem to be particularly helpful for those who live alone, those with very limited mobility (those who are housebound), and carers. The substantial difference it made to the accessibility of activities, reducing the need for often very onerous travel, was highly valued, as was the choice and convenience the activities offered. Most older people who took part were anxious not to lose what they saw as a substantial positive contribution to their wellbeing. Older people were also clear that they saw the flexibility of online activities as a way to manage the potential for change in circumstances – even recognising that, should their mobility or other circumstances worsen, online group activities could become a lifeline where previously they had been an enjoyable addition. This was recognised even by those who were uninterested, or antipathetic towards online delivery.

For some people, this type of activity will never be right, and generally, older people are clear that it does not, and should not replace face-to-face. But as an addition – or in cases where face-to-face is necessarily limited - many are enthusiastic about its benefits. They are particularly drawn to the choice and options that it gives them, and feel that it contributes significantly to an offer, especially where it is offered in a hybrid form. Those who are enthusiastic are anxious that it shouldn't be taken away - just as all are anxious to ensure that face-to-face should not.

Objections and barriers

This was not the case for those who felt negatively about online activities - they tended to focus on the ways that their experience differed. As we saw, they often had the sense that online was less 'real', socially awkward, and no substitute for face-to-face. Some worried that online activities would turn them into 'housebound whatsits' – contrary to those who felt these activities could allow them to do more. For some, the standard (but no less important) barriers of digital access and skills remained, despite extensive efforts by some charities to support them. Lack of motivation to go online was equally common – both for those who simply did not want to do online activities because they did not enjoy them, and for those who objected on principle. Those principled objections, around the 'bullying' of older people to go online, and the common tactic of online provision being provided as an addition, only then to replace vital face-to-face services, understandably played a significant role in older people's reactions. Suspicion about the motives of those behind online activities of any sort was fairly common. This sat alongside concerns about security and privacy - but also a concern about the potentially dehumanising effects of technology as a whole.

With that said, many users were agnostic or simply pragmatic about technology, both amongst those who were users and non-users. Principled objections had been dropped during lockdowns, for example, and, most suggested, could be again if their circumstances made online the best option available. Finding a way to help older people overcome these 'softer' barriers – as well as the practical barriers of digital exclusion – may be valuable where the benefits of participation could be substantial.

In summary: for organisations

Freedom to try

Organisations who delivered online activities during lockdowns initially were uncertain as to whether they would work – either in terms of take-up or impact. All were wary of the danger of excluding many older people – but on balance, many decided that offering a service to those who could was valuable. Organisations themselves had to accept the uncertainty of trying a new solution that may not work for their clients (while of course being mindful of any risks). Not all organisations have this in their culture, and not all barriers come from outside the organisation.

Those who went ahead generally found that the impact was positive, and that the take-up had shown that there was more appetite than they had imagined. Some say that their opinions about digital activities were shifted completely by their pandemic experiences. Some of those who did not offer those services have also started to consider the possibility, having seen evidence of success elsewhere. Only one organisation was adamant that the older people they work with would not be able to participate – but they remain aware that this may not always be the case.

Funding for innovation

Organisations noted that the flexibility funders offered during the crisis had allowed them to try new activities without fear of failure – this is evidence perhaps, that if funders provide core and unrestricted funds, trusting charities to work in the way they see most benefits their clients, they can innovate, adapt, and develop. We might even suggest that restricted funding can be a barrier to this innovation and adaptation. Starting small, and trying a few activities was a common theme. Funders who are interested in innovation should perhaps consider a longer-term move towards this flexibility of funding given the benefits it has shown - it has been vital to allowing this period of considerable innovation in the sector.

Hybrid is here to stay

All of those organisations who delivered online group activities over the lockdowns have plans to continue in a hybrid model. They believe this offers greater choice and agency for older people, opportunities to include those who may not otherwise be able to take part, and may even be driving greater uptake of some activities, for example for carer groups and fitness activities. Hybrid will mean different things in different places, and it will be interesting to see what the relative strengths of the different models of hybrid adopted over time.

Cost-efficiencies and effectiveness

For rural organisations especially, as well as simply managing the logistical challenges they face in supporting older people, they saw the potential for efficiencies and reduced costs. From the smallest charities to the NHS and major housing organisations, cost pressures are increasing, and the need to work efficiently is paramount. Cost pressures are also an increasing concern for older

people themselves. At the same time, all of the organisations (including in the NHS and housing) were clear that this must always be balanced with their duty to provide the best possible care for clients, residents and patients. Older people are more than aware that the move online in wider society is often simply a matter of reducing costs – without regard to the quality and effectiveness of what they receive.

Organisational barriers

With that said, much as online activities may reduce some costs, they are not resource neutral - delivering in a hybrid mode, especially if one is determined not to simply replace face-to-face with online, requires more resources. Start-up costs are a key issue, as is 'bandwidth' – it is hard enough for some charities to keep existing services running, without considering developing new ones. Barriers related to digital skills and culture were perhaps the most significant in organisations who had not run online activities.

Compounding that was a sense that the level of exhaustion that charity workers were experiencing during the height of the pandemic had reduced – but not gone away - and that some organisations were still finding their feet. Starting a whole new strand of work may not be where many organisations are currently 'at' in their post-pandemic state.[102]

Perhaps the biggest additional resource required by the organisations we spoke to was for technical support (in all its dimensions – access, motivation, skills, and perhaps most of all, confidence). Not all organisations will be able to do this, at least without substantial additional resources. Digital inclusion programmes are highly valuable, and many organisations have this as part of their offer – although many do not have the capacity, skills, or funding to be able to do this.

Even so, having digital inclusions specialists who can work directly with older people is only part of the solution. People who directly run activities for older people may not have strong IT skills - even at the level of using Zoom or similar technologies. Further, many organisations rushed into digital activities, simply because they had to. There may be organisations who were not able to do that, who would benefit now from support to "catch up" on technology.

Overall, there were significant barriers for organisations to setting up and delivering their own online activities. Could organisations share resources and skills better, perhaps through delivery partnerships with more expert providers?

What makes a quality online group activity?

Good tutors and quality group management

There was strong concurrence between older people and organisations on the critical successful factors for online group sessions. Good 'classroom' management of sessions is paramount – older people were only too aware of the pitfalls of a poorly-managed group, where everybody was not able to participate and feel valued. This seems to be especially important in the medium of videoconferencing (and this is likely to be familiar to anyone who has taken part in online meetings in a work environment). Excellent facilitators in-person are not immediately skilled online – there is a learning curve, and it takes time to build confidence. There is currently little training available in this area suitable for the VCS, and some organisations may benefit from this.

The quality of the tutor or session leader was of paramount importance to older people – and they wanted to know that they were receiving personal attention from a tutor who knew who they were. The exchange between older people and their tutor at a personal level is vital to them feeling engaged, included, and connected to friends and community.

The missing, or very different, social cues on Zoom are naturally extremely hard for some to manage if they are used to in-person socialisation. Group leaders also need to be sensitive to people's needs, and find new ways to manage the detail of social interaction. For some older people, as we saw, the social awkwardness of Zoom is intolerable – but perhaps the right leader, and environment, could help people push through the pain barrier.

Interactivity

 Where some providers in the private sector have extremely large groups and very limited interactivity, or provide online group activities which are live but are 'one way' with no direct connection, the sessions and organisations we looked at all had fully live, interactive sessions. Older people in these sessions were clear that they felt they would have very different experiences without that. With that in mind, small groups seem to be particularly effective at providing opportunities for intimacy and true friendships to develop. Most of the groups interviewed here were in the 6-10 range, with larger groups up to 15-20 for less socially focused fitness activities. Several delivery organisations mentioned the value of being able to see everyone on screen at once – there is of course a limit to this with teleconferencing. (At the same time, we have seen examples of parties, and larger events run online, which have had significant benefits for older people, particularly in terms of making them feel part of the community. It depends on the activity, the intended outcome, and the skill and thought that goes into its execution.)

The right activities

Older people (and no doubt, people of all ages) are particular about the activity they want to take part in. They want to see a range of activities, and those which speak to their own particular interests. While general online social groups are welcomed by some, many enjoy the structure of some kind of specific activity, with the socialisation element integrated alongside it. This can help get over some of the social awkwardness some struggle with. This is generally the case with in-person activities, of course, but may be even more so online.

Ease of use

As we saw, older people became extremely animated about discussions of the practicality of accessing sessions. For some organisations with more substantial programmes – or those wishing to deliver more in future - the administrative burden of running sessions, from the timetabling and sending of links, through to actually delivering, was intense. Organisations also found they had no way to take the small payments they tend to rely on. With that in mind, a simple, easy 'one click' system for older people, and one that is easy to manage for organisations, could be of substantial value.

Technical support

Finally, a good quality digital session is only useful if it can be accessed by as many people as possible, and quality interactions have to be backed by the kind of support older people may need – both at the outset, and for some, always. Simpler systems to access services are part of this – but the support of skilled, confident staff who can assist those who need extra help is part and parcel of that quality interaction and experience.

Key Recommendations

For funders, commissioners and policymakers

- **Invest in online group activities now**
  There is a strong argument to be made for 'striking while the iron is hot'. As some organisations fear losing ground, and older people remember the value of online group activities over the pandemic, investing in, and developing online activities now offers the chance to maintain some momentum, and to avoid skills, networks, and practices to be lost. As the market develops, there is the space for voluntary sector providers to produce a more holistic, mission-driven approach than some private providers may choose to take.

- **Hybrid is only here to stay if we fund and support it**
  Many organisations have gained ground on digital since the pandemic, and developing an online group activities programme (even if it is small) has been a significant innovation for some. Maintaining that is not resource neutral, and it probably needs additional funding, especially at the outset. Already some organisations are seeing themselves 'slipping backwards' on this as they cannot afford to do both.

- **Provide flexible funding: allow organisations to innovate**
  Finally, the development of online group activities during the pandemic is perhaps one of the strongest cases ever made that more flexibility of funding in the VCS allows innovation to flourish. How can funders allow this to happen more frequently?

- **Provide training and support for organisations to use and develop online services**
  More training, administrative resources/ technology, and help with developing a culture more supportive of online activities, would be beneficial to many organisations, and those will be needed at whatever level of interaction with technology organisations intend to take as generations of older people become more active online. Helping organisations understand the benefits, as well as starting to open up more conversations about how online group activities (or a range of other digital activities) could help older people would also be helpful.

- **Support more nuanced messaging on older people and the internet**
  It is all too common to hear organisations say that 'older people do not use the internet.' The reality is already much more complex, and will only become more so over the next few years. We must never stop reminding ourselves that a significant proportion of older people will never go online – but this does not mean we cannot provide services for those who can. Providing a range of different ways to engage older people with may include digital approaches such as online group activities is not about 'exclusion' – it is about increasing the available options.

- **Help to build and promote a picture of 'what works' for online group activities**
  There are now a significant number of organisations who are offering online group activities for their clients, many of whom are benefiting from them. However, there is very little research or information widely available about what makes a good online activity, or how it should be run. Training to understand this will be valuable, but first, we need to build up a stronger picture. It is hoped that this work provides an initial 'jumping-off point' for exploration. Most of this work has been delivered with rapid scale-up in the last 3 years. What constitutes quality, and how can it be ensured?

For organisations supporting older people

- **Start small, and take a hybrid approach**
  None of the organisations we spoke to had any strong expectation of success when they started delivering online activities. They simply decided to offer some activities, some support to access them, and to see what the take-up was – and whether it was welcomed by their users. Starting small was the key for most of them – at the same time, care must be taken to ensure that there is a 'champion' in the organisation who can actively promote the option, and older people must be reassured that this is not 'either or.' For most organisations, post-lockdown, their online activities have been alongside in-person activities, and the opportunity to participate in both is very important to older people.

- **Share services with expert providers of online activities**
  While increasing the skills and resources of organisations is important, partnerships are likely to offer a significant way forward, where organisations who know their own communities work with partners expert in developing and building community online. This could include sharing technical support, as well as developing and running the online activities – and perhaps a shared platform. Those partnerships could also allow greater scale and variety of activities. The intimacy and personal touch of activities with manageable group sizes would need to remain paramount to ensure some positive outcomes, however. Many of the for-profit providers who are developing cannot offer this as a business model, at least direct-to-consumer. But in the right setting, with a more socially-focused, not for profit model, this could both improve the lives of older people quickly, and build the infrastructure of the health and social care landscape (and especially the VCS) at a critical time.

Conclusion: technology as an enabler

The work here suggests that it is important to see digital technology as an enabler, and not solely a barrier. We focused here (although not exclusively) on older people who are able to use technology to some extent, partly because the barriers that affect the digitally excluded are extremely well-explored and well-documented. Less well-documented is the experience of older people who do use technology – and particularly in this new, developing area. This is valuable information, especially after significant social shifts in the last three years.

Often, an unhelpful dichotomy is presented in policy forums between the technology 'haves and have-nots,' who exist on either side of a 'digital divide'. Talking to older people and organisations here suggests that there is much more of a continuum. As we saw, most users were not digital enthusiast 'silver surfers', but rather had a range of skills, mostly at levels of basic adequacy. Many of the older people were resourceful, and showed a good deal of agency in relation to their approach to IT, even if that meant deciding not to use it. Some older people underlined the need to resist ageism – they felt that sometimes it was assumed they would not use IT, which meant that people simply 'pushed them away' or did not take the time to help them. Meanwhile, some older people's organisations say they will not run online activities because it will exclude some of their older people. But this argument would be less convincing in any other situation: one would not decide not to run activities at a community centre because not all older people could get there in person.

This raises a further important issue. If we fail to provide digital services for older people, we risk a different kind of digital exclusion over the next few years. We will move from some older people being unable to access existing mainstream services, to older people finding that the people supporting them have chosen not to offer them any kind of digital option. In the coming years, this will become more and more untenable, and indeed, unfair.

This does not mean that everybody should be herded onto the Internet. For many older people this is not the right approach, and it is unfair and unhelpful to expect them to go online. As the frustrated man who reacted negatively even to the mention of digital activities suggested, we have a responsibility to keep providing services that meet older people's needs in the way that best suits them. This is even more important when socio-economic class and a range of other demographic factors are likely to play a significant role in older people's access to the internet – the potential to further compound inequality must always be part of our thinking.[103]

We need, therefore, a more nuanced approach to discussions about digital inclusion and older people which recognises the opportunities as well as challenges. Hybrid services, which offer the benefits of face-to-face, alongside a digitally-enabled way to do more, are one area where it we can start to think past those unhelpfully dichotomised inclusion/ exclusion paradigms.

The point, perhaps, is that no one solution is right for all older people, who are not a homogenous group. (Indeed, we are looking at up to 45+ years and multiple generations – not mention the wide range of social, cultural and economic factors which help to determine digital inclusion.) Older people themselves deserve to have a range of options and activities available to them, delivered in a way that suits them. And in order to meet the many different needs of older people, providers of support, and the older people they help, require as many potential tools and enablers as possible – from a minibus, to a support worker or friendly neighbour, to a webcam.

Appendix 1: Example Projects

Innovations in Online Group Activities: A Snapshot of Creative Approaches Across the UK

Bringing in the family: support for people with dementia in South East London

During the pandemic, an organisation working to reduce social isolation in South East London moved its dementia group online. The move produced surprising benefits:

- Families were especially motivated to support their loved one to attend online sessions – partly because those sessions could give them some respite from caring.

- The organisation began to have more interactions with the participant's family, because most of the people with dementia had a carer supporting them in their home.

By then involving carers in sessions, they built stronger relationships with the whole family of the older person. This gave them a better picture of the client's home life, a much more effective, holistic way of supporting older people with dementia – and indeed, their family. They also found they had increased attendance at exercise groups by people with dementia.

Take one tablet with food: special deliveries in Northern Ireland

During the lockdown, a social prescribing project covering both rural and metropolitan populations in Northern Ireland found a novel way to make online group activities available for those with no technology access or skills. Running a virtual lunch club, they delivered lunch to isolated older people, alongside a specially set-up tablet, ready and primed for action. During the sessions, older people were able to eat lunch with others, as well as enjoy a guest speaker and fun activity. Tablets were collected later, disinfected, and passed on to another user. A key factor in success here was reducing a potentially confusing array of apps on a tablet to Zoom alone, providing the device pre-set-up for the exact single purpose required. This removed all of the uncertainty and complexity for the user, and indeed, for the organisation who would have to provide technical support.

Pantos and parties: celebrations in lockdown

Organisations have been exploring the possibilities of the medium to build community and shared experiences, at all levels, and in all sorts of innovative ways. Parties and celebrations are one of the cornerstones of many community organisations. Obviously these were impossible in person for many months; however, some organisations found creative ways to run larger group events. One organisation staged a Christmas pantomime, with costume changes, funny hats, and performances delivered by its staff and group leaders, for all online participants. This was regularly referred to by their participants as one of their highlights of lockdown.

> "That was fantastic. That was really good. Bob [the group lead] was so funny, it was amazing. All these people popped up from different places and [..] we had a really good laugh." Other events included: On Christmas day, they [..] put up a karaoke singing song at Christmas, and the singing was [..] very good as well. I mean, [..] I was sitting here singing away and hoping my neighbour couldn't hear me."

Another organisation ran a party for around 30 older people on Silver Sunday, beginning with a performance, and followed by a quiz. Concerned that participants would miss out on the chance

to have the usual individual, more intimate conversations with each other at a party, the group lead used the break-out rooms function in Zoom to allow smaller groups to talk together. They knew it was important for participants to feel like they were "having a chat with someone - you can feel like you're there."

Fitness without the marathon

One of the most common types of group activity delivered online was fitness activity - especially to build strength and balance, and particularly chair-based fitness, much of which had initially moved online during the pandemic. While there were initial concerns from organisations about the safety of encouraging exercise at home without face-to-face supervision, most overcame these. Since then, online group fitness activities have remained a popular way for older people to exercise. Older people were extremely enthusiastic about these sessions, because it allowed them to exercise more frequently by removing the need for transport. Many of these services were commissioned by the NHS, and one NHS commissioner spoke with enthusiasm about the successes he had seen. For him, while it was important to start to deliver face to face again, they would not want to see online services disappear.

There was a particularly strong appetite for more variety – particularly from older people who were self-proclaimed 'fitness fanatics.' Perhaps with this in mind, some organisations offered all manner of creative approaches, such as a disco dancing class combined with a 70s themed quiz, or a Soca dance class to prepare for the Notting Hill carnival. Another organisation provides live hip-hop and breakdancing workshops for older people at home via Zoom and a Facebook portal. Wider wellness classes such as mindfulnesss, yoga, and breathing, were also common. One organisation has run live online meditation classes to help sleep. These can now be run virtually, in people's own homes – and, if necessary, in bed.

Popular activities during lockdown

Singing groups and choirs were particularly popular during lockdown, and some have continued in that way since. As one interviewee put it, in sometimes *"the singing was awful, but the social aspect was great."* Participants have to mute themselves because of the delay - but one organisation told the story of a woman who had felt more able to participate because nobody was able to hear her singing. This had been a popular activity for people across the world over lockdown, and one member talked about joining other (global) virtual singing projects. Alongside the social benefits, the direct, physical health benefits were valuable – one organisation's COPD choir had continued online over lockdown, for example.

Shared reading groups were also popular, and some noted they provided a level of intimacy and ability to discuss issues in a smaller group. Quizzes were also common, and lent themselves to the medium, allowing participation with a clear 'shape' – as well as allowing older people to feel that they were "keeping their brains active".

On the latter note, various learning activities, including arts and crafts and other creative activities were common. During lockdown, several organisations had sent activity packs to older people (a common strategy during that period), but some combined these with an online group - for example, one organisation had continued their Men's Shed online – and sent specific materials and tools to the participants' homes so they could follow along online with their friends and a tutor.

In some cases, a wide range of adult learning of all types was offered, from philosophy to Italian classes. In one organisation, during lockdown especially, interactive group virtual tours of museums and art galleries had been extremely popular – and had allowed exploration of places far away from those that participants would have been able to visit in person (eg. a London group visiting the National Museum of Scotland). Older people spoke with a sense of wonder about these opportunities to 'explore'.

Drawing together carer experiences from across the nation, in Liverpool

One interviewee in London talked about her experience of joining a specialist family carers' group (that is, a group of people who cared for people with a particular condition) originally based in Liverpool. She talked about the value of being able to bring people from across the UK, including those, like her, who were informal experts with 20 years of knowledge, alongside those entirely new to the experience. She also noted that, despite being 200 miles apart, she still managed to build strong, supportive relationships with those online. This delivery method, she said, had allowed that organisation to reach much further than previously, and the members to pool more skills, support and lived experience than before. Sadly, as the funding for the project had ended, the online sessions had folded.

'Obviously, geography didn't matter any more' in North Yorkshire

One major arts organisation had been running a music rehabilitation project with older people who were recovering from neurological damage. The project was run in the North of England in partnership with the local NHS, and required musicians and a specialist music rehabilitation expert to travel from 200 miles away. Meanwhile, participants drawn from a wide rural area had to travel into the city – often with a 90 minute journey each way. During lockdown, the sessions moved online. With the technical support of the group leader, older people joined and continued the programme. While some activities had to be changed or curtailed, others presented themselves as opportunities. While participants could no longer be in the same room with musicians, they were encouraged to move around their homes to find materials to make instruments (improving balance and cognition). This even led to one person constructing a complex working instrument all of their own as a lockdown project. Furthermore, family carers could be more involved – or indeed, could step away for some respite during the sessions.

During the lockdown, changes in the NHS meant that the project expanded to cover an even wider area, of over a thousand square miles. This was only possible to accommodate using online activities. In the future, the organisation's hope is to be able to run a hybrid version of their activities, allowing people from across the whole region to join - in person or online.

Projects in specialist housing settings

Some of the organisations we spoke to had delivered projects in specialist housing settings, such as care homes and sheltered accommodation. One organisation ran a project connecting care homes with local primary schools over lockdown. As with most of the projects we heard of in care homes, this was run with a group of residents in a common room rather than individuals in their own space – however, this had to change when residents were confined to their rooms due to a Covid outbreak. At this stage, tablets were taken to individuals' rooms to allow participation. Since the activity, the care homes involved have kept their relationships with the schools.

Other interviewees talked about the challenges to digital activities that they had found in specialist accommodation. An organisation working in an inner-London Borough had tried to run digital activities of various types in sheltered accommodation and care homes, and had very limited success. They had found that most venues did not have wi-fi, and that there were no remaining wardens or on-site staff to help – the latter being a barrier even to running activities in a recreation room.

One housing expert noted that, especially in that sector, much work would have to closely involve carers, but well-documented issues with skills in the sector were also cited as a challenge. One interviewee noted that they had underestimated the size of the skills challenge when, initiating training in a care home for another digital project, care staff were visibly frightened to touch the laptops provided to them.[104] There is a great deal of work and policy focus on this area in the housing sector at the moment, and with time, this will improve. With this said, there are of course

already exemplar housing organisations who are putting assistive technology at the heart of what they do.[105]

Flexible funding and digital innovation: a charitable funder's perspective

We spoke to a major charitable funder about the adoption of online group activities by their grantees, over lockdown and since. When the pandemic hit, they recognised very quickly that their grantees would have to radically change the services they offered. Like most funders, they allowed significant changes to budgets, types of expenditure, and the outputs charities were expected to deliver.

They saw many client-facing and local older people's charities immediately moved to becoming community hubs, supporting older people with meeting their basic needs, such as getting food packages and prescriptions. As time went on, many older people's charities started to focus more on finding ways to help older people cope with the isolation and attendant loneliness that lockdown brought.

Telephone befriending developed more widely, and with the inability to bring people together in face-to-face groups, many organisations started to deliver group activities online. Like some other funders, they allowed organisations to make some changes to their expenditure to allow the purchase of tablets and equipment, to build their infrastructure.

They were able to see and support the development of new approaches, and the change of emphasis made by grantees, often involving a move online. For them, the flexibility made sense as part of their wider ethos:

"However people deliver services is fine, for us. We're not particularly stringent on outputs – we care about outcomes. Whether the service is delivered on a computer, or face to face, the key is the effectiveness."

Appendix 2: Three Case Studies

Margaret, 76
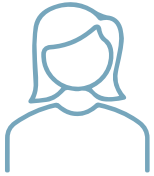
Margaret is 76-years old. She joined a community centre for older adults approximately ten years ago. She was seeking to meet new people and explore new areas of interest after her retirement.

When the Covid-19 pandemic began and lockdowns were implemented, Margaret's daughter suggested she reach out to the charity to see if there were any online classes available. She began participating in Spanish, art, philosophy, and exercise classes through Zoom.

Margaret found the transition to online learning to be easy, and appreciated the helpful, cheerful and patient attitude of staff. The activities not only kept her mind active but also her body. Additionally, these activities were a great way for her to cope with the isolation and boredom of the lockdown.

Throughout the pandemic, Margaret has relied heavily on these online activities and now still avoids crowded places, classes, or public transport. She finds Zoom a perfect way of structuring the day and making new friends.

Sally, 90

Sally, a 90-year-old woman has been a member of this charity for over 10 years, having joined after breaking her legs. She participates in several online physical activities such as chair exercise, 'healthy lungs', 'steady up and stable' and Qi gong. Unfortunately, the creative writing and life stories groups, as well as the art history class, which she previously attended, are no longer available online.

The physical activities have been beneficial for her mobility and balance, and have also helped to increase her self-confidence. The exercises, particularly when done to music, have a positive impact on her spirits. Additionally, the Qi Gong class has been beneficial both physically and psychologically.

Sally was particularly fond of the Life Stories group, as it provided a social outlet, and she made a new friend through the group. However, due to the vaccine damage, she is still shielding and only goes to places with excellent ventilation.

Despite some online activities no longer being available, she would still highly recommend this work to others.

Abigail, 73

"I loved the online drawing in Sculpture Parks; it worked very well during the pandemic. Italian was good but less successful as there was little possibility for discussion. Breakout rooms might have accommodated this? I enjoyed dancing classes online too. I have tried other things like yoga but everything depends on the teacher, teaching method or the style of yoga or whatever. Some teachers are more skilled than others with online teaching.

The subjects that I have pursued have developed my interest and competency. Creative writing was very enjoyable as the group was small and there is a certain amount of trust needed to share and critique each other's work. I enjoyed free writing, listening to others, sharing my writing and doing homework. Although this was on zoom, it worked relatively well and I used to look forward to seeing the group on line. My life felt less solitary.

Likewise Drawing in Sculpture Parks was informative and creative and there was the opportunity to show and share work online and learn from what the others had done. Socialising was limited to the zoom lesson, so no real friendships developed for me.

Zoom dancing was good fun depending on the teacher. [This work] has been a godsend during the pandemic as I live alone and felt less isolated because of the Zoom classes. I am now ready to do more face to face classes. I am more motivated and confident in these subjects now.

I wanted to start some face-to-face classes so I could meet people, but am missing the online ones."

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Interestingly, older people can take identitarian positions on this, and indeed, we found this in our conversations with older people who described themselves, for example, as 'not scared' and 'brave'if they were positive about these activities(in contrast to those who were 'afraid'), or 'a doer and a mover', not someone who likes to just sit (not a 'housebound whatsit'), if they were negative. See Kania-Lundholm et al. (2015) who note that older people themselves tend to define themselves in opposition and from identitarian positions relating to their IT use. Kania-Lundholm, M., & Torres, S. (2015). The divide within: Older active ICT users position themselves against different 'Others.' Journal of Aging Studies, 35, 26-36.

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35 In fact, some research on whether psychological therapeutic interventions can work online has found that there is no difference in effectiveness. (Although this has the same issues with variability of the intervention itself as the previous studies.) Barak, A., Hen, L., Boniel-Nissim, M. and Shapira, N. (2008). 'A Comprehensive Review and a Meta-Analysis of the Effectiveness of Internet-Based Psychotherapeutic Interventions'. Journal of Technology in Human Services, 26(2-4): pp.109-160.

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77 https://thejoyclub.com/

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79 This was also seen commonly in observations of online groups.

80 There were differences in the level of social interaction in the groups observed, although all involved some type of interaction. In general, exercise classes were more 'functional,' again, for understandable reasons. In observations of groups, there were different levels and types of social interaction, with slightly less taking place in larger groups, and in those which were more goal-focused (eg. exercise, or language learning). One might assume, however, that participants select their activity according to their relative need and interest.

81 Many are still struggling with the aftermath of the pandemic: some vulnerable older people are still shielding; some had found that, post-Covid, their mobility had decreased significantly; others felt anxiety about leaving the house more generally, or had developed agoraphobia.

82 A free transport pass for over 60s.

83 Of course, this would only deal with motivation – some were clear that their skills and access would also be a barrier and disincentive.

84 Initially, a round robin was used at the outset of focus groups and interviews, asking what online activities participants most enjoyed. Eventually, this had to be discarded because the length of the lists became unmanageable.

85 Indeed, one group participant explained how to use a function to the group – and the interviewer - with impressive clarity.

86 Not verbatim.

87 One study suggests that for those whose loneliness proceeds from a lack of 'quality' in their social relationships, rather than quantity, digital interventions may be less effective. Perhaps this is relevant here? See Mansfield, Louise et al. (2018) Op. Cit.

88 Again, it is easy to get caught up in a debate about technology when many other factors may be much greater deciders of an intervention's effectiveness. Eg. on online therapy interventions, see Barack et al. 2008 Op cit.

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92 For example, only 21% of rural households have super-fast broadband compared to 86% of urban households. See Good Things Foundation. (N.D – C.2015?). 'Doing Digital Inclusion: Rural Handbook. Good Things Foundation.' https://www.goodthingsfoundation.org/insights/doing-digital-inclusion-rural-handbook/

Despite leadership promises made in 2019, moves to equalise rural and urban broadband are not progressing as quickly as hoped. See: Sweney, M. (2022). Boris Johnson's faster broadband promise is being broken, say MPs. The Guardian, Wed 19 Jan 2022. https://www.theguardian.com/business/2022/jan/19/boris-johnsonsfaster-broadband-promise-is-being-broken-say-mps

Note, however, that rurality overlaps with a range of other factors, such as socio-economic class, and the specifics of region. See, for example, Wagg, S. (2021). An investigation of digital inclusion in UK rural communities. A thesis submitted in partial fulfilment of the requirements of Loughborough University, for the award of Doctor of Philosophy. Loughborough University. https://repository.lboro.ac.uk/articles/thesis/An_investigation_of_digital_inclusion_in_UK_rural_communities/17026574

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94 This concurs with National Lottery Community Fund's (2022) Ageing Better Report – the need to find 'a "hook" or incentive' that works for the individual. (p3.)

95 For example, an arts organisation, whose project lead provided extensive on-call support for each session with vulnerable older people.

96 Naturally, organisations felt some discomfort raising this – not wanting to be perceived as being 'ageist.' But their observations are borne out by research – many of these skills gaps were brought further to the fore during the pandemic. See, for example, Konig, R., and Seifert, A. (2022). Digitally Savvy at the Home Office: Computer Skills of Older Workers During the COVID-19 Pandemic Across Europe. Frontiers in Sociology, 26 April 2022. Sec. Work, Employment and Organisations. https://www.frontiersin.org/articles/10.3389/fsoc.2022.858052/full

97 They also noted the intersections of socio-economic class/ deprivation and age in their local area – and that the fact that they drew their staff and volunteers from the older, more deprived community they served meant that they were more likely to find lower levels of digital competence.

98 Again, see OFCOM. (2022). 'Digital exclusion' Op. Cit.

99 Again, this concurs with National Lottery Community Fund's (2022) Op. Cit. study on digital projects over lockdown.

100 This has to be done sensitively - some may have good reason to want their camera switched off – or may not have a working camera. Organisations mentioned those who may have others in the room with them, including someone they provide care for, may have visible issues with hoarding, or may feel particular social anxiety about being seen on camera.

101 Edwards, P. (2022) Op. Cit.

102 Indeed, some were finding that they had experienced more financial difficulties since the pandemic, after the funding that flowed freely from trusts over that period had led to some trusts closing their funds for a period in the aftermath.

103 We did not systematically consider demographic factors as differentiators in this research – however, the impact of socio-economic class on digital inclusion is extremely well-documented, and we would expect this existing knowledge to be born out in any analysis of exactly who is able to access online group activities.

104 This is understandable - until recently, IT has not been any kind of part of the care-worker experience – and the same issues and factors around digital inclusion affect the workforce as do the client group.

105 See https://www.housinglin.org.uk/Topics/browse/loneliness-and-isolation/assistive-technology/ for examples.

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