# An ethnographic study of how older people engage with digital technologies to access health and care in a coastal region in the East of England

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## Abstract

Digital technologies are widely promised to help empower people's use of health and social care activities. Coastal-dwelling older people, who likely need regular health and care support, seldom use digital technologies, even though many services now require digital access. This group, who often face socioeconomic and health-related inequities, could therefore experience exclusions from digital services.

This study explores how older people engage with digital technologies, particularly to access health and care activities, in a coastal region. Employing relational ontology, I examine participants' digital interactions as a wide spectrum as they may encounter, but not directly use, digital technologies in social settings. Using a two-phase ethnographic study design, I conducted interviews, a focus group, and observations with participants engaging digitally in daily situations in Great Yarmouth, over 17 months.

This thesis presents three findings. First, themes that illuminate how participants saw digital technologies as risky objects, questioned who benefits from and could build know-how for engaging digitally. Second, I present cases to examine participants' shaky digital connections, as they became stuck with digital activities which appeared 'technical' and strange. This contradicted how field organisations presented digital activities as easy. Third, I present cases to examine how participants situationally negotiated access to help and costs this generated. Showing complexities in these activities contested field organisations' more simplistic assumptions about older people being willing and able to 'just ask' for help. Older people agentically negotiated demands to access knowledge and 'help' to engage with depersonalising digital challenges.

Participants' shaky and help-based digital experiences starkly contradict how the majority of research and policy predominantly, and perversely, frames digital technologies as empowering users to independently manage activities. The findings indicate new research directions to examine how digitalisation affects older people's abilities to organise their lives on their own terms and how they can shape digitalisation.

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# Chapter 1: Introduction

## 1.1. Background to the research problem

Digital technologies pervade Western societies (World Health Organization, 2021). Over the last few decades, health and social care services in the United Kingdom (UK) have introduced digital technologies into service delivery, seeking to make patient care more personalised and enable workforces to deliver care more efficiently (Cabinet Office and Government Digital Service, 2012; Department of Health, 2002; Department of Health and Social Care, 2025; Department of Health and Social Care and NHS England, 2022). The UK government have now committed to making 'digitally-enabled care' mainstream across the National Health Service (NHS; Department of Health and Social Care, 2025). Yet, older people, who are frequent users of health and social care services (Kalseth and Halvorsen, 2020; Soley-Bori et al., 2021), are less likely to use the internet (Department for Culture Media and Sport and Department for Science Innovation and Technology, 2025). Coastal communities, where older residents are in a majority (Office for National Statistics, 2024), may face further challenges with accessing the internet, linked to rurality and immature infrastructures for digital connectivity (Asthana and Agarwal, 2023; Asthana and Prime, 2023). Digital access challenges may exacerbate socioeconomic and health-related inequalities for coastal-dwelling older people (Asthana and Gibson, 2022; Public Health England and Age UK, 2021; Whitty, 2021).

Such policy and research insights present an unresolved problem which forms the backdrop of the research presented in this thesis: coastal-dwelling older people who likely need regular health and social care support, may only partially, or not at all, use digital technologies now required to access support, which may exacerbate access inequalities (Faber et al., 2021; Poli et al., 2021). The research in this thesis therefore explores how coastal-dwelling older people engage with and use digital technologies in everyday living, particularly to access health and social care support. This thesis presents the design and findings of an ethnographic study to examine this research problem in an East of England coastal region, carried out between January 2024-July 2025. In this chapter, I introduce the background and rationale for examining this research problem and outline the thesis structure.

### *1.1.1. 'Digital exclusion' affecting coastal-dwelling older people*

Age UK (2024) estimates that one in six, approximately 2.3 million, people aged 65 and older do not use the internet in the UK. Around 684000 of those who start using the internet stop (Kaufmann, 2025). This digital technology non-use is commonly presented as an issue of 'digital exclusion'. When older people use the internet, the breadth and complexity of activities they do tends to be much more limited and less frequent compared with younger groups (Leukel et al., 2021). Older people from particular social groups are even less likely to use the internet, especially those aged over 80 years (Campens et al., 2024), living with a disability (Duplaga, 2021), in a rural area (Lee et al., 2021) or alone (Stone, 2021), with lower educational outcomes (Wilson-Menzfeld et al., 2024) and income levels (Hargittai et al., 2018), poorer health (Stone, 2021), and from ethnically minoritised (Choudrie et al., 2021) or refugee groups (Alam and Imran, 2015). Older people are thus characterised in much academic and policy discourse as facing digital exclusion: having unequal access, capacity, confidence, or skills required to use digital technologies to participate fully in society (Martin et al., 2016; Wilson-Menzfeld et al., 2024). Gerontological and digital inequalities research therefore considers older age as a major factor linked to people seldom or minimally engaging with the internet (Hunsaker and Hargittai, 2018; Olphert and Damodaran, 2013).

Researchers and policymakers increasingly recognise coastal areas as sites of digital inequalities (Asthana and Agarwal, 2023; Asthana and Prime, 2023; Whitty, 2021). The Chief Medical Officer's 2021 annual report on 'health in coastal communities' (Whitty, 2021) highlights significant socioeconomic and health-related inequalities in coastal communities, including lower life expectancy, higher rates of long-term conditions and major diseases compared with inland areas. Such inequalities are driven in part by an ageing population, from retirement migration and ageing of local residents, likely to develop greater and more complex health needs (Whitty, 2021). Coastal communities face heightened levels of multiple deprivation compared to inland areas (Office for National Statistics, 2020), and precarious employment and low pay often linked to declining traditional tourism and fishing industries (Beatty et al., 2011). This creates deprivation-based inequalities that are known to interact with and sustain health inequalities in coastal communities (Whitty, 2021). Geographic rurality may further

contribute to such inequalities, as coastal-dwelling residents may need to travel from remote areas to access essential public services (Asthana and Prime, 2023). Whilst research on coastal health and digital-related challenges has grown since the Chief Medical Officer's 2021 report, coastal communities continue to be framed as 'forgotten' and 'left behind' in academic and public discourses (Fiorentino et al., 2024; Sinclair, 2023). Work complementing this report argues that digitalisation in public services may compound and create new health inequalities for coastal-dwelling older people (Public Health England and Age UK, 2021). Yet, a critical research gap remains in understanding how older people, who mostly make-up coastal areas, may access and engage with digital technologies, especially to get vital health and care support.

Coastal-dwelling older people's capacities for engaging with digital technologies are shaped by a complex nexus of socio-cultural, economic, geographic, and health-related features extending far beyond simply having access to the internet (Choi et al., 2022; Husain and Greenhalgh, 2025). Much digital inequalities research characterises older people in general as experiencing 'barriers' to digital technology use because of their personal capabilities, such as age-related sensory or cognitive changes; their opportunities, including cost and device features, and motivation, including seeing a need, trust, and concerns about privacy (Kebede et al., 2022). Yet, critical gerontological and medical sociological research reveals older people may access diverse social networks to creatively assemble resources to set up, engage with, and embed digital technologies into daily routines (Gallistl et al., 2021; Greenhalgh et al., 2013). Digital interactions are therefore shaped not only by older people's personal capabilities, but complex social processes and actors present in particular situational contexts. I now explain how I first conceived but then came to reformulate the research problem concerned with coastal-dwelling older people's digital experiences.

### *1.1.2. Formulating and reformulating the research problem*

The initial focus of this research, as advertised for a doctoral research project at the University of East Anglia, was defined as:

> Digital health and social care delivery: the impact of digital exclusion on older adults in deprived coastal communities

Whilst this provided a contour for designing my research, how I framed the research problem evolved as the research unfolded. Through my literature review (Chapter 2), I moved away from the notion of digital exclusion, which seemed to frame coastal-dwelling older people as persistently, and in every case, facing unequal access and capacity to use digital technologies. This overlooked how some groups facing greater social exclusion, such as older people and Gypsy, Roma, and Traveller groups, may agentically develop creative ways to engage digitally, facilitated by intergenerational connections linked to their socio-cultural contexts (Salemink, 2016; Townsend et al., 2018). Such creative pathways to engaging digitally could apply to older people in 'deprived coastal communities'. Defining the research problem around whether older people could access and use digital technologies appeared to narrowly frame their potentially diverse digital experiences; for example, overlooking how they may unexpectedly come into contact with digital technologies as forms of 'digital practice' (Gallistl et al., 2021). Secondly, much research framed not accessing or using digital technologies as an issue of inequity to be remedied by increasing older people's digital access and use. Such framings glossed over that some older people articulate deliberatively and positively choosing *not* to engage digitally (Rasi-Heikkinen, 2022), for example as a form of instructive 'wisdom' (Knowles and Hanson, 2018), not due to being involuntarily digitally excluded. As older people living in coastal communities may therefore not see or define themselves as digitally excluded, but may instead see themselves as actively choosing whether and how they use digital technologies in particular situations, I decided to reformulate my research focus from investigating the 'impact of digital exclusion' on them, to exploring how they may engage digitally in ways that are meaningful for them. I therefore devised the following research questions, to guide my empirical investigation:

1. How do older people living in a coastal region engage with and use digital technologies in daily life, particularly to access health and social care activities in the community?
2. What roles and activities do friends, families, and social relations undertake when involved with older people who engage with and use digital technologies in daily life, particularly to access health and social care activities in a coastal region?

My literature review identified approaches across disciplines for conceptualising coastal-dwelling older people's digital interactions as phenomena that shape, and are shaped by, complex social processes and actors in everyday living. Whilst engaging with interdisciplinary debates and approaches, this thesis directly contributes knowledge within the field of critical gerontology, through using ethnography to illuminate how coastal-dwelling older people's digital technology experiences are socially shaped. To make visible how this group engage digitally, which may consist of a wide spectrum of interactions, I needed to describe in detail their everyday social contexts where they encounter, talk about, and engage with digital technologies. In conceiving this research problem as a thick descriptive, experiential 'intellectual puzzle' (Mason, 2017: 11), outlined in Chapter 3, I decided ethnographic investigation could enable me to directly examine and describe these social complexities.

In reformulating the research problem in this way, this thesis provides several contributions to knowledge about older people's digital technology experiences. Firstly, through including and centring the voices, actions, and digital experiences of older people in coastal communities. Secondly, the ethnographic findings in this thesis identify how older people negotiated uncertain, 'shaky' digital connections in practice, contrasting how health and care providers and policymakers instead frame engaging digitally as 'easy' and empowering for users. Finally, the findings identify complex social interdependencies, negotiations, and costs that arise for older people in leaning on others for help with digital technologies, which problematises policy assumptions that support for digital skills will necessarily lead to older people being digitally included. In the next section, I discuss my rationale for defining older people from age 50 for my research study focused on deprived coastal communities, in relation to how I constructed older age to intersect with socioeconomic disadvantage within these contexts. I also reflect on challenges I had with involving participants in their 50s and early 60s because of the study design, which limited access to data for these groups.

#### *1.1.2.1. Older age in deprived coastal communities*

The United Nations and World Health Organization define an 'older person' as over 60 years of age (UNHCR: The UN Refugee Agency, 2025; World Health Organization, 2025), whilst much gerontological research in the Global North defines 'older people' as those

aged 65 years and older (Michel et al., 2017). However, socioeconomic deprivation and disadvantage could be seen to distinctly construct intersectional experiences of digital uses, ageing, and health-relations within coastal communities of those aged 50 and older (Grove, 2021; Blandon and Quinn, 2026). I therefore chose to define 'older people' as those aged 50 and older and in considering place-specific, contextual features of how local services in Great Yarmouth organised their support for older people. Defining older age from 60 or 65 years did not align well with my study involving coastal communities who may face greater socioeconomic disadvantage and are more likely to experience poorer health, and have a greater number of long-term health conditions, at an earlier point in their lives compared with more affluent groups (Whitty, 2021). People from these backgrounds have been found to experience faster decline in sensory, physiological, cognitive, emotional, and social capabilities, independently of health conditions and education, compared to those who are financially wealthier over a 6–8-year period (Steptoe and Zaninotto, 2020). Ageing windows may therefore be quite distinct for those who have experienced prolonged periods in poorer socioeconomic circumstances, by accumulating more health conditions and care needs earlier in life, which they bring with them into older age.

Sociological and critical gerontological research often frames older age as a lived experience and socio-material construct, shaped by diverse forms of materiality, including personal resources and societal infrastructures (Höppner and Urban, 2018; Gallistl et al., 2023). This suggests that older age does not entail a single set of universal experiences and practices. Rather, how coastal-dwelling people 'do' ageing in their everyday lives will depend on particular social, cultural, and economic resources and practices available to them (Gallistl et al., 2021). In the context of coastal living, older people may experience socioeconomic disadvantage in diverse ways, including in relation to their 'pockets' (Gardner et al., 2022: 3), such as having lower incomes, economic and social security resources that may limit access to digital technologies. Indeed, socioeconomic inequalities may also contribute to digital exclusion, whereby those facing disadvantage often face extensive challenges in trying to acquire digital skills at any stage of life (Goedhart et al., 2022). Coastal-dwelling individuals, who are likely to experience socioeconomic disadvantage to varying degrees throughout their

lives, may therefore have had fewer opportunities to access and build familiarity with earlier forms of digital technology, compared to more affluent groups, and so may face more challenges when trying to engage with digital services in later life.

Coastal-dwelling older people may also face socioeconomic disadvantages related to the 'places' in which they live, that may negatively affect their health outcomes and experiences (Gardner et al., 2022: 3), including poorer quality of housing alongside systemic issues related to limited availability of local services, markets, transport infrastructures, and the maintenance of local environments and public spaces (Whitty, 2021). Older people living in areas with high levels of income deprivation, as in many coastal areas, report low levels of satisfaction and of feelings of belonging in their neighbourhood, which could reduce their opportunities for social participation to support wellbeing (Sait and Jivraj, 2022; Centre for Ageing Better, 2025). Whilst older people articulate wellbeing benefits related to living next to blue spaces (Pool et al., 2023), ageing in a coastal community may entail a complex set of personal and place-related disadvantages they may experience in diverse ways and at various life stages, which may exacerbate their experiences of health and digital-related challenges.

Having committed to focusing my ethnography on exploring coastal-dwelling older people's digital experiences from their own viewpoints, I aligned my definition of older people with available understandings of community groups in my field context. As I saw my ethnography as involving me building ongoing relationships in community-based organisations for older people in Great Yarmouth, I saw aligning my definitions as likely to help promote more inclusive research relationships without inadvertently or unnecessarily excluding individuals ordinarily taking part in these naturally occurring activities. As several organisations defined their activities as available for older people 'aged 50 years and older', and to align with how such activities were arranged, it seemed more appropriate to use this slightly younger minimum age criterion for my study, and without a maximum age limit.

Defining older age this way could help account for complexities in how socioeconomic disadvantage may intersect with health and digital experiences for coastal-dwelling older people, and definitions available in the field. Despite attending community settings which advertised activities for people aged 50 and older, and my aim to involve

individuals in their 50s in my study, in the event, I did not recruit any participants younger than the 60-64 age category. This is because people from these younger age brackets tended not to attend these community settings, despite being eligible to attend them. Working aged people, up to age 64 (UK Government, 2023), may not have been able to attend these settings which operated largely between 9:00 to 17:00. As such, the limitation of daytime hours could have contributed to segregating this age group. Evidence also suggests that many individuals aged 45-65, especially women, and including one in five of those aged 55-59, actively provide care for their ageing parents, children, or grandchildren (Office for National Statistics, 2023b). This could further explain why I largely did not encounter individuals in their 50s and 60s in my fieldwork. Such insights highlight how researchers should consider the needs of specific generations of older people with work or caring responsibilities in disadvantaged coastal contexts, to ensure they can be included in research. The next section provides a brief portrait of Great Yarmouth, linked to these intersecting features of older age, socioeconomic disadvantage, and health inequalities.

#### *1.1.2.2. A portrait of Great Yarmouth: Intersections of older age, socioeconomic disadvantage, and health inequalities*

I constructed a field for my ethnography around Great Yarmouth: an East of England coastal borough, in which I could immerse myself in everyday situations where older people encounter digital technologies. This ageing population, and high levels of multiple deprivation, in Great Yarmouth reflect the demographic profiles and deprivation-based inequalities within many other UK coastal communities (Whitty, 2021). Around 45% of Great Yarmouth's total population are aged 50 and older (Office for National Statistics, 2023a). When I began the research, 24.6% of Great Yarmouth wards fell within the 'most deprived' domain of multiple deprivation metrics, and 13.1% and 14.8% were registered as the second and third most deprived domains respectively (Ministry of Housing Communities and Local Government, 2019). At the end of my fieldwork, Great Yarmouth was ranked the 32$^{nd}$ most income-deprived district authority out of 317 districts in England (Ministry of Housing Communities and Local Government, 2025). Based on the intersectional features discussed above, these data indicate that older people in Great Yarmouth are living in areas and accessing services that are provided and maintained by

a grossly underfunded local authority, which will likely impact their access to and experiences of these services and possibly their health outcomes, regardless of their personal income 'pockets' (Gardner et al., 2022).

Sentiments of being forgotten and left behind, as documented in public discourses around various coastal communities (Fiorentino et al., 2024), may have distinct meanings for older people in Great Yarmouth. Older residents, particularly those who have grown up and stayed in the area for most of their lives, may have experienced socioeconomic disadvantage linked to the town's changing economic industries and have lived familial memories of the town's identity as a once prosperous fishing hub (Barnard and Costello, 2026). Such socio-economic features provide important context for how local people may identify and lament the decline of the town and their experiences of finding life harder than years ago (Barnard and Costello, 2026). As well as facing fewer opportunities to acquire educational skills, employment, capital and resources (such as digital devices) that could support health including in later life, older people here may experience socioeconomic disadvantage in relation to their longstanding experiences of the town. For example, encountering it as in decline, receiving little investments to services and facilities, and losing the economic and cultural identities that once defined it.

Against this backdrop, my study could help illuminate how older people's experiences of socioeconomic disadvantage in Great Yarmouth not only limits their capabilities to access devices or opportunities to acquire the skills needed to use such devices, but also how digitalisation may or may not be relevant for the ways older people wish to live their lives in this cultural context. Growing older in coastal communities like Great Yarmouth is likely to involve managing more health and care needs at younger ages, such as from the age of 50, due to higher levels of socioeconomic disadvantage; and complexities related to the availability and quality of local services, infrastructures, and environments and cultural identities that affect people's experiences of ageing and engaging digitally. These characteristics indicated that Great Yarmouth fulfilled pre-defined project criteria for my research to focus on older people in deprived coastal communities.

### *1.1.3. Defining research terminology*

In addition to my above working definition of older people, I needed to clearly define what the terms 'coastal communities', 'digital technologies', and 'social relations' terms mean in analysing and reporting my work, to explain how, and with whom, I undertake my ethnographic fieldwork. This section provides definitions for these terms. I note that the UK Chief Medical Officer's 2021 Annual Report identifies that there is no nationally agreed definition of coastal communities (Whitty, 2021). Also, defining coastal communities using objective measures alone, such as population size or number of households, can be contextually limiting by overlooking how people subjectively define and construct their identities in relation to coastal living (Bird et al., 2025). To include, and not dismiss, such subjectivities that may emerge in my own research, I conceptualised coastal communities as broadly referring to any groups of people living along the coast; for example, villages, towns, and cities (Whitty, 2021). Within this broad definition, I narrowed the focus of my research to Great Yarmouth as the coastal region for my ethnography, to be further defined in Chapter 3.

To stay open to diverse, contextually-contingent ways in which coastal-dwelling older people may relate to, engage with, and define digital technologies, I broadly defined digital technologies as devices that allow users to perform different kinds of activities mainly by connecting to the internet, such as smartphones, tablets, and wearable devices (Lupton, 2015; Poli et al., 2021). This definition could enable me to realise my research questions; how coastal-dwelling older people articulate and enact how they engage with digital technologies in their own terms and actions, rather than assuming these relations are in each case defined by digital exclusion. My literature review (Chapter 2) identified how diverse social actors may shape, embed, and disrupt older people's digital activities, including, but not limited to, their friends and family. To examine this ethnographically, I considered how older people's social relations conceived as anyone who participants defined as involved in their access to digital technologies, health, and/or social care activities, as they become apparent in my fieldwork.

### *1.1.4. Policies on digital health and social care services and 'digital inclusion'*

UK policies on digital health and social care services and digital inclusion have an important role in guiding how digital technologies are framed, adopted, used, and

embedded within service interactions, and so may affect and apply to coastal-dwelling older people's digital experiences. Just before I began this research project, the UK Government released a plan for digital health and social care (Department of Health and Social Care, 2022) which depicts a vision to deliver digitally enabled NHS services by strengthening the digital 'front door', specifically: improving the NHS App and digitalising patient records (Department of Health and Social Care, 2022). This plan followed, and sought to learn from, the SARS-CoV-2 pandemic which prompted many public services to rapidly shift to 'digital by default' delivery (Kunonga et al., 2021). In July 2025, my last month of fieldwork, the government released its 10 Year Health Plan for England, which extends plans to transition from analogue to digital delivery as one of three 'radical shifts' to services (Department of Health and Social Care 2025). Sir Kier Starmer, the Prime Minister of the government which has overseen this plan, introduces a vision to make 'booking appointments and managing your care as easy as online banking or shopping' (Department of Health and Social Care 2025: 7). Such sentiments underpinning this national shift to digitalising health and social care services, which proposes to replicate certain kinds of online activities assumed to be universally easy for all groups in society, are directly called into question by the ethnographic findings presented in this thesis.

Policy analyses have alluded to how this 10 Year Health Plan promises to transform patients from 'passive recipients' to 'active participants in their own care' (Arnold et al., 2025), framing digitalisation as putting 'power' into patients' hands (Department for Health and Social Care 2025: 10). As such, it builds on earlier digital health and social care policies in the UK and other Western societies in emphasising how digital technologies can positively empower individuals to self-manage their health and care needs (Lupton, 2013; Rich et al., 2019). Despite these promised benefits, charitable groups continue to emphasise a significant risk that individuals who minimally or seldom engage digitally will still encounter barriers to accessing digitalised health and social care services, so possibly widening health inequalities for particular groups in society (Heard, 2025). Critical questions about such challenges, which became prominent during the SARS-CoV-2 pandemic (Kunonga et al., 2021; Poli et al., 2021), were reignited by the ethnographic findings reported in this thesis; specifically, asking how those who may face

difficulties with engaging digitally, or choose not to do so, can continue accessing vital health and care services if these are increasingly offered digitally.

Recognising that inequities could arise by digitalising services, NHS England (2023) developed a framework to support NHS staff to deliver digital inclusion practices to 'remove barriers' to digital services for those who may face access inequities. A few months before the 10 Year Health Plan was released, the UK government also published their initial steps towards a Digital Inclusion Action Plan (Department for Science, Innovation and Technology, 2025): a national strategy to address digital exclusion in response to increasing digitalisation in many public services. Importantly, this action plan recognises that moving towards digitalisation 'without adequate skills provision risks limiting vulnerable groups' (including older adults' and deaf and disabled people's) access to the NHS, social care and social security support' (Department for Science, Innovation and Technology 2025). Whilst the plan states that in-person options should remain available for accessing public services, if people cannot, or do not want to, engage with the digital 'front door', it focuses heavily on strategies to upskill digitally excluded individuals to acquire the essential skills and confidence needed to participate in the digital world (Department for Science, Innovation and Technology 2025). This thesis therefore presents an account of ethnography of how older people engage with digital technologies in a coastal region, particularly to access health and care activities. It presents critical ethnographic findings which problematise the idea that enhancing access to digital support will simply overcome digital challenges for coastal-dwelling older people. Instead, these will identify costs and burdens people may also face when seeking and getting 'support'.

## 1.2. Structure of this thesis

This thesis comprises the following chapters:

**Chapter 1** situates the study in context of research on digital exclusion, which could affect coastal-dwelling older people, and policies on digital health and social care services and digital inclusion. It describes my definitions used in the study and how I reformulated the research problem from 'the impact of digital exclusion', to explore how people engage digitally in their own terms and actions.

**Chapter 2** critically reviews empirical research into older people's digital interactions, and conceptual approaches for framing and empirically investigating this topic. I show how I used these findings to identify my research questions and an approach to empirically investigate how coastal-dwelling older people engage digitally.

**Chapter 3** sets out my ontological and epistemological assumptions and how these informed my choice to use an ethnographic methodology. It describes how I defined a field around Great Yarmouth in which to ethnographically investigate the research problem.

**Chapter 4** outlines how I designed and implemented the study, including my sampling and recruitment strategies, and my phased approach using distinct methods of qualitative data collection and analysis. I describe my inductive-iterative, reflexive approach to analysing the data. This chapter details practical and ethical processes I implemented to sensitively research older people's digital experiences in Great Yarmouth.

**Chapter 5** presents findings from my Reflexive Thematic Analysis of how coastal-dwelling older people talk about and experience engaging digitally, generated by a focus group and interviews (Phase 1). The chapter examines three themes grounded in participants' verbal accounts, and how they tried to show their digital experiences in practice. I identify how these findings of participants' seeing digital activities as 'risky' informed my approach to ethnographic fieldwork (Phase 2).

**Chapters 6 and 7** present my ethnographic findings generated through 17 months of fieldwork (Phase 2). **Chapter 6** sets out my fieldwork relations with participants. This chapter examines a set of ethnographic cases centred on participants' experiences of navigating shaky digital connections. It shows how ethnographic descriptions helped me centre participants' viewpoints to address the research problem, enabling me to examine contradictions between participants' lived experiences of, and how local organisations and government policies framed, digital activities.

**Chapter 7** presents ethnographic cases drawing on participants' accounts and experiences of getting 'help' with engaging digitally, which I came to identify as a core feature which shaped participants' digital activities. These help cases illustrate how my

positionality and fieldwork experiences led me to identify 'help' as central to the research problem. This builds on Chapter 6, by highlighting how participants' experiences of shaky connections often prompted them to seek 'help', whilst highlighting complexities in how they could access and enact 'help' in practice.

**Chapter 8** discusses how my conceptual and methodological approach enabled me to generate my study findings about how coastal-dwelling older people engage digitally, relating these to interdisciplinary academic literature. The chapter revisits repeated claims for digitally enabled care and digital support of government policies on digital health and social care and digital inclusion. The discussion calls these claims into question by noting where coastal-dwelling older people articulated, and enacted, contrary experiences. The chapter identifies implications for research, policy, and practice and evaluates the contributions and limitations of this thesis.

**Chapter 9** concludes this thesis by identifying the conceptual, methodological, and empirical contributions of this study, as well as implications for future research and policy. The chapter shows how my relational ethnographic approach enabled me to examine how older people engage digitally as doing practices that featured (more or less) routinely in their everyday lives, and which varied between helpful, costly, and burdening digital experiences.

## 1.3. Summary

This chapter identified background issues pointing to the research problem addressed in this doctoral research. It describes my initially-conceived research problem and then how the research process led to my reformulating the research problem. I set out how this led me to identify research questions that would require research to help generate thick, context-specific descriptions of how coastal-dwelling older people engage with digital technologies. I briefly explained why this indicated an ethnographic approach could generate in-depth, observational, prospective data embedded in ongoing experiences and dynamic contexts. The chapter finally outlined the thesis structure, identifying how each chapter addresses a specific feature of the research problem. Chapter 2 sets out the literature review I used to develop the research study questions

and approach to ethnographically explore coastal-dwelling older people's digital technology experiences.

# Chapter 2: Literature Review

## 2.1. Introduction

To help me conceptualise how coastal-dwelling older people engage with digital technologies in everyday social contexts, and the roles of their social relations in these activities, I needed to identify how older people's digital technology interactions and experiences, including for health and care activities, have been conceptualised and empirically investigated in existing interdisciplinary research. Engaging with such research could help bring into view gaps and limitations in existing approaches for understanding and applying to how older people engage with digital technologies in coastal communities. Chapter 1 set out the policy context for digital transformation which forms the backdrop of this research problem. This chapter examines how older people's digital technology interactions have been conceptualised and investigated in existing research, which may help identify tensions between research and policy claims about digital technologies, and older people's experiences in practice. These insights could help me examine whether and how such tensions emerge and unfold in coastal contexts where, as articulated in Chapter 1, older people may face greater socioeconomic and health-related inequities that affect, and possibly limit, their digital access and activities.

## 2.2. Approach, process, and search strategy

Through initially scoping existing literature on older people's digital technology interactions, I identified multiple disciplinary approaches for conceptualising and studying this topic. Scholarship in the fields of public and applied health and care research (Wilson et al., 2021; Vergouw et al., 2020), nursing (Rochmawati et al., 2022), psychology (Gomez-Hernandez et al., 2022), human-computer interaction (Vassli et al., 2017), and informatics (Young et al., 2014) focused heavily on research questions to identify individual factors related to technology users, including their perceptions, attitudes, motivations, willingness, expectations, and acceptance of technologies and how these may act as barriers and facilitators to technology use. This contrasted with medical and digital sociological and critical gerontological disciplines, which often entailed research questions oriented towards how older people's digital technology

interactions emerge through processes of social interaction, in relation to socio-materialities (Rohner et al., 2021), sensory features (Urban, 2017), diverse actor networks (Outila and Kiura, 2021), and as practices that people do (Gallistl et al., 2020; 2021). These divergencies suggested my literature review needed to consider interdisciplinary studies and approaches, to enable me to narrow down and locate my research problem in relation to a particular discipline that could offer suitable approaches for examining coastal-dwelling older people's digital technology interactions.

I then considered what form of literature review could help me to critically examine particular ways in which these range of disciplines, which employ individualist and socially orientated approaches, conceptualised and empirically studied older people's digital technology interactions. I chose to undertake a narrative review in order to generate deeper clarification and insight on the current state of knowledge around conceptual approaches (Greenhalgh et al., 2018: 2) for studying, and empirical findings about, older people's digital technology interactions, to inform my decision-making about how to conceptualise coastal-dwelling older people's digital interactions in my study. A narrative review approach could support me to undertake an interpretive qualitative synthesis and critique of the literature through directly engaging with and comparing wide-ranging disciplinary perspectives on older people's digital interactions (Greenhalgh et al., 2018; Lupton, 2021). While many systematic reviews address focused research questions about specific kinds of digital technologies and technology use among older people (Larsen et al., 2019; Moore et al., 2021; Rocha et al., 2019; Rush et al., 2022), a systematic or scoping review would not fully support me to examine gap the state of knowledge related to empirical findings and conceptual approaches for examining older people's digital technology interactions. Whilst these approaches could be useful for summarising literature on this topic and evaluating digital interventions, I needed to critically examine literature on older people's digital technology interactions and understand what concepts are being used, and how these could be developed, by researchers in various disciplines concerned with older people's digital technology interactions. Therefore, I deemed a narrative review approach as more suitable for my research problem.

To iteratively retrieve relevant papers, I searched health and social science databases which included empirical studies, outlined in Table 1. As this research topic has been examined from interdisciplinary angles and approaches, searching these databases helped ensure my narrative review engaged with a full range of disciplines concerned with older people's digital interactions, including applied health and care disciplines (such as medicine, allied health, public health, and nursing), science and technology studies (including human-computer interaction), social informatics, psychology, sociology, critical gerontology, and the social sciences more broadly. To avoid missing any relevant literature, I also conducted searches covering disciplines across multiple databases (see Table 1). My search strategy focused on key terms related to the study population (for example, 'older people' 'OR' 'older adult') combined with context terms (for example, 'digital technology' 'OR' telehealth), set out in Table 2. Gerontologists typically define older age at 65 years and older (Michel et al., 2017). However, as outlined in Chapter 1, this definition seems less applicable for coastal-dwelling older people who are likely to experience greater deprivation and socio-economic exclusions, possibly affecting their digital access (Goedhart et al., 2022) and leading to poorer health earlier in life compared to more affluent groups (Mair and Jani, 2020). As coastal-dwelling individuals may have a different age window linked to socio-economic disadvantage, and so I could prioritise digital technology interactions within socioeconomically disadvantaged contexts, I included empirical studies with most or all participants aged 50 years and older, therefore examining digital interactions from a younger minimum age criterion.

When familiarising with literature at the start of my research, I found few studies appeared to explicitly report participants' geographic situations, as coastal, rural, or urban. Due to these limitations, I instead decided to prioritise attending to digital interactions among more socioeconomically disadvantaged groups of older people, which seemed to reflect the situations of many coastal-dwelling individuals and therefore could enhance the relevance of my interpretations. I excluded literature involving older people living in care home settings, where digital interactions could be distinct from other community-based settings. To foreground current and emerging digital technologies and activities, I included studies published from 2010-2023. I restricted the search to the Global North to ensure a manageable collection of studies.

To focus on older people's naturally occurring experiences with digital technologies in community-based situations, I excluded studies where digital tools and interventions were introduced by a research team into older people's lives, such as through clinical trials. To generate further interpretative insight and contextualise understandings of older people's digital technology interactions in relation to current and emerging conceptual approaches, I further searched these databases to retrieve wider interdisciplinary conceptual literature that could apply to, and offer new research directions for examining, older people's digital technology interactions.

*Table 1. Databases searched for the narrative review, by discipline*

| **Database** | **Discipline** |
|---|---|
| AMED (Ovid) | Medicine |
| ASSIA | Social Sciences |
| BioMed Central | Medicine |
| CINAHL Ultimate | Nursing and Allied Health |
| Cochrane Library | Medicine |
| Embase (Ovid) | Medicine |
| Google scholar | All |
| International Bibliography of the Social Sciences | Social Sciences |
| JSTOR Arts & Sciences Collection I-IV | Social Sciences |
| Medline – Ultimate | Medicine |
| PsychARTICLES (EBSCO) | Psychology |
| PsychINFO | Psychology |
| Science Direct (Elsevier) | All |
| SCOPUS | All |
| Social Care Online | Nursing and Allied Health |
| Social Sciences Citation Index | Social Sciences |
| Web of Science | Social Sciences |

*Table 2. Search terms divided between population and context-related terms*

| Population | Context / Service |
|---|---|
| Older adult | Digital technolog* |
| Older people | Digital healthcare |
| Older person | eHealth or e-health |
| Old person | mHealth or m-health |
| Old people | electronic care |
| Old age | electronic healthcare |
| Elderly or elder | telehealth |
| Ageing cohort* | telecare |
| Aging cohort* | telemedicine |
| Ageing population* | digitally-led care |
| Aging population* | digitally-led healthcare |
| Late life | digital healthcare |
| Later life | digital health or digital care |
| Senior | virtual care or virtual healthcare |
| Geriatric | virtual consultation* |
| Aged | remote care or remote healthcare |
| | remote consultation* |
| | electronic prescription |
| | e-prescription |
| | Epharmacy or e-pharmacy |
| | assistive technology |
| | online health or online care |
| | online healthcare |
| | wearable device |
| | wearable tracker |
| | remote track* |
| | video consultation |
| | video consulting |
| | health technolog* |
| | everyday technolog* |

The following sections critically report empirical findings and current and emerging trends in conceptual approaches that are grounded in older people's concerns and interactions with digital technologies. First, section 2.3 examines research agendas about digital inequalities, which increasingly dominate thinking and research about older people's digital interactions across disciplines, including in applied health disciplines and public health, psychology, sociology, science and technology studies, and critical

gerontology. Section 2.4 turns to problematising instrumental, individualist, and techno-optimistic approaches which underpin much academic literature on this topic, including studies into digital inequalities, largely used in applied health, psychological, and science and technology studies disciplines. It challenges binary and static conceptions of digital interactions and presents sociological debates about the extent to which older people can opt out of digital interactions, based on socioeconomic and digital exclusion. Section 2.5 examines alternative conceptual approaches for studying older people's digital interactions from medical sociological and critical gerontological disciplines, as shaped by, and shaping, social worlds. Such approaches, I argue, can help radically redirect research in this area. In section 2.6, I consider conceptual and methodological limitations and research directions from the reviewed literature, and how this informed my approach to conceiving and examining the research problem of coastal-dwelling older people's digital technology experiences. Finally, section 2.7 presents the research questions for my study.

## 2.3. Digital inequalities: examining interacting digital, health, and social exclusions

This section examines the growing body of literature which examines how digital inequalities relate and contribute to other forms of exclusion that older people may experience. Since the term 'digital inequality' emerged in the early 2000s (Hargittai, 2003), a substantial research agenda has evolved concerned with examining the differences, or inequities, between social groups in terms of who has access to the internet and digital technologies, and the skills required to navigate and use these tools effectively. The term and related terms, particularly digital exclusion, have become dominant in applied health and public health research (Landgren and Cajander, 2021; Kaihlanen et al., 2022; Husain, 2022), social science disciplines (Halford and Savage, 2010; Bol et al., 2018; Asmar et al., 2022), and science and technology studies (Beaunoyer et al., 2020). Evidence on digital inequalities suggests social groups experiencing social exclusion are likely to face further exclusions if they are unable to access or use digital technologies (Bol et al., 2018; Robinson et al., 2015). This constitutes a self-reinforcing looping effect (Ragnedda et al., 2022). Digital inequalities are cited as a determinant of health, reflecting existing social inequalities, such as

socioeconomic disadvantage (Beaunoyer et al., 2020; Robinson et al., 2015). Digital inequalities scholarly work has therefore largely focused on how particular socio-demographic characteristics, such as older age, relate to individuals' access to and use of digital technologies. I now examine how digital inequalities scholarship tends to conceive and focus on measuring the patterns of technology use associated with specific socio-demographic characteristics, which therefore narrows investigations to how older people directly use digital technologies, rather than how they may otherwise encounter, relate to, and consider engaging with digital technologies.

Across these disciplines, from public health to sociology, a significant proportion of research into digital inequalities has quantitatively examined the association between socio-demographic characteristics, including those found to correlate with poorer health outcomes, and technology usage practices (Husain et al., 2022; Ng and Park, 2021; van Deursen and Helsper, 2015; van Deursen et al., 2019). This research, which typically uses population-based and cross-sectional surveys, has found digital inequalities relating to several socio-demographic variables. These variables include older age (Heponiemi et al., 2022; Merkel and Hess, 2020) intersecting with socioeconomic disadvantage (Pepin et al., 2016), minoritised ethnicity (Ueno et al., 2023), gender – specifically, being a woman (Picchiello et al., 2021; Ueno et al., 2023), and disability (Lee et al., 2020). Studies have revealed associations between indicators of socioeconomic disadvantage, such as lower income and technology use (Anrijs et al., 2023), including amongst older people (Matthews et al., 2018; Yu and Hagens, 2022). However, similar effects may reduce when other mediating variables are considered, such as owning a digital device and access to appropriate learning (Choi et al., 2022).

Despite this prominent research agenda, Husain et al. (2022) urge caution with quantitatively measuring digital inequalities using discrete socio-demographic variables. In a narrative review on video healthcare consultations, Husain et al. (2022) suggest reducing complex and interacting facets of multiple disadvantage to singular variables could overlook how the facets of disadvantage unfold and interact over time, leading to unexpected outcomes and experiences for individuals. Indeed, qualitative studies indicate that rather than digital exclusion being an inevitable consequence of social exclusion, some groups have found innovative ways to digitally engage. Within

Gypsy, Roma, and Traveller communities, where people often face significant and enduring social exclusion, older people have creatively harnessed proxy support from younger family members to enable digital access, which was enabled by their close intergenerational contexts (Salemink, 2016; Townsend et al., 2018). Older people may also borrow knowledge from their social networks and prior workplace contacts to access digital technologies and practices (Reneland-Forsman, 2018). Older age may therefore intersect with other socio-demographic characteristics in diverse ways, generating varying and unexpected opportunities to engage digitally, instead of creating digital exclusion. How such characteristics intersect to create, and sustain, certain ways of digitally interacting or inequalities in specific lived contexts, and how this relates to accessing health and social care services, has been underexamined in current scholarship. I now consider the limitations of conceptual approaches underpinned by instrumental and individualist assumptions which overlook the complex interplay between social structures and agency in older people's digital interactions and employ techno-optimistic assumptions, which overlook older people's concerns.

## 2.4. Problematising instrumental, individualist, and techno-optimistic approaches

Scholarship on digital inequalities, and technology as it is used more generally, has historically drawn upon instrumental and deterministic logic: that digital technologies will behave in predictable ways and have unidirectional effects on human activity, thereby generating particular (expected) outcomes (Greenhalgh and Swinglehurst, 2011; Lindberg et al., 2022; Lynch et al., 2022). As Lindberg et al. (2022) unpick through their comparison of Swedish digital health and social care policy with ethnographic insights on older people's everyday practices, such reasoning treats digital care technologies as static actors, with inherent capabilities to resolve problems in predictable ways. This implies that simply introducing digital technologies into a situation will automatically generate a desired effect: in this case, for older people to self-manage their health (Lindberg et al., 2022). Similarly, in the UK, researchers have highlighted dissonances between the solutionist imaginaries of digital technologies in government policy and the complexities people may face with making digital technologies fit into everyday routines (Lariviere et al., 2021). Far from digital technologies generating predictable and life-

supporting effects, older people may find they are required to learn to use digital technologies and to try to make them work for their needs (Greenhalgh et al., 2013).

These instrumental and deterministic assumptions are most apparent, but often not explicitly stated, in much applied health and public health research (for example, Kaihlanen et al., 2022), psychology (for example, Gomez-Hernandez et al., 2022), informatics and human-technology relations (for example, Young et al., 2014), which focus on how older users' technology perceptions influences use. Instrumental approaches are often paired with what social scientists, gerontologists, and socio-gerontechnologists depict as a 'hopeful technophilic' (Greenhalgh and Swinglehurst, 2011), techno-utopian and techno-optimistic (Gallistl et al., 2023; Lupton, 2018; Moreira, 2016) vision of how digital technology can improve older people's lives. Such approaches emphasise the benefits, opportunities, and progress engendered through harnessing digital technologies (Rasi-Heikkinen, 2022). Indeed, digital innovations are often positively portrayed by researchers across disciplines, policymakers, and industry stakeholders as having transformative capabilities for patients in managing and improving their health and care, whilst enhancing efficiency and reducing cost in health and social care service delivery (Asthana and Prime, 2023; Mistry, 2020; NHS England, 2019). Seemingly driven by techno-optimism and the aim to achieve digital equity and inclusion for older people, many qualitative studies across disciplines have emerged over the past decade seeking to identify factors which influence and promote technology acceptance, adoption, or use (Hunter et al., 2022; Kaihlanen et al., 2022; Landgren and Cajander, 2021; Vergouw et al., 2020). These studies recommend ways of improving engagement with digital technologies, so older people and other 'under-served' groups can reap the assumed benefits afforded by digital technologies and to address digital inequality. Older people, migrants, mental health service users, and unemployed people, are considered amongst the 'vulnerable groups' who are prevented from benefiting from digital technologies and services, for whom it is particularly relevant to promote their technology use (Kaihlanen et al., 2022).

I will now discuss the implications and limitations of individualist, instrumental, and techno-optimistic approaches for framing older people's digital interactions, by

focussing on a recurring direction of research questioning: identifying barriers (or challenges) and facilitators (or enablers) to technology use.

### *2.4.1. Binary and static conceptions of technology (non-)use*

These discussions of promoting older people's digital technology uptake across disciplines, underpinned by techno-optimistic assumptions, are often underpinned by binary conceptions of use/user and non-use/non-user (Gallistl et al., 2021). In this section, I argue that deploying binary conceptions can overlook complex activities and meanings that can arise for older people when interacting with digital technologies. Some researchers examining digital inequalities have moved away from such binaries towards examining types of digital technology engagements as multifaceted social phenomena which happen along a continuum (Gallistl et al., 2021; Reisdorf and Groselj, 2015; van Deursen and van Dijk, 2013). Many empirical studies, particularly in applied health and psychological disciplines, now define different stages of digital engagement which individual users move through. For example, in their systematic review of 96 quantitative, qualitative, and mixed-methods studies, Kebede et al. (2022) identified barriers and facilitators along a three-staged model of digital engagement, mapped against two psychological and behavioural science frameworks: the capability, opportunity, and motivation behaviour change model (COMB-B; Michie et al., 2011); and the Theoretical Domains Framework (Atkin et al., 2017). Using this digital engagement model, they found that studies tend to focus on initial adoption, whilst investigations into non-use and sustained use were rare. This reflects the qualitative studies in applied health and psychological disciplines retrieved in my literature search, where many focussed on initial adoption (Cimperman et al., 2013; Young et al., 2014), sustained engagement (Damodaran et al., 2014) and few investigated non-use, however this has been increasing in the fields of critical gerontology and applied health research (Gallistl et al., 2021; Köttl et al., 2021). Other studies adopt numerical measures to conceive digital technology use as frequency counts (Vergouw et al., 2020), which reinforces binary models of digital engagement that many researchers have sought to collapse or moderate (Gallistl et al., 2021; Gallistl et al., 2020; Rasi-Heikkinen, 2022).

Conceiving digital technology interactions as stages or counts of use seems to represent them as static, mutually exclusive states, assuming that if a person uses a device for a

particular activity, they will continue to do so in different situations and times. Such measures do not clarify complex cases in which one may be a 'user' of a digital device for a certain task, but a 'non-user' of another device for the same or a different task. Kebede et al. (2022) importantly underline how digital interactions are processual in nature and so continually renegotiated based on individuals' social circumstances. Yet, relatively discrete counting of digital technology use does not directly attend to shifts between stages, or the practices and discourses underpinning them, particularly in relation to a person's cultural and discursive expectations and contexts, as made visible by research in critical gerontology and employing intersectional methodologies, informed by sociology (Gallistl et al., 2021; Goedhart et al., 2022). Simply recording and counting of singular events of technology use risks glossing over liminal activities that happen in-between, and in the lead up to, instances of digital technology use. Such limitations suggest a need to harness a more inclusive and dynamic conception of digital interactions, which is open to encountering a fuller spectrum of interactions, and how they shift in different contexts and times of action, which critical gerontology and sociological approaches may make available.

Many qualitative and review studies employing barriers–facilitators conceptual frameworks aim to positively promote older people's digital technology use, and/or specific ways of engaging digitally, reflecting the techno-optimistic assumptions apparent across disciplines (Gomez-Hernandez et al., 2022; Kaihlanen et al., 2022; Kebede et al., 2022; Vergouw et al., 2020; Wilson et al., 2021). Whilst the researchers undertaking these studies do not tend to articulate their philosophical or disciplinary assumptions that inform the decision to conceptualise digital technology use in this way (Vergouw et al., 2020; Young et al., 2014), such frameworks can enable researchers to posit ways to *minimise* barriers, and *maximise* facilitators, as part of a techno-optimistic effort to improve digital uptake and reduce the effects of digital inequalities. Those using such frameworks typically adopt individualistic and instrumental perspectives. That is, focussing on the *individual* end-user as the primary, if not sole, actor in human-technology interactions; and examining one-way effects of digital technologies on individuals. Such framings gloss over how other people (such as family members) and material features (such as the availability of seating, information resources, or visual

support aids) may promote, hinder, and so influence which digital technologies older people can access and how in particular settings. In some cases, researchers adopting such assumptions conceive end-users as potential, not actual; as someone who does not currently, but could be convinced to in future, adopt and benefit from directly engaging with digital technologies (Young et al., 2014). Digital technologies are then positioned as 'instruments' used and controlled by individual end-users (Rohner et al., 2021). This area of scholarship focusses on the motives, beliefs, attitudes, and perspectives contained within the individual, which researchers construct as determining if and how they accept, adopt, use, or abandon digital technology.

Some researchers have questioned the appropriateness of barriers-facilitators frameworks for studying human-technology interactions. For example, relying on an instrumental and deterministic logic, such frameworks assume that barriers and facilitators will have quite fixed effects on outcomes: how much, and the way that, individuals engage digitally (Husain et al., 2022). Yet, communities have innovatively harnessed digital technologies in some situations of social exclusion, unexpectedly overcoming obstacles to accessing and using digital technologies, such as accessing proxy users in intergenerational family networks and engaging with digital tools to develop literacy skills (Salemink, 2016; Townsend et al., 2018). From a sociologically-informed social constructionist stance, Rasi-Heikkinen (2022) suggests that reasons older people give for not using the internet, such as a lack of interest, which researchers often frame as barriers to use, could instead be characterised more positively as *facilitators* and *enablers* of internet use, for instance: as level of interest. This illuminates deficit-oriented lenses through which researchers across disciplines approach older people's digital technology *non-use*, and their techno-optimism towards individuals becoming *users*, as what are widely reported to be barriers to technology use are seldom considered as potential enablers.

Much research into digital inequalities and technology non-use in general seeks to resolve older people's technology non-use by promoting their digital inclusion as a matter of taken-for-granted digital (health) equity. This seems to side-line complex sociological debates about individual agency and choice in shaping if, and both examining and conceptualising, how people may engage digitally. Such insights

engender critical directions for researchers to conceptualise and examine how older people's digital technology non-use may represent an active choice; and how these digital relationships may be shaped, or forced by, older people's particular socioeconomic conditions and/or cultural practices (Helsper and Reisdorf, 2016). In the next section, I take these ideas further to examine conceptual debates on older people's agency and abilities to 'opt out' of digital technology interactions.

### *2.4.2. Opting out of digital inclusion? Debating the possibility of agency in technology non-use*

Researchers across disciplines, from sociology to informatics, have increasingly debated how to define, and whether it is ontologically possible to have, 'digital choice' (Grošelj, 2021; Mariën and Prodnik, 2014). This debate centres around how far individual choices to not engage digitally are shaped by individuals' socio-cultural positions, and so whether these should be considered 'free and fully informed digital choices' (Mariën and Prodnik, 2014: 35). Yet, questions about those *who do not want* to use digital technologies in particular ways, and how to respond to this wish in a time of advancing digitalisation, have been largely overlooked by digital inequalities researchers and many digital inclusion advocates. By mainly studying those who have the skills and means to access digital technologies rather than those who cannot, traditional studies of digital inequalities cannot critically examine or clarify how far observed technology usage patterns may reflect situations where people may be *involuntarily* digitally excluded because of social, economic, cultural, or geographic factors beyond their immediate control or choosing. Neither can they critically consider the extent to which such patterns reflect cases where older people may deliberately, voluntarily exclude themselves from engaging digitally, as a purposive choice (Rasi-Heikkinen, 2022).

Much research developing digital inequalities conceptual models has sought to make space for individual agency, to redress problematic assumptions that social groups facing social exclusion will automatically entail all members facing digital inequalities, by not having access to, or the skills to effectively use, digital technologies (Asmar et al., 2022; Townsend et al., 2018; Van Leeuwen et al., 2023). The conceptual model of digital inequalities mechanisms devised by Asmar et al. (2022) situates agency as a social influence on individual decision-making on whether and how to engage digitally. This

model locates digital inequalities on a continuum ranging from deep exclusion to deep inclusion, along which a person's position can change, as with changing life circumstances. This can help account for older people purposely choosing not to engage digitally, including those facing social exclusion. As Van Leeuwen et al. (2023) argue, by moving away from conceiving technology non-use as inevitable for those with certain socio-demographic characteristics, towards recognising individual situations and agency, as with the model of Asmar et al. (2022), can better account for contextually-specific circumstances and experiences that contribute to older people and others groups being 'unexpectedly' digitally included or excluded.

Social and critical gerontological researchers offer differing accounts on individual agency relating to technology (non-use) interactions. Some reject rational choice theories in favour of practice-oriented perspectives, which situate older people and digital technologies as actors who shape, and are shaped by, socio-cultural contexts, policies, and discourses (Gallistl et al., 2020, 2021). Other researchers construct people as using or not using digital technology drawing on conscious, instructive 'wisdom' of choosing to resist, rather than always being involuntarily excluded (Knowles and Hanson, 2018). Rasi-Heikkinen (2022) uses case studies to show how older people socially construct their internet non-use as positively self-marginalising. This becomes a deliberate and courageous act to resist social pressures to engage digitally, as an actively critical stance towards digitalisation. They found academic research and the Finnish media depicted non-users as at risk of being excluded from societal participation and so reproduced narratives that older people should join the mainstream 'internet user' position (Rasi-Heikkinen, 2022). Such techno-optimistic narratives differed from older internet non-users' own constructions of the internet as insignificant, a 'Depriver of Freedom', and 'Danger' to what was meaningful for their lifestyle, specifically their time, security, health, traditional skills, human contact, and silence (Rasi-Heikkinen, 2022: 72). If we reframe these narratives in this way, this suggests that how older people meaningfully relate to their technology non-use may not indicate an involuntary exclusion but, rather, active resistance as they weigh-up what matters to them.

Critical gerontological and medical sociology scholarship therefore offers lines of research questioning and relational approaches that can consider many meanings and

social actors that shape whether and how older people's digital technology interactions arise. These approaches could therefore help me design my study in a way that is equipped to examine diverse ways in which coastal-dwelling older people socially interact with digital technologies, rather than adopting more individualist and deterministic assumptions, widely used in applied health and psychology disciplines, which assume that digital technologies will have uniform effects for older people in practice. I will now explore this critical scholarship which, contrary to instrumental and techno-optimistic conceptual approaches, often foregrounds and places into context older peoples' concerns about digital technologies.

## 2.5. Digital technologies as shaped by and shaping social worlds

We may reframe older people's digital technology interactions based on sociological and gerontological scholarship which conceives digital technologies as shaped by, and shaping, social worlds. Early thinking around the social shaping of technology, first discussed by Williams and Edge (1996), continues to influence much scholarship on human-technology relations. An assumption underpinning social-shaping approaches can be traced to Kranzberg (1986) who argued that 'the same technology can have quite different results when introduced into different contexts or under different circumstances' (Kranzberg: 1986, 456). This posits that how people engage digitally is heavily influenced by situated contexts and discourses in which they find themselves, and social actors to which they relate in these contexts (Lindberg et al., 2022). Critical gerontologists and medical sociologists use these ideas to challenge instrumental assumptions that digital technologies act in predictable ways, and individualist assumptions that end-users are the primary actors who determine if and how digital technologies are used. I now outline several assumptions which these critical approaches foreground, identifying webs of actors involved in, and the negotiated and embodied nature of, digital interactions. Deploying these assumptions can radically recast research directions in how we can investigate older people's digital technology concerns and practices.

### *2.5.1. Decentring the end-user: older people and digital technologies in a web of actors*

In this section, I argue that older people's digital technology interactions should be conceptualised and empirically investigated in context of a web of social actors that shape, and are shaped by, these interactions. A central feature that separates the kinds of reasoning adopted in much critical gerontological and sociological scholarship from more individualistic approaches, which conceives technology (non)users as binary variables, is that they explicitly attend to interactions that emerge between digital technologies, humans, and other actors in specific socio-cultural contexts (Gallistl et al., 2020). Attending to such interactional contexts resembles the sociological framework, Actor-Network Theory (ANT) (Callon, 1987; Latour, 1996). ANT, informed by social constructionism and widely used in Science and Technology studies, traces associations between human and non-human (including technological) agents within social settings (Baron and Gomez, 2016). Whilst instrumental and individualist approaches prioritise end-users as the actors who determine *what is done with* digital technologies, critical gerontologists and medical sociologists take an interactive and relational approach which decentres the end-user and asks how social actors transform, and are transformed by, digital technologies through processes of interaction. This frames digital technologies not as having fixed meanings and effects, but as entities that continually interact with and shape the socio-material fabric of a setting.

Building on these sociological insights in relation to socio-materialities, Rohner et al. (2021) found that materialities (such as tables and chairs) in digital skills classes for older people helped construct a social world that could present digital technology as a highly complex endeavour that needed to be studied to function, not simply picked up and used. Relatedly, Lynch et al. (2022) draws on the concept of multi-stability in ethnographic case studies of older people's experiences of digital technologies enabling them to feel reassured about their care. Lynch et al. (2022) reported how telecare devices yielded diverse meanings, functions, and potentialities for older people. These extended beyond functional purposes that were initially intended by assistive technology designers, instead highlighting unpredictable effects which can emerge for older people from such assistive technologies. A vivid example given by Lynch et al. (2022) was a

participant who continued to wear a pendant alarm in out-of-range areas, despite knowing it would not functionally "work", as the device held symbolic meaning for them, by signalling to others they may be someone who might need assistance. Such findings illuminate how digital technologies could yield unique meanings and ways of relating to social actors, for older people engaging with them.

### *2.5.2. Situated and shifting practices: digital interactions as ongoing*

Older people's digital interactions can therefore be conceptualised as socially situated, shifting, practices within particular contexts of activity. Empirical questions of how a person's social-cultural and material context shapes not only access to digital technology, but also how they actually engage with it, re-emerged in the late 2000s and early 2010s as a prominent area of inquiry. At this time, some researchers called for reorientating digital inequalities (Halford and Savage, 2010) and health informatics scholarship (Greenhalgh and Swinglehurst, 2011) more towards questions of everyday 'practice'. For Greenhalgh and Swinglehurst (2011: 3), this entailed looking at 'ICT-supported social practices': coordinated activities that bring new situations into being, constrained by surrounding practices taking place through social interaction. Halford and Savage (2010) turned to examine social practices after finding that a person's socioeconomic situation influences not only access but *how* individuals used the internet in practice. This marks a shift towards considering how social groups actually *do* digital interactions in social, political, and cultural contexts (Hughes et al., 2022). Importantly, this underlines how having access to digital technology does not necessarily lead to the same usage practices or advantages for end-users in practice.

Critical gerontological researchers who deploy practice theory argue that digital technology use and non-use should be conceived as a 'process of *doing*' (Gallistl et al., 2021: 2). That is, an activity-based practice which people do, emerging from within a spatial and temporal context of doings and sayings (Schatzki, 2014). Here, digital technology practices arise from a complex interplay between social and cultural discourses (such as in media and policy) and older people's everyday lives (Gallistl et al., 2020; Hughes et al., 2022). According to Gallistl et al. (2021), a technology practice does not necessarily involve using or not using a device. It could, for instance, involve someone thinking about or buying an app or digital device and forgetting about it. An

interview study involving 15 older people in Austria examined how technology use and non-use feature as routine experiences being done in everyday life (Gallistl et al., 2021). Whilst participants mainly defined themselves as 'non-users', many nonetheless regularly engaged with the internet in some way, shifting between a set of interwoven practices. These included 'avoidance' practices, such as using non-digital tools and actively avoiding digitalisation; 'usage' practices for basic activities and proxy access; 'appropriation' practices, such as learning to use the internet; and 'subjectivation' practices, such as feeling excluded (Gallistl et al., 2021: 4). These findings foreground how digital technology interactions are ongoing and processual, and constituted by an ensemble of practices which older people shift between in their everyday lives.

### *2.5.3. Tinkering and customising: digital interactions as negotiated and collaborative*

In this section, I examine the social shapings of older people's digital interactions in terms of tinkering and customising practices that social actors do in to make these interactions possible. By de-centring the individual end-user and emphasising how digital interactions are ongoing and changeable in nature, critical gerontologists and medical sociologists call for researchers and practitioners to recognise the *multiplicity* of social actors involved in these interactions, which can therefore be recognised *collaborative* and *negotiated* endeavours (Lindberg et al., 2022). A complex range of practices and social actors shape how people use digital technologies, leading people to interact digitally in diverse and, at times, in ambivalent and conflicting ways (Gallistl et al., 2021; Lupton, 2018). Such complexities have been made visible mainly through ethnographic studies, mostly exploring older people's telecare and assistive technology interactions.

The ethnographic study of what matters to older people when using assisted living technologies by Greenhalgh et al. (2013) provides a detailed example of social actors collaborating in digital interactions in particular socio-cultural contexts. Greenhalgh et al. (2013) conducted home observations, interviews, and tours with 40 UK-based older people with the aim of developing a phenomenologically and socio-materially informed model of assistive technology use. Their participants used numerous assistive technologies, including alarms, sensors, specialised telecare devices (falls detectors),

along with standard technologies and conventional assistive devices. Their findings foreground how the material features of digital technologies, accompanied by experiential age-related, physical and cognitive capabilities, interfered with older people's daily activities, and so hindered digital technologies from taking a *ready-to-hand* form (Heidegger, 1962). That is, from becoming well-integrated into everyday practical activities. How these digital technologies disrupted older people's routines encouraged social actors' use of 'bricolage'. This is a term referring to the activity of people appropriating whatever objects/materials are ready-to-hand to generate something new or reconstitute the familiar in a new form, first discussed by Lévi-Strauss (1972). Older people, and often their relatives, pragmatically and continuously fiddled with technologies to customise their homes to their changing needs, for instance, by purchasing new devices following a stroke (Greenhalgh et al., 2013). This indicates that older people do not simply or precipitously use or not use digital technologies, but actively engage in continuous and collaborative tinkering processes, with other social actors, to make technologies work for their needs. These insights, informed by social theory, suggest that my study needed to consider multiple social actors with whom coastal-dwelling older people have particular relationships that influence their interactions with digital technologies in diverse ways, rather than narrowing my inquiry to individual (psychological and/or physical) factors that influence their digital technology use.

Researchers studying telecare practices amongst older people living with dementia, such as Gibson et al. (2018) and Lariviere et al. (2021), have drawn on the anthropological concept of bricolage (Lévi-Strauss, 1972), also widely used in sociology, critical gerontology and socio-gerontechnology (Peine et al., 2021), to recognise how people can draw on materials to hand. This includes technologies and technology-adjacent people and objects, to develop novel practices (and not necessarily in ways intended by designers and manufacturers) to suit their circumstances. Stokke (2018) undertook participant observations and interviews with 11 older people (as well as relatives, care workers, and managers) in Norway to explore critical incidents with how various actors use social alarms in care practices. They found that digital technologies sometimes failed or did not fit with the users' needs, resulting in collaborative bricolage between the

user and other actors. Given this need for customisation, they argue that the widespread advocacy for social alarms as a 'plug and play' and 'one-size-fits-all' user technology is illusory; instead, they call for researchers to consider how bricolage may emerge when people practically interact with these technologies and its impact on quality of care and patient safety (Stokke, 2018: 9).

That fitting assistive technologies into everyday lives and care practices can be challenging is emphasised by findings from the multi-site ethnography of Lariviere et al. (2021). They found that fitting assistive technologies into the everyday practices of people with dementia had markedly varying success. Whilst caregivers played a crucial role in fitting technologies into care practices, this could have unconsidered and displacing consequences; for example, a Global Positioning System (GPS) tracker constrained how a person with dementia could engage with their community, as others monitored and could potentially control their movements (Lariviere et al., 2021). Gibson et al. (2018) further indicate that bricolage can be a frustrating process where statutory health and social care services do not effectively support carers in creatively integrating technologies of various kinds into the lives of people with dementia.

By directly attending to socio-cultural contextual features constituting digital interactions, such ethnographies show how people actively tinker with objects and materials, that their social contexts may vary in making available, to fit digital technologies into everyday routines. They demonstrate how social actors play varying roles in these tinkering processes; and how digital technologies can both enable and displace older people's routines in specific contexts, far beyond having instrumentally usual, expected functions. The need to use bricolage to make digital technologies better fit into their practical activities suggests older people may not always use digital technologies in ways that designers and industry personnel intended (Greenhalgh et al., 2013), that they may not be designed appropriately for their needs (Köttl et al., 2021; Pirhonen et al., 2020). These studies demonstrate the utility of ethnographic and participant observational approaches when the research aim is to investigate older people's digital interactions, which can help contextually ground such tinkering activities, and so could help me contextualise how coastal-dwelling older people interact digitally in their everyday social lives. Doing so in contexts offering fewer socio-

economic resources, as common in coastal communities, seems particularly pertinent, as bricoleurs in such contexts may have even greater scope to creatively assemble the resources available to hand. Building on these insights about how older people's digital interactions emerge in relation to social processes and materialities, I now examine how older people may have particular embodied and sensory experiences of such digital materialities, that may shape how they engage digitally in practice.

### *2.5.4. Digital interactions as embodied and senses-based*

As digital technologies vary in terms of their material features, older people may have different embodied and sensory impressions of (seeing, hearing, touching) these features, and such experiences may vary depending on other social actors and materialities present within a particular context. An emerging topic concerning researchers across disciplines, from socio-cultural gerontology (Urban, 2017a, 2017b) to theoretical philosophy (DeFalco and Dolezal, 2023; Dolezal and Oikkonen, 2021), has identified sensory, embodied experiences and transformations emerging in digital technology interactions. They have considered wearable self-tracking devices as creating new, very individualistic, ways of understanding and quantifying the body (Dolezal and Oikkonen, 2021), ageing, and health (Marshall, 2018); and how stereotypes of ageing bodies may be reinforced through the ways that digital technologies are designed (Köttl et al., 2021). How older people experience the material features of digital technologies may give rise to multi-sensory impressions that affect how they relate to and use digital technologies in practice. For example, Urban (2017b) explored older people's sensory perceptions when interacting with digital health technologies. Situating sensory experience as a social practice, as socially created and mediated, their ethnographic research illuminates how digital health technologies, such as wearable trackers, altered participant's self-perceptions of their health. This occurred through these devices providing numerical measures of bodily activities and features, and by making their own senses (beyond seeing and hearing) seem unreliable or inadequate as indicators of one's health status. In some cases, wearable trackers confused participants' sensory introspections by suggesting they were less physically active. Participants equated such scores with being less healthy, leading them to feel guilt and so to abandon the digital health technology altogether (Urban, 2017b). Studying

embodied experiences can thus identify complexities shaping older people's digital interactions, which may be unspoken but experienced in the body.

Many qualitative studies, particularly phenomenological research gathering older participants' accounts of digital care encounters (Diehl et al., 2022; Raja et al., 2022), identify their concerns about losing direct contact and touch with humans when technology is used (Hodge et al., 2017; Nymberg et al., 2019). Such concerns may signify transformations in how people experience their own and other human bodies within digitally mediated interactions. Raja et al. (2022) conducted semi-structured interviews with 12 older people, exploring their sense of dignity in digitally-enabled care in Norway, where participants faced bewilderment in the digital world. Several participants preferred hearing a human voice and feeling someone's presence; they felt alienated by this perceived absence in digital encounters (Raja et al., 2022). Older people articulate concerns about healthcare professionals' abilities to examine and diagnose via digital platforms, without meeting in-person (Landgren and Cajander, 2021). In their interview study on non-use of digital primary care consultations, Landgren and Cajander (2021) found older people saw eye contact with healthcare staff as important for conveying compassion, which was stifled by digital interfaces. Across studies then, older people express not wanting healthcare services to become fully digital (Abdallah et al., 2022; Lindberg et al., 2021) and that the benefits of in-person human contact often outweigh the 'convenience' of digital care (Landgren and Cajander, 2021).

Several qualitative studies show older people experiencing challenges with ageing bodies, which shapes whether and how they use digital technologies. Using grounded theory to analyse focus group data about how 86 older people used and perceived technologies in Finland and Ireland, Pirhonen et al. (2020) theorised participants' perceptions of technology as a duality; as advantageous in easing everyday life, whilst nonetheless involving drawbacks, such as functional age-related changes (for example, shaky hands preventing one from controlling cursors) and foreseeing a dystopian future with ever-growing digitisation. Some older people feared and rejected those elements of digital technology that eliminated human touch (Pirhonen et al., 2020). Researchers point out that bodily changes in later life, such as deteriorations in sight, hearing, and memory, may affect if and how one uses digital technology (Damodaran et al., 2014;

Sayago et al., 2013). These studies did not aim to explore older people's sensory experiences of engaging with digital technologies, nor do they offer sophisticated theorisations of embodiment and sensory experience. However, they highlight how older people may experience a loss of human connection in digital care encounters which remove embodied touch. Such insights about how digitally-mediated encounters can reconfigure older people's embodied and sensory experiences of health and care interactions would be fruitful to examine in more detail.

## 2.6. Conceptual and methodological limitations and research directions from the literature

The literature examined in this chapter highlights opportunities and limitations within existing conceptual approaches for examining how older people interact digitally. Conceptually, literature in this area, largely research into digital inequalities and from applied and public health, psychological, informatics, and science and technology studies disciplines, tends to employ instrumentalist, individualistic, and techno-optimistic assumptions which limit how far we can understand how older people interact digitally in their own terms and actions. Critical gerontological and medical sociological scholarship on the social shaping of technology can enable contextual insight into relational and socio-material complexities that shape, and are shaped by, how older people interact digitally. Such approaches seem helpful for my research for their potential to identify how coastal-dwelling older people's digital interactions emerge relationally within diverse socio-material contexts, and through diverse relationships with digital devices, beyond older people directly using them. I therefore identified relational social shaping conceptual approaches, used in critical gerontology together with ethnographic methodologies, as enabling me to productively examine how coastal-dwelling older people engage digitally in practice.

Also, researchers across disciplines, including applied health research, have begun identifying limitations with conceptualising digital inequality or exclusion as an inevitable consequence of social exclusion given that some groups have developed workarounds to engage digitally (Asmar et al., 2022; Husain et al., 2022; Townsend et al., 2018). My research on coastal communities, which are known to harbour major digital, socioeconomic, and healthcare access inequities (see Chapter 1), thus needed to stay

open to how older people creatively respond to these disadvantages to unexpectedly access and engage with digital technologies themselves, or through their social networks. Such considerations could allow me to examine how such disadvantages, together with older people's geographic (coastal) situation which has to date been overlooked, may play out and shape how they engage digitally. Through engaging with these relational insights, and critical gerontological approaches that actively situate older people's digital interactions within their everyday social contexts, I decided to ground my research inquiry in the field of critical gerontology, to examine how older people's digital interactions are socially shaped.

Existing studies tend to deploy approaches and data collection methods that ask older people to self-report or verbally articulate their digital interactions, through surveys or interviews, which includes several studies based in critical gerontology. For example, as the practice-oriented (but interview-based) research by Gallistl et al. (2021) indicates, these data collection methods will identify what people *say* they do, but not how they enact digital activities in practice. For my research to attend to digital doings and experiences that may be unnoticed, unspoken, and more hidden within older people's verbal accounts, I needed a methodological approach which could help me directly attend to how they engage digitally in everyday action contexts. The literature I reviewed presents ethnographic approaches as helping to distinguish how diverse actors, bricoleurs, objects, and materialities in social settings shape how older people engage digitally, rooted in applied health and care disciplines informed by anthropological and sociological concepts (Greenhalgh and Swinglehurst, 2011; Greenhalgh et al., 2013; Lariviere et al., 2021). Therefore, whilst I have positioned my research study as a critical gerontological inquiry into how coastal-dwelling older people's digital technology interactions are socially shaped in everyday life, ethnographic approaches, as used in applied health, care, and sociological investigations, could better support me to enact this conceptual approach through examining digital interactions in practice.

## 2.7. Research questions for my study

To address the conceptual, methodological, and substantive gaps in knowledge identified above, I derived two primary research questions for my study, to examine coastal-dwelling older people's digital technology interactions:

1. How do older people living in a coastal region engage with and use digital technologies in daily life, particularly to access health and social care activities in the community?
2. What roles and activities do friends, families, and social relations undertake when involved with older people who engage with and use digital technologies in daily life, particularly to access health and social care activities in a coastal region?

To further help me refine my methodological approach and select methods of data collection that could address these research questions, I developed three research objectives to focus my inquiry on how coastal-dwelling older people articulate their digital technology experiences in their own talk and actions:

(a) To explore whether and how older people living in a coastal region talk about digital technologies in their personal accounts
(b) To explore older people's experiences of engaging with and using digital technologies in daily life and to access health and social care activities in the community in a coastal region
(c) To explore what older people's social relations, such as friends and family, do to enable older people to engage with and use digital technologies in daily life and to access health and social care activities

The next chapter examines these research questions as an intellectual puzzle and identify focussed objects, which I connect with particular data collection methods.

## 2.8. Summary

This literature review has critically examined interdisciplinary approaches for conceptualising and studying older people's digital technology interactions, including applied health and care disciplines, psychology, sociology, science and technology studies, social informatics, and critical gerontology. It considered individualist and instrumental conceptual approaches into digital inequalities and older people's technology non-use, largely from applied health and care, psychology, science and technology studies, and informatics disciplines. These approaches contrast relational social shaping approaches in critical gerontology and medical sociology studies , which can generate more dynamic and novel understandings of how older people negotiate

digital interactions. Researchers across disciplines examining digital inequalities have increasingly challenged deterministic, one-sided assumptions pervading this research field, which assume that people with specific socio-demographic characteristics *will* be digitally excluded (Asmar et al., 2022; Van Leeuwen et al., 2023). Such assumptions cannot account for cases in groups experiencing greater social exclusion are not digitally excluded but who instead resourcefully, and unexpectedly, find ways to access and use digital technologies (Husain et al., 2022; Townsend et al., 2018).

Empirical investigations examining digital inequalities from these range of disciplines tend to focus on statistical associations between older people's digital technology use and other socio-demographic characteristics. It does this using quantitative designs that employ binary, static variables of technology use and non-use and stage-based models which present a linear view of digital technology interactions, largely rooted in psychological and behavioural theories. Such designs are driven by instrumental and deterministic assumptions that digital technologies will involve predictable processes and outcomes for older people across situations; and they exclude how older people may actively pursue, and choose not to engage with, digital technologies based on their particular concerns, priorities, and action contexts. As such, investigations which examine older people's digital technology interactions through the lens of digital inequalities tend to assume that cases of technology non-use indicates an involuntary digital exclusion. However, sociologically-orientated scholarship indicates that older people may themselves articulate non-use as a choice (Knowles and Hanson, 2018; Rasi-Heikkinen, 2022).

Instrumentalist, individualistic, and techno-optimistic assumptions, which transcend disciplinary boundaries, frame individual technology users as the main actors who determine how they use digital technologies and the effects created, and digital technologies as instruments used by older people, which have exclusively positive outcomes for them. These framings do not account for the extensive, ongoing work or bricolage that social actors do to creatively assemble resources to try fit digital technologies into older people's routines, as indicated by sociologically-informed applied health and care research (Gibson et al., 2018; Greenhalgh et al., 2013; Lariviere et al., 2021), and how this may in turn inform ways in which they may themselves see and

evaluate the outcomes of such activities in their everyday lives. These approaches therefore also overlook unexpected and disruptive effects, rather than positive outcomes, that digital technologies can have for older people in practice (Husain et al., 2022; Townsend et al., 2018). Critical gerontological and medical sociological research on the social shaping of technology instead examine how digital interactions shape, and are shaped by, socio-material contexts (Lindberg et al., 2022; Williams and Edge, 1996), taking bricolage activities as an object of analysis. These approaches foreground contextually contingent effects and meanings that digital technologies have for older people, providing fresh directions to study how people as bricoleurs draw upon socio-material and economic resources to enable digital interactions, particularly in disadvantaged coastal contexts.

Examining digital technology as socially shaped radically reorients research from an individualist lens, towards relationally examining how older people negotiate with actors in varying contexts (Lindberg et al., 2022) and attach meanings to digital technologies (Lynch et al., 2022; Rasi-Heikkinen, 2022). Ethnographic methodologies could be fruitfully used to pursue these directions to identify how bricoleurs and often unspoken activities can socially shape digital interactions (Greenhalgh and Swinglehurst, 2011; Greenhalgh et al., 2013; Lariviere et al., 2021). Further, sociological theorising of digital interactions as embodied, social phenomena opens means to examine how older people's sensory experiences of health and care can be transformed in digitally mediated situations. Relational critical gerontological and sociological approaches can reframe research on how older people may actively address such experiences by identifying multi-faceted, context-specific ways in which they can engage digitally, and therefore how digital technologies affect their access to health and care activities. Chapter 3 specifies my rationale for going on to develop and employ a relational ethnographic methodological approach, using sensory ethnographic principles, to explore this research problem.

# Chapter 3: Methodology

## 3.1. Introduction

This study aims to explore how coastal-dwelling older people engage with digital technologies in everyday life, particularly to access health and social care activities. In this chapter, I discuss my formulation of the research problem, my ontological and epistemological assumptions that position this research, and connect the research questions, methodology, research practice and methods. I argue that deploying relational ontology enables my study to specify ways in which older people interact relationally with digital technologies in social contexts, and how understandings they ascribe to these interactions will be contextually contingent. I use an interpretive epistemology to make visible how older people interpret and construct their relationships with digital technologies in social contexts. I then discuss how an ethnographic methodology can address ontological and epistemological issues raised as older people's digital interactions unfold in each action context.

## 3.2. Defining the research problem

After identifying gaps in understanding how older people interact with digital technologies through my literature review (Chapter 2), I sought to examine how older people themselves interpret and engage with digital technologies in ways that are relevant and meaningful for them. Defining the terms of the 'intellectual puzzle' this poses helped me identify congruent philosophical and methodological approaches and tools to help articulate older people's experiences (Mason, 2017: 11). I identified the research problem as firstly an experiential puzzle (Mason, 2017), if we recognise that older peoples' experiences of engaging digitally vary and emerge from relationships and activities that are constantly in flux. Secondly, the problem can be seen as a 'thick description' puzzle (Geertz, 1973; Mason, 2017), as I needed to identify socio-material contexts that shape how older people engage digitally in practice. Thick description puzzles require researchers to describe in detail these socio-material contexts of interaction. My approach thus needed to identify details relevant to this problem and to centrally place older people's viewpoints by detailing their digital technology experiences in context. This aligns with my literature review foregrounding socio-material contexts as

shaping how older people engage digitally as when drawing on their socioeconomic resources and social actors to fit digital technologies into their routines in practice. The next section sets out the ontological and epistemological assumptions which frame my approach to my research problem, to explore older people's digital experiences as expressed in their own talk and enacted in their practices.

## 3.3. Ontological and epistemological assumptions

How I present my research problem, as questioning, not assuming, how older people engage digitally in everyday living, suggests older people will interact with digital technologies relationally. This will reflect my ontological concerns with the nature of reality as made-up of relations between entities that are more fundamental to digital technology interactions, than individual entities themselves, answering the philosophical question: 'what can we know?' about coastal-dwelling older people's digital technology interactions (Mason, 2017). Characterising this as an experiential, thick descriptive intellectual puzzle views older people's relations with digital technologies as depending on social contexts. Relational approaches hold that human subjects and non-human entities always exist in relation in the world, not as ontologically separate beings. Such relationality enables human subjects to connect with, and practically know, other entities and objects (Kessler and Lenglet, 2020), therefore making possible their abilities to interact with digital technologies. This section discusses the relational assumptions of this research and what this means for what and how I can know about how coastal-dwelling older people engage with digital technologies.

Relational approaches reject positivist and realist accounts of reality as objectively given (Park et al., 2020), 'completely and independently of any experiencer' (Zahavi, 2019: 29), and instead argue that reality is not separate to the human subjects who relate to it. Relationality refers to entanglements between human subjects (or social actors) and non-human entities, including objects, materialities, and space as phenomena that always exist in relation (Manchester and Jarke, 2022; Slife, 2004). Relational ontologies are increasingly used in scholarship on human-technology relations, informing post-phenomenological approaches (Lynch et al., 2022) and sharing similarities with ANT and broader social constructionist approaches (Gorur, 2015). Taking this view can frame digital technologies as not having fixed, definite meanings and functions contained

'within' themselves, independent from the subjects to which they relate. A relational approach reframes digital technologies as objects to which subjects can relate (Lynch et al., 2022; Rosenberger and Verbeek, 2015), rather than assuming digital technologies will have predictable, largely fixed effects for people and in different situational contexts. This recognises that older people will have diverse relations with digital technologies. Using this approach, my study explores coastal-dwelling older people's relations with digital technologies in terms of their contextually contingent understandings, and ways of their practically engaging with, digital technologies.

Lynch et al. (2022) exemplify relational understandings with one participant case, in continuing to wear an assistive technology in out-of-range areas, despite knowing the device would not work. This participant experienced the device as a symbol to convey their assistance needs to others; and so indicates how relational approaches can uncover subjective meanings which condition how people interact with digital technologies, beyond their functional capabilities. Taking relational approaches recognises that how people engage digitally is always unfolding in relation to social actors and objects, including digital technologies themselves, within interactional contexts. Assuming human subjects and worldly objects interact relationally, as with digital technologies, informs this epistemology. Epistemology is the study of *how* knowledge is produced (Mason, 2017). Relational ontologies hold that humans cannot help but exist in the world; they cannot step outside of the world to acquire a complete and objective 'God's eye view' of it (Merleau-Ponty, 1962). What and how people can know about digital technologies will always be mediated through their relations with such entities. These relational assumptions fit with an interpretive epistemology, which can recognise that humans create, interpret, and construct knowledge about social phenomena subjectively (Klein and Myers, 1999; Walsham, 1993). I now set out the interpretive epistemology of this study and what this means for the study methodology.

Interpretive epistemologies can help make visible contextual contingencies which, as foregrounded in my narrative review (outlined in Chapter 2), will socially shape how coastal-dwelling older people engage digitally. By conceiving social phenomena as contextually contingent, interpretive approaches view knowledge as multiple and generated through people interacting in social contexts (Junjie and Yingxin, 2022). These

approaches can explore how social groups construct their realities in relation to a 'nexus of the *hows* and the *whats* of experience' in each context (Holstein and Gubrium, 2008: 120). As such, they reject positivist epistemological assertions of a single universal and objective 'truth' to explain social phenomena (Park et al., 2020). Instead, interpretive epistemologies can help with examining subjective meanings that people construct about social phenomena, considered as inseparable from the socio-cultural and historical contexts in which phenomena emerge (Burr, 2003; Flyvbjerg, 2011). In my study, deploying an interpretive epistemology should enable me to explore how older people articulate their digital experiences in talk, and how they orient themselves in practice when engaging digitally.

Interpretive epistemologies recognise interconnections between research and human subjects involved in socially constructing knowledge of social realities (Moustakas, 1994). Researchers are not seen as detached observers, separate from the contexts through which knowledge is co-created. Rather, researchers are seen as part of the research process, as subjects who relate to other human subjects in the process of socially generating knowledge (Fruggeri, 2021; Guba and Lincoln, 1994). This aligns with relational understandings of the 'messy web of living and dynamically changing relationships' which researchers negotiate when studying the lives of social groups (Davies and Spencer, 2010: 28). Interpretive and relational approaches require the researcher to be open to diverse points of view. I may therefore expect to encounter diverse social realities when exploring how older people engage digitally that I need to account for, and which may differ from or contradict my own socio-cultural worldview (Davies and Spencer, 2010). This highlights the need to take a reflexive approach to critically, continually and transparently evaluate my relationality in, and impact on, the research process (described in section 3.5). Qualitative approaches could allow me to make the kinds and level of contact needed to generate thick descriptions of socio-contextual features that shape how older people engage digitally in practice. Such approaches can provide in-depth, and interpreted, understandings of the social worlds of particular groups, within particular life contexts (Moriarty, 2011; Renjith et al., 2021). In the next section, I set out how an ethnographic methodological approach could address the requirements of my thick description, experiential 'intellectual puzzle'.

## 3.4. Taking an ethnographic approach

Here, I examine how my ethnographic approach and practices allowed me to address issues raised conceptually and practically in researching how coastal-dwelling older people engage with digital technologies.

### *3.4.1. Considering the methodological and practical requirements of this study*

Older people will have complex and potentially diverse relationships with digital technologies, dynamically depending on their social contexts. Qualitative approaches can identify such complexities characterising older people's social worlds. I needed to determine which form of qualitative inquiry to use to produce detailed descriptions of how social contexts shape how people engage digitally. Undertaking research activities with participants once, in a single temporal moment and/or situational context, would provide very partial insights about how their experiences of engaging digitally unfold within, and change across, interactional contexts. Whilst longitudinal, staged interview approaches could depict changes in digital activities over time, interviews are largely removed from and provide representation accounts of the messy details of everyday situations in which older people may encounter and interact with digital technologies. Ethnographic approaches, however, seemed to offer a way to more deeply immerse myself in participants' daily situations by directly observing, and, to some extent, participating in, daily routines that surround older people's digital technology interactions (Schwandt and Gates, 2017). Building ethnographic relationships could therefore allow me to have closer, ongoing, and interactive contact with participants to generate in-depth, contextually sensitive descriptions of a range of daily situations in which they encounter digital technologies. Ethnographically *being there* within older people's lives over time could allow me to contextualise what is more and less usual in participant's daily routines (Patton, 2001), and so better understand how patterns observed in their routines shape their experiences of engaging digitally.

As well as these limitations with using solely longitudinal and staged interview approaches to explore digital technology experiences, people may not always notice, reflect on, or verbally articulate their practical dealings with digital technologies. Gallistl et al. (2021) found that how older people talk about themselves in relation to digital technologies does not always align with what they do in practice. While older people may

describe themselves as a non-user of the internet, they may nonetheless engage digitally in various ways; for example, by downloading but forgetting about apps, or finding ways to actively resist using the internet (Gallistl et al., 2021). This suggests that digital practices may be more hidden within older people's verbal accounts about their digital technology experiences. Therefore, only deploying methodological approaches that solely or primarily ask older people to self-report or verbally articulate their digital technology experiences, for example in surveys or interviews, would provide a limited view of *how* they engage digitally in practice. Instead, ethnographic methodologies, that explore social phenomena as they arise naturalistically in action contexts (Hammersley and Atkinson, 2019), could help uncover how coastal-dwelling older people enact diverse digital practices in everyday life. Ethnographic investigation more generally can help attend to what people do that is often not verbally articulated and so kept 'just beneath the surface of language' (Hirschauer, 2006: 425). By ethnographically immersing myself in at least some areas of their lives, I could directly experience and describe how a diverse range of actors may practically embed digital technologies into older people's mundane, domestic routines (Pink and Leder Mackley, 2013; Pink et al., 2017). The practicalities of constructing such routines may go unnoticed by those more familiar with such routines, or the settings in which they emerge, and so may be omitted from verbal reflections (Patton, 2001), but available to ethnographic observations.

My relational and interpretive philosophical assumptions recognise that older people can have very diverse understandings and relationships with digital technologies in coastal communities. I could not at the outset of my research predict or fully define in advance which digital technologies or activities older people would engage with, or in which contexts. Whilst some research considers how rural geographies shape older people's access to digital healthcare services (Landgren and Cajander, 2021; Lindberg and Lundgren, 2022), very little is publicly reported about how coastal-dwelling older people can access and engage with digital technologies, particularly in health and care services. My study therefore required an exploratory qualitative methodological approach to openly uncover potentially diverse ways in which coastal-dwelling older people may relate to, and interact with, digital technologies in their daily lives. Ethnography seemed to offer the methodological, prospective openness needed to

explore what activities and understandings emerge in participants' lives, without also needing to fully specify in advance what form these phenomena may take. The funnel-like feature of organising ethnographic attention means that researchers will progressively narrow their analytic focus as they move through a study (Hammersley and Atkinson, 2019), based on participants' specific concerns and activities. This could enable me to continually adjust the scope and parameters of my research, and my position within it, based on what I come to interpretively know through my ongoing relationships with my participants.

Making coastal-dwelling older people's lives the object of my study required me to conceptually construct, practically undertake, and locate my position as an ethnographer within this context. I now discuss the conceptual and practical considerations that informed my approach to doing ethnography in this context.

### *3.4.2. Doing ethnography with older people*

To define my ethnographic methodology, I considered a range of approaches and principles that could address conceptual and practical requirements relating to the research problem. Having problematised qualitative approaches that rely primarily on participants self-reporting or verbally articulating their digital experiences, I needed to define an ethnographic approach that could support me to conceptualise and empirically investigate less spoken and so more hidden ways that older people may interpret and enact their digital technology experiences. This could include older people's sensory and embodied impressions that may shape their digital encounters, particularly relating to age-related visual, hearing, and cognitive changes and how they relate in practice to digital materialities, as discussed in Chapter 2. Older people, for example, may have skin conductivity-related difficulties with pressing touchscreen devices (Baringer et al., 2023), or with seeing small text on screens (De Santis et al., 2023), thus affecting how they can engage digitally. As older people may now encounter digital technologies in a range of daily activities and settings, for example using digital screens in shops, doctor's surgeries, and when reading bus timetables, they may have diverse sensory experiences of these digital technologies, depending on what socio-material features and interactions surround them. Sensory and visual ethnographic approaches, pioneered by Pink (2015, 2021a), seemed appropriate for attending to

embodied ways of knowing experienced by human bodies in relation to digital entities, which may now increasingly make-up people's routine ways of living (Pink, 2015). Drawing on sensory ethnographic principles could help orientate my research towards such tacit bodily sensations that shape older people's relationality with digital technologies, which may not translate into their cognitive awareness or verbal expressions (Pink, 2015; Urban, 2017b). I therefore defined sensory experiences as an explicit dimension to attend to through my ethnography (examined further in Chapter 4).

Older people's embodied experiences with digital technologies, and socio-material contexts surrounding these activities, could also be visible in situated visual artefacts, such as photos participants take using, or of, digital technologies in a particular place and time. Such insights generated through photographic artefacts can be developed through visual ethnographic principles and practices (Pink, 2021a). Whilst these approaches seemed highly relevant for depicting older people's digital experiences, I identified tensions between some visual ethnographic practices and my research concerns. Introducing a digital camera into participants' lives seemed incongruent with my commitment to explore how they ordinarily enact their digital activities. To naturalistically examine digital experiences, it was important that I did not project onto participants' digital activities in which they may not ordinarily engage. This could inadvertently invoke power dynamics by constructing me as having more varied or possibly 'expert' digital skills or greater resources than participants. I thus decided to draw on visual ethnographic principles in so far as being open to including visual artefacts that participants may themselves create, if their practices of creating or sharing visual artefacts arose organically in their daily lives. Including such artefacts as 'data' could generate insights on how they use digital technologies to visually document their lives as content producers on their own terms (Ferreira et al., 2017; Waycott et al., 2013), and how socio-material contexts and embodied experiences shape their digital activities.

Whilst needing to uncover less spoken, hidden ways in which participants engage digitally, I also needed to address several practical and ethical requirements related to doing ethnography with coastal-dwelling older people. As an immersive methodology, ethnography will involve me building close, ongoing relationships with participants by being, interacting, and participating in their everyday lives. I needed to address the

practical and ethical issues this raised to prioritise participant's needs, concerns, and wellbeing, which will affect, and should direct, these relationships (Degnen, 2015). Whilst UK-based older people may share many socio-cultural views, and practices (Price, 2004), they are diverse in their cultural and generational backgrounds, languages, socioeconomic situations, lifetime experiences, daily activities, health conditions, and geography (Centre for Ageing Better, 2020; McKee et al., 2021). Their needs and priorities will change depending on their life contexts. These complexities suggest that my ethnography needed to meaningfully account for and fit with older people's possibly wide-ranging and changing needs, expectations, and priorities, to develop respectful, ongoing research relationships with them. In practice then, my research needed to flexibly align with how older people may be willing and able to participate, and how this may change contextually. Ethnographic approaches are particularly sensitised to enabling such flexibility, by appreciating that those who take part 'have their own lives outside of the scope of the project' (Borgstrom 2018: 79). Establishing an approach for flexibly situating myself as a participant-observer in older people's daily, changing routines was therefore important to do my ethnographic research sensitively.

Participant observation is the primary means through which the researcher becomes actively immersed in the everyday lives of a social group in ethnographic fieldwork (Emerson et al., 2011b). This involves the researcher directly observing, and to varying extents participating in, particular practices, interactions, and activities to generate contextual insights about a social setting and/or group (Jones and Smith, 2017). My positioning as a participant-observer would affect what I, and participants, can do and say in each situation, and so what I can claim to know about their digital technology experiences. How I could take up particular positions would depend partly on how I, purposely or inadvertently, may position myself, and how people in a given situation may position me. Ethnographic fieldwork roles can be considered a continuum, along which the researcher's position changes depending on the situation; from being an 'observer' at one end, who participates very little in activities going on in a setting, to a 'full participant': a full member of a social group (Glesne and Peshkin 1991: 16-17). Chapter 4 sets out how I determined what fieldwork positions may be possible, relationally appropriate, and intellectually productive for my ethnography.

The issue of ethnographic visibility was pertinent in shaping how I could access, observe, and participate in coastal-dwelling older people's everyday lives. I needed to negotiate, and treat with care, being thrown into the visible position of an ethnographer in older people's lives, with whom I have positionality differences (Degnen, 2015). Such differences, relating to age, generations, or life experience could affect the extent to which I could immerse myself in their lives (Yeo and Dopson, 2018), especially as trust may be linked to my degree of similarity with participants (Bucerius, 2013). The relationality I build with participants may also be shaped by the wider British cultural context as an age-segregated society, whereby contact between older and younger people mostly occurs in caring or family relationships (Degnen, 2015: 107); a cultural backdrop which may pronounce my 'outsiderness' as a younger, university-educated researcher. Yet, as Degnen (2015) suggests, positionality differences can act as a meaningful analytic tool for examining how groups construct social differences. In my research, for example, it could help elucidate how older people culturally frame digital technologies as symbols of youth, or loss of youth (Greenhalgh et al., 2013). As my research relationships could have been shaped and constrained by social positionality differences, it was important to embed a reflexive approach throughout my ethnography (see section 3.5) to expose how such differences could shape what and how I can know about participants' digital experiences.

Having considered the conceptual, practical and ethical requirements for doing ethnography in this context, I needed to determine how and where I could locate my research activities in a field to connect with coastal-dwelling older people who may engage digitally. I now set out how I constructed a field for my study.

### *3.4.3. Constructing the field*

How researchers go about constructing the field, as 'the basic unit of ethnographic exploration' (Naess, 2016: 1), is often omitted from many ethnographies (Nadai and Maeder, 2005). Taking my relational approach, I saw my task instead as to 'construct' the field according to what Amit (2003: 1) identifies as 'conceptual, professional, financial and relational opportunities and resources' available to me as an ethnographer. This section examines how I constructed a field for my ethnography. Ethnographers traditionally construct the field in relation to geographic localities with tightly defined

borders and boundaries (Wittel, 2000), which people in localities may draw or which the ethnographer draws for themselves. Ethnographic fieldwork then often focuses on particular social groups seen as situated in some way within these localities. Since the 1950s, ethnographers have problematised these tendencies as societies have modernised and differentiated, particularly now with proliferating digital technologies (Wittel, 2000). Whilst many ethnographers still refer to geographic and social space to define the field and identify specific sites in which to focus their fieldwork, Madden (2017) points out that the field is not simply synonymous with these spaces. Ethnographers must engage in interrogative boundary-setting to conceptually, methodologically, and practically connect their intellectual interests and research problems with particular geographic and social spaces. Whilst I aimed to situate my research within a particular coastal geography, I still needed to construct my field and identify sites to engage with in relation to this geography and my social research concerns about how older people engage digitally within this context.

When I first considered what information and resources were available to construct my field (Amit, 1999; Madden, 2017), the funding for this research project specified a focus on older people in East of England coastal communities, which provided a rough geographic contour around which to construct my field. My need to generate thick descriptions would also require me to spend time familiarising and building relationships with coastal-dwelling older people, to more fully immerse myself in their everyday routines in which they may engage digitally. Dividing my research time and physical presence across multiple, possibly geographically dispersed and culturally distinct coastal communities seemed incongruent with my requirements to generate thick, context-sensitive descriptions of how older people engage digitally. I therefore decided to focus my fieldwork on immersing myself as far as possible in many diverse situations *within* a single, tighter geographic coastal region, to more fully and deeply explore older people's digital experiences in social contexts. I now examine how I identified Great Yarmouth as the coastal region for my field.

#### *3.4.3.1. Setting the boundaries of the field in Great Yarmouth*

As coastal-dwelling older people may experience digital, health, and socio-economic inequalities to greater degrees, which could shape how they engage digitally, it was

important to make visible as far as possible the viewpoints of those living in such situations. When I began my research, Great Yarmouth ranked within the 20% most deprived districts in England (Public Health England, 2020), with many wards 'at greater risk' of digital exclusion according to statistical metrics (Greater Manchester Office of Data Analytics, 2022). It seemed likely that in this area, I would meet older people with direct experiences of such inequalities. I considered how my research could build on insights about health and care priorities in the East of England. The National Institute for Health and Care Research Applied Research Collaboration East of England's commitment to building research relationships with ageing communities in Great Yarmouth, as one of four 'Population in Focus' areas facing greater health-related inequalities, informed my decision-making (Porter and Wills, 2023). This aligned with my aim to centre how coastal-dwelling older people express and enact their digital experiences, highlighting a pertinent area where my research could make connections with, and impact on, older people. I therefore narrowed my field to the geographic boundaries of Great Yarmouth.

Having socially and geographically constructed the field around older people living in Great Yarmouth, I needed to further define boundaries for which areas, situations, settings, people, and interactions may fall within, and outside, the scope of my fieldwork. Several features and considerations affected, and presented challenges to, how I could define such boundaries, including the geography of Great Yarmouth. As a town and borough, my field could extend or narrow depending on how I defined Great Yarmouth and *who* I may encounter in my fieldwork. For example, older people may routinely crossover borough or town borders from peripheral rural villages. Others may live in the borough, within Gorleston or Caister, but more or less regularly visit the town centre. This fuzziness around which older people would count as part of my field indicated that I could not pre-define how those living in or near Great Yarmouth may understand their relationships and situations in this place, so as to define clear-cut boundaries for participation. Whilst broadly constructing my field around Great Yarmouth, I would need to iteratively examine how particular field boundaries may emerge, get tested, and called into question through engaging within this field.

As older people's experiences of engaging digitally constituted the object of my ethnography, I needed to consider how my field may spill into digital spaces; and the extent to which any insights I may generate by digitally interacting with participants may count as research data. Digital ethnographies, which treat 'the digital' as 'both the topic and the instrument of research', indicate that the extent to which digital technologies are now embedded within societal structures means that researchers cannot consider it as separate to the social world (Paoli and Masullo, 2022: 729). My fieldwork could lead me to encountering digital and online spaces, depending on the kinds of practices and settings participants engage in. Whilst my study required openness to observing and interacting in digital and online situations, conducting a full digital ethnography was not possible prior to entering the field, as I could not define which digital and online spaces older people in Great Yarmouth may engage in. Seeing digital interactions as ongoing processes (Lindberg et al., 2022), I needed to account not only for what happens when participants use digital technologies or what they do within digital spaces. I needed to attend to socio-material features and interactions that may emerge in-between moments when they interact in digital spaces that may shape how they enter, exit, interact in, 'move across', or become excluded from digital spaces (Dyer, 2026: 188). This required me to first ground my ethnographic activities in older people's everyday offline lives, not solely in digital spaces. As coastal-dwelling older people's digital experiences are yet to be described, and to account for liminalities in such experiences, it was not appropriate to use the digital as my primary instrument of knowing.

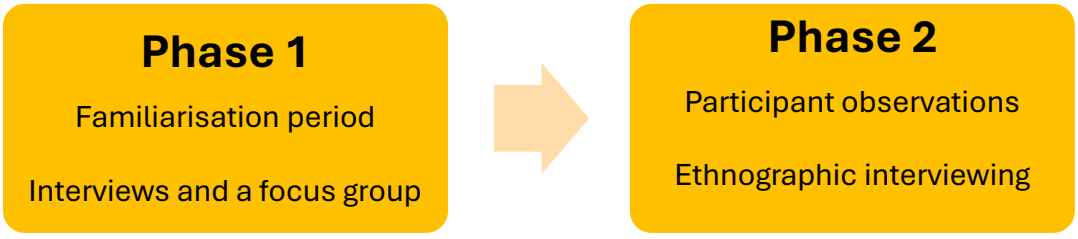
Whilst recognising this fuzziness surrounding the social, geographic, and digital boundaries of my field, I needed to identify specific sites and settings in which to practically do my fieldwork. Just as digital technologies are 'sneaking in' to many domestic routines (Egard and Hansson, 2021: 1), they are now part of many public and commercial settings, such as for healthcare, finance, and leisure (Money et al., 2024), including in Great Yarmouth. Older people here may thus encounter digital technologies in many settings. Focusing my ethnography on one setting, situation, or form of digital technology seemed to limit how I could examine the ways older people negotiate digital interactions. Instead, I must be open to exploring a wide range of situations in which they may directly, indirectly, purposely, or inadvertently engage digitally in Great Yarmouth. My

ethnographic commitment to making sense of older people's lives from their own viewpoints (Borgstrom, 2018) helped orientate my inquiry here, as this required me to seek out settings that ordinarily form part of their routines. In Chapter 4, I discuss how I developed my research relationships with field 'sites' for my ethnography.

### *3.4.4. Adopting a phased approach to fieldwork*

To build relationships with coastal-dwelling older people in order to explore how they express and enact their digital experiences, I divided my research activities into two sequential phases: Phase 1 and Phase 2, presented in Figure 1. This section sets out my practical reasoning for implementing a phased approach to my fieldwork.

*Figure 1. Two sequential phases of the ethnographic study*




In this study, I could not assume that I would be readily granted access into older people's lives. I was aware that I had no prior direct relationships with older people in Great Yarmouth, so I needed to consider ways to make contact and build relationships with them from scratch. I therefore conducted a familiarisation period at the start of my fieldwork, during Phase 1. Such familiarisation processes can enable researchers and participants to become more familiar with each other, and support older people in making informed decisions about whether to take part in my study (Barley and Bath, 2013; Leverton et al., 2021). Allocating time to hanging out with and getting to know older people, without initially undertaking research activities, could help me better understand their ways of living and digital relationships, as I may be unfamiliar with these due to positionality differences in age, generation, life experiences, and place. As older people may engage digitally in diverse ways, my familiarisation period could allow me to acquire some relevant vocabulary to draw on and later test out during my fieldwork.

Whilst needing this time to build relationships and familiarise with older people, I also needed a way to systematically identify and record how they talk about digital

technologies, to use and test out particular words and phrases in fieldwork. I thus chose to undertake some formal data collection activities to gather older people's verbal accounts in interviews, and a focus group, towards the end of Phase 1. The next section considers principles and practices underpinning my reflexive approach to developing my ethnography with coastal-dwelling older people.

## 3.5. Implementing a reflexive approach

As an ethnographer, my role involves actively generating, analysing, and representing older people's experiences and stories (Etherington, 2004), underpinned by my assumptions that knowledge in my study will inevitably be co-constructed between myself and its participants. Ensuring this included reflexivity could enable me to actively manage my relationships and ways of analysing to avoid simply projecting my own interpretations onto participants' experiences. I was aware of how differences in age, generational, and place-based identities, including my own, were relevant. I therefore embedded a 'reflexive voice' throughout the research process articulated in this thesis (Lichterman, 2016: 36), from the stage of formulating my research questions, to generating and analysing the data, and ways for me to express my findings while making visible and critically reflecting on my research and the researcher-researched dynamics shaping it (Finlay, 2002). Conceiving my interpretive knowledge claims about participants' digital experiences as 'conditioned and partial', as Litcherman (2016: 36) puts it, reflexivity could help me critically self-evaluate how my researcher positionality affects how I frame, carry out, and report my research (Berger, 2013: 220).

Directly interacting with participants in their daily lives would entail embodied and affective experiences, as widely discussed by qualitative researchers (Davies and Spencer, 2010; Finlay, 2005). Aligning with Coffey's (1999: 57) framing of ethnographic research, my study would mean investing my 'time, space, and emotions' into my fieldwork, in which I would build close, ongoing relationships with people from a range of backgrounds in Great Yarmouth. It was thus important for me to interrogate the assumptions I apply, how I characterise, and emotively respond, to what I see and hear in the moment and afterwards; and how I manage social dynamics that may emerge between myself and participants, which shape the insights I can generate. To document and continually examine my interpretations and experiences shaping my ethnography, I

engaged in reflexive journaling throughout the research, and memoing during my analysis (examined further in section 4.5.2). Reflexive journaling can help researchers acknowledge and assess how research encounters affect them emotionally and how they then respond (Malacrida, 2007) and to weave in reflexivity throughout research (Kuhnke and Jack-Malik, 2024). Rather than including a one-off positionality statement in my thesis, it seemed more conceptually congruent to embed my 'interpretive work' (Lichterman, 2017: 38) throughout my analytic account of this research.

Entering older people's everyday lives, and engaging with them in particular ways or places, could create power dynamics and inequities between them and me as a researcher, which I must actively mitigate as far as possible. Ethically, managing power inequities is vital for ensuring participants can make informed and voluntary decisions about if and how to take part in my study (see Chapter 4). Whilst I may enact a greater, even 'hierarchical' degree of power to the participants whose lives I am researching (Karnieli-Miller et al., 2009: 281), they and I will experience varying capacities to exert power depending on the interactional context. Addressing this aligns closely with a Foucauldian notion of power as present in all moments, relations, and interactions (Foucault, 1982). As such, power is never held by one person, like me as a researcher, but is created, enacted, and shifts interactionally between social actors (Aléx and Hammarström, 2008). Reflexive practice is an important strategy for enabling me to systematically expose and address complexities in power that may arise interactively through my contact with older people from whom I had further cultural differences. Attending directly to how power emerges and shifts in my research could help moderate the place of my own interpretations in this interpretive relational ethnography, to not overshadow participants' viewpoints (Finlay, 2002). Whilst power inevitably shaped my role as an ethnographer observing, participating in, and writing about participants' lives, these insights indicated ways for me to attend to shifts and inequalities in power across fieldwork situations, to ensure I conduct my research in a socially responsible manner.

## 3.6. Summary

This chapter has set out the research problem of how coastal-dwelling older people engage digitally as an experiential, thick descriptive 'intellectual puzzle' (Mason 2017: 11), which requires an in-depth account of how they relate to and interact with digital

technologies in practice. Framing this intellectual puzzle using relational ontology, and an interpretive epistemology, could help me attend to older people's diverse practical relationships with digital technologies, as dynamically depending on their social contexts. Ethnographic activities could help me generate such contextual insights through more deeply immersing myself in older people's daily routines and settings in which they may encounter digital technologies. Conceiving older people's digital interactions as doing processes that arise contextually (Gallistl et al., 2021), deploying ethnography could enable me to directly examine how older people engage digitally in practice in everyday action contexts, rather than solely how they say they engage digitally. Using sensory ethnographic principles could also support me to attend to their sensory experiences of seeing, hearing, and touching digital technologies in different socio-material contexts, particularly in relation to sensory and cognitive changes in later life.

This chapter examined how I initially constructed my ethnographic field socio-geographically around Great Yarmouth Borough: a coastal region within the East of England, which contained fuzzy, rather than clear-cut, boundaries. These fuzzy boundaries pertained to the need for my ethnography to be open to how older people residing on the outskirts of this field may routinely cross-over into, and identify themselves as being from, Great Yarmouth, and how my research interactions with participants could spill into digital spaces, thus beyond the physical situation of my field. I argued that my ethnography needed to be open to exploring a wide range of community-based situations in which older people may encounter digital technologies, now that these are part of many domestic public, and commercial settings. I outlined my phased fieldwork approach, to help me build ongoing relationships with coastal-dwelling older people. Finally, I described my reflexive approach to interrogating my assumptions and actions towards older people's doings and sayings, and to manage relational power dynamics. Next, I discuss how I met these conceptual, methodological, and reflexive requirements in designing and implementing my ethnography.

# Chapter 4: Designing and Implementing the Study

## 4.1. Introduction

This chapter examines more of the practicalities of how I designed, located and implemented the study, in identifying a study sample, recruiting participants into the study, using qualitative data collection methods to inform how I organised my ethnographic fieldwork and iteratively analysed the dataset. This stage of the study required me to implement my relational interpretive, methodological, practical, and reflexive concerns described in Chapter 5. This chapter describes how I designed and implemented my phased approach to building ongoing research relationships with older people in my ethnographic field of Great Yarmouth; and to generate and analyse ethnographic descriptions of how they engage with digital technologies in practice.

## 4.2. Deciding on the study sample

My sample design needed to provide relevant insights for this research problem by selecting a participant group or social setting able to represent features of the broader set from which the sample was drawn (O'Reilly, 2009). How researchers define a study sample affects the insights they can generate to answer a research question and the quality of the research (Coyne, 1997). Strategies for selecting a sample should be integrated into the wider logic of a study (Punch, 2004). My sampling strategy needed to connect with the philosophical, methodological, and practical requirements of building ethnographic relationships to explore how coastal dwelling older people engage digitally.

Situating older people's points of view as central to the research problem means this group will form the primary sample of my study. Yet, the relational ontology that underpins my study suggests that many social actors may shape older people's digital technology experiences, as found in earlier studies (Greenhalgh et al., 2013). It was therefore relevant to examine older people's viewpoints, while also attending to how older people's networks of social relations may shape digital technology experiences: those who older people define as involved in their access to digital devices, health, or care activities, as they became apparent in my fieldwork. Whilst healthcare professionals could meet this definition, I decided not to involve this group as they might occupy 'expert' positions on older people's digital health activities and so divert attention from

how older people interpret others' roles. The following section examines how I applied specific criteria and analytic concepts to select participants for the study sample.

### *4.2.1. Sampling strategy*

This interpretive ethnography therefore needed to purposively sample older people with diverse social backgrounds, experiences, characteristics, including in their digital practices (Etikan, 2016), to explore how variation in these concepts may shape the phenomena under investigation. I formulated a set of inclusion criteria to purposefully sample participants for Phase 1 and 2 of my study, excluding those who did not meet these criteria:

- Aged 50 years or older (with no maximum upper age limit)
- Live in Great Yarmouth Town or within 5 miles
- Live at home in the community (not care homes)
- Have a good enough level of English language to be able to understand the information sheet and give informed consent to the study

I defined older people from the age of 50 as ageing windows may be quite distinct for coastal-dwelling people who often face socioeconomic disadvantage, and so may have more health conditions and care needs earlier in life; and to align with community organisation definitions of 'older people' in Great Yarmouth (see Chapter 1). Phase 1 involved one-off conversations between participants and me to explore how they talk about and experience engaging digitally in their own terms, these would not therefore involve their social relations. However, I did open my Phase 2 ethnography to include participants' social relations using the following inclusion criteria:

- Anyone with whom the older person deems to have a meaningful relationship in relation to accessing digital, health and/or social care activities
- People who older people express can be included in the study
- Must have a good enough level of English language to be able to understand the information sheet and give informed consent to the study
- Must be aged 18 or over

Across both study phases, anyone I deemed to not have mental capacity to provide consent for the study (UK Government, 2005) would be ineligible to take part.

The university ethics committee requested my study employed ‘more precise inclusion/exclusion criteria’ for ‘specific health needs such as learning difficulties, deafness, blindness’. I retained and did not alter the above eligibility criteria as my ethnography engaged with naturally occurring groups. Prior to entering the field, I could not wholly define the potentially diverse characteristics and needs of those who may constitute these groups. Pre-emptively excluding members based on specific characteristics did not seem congruent with my ethnographic principles to study groups as they were being constituted in everyday life, or for relationship-building with community groups intrinsic to my approach. Phase 2 therefore needed more open inclusion criteria to align with how these groups may organise themselves.

Having established eligibility criteria, I was able to develop analytic concepts to inform how I purposively selected older people as participants in the study. To include a more diverse sample of coastal-dwelling older people, I sought to include individuals with a range of socio-demographic characteristics and intersectional identities, who may articulate different ways of understanding and engaging with digital technologies. Specifically, I sought to include participants who place at different points on the spectrum of older age (from 50 years old), and who have different gendered and ethnic backgrounds. When selecting participants, I thought it was important to consider participants’ household living situations; for example, if they lived alone, or with others who they see daily, or with whom they may have closer relationships, and so may more directly shape how they engage in digital, health, and care activities. It seemed pertinent for my study sample to include participants who differed in the kinds of digital or online activities they performed, and the types and locations of community organisations they visited in the field, as this could affect their digital experiences and so how I come to understand these phenomena in coastal contexts, within my study. Selecting participants with variations in these socio-demographic and digital-related analytic concepts in mind was intended to help me produce thick descriptions of socially situated interactions that shape participants’ digital experiences, my research encounters and inform my intellectual puzzle.

In practice, I found that relational features of my sampling strategy had more bearing on who I could recruit. I had more regular contact, and built closer relationships with, some

groups of older people rather than others; primarily, White British women, rather than men and people from other ethnic backgrounds. I found it was not always possible to find out information about peoples' personal backgrounds early in our individual relationship, or in group settings, given privacy concerns. I might later discover information that I had not initially considered as relevant criteria, such as past occupations and driving status, which seemingly affected their digital and health activities. I therefore iteratively considered how other characteristics may emerge as relevant for what I can know about older people's digital experiences. Below, I examine how I tried engaging a more diverse group of participants in my study.

### *4.2.2. Participant recruitment*

To recruit participants, I needed to meet older people in settings where they may ordinarily spent time in Great Yarmouth. My primary recruitment strategy was to access community organisations providing social activities for older people. To acquire a diverse sample, I attended a range of settings offering different activities, located in different areas, and developed a flexible and multi-pronged recruitment strategy. To identify community recruitment sites in which to hold my familiarisation period, I searched online for organisations, visited the local area, and consulted with stakeholders working in or connected to the area. I identified a gatekeeper in each organisation with whom I discussed how they might facilitate the study (McAreavey and Das, 2013).

#### *4.2.2.1. Identifying and Negotiating Access to Recruitment Sites*

Following initial negotiations with the gatekeepers, I selected four sites across three organisations for my familiarisation period, outlined below, referred to using pseudonyms to maintain their anonymity.

**Charitable organisations**. I emailed two charitable organisations in January 2023 to explore if and how they could enable recruitment for my study. The Shore Setting manager offered to support my study, and another organisation contact provided feedback on my research plans (see section 4.3). I received no replies to subsequent emails and calls. Following advice from a local health watchdog representative, I dropped into the Shore Setting, where I successfully negotiated access with a gatekeeper. I had assumed that emailing charities would be less burdensome for them

as they could decide when to respond. Yet, the Shore Setting responded positively to my visit, perhaps reflecting how organisations within this context may relate to digital contact as potentially less personal or practical than interacting in-person.

**Community settings provided by statutory organisations**. In August 2023, I emailed the Waves Setting: a statutory organisation providing free activities for the public. The manager agreed to act as a gatekeeper to enable the study. Through my contact with a health watchdog, I came across sheltered social housing for people aged 55 and older, with on-site communal hall facilities, which offered a route to reach those facing socioeconomic hardship and those who may less regularly leave their homes. Here, residents ran social activities accessible to others living within or outside the housing, suggesting I may encounter a diverse pool of experiences. For practical reasons, I decided to focus on two communal halls.

I collaborated with the gatekeeper in each recruitment site to identify which group activities I could familiarise myself in, based on which sessions were well-attended by members and where they may be happy to engage with me; and depending on my schedule. I attended some activities fortnightly due to timing clashes. I negotiated access to activities which the Shore and Waves Settings provided for digital skills. However, the funding for this provision in the Waves Setting ended by the time my fieldwork began, indicating precarities in digital support. Solely recruiting participants from such groups may have produced a sample with a narrower set of experiences. Therefore, I attended other activities groups to include those who may not actively seek support for, or less often use, digital technologies. I selected the Sand and Bay Settings (sheltered housing communal halls) for practical and methodological reasons. These communal halls were situated externally to the residential building, so I could access the settings without the gatekeeper needing to join. Most communal halls fell within the most deprived or deprived percentile scores (Ministry of Housing Communities and Local Government, 2019), addressing my aim to involve less socioeconomically advantaged individuals. When familiarising myself within the Sand Setting, I encountered the gatekeeper(s) who invited me to visit another well-attended communal hall with them, in an area of the field I had not yet visited. This led to the ‘Bay Setting’ becoming my fourth recruitment site. Table 3 summarises the four recruitment sites and specific activities

groups in which I familiarised. In the settings where I stopped attending after one or more visits (see Table 3), I explained to group members when I would be visiting for the last time, thanked them for their time, and offered them another copy of the Participant Information Sheet, in case they wanted to get in contact with me for the remainder of the project (until the end of 2025). No individuals contacted me after this point.

*Table 3. Fieldwork activities across Groups in four recruitment sites*

| Site | Activities Group | Fieldwork Activities |
|---|---|---|
| **Shore Setting**: community centre providing activities for older people | Digital support group | Full familiarisation period. Continued attending throughout fieldwork |
| | Craft group 1 | Attended twice. Not many people attended, so I explained to members that my second visit would be my last. |
| **Waves Setting**: community centre providing activities for older people | Craft group 2 | Full familiarisation period. After recruiting one Phase 1 participant and no further participants came forward, I explained to members when my last visit would be |
| | Outdoors group | Attended once with a craft group 2 member. Most group members did not meet the study criteria. I informed members I would only be coming to this session once and that I would return to the craft group 2 (in the same setting) once more, to try to engage with participants aged 50 and older |
| | Chit-chat group | Full familiarisation period. As no members came forward to participate in the study, I explained to the group about when I would come for the last time |
| **Sand Setting**: communal facility in sheltered housing | Coffee morning | Full familiarisation period. As no members came forward to participate in the study, I explained to the group about when I would come for the last time |
| **Bay Setting**: communal facility in sheltered housing | Craft group 3 | Full familiarisation period. Continued attending throughout fieldwork |
| | Games group | Occasionally attended this session, following invitations from participants who attended craft group 3 |

#### 4.2.2.2. Reflecting on and Addressing Recruitment Challenges

When sharing the Phase 1 study materials in the recruitment sites, I encountered a similar set of interactions that affected who I could recruit. This culminated in the following reflective note in March 2024:

> *Discussing digital activities seems tricky or irrelevant for some people. Today, someone declined taking part because the study 'seems geared towards' people who do things digitally, 'and I really don't'. Does the way I am framing the study suggest that only those who use digital technologies can talk about them?*

This sets out repeated challenges for me in engaging with those who saw themselves as less experienced with or non-users of digital devices. I thus reflected on how I framed my study too narrowly on *direct* technology use and instead stated: 'many services are asking us to do things online now. I want to find out what people think about this, whether they do it or not'. I amended my participant information sheet to mirror these changes (see Appendix 4). Reframing the study this way was grounded in my many fieldwork encounters with older people who stated they did not go online, yet expressed views on how the internet had changed life in Great Yarmouth, such as shops closing and traditional industries declining due to online shopping. Such narratives were pertinent to my relational ontological concerns by articulating how coastal-dwelling older people may personally relate to digital technologies not through directly using them, but through encountering them in other ways, such as seeing or hearing about them becoming more present in local shops and other community settings. This exemplifies how my ethnography needed to attend not only to how coastal-dwelling older people may engage digitally through direct 'use', but through other kinds of interactions.

Early on, I noticed that fewer older men attended the recruitment sites. This was less surprising in the craft groups, with crafting being traditionally culturally framed as 'feminine' and so may not be well-attended by men (Beyer, 2024). Yet, other activities groups, like the digital support group, were mostly comprised of women; men tended to attend on an ad-hoc basis. When casually wandering around Great Yarmouth, I noticed older men spending time on their own in cafes and parks, echoing research findings that older men are less likely to join community social activities than women (Milligan et al., 2015). I enacted a secondary recruitment strategy to try engaging older men in my study.

Firstly, I discussed my study on local radio, but no participants came forward. Secondly, I contacted charitable organisations running activities for men, including traditionally 'male' activities like woodwork (Milligan et al., 2015). In Summer 2024, I connected with one organisation; however, this coincided with a challenging time for the group, so I did not pursue contact after several attempts. In Winter 2025, I contacted another men's group; yet neither did this yield further contacts, again indicating challenges for my building relationships with older men and organisations supporting them in the field.

### 4.3. Involving members of the public, patients, and communities

Patient and Public Involvement (PPI) is a growing set of practices in social and health research to present it as to be carried out 'with' or 'by' patients and members of the public, rather than 'on', 'about' or 'for' them. PPI has been designated as essential to support health and social care research (National Institute for Health and Care Research, 2024). It is argued to improve the relevance and quality of research by ensuring it is designed and communicated acceptably to members of the public (NHS Health Research Authority, 2025). Yet, definitions of PPI, and how to manage PPI activities effectively and ethically, remain unclear (Poland et al., 2019). PPI activity can be considered 'a social practice of dialogue and learning between researchers and the public' (Russell, Fudge, and Greenhalgh, 2020: 1). It involves complex interactions between people with differing reasons for doing it, and ethical challenges with power holding between those involved (Poland et al., 2019). Defining a coherent approach for who to involve in designing my study and how was important as I intended to engage directly with and describe older people's digital technology experiences. PPI activity could help make my study more accessible for those with diverse and changing needs.

However, to be useful, PPI members needed to have relevant, experiential knowledge related to the research phenomenon, otherwise PPI practices could lead to tokenistic practices, ineffective, or harmful outcomes (Staley et al., 2021). In centring on older people's viewpoints, I needed to account for PPI members' diverse needs and preferences, and to design and carry out the research inclusively. Further defining specific characteristics that older people must have to engage in PPI activity for this study, such as health conditions or technologies used, was less relevant as the study intended to explore participants' digital experiences in naturalistic contexts, which could

be highly varied. To design the study, I first consulted with a Public Involvement in Social Care Research group in June 2023, facilitated by Shaping Our Lives and the University of Hertfordshire, comprising older people with long-term conditions and varying digital experiences (see Appendix 2). I requested their feedback on my study poster, especially the terminology. They recommended giving examples of 'going online', as 'digital' may not resonate with many older people (see examples in Appendices 1 and 4). I then also used photos to initiate Phase 1 discussions. I implemented feedback to use an accessibility checker for my study documents, and to allow participants to take part with a caregiver, whilst having strategies to manage privacy issues and ensure older people's views are heard. This helped define how I could involve older people's social relations in my study.

To increase public views on my study design and ensure it met older people's needs, I sought feedback from local organisations supporting older people in Great Yarmouth. I first did this by contacting managing staff in several organisations that provide support for older people in Great Yarmouth between January and March 2023. I described my initial plans to undertake a research study about older people's digital access and experiences in the local area and invited these individuals to share feedback about the focus of the study and how to conduct it in a way that is accessible for older people. Several organisations responded and highlighted a need to better understand this groups' digital access, particularly related to their confidence and finance challenges. A charity recommended extending the study to include homeless people facing digital and healthcare access inequalities. This identified a topic for further research not addressed directly in my study, but which I account for in seeking to involve those facing greater socioeconomic disadvantage. I used such feedback to inform my study design as an additional form of PPI support, prior to selecting individuals as gatekeepers for the study.

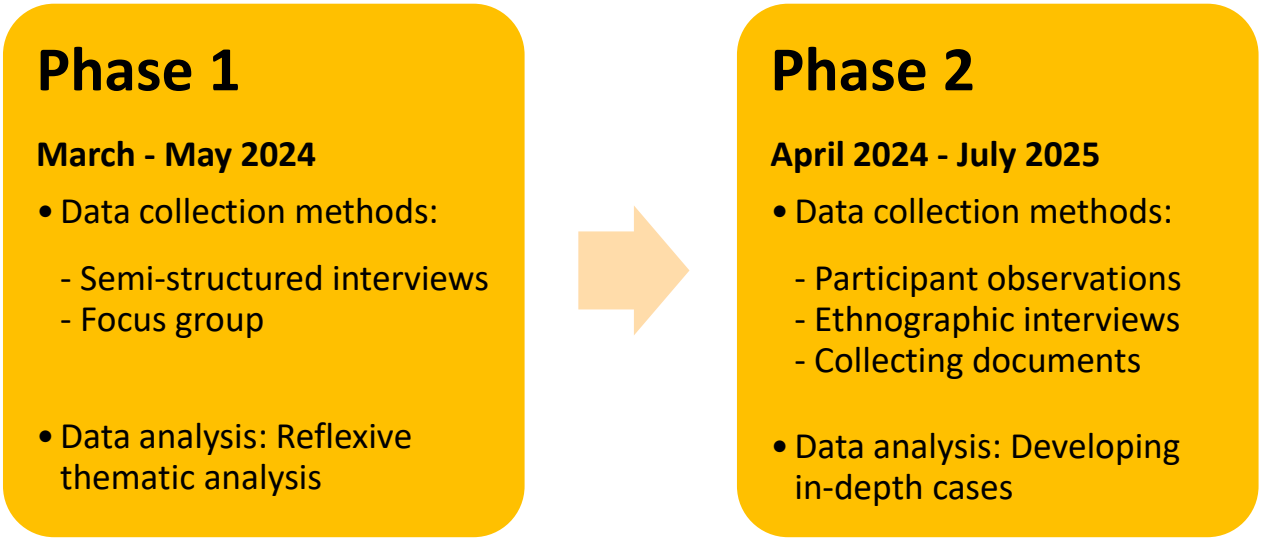
Two managers (from the Shore and Waves Settings, outlined in Section 4.2.2) provisionally agreed for me to approach them again to discuss if they would be willing and able to act as a gatekeeper who could help me connect with older people who access their services, later in the year once I received ethical approval. These meetings occurred in-person in early 2024, and I met with additional gatekeepers from the Sand and Bay settings. Managers of the Waves, Sand and Bay settings offered to engage with me over email to discuss practical details about my visits during the familiarisation period, so they

did not take on a PPI advisory role. In seeing the Shore Setting manager in-person during my fieldwork visits, I was able to discuss practical plans for attending and undertaking research activities with participants in the setting, whilst having an ongoing dialogue about how I could better connect with older people locally and wider (non-personal) matters affecting their lives beyond the familiarisation period. This contact was partly enabled as I continued attending activities (a digital support group) that participants went to. For example, they advised on other local partners providing digital support for older people, and national policy shifts, such as the UK government proposal to change Winter Fuel Payments in 2024. These wider conversations, which helped sensitise my research practice, were focused on general matters and events concerning older citizens. My discussions with the gatekeeper about individual participants were limited solely to arranging research activities (such as an interview) in the community setting. To respect participants' privacy and confidentiality, I did not discuss any personal details about participants with, or around, the gatekeeper.

## 4.4. Methods of data collection

The study approach required data collection methods which could provide insights on how older people understand and enact their digital experiences, in their own talk and actions. This section outlines the methods used in each study phase throughout the research process, initially summarised in Figure 2 below.

*Figure 2. Phases of the research process*



### *4.4.1. Interviews and a focus group (Phase 1): exploring talk and experiences*

Whilst data collection methods that require participants to self-report or verbally articulate their experiences may provide partial insights into digital practices, it was relevant to explore how coastal-dwelling older people talk about digital technology as little is known about this topic. Undertaking initial conversations could help identify relevant vocabulary in this context, to test out in my fieldwork. Given my positioning as an urban-based, digitally engaged younger-presenting person, I needed to avoid presupposing ways of talking about the topic. Arranging conversation-based research activities as one-off events could open my study to those who may be less willing or able to have ongoing contact with me, thus providing a more diverse participant group. This section outlines how I designed and carried out Phase 1 conversations in the study.

#### *4.4.1.1. Planning and reflecting on interview and focus group conversations*

I offered participants a choice to take part in an interview or focus group in each recruitment setting, to make my study more accessible for those with changing needs, commitments, and socioeconomic situations (Bonevski et al., 2014). These data collection methods, and insights generated by them, are not symmetrical. Unlike individual interviews, focus groups use group interactions between participants, and involving the researcher, to generate data (Acocella, 2011). Whether participants have existing relationships will create social dynamics that shape how they construct their experiences (Morgan, 1997). Whilst focus group participants may not disclose specific details when around people they know, this may enable some to more freely share their experiences (Jones et al., 2018). The focus group held in my study involved participants known to each other in a digital support group. I faced a challenge with selecting focus group participants based on their social roles: Fred, an older volunteer, offered to participate in a focus group. By familiarising myself in the group, I found that Fred had a distinct role as a helper compared to learners, which could have hindered conversations between other members, so I invited Fred to an individual interview.

Another challenge entailed trying to formulate how to ask questions about digital technologies without narrowly framing or presupposing how to talk about them. PPI activities enabled me to identify initial vocabulary and examples that could help here (section 4.4). I began the focus group and interviews with photos of digital activities

(Appendix 7) to enable older people to provide more succinct descriptions of their experiences which they may find difficult to describe in words (Greenwood and Pound, 2019). I explained the photos were examples 'to get us thinking', to minimise power dynamics if participants were unfamiliar with any devices. The first interviewee, Fred (a volunteer), jokingly asked if I was going to 'test' him on device names. This reminded me of other participants' concerns about me testing their digital know-how in my study. I therefore explicitly stated the photos were not to test anyone in the subsequent focus group and interview. Whilst some participants giggled at this, others made audible sounds of relief, suggesting this eased their anxieties about being tested.

Taking a semi-structured approach could enable consistency whilst providing the flexibility needed to explore participant's own understandings and meanings around digital technologies. The questions that formed my Phase 1 topic guides (Appendix 7) were purposely broad to enable participants' priorities, and what they deemed to be relevant, to direct the discussions. Each question performed a different function. For example, the first question introduced the topic, with concrete (photo) examples of digital devices. Other questions helped to elicit deeper description about how, and in which contexts, participants engaged digitally. Clarificatory questions checked participant's meanings. I adjusted how I framed my probing questions based on what seemed relationally appropriate in each moment, with each participant.

### *4.4.2. Participant observations of digital activities in practice (Phase 2)*

To uncover older people's practical dealings with digital technologies, I needed to gain direct insight into their routine activities involving digital technologies. Participant observation is a commonly used ethnographic method that enables researchers to become more immersed in ongoing (rather than reported accounts of) activities of a social group or setting by observing, and to some extent participating in, their activities (Jones and Smith, 2017). This makes the researcher an active, integral methodological tool, as they enact a dynamic analytic gaze by attending to and recording their experiences, and the events and reflections of others (Elliot, 2015). As an open-ended, flexible process, participant observation could allow me to directly encounter older people engaging digitally in the routine moments this emerges. This required me to

determine where I may sit on the participant-observer spectrum, and what particular positions may afford me for 'knowing' about digital interactions.

To determine my approach to participant observation, I engaged with Gold's (1958) account of these roles. A 'complete participant' aims to pass as a group member by concealing their identity (Hammersley and Atkinson, 2019) whereas a 'complete observer' assumes a 'detached' position (O'Reilly, 2009: 154) by watching, not participating in, group activities, like a 'spectator' (Patton, 2001: 265). Adopting either of these extreme positions was unsuitable for exploring older people's digital experiences in a sufficiently rigorous and relationally appropriate way. My research needed to be transparent, with community members' full awareness, whilst having flexibility to probe into their daily activities. This required a position *between* participating and observing, to directly experience the mundane routines that make-up, yet may not be noticed by, participants (Patton, 2001). This flexibility was pertinent as I expected to engage in various social activities in my community-based research. In practice, my participant-observer role shifted situationally; in a craft group, for example, I listened to conversations (observing) whilst knitting (participating) and sometimes helping to measure garments (participating). I was open to participating in different activities to varying degrees, depending on what seemed relationally appropriate. Such flexibility helped me build relationships in each field setting, whereas declining invitations to participate could have disrupted the organic flow of each groups' activities.

I needed boundaries for how far I would participate in participants' digital activities. I anticipated being asked to help or feeling obligated to intervene if someone was unsure about something, such as potential scams. I initially chose to limit participating in their digital activities as far as possible as this could undermine the naturalistic credentials of my ethnography and obscure how participants ordinarily engage digitally. It could inadvertently frame me as a technology 'expert'. I needed to avoid ageist stereotyping, and related power dynamics, by framing myself as more 'tech savvy' than older people. I thus limited how much I helped participants digitally, stating on the information sheet that I could not engage digitally for them (see Appendix 4). Yet, I could not fully avoid intervening in participant's digital activities in practice, as they often saw me as able to help (examined in Chapter 7). I had to more flexibly respond to their requests for digital

support; and, in some cases, helping was a useful tool for learning more directly about their digital activities. I balanced my ethnographic commitment to explore how older people ordinarily engage digitally with sensitively responding to their help requests.

As older people may engage with digital technologies in diverse ways and situations, I took an unstructured approach to my participant observations, without a set of discrete and pre-defined criteria (Mulhall, 2003). This could allow me to more openly explore what appeared to be contextually relevant within and to older people's digital experiences. Spradley's (1979) nine experiential dimensions formed the basis of my indicative observation guide (Appendix 7) to apply in these diverse situations. What I observed participants doing, how, and when needed to be grounded in what they ordinarily did in their everyday lives, and what they were comfortable with. Being open to observing participants doing a range of activities, within a variety of settings, aligned with my interpretive approach. In practice, this included attending social gatherings, healthcare settings, visiting shops, walking, and spending time at participants' homes. I negotiated the terms and setting of each observation with participants throughout my fieldwork.

### *4.4.3. Ethnographic interviewing (Phase 2)*

To generate thick, context-specific descriptions, I needed to understand and document what I see and hear when observing and participating in participants' daily activities. Ethnographic interviewing enables researchers to informally converse with participants 'in real time' during observations, or shortly afterwards, to better understand and clarify their actions, language, and resources (Kimber and Dairon, 2023: 48). This entails slowly introducing new elements into a conversation to prompt participants to reflect on events, allowing for a more relaxed, and less interrogative research encounter (Spradley, 1979). Ethnographic interviewing performs a valuable reflexive and validating role, enabling researchers to confront their assumptions of what they think is going on (Kimber and Dairon, 2023). Asking open-ended, clarificatory questions in ethnographic interviews could help ensure that I did not gloss over or misinterpret how participants relate to specific interactions and events, therefore deepening my awareness of what I observe in the moment (Spradley, 1979). My ethnographic interviews would emerge naturalistically, based on events within each context, so I could not pre-plan my questions. I therefore developed an indicative topic guide (see Appendix 7) to help me frame how I asked my

context-driven questions and explore the extent to which events I observed reflected more routine activities in participant's daily lives. I expected to frame most questions open-endedly, to prompt participants to reflect on what they considered to be relevant. Closed-ended questions could help me probe or clarify specific details, to then ask open-ended questions to deepen my understanding of their digital experiences.

### *4.4.4. Writing ethnographic fieldnotes*

The research problem required me to generate thick descriptions from *within* the contexts in which participants' digital interactions emerged. It was important to write systematically and in detail about what I see, hear, and learn about as I observe and participate in participants' routines (Emerson et al., 2011b); noting moments of action, behaviours, and speech as they emerge, or shortly afterwards (Murchison, 2010). Observing participants' daily routines would require me to record potentially diverse situations, objects, and actors which shape how they engage digitally through ethnographic fieldnotes, which I attend to using Spradley's (1980) observational dimensions, to underpin my indicative observation guide (Figure 3). Whilst implied in these dimensions, I added multi-sensory experience as an explicit experiential dimension to attend to participants' embodied experiences of hearing, seeing, and touching digital technologies, to enact my sensory ethnographic principles (Pink, 2015).

*Figure 3. Indicative observation guide for the study, drawing on Spradley's (1980) Experiential Dimensions and Pink's (2015) multi-sensorial principles*

1. **Space**: physical layout of the place(s)
2. **Social Actors**: range of people involved
3. **Activity**: a set of related activities that occur
4. **Object**: the physical things that are present
5. **Act**: single actions people undertake
6. **Event**: activities that people carry out
7. **Time**: the sequencing of events that occur
8. **Goal**: things that people are trying to achieve
9. **Feeling**: emotions felt and expressed, indicated by verbal and non-verbal expressions
10. **Multi-sensorial:** what is heard, seen, smelled, touched, tasted

Initially, my fieldnotes were highly descriptive as I tried recording as many details as I could in each observation. Over time, these became more focussed as I analytically funnelled towards specific ideas and events (Hammersley and Atkinson, 2019). Whilst I documented my personal reflections in a reflexive journal, I also included these in my fieldnotes which I found were inherently connected with how I noticed and recorded participants' experiences (Emerson et al., 2011b). I made quick, brief jottings of what I saw and heard in the field, identifying phrases, timings and events, which could be relevant to my research questions. These jottings helped me reconstruct finer details of sequences of events and dialogue (Emerson et al., 2011a). It was not always practical or relationally appropriate to write notes, as when participating more fully in social activities. I needed to actively attend to people's doings and sayings, so I situationally adjusted my notetaking. Sketching observational spaces helped me quickly, visually attend to diverse contextual features (Bonanno, 2023) to later expand into fuller notes.

My interpretive epistemology means my fieldnotes would be inherently partial and subjective (Emerson et al., 2011b; Lichterman, 2016). I could not record everything that went on in a situation or generate a complete picture of older people's digital

experiences, as possibilities for talk and action are endless. Early on in my fieldwork, I grappled with spending large amounts of time trying to develop my observational accounts. To record my thick descriptions in a more manageable way, I became more selective about how, and for how long, I expanded my fieldnotes. In many cases, I returned to my fieldnotes a few days later to develop on my descriptions and interpretations, reflecting my recursive and reflexive approach to generating and analysing my data (Aull Davies, 1999; Emerson et al., 2011b).

### *4.4.5. Documentary data collection (Phase 2)*

I anticipated encountering a range of material documents when interacting with participants, that may arise from, relate to, or provide insights relevant to their digital experiences. For example, older people may write notes (Sayago et al., 2013) or use instruction manuals to aid digital learning; or at healthcare services, they may collect posters for online services. Including such documents could help me describe how materialities constitute part of a relational nexus which shapes participants' digital experiences. Ethnographies often frame and include documents as 'ever-present artifacts of social life' (Trundle and Phillips, 2025: 1) and active agents that shed light on, shape, and are shaped by social phenomena, as opposed to simply containing written information (Silverman, 2021). I sought to include documentary data in the form of publicly available materials, and those received or created by participants with their permission, to contextualise their digital experiences. I analysed my documentary data in conjunction with my ethnographic fieldnotes, as discussed in section 4.5.

## 4.5. Managing and analysing the data

My study required distinct analytic processes for the different data sources I generated to meet my research objectives (see section 2.8). Phase 1 explored older people's talk about (objective 1) and experiences of engaging with (objective 2) digital technologies. This required me to identify patterns of meaning within and between participants' talk and experiences *across* the dataset. Phase 2 aimed to describe in detail older people's experiences of engaging digitally (objective 2) and their social relations' roles in these activities (objective 3). My analysis in this case needed to describe particular cases in detail, the unit of which I would determine by becoming immersed in the field. This section examines my analytic approach for each study phase.

### *4.5.1. Reflexive Thematic Analysis: Phase 1*

Participants and I will co-construct knowledge, leading to many interpretations of phenomena. The analytic process thus needed to facilitate researcher reflexivity and, to meet my research objectives, uncover what terms and experiences participants share and how they differ. I decided to use Reflexive Thematic Analysis, developed by Braun and Clarke (2022, 2023), to enact an iterative reflexive approach to identifying patterns within and between participant's accounts. I transcribed verbatim each audio-recording to produce a written text. I checked the accuracy of and re-read each transcript, which aided my familiarisation with the discussions (Bailey, 2008). I noted how participants seemed to react to my questions, emphasised or struggled to find words. I anonymised words that could identify people and settings, to preserve privacy. My analytic process entailed six phases outlined by Braun and Clarke (2022), summarised below.

#### *4.5.1.1. Familiarisation with the dataset*

I read each transcript several times to aid familiarisation. I made notes of my initial observations of the data. Here, I noticed that participants tended to show, rather than verbally express, features on their digital devices, which informed the final themes.

#### *4.5.1.2. Generating initial codes*

To generate initial codes, I took an inductive approach to develop succinct descriptive and interpretive labels (codes) for segments of the data. This gave insight into participants' diverse, context-specific digital experiences. Exploring talk required the analysis to stay close to participants' words and meanings, instead of applying a pre-selected theoretical framework onto their accounts (Byrne, 2021). I continually used reflexivity to interrogate how my positionality may shape my interpretations to ground these in participant's accounts as far as possible. My codes took two forms; 'semantic', which identified participant's overt meanings and 'latent', which examined cultural assumptions that could underlie participants' accounts (Braun and Clarke, 2022). I recorded 'latent' codes separately, as they were less visible on the surface of the data. My supervisors reviewed my initial codes to aid critical dialogue about my developing interpretations. I undertook a second round of inductive coding, working through the transcripts in reverse to view the data freshly, to refine my diverse set of codes, which formed the building blocks for initial themes (Braun and Clarke, 2022).

#### *4.5.1.3. Generating initial themes*

To identify and test out initial themes, I clustered the codes around several 'central organising concepts' which united ideas and meanings that could represent a broader patterned unit of meaning. I identified codes with similar ideas to form 'candidate themes' for further exploration, then considered the code clusters on their own terms, in relation to the study research questions and objectives (Braun and Clarke, 2022). I met with my supervisors to refine the central organising concepts of each candidate theme.

#### *4.5.1.4. Developing and reviewing themes*

I checked and developed the candidate themes in relation to coded data extracts and entire dataset. I assessed the 'viability' of the code clusters to explore how I could develop a more nuanced analysis (Braun and Clarke, 2022: 97). I refined the central concept of each theme to ensure clearly defined boundaries and to derive an '*overall* story' of participant's digital experiences (Braun and Clarke, 2022: 97). This highly recursive process involved moving between the data, interpretations, and research objectives, to sharpen the conceptual boundaries of each theme.

#### *4.5.1.5. Defining and naming themes*

After developing the scope and core concepts of each theme, I generated 'theme definitions' and clarified the 'take-away point' of each theme (Braun and Clarke, 2022: 108). I explored possible theme names to clearly and concisely capture the essence of each theme. To centre participants' experiences, I continually referred to the data to characterise the themes to reflect participant's own words and expressed meanings.

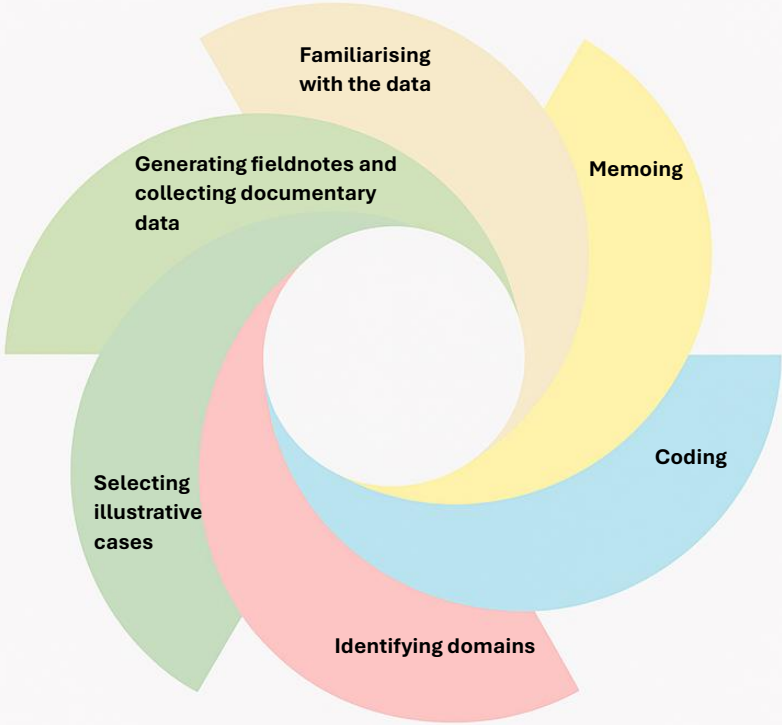
#### *4.5.1.6. Writing up*

Writing up the thematic narrative constituted part of the analytic process (Braun and Clarke, 2022). I noticed ideas which could be more coherently organised only at the writing-up stage. For example, the initial theme centred on 'Undoing technical talk and activities' overlapped with another theme; how participants encountered digital technologies as 'technical' shaped how they went about getting and applying digital know-how. I thus revised the themes to include 'Navigating technical knowledge and activities' as a sub-theme of: 'Trying to get and apply digital-know how' (see Chapter 5). When refining themes here, I stayed in touch with the data to generate an analytic narrative that was grounded in participants' talk and addressed the research questions.

### *4.5.2. Developing ethnographic cases: Phase 2*

My ethnographic fieldwork needed to attend to and describe in detail older people's diverse digital interactions as they unfolded everyday action contexts. From a relational perspective, I wanted to see how older people's digital interactions shaped, and were contextually shaped by, social actors, objects, and materialities. To flesh out these messy, diverse action contexts, the analytic approach needed to support generating thick descriptions, which informed my decision to analyse and present my ethnographic findings as a set of in-depth cases. Given my role in relationally co-constructing my research activities and findings, I used an 'iterative-inductive, reflexive process' as generating and analysing my fieldnotes and documentary data overlapped in a spiral-like fashion (O'Reilly, 2009: 13). Figure 4 illustrates these spiralling analytic steps, which I moved between to develop the cases reported in Chapters 6 and 7.

*Figure 4. Phase 2 data analytic process*




#### 4.5.2.1. Familiarising with the data

After generating and expanding my jottings into fuller fieldnotes (see section 4.4.4.), I created Microsoft Word files for each observation, stored in NVivo 14 software and organised by date, using participant pseudonyms. This enabled me to generate a

comprehensive case record for each participant (Patton, 2001). I iteratively read and refined my fieldnotes to familiarise with the data and identify ideas to test out in my fieldwork. I added documentary data into the NVivo, alongside my fieldnotes. The final dataset included materials gathered over 17 months, between January 2024-July 2025.

#### *4.5.2.2. Memoing*

Writing brief reflective, analytical, and methodological notes ('memos') helped with making sense of the data and the research and analytic process (Johnson, 2019), particularly when generating ethnographic data, when familiarising with the data, and coding. Reflective memoing enabled me to explore personal, ethical, and relational dilemmas upon entering the field (Johnson, 2019; Saldaña, 2014), thus supporting reflexivity. I reflected on building relationships with group members particularly in relation to my positionality as a younger presenting, female, and digitally engaged 'student researcher'. In an early reflective memo, I noted challenges with setting boundaries when field contacts treated me as someone who could help with digital activities. This prompted me to eventually focus my attention on the notion of help as a pertinent domain, which shaped how older people and I developed research relationships and their digital technology experiences (see Chapter 7). Memoing enabled me to evaluate my thoughts and actions in situations where I felt conflicted or uncomfortable, to proactively develop plans to protect my wellbeing during fieldwork.

Methodological memoing enabled me to identify tensions with applying my data collection methods to address the research problem. By memoing after the Phase 1 focus group, for example, I identified how participants showed, rather than solely verbally expressing, digital features. This suggested limitations with using retrospective, verbal methods that rely on talk for examining older people's digital actions. Analytic memos helped me examine my interpretations and reflect on the analytic process (Emerson et al., 2011a), including how I may pursue ethnographic hunches: insights which deepened or altered what I thought I knew or sparked theoretical dialogue about the research problem (Pink, 2021b). It enabled me to identify connections across participants and field settings (Johnson, 2019). An early analytic memo noted how I did not directly see much digital activity, yet my relational approach sensitised me to digital activities taking place in liminal spaces leading up to my observations (see Chapter 6).

#### *4.5.2.3. Coding*

Mirroring Phase 1 coding, I conducted open coding on my fieldnotes and documentary data using an inductive approach. I closely read the data line-by-line and labelled segments with words or phrases that expressed meanings grounded as far as possible in participant's own words and actions (Johnson, 2019). This was important to avoid misinterpreting or projecting my personal understandings onto their digital technology experiences. When coding documents, such as leaflets and posters, I noted the how and contexts in which I or participants encountered these materials. My approach to coding documentary data closely resembled Trundle and Phillps' (2025) recommendations, as my codes were largely based on words and phrases that seemed pertinent to my research concerns *within* these documents. I approached these documents not as 'objective' representations but as socially produced, shared, used, and organised phenomena (Atkinson and Coffey, 2011). When coding, I tried to capture complexities of meaning conveyed by the language, narratives, tone, presentation format, and aesthetics of documents. Whilst coding allowed me to make sense of what I saw and heard during fieldwork (O'Reilly, 2009), it also enabled me to dwell with and interpret the data, in order to refine my analytic story of older people's digital experiences and the situations shaping them. Recording fieldnotes pertaining to 185 hours of observation generated a significant data corpus, which I managed using NVivo 14 software.

Throughout coding, I engaged in memoing to examine relationships and differences between codes from different data sources (observations, interview fieldnotes, and documents) and across participants. Categorising data into codes required me to prioritise and organise emerging concepts and insights, which naturally diluted some contextual features that shaped participants' accounts of and practices with digital technologies. Memoing helped me retain and deepen insights about these complex, messy contextual features by expanding on my reasoning for each code, and how I formed it (O'Reilly, 2009). For instance, coding allowed me to identify that a participant spent long periods 'not using digital devices in the digital support group' (code), whilst memoing, using the 'annotation' function in NVivo, enabled me to contextualise this with their wider life events (moving house) which affected how they could 'not think' about digital activities. Such insights informed the findings reported in Chapter 6.

#### *4.5.2.4. Identifying domain categories*

As I moved through the analytic processes above, I began clustering my developing codes and memos around a more settled set of concepts. It was not relevant to group this data 'thematically' as patterns, as this phase focussed on developing detailed, context-specific descriptions of how older people engage digitally. Yet, I needed a way to categorise the data into meaningful, manageable chunks to select and expand on illustrative ethnographic cases. I explored grouping my codes and memos into domain categories; kinds of events, objects, and relationships within specific settings that seemingly related to my research questions, which may represent broader units of socio-cultural knowledge (Johnson, 2019). I drew upon Spradley's (1979, 1980) domain analysis approach to help identify a name for each category and 'included terms' for smaller categories within them. I then explored semantic relationships (such as centred around means-end and sequences for actions) to formulate connections between the domain name and the smaller categories (Spradley 1979, 1980). These processes allowed me to describe contextual features in detail and to elucidate relations between people, objects, and materialities that shaped older people's digital experiences.

#### *4.5.2.5. Selecting illustrative cases*

To examine in detail particular terms and relations connected to each category, I developed cases to illustrate fieldwork scenarios in which I encountered participants speaking of or enacting digital activities, and how their social relations became involved. I selected situational cases which I judged to best exemplify the terms and relations related to each category. As I observed participants for a longer period and in more diverse settings, I could provide more detailed descriptions about contextual features which shaped their digital experiences, and how this changed situationally. This naturally led me to identify many situations pertaining to these participants as focal cases for my interpretive analysis. I included supplementary cases to depict other participants' experiences which supported or indicated contradictions in their digital experiences. The next section examines how I identified and managed such ethical considerations raised by my research design and practice.

## 4.6. Ethical principles and processes

Each research study raises ethical issues that researchers must carefully consider and address to preserve the dignity and safety of those who participate in, and may be affected by, the research, the public, and the researcher. This section examines the ethical issues, principles, and processes underpinning my study, and how I sought to actively respond to ethical issues as they emerged through an ongoing process of reflection (O'Reilly, 2009). My study required a favourable outcome from the University of East Anglia Faculty of Medicine and Health Sciences Research Ethics Subcommittee before I could start, to ensure it follows ethical procedures, research governance, and data management guidelines. I received ethical approval for my study in December 2023.

### *4.6.1. Identifying and addressing ethical issues in the study*

This section examines the ethical issues that arose from the research design and processes set out above and within each research protocol, and the preventative and mitigating actions I undertook to address these issues. The ethical principles and practices underpinning my study are discussed under the following headings:

- Informed consent in participation
- Anonymity and confidentiality
- Protecting participants, the researcher and members of the public from harm

#### *4.6.1.1. Informed consent*

People must receive sufficient, accessible information about what my study involves, and what risks and benefits may be involved, to make an informed, voluntary decision about taking part. Their willingness and capacity to give consent may change over time and in different situations, as recognised by the Mental Capacity Act (UK Government, 2005). This presented an ethical dilemma around how I could develop ongoing relationships with participants, whose capacity to provide consent may fluctuate throughout my longitudinal ethnography. To address this, I used Murphy and Dingwall's (2007: 2226) notion of 'ethnographic consent' as a 'relational and sequential process', to negotiate and re-negotiate participation throughout my study, rather than obtaining a one-off agreement. I now outline how I implemented this approach to consent.

In practice, I acquired informed consent from participants at the start of each study phase (Appendix 5). I offered verbal (audio-recorded) and written methods as equal options for providing consent, recognising that some community members may have different preferences, needs, and literacy levels. All participants chose to give written consent for my study. Following initial written consent, I verbally checked that participants consented to take part at each point of contact. I continually stayed alert during observations to anything the participant said or did that could indicate a change in their willingness or capacity to take part. I assumed that participants had mental capacity unless there was evidence to suggest otherwise. No participant appeared to lose capacity, though I was reassured to have a procedure to check this.

As my ethnography involves building direct ongoing relationships with participants, power dynamics will emerge between myself and participants, which could undermine their capacity to give informed consent. Participants may feel obligated to continue taking part after a one-off research event, or unable to decline participating in certain ways if this could compromise our developing relationship. I therefore reminded participants that if and how they take part is completely up to them. Whilst I observed Anne in the digital support group, another Phase 1 participant, with whom I developed a friendly relationship, chose not to continue into Phase 2. This affirmed that they could say 'no' to taking part, indicating that researchers must remind participants that their choices about participating or not will be respected in longitudinal ethnographic research. When taking consent, I reminded participants that the study is separate to the hosting community organisation. I was responsive to how my role was being characterised in these settings, to ensure older people could voluntarily choose if and how to take part, knowing my study was not tied to their activities in the setting.

#### *4.6.1.2. Anonymity and confidentiality*

Encountering, and writing detailed descriptions of, participant's daily routines and contexts means there is greater potential to breach anonymity and confidentiality. Making information about participants' lives publicly visible through my research could also make them more vulnerable to destructive opinions or discrimination if they were personally identifiable. Observing participants in the presence of others, such as in

public situations, raised important questions about how to maintain participants' anonymity and so constituted a vital component of protecting them from harm.

To ensure participant confidentiality, I securely managed all study data in line with General Data Protection Regulation requirements. I locked all study documents on university premises or on password-protected, university OneDrive storage. I was the only member of the study team to handle participant identifiers. I anonymised and pseudonymised my Phase 1 interview and focus group data during transcription, and my Phase 2 fieldnotes as the point of writing. I anonymised identifying information within documentary materials collected from the field, such as organisation names, before adding these to NVivo for analysis. Phase 1 interview and focus group audio-recordings were destroyed after transcription. When discussing fieldwork interactions with my supervisors, I used pseudonyms for the participants and referred to the anonymised data. Using pseudonyms ensured I could maintain participant's privacy, whilst linking their experiences with their socio-demographic information, such as age and gender. This allowed me to generate a descriptive, context-sensitive account of participant's digital experiences without identifying individuals or organisations.

To preserve participants' privacy, I held the Phase 1 focus group and interviews in a private room in the community recruitment sites. At the start of the focus group, I asked participants to keep what people say within the group and avoid sharing personal information about others. When observing participants in public settings in Phase 2, I could not be certain that their participation would be entirely confidential. I made this clear on the participant information sheets (see Appendix 4) and stated this before acquiring written consent. When observing participants in the presence of their friends or family, I introduced myself and the scope of my research activities. I did not record any personal identifiable information about anyone who did not give consent to my study. When setting up observations, I could check in advance if participants would be happy for me to observe them around particular people. I attended to cues that could indicate a change in their willingness to be observed, and I adjusted my observational gaze, notetaking, and ethnographic questioning accordingly, avoiding questions that may prompt participants to elicit sensitive personal information in the company of others.

Observing participants' daily routines led me to encounter them sharing or handling sensitive personal information digitally and in-person, for example: using a health app and visiting healthcare settings. I reminded participants that I may be able to see/hear personal information, and I checked if they were happy to continue being observed. I encouraged them to ask me to look away at any point; and when they accessed, or I anticipated them accessing, sensitive personal information, such as passwords, I turned away to respect their privacy. My fieldnotes focussed on how participants navigated digital systems, *not* the personal information within them. I did not write about, or verbally repeat, any personal information I encountered. When visiting healthcare settings, I checked the participant was happy for me to enter waiting areas. I did not enter private areas. I did not write any notes in these settings, but I asked participants for their permission to write notes afterwards.

Participant's homes could be relevant sites of digital activity. Yet, visiting them at home heightened the risk of harm for participants and me given the hiddenness of and inequities of power in these settings. Home observations arose organically from direct, often impromptu invites from participants, such as to meet before going out or finish off a digital activity. I followed the participant's lead as to where they were happy for me to go in their home and checked they agreed to me observing and writing notes about what we did. I shared my location and the timings of my visit with my supervisors before entering and when leaving home settings. I managed expectations by letting participants know when I needed to leave upon arrival. I attended to any indicators that my presence was negatively affecting anyone in their home, which did not arise in practice.

Another ethical issue relating to anonymity concerned the increased likelihood of participants, or community-based recruitment sites, being identified given the focus of my study on a narrow socio-cultural and geographic group: older people in Great Yarmouth. When reporting my methodology and findings in this thesis, I carefully considered what and how I described information to prevent people and places being identified. I used pseudonyms for participants, recruitment sites and the activities groups within them.

#### *4.6.1.3. Protecting participants, the researcher and public from harm*

Whilst this study was not expected to involve discussing distressing or emotional experiences, observing participants' daily routines raised possible risks for participants in feeling uncomfortable by being observed, written about, or with seeing a researcher in particular settings, such as at home; for observing exploitative practices and safeguarding issues; and for my safety when researching on my own. I used the measures below to reduce risk of harm to participants, me, and the public in the study.

I prepared strategies to identify and manage situations where participants indicated signs of distress. For example, gently steering the topic of conversation, and stopping a research activity to offer the participant immediate support. I intended to suggest relevant services for participants to contact for support, whilst offering a courtesy call to check on them and provide further signposting. No participants became distressed, so these procedures were not used. At the end of the interviews, focus group, and the last participant observation, I gave each participant a debrief sheet detailing support agencies, for example: for technology use, and provided time to explain this. It was possible that participants would disclose, or I would encounter, information suggesting they or someone could be at risk of harm. My ethical duty to break confidentiality and report these concerns to an appropriate authority were highlighted on the participant information sheets and consent forms (Appendix 4 and 5). No safeguarding concerns were identified, so I was not required to break confidentiality in the study.

Undertaking fieldwork on my own, particularly in home settings, presented risks to my, and the participant's, safety. To mitigate such risks, I implemented a lone-working protocol, whereby I only visited a home setting when I had met the participant at least twice and upon completing a risk assessment. Familiarising with participants over time enabled me to gather many details about their home lives organically, to complete the risk assessment. Upon arriving to their home, I dynamically assessed the area to check it matched my risk assessment. I was prepared to not enter, or leave, any setting if I felt uncertain or unsafe.

Building close, ongoing relationships with community members required a well-developed strategy for leaving the field (Iversen, 2009; Michailova et al., 2014). This can raise ethical questions about the researcher's 'indebtedness and moral obligations to

those persons studied' (Snow, 1980: 114) and what they will do with knowledge community members share with them. My practical approach to leaving the field is outlined in section 4.8.

## 4.7. Trustworthiness and rigor

My interpretive relational approach required theoretical and methodological transparency throughout this study, to ensure it is conducted rigorously and that my interpretative descriptions are trustworthy and credible (Ahmed, 2024). To support trustworthiness, I drew upon Lincoln and Guba's (1985) guidance on credibility, transferability, dependability, and confirmability throughout my study as a toolkit or 'a map of sorts' (Loh, 2015: 5) to ensure it was high quality in relation to wider qualitative research conventions. Engaging in reflectivity throughout my study, by reflexive journalling and memoing, helped fulfil these criteria especially given my 'outsider' characteristics as a younger-presenting person from a non-coastal area. Reporting in detail my study methodology, sampling, and recruitment practices in Chapter 4, alongside my fieldwork relationships and participant's characteristics in Chapters 5 and 6, supports the confirmability and transferability of my findings. I return to these quality criteria in Chapter 8 to discuss the main contributions and limitations of my study. I now examine my approach to managing expectations about leaving the field.

## 4.8. Leaving the field

As my study required me to build close, ongoing relationships with participants, I needed to consider practical and ethical challenges not only for accessing, but when leaving, the field (Watts, 2008). This, as Van den Scott (2018: 309) argues, is a complex process that involves a 'series of integrated reflections and planning'. Handling this process with care is important as coastal-dwelling older people may encounter marginalisation and social isolation (Hunter, 2024) and so may become used to my presence. To avoid them feeling abandoned, used, or left behind when my study ended, to uphold my ethical duties to protect them from harm, I engaged participants in a 'dialogue of closure' to enact a respectful, transparent exiting strategy (Morrison et al., 2012: 416). I regularly reminded participants of what stage we were at in the study timeline and when it would be coming to an end, at which point I would no longer visit.

From February 2025, I started a gradual process of disengaging from the field. I asked participants to think of anything they wanted to ask me or talk about over the next few months, so I could answer before leaving. I began sharing a 'personal background' summary with each participant to promote an open and collaborative dialogue about how they wanted to be described within my thesis. This helped me check what information participants would be happy for me to share about them. Whilst providing some initial ideas for these summaries, I encouraged participants to add, change, or remove anything. The final summaries agreed with each participant are outlined in Chapter 6. The process through which these summaries were generated varied by participant. Whilst some participants wanted to see how their ideas were incorporated in each new version, whilst other participants did not wish to see the amended summaries. Overall, these activities enabled participants to shape how I would describe their stories and acted as a valuable tool for winding down our activities as fieldwork came to an end.

## 4.9. Summary

My methodology foregrounded needing close, ongoing, and interactive contact with coastal-dwelling older people to immerse myself within, and generate 'thick descriptions' about, socio-material contexts shaping how they engage with digital technologies in practice. The methods of data collection and analysis employed therefore needed to align with the ethnographic methodology I selected to address this thick descriptive, experiential intellectual puzzle about how coastal-dwelling older people experience and engage with digital technologies in interactional contexts. To investigate this intellectual puzzle in practice, I sought to purposely sample and recruit older people into the study based on diverse socio-demographic characteristics and digital experiences. I responsively adapted my recruitment strategy to challenges I had engaging with people with specific characteristics and views to try diversify my sample, according to the opportunities for diversity I encountered in the field, reflecting on the role of my positionality in shaping this.

Undertaking initial interviews and a focus group (Phase 1) with coastal-dwelling older people allowed me to identify how they spoke about, and experienced engaging with, digital technologies. This showed me how many participants spoke of digital technologies and encounters as risky, which informed my approach to how I may

intervene in their digital activities in Phase 2, as discussed in further detail in my upcoming findings chapters. Ethnographic observations helped me generate more detailed descriptions of older people's practical dealings with digital technologies, by gaining direct insight into their daily routines and contexts. I took up a flexible position between participating and observing to better fit in with older people's daily activities, enabling me to directly experience mundane socio-material features that shaped their digital activities, yet which were often not noticed or spoken by participants (Patton, 2001). This flexible positioning enabled me to engage in real time conversations during my observations (ethnographic interviewing) to delve into participants' reasoning and experiences of their, and others', digital activities. I included documents related to engaging digitally from the field, as artefacts of social life.

To analyse the dataset, I took an iterative-inductive approach that could facilitate responsive reflexivity (O'Reilly, 2009: 13), to enact my relational interpretive approach which required me to ground my interpretations of participants digital experiences in their own talk and actions. I designated each phase, each involving differing data collection methods, to engage with a distinct set of analytic processes to meet my research objectives. Analysing Phase 1 participants' verbal accounts required me to identify what terms and experiences they share, and how they differ, so I used Reflexive Thematic Analysis to explore patterns in the data (Braun and Clarke, 2022). My Phase 2 ethnographic data instead required my analysis to flesh out messy interactional complexities that shaped how participants engage digitally and generate 'thick descriptions'. I analysed and presented such data as a set of descriptive cases.

A range of ethical considerations arose from realising my research design in practice; specifically, ensuring informed consent throughout my longitudinal ethnography; protecting participants' anonymity and confidentiality; and protecting participants, myself, and the public from harm. To manage these concerns, I negotiated participant consent as an ongoing, relational process, which involved checking whether and how they were willing and able to participate. Collaboratively developing personal summaries with each participant, towards the end of Phase 2, enabled them to be actively involved in how and what I described about their lives in my thesis, and helped me to gradually, non-abruptly leave the field. The next chapters set out the findings from my ethnography,

starting with a Reflexive Thematic Analysis of participants' Phase 1 interview and focus group accounts.

# Chapter 5: Phase 1 findings: How older people talk about and experience engaging digitally

## 5.1. Introduction

This chapter presents the Phase 1 findings of how coastal-dwelling older people talk about, and experience engaging with, digital technologies. Using Reflexive Thematic Analysis to examine participant's semi-structured interview and focus group transcripts, I generated three themes, outlined in section 5.3. In summary, these themes examine how participants articulated *negotiating ambivalence and uncertain connections;* how they were *questioning who needs and who benefits from digital activities;* and *trying to get and apply digital know-how*. Throughout the findings presented in this thesis (Chapters 5-7), I use quote marks when reporting words and statements directly said by participants.

## 5.2. Participants

Phase 1 included six participants from a digital support group. Five members, who already knew each other prior to the study, took part in a focus group. Fred, who facilitated the support group, took part in an interview. Tina was recruited from a craft group and did not access formal digital support. Table 4 summarises participants' socio-demographic characteristics. Most were women aged 75 years old or older, living alone, and educated to 'high school' level. All participants were White British or English. Pseudonyms are used throughout and illustrative quotes use 'FG' and 'INT' to refer to focus groups and one-to-one interviews respectively, and each participants' age band and sex ('F' – female; 'M' – male) is listed.

*Table 4. Participant socio-demographic characteristics*

| Name | Age | Gender | Ethnicity | Education | Place of living | Years lived in the area | Living situation |
|---|---|---|---|---|---|---|---|
| Anne | 85-89 | Female | White British | High School | Town | 30+ | Alone |
| Amy | 75-79 | Female | White British | High School | Town | Since birth | Alone |
| Jane | 75-79 | Female | White British | High School | Borough | 30+ | Alone |
| Julie | 75-79 | Female | White British | College | Borough | 20-30 | Alone |
| Eva | 80-84 | Female | White English | High School | Borough | 30+ | Alone |
| Fred | 60-64 | Male | White British | High School | Town | 5-10 | Alone |
| Tina | 65-69 | Female | White English | High School | Town | Under 5 | With a partner |

## 5.3. Thematic Findings

The first theme, *negotiating ambivalence and uncertain connections,* examines the contradictory ways in which participants talked about and experienced digital technologies as objects of both play and risk, and their concerns about how to keep themselves safe when engaging digitally. These contradictions are depicted in two sub-themes: connecting for pleasure and play; and connecting riskily and safely. The second theme, *questioning who needs and who benefits from digital and online activities*, reflects how participants encountered increasing obligations to digitally access activities and services (sub-theme one), yet they actively sought in-person relationality with local people and places (sub-theme two). The final theme depicts how participants were continually *trying to get and apply digital know-how,* including how they could navigate and undo the 'technical' knowledge and activities (sub-theme one) and were building social networks and tools to get digital know-how (sub-theme two). Each theme, and sub-themes, is summarised in Table 5 and are discussed in turn.

*Table 5. Summary of themes and sub-themes*

| Theme | Sub-themes |
|---|---|
| Negotiating ambivalence and uncertain connections | • Connecting for pleasure and fun<br>• Connecting riskily and safely |
| Questioning who needs and who benefits from digital and online activities | • Being obligated to digitally access people and places<br>• Disrupting in-person contact with local people and places |
| Trying to get and apply digital know-how | • Navigating technical knowledge and activities<br>• Building social networks and tools for digital know-how |

### *5.3.1. Negotiating ambivalence and uncertain connections in engaging digitally*

Throughout the interviews and focus group, each participants' narrative on their digital technology experiences varied between extreme positions regarding playful, yet also risky and possibly harmful connections they may face when engaging with digital technologies. These contradictions in participants' talk reflect ambivalence in how they related to digital technologies; a joyful, playful digital activity could suddenly become risky and harmful. This awareness shaped how they engaged digitally in practice.

#### *5.3.1.1. Connecting for pleasure and play*

Participants talked of their 'fun' activities with digital technologies, mainly smartphones and, in some cases, a tablet. They recounted engaging in a range of activities including getting local and national news and weather information, looking at photos, playing games and entertaining activities, like jigsaws; to learning a language, and watching entertaining shows on 'Google'. They seemed to do this mainly using apps downloaded on their digital device or existing features, like a photo gallery:

> *Anne (F, 85-89y, FG): I get games. Car chases… knockin' the cars off. And Duolingo. Learning French and the Yarmouth Mercury [local news]. And of course you get your phone, your gallery. You can look back at your photographs. You get your weather on all the time, thirteen degrees today*

Some participants started using a smartphone or tablet inadvertently in pursuing other hobbies in later life. Jane (F, 75-79y, FG) described how her 'journey' to using digital technologies came about by wanting to 'know oh all about where I come from. My ancestry', for which she needed to access digital records. This 'opened up a whole new world' of other pleasurable activities, such as video-calling family members living far away. Participants spoke joyfully about the fun they have communicating 'for free' with loved ones across the world, using 'WhatsApp' (Julie, F, 75-79y, FG). This is reflected in how Tina repeatedly emphasised, and showed the researcher, the wide range of emojis to choose from for text messages, conveying her joy in the endless possibilities that communicating digitally afforded:

> *Tina (F, 65-69y, INT2): Loads of emojis on this phone. Look hundreds of the things, hundreds of them. Hundreds of em'... Thousands, thousands, look... I love em'*

Expressions of liking and enjoying particular features and activities on smartphones and digital tablets were indicated by how participants discussed other activities they dislike and or no longer enjoy doing. For example, using a smartphone offered a 'far more interesting' (Eva, F, 80-84y, FG) alternative to watching the free-view television, which Anne described as having 'dreadful' offerings nowadays (F, 85-89y, FG). The sense of fun participants experienced with using a smartphone and/or tablet is foregrounded in playful names some participants gave to their devices:

> *Jane (F, 75-79y, FG): I call it my little toy... that's like a toy to me but then I get sort of frustrated or frightened because then I think 'oh no what have they done?' I mean my friend who was supposed to have sorted my hospital appointment out for me. [Then Fred, the digital support group volunteer] checked it and it hadn't gone through*

Yet, this account exemplifies how several interview and focus group participants' talk about their pleasurable experiences when using digital technologies also included sudden, sharp changes in tone and narratives about their fears of risks that could arise. Throughout participants' accounts, it appeared that their encounters that involved playing with digital technologies, as toy-like objects, entailed exciting opportunities to explore new connections and boundaries, however this swiftly became risky for them.

For example, becoming 'frightened' if they accidentally pressed something unknown on their device. Such accounts indicate the ambivalence characterising participants' digital technology experiences, creating joyful, yet potentially harmful, connections.

#### *5.3.1.2. Connecting riskily and safely*

Participants' perceptions of and experiences with digital technologies alerted them to 'risky' connections potentially jeopardising their safety. Several accounts from participants displays them being aware of 'scams' and 'cons', which seemed to affect how they used digital technologies and the internet in practice. Whilst no participant disclosed personal experiences of being scammed, all participants were aware of 'scams' primarily from television and media stories. Their concerns related to the inability to ascertain *who* could see into their personal lives and access their personal information when engaging digitally, based on how they felt they could not understand how digital technologies work. As such, they constructed digital activities which involved handling personal financial information as highly risky, and to be avoided:

> *Jane (F, 75-79y, FG): You go in your bank and that's a bank where there always somebody there you know where there to help you and talk you through banking online. I'm so frightened that of scams that I will not do it*

Participants described digital technologies as knowing *too much* about their personal lives. For instance, Julie (F, 75-79y, FG) never plugged in her 'Alexa', a virtual assistant manufactured by Amazon, at home because she worried it could 'spy' on her. Fred (M, 60-64y, INT1), the only participant with a long-standing interest in, employment and volunteering experiences involving computers, talked of older people's 'resistance' to digital activities, as they worry 'that if they go online, somebody's going to steal all their money'. Such uncertainties were reinforced through experiences where participants found their digital devices seeming to retain and access their financial information, without them realising or knowing how, creating tensions around how they could stay safe when divulging this information in digital activities:

> *Eva (F, 80-84y, FG): I won't do shopping though having said that, I did and what I couldn't understand was I wanted a key safe put on [my friend's] wall cos he's gunna have to have help. And I didn't put any card numbers in but the thing has*

*turned up yesterday. So, they must keep ya card numbers when you buy something… you kinda worry could somebody else get hold of them and use them? What security is there? I don't know*

Echoing Eva's worries about the security of online shopping, Julie told me about her experience of something she could not explain when she started using Facebook. Here, she found a photo of belongings from inside her home, which she considered to be private, publicly visible on Facebook, which she did not recognise or remember taking herself:

*Julie (F, 75-79y, FG): I went on Facebook and much to my surprise there's a picture of my Welsh dresser and some flowers you know some artificial flowers. I didn't take that picture… Well how's, where's that come from?*

Focus group participants initially reflected on this situation by curiously questioning about how Facebook could have gotten inside Julie's home to take a photo. Some participants tried unpicking the version of events presented by Julie; asking if another person could have taken and shared the photo, and checking if the photo was 'definitely of your dresser?' (Jane F, 75-79y, FG1). Their responses became increasingly characterised by a tone of mounting seriousness around what they saw as Julie needing to know who got into her home and how because 'it's your privacy' (Eva, F, 80-84y, FG). Amy (F, 75-79y, FG) repeatedly asked 'could you go to the police?', yet Julie eventually downplayed these concerns as trivial, as it was 'just some flowers and a dresser'. This discussion sensitised me to participants deeply held 'worries' about the uncertainties and risks with engaging digitally, and it required me to actively consider how I might enact my ethical duties to protect Julie, and other participants, from harm. Intervening with possible explanations that I considered 'reasonable' for this photo of Julie's home appearing on Facebook could compromise my methodological commitment to centre older people's viewpoints. Yet, my duty to protect from harm seemed to override this, if an unknown person did get into someone's home, or if others worry their personal spaces could be publicly visible online. I therefore asked Julie who set up her Facebook account, and if someone took or shared the photo accidentally. Whilst we did not reach a firm conclusion, this situation reinforced that I needed to actively and situationally adjust my priorities and actions based on my ethical duties.

Participants' widely discussed concerns about the potential risks involved in digital activities were seemingly significant for older women who mutually constructed themselves as 'vulnerable on our own' (Jane, F, 75-79y, FG), linked to their household situations. Whilst Tina (F, 65-69y, INT2) lived with her partner, these gender-based vulnerabilities are reflected in her account of scams targeting older women that '*really want love, they're on their own*', which increases the 'risk' of digital activities.

Participants discussed their behavioural practices for managing risks they associated with making uncertain connections when using digital technologies. Some talked about taking a curious, exploratory approach to finding out what unknown features on their digital devices do, exemplified by Amy (F, 75-79y, FG): 'the best thing to do when you see something you don't understand, press it'. Whilst recognising this could 'get you in trouble', Amy thought it was worth trying things out, as she could 'always turn off' the device. Other participants like Tina took a more cautious approach by not clicking buttons, to avoid getting scammed by doing things 'wrong':

> *Tina (F, 65-69y, INT2): Don't click anything. Don't tap anything... Don't do nothin. Don't touch... If I do a wrong number or something, or a wrong digit or anything. I don't know. It's hard*

These different ways of managing uncertain connections may relate to whether participants accessed formal support for using digital technologies. Here, Amy may have felt more willing and able to explore unknown features than Tina, as she attended, and may navigate such situations within, a digital support group. As well as creating risky connections, participants considered ways that digital technologies could keep them and others safe. Whilst most participants 'got rid of the landline' phone due to rising costs (Anne, F, 85-89y, FG), Jane (F, 75-79y, FG) kept it for her 'security' to make emergency calls. She managed the costs by partially using the landline in daily life: receiving incoming, not making outgoing, calls. Underlying this protective practice, Jane viewed her smartphone as potentially failing when she might need it; this raised risks to her wellbeing, which she tried to mitigate with a creative solution. Eva (F, 80-84y, FG) also pondered if a device could help to remind her friend with dementia to take their medication. This indicates how they saw digital technologies as able to simultaneously both support and risk participants' abilities to live well and safely.

### *5.3.2. Questioning who needs and who benefits from digital and online activities*

Participants felt obligated and a need to use digital technologies *to some extent*, when accessing many local services. Yet, participants actively questioned *who* needs and *who* benefits from digital and online contact, presenting this as working against their preferences to engage with local people and places in-person. Such digital pressures undermined and contradicted with what participants saw as a meaningful way of relating to others: seeing a person.

#### *5.3.2.1. Being obligated to digitally access people and places*

Participants noted how many services assumed they could access, and knew how to use, the internet when approaching them in-person or by telephone. Anne (Anne, F, 85-89y, FG) encountered many services using automated telephone systems, which prompted to her to go online:

> *Anne (F, 85-89y, FG1): I find I make a phone call cos I want to ask somebody somethin' and it just goes onto you know 'get this w w w' you know. And you think… well if I was computer literate, I wouldn't have phoned you in the first place*

Anne's account indicates how, despite reaching out to this service through a form of digital contact which was accessible to her (making a phone call), she was instantly presented with prompts to access the service through the internet, which she would struggle to do by her own accord, based on not being 'computer literate'. In this case, Anne could not further pursue contact with this service to 'ask somebody' what she wanted, as she could not use the internet. Julie also encountered local commercial organisations asking to email her a digital receipt. These encounters indicated to older people that they 'have to be internet savvy' to some extent, as organisations no longer 'want to write' to them (Julie, F, 75-79y, FG), yet participants like Anne felt unable to keep up with how quickly the 'computer age has come on'. As such, they were feeling left behind by digitalisation. This is highlighted in Eva's striking experience of 'the gas board' refusing to help her change energy providers, where she first experienced being obligated to go online. This prompted Eva to get and learn to use a tablet, to avoid being excluded from services that may require digital or internet use in the future:

> *Eva (F, 80-84y, FG): They said 'we can't, you'll have to do it online'... We said 'we can't do that'. So literally put the phone down and said 'hard luck'. And I said to [my friend] 'we're getting left behind'. This is going to happen more and more and more and we've got to do something about it... That's the only reason I got my iPad*

Despite encountering services obligating them to do particular activities 'online', some participants had issues with trying to set up and engage digitally and online with particular services; as when Fred's (M, 60-64y, INT1) energy company told him: 'we can't fit ((a smart meter)) at your property', having initially offered this device. In contrast, Amy's accounts indicates that her energy company told her she needed to have a smart meter installed, despite her not wanting one. However, in practice she found the device 'didn't work', as the screen appeared 'dead', and so she 'put it in a drawer'. These cases highlight how older people may have differential access to and experiences with these kinds of digital technologies within this local context. During such discussions about smart meters, other focus group participants went on to question *who* benefits from having a smart meter device. For instance, Eva (F, 80-84y, FG) initially refused her energy companies' offer to fit a smart meter in her home, on the basis that the device would use electricity, that she would have to pay for, in order to run the device. She ultimately did not see having a smart meter to be in her personal interests:

> *Eva: That's using power to tell me... I kicked against it for a long long time, and I said 'I can't see the point in it, because that's using electricity. I'm paying for it, for it to tell you*

Participants saw service providers, such as energy companies, as shifting a heavier burden of responsibility to use their own time and resources to set up and manage digital and online access to services. For instance, automated telephone systems meant people could not get 'through to a person. It's all computer' (Julie, F, 75-79y, FG) and involved challenges for older people when selecting options; in Anne's (F, 85-89y, FG) words, 'you can't even get through on the options'. Julie argued that services use these automated systems as it is 'cheaper... haven't gotta pay somebody to sit there'. Participants therefore saw themselves as obligated to take on excess frustrations and challenges with navigating digital systems, not necessarily for their benefit, but for services to reduce costs.

Whilst acknowledging these frustrations, participants found most services were still accessible in-person or by phone. As Jane (F, 75-79y, FG) commented when contacting her energy provider: 'there's always somebody to speak to… and they'll give you time'. Participants nonetheless anticipated that many services would require them to 'go online' in the future. Jane indicated this by using the word 'lucky' for how she could now access certain shops locally, compared to her 'dread' that this may change in future. Participants expected alternatives would and *should* be available, as for medication prescriptions, as Amy argued:

*Amy (F, 75-79y, FG): There's gunna be an alternative… they can't just cut you off*

In this sense, participants kept hoping and actively looking for services to provide them with a choice about whether and how they wanted to use the internet; and some, such as Jane, expected it to become 'law' for essential services, such as for healthcare and banking, to provide face-to-face (non-digital) forms of access.

#### *5.3.2.2. Disrupting in-person contact with local people and places*

Participants encountered digital technologies, and prompts from services to engage digitally, as disrupting and eroding their ability to engage with 'local' people and places in-person. Focus group participants discussed how digital technologies enabled previously 'local' services to relocate to other parts of the world. For instance, they debated whether particular taxi firms were locally based, after Julie's claim: 'if you order a taxi… it goes to India'. This conflicted with some participants' experiences of speaking to taxi firms that were run by 'local' people. Participants' efforts to find out if taxi firms 'want you to order' online, and if 'you got a foreign voice?' (Jane, F, 75-79y, FG), reflects their cultural values and beliefs that services with which they engage should be based locally. For instance, Eva (F, 80-84y, FG) strongly asserted that healthcare services she accesses should be based within this coastal town, questioning waiting times for a telephone prescription service shared with a neighbouring coastal town; as she put it, 'Why i'n't there a Yarmouth number?'. Eva also spoke of difficulties she had trying to communicate digitally with people she believed lived in other countries, about objects not used within, or matters that did not seem to be relevant to, the places and cultural backgrounds of these individuals, such as immersion heaters.

How participants placed value on living and shopping locally, rather than digitally accessing goods and services outside of the coastal town, was reflected in how they weighed up, but ultimately bypassed, the potential benefits of shopping online. For Jane (F, 75-79y, FG), shopping locally and in-person meant 'you're probably limited with choices but that doesn't bother me'. Those who previously engaged in online shopping expressed frustrations, as when Tina received clothing items too small and got damaged when trying them on. Tina discovered costs to return items, which were not specified or made clear at the point at which she ordered these items. Shopping online therefore involved greater, hidden, and unanticipated costs compared with shopping locally, which led Tina to stop shopping online:

> *Tina (F, 65-69y, INT2): I finished with it… Five pounds to get it, and five pounds to send it back. So that's no more for me. I'm not doing online anymore… you don't know until you actually send it off*

Some participants passionately constructed themselves as '*not part of*' (Amy, F, 75-79, FG) and so *outside* of what they perceived as the collective of people who engage digitally. Instead, they defined themselves as people who do not 'need' digital technologies to fulfil what they want to do and need in life. For instance, as Jane (F, 75-79y, FG1) put it, 'I don't think we've ever really ((needed it))'. Whilst this may relate to perceived risks with engaging digitally, participants generally articulated choosing not to use digital technologies based on their preferences for in-person activities and to 'see' local people and places. This was marked in Amy's (F, 75-79y, FG) account of wanting to walk to see and 'use' local people, particularly since this was quicker than 'poodling around on machines'. Amy distinguished her joys in writing and using paper calendars and other methods from the digital practices enjoyed by others in this group:

> *Amy: I'm not part of people doing all this. I just write and I look at things off the calendar and things… And use as much local people as I can and I go into the shop or whatever and speak to 'em which is what I want to do*

Participants' accounts reveal how they oriented themselves in practice in situations when they saw options to access human assistance with digital technologies as arising, reflecting their values and preferences for in-person contact and assumptions that digital

technologies could easily 'go wrong'. For example, Tina (F, 65-69y, INT2) spoke of approaching a staff member at a train station barrier with her digital ticket, so she could ask the man 'to do it on his thing'. Eva (F, 80-84y, FG) also purposely chose a mobile network provider that offered local, in-person facilities because, in her words: 'you can go in… thump the desk and say 'now listen. Why is this not working?'. Despite orientating themselves to develop practices towards in-person services and support, participants nonetheless noted contingencies to accessing activities and places in-person. Specifically, they related to their changeable personal situations as older people, such as their walking abilities, as Jane's (F, 75-79y, FG1) caveat suggests: 'But then we still like you say we can still take ourselves off to the supermarket'. Participants' capacities to balance their obligations to engage digitally and their own priorities around accessing local people and places seemed to rest upon changeable features relating to ageing and health.

### *5.3.3. Trying to get and apply digital know-how*

Participants repeatedly questioned if they would ever know how to use digital technologies and be able to apply this know-how, given additional challenges of gaining technical knowledge and accessing social networks, specifically requiring trusted people who could help them get and apply digital know-how.

#### *5.3.3.1. Navigating technical knowledge and activities*

Many words, phrases, signs, and processes on digital technologies were presented by participants as 'technical' (Eva, F, 80-84y; Jane, F, 75-79y, FG) and 'complicated' (Tina, F, 65-69y, INT2), and so difficult to understand, for participants. Yet, some participants felt they needed to know what such 'technical' features mean and what they do as, from Anne's viewpoint, 'you can get yourselves out of trouble if you know which little things to press' (Anne, F, 85-89y, FG). Jane's account highlights these complicated features in finding text messages reminders as on the one hand 'useful' for tracking her upcoming hospital appointments and medical prescriptions to collect, yet on the other hand complaining: 'but I don't understand… what this "follow this link" is'. As such, Jane and other participants articulated going about their digital activities whilst being uncertain about what words, signs, and processes mean:

*Julie (F, 75-79y, FG): The signs. Why don't they tell us what they all mean?... tell you the most basic things like what are those three little dots*

Participants saw engaging with digital technologies as a 'technical' activity, illustrated by using words to describe users they viewed as 'more competent' or 'less competent'. Julie claimed to know 'nothing' about digital technologies, yet she stated that her late husband could 'operate' and use a 'proper computer'. Tina talked about finding it hard to use a tablet because 'I'm not techno, I don't know nothing about tech and stuff', yet she characterised her husband as 'quite technical... He's used to do a lot of [work] on the computer'. Their using such language means they framed using digital technology as requiring technical expertise, acquired through certain experiences and work, which female participants especially, felt they lacked. I interpreted this as suggesting a gendered dimension to what it means for someone to know about, use, and work with digital technologies, mirrored in Fred's (M, 60-64y, INT1) account of primarily helping older women to engage digitally after their husband died.

When talking about their experiences with me during the interviews, and with me and each other in the focus group, participants tried to make sense of, and undo, technical talk and activities related to digital technologies in several ways. They often described visible physical features on digital devices, suggesting various names based on their understanding of what a particular digital object does. Focus group participants suggested many possible names to Julie's question of what to call 'a tower thing that you have with your computer', including 'a box?', 'a mast?', and 'a router?'. Tina (F, 65-69y, INT2) also showed the interviewer a QR code, calling it 'just a square'. This is reflected in Fred's (M, 60-64y, INT1) account of ways older people expressed features on digital devices, such as 'there's a circle on there', which he actively drew upon to make digital activities more understandable to them. Participants further made sense of digitalisation by describing physical signs observed in their locality, as indicated by how Eva spoke talk about the type and colour of digital landline phone wires under street pavements:

*Eva (F, 80-84y, FG): They're on fibre stuff... rather than the copper wire as I understand it... I dunno if where you stay they're digging up ya pavement or ya road and put a purple wire in? Well, that's a electric fibre thing*

This conveys how Eva understands and talks about digitalisation with others in terms of practical features ('a purple wire') that were visible to her, and possibly others, which make digital connections ('electric fibre') work. Using physical gestures enabled participants to refer to digital technologies without verbally naming what they were trying to convey. For instance, they pointed their fingers to, or tapped on, the device, sometimes providing generic verbal statements like 'on here' (Anne, F, 85-89y, FG) and 'on there' (Tina, F, 65-69y, INT2). During the interviews and focus group, several participants also invited me, the interviewer and other participants to 'look', rather than expressing in talk, particular features such as emojis. Such non-talk activities enabled participants to manage difficulties they encountered if they were trying to verbally depict features and activities in relation to digital technologies which they perceived as 'technical'.

When participants discussed their difficulties of trying to understand and do digital activities, which they characterised as 'technical', they alluded to their generational situations of never needing, having little exposure to and thus being unfamiliar with, digital technologies before. They also spoke of difficulties they had with remembering such 'unfamiliar' novel information about using digital technologies, which they attributed in part to age-related changes to their memory capacities as they grew older. In Anne's (F, 85-89y, FG) words, 'your memory's so poor as you get older. You just don't retain' information. Participants thus needed digital and online activities 'repeated to make it sink in' (Anne, F, 85-89y, FG) to memory. This practice of spending time to build familiarity with a previously unknown digital technology is reflected in Tina's (F, 65-69y, INT2) account of finding it 'hard' getting used to a new smartphone when her mobile phone, which she knew 'inside out', broke; and Jane's (F, 75-79y, FG) sense of loss when her tablet, with which she became 'very familiar' over many years, became damaged.

Participants perceived younger generations as having more exposure to, and thus knowledge about using, digital technologies earlier in life. Fred (M, 60-64y, INT1), for example, described filling in the 'gaps' in his knowledge by speaking to younger people who know 'what's new'. Yet, participants also drew parallels with the principles of repeated talk and practice, through which all generations acquire new skills. Yet participants perceived these typical learning practices as unsuitable for acquiring technical knowledge about digital technologies. In Eva's (F, 80-84y, FG) words, 'you used

to chant your tables… But how do you chant this stuff?'. Whilst digital support group participants hoped to 'learn just every week, a little something' (Jane, F, 75-79y, FG), they doubted that they would ever know how to use digital technologies, indicated by Julie (F, 75-79y, FG) who laughed as she claimed she will 'be a centenarian before' then.

#### *5.3.3.2. Building social networks and tools to get digital know-how*

Participants described how they built and draw upon social networks and tools to support them with engaging digitally, especially to resolve emergent problems. Most participants, apart from Fred, described finding 'everything' difficult with using digital devices, for which they needed and accessed support from a mix of sources. Tina, for example, relied more directly on her husband's and daughter's support in order to book holidays, train tickets, and spot scams online. This involved a chain-like process of booking and paying-back online train tickets within her family:

> *Tina (F, 65-69y, INT2): My mum and I went to London a few weeks ago. He [my husband] booked it, I paid for it, and she pays me in the end*

Whilst approaching friends and family allowed by-proxy access to digital activities, participants noted challenges and downsides to such interactions, particularly with younger relatives who explain, show, or do digital activities too quickly for them to understand. This cemented participants' perceptions of a gulf between them and younger generations in their digital capabilities. This is shown by how Anne (F, 85-89y, FG) and Tina uttered the sounds 'duh duh duh' to reflect how 'youngsters' rush digital activities with them. This hindered participants from asking for help from these individuals, as they felt 'silly' asking them to repeat or slow down. Help-seeking practices exposed participants to unsolicited advice and input about how they ought to engage digitally. Tina's daughter told her to 'stop sending commas' and emojis in text messages, and Jane's friend adjusted her smartphone settings to fit what she, not Jane, preferred:

> Jane (F, 75-79y, FG): My friend… put horizontal on my phone for the picture he'd taken. And she said 'oh, well let's turn that to horizontal as well as vertical' and that annoyed me… I was havin to fiddle around with it

Others like Julie (F, 75-79y, FG) stated they 'haven't got anybody' nearby who is willing and able to help with digital activities. Amy (F, 75-79y, FG) used humour to express her own

situation: ‘Not a sausage’. Participants found that some local retailers and services assumed they could ‘just ask a friend or family member’ (Jane, F, 75-79y, FG) for help with digital and online access. Participants thus perceived a need to build networks upon which they could rely for support with engaging digitally. Focus group participants attended a digital support group, where they could ask someone to check things and resolve problems on their devices. This minimised the uncertainty and ‘worry if something’s not working’ (Jane), as highlighted in Eva’s account of reaching out to the group helper, even outside the group context:

> *Eva (F, 80-84y, FG): I email [Fred] and say ‘duh-duh-duh-duh-duh-duh. Why’?*

As well as voluntarily facilitating a digital support group, Fred (M, 60-64y, INT1) offered one-to-one home-based support for a fee, which some participants accessed. For example, they described setting up times for Fred to visit them at home when they attended the support group, such as to install internet ‘routers’ and devices used at home, such as Amazon Alexas (a virtual assistant). Fred articulated that older people benefitted from him helping them to personalise their digital devices, for example, for their hearing and visual needs; ‘you could make the sound louder if they couldn't hear so well… ‘Oh, I can't see it’. ‘Well, let's make it bigger’. For those receiving Fred’s support, they characterised the primary benefit as having someone they knew, could trust and ‘lean on’ to help them with setting up, using, and fixing problems with digital devices, including at home. Having someone they could ‘wholeheartedly’ trust allayed uncertainties about the risks involved in engaging digitally (Eva, F, 80-84y, FG). The importance of building trusted networks for setting up and using digital systems is evident in how Jane and Eva asked Fred, rather than stranger engineers, to install a ‘router’ in their homes:

> *Jane (F, 75-79y, FG): Rather than… engineers come and set up all the new system if you like, [Fred] came because I felt again it was a confidence thing where you knew him. And who you know and trust is gunna do the best for you really… engineers know their job but they’re in and out so quickly and don’t want you even talkin to ya*

Jane's comments here arose as Eva and her discussed their experiences of receiving digital support from Fred at their homes. Knowing Fred personally gave Jane a greater sense of 'confidence' that she would get support for connecting digitally at her home which met her needs. This extract indicates how Jane's 'trust' in someone to support them digitally in their homes was built not simply through this person having expert knowledge, akin to how engineers 'know their job', but it also came down to relational features: knowing and trusting the person providing digital support. Upon discussing how memory difficulties limited participants' capacities to get digital know-how, Jane bluntly and humorously stated: 'Note- notebook ((laughs))' as a solution. Writing notes allowed participants to 'refer back' to the steps they took, and need to perform, for digital activities. Eva (F, 80-84y, FG) said she could 'write stuff down' in a way she could understand and practically follow only because Fred explained things 'in words you can understand. Doesn't talk technical talk'. Tina (F, 65-69y, INT2) kept 'a book' of passwords but joked that she never writes them down. Others found it hard to understand their notes when looking back, and Jane weighed up whether to take notes by predicting if she may need to do an activity again. Such practices indicated how participants knowingly relied on Fred for ongoing support, as they predicted that 'chances are that's not gunna go back… and if it is I'm gunna to ask [Fred]'. The extent to which participants could get and apply 'technical' knowledge about using digital technologies thus shaped, and was shaped by, how they accessed networks and tools.

## 5.4. Summary

This findings chapter presents how coastal-dwelling older people spoke about and experienced digital technologies as unfamiliar and risky objects, confronting them with unfathomable uncertainties in navigating 'technical' digital activities. Such experiences of digital technologies as 'technical' were reflected in how participants utilised highly practical language to describe physical features related to digital technologies and processes, and how they showed and used gesture in place of, or whilst, talking about digital technologies. Crucially, participants articulated *not knowing* how to keep their personal information secure, which they described as generationally related, not having needed to engage with digital technologies earlier in life, and partially gender mediated. As participants encountered more obligations to digitally access services, they tried

gaining digital know-how. However, age-related memory problems and their social networks may have limited relevant knowledge and contacts for participants to build and draw on for support and digital practices. Overall, participants experienced the move towards digital delivery within many services as working against and eroding how they valued relating to local people, facilities, and places in-person. This was evidenced in how they actively sought and continually relied on humans to use digital technologies effectively and safely. The thematic findings presented in this chapter as examined in relation to interdisciplinary literature on 'ambivalence' and digital 'risks' in Chapter 8.

Through this Phase 1 data collection and analytic process, I also identified ethical uncertainties with protecting participants from harm, based on their accounts of 'risky' encounters with digital technologies that could threaten participants' security, such as when a photo inside someone's home unexpectedly appeared on Facebook. Such discussions reminded me of the importance of actively and situationally adjusting my priorities and actions based on my ethical duties, as a researcher. These thematic findings centred around uncertainty and risk occupied my attention and informed how I went on to practically engage with participants in ethnographic fieldwork (Phase 2), presented in the following chapters, to ensure I responded to situations in which participants encountered worrying or 'risky' digital connections, so as to conduct this research ethically.

# Chapter 6: Phase 2 findings: Navigating 'shaky' connections when engaging digitally

## 6.1. Introduction

In this findings chapter, I unpack the research topic based on my analysis of fieldwork interactions which helped reconceptualise my understanding of older people's experiences of accessing and engaging with digital technologies as 'shaky', rather than finding digital technologies ready and easy to connect with. When I began my research in 2022, I noted how government policy positively framed digital health and social care services as transformative for patients by 'putting NHS services in people's pockets' and through 'easy-to-use' digital products (Department of Health and Social Care and NHS England, 2022). The NHS England 10-Year Health Plan, released in my last month of fieldwork (Department of Health and Social Care, 2025), echoed such framings in committing to making digitally accessing and managing care 'as easy as online banking and shopping'. Upon entering the field, I attended to what participants described as engaging digitally, and I was then able to note whether and how such framings of digital activities as easy related to, reflected, or contradicted their viewpoints and lived experiences in practice. I gradually focused my attention on how participants found digital connections to be unstable and shaky, sharply contrasting techno-optimistic promises dominant within digital health and social care policy and academic literature (outlined in Chapter 2). In this chapter, I examine how I came to see participants navigating connections they articulated as shaky when engaging digitally, which I demonstrate by selecting cases in which participants encountered, and tried working around, sticking points when seeking to engage digitally.

My fieldwork activities, from which data for this chapter and chapter 7 are drawn, initially focused on participants in a digital support group, in a charitable centre (the Shore Setting); and a sheltered social housing setting (the Bay Setting) with a craft group and a games group. Such activities enabled me to directly see participants interacting digitally and socially and built on my Phase 1 interviews and focus group where participants spoke emotively about digital technologies creating uncertain, worrying, and risky connections. By seeing how older people's digital connections situationally emerge during

ethnographic observations (Phase 2), and how they agentically navigated these connections, I came to see older people's experiences of digital connections as 'shaky'. As digital technologies could suddenly change, participants could not rely on finding stable foundations on which to base their digital connections.

The analytic process which led me to the concepts of shaky and shakiness to depict participants' digital experiences began with their responses to my questioning of how they were 'getting on' with their digital device at regular intervals. Here, I often encountered participants wobbling or shaking their hand horizontally, side-to-side, suggesting an iffy, uncertain, or unstable experience. These actions were often accompanied by phrases like 'not sure', 'don't know', 'hard', or 'technical'. I interpreted these action-based and verbal responses as posing an analytic challenge to me as an ethnographer: how could I effectively describes these subtle gestures I observed older people repeatedly doing, to generate an account of their experiences for this research? Directly attending to how, when, and the specific action contexts in which older people deployed words like 'technical', that often accompanied these gestures, first allowed me to further explicate these observational encounters and conceptualise their experiences of digital connections as shaky. The first section of this chapter (6.3) therefore sets out how I first observed engaging digitally to appear as 'technical' to participants in practice and came to define this as shakiness. I do this using an illustrative case involving Camila trying to book an appointment online. I draw on supplementary cases from my observations of Julie and Anne, which further depicts particular digital features and processes they saw as 'technical' and their workaround practices.

As my fieldwork progressed, I observed participants engaging with and talking about other digital features and activities that similarly entailed a sense of instability, or shakiness, in making, sustaining, and fixing digital technologies. Specifically, digital connections that participants had become more familiar with over time often unexpectedly changed and appeared 'strange' which generated uncertainties and practical dilemmas for them. The second section (6.4) therefore examines participants' unexpected digital encounters as another form of shakiness, illustrated using Nora's account of 'sensitive' digital technologies, along with three cases of Anne, Camila, and Pam negotiating 'strange' digital territories. I then examine how older people and I

became unexpectedly aware of digital technologies, initially hidden from participants' view, underlying social activities through digital technologies going 'wrong' and so disrupting older peoples' routine social activities. This case depicts another form of shakiness that emerged unexpectedly in an everyday social setting that affected older people, but not from their direct use of a digital technology.

Finally, Section 6.5 draws on my personal reflections and documentary data from the field to expose tensions between local organisations framing digital activities as easy, akin to wider policy framings, compared to older people's experiences. I argue that such framings gloss over participants' experiences of shaky digital connections.

## 6.2. Ethnography setting and sample

The findings examined in Chapters 6 and 7 drew on 185 hours of ethnographic observations involving five participants in Great Yarmouth settings. This section describes their background and my relationships with them. Participants' socio-demographic characteristics are summarised in Table 6. The fieldwork examples discussed in these findings chapters principally focus on participants' actions: how they engage digitally in practice. I contextualise experiences participants described in talk during unstructured, real-time ethnographic interviews with actions I observed during these research encounters.

*Table 6. Characteristics of Phase 2 participants in Great Yarmouth town or borough*

| Name | Age | Gender | Ethnicity | Education level | Area of living |
|---|---|---|---|---|---|
| Anne | 85-89 | Female | White British | High School | Town |
| Camila | 75-79 | Female | White British | High School | Borough |
| Julie | 75-79 | Female | White British | Further education | Borough |
| Nora | 90-94 | Female | White British | High School | Town |
| Pam | 70-74 | Female | White British | High School | Borough |

### *6.2.1. Participant descriptions*

The headings below describe participants' backgrounds using summaries I developed with them as part of my strategy for leaving the field (see Chapter 4). Through these

summaries, I sought to give readers a sense of who each participant is, my relations with and between them, and to allow participants to guide how they are described in this thesis. Each summary is structured first with a brief background, then how and in which setting each participant and I met, and how I encountered their interests and routine activities that could relate to how they access digital, health, and care activities.

#### *6.2.1.1. Anne*

Anne is in her late 80s and lived in Great Yarmouth for most of her life. When I first met Anne in the digital support group, she shared fond memories of travelling during her retirement. We looked at photos of flowers and animal videos on her smartphone; we both shared a love for cats. I observed Anne in and beyond the digital support group; walking to appointments, visiting her GP surgery, and her home. Anne used to have a computer 'about ten years ago' but no longer did. She used a smartphone and a tablet, on which she sometimes played games in the evening. She had siblings and grown-up children who lived nearby, and grandchildren in the county. Anne used a hearing aid, which her audiologist recommended connecting to her smartphone, but she did not do this. Anne used to work in healthcare. During most of our time together, Anne tried selling her house, where she had lived with her late husband. She moved to her flat in a retirement home in early 2025 and made many decorative changes to it. She hoped to see others in the communal space but found living there 'quite lonely' as people 'in the retirement home do not mix'. She used to drive herself to the digital support group but started walking once she moved, as she lived closer. Anne considered getting rid of her car due to insurance costs. She often drove her sister to healthcare appointments and attended weekly fitness classes, which she said improved her balance when walking in day-to-day life. She often went on days out by bus or train and socialised with a group of friends. When I last saw Anne, she planned to join another social club.

#### *6.2.1.2. Camila*

Camila is in her late 70s and lived in Great Yarmouth for most of her life. I met Camila in a craft group in the wider borough, based in sheltered social housing (Bay Setting) near to where she lived. By talking with Camila, I quickly learned that she went walking along the seafront several times a week, during which she tracked how far she walked using a smartwatch. I joined her walking many times in my study. She told me walking helped

with her hip problem; 'hopefully putting off a future operation'. Just over half-way through my fieldwork, in Summer 2024, Camila started using some walking sticks gifted by a friend. I also observed her in a craft group and at home. She lived alone for part of the year, and her grown-up son lived with her for the rest of the year. Her other child and grandchildren lived elsewhere in the UK. She took part in a mix of weekly activities, including swimming and clubs for weight loss, crafting, and games. She met her late husband at a social club. She regularly saw a friend who often joined her on walks. 'Although not a crafty person', she said she had in the 'past tried calligraphy, diamond painting and now is doing round knitting'. She used her car to drive to local places. She said she is 'not very techno but uses apps, Alexa and various programmes her son puts on', but that she 'uses WhatsApp a lot for communication with friends and relatives' and 'my son puts me right' when doing things digitally. She used two hearing aids. Before retiring, she had several different jobs, including working in education.

#### *6.2.1.3. Julie*

Julie is in her late 70s and lived in Great Yarmouth for 20-30 years. After getting to know her in the digital support group and the Phase 1 focus group, she agreed to take part in Phase 2. Whilst she took part in an observation in April 2024, she stopped attending the digital support group, coinciding with her plans to move out of Great Yarmouth, to a nearby area where her son was moving. I lost contact with Julie from that point. I developed this account using the information she provided during the research activities she consented to (a focus group and one observation) and the background information form she completed for me. Julie lived on her own in the borough. She learned about the digital support group from another member she met on a bus. She joined the group during my second visit in February 2024. She explained how she came to learn 'more about' doing things digitally; she described her late husband as 'okay' at this, whilst she felt 'completely hopeless' with it. In my only observation, I saw Julie bring a digital device (Amazon Alexa) to the group, going on to seek practical advice about how it worked from the volunteer. After seeing Julie once more, she stopped attending the group.

#### *6.2.1.4. Nora*

Nora is in her 90s and lived in Great Yarmouth for over 30 years. She started using a smartphone after her family said she 'ought to get one'. She joined the digital support

group a couple of months after I began my fieldwork. She often spoke of the group being 'nice to come for a chat' and that she could occasionally ask questions about her smartphone. Nora used to live on her own but, a few months before I finished my fieldwork, her son retired and moved in with her. She used to go by bus to the digital support group, but changing bus schedules due to roadworks, and icy winter weather, meant she could not always get the bus to attend the session. When her son moved in, he drove her to and from the digital support group. Nora said that she and her family were 'surprised at how well' she took to using a smartphone. Since attending the group, she now used her smartphone for a range of activities, such as sending WhatsApp messages, using the NHS App, and going online to find local coffee shops. In an ethnographic interview, Nora mentioned she got a 'little phone' to take to bed with her, in case she needed to contact someone in an emergency, and her other smartphone 'goes down', as had happened in the past. Nora said she had learnt 'everything' she wanted to do on her smartphone; and that she was 'not interested' in doing shopping or banking online.

#### *6.2.1.5. Pam*

Pam is in her 70s and lived in Great Yarmouth since birth. I first learned that she makes a community news leaflet for sheltered social housing residents, containing descriptions and photos of social events from the community centre, as well as a quiz. She made these leaflets on her laptop with a friend and then printed them out. From the moment I joined the craft group, I realised Pam played a big part in setting up and running social activities and charity fundraising events in this setting and seemingly had a strong community spirit. She and other residents grew plants and vegetables together in the communal gardens. I only ever spent time with her in the sheltered housing 'hall' and gardens, so my observations were centred solely on these settings. Pam spoke of digital activities she did at home, such as using a laptop and Amazon kindle; and I observed her using her smartphone for many online activities, such as ordering flowers and crochet patterns. She used the NHS App for prescriptions and, a few months into my fieldwork, she bought an app subscription, costing roughly one-hundred-pounds, to learn British Sign Language so she could speak to a Deaf resident and involve them in social activities. She lived in a flat in the sheltered housing. She often drove her car to local places, sometimes collecting food and prescriptions for other residents.

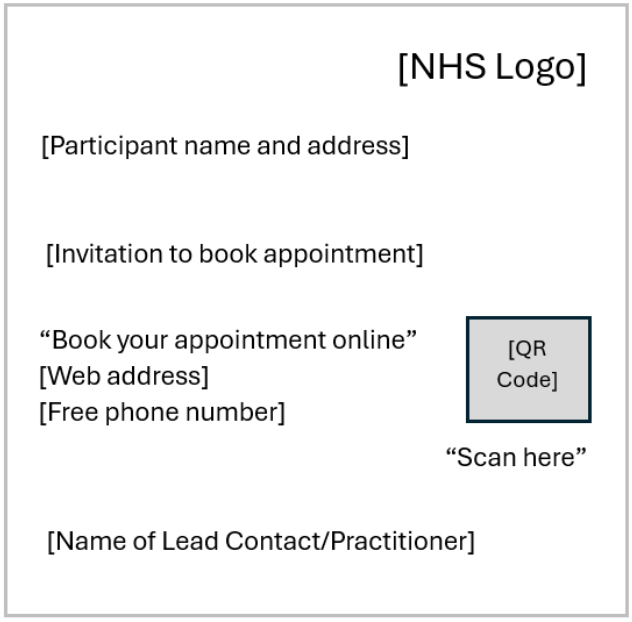
## 6.3. Engaging digitally as 'technical' and 'complicated'

Participants across settings repeatedly spoke of specific words and processes they found unclear and difficult to understand referring to, and when engaging in, digital activities, which they articulated as 'technical' and 'complicated'. This section illuminates how such experiences contributed to participants' sense of digital activities being shaky, and not easy, to connect with. What features participants found to be unclear or 'technical' depended on the digital activity and specific situation they were involved in. These comments mirrored my Phase 1 discussions where participants said they could not decipher what some phrases meant, such as: 'follow this link'. They went on to characterise digital activities as 'technical', for which they required, but felt they ultimately lacked, specific knowledge needed to perform these activities effectively and safely (see Chapter 5). When I started observing in the craft group, group members explicitly spoke of various things they found 'not clear' and 'technical' on digital devices. For example, when chatting to Camila as we left the communal 'hall' together for the first time, which we came to do regularly, she showed me a text she received from her doctor's surgery which she found baffling. It read: 'find out more about your upcoming appointment on the cloud'. Camila, with widely opened eyes, asked: 'what on earth is the cloud?'. Whilst perhaps a rhetorical question, I struggled to find an answer. She elaborated on how 'ridiculous' it was to use the word 'cloud' without explaining what it meant; to Camila, this word was completely out of place within this context. Such encounters indicated that people may not connect with particular words when engaging digitally with healthcare services, which are not explicitly or clearly defined, yet may become increasingly commonplace when accessing these services.

As fieldwork progressed, I encountered other situations where participants tried accessing particular knowledge or resources to understand what words and phrases meant related to digital activities, to perform such activities in practice. Participants actively drew on what they already knew, and other people and resources available in a particular place and time, to make sense of and carry out requests to engage digitally. To do this, they verbalised (spoke aloud) how they expected to perform digital activities before, and when, undertaking such activities. When working out how to do digital activities, they would often get stuck and so tried accessing other people and resources

to become unstuck. When visiting Camila for the fourth time, I began connecting how participants got stuck and unstuck during digital activities with the explicit comments they made about digital activities being 'technical'. Here, Camila brought an NHS letter to the craft group (see Figure 5); she set about working out how to perform a request to engage digitally in the letter: 'book your appointment online'. How she pre-emptively characterised the steps she needed to perform as 'technical' prompted me to attend to specific ways Camila may encounter this to be 'technical' in practice; what features of this digital activity may require her to possess and apply specific knowledge. In this situation, which I frame using Spradley's (1979) notion of 'action sequences' entailing particular steps to achieve a particular end, Camila tried breaking down the steps required ('x') to realise the goal to 'book your appointment online' ('y'). This was not a straightforward linear process, with particular steps ('x') leading neatly and directly to 'y'. Camila underwent a winding, bumpy, and iterative process to try to identify and enact specific forms of 'x' (steps) to get closer to, but ultimately not achieving, 'y':

*Figure 5. Digital sketch of Camila's letter from the NHS*




Camila flattens the letter onto the table. She whispers quietly:

*Camila: 'Oh, look. Scan it, it says'*

For several seconds, Camila looks at her phone and mutters quietly.

*Camila: 'Scanning, scanning. Where do I go?'.* About 10 seconds more pass. *'I think I do it on the camera'*

She sits quietly for 20 seconds. She scrunches her nose. Several more seconds pass.

*Shanice: 'Maybe give the camera a go like you said'*

*Camila: 'It might be, yeah'*

Camila instantly clicks on the camera. She flattens the letter on the table again. Another group member, Resident A, re-enters the room and offers Camila a drink. Camila declines and says in a firm tone, as she waves her phone and taps the letter:

*Camila: 'We're doing something really technical'*

Resident A walks away.

Here, Camila identifies the phrase 'scan here' as a familiar-sounding way of going online and so could work towards her goal to book an appointment online. Yet, she instantly becomes stuck when realising she cannot remember where to do 'scanning' on her smartphone. She tentatively identifies the camera to support 'scanning' but does not act on this instantly. She confronts a gap in connecting her awareness of 'scanning' as a relevant way to go online with knowing how to initiate the act of 'scanning' in practice. Sensing her uncertainty, I suggest she tries the camera. This gentle 'nudge', and how Camila quickly enacted this suggestion, reveals how we each relate to my role as a researcher here. I saw my researcher role as examining how people ordinarily engage digitally in everyday life, so not to assist with, project onto, or do digital activities for participants. Whilst I did not say how to scan, I tentatively backed-up Camila's initial thought to use the camera, enabling her to become unstuck and move the digital activity along. On reflection, I perhaps did this selfishly for anticipating analytical reasoning, to see more of what 'booking a health appointment online' looked like for Camila. I rushed in early with my comment when I could have given Camila time to work things out on her own. How she acted on my suggestion indicates she may have seen me as a reliable source of knowledge and sounding board to back-up, check out, or approve her ideas about engaging digitally. How Camila and I each saw and acted in relation to my role as a researcher therefore shaped how this digital activity unfolded, in terms of enabling Camila to access a digital feature which could support 'scanning'.

As Camila began the 'scanning' process, I sensed that she was trying to shut down a social encounter with Resident A, who asked if she wanted a drink. Having visited the craft group several times by this point, I realised that making drinks formed part of the

usual repertoire of practices at the start of each session. On this occasion, however, Resident A's drink offer came slightly later than usual, perhaps because Pam, who usually offers drinks, was not there. Just a few minutes earlier, Camila and I had discussed not fancying a hot drink as the weather was unusually hot; we each brought bottled water with us. In this context, Camila declined Resident A's drink offer, whilst commenting that we were about to do a 'really technical' activity, gesturing to her smartphone and letter. This, and how Resident A instantly walked away, suggested that Camila may have purposely been shutting down this social interaction, partly as she was about to try 'scanning'. My impression of this became firmer the following week, when Camila paused our conversation to initiate a different digital activity. We were the first to arrive at the craft group; after greeting each other, Camila held out her hand, signalling to pause our conversation, as she rang another group member to see when they were coming. Her gesture here mirrored how she gestured towards her smartphone and letter when Resident A offered a drink, as objects of her attention and activity. Older people are seen here being able to employ behavioural strategies to temporarily disengage from other social interactions when trying to attend to digital devices within these social situations. Such findings indicate that older people may actively adjust and briefly retreat from socialising to make engaging digitally 'fit' into these social activities.

Camila's comment about 'scanning' being 'really technical' indicated that she expected this digital activity to require her full, undivided attention. She seemed to expect this digital activity to be demanding, requiring her become immersed in applying specific knowledge, leaving her with little capacity to attend to other interactions. As I watched Camila's attempts to 'scan' unfold, I was instantly reminded of my first time observing Anne and Julie in the digital support group. In this case, examined below, I found Anne and Julie becoming engrossed when performing steps to do a particular digital activity for the first time. A volunteer used his smartphone whilst verbally explaining a series of actions for participants to do on their smartphones. I saw parallels between Anne and Julie's behaviours, how they became absorbed in this activity, and the way Camila anticipated 'scanning' to require her full, undivided attention:

> Julie's and Anne's eyes are locked onto their smartphones. They are listening attentively to the volunteer, occasionally glancing to him, then looking back to their

phones to perform the next step. They have not engaged with other group members, who are chatting around the table, for a while now. I feel like a passive observer. Suddenly, Julie and Anne burst out laughing. They glance towards each other, then towards me, then the volunteer. Julie pushes her phone away and turns away.

*Volunteer: 'You can send a photo of yourself to someone'*

Julie and Anne laugh. Julie raises eyebrows. Anne shakes her head.

*Julie: 'No, definitely not'*

Anne holds her phone back up to her face and winces. She looks at the volunteer.

*Anne: 'How do you take that off?'*

The volunteer presses a button on Anne's phone. Anne sighs in relief.

*Anne: 'There was about 20 steps. Too many buttons. Too quick. It doesn't go in!'*

The volunteer giggles. Anne turns to Julie and loudly sighs with wide eyes, conveying a mix of confusion and exhaustion. They put their phones on the table.

This extract depicts how deeply focused Anne and Julie became on the volunteers' instructions about how to perform each step, to then enact on their own smartphones. This is shown by how they attentively looked back and forth from the volunteer, as he spoke, and their devices using which they performed each step. This, and how the volunteer initiated this guided digital activity, differed from routine practices I noted when familiarising myself in this setting in two ways. Firstly, volunteers tended to help group members with matters they directly raised. In this case, however, the volunteer initiated this activity. Secondly, how Anne and Julie became absorbed in performing these steps, to the point where they did *not* socially interact with other group members for a prolonged period, contrasted with how they usually socially interacted *whilst* engaging digitally within this setting. How they retreated from socially interacting, and closely focused on their smartphones, contributed to my feeling of being a passive observer, further indicating how digital activities can momentarily hinder particular forms of social relationality. Anne and Julie's deep focus on this digital activity broke when they reached the smartphone camera which, to their surprise and amusement, displayed their faces on the screen. They now realised the end point, to which these steps amounted: taking and sending a photo of themselves using WhatsApp. Upon realising this, Anne appeared visibly exhausted and reflected on 'too many' steps

happening ‘too quick’ in this digital activity. She found these ‘steps’ to be intense due to having to remember and enact multiple actions in quick sequences, requiring her to devote more attention compared with her ordinary, non-digital daily practices. Such experiences indicate another way in which participants found digital activities could be ‘technical’ in practice.

Anne’s impressions of there being ‘too many steps… too quick’ provides context to comments she made repeatedly throughout fieldwork about how she ‘can’t think’ or ‘concentrate on anything’ digitally whilst trying to move house; a process that lingered for 13 of the 17 months I knew her. When I first met Anne in the digital support group, I found she brought a leaflet with her about connecting her hearing aid with her smartphone. She did not ask the volunteer about setting this up, despite them asking if anyone had ‘any questions’ after a few moments of silence. She seemed to consider engaging in this digital practice by bringing the leaflet and showing it to me in the digital support group. How she ultimately did not take further steps to make this new digital connection, such as asking a volunteer about it, constituted a valuable insight which I later connected with comments she made during this, and other situations: that ‘I can’t think about that while I’m moving house’. Instead of making new digital connections, which she expected to be demanding on her attention and memory, Anne spent time during this and other digital support group sessions playing games on her smartphone and watching ‘funny’ videos of cats on YouTube. I later realised these games and cat videos constituted more routine digital activities for Anne, which she did at home.

Over time, as I continued observing Anne’s activities and comments, her plans to move house developed and seemed to coincide with a stark decline in how ‘much’ she used her smartphone during digital support group sessions. In January 2025, Anne arrived at the group with news that she expected to receive her moving date the next week. She spoke to me and others in the group about everything she needed to do to prepare for the move. During these interactions, she did not touch or use her smartphone, which differed from how she used to play games or watch videos during the session. Anne did not touch her smartphone until half-way through the session, when group members’ conversations about her house move were winding down and members began discussing other topics. When Anne picked up her smartphone, she sighed loudly and commented: ‘need to start

getting to grips with this after I move'. This mirrored how she responded to her friends when meeting at lunchtime a week later, when they asked how she was getting on 'at your [digital] group'. Anne found digital activities to require her to concentrate on remembering how to perform multiple steps, in quick succession, which would use up mental resources that she did not have available whilst undergoing a significant life event: moving house. This can indicate how older people may find remembering and performing particular steps involved in digital activities as creating unusually heavy burdens that may not fit in with other effort-demanding life events.

### *6.3.1. Missing 'presses', steps, and connections*

Across field settings, I found older people speaking explicitly about how they expected particular digital activities to be 'technical' and require them to 'concentrate' in order to identify relevant knowledge needed to perform particular digital activities effectively. This led me to attend to other, often less spoken, ways in which they experienced in practice digital activities as 'technical' and demanding of their concentration and memory resources. These demands were particularly marked in Camila's continued attempts to 'scan', where she found further steps that required her to have and apply specific 'technical' knowledge in practice. She did not seem to notice, and so missed, a subtle step which she needed to perform as part of a series of action sequences, to 'scan' effectively. As such, she became stuck as she did not notice, enact and so could not make all the connections needed to do 'scanning' to book an appointment online:

> Camila hovers her phone camera over the QR code on the letter.
>
> *Camila: 'I'll try this'*
>
> A few seconds pass. A curved white line flashes around the QR code, then turns yellow. A small yellow box appears. She squints her eyes, looking at the screen.
>
> *Camila: 'It's lighting up'*
>
> *Shanice: 'It's found it'*
>
> Camila keeps hovering her phone over the QR code; the screen switches between white and yellow flashing outlines. After about 15 seconds, she moves the camera away and back to the QR code. Again, the square is surrounded by a white flashing outline, which turns yellow. The yellow box appears. She frowns.
>
> *Camila: 'Can't remember how to scan'*. She laughs. *'I'll have to ask [my son]'*

She messages her son on WhatsApp, who is away for work. She types '*forgot how to scan*' then shuts her phone. She mutters quietly, as she bites her fingernail:

*Camila: 'Come on [son], reply quickly'*

Camila and I both noticed her camera picking up on the QR code, through the flashing white and yellow lines. Yet, she did not seem to notice the smaller yellow box that appeared temporarily underneath it, or at least she did not verbally identify or act on it. After trying to 'scan' again, and it not working as expected, she says she has 'forgotten how to scan'. It seems that, without realising, she may have missed a vital step in the 'scanning' process: pressing a yellow box. As such, 'scanning' did not constitute a straightforward, singular step ('x') part of the process of booking an appointment online ('y'). Rather, 'scanning' itself entailed multiple steps, which she needed to know how to do in a specific sequence: hold the camera over the QR code (step one) and wait (step two), which she did. Then, click the small yellow box (step three), which she did not do. Camila's 'scanning' attempts were thus incomplete and unsuccessful, so she could not achieve the goal of booking a healthcare appointment online by 'scanning'. This illustrates in practice what she meant when she pre-emptively characterised 'scanning' as 'really technical', as this required her to apply intricate knowledge through a rigid sequence of actions. How she did not seem to notice the yellow box that she needed to 'press' resembled other situations where participants did not notice subtleties in their own actions when using digital technologies. When older people's actions did not align with the specific, often rigid and tacit, ways in which digital systems expected users to act, they could not productively 'work' or engage with such systems.

Whilst being-there with Camila allowed me to see this yellow box, I chose not to alert Camila to pressing it, to avoid further interfering with her digital practices. Despite not knowing how to 'scan' in this moment, she identified someone she expected to possess and share the knowledge she needed to do 'scanning': her son, who was not around in-person at the time. How she digitally approached her son as a useful resource for engaging digitally may not have become apparent if I had alerted her to the yellow box. How Camila applied particular knowledge she already had about a digital activity she routinely engaged in (messaging on WhatsApp) allowed her to engage with someone, within a different spatial context, who she expected could share relevant knowledge

about how to do another digital activity. Yet, this situation also shows how particular individuals (here, her son who lived away for part of each year) who Camila routinely approached about doing digital activities could be less or more accessible when she asked for help. Whilst awaiting her son's reply, she actively looked for other ways to access the online form without 'scanning':

> After sending a message to her son on WhatsApp, Camila looks closely at the letter again. Her eyes widen as she points to a website address. Her voice heightens:
>
> *Camila: 'Oh, that's for doing it online. Maybe I'll do that'*
>
> Camila picks her phone up and pauses for a few seconds, looking at the screen. She loudly sighs, then whispers under her breath.
>
> *Camila: 'Where do I put that then? Is it mail?'.* Camila pauses for a couple of seconds. *'Chrome? Google?'*
>
> Camila stares blankly at her phone screen for almost a minute. She starts biting her fingernail. After a few more seconds, I make a suggestion:
>
> *Shanice: 'Maybe try Chrome?'.*
>
> Camila instantly clicks on her Google Chrome app then on '*search*'. She leans closer to the letter on the table. She reads out the first few letters of the website address, then types them into the search bar. She repeats this several times: moving closer to the letter and reading the letters out loud, then moving her phone closer to type. She lays her phone on the table beside the letter and looks back and forth at them.
>
> *Camila: 'Yep'*
>
> Camila presses 'search'. The screen transforms; an NHS logo appears at the top. She turns to me and makes a relieved sounding '*ahh*'. The page suddenly disappears; the words 'Accept Cookies' and 'Decline Cookies' appear. Camila rolls her eyes and huffs, then says 'Cookies'. She presses 'accept'. The NHS logo reappears.

This extract shows how Camila explored alternative ways to book an appointment online, during a gap in this digital activity created when waiting for her son, who was not immediately available, to reply. Camila did this by looking over the letter, where she identified another statement that could offer another avenue for booking an appointment: a website address. Yet, she became stumped upon realising she was unsure where to put this website into her phone. Her workings-out involved stating

possible places to put this information ('mail', 'Chrome', and 'Google'), followed by silence. She began biting her nails; I found this to be a bodily expression of discomfort, reflecting Camila's uncertainty and perhaps anxiety about what to do next. Whilst not wanting to interfere further with her digital practices, I felt my ethical duties were called on to alleviate the mounting feelings of discomfort I sensed in Camila, so I repeated one option back, akin to how I gently 'nudged' her earlier on. Again, she instantly followed my suggestion by clicking on 'Chrome', further suggesting she related to me as a reliable source of digital knowledge. She then steadily translated the website address into her smartphone by looking back and forth between the letter and device and verbally expressing, whilst typing, the website letters. These actions led to a glimpse of the online form, which suddenly disappears. She sighs upon finding another step: 'cookies'. This, and how quickly she pressed 'accept', perhaps indicates Camila's growing frustration with encountering so many steps. This shows how the request to book an appointment online in the NHS letter glossed over multiple, 'really technical' steps Camila needed to, but did not always, enact to reach the online form in the first place.

How Camila tested out using a website address, instead of 'scanning', to access the online form here, demonstrates how older people may work around 'technical' steps to find other ways of engaging digitally. These insights helped with making sense of digital practices I later found Anne doing. Anne actively sought digital devices that she found to be less 'complicated' for her to use and fit better with her bodily needs, compared to other, typically newer, devices. When visiting Anne at home during my last month of fieldwork (July 2025), by which stage she felt 'more settled' in her new home, Anne brought out a small, portable DVD player (see indicative image in Figure 6). I thought it seemed pertinent to find out more about what kinds of features informed Anne's decision to get this device for playing DVDs, rather than a DVD player which she could connect to the large smart television, which was situated in front of me in her living room:

> *Shanice: 'You can get the ones that go into the TV as well, can't you. Did you look at those?'*
>
> *Anne: 'Yeah but I don't want to fiddle about with the TV. You see, I'd have to get down there to do it. And I wouldn't know what goes where'*
>
> *Shanice: 'Do you mean getting down to plug it in and things?'*

*Anne: 'Yeah, I can't get down to do that on my knees'*

*Figure 6. Indicative image of Anne's portable DVD player with a screen*




Anne's comment that she did not 'want to fiddle about with the TV' highlights two interrelated features that she expected to make it difficult for her to watch DVDs on a device connected to her television. Firstly, she would have to 'get down' on the floor to wire-up the device into her freestanding television, situated on a stand diagonally in the corner of the room. Anne expects this to be physically demanding on her knees, which she had problems with as she grew older. Secondly, she frames these physical demands as connected with difficulties she would have with knowing what plugs and cables go 'where', when trying to connect the DVD player to the television. Not having specific digital knowledge about how and where to connect these devices may exacerbate the physical demands she expected with 'getting down' to connect the devices. Anne may have to spend longer on the floor to work out how to (dis)connect the devices, which would put greater pressure on her knees. She not only expected this portable device to be less 'technical', as it did not require connecting to another device, but also more practical for her knee problems. Older people may thus find that some digital technologies do not fit with their knowledge or changing physical needs and so find engaging with them to be 'shaky' given their bodily needs which affect how they can practically interact with these devices, and may lead them to seek out alternatives.

As well as this, how Camila missed 'pressing' the yellow box without realising when 'scanning' mirrored what how I saw older people directly touching and 'pressing' their

digital devices in other settings, particularly the digital support group, where members frequently directly used digital devices. I found that how people 'pressed' affected how they could progress through digital activities, exemplified during my first observation of Anne and Julie. As they followed and enacted the volunteers' spoken instructions, articulated in the case above, I noticed subtle differences in their 'pressing' motions:

> Anne and Julie hold their smartphones in mirror-like synchronicity, each pointing a finger to the screen. I notice a break in this synchronicity: Julie presses firmly, then straightly retracts her finger. Anne presses quickly and drags her finger down at the end of the movement. Anne's screen does not change. The volunteer notices.
>
> Volunteer: 'No, you need to press it'
>
> Anne presses again, with the same dragging motion. The screen changes: her press seems to have worked this time. The volunteer nods and looks back to his phone.

This extract illustrates how subtleties in how touching a device can affect how it responds. The volunteer implied, but did not explain how, Anne's motion did not constitute 'pressing'. Anne, seemingly unaware of, or perhaps unable to control, her finger dragging, repeated this action. Indeed, Anne pointed out to me her 'bent' finger many times and said how she found it harder to control her fingers as she had gotten older. Whilst the device registered her second 'press', this, and how Camila missed a step in 'scanning', exemplifies how digital technologies may expect users to act according to rigid sequences, which people may not know about, be able to follow, and so may not always engage with effectively. Whilst Camila later received instructions from her son that helped her identify a step she missed (did not press) in 'scanning', I found other situations where older people, and people helping them, could not work out what steps or connections were missing when using digital technologies. These unidentified 'missed' steps prevented them from accessing specific activities digitally, therefore missing out on these digital connections altogether. This occurred several times in the digital support group, exemplified by the following case in which a volunteer could not work out how to complete an online form for Anne. Later that afternoon, Anne reflected on not being able to do things online, without knowing why they would not work, immediately after a staff member at her doctor's surgery asked if she or her friend could fill out an online registration form:

*Shanice: 'The receptionist seemed helpful. The first thing they said was 'can [your friend] do it online'. What did you think of that?'*

*Anne: 'Yes I know. I told them we don't do any of that. It's all so complicated now'*

*Shanice: 'Mmm'*

*Anne: 'I've tried to do it online before, but you can't tell what things in the form mean when you get to it. Like this morning with the driver's licence, I cannot believe it wouldn't work online. It just kept declining it. Me and [the volunteer] had no idea why. The form doesn't explain it. That's why I had to drop off the letter in the end. Cost £6.20 for an 8 book of stamps, ridiculous'*

Anne's commentary here alludes to a disparity between the kind of knowledge that healthcare providers and online forms may expect or prefer older people to possess, and her experience of trying to do 'complicated' forms in online systems, which do not explain what things mean. Her account indicates that when she tried using the online form in the past, she could not connect with words within it that were unexplained and unclear. We can see how Anne and the volunteer, even myself as an ethnographer, could not pinpoint which step, information, or connection they missed out when trying to renew Anne's driving license online. Without identifying this missing connection, Anne and the volunteer could not rectify it. Anne resorted to renewing her driving licence in-person, which came with what she saw as a 'ridiculous' premium: expensive postage costs. Unlike other in-person means of accessing services that Anne chose to do and performed more routinely, such as ordering prescriptions, renewing her driving license was not something she did routinely. The cost of doing this activity 'in-person' was unexpected and perhaps a heavier burden for Anne, as it was not a routine financial outgoing. These cases highlight older people, and those supporting them, may miss specific, hidden steps and connections when engaging digitally without realising, or being able to identify and rectify these connections, and therefore may find engaging digitally shaky as they often could not predict or fix what 'steps' they missed. Such shakiness hindered participants from engaging digitally.

### *6.3.2. Unclear endings to digital activities*

In Camila's case of 'scanning', we can see how she applied specific knowledge, and acted in relation to particular comments I made, to verbalise and practically test out

different routes and steps to access the online form through which to book an appointment. Whilst she encountered sticking points when trying to reach the online form, she then came across further steps with which she became stuck: questions that required her to supply highly varied personal details from multiple sources, some of which were trickier to find than others. The process Camila followed to get to, and then work through, the online form was inherently 'shaky' as it entailed multiple, and often unclear, sticking points that were not straightforward or 'easy' to navigate in practice.

Within this online form, Camila got stuck when the first question asked for her NHS number; this was not information that Camilla usually had to hand when outside her home. This indicated potential difficulties older people may face when performing health-related activities digitally in public settings, where some people may go to get support with digital activities (such as digital support groups), as they may not predict and so bring particular information that online systems may require. After checking the NHS letter, Camila suddenly recalled that the week before, she happened to write her NHS number on her covid vaccination record card before getting a recent vaccination. She proudly smiled as she pulled the card out from her wallet phone case and typed the number into the form. I reflected on how people may now incidentally carry all sorts of health information and identification with them, and how this may enable them to digitally in health-related activities outside of their homes. As Camila moved her attention iteratively between these objects (the NHS letter and her covid vaccination card) then to different apps on her smartphone (Google 'Chrome' and her calendar) to identify and input the information needed to fill out the form, she momentarily looked over to and interacted with another resident, who had entered the room. As Camila did this, she accidentally submitted the form, without noting her appointment time:

> Resident B enters holding a box in her hand. Camila, Resident A, and I turn to greet them. Camila's phone screen says: '*book your appointment*' with possible dates. She presses 'back' and clicks onto a calendar app, which contains lots of events.
>
> *Camila: 'Yep, 14th looks good'*
>
> She clicks off the calendar and pauses as she looks at her phone screen.
>
> *Camila: 'Now, where am I?'*

After a few seconds, she clicks back onto Google Chrome, then selects the 14th date in the form. On the next screen, the form offers several times. Camila frowns.

*Camila: 'Only afternoon times'*

Resident B stands next to me and hands me the box, with details of her digital health app. We chat for a couple of minutes; I occasionally glance to Camila and Camila glances back. As Resident B walks off, Camila bites her nails and frowns.

*Camila: 'I can't find where the appointment has gone. I booked something but I dunno what time it's for. I dunno whether to put it through again'*

Camila clicks on a button which says: '*Change your appointment*'. This brings up a screen stating: '*action cannot be completed. Your browser is out of date*'.

Here, Camila directs her attention to multiple actors and objects whilst attempting to supply various information in the online form: welcoming Resident B; using her phone calendar and Chrome apps. My attention shifted to Resident B, who was trying to show me an object related to her digital health app. On the one hand, I wanted to analytically focus on, and felt ethically responsible to attend to, Camila's actions, especially as I 'nudged' her into doing this digital activity in the first place and as she got stuck, and appeared anxious, at several points. On the other hand, I did not want to dismiss the residents' efforts to share her digital experiences with me. I tried balancing these obligations by speaking to the resident briefly, looking at the packaging she brought, whilst keeping an eye on Camila's activities. Yet, as I was doing this, Camila accidentally submitted the form before she or I could note her appointment time. My attention was taken away from, and so I momentarily overlooked, Camila's digital activities. This situation further reflects how older people frequently designated their sense of digital processes as 'technical', seemingly as they found this to require them to give their full attention to applying their knowledge to these processes. Older people may miss, or accidentally make, 'presses' on particular buttons or steps when enacting digital activities within social settings, which require them to divide their attention when socialising with several people. Trying to access public services digitally in such social settings seemed particularly challenging for older people, who were having to further divide their attention between multiple objects (a device, apps, and letters) to supply specific information.

How Camila then encountered an 'action cannot be completed' alert due to an 'out of date' smartphone browser, when trying to check or change her appointment time, indicates precarities that affect and destabilise older people's abilities to use digital technologies to undo and resolve accidents, errors, and unclear endings within digital systems. Even after Camila had provided all the information requested by the online form and answered all the questions required to book an appointment online, she again got stuck with being left not knowing her selected appointment time, whilst being unable to use the same system to get this knowledge to become unstuck. I then recalled, and decided to alert Camila to, a freephone number on the letter that she could contact to resolve this ambiguity; her tone instantly became gentler, stating: 'Oh yes, I'll ring that when I get home'. A week later, I found that Camila used this number to check her appointment time. This created more work for her though ultimately enabled her to access knowledge that could settle ambiguities she could not resolve within the digital system. Overall, these cases show how I came to see older people finding engaging digitally 'shaky' based on missing steps and connections which digital systems expect them to enact in highly specific sequences. Consequently, I repeatedly encountered them 'getting stuck' when they attempted to resolve unclear situations and endings. These could be seen when they were tried to perform digital activities, which they then judged to be tricky, or which the digital device actually prevented them from resolving digitally. In both types of case, people found addressing these dilemmas required them to access such activities and services by other and different means than they had expected, or been prepared for, by the digital technologies involving them.

## 6.4. Unexpected encounters when engaging digitally

Whilst I found that older people may miss, or fail to make, particular steps and connections digitally, this seemingly contradicted other contextual insights I formed during my first observation in the digital support group. Here, I saw how touchscreen (smartphone and tablet) devices, which most group members used, could be highly sensitive to older people's physical touch. Sometimes, these touchscreen devices responded to very brief, subtle moments of contact, when older people's fingers accidentally grazed the screen. These brief moments of contact could unexpectedly open up parts of a digital system which older people did not recognise and seemed

‘strange’ to them. Yet, touchscreen devices sometimes did not instantly respond when older people intentionally pressed the screen, as we saw with how Anne dragged her finger (see page 140). Based on this apparent variability, I focussed on if and how touchscreen devices responded to older people’s touch, and what unfolded when they physically contacted a digital device, intentionally or not,

When I first observed Julie and Anne in the digital support group, I found that they and other group members did not always notice when they subtly, accidentally touched the screen of their digital device, such as tapping it when holding the device in their hands. On a few occasions, however, these accidental taps and touches were noticed by the user of the device and other people in the setting. During this session, a piercingly loud song came from one side of the room; everyone sat around the table instantly turned towards a group member, who smirked and became flushed, seemingly embarrassed. This group member swiftly tapped on her tablet to stop a video that they unexpectedly started playing aloud, which they pressed ‘by accident’. Throughout my fieldwork, I repeatedly witnessed digital support group members accidentally touching devices, which often generated sounds that were more or less visible to others in the setting. During my final visit in this group, I accidentally pressed my own finger against the screen of a group members’ tablet she was handing to me. We both gasped as the Facebook post she tried showing me disappeared the moment my finger touched the screen. Luckily, I was able to recover the post on her device. In this moment, I experienced first-hand how shaky digital devices could be. On another occasion, I realised how accidental ‘pressing’ could also happen and become visible within group members’ WhatsApp group chat, as the following case illustrates:

As Nora says she misses a volunteer who left the group, another volunteer calls over from across the table. Other group members look towards Nora:

*Volunteer: ‘What’s ‘P’ [Nora]?’*

Nora tilts her head and raises her eyebrows.

*Nora: ‘Sorry?’*

*Volunteer: ‘You’ve put ‘P’ on the chat’*

Nora looks at her mobile phone for several seconds.

*Shanice: ‘Oh sorry, that might have been us. We were looking at donut emojis’*

Nora and the volunteer laugh. Nora turns to me. The volunteer looks at their phone.

*Nora: 'That's the thing as well with these things. So sensitive. All you gotta do is'* – Nora gently hovers her finger over the smartphone screen

By this point, roughly a year into my fieldwork, I had repeatedly found that some accidental 'presses' older people made on their touchscreen devices were naturally visible or became intentionally exposed in the digital support group. For example: members pointed them out to discuss, or in humour, although as we saw earlier this could also embarrass whoever pressed accidentally. Given this, and the fact that Nora's accidental press emerged during an ethnographic interview, I took partial responsibility for this in my response to the volunteer. As Nora and I began conversing one-to-one again, she spoke of how she found her smartphone to be 'so sensitive' to the briefest touch, as it could register and share information without her realising. When I saw touchscreen devices seemingly respond to participants' touch without them realising or intending, my attention returned to the Phase 1 discussions. Such situations illustrated in practice older people's talk of how digital technologies could easily and unexpectedly 'go wrong' (see Chapter 5). Older people may encounter digital technologies as creating unstable and shaky connections in being 'sensitive' to the briefest touch, rather than as providing stable and predictable forms of and mechanisms for connecting. These insights led me to attend more directly in situations where older people framed digital technologies as in some way 'sensitive' and/or susceptible to 'going wrong', elucidated in the following section.

### *6.4.1. 'What's that?': Strange territories when engaging digitally*

Directly observing participants trying to connect digitally helped me see how they encountered, and had to navigate practically, unexpected and 'strange' digital systems which could arise from their accidentally contacting or pressing a digital device. They also came across unfamiliar and 'strange' information spontaneously, seemingly out of nowhere, which did not appear to be a direct consequence of a particular 'press' on digital devices. Whilst I could identify connections participants made or missed that led to particular 'strange' territories in some situations, it was sometimes not clear to me, as an observing ethnographer, whether particular information, features, and territories became visible from someone touching a device. Such unclear features contributed to

my growing sense of how participants experienced engaging digitally as creating unpredictable and so shaky connections. In many cases, participants found it tricky to navigate these unexpected and strange territories. They actively sought out particular resources and contacts to find a way out of these strange territories and return to more familiar digital territories and connections. When Anne, Julie, and other members came across strange territories when engaging digitally in the digital support group, they often approached a volunteer who could help them understand and get out of these territories. This occurred when Anne unlocked her smartphone, seemingly for the first time that day, to find a message 'alert' that she had not seen before:

> Only Anne, two other group members, a volunteer, and me are at the digital support group today. The volunteer asks: '*no one's got any questions then?*'. Anne firmly presses a button on the side of her smartphone. The screen lights up. She quietly mutters: '*weekly report'*. She frowns and looks over to the volunteer.
>
> *Anne: 'What's that?'*
>
> *Volunteer: 'What's what?'*
>
> *Anne: 'I've just had this 'weekly report' thing come up'* – she clicks on the 'report'
>
> Another group member looks up from their smartphone device.
>
> *Group member: 'Oo perhaps you've pressed something, [Anne]?'*
>
> *Anne: 'I've never had this before'* – she tilts her phone in my direction
>
> *Volunteer: 'Oh, I think that's something Samsung does. Gives you a weekly report'*
>
> *Shanice: 'Oh, does that little graph show screen time over the week?'*
>
> *Volunteer: 'Yes, it will do'*
>
> *Anne: 'Why on earth would you want to know that?* – Anne shakes her head

As Anne unlocked her phone, she was confronted with something that looked unusual. She initiated the action of picking up her smartphone only when the volunteer directly asked the small group of attendees if they had 'any questions'. This perhaps prompted Anne to use her smartphone. As she did this, she found a strange 'weekly report'. How she asked the volunteer about the 'report' sheds light on how the digital support group provided an environment in which members could quickly check out what unclear or strange-looking digital features mean. Whilst the volunteer asked 'what' Anne was referring to, I was struck by how another older person, listening to their exchange, asked

if Anne may have ‘pressed something’. This builds on Nora’s and other participants’ accounts of how ‘sensitive’ to touch digital devices were, suggesting that accidentally ‘pressing’ could have led Anne to a strange part of this digital system. The volunteer attributed the ‘weekly report’ as something the maker of the device (Samsung) does. This comment itself seemed somewhat ‘technical’ to me, because it implied knowledge about, but did not make explicit, specifically what it is that ‘Samsung does’. My own response, upon seeing and speaking of the ‘little graph’ showing ‘screen time’, inadvertently specifies more detail about the ‘report’ to Anne. Following these descriptions, Anne instantly doubts the use and value for her to have this information. Anne still encountered this digital feature as ‘strange’ despite, or more precisely based on, knowing it shows her weekly ‘screen time’ use.

The fact that Anne did not recognise this ‘weekly report’ alert may indicate that her declining digital activity, which I observed within the digital support group during this period of fieldwork, carried into and mirrored her daily life outside of the group. As she unlocked her phone, I found a series of update requests and alerts appeared in a very long list, indicating that she had not regularly used the device, at least not in the last week, in March 2025. This seemed to be further evidenced by what I saw inside the ‘weekly report’; it showed seven shallow columns, each roughly the same height, with the message: ‘average screen time 20 minutes’. I realised this report had supplied ‘real time’ digital data on Anne’s weekly screen time use, which incidentally seemed to validate my growing suspicion that Anne had not used her smartphone much lately. Whilst I could not draw definitive conclusions about her daily digital activity from this device-specific, numerical and time-limited information, this unexpectedly provided a pertinent form of ‘research data’ that I could not otherwise generate myself by one or more ethnographic observations. These insights, accumulated across situations and incorporating this additional digital data source, presents a relational backdrop surrounding this specific moment in which Anne found particular information on her smartphone to appear unfamiliar and ‘strange’.

Whilst Anne could ask for the volunteers’ help in the above situation, participants sometimes encountered strange territories in digital systems when they did not have direct access to specific contacts to help them navigate a way out. In such situations,

participants needed to draw on specific knowledge and resources available to them within that particular place and time, to work out how to get out of these strange territories. As implied in the case above, strange encounters could emerge during mundane digital activities which participants routinely engaged in, such as when unlocking their own smartphone. This is further exemplified in the case below, which depicts how Camila found her way out of a strange territory when checking her Facebook app. Checking Facebook was a digital practice I found Camila doing routinely and uninterruptedly at the start most craft group sessions, whilst having a few sips of a warm drink before she started 'loom knitting'. Yet, in this case, she unexpectedly got stuck when Facebook looked different:

> Camila clicks on Facebook and tells me of an account she follows about a home-schooled child who has an assistance pet. She keenly shares photos of the child, which I see she has 'liked', and details of the child's life.
>
> *Camila: 'This is [their pet]'*
>
> *Shanice: 'Aw, they look like best friends'*
>
> Camila clicks on a charity page for assistance pets, moving her hands as she passionately says how a charity helps the child. As she expressively moves her hands and looks up for a second, she taps the '*send to*' button on Facebook, seemingly without realising.
>
> *Camila: 'Where's that gone now'*
>
> Camila presses the 'home' button. She opens her apps list and clicks on Facebook. The 'send to' screen reappears. She repeats this three times. Perhaps Camila thinks she has entered a different app. She clicks onto Facebook from the home screen. The 'send to' screen reappears. She firmly presses '*back*' on Facebook two times. A second later, the Facebook home page appears; it has gone two steps '*back*' too far. She sighs and clicks on the '*search*' box, then her '*most recent*' search. She finds the page again and continues discussing the child's story.

This strange encounter emerged as Camila engaged in her usual practice of checking Facebook before knitting in the craft group. Scrolling through the Facebook homepage, she saw a new update from the Facebook account about the child. How she so briefly accidentally 'pressed' her phone here, without realising when expressively moving her

hands, mirrors Nora's account of how 'sensitive' to touch her smartphone could be. Camila's accidental 'press' opened up an unrecognisable, seemingly strange part of Facebook. The way Camila then navigated her way around her smartphone, repeatedly trying to re-open the Facebook app, suggests she thought that she was not in her Facebook app anymore. A mundane digital activity she did routinely suddenly became strange. After testing out several actions, Camila managed to find a way out of this strange territory by identifying and doubly pressing a button within Facebook. Yet, the device seemingly registered both of her presses, taking her further back than she intended, further exemplifying the idea of touchscreen sensitivity. Nonetheless, these double 'presses' helped restabilise a digital connection Camila was trying to make, by returning her to the familiar territory of the app homepage. From here, Camila could swiftly and easily repeat the same set of actions she usually performed to locate the Facebook page. This situation shows how a simple, unnoticed slip of a finger during a routine, familiar digital activity can unleash strange parts of a digital system. As such, participants sometimes got stuck when finding strange territories during routine digital activities, requiring them to apply their knowledge about using their digital device to become unstuck and so return to familiar territories.

Building on these insights, I found participants encountered strange territories when digital technologies and systems, with which they became familiar and routinely used, unexpectedly changed. They found digital connections to be 'shaky' when a digital system, which they got to know through repeated interaction over time, suddenly appeared and required them to act differently. This often put a temporary, but marked, halt to their abilities to engage in activities they routinely used to do digitally, as they needed to get to grips with a new, seemingly strange, system. Such changes thus disrupted the ways older people could engage digitally, as well as for others who interacted with particular materials or features generated through their peers' digital practices. Such disruptive consequences are highlighted by an unexpected break I noticed in the craft group's (sheltered housing setting) routines, as articulated below.

When I first attended the craft group, I noticed a stack of leaflets that appeared to have been generated digitally: a digital 'artefact' unlike anything I had seen so far in my fieldwork. The leaflets' contents were bright, colourful, and carefully arranged; it was

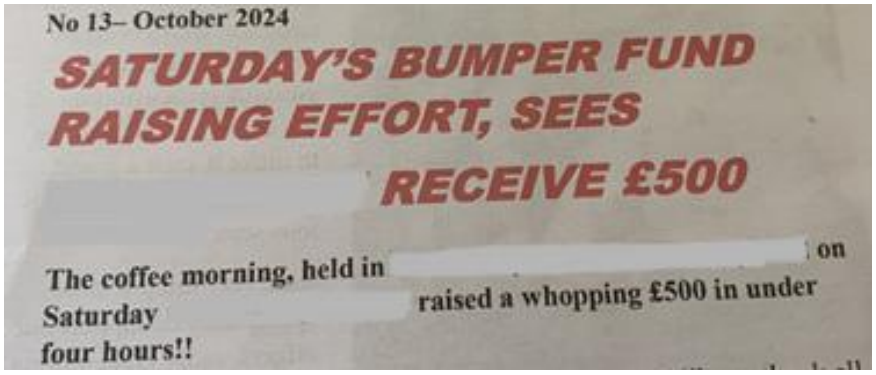
dated by month, displayed photos of social gatherings and an interactive quiz. As I got chatting to Camila in this first session, I learned that Pam made the leaflets for others living in, and nearby, the sheltered housing. As I continued attending the group, Camila and Pam would encourage me to take a copy of the newest leaflet. I never got to see how Pam made these leaflets digitally; in fact, whilst Pam regularly travelled to many places within and outside the borough, I never spent time with her outside of the sheltered housing grounds. Through chatting with Pam during the craft group, and an occasional games session I attended, I learned that she used her laptop to make the leaflets, and that a friend helped her with formatting them. I came to expect to collect a new leaflet each month. In the last two months of fieldwork, my visits to the setting became less frequent, as I actively tried winding down my fieldwork activities to gradually, non-abruptly, leave the field. I also found that craft group members tended to meet less regularly in the summer, as observed in the previous summer. When I eventually visited again in July 2025, I was surprised that there was not a new leaflet for me to collect:

> As I enter the setting, I complement Pam on the '*glorious*' hanging baskets in the garden, which were attracting lots of bees. I reach for a leaflet on the side table. I retreat my hand, noticing it is dated '*October 2024*'. I realise I have seen it before.
>
> *Shanice: 'Oh, that's not the latest one, is it'*
>
> *Pam: 'No. They've taken away the thing we used to do it. Microsoft did an update, and they've taken it away. So, we haven't done one for a few months'*
>
> *Shanice: 'Oh no'*
>
> *Pam: 'Yeah. It'll be okay though. They said we will still be able to do the same thing on the other programmes, but we just haven't worked it out yet. I can't remember the name of the one they've taken. Not [Microsoft] Word'*
>
> *Shanice: 'Oh, um… is it [Microsoft] Publisher?'*
>
> *Pam: 'That's it. So, we need to work out which one we can do it on now and how'*

This interaction highlights how an unexpected change in Microsoft's platform hindered Pam and her friends' digital social practice of making a community leaflet. The system they spent many months using to make the leaflets was suddenly 'taken' away. The tone of my comment 'oh no' perhaps conveyed my disappointment for Pam and group members who enjoyed the leaflets. Indeed, on many occasions, Camila and others

pointed out funny photos, quiz questions, and one-liners in the leaflets. Pam's leaflet was often a starting point for group members to talk of their recent social antics. Pam may have picked up on my disappointment, as she quickly reassured me that 'it'll be okay' as Microsoft have assured that her and her friend will be able to use another programme, capable of supporting 'the same thing', to make the leaflets. As I realised, a couple of months had already passed since Microsoft 'Publisher' was 'taken' away, I noticed a contradiction between Microsoft's claim that Pam could do the 'same thing' and her initially finding the other packages to be so different to the one she had gotten used to. Pam seemingly felt as though she was having to learn a new system from scratch. This encounter exemplifies the shaky and moving nature of digital connections, as experienced by study participants. When older people build familiarity with a digital device or system, there is no telling when and how it may suddenly change and appear strange. Giving time to 'work' out a new, strange-looking system (Microsoft Word) could enable Pam to use this in practice to make leaflets. This seemingly paid off; when visiting the setting for the final time, I found a new leaflet with visual qualities that closely resembled prior leaflets (see Figures 7 and 8).

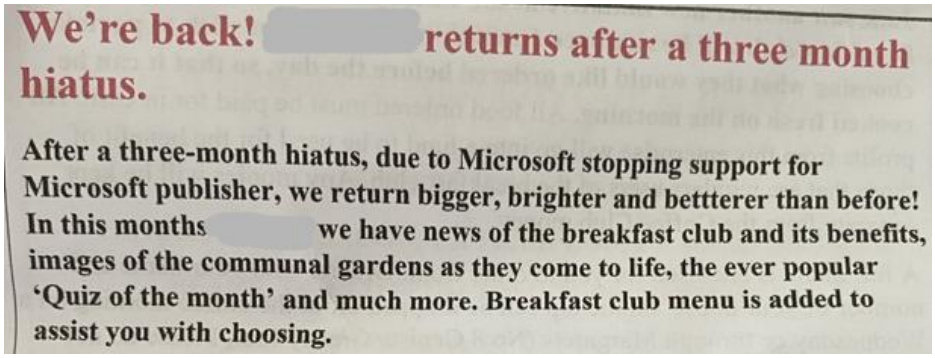
*Figure 7. Pam's leaflet made using Microsoft Publisher from October 2024*


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SATURDAY'S BUMPER FUND RAISING EFFORT, SEES RECEIVE £500

The coffee morning, held in [redacted] on Saturday raised a whopping £500 in under four hours!!

*Figure 8. Pam's leaflet made using Microsoft Word from July 2025*


We're back! [redacted] returns after a three month hiatus.

After a three-month hiatus, due to Microsoft stopping support for Microsoft publisher, we return bigger, brighter and bettterer than before! In this months [redacted] we have news of the breakfast club and its benefits, images of the communal gardens as they come to life, the ever popular 'Quiz of the month' and much more. Breakfast club menu is added to assist you with choosing.

This situation illustrates how, despite the digital system unexpectedly changing and disrupting Pam and her friends' digital leaflet-making practices for several months, they managed to get unstuck by taking time to get to grips with a new digital system. These insights build on how I earlier described Anne working around problems she had with connecting and using particular digital technologies by activity seeking other, typically older, more familiar and so less 'complicated', devices which fitted better with her age-related bodily needs. Pam was similarly able to work around and adapt her digital practices to engage with a new, initially unfamiliar digital system. Spending time using the new system (Microsoft Word) allowed this to become more familiar and meant she could successfully start back with making her leaflets. Older people may thus find connections to be 'shaky' when digital technologies and systems change unexpectedly, challenging whether and how they can adapt to these changes which require older people, who will have varying cultural and generational reference points for digital technologies, to act in different ways.

### *6.4.2. When digital technologies go 'wrong'*

Building on participants' experiences of unexpected and so seemingly 'shaky' digital connections, I first came across participants talking about how digital technologies could 'go wrong' in the Phase 1 interviews and focus group, leading them to orientate themselves towards engaging with people rather than, or to support with, engaging digitally in practice (see Chapter 5). As I began observing their daily routines in social settings, I found that digital technologies, that were often out-of-view and so initially concealed from myself and participants, could be part of the background of these activities. Initially hidden digital technologies only became known to older people and me as having a role in such activities when they unexpectedly went 'wrong', as this resulted in changes to the routines older people came to expect and enact in social settings. Using a relational approach to attend to how digital technologies form part of these socio-material backdrops enabled me to make visible how older people may encounter digital technologies in ways that may be less directly visible to me, as an observer, and those interacting within these situations. This section examines a set of ethnographic cases whereby how digital technologies were made visible to me and participants unexpectedly through them going 'wrong'.

When first walking with Camila along the seafront in April 2024, I found I did not 'see' her directly engaging in much digital activity. Yet, by talking, I found that she checked her smartphone weather app before our walk which, in her words: 'said no rain in the afternoon', so she took 'the opportunity to get out'. She did not go walking the week before, as the app said it was going to rain, and it did so for most of the week. Digital weather-checking practices, whilst outside the remit of my observational gaze, brought about, and could close down, Camila's walking activities and so my ethnographic encounters with her. This digital practice was not directly visible to me when observing Camila; indeed, in carrying out my ethnography, it would not be possible for me to see every way that participants engaged digitally. Yet, my realising how her digital weather-checking took place leading up to, not during, our first observation session led me to then attend more closely to how digital technologies may have been less visible to me when observing participants' social situations. I began examining how older people and myself may not be aware of, or directly 'use', digital technologies which may nonetheless be present in, give rise to, and shape our interactions. As an ethnographer, my challenge was to find a way to notice these out-of-view digital technologies and practices.

As my fieldwork progressed, I found repeated events where initially out-of-view or 'hidden' digital technologies became known to me and older people only when they unexpectedly went 'wrong'. During December 2024, when over half-way through my fieldwork, I accompanied Anne and her friends to a restaurant, where they often met for lunch. The group encountered events which they flagged up were unusual for this restaurant, based on the number of cutleries a staff member provided as we waited for our food orders to arrive:

> Staff member 1 quietly mutters: '*seven eating'*. They place cutlery on the table then leave. Friend 1 looks carefully at the cutlery for several seconds, then counts them.
>
> *Friend 1: 'She's given us too much. She's given us seven. Only five are eating*'
>
> *Anne: 'Has she?'. Anne repeats: 'they've given us seven cutlery'*
>
> The ladies sit quietly exchanging wide-eyed looks. Another staff member approaches, looking at a long receipt in their hands.
>
> *Staff member 2: 'Can I check, it is seven for food?'*
>
> *Anne: 'No, only five'*

*Staff member 2: 'Right. We've got seven for sausage and mash'*

The ladies gasp. Friend 2 shakes her head and says they only ordered three.

*Staff member 2: 'Right. Let me check that you haven't been charged. Probably [staff member 1] put it in wrong. They can't spell and they can't count'*

The ladies burst into laughter. The staff member leaves and returns shortly after.

*Staff member 2: 'Hello ladies, sorry about that, our machine's messed up. It's printing double of every receipt. Don't worry, we haven't charged you'*

*Friend 3: 'Oh, the machine mucked up, typical!'*

*Anne: 'Isn't it!'*

*Friend 3: 'Always relying on machines. People don't use their brains anymore. I don't do any of that online stuff'*

Friend 1 immediately noticed something she thought was odd when the staff member placed the cutlery on the table, conveyed by her looking closely at and then counting the cutlery. She then states that staff have given too much cutlery for the number of people eating. I suspected this was an innocent mistake; perhaps the staff member noticed there were more than five of us around the table, so gave us extra cutlery. Yet, Anne's friends' questioning made me reflect on whether I was missing something, maybe 'insider' knowledge about usual processes within this setting, that she and the other ladies possessed about how things work as regular visitors in this restaurant. Perhaps getting 'too much' cutlery could indicate a problem of which I was not aware, as I had never visited the restaurant before. I suddenly then recalled the staff member mutter: 'seven eating', which Anne and her friends did not seem to hear. I was relieved when another staff member approached to check that 'seven' were eating. Anne and Friend 2 swiftly corrected the numbers eating. The staff member, holding what looked like a digitally generated receipt, instantly suspected their colleague 'put it in wrong' because they cannot 'spell' or 'count'. I found this striking for two reasons. Firstly, our seemingly unusual experience of getting 'too much' cutlery suddenly appeared to be related to digitally connected activities, by the staff member's commenting on other staff putting the order 'in wrong'. Secondly, the staff member acted as though the fault lay more likely with their colleague, rather than the digital system used to process food orders.

When the staff member returned, they explained the 'machine's messed up': it was printing double of each order and receipt. The staff member swiftly apologised and reassured the ladies that they would not be charged for the extra orders. This situation highlighted how older people may encounter and be affected by digital technologies making errors and going 'wrong' during particular activities and settings, despite not initiating or directly engaging with such technologies. It further reveals how the staff member assumed that the extra erroneous orders emerged from human error, not a machine error, indicating how some individuals may assume digital technologies as mostly predictable and reliable. These assumptions were contrasted by Friend 3's animated response to the machine getting 'messed up', which she characterised as 'typical' of machines. They reported encountering 'machines' as susceptible to making errors, shaky and unreliable. For Friend 3, learning about this digital 'muck up' validated her sense that people are increasingly and problematically 'always relying on machines', instead of using 'their brains'. Friend 3 mobilised this digital incident to justify her not going 'online'. Whilst she and others did not directly and actively use digital technologies here, this case shows how older people may still encounter and be affected by digital technologies working, or not working, in the background of social activities they engage in. Digital technologies may now underlie many social activities, yet they may only become known to people when the usual routines and social rules of a setting are disrupted by them 'going wrong'.

This fieldwork scenario indicates that older people may unexpectedly come to 'digital knowledge' that may otherwise be silent, out-of-view, or taken-for-granted in the background of a setting when digital technologies, for example, malfunction or 'go wrong'. In 'going wrong', digital technologies may prompt changes, breaks, and disruptions to the social practices that individuals routinely expect within particular social settings, therefore leading these individuals to become aware of, previously unnoticed, digital technologies. Together, the cases reported in this section show how older people may have unexpected digital encounters not only when actively and routinely engaging digitally, but also when engaging in daily social activities in which digital technologies may be less directly visible, yet which become known to them through disrupting how such activities flow.

## 6.5. Reflecting on how organisations frame engaging digitally as 'easy', 'easier' and 'easiest'

As I saw participants getting stuck with digital activities they found not easy but 'technical', which required them to identify and enact specific steps in particular sequences, and with 'strange' digital territories, I then noticed local organisations contrastively framing digital activities as 'easy' to do, including those in which participants directly engaged. Such framings contradicted how participants spoke of, and experienced, digital activities as placing considerable demands on them to work out, learn, and remember how to access and apply specific know-how, and how this created shaky and unstable digital connections. I personally experienced this contradiction when I tried paying for parking online in the field during June 2024. I found unclear details within an online form which hindered me from completing it. Whilst this was my own personal experience, this sensitised me to the relational field contexts in which digital activities may appear as 'easy', yet seem unclear and 'technical' to users in practice:

> I see a website on a billboard; it loads slowly on my phone. I navigate three '*sign-in*' options, then find a message: '*Thanks for trying out PayByPhone, the easiest way to pay for parking*'. I perform an '*I am not a robot*' activity. I type in a '*Location*' number, then my vehicle type and plate. Five minutes pass. There are no hourly options for '*parking duration*'. I laugh as navigating this system does not seem '*easy*'. I select one day. It requests payment but does not specify the cost. An older man approaches.
>
> *Older man: 'There's a machine over there'*. The man points his finger.
>
> Bewildered, I stutter a response.
>
> *Shanice: 'Yeah? This is so... very very complicated'*
>
> *Older man: 'Yeah, none of that. The machine's just over there'*
>
> *Shanice: 'Oh, thank you'*. I walk towards the machine.

Here, I could not directly see how to pay for parking in-person or via a designated machine; I resorted to trying to pay online. This turned out to be a lengthy and complicated process, requiring me to provide multiple forms of information to answer each question. This starkly and, in the moment, amusingly contrasted how the organisations' online form framed the 'PayByPhone' method as 'the easiest way' to pay. After slowly but successfully navigating some initial questions, I felt uncomfortable when

the form asked for my card 'payment' details without stating how much I would be charged. As I noticed this ambiguity, I was relieved when a stranger indicated where I could find a parking machine. Yet, I found this machine equally puzzling; it displayed multiple boxes of different shapes, sizes, and colours in very small writing. It took me even more time to visually interpret the screen and locate where I could pay for parking. These personal insights enabled me to more broadly characterise the field in terms of daily situations where older people may come across requests to, yet not obviously notice alternatives to, engage digitally. Given how my experience with this online form jarred so extremely with how it framed the activity as 'the easiest' way to pay, I began actively attending to if and how older people found local organisations and services assuming and framing particular digital processes as 'easy', and whether and how this connected with their experiences of these digital activities in practice.

Like how many older people used the words 'technical' and 'complicated' to refer to digital activities, the word 'easy' stuck out for me from this point. I actively looked from then on for scenarios and ways in which older people may encounter or resist overt framings of digital activities as 'easy', and whether this reflected their experiences. By this point in my fieldwork, in June 2024 (month 5), I was already actively attending to how older people were becoming aware of and weighing up options for ordering repeat prescriptions, as the local telephone 'Prescription Ordering Direct Service' was due to close that month (Norfolk and Waveney Integrated Care System, 2024). In Phase 1, I learned that some participants were working out alternative ways to get prescriptions without 'going online'. Attending to these features concurrently, I examined what digital and in-person options services were offering for prescription ordering, and whether these services framed or favoured particular options as 'easier' than others. Referring to these developing insights, I revisited information leaflets I collected in April 2024 about upcoming changes to prescription ordering in Great Yarmouth. I acquired these leaflets online from local GP surgery websites, though later noticed one of these when visiting Anne's GP surgery with her. I was struck by the way these leaflets centred one particular way of ordering prescriptions: using the 'NHS App or online at www.nhs.uk'. Using the word 'easily' to describe this 'NHS App or online' option (highlighted in Figures 9 and 10), and how this is presented first, worked to centre this 'NHS App or online' option:

*Figure 9. GP surgery website leaflet on prescription ordering*

This leaflet explains the different ways to order your repeat prescription in Norfolk and Waveney.

## NHS App or online at www.nhs.uk



Repeat prescriptions can easily be ordered using the NHS App and you can arrange to collect your medication from a pharmacy of your choice. You can order your prescription at any time that suits you and there's no need to call your surgery or wait until it opens.

You can find more information about how to order your prescription by searching online for the **NHS step-by-step guide to ordering repeat prescriptions.**

Download the NHS App and create an account to get started.

Repeat prescriptions can also be ordered by logging into your NHS account on the NHS website, which you can access here: **https://access.login.nhs.uk/enter-email**

## Register to use your GP's Online Services



At most GP practices, you can book appointments online, order repeat prescriptions, and view clinical records using Online Services.

See your GP practice website to see how to register for this service. You may need to wait a couple of days before you can have access to the account.

## Ordering for someone else, including children?

It is possible to set up an online account – called proxy access – to order on behalf of someone else. Please ask at your GP practice how to set this up. If proxy access is not an option, you may also submit a written request to the practice.

## By email / online form



Many practices have a form to complete on their website which can then be sent electronically to the practice team. Check your practice's website for details.

## Electronic Repeat Dispensing (eRD)



Your GP may be able to setup regular monthly requests for medicines to a pharmacy of your choice using Electronic Repeat Dispensing. This means you can collect your medicines from your pharmacy as you need them, without having to reorder from your GP each time.

This service is not available to everyone or for every medicine. Ask your GP practice if you are eligible for this service and if they are able to offer it.

## In person at your GP practice



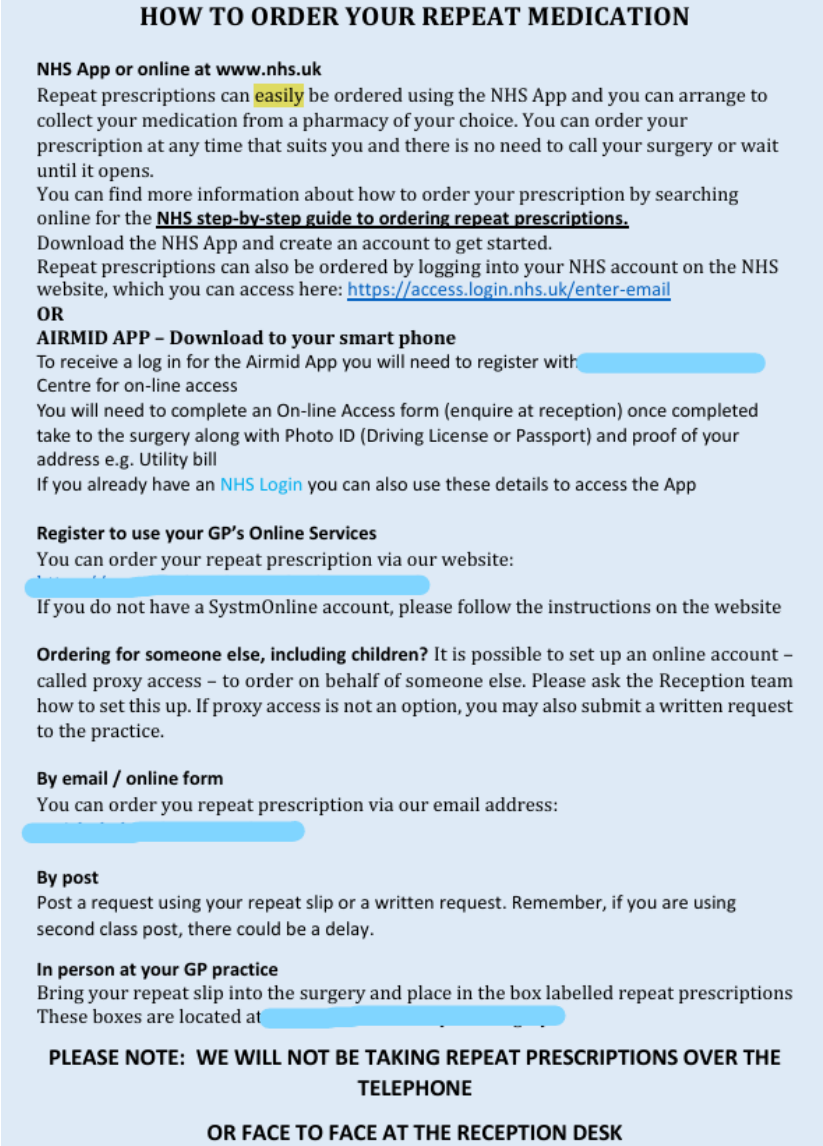
Almost all GP practices have a form to request a repeat prescription that you can hand to the reception team. If you have a "repeat slip" you can use this, or simply write a note with your name, address, date of birth and the items that you require.

## By post



Many practices allow you to post a request using their request form or a written request. Remember, if you are using second class post, there could be a delay.

*Figure 10. GP surgery website leaflet on prescription ordering*



**HOW TO ORDER YOUR REPEAT MEDICATION**

**NHS App or online at www.nhs.uk**
Repeat prescriptions can easily be ordered using the NHS App and you can arrange to collect your medication from a pharmacy of your choice. You can order your prescription at any time that suits you and there is no need to call your surgery or wait until it opens.
You can find more information about how to order your prescription by searching online for the **NHS step-by-step guide to ordering repeat prescriptions.**
Download the NHS App and create an account to get started.
Repeat prescriptions can also be ordered by logging into your NHS account on the NHS website, which you can access here: https://access.login.nhs.uk/enter-email
**OR**
**AIRMID APP – Download to your smart phone**
To receive a log in for the Airmid App you will need to register with
Centre for on-line access
You will need to complete an On-line Access form (enquire at reception) once completed take to the surgery along with Photo ID (Driving License or Passport) and proof of your address e.g. Utility bill
If you already have an NHS Login you can also use these details to access the App

**Register to use your GP's Online Services**
You can order your repeat prescription via our website:
If you do not have a SystmOnline account, please follow the instructions on the website

**Ordering for someone else, including children?** It is possible to set up an online account – called proxy access – to order on behalf of someone else. Please ask the Reception team how to set this up. If proxy access is not an option, you may also submit a written request to the practice.

**By email / online form**
You can order you repeat prescription via our email address:

**By post**
Post a request using your repeat slip or a written request. Remember, if you are using second class post, there could be a delay.

**In person at your GP practice**
Bring your repeat slip into the surgery and place in the box labelled repeat prescriptions
These boxes are located at

**PLEASE NOTE: WE WILL NOT BE TAKING REPEAT PRESCRIPTIONS OVER THE TELEPHONE**

**OR FACE TO FACE AT THE RECEPTION DESK**

Here, we can see how both leaflets use the word 'easily' to characterise how local healthcare services assumed patients would experience ordering prescriptions using this online method. Displaying almost identical written messaging, seemingly from the shared county-wide NHS trust, these leaflets briefly elaborate on what makes this method especially 'easy' for patients: convenience through being able to order prescriptions 'at any time that suits you and there's no need to call your surgery or wait until it opens'. Whilst framing these as distinct benefits of using NHS App and online methods, the leaflets present non-digital options, 'by post' or 'in person at your GP practice', last. This reflected national policy on creating a 'digital front door' to the NHS (NHS England, 2022). Despite being aware of this policy context from the outset of my

research, I found this repeated ordering striking based on how older people said to me how they wanted, needed, or preferred in-person ways of accessing services during fieldwork. This first emerged in Phase 1 (see Chapter 5) and became more visible through my Phase 2 fieldwork, as I saw participants did not use, took time to start or had difficulties using the NHS App. How these options are ordered in these public-facing healthcare service leaflets contradicts the priorities, needs, and experiences of many older people with whom I engaged in my fieldwork.

Based on these contradictions between local services and national policy, and older people's lived experiences, I further examined how participants characterised the ways they tried ordering prescriptions in practice; and whether and how they encountered specific options being framed as 'easier' than others, and how this related to, contradicted, or glossed over their experiences. I was directly able to examine such questions the following month of my fieldwork, in July 2024, when I accompanied Anne as she dropped off a prescription slip to her doctor's surgery, after visiting the digital support group. How Anne characterised what she was about to do as 'just dropping this in' conveyed a sense of ease to this health-related practice. Yet, her account also illuminated that whether 'dropping' off a prescription slop was convenient for her depended on being able to fit this in when she ordinarily visited the town centre. Her account suggests that she found dropping off her prescription trickier now that she tended not to visit the town centre anymore, akin to many other 'local people':

> *Anne: 'I try to do it [drop off my prescription] when I'm here. Or I'd have to do a special visit. Not many people come into town now. There's nothing here'*

Anne's comments echo sentiments her friends shared the prior week; that there is 'nowhere to shop' in Great Yarmouth anymore, especially for clothes. These ideas seemingly seeped into my developing awareness of the field; as I wandered along the rows on a cold, Autumnal morning in 2024, I briefly counted the number of vacant buildings, noting they looked 'lifeless, grey, and empty'. I stopped in my tracks upon hearing a jolly laugh inside a nearby building: a powerful expression of life which starkly contradicted my judgements of lifelessness. A similar paradox emerged when Anne commented on 'not many people' coming into town as we walked through the lively town centre on a summer lunchtime: the busiest I had ever seen it. I realised, however, that

most people, wearing flipflops and summery shirts, were probably transient holidaymakers, not 'local' people, who Anne was referring to. Whilst seasonal tourism may make Great Yarmouth appear as a bustling town, this may not reflect how older people who live there throughout the year, possibly for many years, relate to and spend their time within it. Anne explained she would have to make a 'special visit' into town if she did not drop off her prescription after the digital support group, which would be less convenient for her routine activities. Whether Anne saw 'dropping off' a prescription as 'easy' and convenient therefore depended on her being able to fit this in with other activities she was doing in town. How she could make this more or less convenient contrasted with her past experiences of trying to 'do it online, where she could not understand 'what things in the form mean'. For Anne then, ordering online was not enacted as easily as dropping off a prescription slip in-person.

Noting this contrast, I came to see other situations where both public and commercial services framed digital activities as 'easy' and convenient, which further glossed over how older people encountered these activities as 'technical' in practice, by entailing unexpected sticking points and setbacks, such as unclear 'steps', they had to find workarounds for. Over the summer, several participants were away and busy with 'outdoor' summer activities. In September 2024, when my visits to the Bay Setting became more frequent again, and as members returned to the craft group, I was surprised to find Pam, Camila, and other residents setting up the hall for a charity fundraising event. As with many events in this setting, Pam, a resident who lived in the sheltered social housing, had an influential role in setting up and organising this fundraising event. She tactfully assigned members to different activities, such as dressing tables, wrapping food parcels, and labelling raffle prizes. As a participant observer, I helped Camila display and label raffle prizes. As we approached the usual ending time of the session, at which point the hall appeared colourful and vibrant with tables dressed in white cloths, cutlery in serviettes, cake stands, and bunting, our activities naturally drew to a close. The following interaction then arose:

> *Shanice: 'Wow, the tables look lovely. Well done everyone'*
>
> *Camila: 'Doesn't it? Oh, we should take a picture'*

Camila walks to the back of the room and takes a photo using her smartphone. She then picks up a piece of paper on the table behind her.

*Camila: 'There we go. Oh, what's this?'*

*Pam: 'Oh yeah. Those codes, forgot about them'*

*Camila: 'Oh, codes. I'll put them on the tables'*

Camila peels each QR code sticker off the paper and sticks one in the middle of each carefully dressed table. She walks towards me with the paper in hand.

*Shanice: 'Ah, are those codes for scanning?'*

*Camila: 'Oh yes, take this'.* Camila hands over the paper. *'I've put the stickers on the tables. Then people can scan them'*.

I was intrigued by how instantaneously and organically Camila went about sticking the QR code stickers in the centre of each table, especially as I vividly recalled how she herself had 'forgotten how to scan' at an earlier point in fieldwork. Upon looking more closely at the paper of empty stickers, I instantly noticed how it characterised the QR Codes as making 'cashless donations easy' and 'easier for your guests', as highlighted in Figure 11, akin to how the NHS leaflets characterised NHS App and online prescription ordering as something that patients could do 'easily'.

*Figure 11. 'QR Code' stickers for 'cashless donations' towards a charitable fundraising event, facilitated by residents in the Bay Setting*




In this example, we can see how the word 'just' works to convey a sense of ease, suggesting guests of the fundraising event could simply 'scan a code with their phone camera', which would automatically lead them 'straight' to the donation page. Yet, this framing does not account for, and so glosses over, the multiple, complex steps and

sticking points that older people may encounter with trying to do 'scanning'. As articulated on page 131, Camila could not 'just' scan the code on her NHS letter, as she could not identify and perform all the steps needed to make 'scanning' work in that moment. 'Scanning' only became possible later on when Camila reached out to her son who explained how to 'scan'. These insights illuminate a stark contrast between how healthcare and other public service and commercial organisations may frame digital activities as 'easy' and older people's experiences of attempting to engage in, and encountering multiple sticking points and setbacks when performing, digital activities. As I repeatedly came across variations of the word 'easy' being used to characterise digital activities in the field, in each case I asked: easy for whom? Through my fieldwork, I came to realise that the answer to this question tended not to be older people who encountered, yet often had problems fulfilling, requests to engage digitally, based on how 'technical' these activities were in practice. Together, the cases in this section indicate how digital activities that participants designated as 'technical' did not match how local services portrayed such activities as 'easy' in documentary materials. Such insights allowed me to further contrast participants' 'shaky' digital experiences with national digital health and social care policies, set out in Chapter 8.

## 6.6. Summary

This findings chapter illuminates how older people and I shared encounters of digital connections seeming unclear and shaky, and which led them to 'strange' territories. Participants saw digital activities as 'technical' when this required them to access specific knowledge and resources to make sense of, and enact, highly specific steps. Participants, volunteers, and me as a participant observer sometimes did not notice and missed particular steps needed to make digital connections work, often without identifying missed steps. Such unidentified missed digital connections led to unclear endings. I noted that digital activities which required an older people's undivided attention, to follow and enact precise actions, were especially burdensome when older people had other significant life events that were taking their attention, such as moving house. Participants tried temporarily disengaging from social activities to engage with digital processes they found technical. Despite such challenges, organisations in the field contrastively framed digital processes as 'easy'. In some cases, participants

creatively worked around technical digital activities by identifying other devices and ways of engaging digitally that were more familiar to them, or which fit better with their bodily needs. They mostly sought to engage in-person instead.

Participants often suddenly encountered unfamiliar digital territories that appeared to them as 'strange', including when doing routinised digital activities. Such 'strange' territories usually emerged when they accidentally touched a device, and sometimes spontaneously, without an obvious stimulus. These experiences shaped participants' sense of digital technologies being 'sensitive' and prone to going wrong. Participants therefore felt uncertain about how they could effectively, and safely, negotiate digital connections on their own, leading them to seeking out resources and help from people in their social networks. Participants became aware of digital technologies, initially hidden from view, in their social activities only when they encountered breaks and disruptions in the usual routines of social settings, resulting from digital technologies going 'wrong'. Older people may therefore now access social activities and settings which involve digital technologies in ways they may not realise, despite seeing themselves as individuals who do not, and do not want to, engage digitally. They may now find it harder to fully enact, and know if they are enacting, their preferences to not engage digitally, as digital technologies become increasingly backgrounded into many social activities.

How participants' spoke of digital connections as shaky, and how I observed them navigating complex processes and 'strange' digital encounters in practice, directly contradicts how public and commercial organisations in the field portrayed digital activities as easy and easier than connecting in-person. For example, organisations characterised 'scanning' and using the NHS App as easy for users, whereas I observed participants finding these technical, entailing multiple pitfalls and leading to unclear endings, in practice. Noticing such contradictions allowed me to further illuminate tensions between older peoples' lived experiences of engaging digitally, and how dominant health and social care national policies positively depict digital activities as easy for everyone to engage with (Department of Health and Social Care, 2025; Department of Health and Social Care and NHS England, 2022). The next chapter examines how older people varyingly sought and experienced getting help to engage digitally, which partly emerged from them encountering 'shaky' digital connections.

# Chapter 7: Phase 2 findings: Getting 'help' with engaging digitally

## 7.1. Introduction

This chapter examines how and why I came to attend to older people talking of their 'need' for 'help' with engaging digitally, particularly in light of their experiences of navigating shaky digital connections (outlined in Chapter 6), and how they sought help in practice. I identified participants' experiences of help as an analytic construct possibly relevant to my research concerns from when I first entered the field. Here, I found older people repeatedly asked for my 'help' with digital-related questions and activities, after learning that I was doing a project related to this topic. In my first few weeks of fieldwork, I noted multiple instances in which participants used the word help to characterise their interactions with others about questions and matters they wanted to resolve with their digital devices. This suggested that older people's digital help-seeking activities were not necessarily a distinct feature of their relationality with me, as an ethnographer, but instead constituted an ordinary practice that was widely relevant in their everyday lives, and which involved a wide range of social actors. At this point, help became an analytic concept that I examined further in terms of how participants sought out particular social relations, how their help-seeking with these individuals emerged and unfolded in practice, and how they characterised these interactions.

As my fieldwork progressed, I considered my developing analytic construct of help in relation to connected academic concepts. In particular, the notion of care, referring to how others help older people in everyday life, typically by performing specific activities and tasks ('work' or 'labour'), alongside emotions and relationships which may contribute to meeting their needs (Barnes, 2012; Shaw et al., 2020). Ethnographies of telecare repeatedly illuminate the role that bricoleurs, such as family members, play in customising and fitting digital technologies into everyday practices as part of care (Greenhalgh et al., 2013; Shaw et al., 2020; Lariviere et al., 2021). Whilst I became sensitised to the concepts of care and bricolage through Chapter 2, the analysis and findings presented in this chapter concentrate on participants' own words and actions around interacting with others in relation to digital technologies, which referred directly to getting 'help'. On the surface, other people's involvement in their digital activities sometimes appeared as a form of positive care or support, as characterised in much

research (Abdi et al., 2021). However, as my fieldwork progressed, I found older people strongly articulating not wanting others to do daily activities 'for them' and actively seeking to 'stay independent' instead. They lamented having to ask other people for help with digital tasks and did not overtly define these interactions as care, or caring. I therefore decided to use participants' own language about what constitutes 'help', and how this is enacted, to detail these complexities and ground my interpretations in their particular life contexts, instead of projecting particular terminology and depicting their help-based interactions too narrowly as 'care'. In Chapter 8, I return to the suitability of the concept help, in relation to care and support.

Focusing on helping relations further enabled me to directly examine how I originally conceived older people as having social relations shaping how they engage digitally. Midway through my fieldwork, the UK Government released its first Digital Inclusion Action Plan which commits to enhancing 'support' for people to develop 'essential skills' needed to 'get online safely and with confidence' (Department for Science Innovation and Technology, 2025). This proposed 'support' as another analytic concept that could relate closely to participants' practices related to help. However, I began noticing tensions between the ways this plan and academic literature framed support as a solution to older people accepting and engaging with digital technologies, and how my study participants experienced personal and situational complexities with asking for and negotiating access to help in practice. My analysis of coastal-dwelling older people's experiences of getting help outlined in this chapter therefore call into question framings of 'support' as always supportive for older people.

The chapter discusses help as central to my research problem. It illuminates older people's differing preferences about asking for help with engaging digitally, and situational contingencies they faced in accessing such help, which shaped how they could engage digitally in practice. Section 7.2 examines how I first attended to help through interacting within field settings, where members treated me as someone who knew about, and so could help with, digital activities, requiring me to adapt my pre-defined parameters to *not* helping participants engage digitally. Section 7.3 examines how I saw participants negotiating social hierarchies in a field setting centred on digital helping relations; and how I observed such relations unfold across settings involving

others doing digital activities 'for' participants. In Section 7.4, I show how such helping relations created unexpected burdens and costs for participants, which undermined their sense of agency and contradicted how local organisations assumed they could simply ask others for help to engage digitally. Finally, Section 7.6 presents an unusual case of sheltered housing residents as givers and receivers of help, where socio-material features enabled and constrained how far they could help each other digitally.

## 7.2. Asking for, or declining, the researchers' 'help'

This section sets out how I encountered older people constructing me as someone to help with digital-related activities in asking for, or declining, my help throughout fieldwork, and how this shaped my relations with them and understanding of how they engage digitally. When I first attended the digital support group, a volunteer, and older people 'learning' in the group, seemed to see me as someone who knew and could answer questions about digital devices. I found this when the volunteer, sat across the table from me, asked if I 'could find junk mail' on a learners' smartphone. Many people 'learning' in this group commented on not knowing what features meant on a device, whilst tilting the device towards me for help. The next week, with 25 minutes of the session left, the volunteer unexpectedly said to me he was leaving for an appointment: 'so I'll leave them in your hands', passing onto me the responsibility to help group members. Upon entering the field, I was confronted with multiple people acting as though I was there, willing, and able to help digitally, contradicting how I pre-defined my role to not help digitally. The next time I visited the group, I actively revisited my role with the gatekeepers and volunteer, to reset expectations on how I needed to see members ordinarily using digital devices, without me interfering or helping, unlike the situation I was thrown into last time. This alerted me early on to actively responding to how I was being constructed by field contacts as someone to 'help' digitally.

Having familiarised myself in this group for just over a month, I realised that members enacted one of two social roles: being a volunteer who helps older people use digital devices, or an older person who learns to use digital devices. I thus re-examined the extent to which my experience of being seen as someone who could help related to these distinct social roles and dynamics. As older people asked me digital-related questions, and volunteers acted as though I 'got' digital activities, it seemed that members saw me

as fulfilling a 'helper' role in the setting. This perhaps related to how I characterised myself as a 'student researcher' interested in how people go online and use digital devices, as well as my younger-presenting age. Several 'learners' indeed commented on how I could 'just get' digital activities because I was a 'youngling'. In other settings, I attended to whether and how older people's talk and actions may construct me in a similar way; and what it may be about how I am seen that could contribute to this. Across settings, I repeatedly found older people approached me with digital-related questions, for which they wanted my help. In two settings, a coffee morning group and craft group, older people who declined to take part in my study were especially forthcoming in asking for my help, as illustrated in my reflections from April 2024:

> '*As I entered the craft group today, I was bombarded with questions. One member called over: 'Oh, Shanice, I've got a question for you'. They showed me a list of passwords and asked me to 'help get back in' to their emails. Another member asked me about the NHS App. These members are aware of my interest in digital activities yet see me as someone who can 'help' with such activities*'

These reflections illustrate how older people, who I had met only a handful of times, swiftly identified me as someone who could help digitally. The help these members wanted varied; one person asked me to explain how to do a digital activity (upload a photo to the NHS App), which they could try on another device at home. The other person wanted me to directly 'do' a digital activity 'for' them; they openly shared, and for an extended period left me unattended with, what I considered to be sensitive personal information: a list of passwords for various online accounts. Letting me handle such information suggested these older people were trusting of me. Such questions and actions of many people, who asked me to check or do something digitally, suggested they saw me as knowledgeable about digital activities. This, however, constrained participant recruitment, as I found older people declined to take part because they did not want or need help they thought I was offering, thus building on my developing awareness of being seen as a helper. For example, a coffee group member showed me their smartphone apps and said there was 'no point' in them taking part in my study as they 'already know' how to use the apps. This person explicitly stated: 'I don't need any help'. How I was constructed as someone to help was a prominent, and enduring, feature of my 17-

months of contact with older people in the field, which I needed to continually navigate, and which largely hindered who I could recruit into my study.

Repeatedly being asked for help indicated that for me to assume a complete non-helper position in my ethnography could not work in practice; that this would not help me build ongoing relationships where I would be trusted. I could not entirely avoid or get around people seeing me as someone to help. Instead, I had to situationally adjust how I could and should intervene to help when people presented digital questions or problems. I weighed up how I could act based on my ethnographic commitments to observing how people ordinarily engage digitally, with my ethical duties to protect participants from harm. In Phase 1 older people's 'worries' about digital 'risks' became apparent (see Chapter 5) and sensitised me to taking a less stringent approach to not helping participants than originally planned. I became attuned to participants' verbal and bodily reactions to unfamiliar and possibly 'risky' digital territories, as with Camila's nail-biting when scanning (see Chapter 6). Ethically, such situations required me to briefly step outside of my 'observer' role and enact a subtle form of help, to reduce participants' anxiety and avoid harmful connections. I typically intervened by affirming participants' ideas of what they might do, such as which app was for 'the internet'. Yet, I deemed it was not ethically appropriate for me to complete online forms for older people, so I sign-posted them to local support organisations. My role in helping thus evolved throughout my fieldwork and required me to balance my methodological and ethical commitments.

Taking note of these personal help-based encounters, I began examining help as a possible core concern for my ethnography. I examined whether older people's help-seeking here could indicate substantive analytic insights about their everyday help-seeking as shaping how they engage digitally. I considered whether such help-based encounters raised insights about older people's daily opportunities for, or challenges with, getting help particularly given their Phase 1 accounts of avoiding certain social contacts for help with digital-related queries (see Chapter 5). Attending to how participants spoke of and asked for help with digital activities allowed me to test out these ideas. I initially focused on how helping relations emerged and unfolded in the digital support group: a setting oriented around help, examined in the next section.

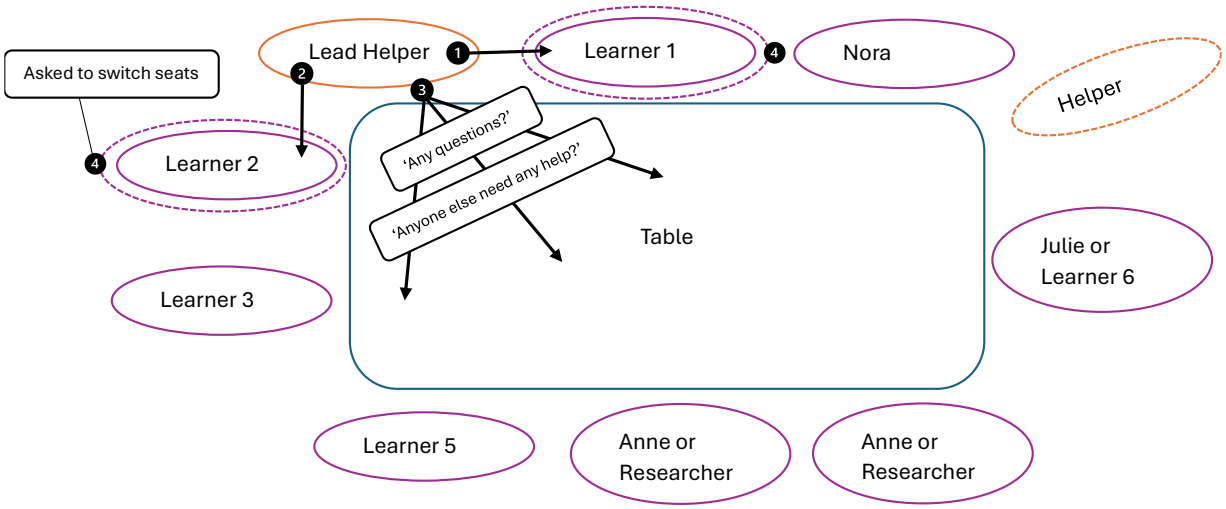
## 7.3. Negotiating social hierarchies to get 'help' in the digital support group

This section examines how the digital support group entailed participants routinely negotiating social hierarchies involving volunteer helpers, and other learners, which shaped how and when they got help. During the first half of each session, 'learners' arrived with digital-related questions and requests for help. I observed repeated, routinised patterns in how these helping relations emerged at a large, oblong table at which they convened. I first noticed learners taking up specific seats, which I realised shaped the order in which they got help. The lead helper and learners usually sat in the same 'spots' each week; learners often quietly remarked that they 'always sit here'. On some occasions, a new member took a seat where another person usually sat; the regular occupant then settled into a seat that another learner usually occupied, but *never* the lead helper's seat. His seat was always left empty, ready for his arrival, mirroring a social status which learners may afford to a teacher. I noticed that those beside the helper were typically first to get help, whilst others, including Anne, quietly muttered about waiting for them to 'go first'. Afterwards, such learners either stayed or left about 60 minutes (midway) into the session, indicating that some used it principally for practical digital help, rather than to 'chat'. The lead helper then openly asked: 'has anyone else got any questions?' or 'does anyone need any help?'. When first observing this, I noted the lead helpers' use of the word 'need', and Anne's striking response. Shaking her head, Anne exclaimed: 'Oh, I always need help'. This reminded me that the group was principally oriented around getting, possibly *needing*, help, so I focussed on what 'help' Anne saw herself needing digitally, and how help unfolded for her in practice.

Anne, Julie, and other groups members did not always instantly respond to the lead helpers' questions with requests for help. But when they did, and when asking for help at other points in the session, they often rose from their seat and headed towards the lead helper, before or after verbally asking for his help with digital-related activities. Whilst a learner stood next to the helper, those sat next to the helper typically offered to 'switch seats' with the person standing, which led to brief, verbal negotiations between group members about where and how they could move seats. The person who sought help often tentatively apologised for being 'in the way'; either insisting that the other learner stays in their seat, or accepting the offer to switch seats, usually for 'just a second'. These

learners usually kept their belongings and drinks in their original spot. Whether, and for how long, they switched seats depended on what kind of help a learner asked for or expected to get. For example, learners stayed standing when expecting a 'quick' response to a question about what a digital feature or symbol meant. When seeking help to actively do digital activities, such as emailing, they often accepted offers to momentarily switch seats. Sometimes, another volunteer helper joined the session about 45 minutes in; if every seat was occupied, they would pull up a chair at the corner of the table. This, and the order in which helping interactions took place within the spatial seating arrangements in the group, is outlined in Figure 12.

*Figure 12. Patterns in the spatial arrangements and orders in which digital support group learners got 'help' from volunteer helpers*




In most cases, the helper stayed in the same seat throughout the session. The ways in which older people actively sought to be close to the helper suggests this was an important feature for organising their digital helping relations. Yet, in a group-based situation where certain learners usually occupied the closest spots beside the helper, other learners had to negotiate getting physically close to the helper. Less often, volunteers left their regular spots to answer help requests made by learners sat further away from them, usually so they could see exactly what digital feature or activity the learner was referring to. Physical closeness therefore seemed important for helpers to see and touch digital devices to help more effectively. When fewer learners attended a session, the helper tended to receive very few, sometimes no, direct questions or

requests for help. Learners instead mostly talked about personally or locally relevant topics, rather than about digital devices. As such, the helper often proactively moved seats to be physically closer to learners in these situations when they received fewer help requests. Whilst enacting this physical closeness, learners often did not directly do things on, or with, digital devices during these help interactions. Instead, helpers usually took the learners', or used their own, digital device, to perform a digital activity, such as when emailing. Such insights led me to focus on how older people experienced such helping relations, which could generate unexpected costs, examined next. Help in the digital support group was therefore organised around a social hierarchy involving other learners and volunteers, meaning it was not an immediate given, but something older people had to negotiate in order to access particular activities digitally.

## 7.4. The costs of getting 'help'

As Anne's house-moving plans ramped up, she seemingly used her smartphone much less within and outside the digital support group (see Chapter 6). Instead, she often arrived at the group with letters and information to get help to 'sort' tasks digitally; for example, to contact services about her house move or renew licenses. In some cases, Anne directly asked for volunteers' help to do tasks digitally 'for' her; in other cases, when speaking of tasks she needed doing, a volunteer helper would offer to do such tasks for her. Anne seemed pleased and always expressed gratitude when helpers offered to do digital activities 'for' her. However, on another occasion in August 2024, Anne said to a helper about problems she had with an estate agent. Whilst Anne accepted the helpers' 'kind' offer to call the company, I noted a change in her response as this interaction unfolded. Only two other 'learners' were present, so the volunteer moved into an empty seat beside Anne. She did not use her smartphone, but supplied information verbally to the helper, who then performed a digital activity for her. As this happened, Anne spoke with other learners about issues she had with the company. Whilst she usually welcomed volunteers doing digital activities for her, she was affronted when the company did not ask to speak to her directly:

> As a group member and I finish chatting about local football results, I see one of the helpers moving into a spare seat next to Anne.

*Volunteer: 'I'll call them for you now if you want and tell them to take it off the market. I won't be rude to them'*

*Anne: 'Oh, you could if you don't mind?'*

The volunteer picks up his phone and swings back in his chair.

*Volunteer: 'No problem. They'll just need you to speak to them, then I can'* – he holds his phone to his ear

*Volunteer: 'Hello, we'd like to take [Anne's] house off your website, please'*

The volunteer says '*yes*' twice, spaced apart by about 30 seconds.

*Volunteer: 'Okay thanks, bye'*

The call ends. Anne frowns and turns to me and the other group member.

*Anne: 'We just took my house off [company] website. Can you believe they didn't even ask to speak to me?'*

*Group member: 'Really? That isn't very professional. How do they know it's you?'*

*Anne: 'Exactly, they don't. To not even speak to me, that's ridiculous'*

This illustrates how Anne could get a task resolved digitally by-proxy. The helper recognised that contacting the company 'for' Anne came with trust and responsibility, exemplified by how he reassured her that he 'won't be rude'. Notably, the helper used his own, not Anne's, smartphone to do this, whilst anticipating that Anne would need to 'speak to them' to approve the request made on her behalf. Yet, this did not happen in practice; a brief exchange of words results in the company fulfilling the volunteer helpers' request. Whilst agreeing to this helper digitally contacting the company 'for' her, Anne nonetheless expected the company would consult and involve her in the interaction directly, to check and confirm that she had personally made this request. Instead, she became shut out from this interaction that personally concerned her, seemingly rendering this help-based interaction as highly impersonal. This situation indicates unexpected costs involved in older people asking for and accepting others' help to digitally contact organisations for them, whereby they may get shut out of directly interacting with services, as examined below.

### *7.4.1. Getting shut out of digital activities*

By observing participants trying to engage with digital activities for which they received help setting up, or which others performed on their behalf, I realised that such helping

relations often led to them getting shut out of doing such activities themselves. Some participants then seemed to become heavily reliant on help to reengage with such digital activities and begin new ones. As I found Anne routinely using her smartphone to call people and organisations, including myself, I examined why she did not herself contact the company in the case above; whether she actively decided against it, or was unable to for some reason. I had already heard Anne discuss issues when using automated telephone systems (see Chapter 5), yet the company seemingly did not operate this system. How Anne's relationship with this volunteer helper developed, as my fieldwork progressed, provides context for her taking up his offers to do some digital activities 'for' her. In early 2025, this helper permanently left the digital support group, though Anne and him continued meeting outside of it. During this time, I received a voice message from Anne, asking if I could tell the other volunteer that she could not make the session, as her house move was 'going ahead'. She tried contacting the volunteer but said she was 'useless' with 'this thing' (her smartphone), indicating variability in her abilities to locate, and use, phone numbers on her smartphone. How Anne contacted me here, and other times, indicates that she saw me as an accessible source of help to convey messages 'for' her when she had problems with digitally contacting our mutual connections, building on my reflexive insights in Section 7.2. When I called back, she said that the other volunteer, who was 'sad' to leave the group, was visiting her tomorrow:

> *Anne: 'So, he's coming over tomorrow to help me with some stuff. Need to contact loads of places about my change of address now I've moved, which I have no idea how to do. So, he's coming to do it for me'*

This comment about the helper coming to do digital-related activities (contacting 'places') 'for me', rather than *with me*, for example, made explicit what I had been observing in practice and began conceptualising as an important characteristic of helping relations within the digital support group. This meet-up marked the beginning of a continuing relationship between Anne and the helper outside the digital support group, which lasted up to my final visit in July 2025. During this period, Anne mentioned many tasks the helper, who Anne came to call a friend, did for her digitally, such as setting up her radio and advertising furniture items on social media. On several occasions, the helper spontaneously arrived to 'say hello' when I visited Anne at her home. In this extract,

Anne characterises herself as having 'no idea how to' contact organisations about her change of address, using her smartphone or the internet. This builds on my Chapter 5 and 6 findings, illuminating how Anne anticipated getting 'muddled' trying to make these possibly 'technical' digital connections, and so actively sought help from someone (a volunteer who became a friend) to do activities for her. When observing Anne for the last time, she said that many organisations 'do not listen' to her when she tries contacting them to access particular services and resolve problems. Over several weeks, Anne had phoned an organisation multiple times to arrange for them to return to fix faulty fittings they made in her home and collect some bulky, unused materials left on her bedroom floor. These materials were too large, heavy, and low down to move herself. As I arrived at Anne's home for the last time, I realised these materials had gone:

> *Shanice: 'Have they finally come and taken those extra doors away?'*
> *Anne: 'Yes, well I got [the volunteer/friend] to phone them up in the end. They weren't listening to me, nobody listens anymore'*
> *Shanice: 'You phoned them lots of times, didn't you'*
> *Anne: 'Yes, kept phoning. Said they'd do it then nothing. [The volunteer/friend] phoned once. I couldn't believe it. They came and took it away within the week. So many places only do anything when a man phones. So frustrating*'

Here, we can see how Anne was able to use her smartphone to call and successfully contact the organisation herself multiple times. Yet, the organisation repeatedly promised, but did not act upon her request, to return to her home the following week. Anne decided to ask the volunteer to 'phone them' for her which, to her surprise and frustration, led to the organisation acting on her request almost immediately, after one call. She saw this organisation as treating and responding to her request differentially based on her gender; as only acting on requests made by men. Anne experiences tangible, yet fundamentally inequitable, benefits in getting this individual's help with digitally contacting services for her. She may not always, or entirely, have sought and accepted help with digitally contacting services because she lacked this 'technical' digital know-how or has 'no idea how' to do this, as she repeatedly suggests; but because she finds organisations will only respond to her requests when a man makes them. These perceived gender inequities contextualise other instances I observed Anne accepting

this person's help with contacting services for her, despite her knowing how to do it. Older women may expect and experience unequal, differential treatment when contacting services, which may prompt them to characterise themselves as 'needing' help from particular (male) contacts to engage digitally for them.

The above cases may indicate that older people could experience getting help to do digital activities for them as a somewhat straightforward and reliable process, leading to their requests being fulfilled more quickly than when making them oneself. Yet, I also encountered situations in which these doing for helping practices entailed further unexpected costs where older people got shut out of, or sidelined from, interactions with services which personally concerned them. I began noticing symmetries in how other group members spoke of being shut out from digital activities which helpers initially set up for them. In some cases, older people found they could not engage in particular digital activities because specific personal details or features had been overlooked when receiving help from a volunteer helper. This became visible in an ethnographic interview with Nora in February 2025, which coincided with this helper permanently leaving the digital support group. Nora spoke of this helper setting up the NHS App for her; however, she and the helper did not discuss a detail that turned out to be important, which prevented her from accessing the NHS App on her own:

Nora taps on her smartphone, laid open on the table.

*Nora: 'I do my pills on here now. I have the NHS thing'*

*Shanice: 'Ah yes. How did that come about?'*

*Nora: 'That was [the volunteer] who set that up for me. Mind you, the code wouldn't work. I said "put the name of [my pet]". Every time I tried, it wouldn't work. Turns out, I was putting a capital ['T'], [the volunteer] put a small ['t']. I just automatically assume because it was a name, you would put a capital letter'*

*Shanice: 'So, the code is sensitive to a big or little letter'*

*Nora: 'Yes. I couldn't get into it. In the end my daughter found a thing that said: 'Ring if a problem'. That must have been what she did. My daughter does quite a bit like that, looking things up for me. Cos I had too much of something in the kidney. A message came up – "drink at least three glasses of water a day"'*

This extract highlights further unexpected consequences to older people relying on others to set up and do digital activities for them. How a very small difference, such as a capital letter in a password, affected Nora's abilities to use the NHS App echoes her comments about how 'sensitive' digital devices can be (see Chapter 6). The helper did not seem to relate to this 'code' word in the same way as Nora, for whom it was not an empty 'code' but a personally significant pet's name. Nora then had to approach her daughter to help her further, who she later mentioned got a smartphone for her. Whilst this could indicate them having a close relationship, or her daughter's familial obligation to help her, how Nora tentatively anticipated what her daughter did suggests she was not privy to these activities. Without being directly involved in setting up digital activities, older people may not possess the details needed to access these activities on their own.

Together, these cases illustrate how asking for help in the digital support group involved older people engaging in complex negotiations and interactions which generated unexpected costs for how they could be involved in digital activities. How, and the order in which, they asked for or got volunteers' help related to their routinised seating arrangements. Asking for help involved members negotiating seat-switching with other learners sat next to volunteers. These routines indicated that older people sought physical closeness when getting help, though volunteers typically performed digital activities for them: older people stayed out of directly doing digital activities. This created situations in which older people became unexpectedly shut out of digital activities and interactions, particularly when features that personally concerned or mattered to them were overlooked or sidelined by those helping, or the service being contacted for them. These situational complexities prompted me to further examine how they experienced getting help outside of the digital support group, to engage digitally in other situations. Whilst Nora spoke of willingly getting her daughter to do things digitally for her, others strongly articulated *not* wanting to get their children to help them do digital activities. The next section examines how older people spoke of (not) wanting to ask for help, and how this varied situationally in practice.

### *7.4.2. Expectations of depending on family 'help'*

Older people articulated different expectations around asking for, and depending on, family members for help with doing daily activities, including those involving digital

technologies. The situations described above show how the digital support group provided an environment in which older people could seek help for digital activities, yet such help was not always straightforward to get and readily available. Group members had to carefully socially negotiate how, and when, to ask for volunteers' help. I then began examining how older people articulate their expectations and experiences of getting help digitally. This led me to notice how Camila spoke of her son 'helping' her in ways that mirrored how helping relations unfolded within the digital support group: getting her son to set up digital devices and do digital activities for her. Whilst noting these similarities, as I got to know Camila in the first weeks of my fieldwork when knitting and also when walking along the seafront, I realised her home situation was distinct from others I met in the field, which I came to see as shaping how she expected and received, and expected others to get, 'help' with engaging digitally, examined below.

When Camila agreed to take part in the study, she stated she 'lives alone' in the background information form. Yet, I swiftly realised this was not the full story; her son lived with her for part of the year, then worked away for the other part, as he did at the time Camila completed the form. When knitting beside each other in the craft group, Camila often showed me little holes in her multicoloured, woollen garment where she had 'gone wrong'. She laughed and said: 'that'll be a job for [my son] when he's home'. Through these encounters, I learned that Camila's son was a skilled knitter; when he was home, he would look over her knitting and fix any holes by undoing, and redoing, her knitting. I came to see that how Camila's son helped fix these holes mirrored how he, in Camila's words, 'puts me right' with digital devices. Whilst I saw Camila using WhatsApp to ask her son how to do digital activities when he was away (like with 'scanning' in Chapter 6), when he was home, Camila got him to set up digital activities for her. In fact, her son introduced her to many digital practices, for example: gifting her a smartwatch and Amazon Alexas. These encounters gave early indications that, despite being physically distant for a significant part of the year, Camila's son played a major role in enabling her to engage digitally within and outside of their home.

As I accompanied Camila and her friend for a walk along the seafront in the second month of my fieldwork (May 2024), I noticed how Camila's experiences of her son setting up digital tasks for her informed how she encouraged others to take-up particular digital

practices. Camila assumed her friend would be just as willing and able to get a smart doorbell like hers, and to get her son to set it up, as Camila's son did for her:

> Walking along the breezy seafront, Camila says she missed an alert on her phone a few days ago, from a delivery driver who rang her smart doorbell. She turns to her friend, walking in between her and I.
>
> *Camila: 'You never hear yours. You fall asleep'* – Camila and her friend giggle.
>
> *Friend: 'I know. There was one time, I had my feet up, dunno what I was doing. Anyway, fell asleep and my daughter was coming in. I didn't know!'* – she laughs
>
> *Camila: 'You should get one [a smart doorbell]. When [your son's] next round, get him to do it'*
>
> Camila's friend screws her nose and tilts her head to the side.
>
> *Friend: 'I dunno. He and [my daughter] don't get any holiday. I don't want to ask'*
>
> The wind blows strongly, obscuring what Camila says.
>
> *Friend: 'Yeah' – laughing hesitantly. '[My daughter] does always say'* – breathing in and raising her voice: *'You're not asking, I'm doing. I get bored'*

Camila here connects how she missed an alert from her smart doorbell with her friend never hearing her own doorbell; due to this, Camila had to let herself into her friends' home several times. Camila suggested her friend should get her son to set up a smart doorbell for her when he is 'next round'. Unlike Camila, her friends' children do not live with her. Her comment seemingly acknowledges that her friend may prefer to wait for a time when they routinely see their children to get them to do digital tasks for them, rather than asking their children to visit specially, which could take-up more of their limited free time. Older people's living situations may therefore shape if and how they want to ask for their children's help. Whilst the strong coastal wind obscured Camila's response, her friend says that she expects her daughter would set up a smart doorbell if she asked, but she did not want to ask. Camila's friends' account suggests that her daughter seemingly recognises these feelings, given how she reassuringly says: it is 'not' about her mum 'asking', but about her, as a daughter, 'doing'. Whilst older people may expect their children to willingly help them digitally, they vary on whether and how they want to actively seek help based on how they see this to obligate and burden their children by taking up their time. These differences between Camila and her friends' viewpoints

highlight how older people may socially influence their peers to consider doing digital activities, and who they could ask for 'help' with engaging digitally.

How Camila's friend articulated *not* wanting to ask her children for help with digital activities contrasts with how in practice I found Camila, Nora, and others assuming and actively seeking various contacts to help by doing digital activities 'for' them. This situation exemplifies how Camila's son enabled her digital activities, as an avenue to examine further, and also sharpened my attention to how older people spoke passionately of *not* wanting to ask particular social contacts to do things for them. Outside of the digital support group 'support' setting, for example when spending time with Anne and Camila separately, or in the company of friends, I found that other older people actively avoided asking for and getting such help with digital activities. These stark situational and preferential differences in how older people spoke of help indicated how these positions shaped, and in many cases limited, the extent and variety of digital activities they engaged in. This came into clearer focus the following month, when visiting Anne's friends' home on a sunny evening in June 2024. Here, I was struck by Anne's friends' response to Anne who commented that their friendship group 'don't do' things digitally. Anne's friend stated she did not ask her daughters to do things online for her, despite identifying this as a viable avenue for accessing the internet:

> As we enter her friends' living room, Anne puts some cakes, and I put a box of chocolates, on the coffee table. Anne introduces me again.
>
> *Anne: 'Yes, Shanice is doing her PhD in Great Yarmouth, and she wants to meet older people'*
>
> *Friend: 'Yeah. What is it you're doing?'*
>
> *Shanice: 'Well, lots of services are asking people to do things online now, sending emails and things. I don't know if you've found that. And I want to find out what people think about it'*
>
> *Anne: 'Mm. I've told her we don't do any of it'*
>
> *Friend: 'Yeah. Well, they think you can just do it. I've got my little phone, but that's it. I could ask my daughters to do it for me. But, you see, I like to do things for myself. Stay independent'*
>
> *Shanice: 'Of course'* – Anne interjects, asking about her friend's trip to Norwich

Here, Anne's friend expanded on the only digital activity she did: using a 'little phone' (feature phone), which she only used for making texts and calls. Yet, she instantly identified a way she could do more digitally or online: asking her daughters to 'do it' for her, though she chooses not to. She positioned this unrealised help-seeking practice as oppositional to how she 'like[s] to do things' for herself, which she framed as a way to 'stay independent'. Some older people may therefore find getting help from family as undermining their agency over daily activities. This provides a pertinent lens through which to interpret Anne's earlier-reported experiences of being affronted when a company did not seek her input into a conversation that arose when getting help in the digital support group. Help appeared to be integral to some older people's abilities to engage digitally then as, without it, they often engaged in fewer, less complex digital activities. Given obligations and dependencies older people may encounter by going ahead and asking for help, they may only engage digitally in ways they can do by themselves. One reason for older people not asking for help for digital activities was their concerns about burdening others' by taking up their time, examined next.

### *7.4.3. Concerns about burdening others' time*

The above cases illustrate that older people have differing preferences about asking their grown children, who they may have expected to know about and willingly help, to set up digital activities for them. This section examines older people's concerns about burdening others' time through their digital help requests, including those outside of their family, which shaped how they got help and so could engage digitally. Whilst identifying close, or familial, contacts who could do digital activities for them, older people varied on wanting to ask them for help based on how this may undermine their personal independence and burden others' time. Older people shared concerns about overburdening not only those they asked for help, but also those in the vicinity of situations in which they asked for help. This indicated situational and relational complexities that shaped how they considered and asked for help and thus their abilities to engage digitally. Examining this further, when the digital support group reconvened after Christmas in January 2025, Anne spoke of seeking help to work an app during a supermarket trip:

Anne looks through the apps on her smartphone. She points to a supermarket app.

*Anne: 'I got this put on there because they do all sorts of offers and things'*

*Shanice: 'Ah. Did you put that on there, or someone else?'*

Anne laughs.

*Anne: 'Not me, I don't speak computer. Think it was [a digital group volunteer]'*

*Shanice: 'Ah. How do you get on with it?'*

*Anne: 'I don't think it is worth it really. You don't get much on it, just a free banana or something. But my daughter seems to get all sorts of things. And I can never work out how to use it when I'm in the shop'*

*Shanice: 'What happens when you try to use it? I find I get to the till and can't remember the password'*

*Anne: 'Well yes. I have to ask the member of staff to do it for me. But it's a bit embarrassing doing that, holding everyone up you know. So, I don't do it'*

The way Anne looked through and spoke about her smartphone apps, midway through the digital support group session, suggested she was re-familiarising herself with the apps after not using her smartphone 'much' recently, as indicated earlier. She pointed out a new app which she got 'put on there' and expected to provide shopping discounts. How Anne strikingly characterised this as 'not' something she did, as she cannot 'speak computer', further indicates how the digital support group volunteer, who became a friend, played an important role in setting up digital activities for her. Yet, her account indicates difficulties with trying to use this app on her own, when shopping in the supermarket. For Anne, the app was not 'worth it' as it provided what she saw as mostly trivial items: 'just a free banana'. This contrasted how she learned about her daughter getting 'all sorts of things' on it. How she found that she could not use the app in practice indicates that older people may not identify, and so miss out on, benefits when they cannot fully access and work digital activities. They may not get the same, maximal benefits that they see others, who know how to use these digital features, getting.

Anne indicates that she finds she has to 'ask the member of staff' to do it (use the supermarket app) for her. In this supermarket situation, where those who Anne would usually ask for help were not on hand, she asked a staff member at the till. Whilst I observed Anne seeking help with digital activities in many situations, I found it striking how, in this instance, Anne characterised asking for help in this highly visible public

situation as ‘a bit embarrassing’. She stated how asking staff to use the app for her happened around ‘everyone’, perhaps others waiting in the queue, who could be held up by her taking some time to get help. For Anne, the sense of embarrassment she said she experienced with taking up other shoppers’ time to ask for help did not seem ‘worth it’ especially with the trivial benefits (‘a free banana’) this digital activity yields. Anne therefore decided not to use the app again, as it required her to get help in a situation where others would see, and be potentially inconvenienced by, her help requests to use it. Getting help to engage digitally in more public situations may be tricky for those concerned about impinging on others’ time, therefore hindering them from asking for help and, in turn, limiting their abilities to engage in digital activities in these situations.

How Anne articulated not wanting to take up people’s time by asking for help mirrored earlier situations in which I saw her seeking help from others, for both digital and non-digital matters. In June 2024, when I accompanied Anne to see a staff member from a retirement complex, she repeatedly said how ‘bad’ she felt asking them questions; that she ‘didn’t want to bother’ them. These cases exemplify how older people may be aware of and concerned about burdening a potentially wide range of people when asking for help with doing digital activities. This concern extends not only to the person who directly helps them but towards others who are physically present within a situation, and so could be affected, when needing and asking for help. Older people may therefore situationally adapt or withhold their help requests based on how they expect this to impinge on others’ time. Revisiting observations I made in the digital support group using these ideas, it seems that learners’ seat-switching negotiations, to get close to volunteers for help, is partly mediated by their concerns about not wanting to take up others’ time, space, and opportunities for help. These help-based situations mirror each other, illustrating how older people experienced, and mostly avoided, asking for help with digital activities based on who this could burden in a particular situation.

Overall, older people may be more or less willing to ask for help to engage digitally, following from how they see this to affect and disrupt others: those providing help, and others present in a situation. In groups or public situations, older people may be conscious of how their digital help requests may take up others’ time, which may generate ‘embarrassing’ experiences. As such, they may purposely withhold help

requests and so be unable to engage digitally in such situations. Older people may find that asking for help with digital activities is not a straightforward and neutral process. Rather, it is an emotionally loaded and socially negotiated activity, involving them weighing up in each case who and how their help requests may burden others. Attending to these issues radically reframes help-seeking in the context of digital engagement. Participants' digital experiences are intimately tied up with personal expectations and situational complexities relating to the act and consequences of seeking help. The next section examines how older people found organisations encouraged them to seek help to access services digitally, undermining their experiences of help-seeking complexities.

## 7.5. How organisations expect older people to 'just ask' for 'help' with engaging digitally

Whilst navigating a complex, emotionally laden process of identifying, and trying to mitigate for, burdens their digital help requests may create for others, participants spoke animatedly about how many organisations assumed they could simply 'just ask' someone to help them access services online or digitally. This section examines how I identified discords between how field organisations expected older people could easily 'just ask' for help digitally, and older people's experiences of complex, burdening digital help-seeking in practice. These discords became visible through them conveying how such assumptions communicated by public and commercial organisations dismissed how they wanted to do activities *for themselves*. This mirrored contradictions I noted between field organisations that framed digital options as 'easy' and 'convenient', compared to older people's experiences of digital activities as technical (see Chapter 6). In Phase 1, I learned about how older people found organisations making assumptions about their abilities to 'go online', which became more visible through speaking to Anne and her friend who commented that organisations assume you can 'just do it'. In my final observation with Anne in July 2025, it became clear that she found organisations also assuming that, if older people cannot engage digitally, they would be willing and able to ask someone to help them do this. The following case instead illustrates difficulties Anne had with paying her local council for a garden waste bin digitally:

> *Anne: 'I was waiting over 30 minutes. Finally got to putting in my card number and the call just ended. Couldn't believe it. I was furious'*

*Shanice: 'Oh no'*

*Anne: 'Well luckily, they phoned back later on and said: 'your payment didn't go through'. I said: 'I know but I can't do it. Is there another way to pay?' You used to go down the town hall to do it. They said: 'no, you have to do it online or on here'. Could you just ask someone to help you?''* – Anne sighs. *'They always say that'*

*Shanice: 'So they assumed you could ask someone?'*

*Anne: 'Yes, all the time. I said: 'I just want to do it myself'. We always get told 'just ask someone'. But that's what I call passing the buck. I shouldn't have to ask my daughter or anyone else to do it. I want to do it'*

Anne's account of how the call 'just ended' when she got to putting in her card details digitally mirrors older peoples' spoken and observed experiences of finding digital activities shaky, unstable, and so difficult to navigate (see Chapter 6). The council expected Anne had relations with others who she could 'just ask' to help her make a payment digitally, in the absence of an in-person alternative. Whilst I regularly observed Anne asking digital support group volunteers for help with contacting services digitally or online for her, in this case, she wanted to arrange the garden bin herself, without asking for someone else's help. She actively states her agency and intent to maintain living independently in articulating that she should not have to 'just ask' someone else; she wants to do this activity on her own. Her differing preferences about which activities she wants to do independently may relate to how she routinely or historically did certain activities herself, without having to engage digitally and so requiring help. For example, Anne used to regularly go to the town hall to pay for a bin, whereas moving house, which she had not done for decades and required her to engage digitally with multiple organisations, was out of her typical routine. Anne may have thus been more willing to seek help for activities she carried out less often and may seem less familiar to her, but she expected to do more routinised activities by herself, without help.

Importantly, this exchange further highlights how older people may get shut out of accessing services if they are not willing or able to engage digitally, or to ask others for help, leaving them in highly precarious, socially contingent situations. In this case, Anne's call ended without her paying for a garden bin, as she could not engage with the councils' digital payment options, and she was not prepared, or instantly able, to get help to do it.

She speaks of how organisations repeatedly assume she can 'just ask' someone for help, glossing over how she prefers to do activities herself. Such encounters may chip away at her sense of being able to independently do things for herself. Anne's comments mirror her friends' account of wanting to 'stay independent' and so not asking her daughters to help digitally. This is exemplified by Anne using the phrase 'passing the buck'; asking others to help do digital activities may shift responsibility Anne sees herself as having, and wants to enact herself, onto others. Anne's expectations of getting help for engaging digitally thus varied situationally and based on which activities she expected to do herself. Overall, this case highlights how older people may encounter assumptions and pressures from organisations to seek out and lean on others for help with accessing services digitally, which undermine their wishes to independently access services on their own terms. Without in-person alternatives, older people may be left having, but not wanting, to get 'help' in order to access services digitally, or face being excluded altogether.

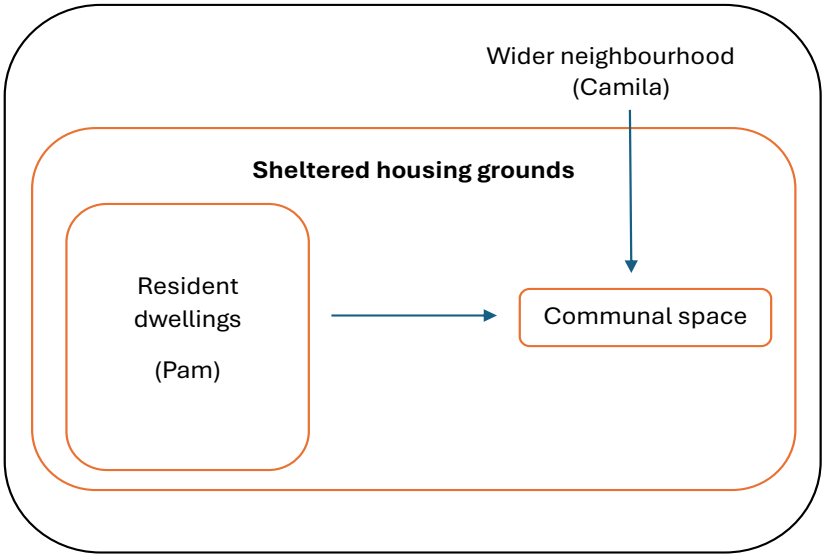
## 7.6. Reciprocating helping relations in sheltered social housing

I now examine how I found digital technologies drawing older people into reciprocal interdependencies in getting help from each other, instead of enabling them to independently self-manage their daily activities. Such help-based relations became apparent to me when familiarising myself in the Bay Setting, based within sheltered social housing. When first visiting a craft group here, I noticed how wide-ranging group members' digital activities were compared with other settings where older people repeatedly said they 'don't go online'. Within this craft group, I first noticed a digitally generated leaflet (see Chapter 6) created by Pam, a sheltered housing resident; I then learned that members digitally monitored their health conditions, and Camila used a smartwatch tracker and had six Amazon Alexas at home. Discussing such home-based devices indicated that Camila was the only group member who lived outside of the sheltered housing. During my weekly visits, I saw members interactively help each other digitally. Unlike other group situations, like the digital support group, older people were not only recipients of help from others but actively helped others engage digitally. I first saw these helping relations involve members actively sharing ideas, and designating roles, to do digital activities together. This section examines how I identified socio-

material features in the Bay Setting that made it a less usual case, because 'residents' could work together on, and reciprocate help for, digital activities.

The Bay Setting comprised a communal space ('hall') where I attended a craft group throughout my fieldwork. Figure 13 depicts how this space was situated and used by residents of the sheltered housing, like Pam; and by Camila. Whilst Camila lived outside the setting, and so was not a 'resident', she routinely joined in with social activities in the hall. The first time I observed the craft group in April 2024, I noted that crafting was not the only activity members did; Pam and other residents were repotting plants from the communal gardens. They set up a 'station' where they each took-up a specific role; Pam brought potted plants from a greenhouse into the hall; another resident moved plants out of the pots; and another resident put the plants into a new pot. This created a chain-like sequence of actions, from residents discussing how to divide up the task of 'repotting plants'; to identify, as Pam put it, 'who's doing what'. Each resident became responsible for doing a set of actions, shedding light on Camila being the only person, other than me, who did not directly engage in this task. Camila and I sat knitting; though she chatted to the residents about what she needed to do in her garden. This encounter led to two lines of inquiry: firstly, I attended to how residents designated and performed activities, including digital activities, together. Secondly, as Camila lived outside the setting, I attended to how and in which cases she became involved in residents' activities.

*Figure 13. Spatial situation and use of the Bay Setting communal space by 'residents' in the sheltered housing, and older people living in the wider neighbourhood*



### *7.6.1. Practices residents use to 'help' each other out*

As my fieldwork progressed, I observed Pam and other residents talking about designating roles as 'who's doing what' and then carrying out practical activities in a similar fashion. When arriving at the craft group in June 2024, I found Pam and another resident chatting about how to move information, specifically, phone numbers and photos, from one smartphone onto a new smartphone. Pam explained what they were trying to do and asked if I knew how to do this. Unlike other field settings, where older people frequently asked if I could 'help' them engage digitally, this was the first time someone in this setting directly asked me if I knew how to do a digital activity. I reflected that answering 'yes' may have prompted Pam to ask for my help, so I said: 'I think there's a way you can do it, but I wouldn't know where to start'. Whilst I probably could have worked it out, this would have intervened too radically into group members' digital activities. Despite having observed group members using smartphones on their own before, this was the first time I encountered members planning to do a digital-related activity together. I therefore wanted to see this interaction unfolding as organically as possible. This led me to notice parallels between how members interacted here with other practical activities they did in pairs or groups, such as re-potting plants:

> About 20 minutes into the session, Camila arrives. Pam and another group member are sat next to each other, chatting about the smartphones on the table.
>
> *Camila: 'Just got back from a walk. Needed to because my back was killing me. What are you ladies doing?'*
>
> *Resident: 'I've got a new phone. This one's Apple. My old one's Samsung, Android, whatever you call it. We've been trying to work out how to get stuff from there onto the new one'*
>
> *Camila: 'Oo I can't help with that, I wouldn't know'* – she walks into the kitchen
>
> *Pam: 'There's a way to do it, so you don't lose your stuff. Cos we could do your phone contacts ourselves, but you don't want to lose your photos'*
>
> *Resident: 'Don't worry about that. I can sort that another time. I just need my numbers on here'*
>
> Pam picks up the old phone.
>
> *Pam: 'I'll read out the names and numbers, if you can type them in'*

> Pam reads out the first name from the contacts list. The resident presses on her new phone, then says '*yep*'. Pam reads out the digits of the mobile number, starting in threes. The resident types on the new phone, then says '*yep*'. Pam calls out the next three digits. They repeat this alternating sequence for several contact numbers; Pam reads out a contact name; the resident types into the smartphone, then says '*yep*'. Pam reads out the first three digits, as the resident types.

By this stage in my fieldwork, I realised it was not unusual for residents to arrive to the craft group with non-crafting activities to do together. In many ways, residents who routinely attended the craft group were able to bring along a range of activities that occupied their attention on the day; such flexibility was enabled through having a physical hall overlapping with their domestic situations within the sheltered housing grounds. How Pam and residents actively worked together to do activities mirrored the ways they practically helped each other with this digital-related activity. Pam informs Camila of what they are trying to do, to which Camila says she 'can't help' based on not knowing how to. With these limits in digital know-how amongst the group, the resident chooses to prioritise only moving contact numbers onto the new phone. Pam proposes manually dividing tasks up between them: that she could 'read out the names and numbers' from the old device, whilst the resident types them into the new device. A steady sequence that alternates between speech and action ensues; Pam calls out a name then silently waits until the resident verbally signals that they have finished typing into the device. Once giving this verbal signal ('yep'), Pam reads out the first few digits of the contact number in 'chunks'; after a pause and keeping a close eye on where the resident is up to with typing, she reads out more digits. Pam's role in this help-based activity seems highly responsive to the residents' typing pace.

These observations drew my attention to contextual features within different field settings which shaped how older people got help and so could engage digitally in practice. How sheltered housing residents interactively worked together in pairs or groups to carve up digital, and non-digital, activities into smaller sets of actions contrasted how those in other settings got others to engage digitally for them. In the digital support group, I rarely saw older people helping each other, such as by talking together about how to do digital activities, despite volunteer helpers sometimes

encouraging them to. Older people always directed their questions to the helpers and me: those who they viewed to know about digital activities. Whilst I observed mainly one-directional helping relations in the digital support group, linked to the volunteers' social role as knowing about and helping with digital activities, residents in the Bay Setting could help by doing digital activities with each other. They did not define any person as knowing most about engaging digitally, so anyone who indicated they knew something, or was around to give practical support, could help. This seemed to enable members to more openly share what they know and contribute to engaging in digital activities when someone asked for help.

These encounters led me to make two main observations about how social dynamics between 'residents' living in this sheltered housing shaped how they reciprocatively helped each other with digital and non-digital activities. Firstly, whilst Camila did not directly help Pam and the resident with moving information between the two smartphones, she did offer to help residents engage in other digital activities when she knew what to do, such as taking a passport photo on a smartphone. Despite meeting residents in the hall several times a week, Camila did not involve herself in activities which related primarily to upkeeping the hall or gardens, such as repotting plants; instead, she continued knitting during these activities. Whether Camila directly participated in residents' activities therefore depended on whether it related more domestically to living in the sheltered housing. This inadvertently made visible how residents distinctly related to and possibly helped each other through their shared experience of *living in* this sheltered housing setting. My second observation was that, amongst residents who regularly attended the craft group, how they worked together on digital and non-digital activities did not vary based on whether the output of the digital activity would benefit one of them or mutually interested and benefitted several or all residents. How residents implicitly understood and enacted their relationships as centred on helping 'each other out' became visible in a crisis, described below.

In February 2025, about a year into my fieldwork, Camila messaged me on WhatsApp to say that the craft group was 'called off' as one of the residents was in hospital, and Pam was taking someone to visit them. When I next attended the group, I collected the latest copy of Pam's leaflet, which included a 'shout out' to the local community pharmacy

which ‘acted so swiftly and professionally’ by identifying the resident needed to go to hospital. As we began discussing how the resident was doing, Pam said she drove the resident to the pharmacy when they became unwell, and then to hospital. Her subsequent comments explicitly indicate how she saw her and others’ as having a mutual responsibility to help each other as residents living in the sheltered housing complex, whilst suggesting that not every resident fulfils this responsibility:

> *Pam: ‘Yeah. I’ve been seeing on [their] flat and going up there’*
> *Shanice: ‘Ah that’s good someone is checking in on things*
> *Pam: ‘Well, it’s just what you do. You help each other out. [They’ve] been telling me to take some money for driving about. I said ‘there’s no way I’m doing that’. I know some people would. [Resident] wouldn’t do it for nothing. It’s not what it’s about but I know [they’d] do it for me’*

Here, Pam characterised how she was ‘seeing on’ this resident and their flat as an expression of how ‘you help each other out’. For Pam, such helping practices were seemingly fundamental to how she acted in relation to who she saw as her wider community living in the sheltered housing. She articulates not expecting any financial reimbursement for her efforts, as she did not consider helping this resident as a special or out-of-the-ordinary act which required distinct recognition. Characterising how her help here as ‘just what you do’, Pam sees this as an understanding she and other residents share in the sheltered housing; that they *should* help each other without expecting anything in return. Pam distinguishes this from other residents who expect to be reimbursed for their efforts, which for her is not what helping each other is about. These comments shed light on earlier situations where I observed Pam, and other residents, taking turns to do particular tasks involved in digital-related activities, for which they did not personally, directly benefit, but responded to a fellow residents’ request for help. Such situations represent how residents related to and enacted what they saw as a responsibility to help each other as people living in sheltered housing, informing how they then do many activities collectively. Pam then recognised how her helping practices means she could expect other residents to help her if and when she needs it. How sheltered housing residents enacted their help-based responsibilities thus shaped how they interacted together on digital and other practical activities.

### *7.6.2. Material features constraining digital helping relations in the 'hall'*

The above insights indicate how this communal hall provided a physical space that enabled sheltered housing residents to meet, socially interact, and work together on various digital and non-digital activities, which sometimes, but not always or entirely, involved Camila who lived nearby. These insights emerged through observing Pam interacting with other residents in the sheltered housing hall or wider communal grounds. However, here I came to see how the extent to which residents could work together to do particular digital activities, to enact their sense of responsibility to help each other, was partially limited as most residents could not connect to the internet through their smartphones in the hall. Whilst many residents appeared to pay for internet in their self-contained flats, the communal hall did not provide means to access the internet. How this limited residents' abilities to help each other through digital activities in this hall became clear towards the end of my fieldwork, when a resident arrived at the craft group discussing problems with renewing their passport:

> *Resident: 'I tried doing my passport renewal online the other day, but the form thing wouldn't take me photo. Couldn't work out why'*
>
> *Camila: 'You made sure it's a plain background?'*
>
> *Resident: 'Well it's a bit hard by yourself'* – they awkwardly bend their arm
>
> *Pam: 'We can do it now'*

Camila places her knitting on the table and stands up. Pam looks around the room, then pushes a table, creating a gap in front of a blank, beige wall.

> *Pam: 'There you go'*

The resident passes her phone to Camila and stands by the wall. Camila takes a couple of photos.

> *Pam: 'Right, try that. Can't do it here cos' no internet. Try it again and if it doesn't work, we can do it together at mine or yours'*

This encounter highlights how the hall enabled residents to discuss issues they had when doing digital activities. Pam, another resident, and Camila quickly and proactively responded by offering to do part of the digital activity; taking a photo against a plain background. Pam actively moved an object to create the conditions needed to take a suitable passport photo, which Camila suspected was preventing the resident from

completing the passport renewal form successfully. This further shows how Camila involved herself in this digital-related activity based on her know-how about digital photos that are appropriate for a passport. Whilst Camila and Pam initially helped with this digital activity by taking a photo for the resident, Pam's comment afterwards highlights how having 'no internet' limited how far they could do and so 'help' with this digital activity in the hall. Yet, her comment indicates how digital helping interactions between residents could move into their personal home settings, as workarounds for these material constraints of internet access, if the resident continued having issues. Such interactions were, however, outside of my gaze as an ethnographic researcher whose relationships and activities with Pam and other residents took place within the communal hall. These observations illuminate how older people may actively use and rearrange the material set-up of the hall to make particular digital activities possible, whilst navigating constraints with internet access which limited how they could directly help each other digitally within their communal hall.

## 7.7. Summary

This chapter examined older people's differing practices around asking for and getting help to engage digitally from a range of social contacts, including me as an ethnographer, which shaped how they could engage digitally in practice. Asking for help with digital activities was a situationally negotiated and emotionally loaded activity whereby older people weighed up who and how their help requests may burden those helping, and others in a situation. Digital support group learners temporarily withheld their help requests and tried negotiating seat-switching with other learners to get close to a volunteer to get their help. In public situations, older people may avoid asking for help with, and so may not access, digital activities due to concerns about impinging on others' time. Whilst older people may identify family members who could help, they vary on whether they want to ask these contacts for help based on how this takes up their time. Personal and situational complexities related to the act of asking for help therefore limited how older people could engage digitally in practice.

Older people experienced unexpected costs with getting help to engage digitally, especially as others would often do digital activities for them, which undermined their independence. As such, some older people actively avoided asking others, particularly

their children, to help them digitally, which limited the kind and variety of digital activities they could do. In digital support group situations, older people mostly stayed out of directly doing digital activities with which they asked for help. This led them to unexpectedly getting 'shut out' of digitally interacting with services that helpers contacted for them, or due to helpers overlooking features required for them to access such activities independently. Older people came to lean on help when experiencing age and gendered-based inequalities during service interactions, leading them to more heavily depend on others help. How they found personal burdens and costs with depending on others' help for digital access contradicts how local organisations suggested they should 'just ask' someone for help. Such comments assumed that getting help was a straightforward, easy and neutral activity for older people, glossing over their experiences of negotiating social and emotional costs with depending on others and wanting to do activities for themselves. In the next chapter, I show how such experiences challenge policy assumptions of digital technologies as enabling people to independently self-manage and on digital inclusion (Department for Science Innovation and Technology, 2025; Department of Health and Social Care, 2025).

My observations in a sheltered housing communal hall led me to interpret this setting as an unusual case, as older people were not simply passive recipients of help from others, but also actively provided and reciprocated help to other residents for digital, and non-digital, activities. Such help-based practicers emerged from how residents articulated their shared responsibility to help each other in the sheltered housing setting. Yet, lacking material capabilities for internet connectivity within this hall constrained how far residents could take digital activities they were working on and helping each other with here. Overall, this chapter situates help as central to how older people related to me as an ethnographer, and how they engaged digitally in practice. The next chapter discusses the findings from Phase 1 (Chapter 5) and Phase 2 (Chapters 6 and 7) in context of interdisciplinary academic literature, policy, and practice.

# Chapter 8: Discussion

## 8.1. Introduction

Within the first two chapters of this thesis, I identified how research within critical gerontology and medical sociology critiques techno-optimistic assumptions which construct digital technologies from an almost exclusively positive standpoint (Greenhalgh and Swinglehurst, 2011; Lupton, 2018; Moreira, 2016). Such research indicates how these assumptions, which underpin current UK digital healthcare policy, frame digitally enabled care as empowering for patients by making care easy and convenient to access (Department of Health and Social Care, 2025; Department of Health and Social Care and NHS England, 2022). My ethnography enabled me to see coastal-dwelling older people navigating many unexpected burdens and costs when trying to engage digitally, which shaped how they could engage with digital technologies in practice. A sense of uncertainty ran through participants' accounts, reflected by their dealings with precarious sticking points when navigating 'technical' or 'strange' digital connections. This chapter examines how my findings call into question academic and policy representations of digital technologies as empowering people to easily and conveniently self-manage their health-related activities, by contrasting these with burdens and costs coastal-dwelling older people instead experienced.

First, section 8.2 critically discusses participants' experiences of burdens and costs when navigating ambivalent digital connections that could affirm and risk their safety, and how they found digital connections 'technical' and shaky in practice, in relation interdisciplinary literature and policies. I set out how they experienced digital technologies as eroding their in-person connections with 'local people and places', and as services seeking to save costs by making them more responsible for managing their daily activities. Section 8.3 then examines how my findings critique wider government policies on digital inclusion and health and social care (Department for Science Innovation and Technology, 2025; Department of Health and Social Care, 2025) by illuminating complex burdens and costs participants faced when asking for and getting help to engage digitally from various social relations. These helping relations created dependencies and marginalities that disempowered participants from self-managing their daily activities, which contradicts promises made in digital healthcare policy.

In section 8.4, I revisit the suitability of the analytic concepts developed through my ethnography, specifically: shaky and help, in the field of critical gerontology. In section 8.5, I evaluate how my conceptual and methodological approach enabled me to realise insights that could address the research problem of how coastal-dwelling older people engage digitally and how their social relations are involved in these activities. I discuss how my relational approach helped make visible contradictions in how participants constructed and interacted with digital technologies, as safety-affirming yet risky objects. This moves beyond 'either/or' thinking dominating techno-optimistic approaches which seek to remedy 'barriers' to technology use (Hunter et al., 2022; Kaihlanen et al., 2022), instead revealing messy situational complexities and ongoing digital experiences, as conceptualised by Lindberg et al. (2022). My findings indicate how ethnography can allow researchers to directly attend to what people *do* digitally as the main unit of analysis (Gallistl et al., 2021; Greenhalgh and Swinglehurst, 2011), particularly unnoticed, less spoken features which shape how people engage digitally. Finally, section 8.6 evaluates the contributions and limitations of my thesis, as the first study of coastal-dwelling older people's digital technology experiences.

## 8.2. The burdens and costs of engaging digitally

This section illuminates how my study findings challenge assumptions of how digital technologies are set up to 'empower' older people to self-manage their daily, health-related activities more easily, based on the burdens and costs they faced. These costs concerned having to navigate ambivalence, which spanned both safety-affirming and risky connections; as well as how they saw digital technologies as eroding relationships with 'local' people and places and making them more responsible for their health.

### *8.2.1. Navigating ambivalence*

In my Phase 1 interviews and focus group, participants spoke of digital technologies in highly ambivalent ways, affording fun, playful, and safety-affirming digital connections but alongside uncertain, risky and maybe even harmful digital connections. How I interpreted these co-existing experiences mirrors how Giritli Nygren et al. (2020) frames ambivalence as a non-dualistic concept that accommodates conflicting experiences existing simultaneously. Echoing Ganz and Mitchell-Bennett's (2025: 3) research on refugees' digital practices, participants' ambivalence towards digital technologies in my

study did not seem to constitute a state of being indecisive but a 'productive condition' enabling them to identify, and to agentically navigate, contradictory, uncertain, and potentially risky digital encounters. The ambivalence I found to characterise these Phase 1 participants' accounts problematises academic literature and policies on digital transformation which narrowly neutrally or positively construct digital technologies (Greenhalgh and Swinglehurst, 2011; Orton-Johnson, 2024). Such constructions overlook unexpected consequences and paradoxes that can emerge for social groups in practice when interacting digitally (Ziebland et al., 2021). Participants were actually also burdened with trying to work out whether and how a digital connection would support or compromise their safety. Using a relational approach to inform my analysis helped illuminate how coastal-dwelling older people's digital experiences spanned a broad, contradictory and contextually contingent spectrum of encounters, including traversing polarities of safety-affirming and risk-creating connections, now examined further.

#### *8.2.1.1. Creating safety-affirming connections*

The idea that digital technologies mostly, and clearly, enable people to live safely is highly prominent in public policy and academic literature, particularly on telecare, by framing digital technologies as solutions to the 'problems' of managing the health and care needs of ageing populations (Lindberg et al., 2022; Nilsson et al., 2022). Jarke and Manchester (2025: 3) challenge one-dimensional and ageist understandings of digital 'solutions' which treat older people's bodies as risky and so in need of a digital technological fix, to ensure their safety. In both phases of my study, participants indicated ways in which they used, or kept to hand, digital technologies based on emergencies, risks, and vulnerabilities they anticipated facing as older people. For example, keeping a landline telephone in case of emergency based on feeling 'vulnerable' as an older woman who lived alone. This further indicates a gendered dimension to participants' anticipatory digital practices. Being prepared for sudden changes to their health, and abilities to live independently aligns with wider gerontological literature (Laliberte Rudman, 2015; Teater and Chonody, 2020). Having a back-up device if another device unexpectedly failed may reassure older people about their safety in crises, similarly found by Lynch et al. (2022), whilst enabling them to feel less socially isolated, as Sen et al. (2022) also suggest.

My Phase 1 focus group with digital support group members further helped me identify how interacting in this setting enabled them to explore what Johannessen (2023: 6900) calls 'anticipated affordances', referring to how people speculate about opportunities that technologies may offer before, or without, directly using it. For example, participants shared creative ideas for how digital technologies could support people with memory problems for whom they cared. Using a relational approach to examine focus group participants' accounts helped make visible how the digital support group enabled them to exchange ideas about how they could use digital technologies to support shared concerns: protecting their own and their loved one's safety. Bringing these group members together in a focus group enabled me to see how those in this naturally occurring group could dynamically interact about engaging digitally; insights which may have otherwise been less visible in individual interviews. This method thus better supported me to realise my relational approach to examine digital experiences. Such findings indicate how older people may anticipate and then implement creative ways of engaging digitally to support their and others' independence, safety, and wellbeing based on health-related uncertainties, emergencies, and risks they foresee in later life.

#### *8.2.1.2. Creating risky connections*

Whilst participants in my study articulated ways in which digital technologies could support safety, they shared many 'worries' about making uncertain and risky digital connections, which shaped, and largely limited, how they engaged digitally in practice. Sociological thinking has long established that risk, defined as a 'systematic way of dealing with the hazards and insecurities induced and introduced by modernization itself' (Beck, 1992: 21), inherently entails uncertainty. Much academic and policy discourse emphasises how digital technologies can enhance patient's lives through enabling greater 'choice' and making healthcare access 'easy' and 'convenient' (NHS England, 2023), as reflected in documents I gathered from the field (see Chapter 6). My ethnographic findings problematise how the NHS England 10-year plan (Department of Health and Social Care, 2025) commits to making managing 'care as easy as online banking or shopping', articulating assumptions about what counts as universally 'easy' digital activities that directly contradict how coastal-dwelling older people in my study found such activities 'worrying', 'risky', and possibly costly for their safety. The word

‘empowerment’ features heavily in academic scholarship and policies on digital healthcare, as Lupton (2013) and Rich et al. (2019) illustrate; however, this promise may be critically questioned through my study findings. Indeed, UK Government plans including the NHS 10-year plan further promises to ‘empower’ people to ‘control’ their care, especially using the NHS App, to shift ‘power from ‘producer’ to patient’ (Department of Health and Social Care, 2025: 49). Yet, such framings contradict how my study participants found digital activities as burdening on their time and resources and so not for *their* benefit, but for public and commercial services to reduce costs. Such experiences are examined further in section 8.2.4.

Sociological researchers argue that digital technologies do not simply mediate or minimise risk; they also create new sources of risk, which differentially affect social groups and may generate inequalities within society (Lupton, 2016; Soong et al., 2024). Focus group participants in my study articulated worries about unknown figures inside digital and online spaces being able to see, access, and ‘know everything’ they do, grounded in experiences of their personal (for example, financial) information being mysteriously accessed and used online, without intending. Such unpredictable and risky-seeming connections further resembles Lupton’s (2016: 4) theorising on digital ‘veillance’, denoting new forms of power relations created through enabling people to watch, and be watched by, others in specific places through the internet, perhaps without people knowing. How participants tried to engage digitally despite these uncertainties about possible ‘spying’ resonates with Knowles and Hanson’s (2017: 21) theorising of older people ‘using-while-distrusting’. Participants in my study found that many public and commercial organisations now ask them to ‘go online’ as the default or only way to access services. They were then *having* to grapple with uncertain and potentially risky digital connections, towards which they were distrustful based on how this could be costly for their personal safety. This raises important considerations for public and commercial services and practitioners enacting digital-first or digital-only models of delivery, given how this may exclude those who may struggle or altogether avoid engaging with digital platforms, based on privacy and safety concerns.

Based on these findings, there is a need for researchers examining digital inequalities who characterise older people as ‘at risk’ of digital exclusion (Hargittai et al., 2018;

Pirhonen et al., 2020) to reconsider what they count to be risky for older people in digital encounters according to what they themselves consider to be uncertain and risky. In my research, coastal-dwelling older people articulated unexpected risks, burdens, vulnerabilities, and paradoxes related to their processes of trying to participate more fully in the digital world and so become more digitally 'included'. Such findings call on researchers to examine not only how becoming more digitally included *reduces* risks for social groups in facing health-related and socioeconomic inequalities, but how this may *create* new risks and paradoxes, as digitalisation diffuses into society. The next section discusses complexities participants faced with 'technical' and shaky digital connections in relation to interdisciplinary literature, and how this contradicts digital healthcare policies.

### *8.2.2. Navigating 'technical' and shaky digital activities*

Through my Phase 2 ethnographic observations and interviews, I came to see how various organisations in the field constructed digital activities as straightforward and easy to perform. For example, with public service personnel and healthcare service information deploying the words 'just' and 'convenient' to describe digital and online options, enacting broader health and social care policy commitments that promote digital technologies as empowering for patient choice and time, articulated above (Department of Health and Social Care, 2025; Department of Health and Social Care and NHS England, 2022). Yet, coastal-dwelling older people's experiences of navigating 'technical' and shaky digital connections calls into question these policy framings of digital technologies as empowering people to self-manage their health and care access. This section examines how the data and my relational ethnographic analysis shed light on these 'technical' and shaky digital experiences.

My findings echo but go beyond a large body of work which characterises older people as *lacking* the 'operational or technical knowledge' needed to engage digitally, summarised in the scoping review of Kebede et al., (2022: 8). Focus group participants in my study articulated uncertainties relating to knowledge, seen as 'technical', which digital activities and processes required them to have and apply in practice. They felt they lacked such 'technical' know-how needed to navigate digital activities effectively and safely. This mirrors the qualitative findings of Emmesjö et al., (2025: 6) who found that some older

people constructed themselves as not into 'technical stuff' like using digital technologies. Older people in other studies further express how they cannot keep up with the pace of digital change; by the time they get familiar with digital technologies, these technologies change (Pirhonen et al., 2020). Participants in my study framed their situations of being less familiar with digital technologies as characterising their generation context as not having needed digital technologies before in life. Landgren and Cajander (2021: 6) similarly found that digital health consultations were a 'generational matter' which older people saw as not for them. Whilst participants of all ages in my study found various digital activities to be 'complicated' and 'technical' to navigate, other research finds that those of different generations will have unique socio-historical and cultural reference points for digital technologies (Taipale et al., 2018) shaping how they engage digitally. Research employing cultural theory could further help flesh out these generational features shaping coastal-dwelling older people's digital experiences.

Older women in my study articulated lacking competencies they thought they would need to use digital technologies. This was reflected in how several participants had only recently started to use a smartphone or tablet, in most cases after losing their more digitally experienced husband. My findings build on the research of Comunello et al., (2016: 798), which found that representing mobile phones as 'hi-tech' evoked age-based and gendered stereotypes, whereby older participants constructed older women as lacking digital knowledge and skills. Older women may internalise such gendered and ageist stereotypes about digital skills, illuminating a gendered dimension to the phenomenon of 'internalised ageism' which other researchers frame as a 'barrier' to older people's technology use (Köttl et al., 2021). Participants in my study saw men as typically better able to understand and use digital technologies due to past work experiences. This aligns with Lohan's (2000: 17) feminist research which frames these socio-cultural representations connecting men with technologies as a form of 'male technological competence', echoing how most women in my study distinguished their lack of digital skills from their husbands' 'better' digital know-how.

By observing older people engaging digitally, I was able to identify how digital features and connections were often 'technical' and shaky to them in practice, especially when steps where not understood or missed. This problematises academic and policy

discourses that construct digital technologies as inherently neutral objects, or as creating entirely positive outcomes (Greenhalgh and Swinglehurst, 2011), given how I and participants found various digital processes to be complex, unclear, and difficult to navigate. Digital systems placed major demands on participants' time, attention, and memory as they tried making sense of and applying complex pieces of information at the same time, in rigid and quick action sequences. These processes were complicated when older people momentarily shifted their gaze away from, or accidentally tapped, a device leading to 'strange' territories. My thick descriptive findings help contextualise how older people may speak of age-related challenges with remembering, concentrating, or dividing their attention during digital activities, which others report as a barrier to technology use (Kebede et al., 2022; Street et al., 2022). My findings show how these experiences were compounded by digital systems which themselves involved rigid parameters for 'pressing' that end-users needed, but did not always, follow.

Aligning with Rasi-Heikkinen (2022), my findings call into question deficit-oriented approaches in academic and public discourses which frame older people as lacking digital skills, yet construct digital technologies as neutral objects or, more positively, as easy and convenient for users (Orton-Johnson, 2024). My findings show that participants' life events (such as moving house) exacerbated difficulties they had with remembering and enacting complex digital steps and so constraining how they could engage digitally in practice. How older people engage digitally cannot therefore be a fixed set of practices, but a constantly moving, ongoing process which is shaped by personal life events and changes in routines, reflecting how Lindberg et al. (2022) and Gallistl et al. (2021) conceptualise digital interactions. My findings build on studies on older people's personal accounts of technology *non-use*, in showing that older people may prioritise other activities and so actively limit how they engage digitally (Rasi-Heikkinen, 2022; Wells and Russell, 2025). Understanding how digital technologies can generate wide-ranging effects challenges common individualist assumptions which largely attribute older people's experiences of 'technical' digital connections to them lacking digital know-how. It is important to critically examine digital technologies as non-neutral entities that can actively contribute to, and generate paradoxical experiences for older people, as part of a relational nexus. This is shown in my findings of how digital technologies

themselves entailed unclear, perverse requirements and become entangled with life events, which placed greater burdens on participants' time, energy, and resources.

Increasingly, research suggests that the design of touchscreens, which fail to register older people's finger-pressing commands based on skin conductivity changes, reflect built-in ageism in design (Baringer et al., 2023). Age-related changes to finger and hand dexterity affects how people can direct their finger-pressing (Pirhonen et al., 2020; Urban, 2017a, 2017b). This was evident in my study as, by deploying sensory ethnographic principles (Pink, 2015), I could see how participants often had to press multiple times before touchscreens responded, and that device responses varied depending on differences in pressing motions. However, I also observed cases contradicting this, where touchscreens appeared 'sensitive' and hyper-responsive to older people gently, sometimes accidentally, touching a device in specific areas. This helps explain the ambivalence characterising Phase 1 participants' accounts. Socio-materialities and practices involved in pairing and upkeeping digital devices (Pink and Leder Mackley, 2013) posed difficulties depending on older people's bodily capabilities and living arrangements. Participants in my study, and other research (Wang et al., 2019), note functional limitations with bending and kneeling which can hinder them from locating and connecting devices, particularly those living alone. My findings have critical implications for designers in making technologies age-friendly (McGinley et al., 2022), and for healthcare services rolling-out digital services for ensuring equitable access (NHS England, 2025b) for older people with diverse, changing bodily needs.

My relational ethnographic approach enabled me to identify multiple ways and levels upon which coastal-dwelling older people experienced digital technologies to create 'technical' and shaky connections for their sense of competence. This ranged from difficulties they had with building familiarity with digital technologies, based on their generational situations, to their bodily capabilities. Examining how this group relationally talk about and engage with digital technologies helped me attend to unexpected costs and burdens they encountered when trying to engage digitally in practice. These costs and burdens contradict how much academic research and policy portrays digital activities in discourses and documents as easy, convenient, and timesaving for users. Contradictions between these public claims and coastal-dwelling older peoples'

experiences were further visible in their accounts and practices of wanting, yet increasingly struggling, to connect with 'local' people and places, as examined next.

### *8.2.3. Eroding relations with 'local' people and places*

Throughout my study, I noted how older people were often asked to 'go online' by public and commercial organisations and so directed away from people they sought to engage with in-person or through telephone calls. Phase 1 participants' accounts of local organisations no longer wanting to 'speak' or 'write' to them, but instead prompting them to 'go online', became even more visible through my ethnographic observations (Phase 2). Here, I saw older people confronting a digital front door within healthcare services (Department of Health and Social Care and NHS England, 2025: 21) and other settings, particularly when interacting with staff and in service leaflets. Participants often commented that they could not understand and do things online and so usually requested and received an in-person alternative. Yet, they were sometimes excluded from accessing services operating online-only models. As such, they saw digital technologies as eroding opportunities to connect with many people and places in-person; how they primarily preferred and sought to connect, as seen in other studies (Hodge et al., 2017; Nymberg et al., 2019; Rasi-Heikkinen, 2022). Without interpersonal options, older people may be excluded from services. This section examines how such experiences contradict how academic and policy literature characterise digital delivery as promoting patient empowerment and choice (Department of Health and Social Care, 2025; Department of Health and Social Care and NHS England, 2022; Lupton, 2013) by illuminating contextually specific, place-based features that shaped how coastal-dwelling older people could now fit digital and non-digital health-related activities into their daily routines.

Phase 1 participants articulated how they valued interacting in-person, rather than digitally, as this was 'easier', 'quicker', and so more convenient than 'poodling' on 'machines'. These accounts jarred with how I observed local healthcare services and wider policies characterising digital provision as the most convenient way to access care (Department of Health and Social Care, 2025). Whilst participants in my study tried avoiding 'technical' digital activities, my observations found place-based complexities with how they could do daily activities in-person. Evident socioeconomic decline and

physical dereliction which, as Abozied et al. (2025) and Houghton (2023) show, is common in coastal towns, seemingly shaped how participants spent time in Great Yarmouth town centre, therefore affecting their in-person activities. Linked to such limited activity and business on the high street, I observed older people finding it increasingly difficult to fit health activities in traditional forms, such as dropping off a prescription, into their usual daily routines that now took place largely outside of the town centre. Yet, they still preferred engaging in-person, though the convenience of this depended on whether they needed to make a 'special visit' into town. Older people in coastal communities may therefore find it increasingly more challenging to fit health and care-related activities into their daily routines in the ways they want due to socioeconomic decline affecting how, when, and where they interact in the area.

Participants' socio-political attitudes of not wanting to connect with 'foreign' others seemed to characterise their practical relationships with digital technologies and the internet, by viewing these as promoting global, rather than 'local', connections with 'others' who were geographically and culturally different to themselves. My findings of older people wanting to connect with 'local' people in-person, instead of 'foreign' individuals online, reflects research highlighting antipathy towards immigrant communities as a recurring position in predominately white, working-class coastal communities like Great Yarmouth (University of Central Lancashire and Cumberland Council, 2025). Burdsey (2011: 540) examines how racialised meanings are inscribed onto English seaside places and may other minority ethnic residents and visitors as strangers who do not belong. In recent years, Great Yarmouth has experienced increasing migration, however 'local' and migrant populations tend to live socially and spatially separate lives (Barnard and Costello, 2023). Whilst the town has always experienced migration (Barnard and Costello, 2023), and having an economy that relies heavily on transient seasonal tourism (Great Yarmouth Borough Council, 2025), my findings suggest that participants, many of whom were born or grew up in the borough, possess a tightly defined sense of 'local' identity linked to geographic place and socio-cultural backgrounds. Such identities shaped how they tried orienting themselves to seeing 'local' people, instead of engaging digitally with 'others' they saw as not sharing their norms and values.

Whilst participants articulated often choosing not to engage digitally in practice, I observed digital technologies, initially hidden from my and participants' view, unexpectedly becoming visible as underlying activities in social settings, such as technologies used to register orders in a restaurant. Participants and I came to identify such digital knowledge by experiencing breaks in the usual social routines and rules participants expected within these settings. These findings build on the ethnography of breakdowns in digital doings in schools conducted by Alirezabeigi et al. (2020). They found that the doings of digital technologies, which they conceive as mundane actors that 'silently fall into the background' and so can be taken-for-granted, became visible when the school's usual routine patterns are suddenly disrupted by these technologies not working, losing connection, or getting lost (Alirezabeigi et al., 2020: 195). As such, hidden digital technologies may breakdown and so disrupt usual routines. These findings raise critical questions about the extent to which people can enact agency in terms of *not* wanting to engage digitally, now that digital technologies may underlie activities in many public settings, without their initially realising.

The above insights became visible through my relational ethnographic approach, enabling me to identify place-specific contextual features which relationally shaped older people's digital experiences in a coastal region. This adds deeper contextual understanding to existing research about older people preferring in-person over digital interactions (Hodge et al., 2017; Nymberg et al., 2019), based on how their place-specific and socio-cultural identities may inform their desires to connect in-person with 'local' people in their area. Based on burdens and costs participants anticipated and experienced with engaging digitally, from navigating shaky digital connections to losing in-person connections, they actively questioned 'who needs and who benefits' from engaging digitally. The next section examines how participants constructed digital technologies as burdening them with greater responsibilities to manage their health, contrasting the choice-affirming credentials of digitally enabled care, as depicted in digital healthcare policy plans (Department of Health and Social Care, 2025).

### *8.2.4. Becoming digitally responsible for health*

When older people have to bear the weight of responsibility-related burdens of self-managing daily activities and find fewer ways to engage in-person, as they may prefer,

they risk becoming digitally side-lined. This is indicated in my study, which led to participants feeling disempowered. These findings reflect how Hill et al. (2015) and sociological thinkers (Lupton, 2013) frame digital technologies as tools that not only empower but *disempower* individuals and social groups. This section situates my findings in relation to neoliberal economic ideals which underpin current healthcare policy and delivery (Lupton, 2013; Rich et al., 2019), where digital technologies form part of an agenda towards making people more responsible for looking after their own health and care activities, in the name of patient choice and empowerment.

Whilst some older people are recognised to actively seek digital technologies to help self-manage their health-related activities (Garcia Reyes et al., 2023), participants in my study expressed deep concerns with taking on responsibility for handling and keeping secure their sensitive personal information on, and to engage effectively with, digital technologies. Lupton (2013), and discourse analyses of healthcare policies in the West (Ravn et al., 2016; Rich et al., 2019), indicate that these policies that construct patients as responsible for and empowered by self-managing their health conditions digitally only goes so far, given unpredictable complexities and ambivalences digital connections may bring. Participants in my study found supposedly easy digital activities, such as requesting prescriptions and paying for parking digitally, as inaccessible in practice. Across the study period, digital NHS prescriptions have become default in GP surgeries (NHS England, 2025a). My findings provide first insights into how this change is being experienced by coastal-dwelling older people in practice. These individuals were not consulted on such policies, nor the design of digital technologies they are now expected to use to self-manage their health and care activities, and which could generate exclusions and disempowering experiences (Lupton, 2013; Shaw and Glover, 2024). Western healthcare policies underpinned by neoliberalism position patients as willing and able to actively manage their health and care, as a concerted effort to transfer the burdens of health and care responsibilities from government states onto individuals (Rich et al., 2019). This neoliberal 'logic of choice', as Mol (2008: 1) puts it, not only contradicts how participants in my study found digitally self-managing their daily activities as costly on their time, resources, and safety. It actively glosses over how they articulated their preferred choices to engage with people and services in-person.

Neoliberal agendas towards digital 'self' care and management are given momentum by state governments seeking to reduce national financial burdens of traditional forms of healthcare service delivery, by making patients more responsible for their health and care. The NHS England 10-year Plan (Department of Health and Social Care, 2025: 16) indeed emphasises financial benefits to digitalisation, for delivering care 'far more productively for far lower cost'. Yet, participants in my study found that using digital technologies to access services did not directly personally benefit them, such as by making things easier. Rather, their experiences of burdens and costs indicated to them that digitalisation primarily benefitted public and commercial organisations to reduce costs, by shifting responsibilities to manage activities onto service users. Using Foucault's notion of governmentality, Petrakaki et al. (2018) argues that UK digital healthcare policies use assumptions of economic rationality to frame patients' taking responsibility over their health as a form of 'good citizenship' by supporting the viability of health services. Such framings possibly informed how healthcare and other organisations were seen in my study to encourage older people to 'just' go online or ask others to help them. This glosses such activities as easy and involving minimal compromises on older people's time and resources, compared to the much greater benefits for service productivity and cost-efficiency. Yet, as discussed, digital connections appeared to participants as uncertain, shaky, and risky in practice. Government policies and healthcare services which encourage individuals to self-optimise, to become digitally responsible for their daily activities, shift burdens to be digitally included onto those least equipped to carry it, as Smit et al. (2025) argues. This could further exclude and so create access inequities for coastal-dwelling older people.

The burdens faced with getting more requests to engage digitally and become digitally responsible for activities led many participants to rely on others for help. Such helping relations often further disempowered them. Older people were therefore *not* self-managing but obligating many other people to help by doing digital activities for them. In the next section, I examine how such findings contradict policies which promise that digital technologies can empower people to self-manage.

## 8.3. The burdens and costs of getting 'help' with engaging digitally

Throughout my fieldwork, older people, and their supporters, acted as though I knew about and could help with digital activities. Help then became a domain on which I focused my analysis, as it characterised my relationality with older people in the field, and appeared to shape older people's willingness, abilities, and practices around engaging digitally. Drawing on social networks, such as volunteers, grown-up children, and friends were participants' main sources of help for setting up, using, and resolving problems with digital technologies, aligning with other qualitative research (Greenhalgh et al., 2013; Hodge et al., 2017; Wilson et al., 2021). In my study, I observed helping relations involving others doing digital activities for older people, whilst enabling them to access information they could use to do a digital activity themselves. This section examines costs and burdens participants faced when getting help from various social relations, and in public situations, based on dependencies this created for them. Such dependencies undermined participants' agency, creating disempowering experiences. Situating these help-dependency tensions in relation to interdisciplinary research and digital healthcare policies, my findings problematise framings of digital activities as always empowering older people to self-manage their health.

### *8.3.1. Negotiating relational complexities in accessing 'help'*

Phase 1 participants spoke of complex relational networks of human and non-human actors who help them with digital activities, which could become visible through attending to diverse socio-material features, as discussed by Gallistl et al. (2021) and Lindberg et al. (2022). Yet, by ethnographically observing older people's daily activities, I noticed how the help they spoke about in practice *always* involved people, or what others like Olsson and Viscovi (2018: 324) and Hänninen et al. (2025: 7) call 'warm experts'. Objects, such as notebooks, which Phase 1 participants said 'helps' with learning and remembering how to do digital activities, were markedly absent and not used during my observations. In practice then, help primarily took a human form. This highlights how ethnographic approaches can help describe in detail how participants actively, routinely drew on particular people in their relational networks for help in practice, and less so particular objects they spoke of as 'helpful'. Perhaps this also reflects participants enacting their priorities of wanting to connect interpersonally with others in-person, as

discussed above. Paradoxically, whilst participants constructed digital technologies as eroding their in-person connections, how they fulfilled their 'need' for digital help from other people created opportunities for building relationality in-person; for example, with volunteers who evolved into friends. How participants similarly articulated gravitating to people for help when engaging digitally in public settings, such as when using supermarket apps and digital train tickets, seemingly constitutes a form of bricolage (Lévi-Strauss, 1962), through their appropriating those available to them to navigate 'technical' digital encounters. Such informal and more established relational networks that enable help are central to my research problem as they shaped how older people could engage digitally in practice.

Research in gerontology and human-computer interactions fields highlights a lack of support, help, or assistance as barriers to older people accepting, adopting, and using digital technologies (Kaihlanen et al., 2022; Vergouw et al., 2020). Vergouw et al. (2020), for example, found older people could not easily ask others for help with digital activities as it took time to get a reply, when they wanted help right away. This mirrors delays in responses which my study participants faced when making help requests, which temporarily, but markedly, hindered them from doing specific digital activities. This echoes Lee and Coughlin's (2015) findings of how older people's capacities to engage digitally precariously hinge on helpers' availability, accessibility, and willingness to help. How barriers-oriented studies, such as by Vergouw et al. (2020) and Kaihlanen et al. (2022), frame older people lacking support as a barrier to engaging digitally implies that, with support in some form, this would certainly enable them to engage digitally. Such assumptions are echoed in the UK Government's Digital Inclusion Action Plan (Department for Science Innovation and Technology, 2025), which frames support as vital for people to gain 'the essential skills they need to get online safely and with confidence'. Whilst my study situates help as central to how coastal-dwelling older people engage digitally, the findings problematise how much research and policy frames support as an entirely positive phenomena, which will exclusively enable digital activity. This sidelines complexities, burdens, and costs I found older people facing when situationally negotiating access to, and depending on, help, examined below.

Whilst some participants in my study assumed particular people, usually their grown children, would and should help them engage digitally, others positioned asking for help as against their desire to live independently, so not wanting to rely on others for support, help, and supplies (Chirkov et al., 2003). Such findings build on qualitative findings from Finch and Mason (2008) about how older people may negotiate filial obligations within their families. Several of my study participants did not want to ask for help linked to what Korpela et al. (2024: 514) characterise as an 'emotional price for the help', given how help requests burdened particularly their children's time, and contributed to participants' diminishing independence. Older people may see such helping dynamics as shifting theirs, and their children's, social roles. Using Lasletts' (1987: 135) ideas of 'burdens' in later life, conceived as the 'Fourth Age', Moyse (2021: 387) shows how having to ask for their children's help may mean older people see themselves as failing to fulfil a social role that had long defined them. Their role may shift from being an independent caregiver to becoming the recipient of their children's care (Moyse, 2021). In my study, participants experienced contradictory, disempowering situations in which they needed, but did not want, others' help with engaging digitally. Those who actively resisted help based on such socio-emotional costs only performed digital practices they could do themselves, which appeared as limited in variety and complexity. Such help-based tensions thus shaped participants' power to act in the digital world, by having to unwillingly rely on, or trying to resist, help. The next section examines how these scenarios created exclusions by shutting out participants from interacting with services, or from accessing activities altogether.

#### *8.3.1.1. Intruding on others by asking for 'help'*

The variations I observed in participants' preferences around asking for help digitally, based on how this burdened others or undermined their independence, aligns with the 'personal (individual)' component of the model of 'digital repertoires' by Hänninen et al., (2025: 11). This helps make visible diverse practices older people employ to manage digital technologies. Participants in my study faced socio-material complexities when seeking help in particular situations, overlapping with the social and cultural features of the digital repertoire (Hänninen et al., 2025). Focus group participants articulated how they lean on on digital support group volunteers for continued help due to having 'no one'

else to ask, such as their children. Yet, these verbal accounts, and those reported in other focus groups (Betts et al., 2019), only partially elucidate complexities in social hierarchies and material set-ups in group scenarios which shape how older people can get help. Ethnographically observing in the digital support group allowed me to attend to unspoken socio-material arrangements; the volunteer and leaners routinely occupied the same seats; those who were not sitting beside the volunteer withheld their requests for help and later had to negotiate seat-switching to access help. This extends the participatory observation findings of digital courses reported by Rohner et al. (2021), highlighting how table and seating arrangements contributed to constructing particular learning atmospheres. My ethnographic findings illuminate how social dynamics when navigating seating arrangements in the digital support group meant help was not immediately available; rather, older people socially negotiated and actively created opportunities for the volunteer to help them.

Socio-gerontological literature highlights how digital technologies are 'sneaking in everywhere' (Egard and Hansson, 2021: 1). Certainly, both participants and I interacted with many online systems for different activities, including for transport and supermarket apps. Egard and Hannson (2021) argue this diffusion of digital technologies into society can render individuals less autonomous; activities we ordinarily do may become automated or potentially less accessible for particular individuals. Indeed, participants in my study often found digital technologies within public settings to be 'technical', for which they asked staff, sometimes strangers, for help. Getting help in more visible, public situations was tricky for those who were socially aware of impinging on others' time by requesting help. Such feelings reflect the findings of Morrison et al. (2022), reporting older people's post-Covid-19 accounts of making contactless payments, using QR codes, and apps in commercial settings. They found that older people felt helpless, embarrassed, and angry when such digital challenges became exposed to others, diminishing their self-belief (Morrison et al., 2022). As public and commercial services increasingly use digital-by-default delivery, this may further disempower those who face difficulties engaging with seemingly unfamiliar and 'technical' digital activities, who find their only option is to ask for, and so bear possibly humiliating costs with receiving, help to access services. In this context, it is important to consider how older people may be exposed to further risks

through depending on help from people they know less well, who may access their personal information or make digital payments for them.

Whilst participants articulated needing and expecting help with digital activities from their social contacts, they had profound personal and situational complexities and difficulties with the act of asking for help. Such complexities are overlooked in the government 'Digital Inclusion Action Plan' (Department for Science Innovation and Technology, 2025) which presents support as an enabler to digital access, without considering the personal, social, and emotional costs for older people. My study indicates that getting help to engage digitally is not a given, but a socially negotiated, and potentially burdening, activity. Participants found asking for help undermined their independence and over-burdened others, mirroring how Korpela et al. (2024) found older people may value others' time above their own. Experiences of these costs and burdens shaped participants' willingness to ask others for help with engaging digitally. The situational complexities that shaped how they could get help problematises how organisations in the field recommended participants could 'just ask' someone to help them, and how national policies commit to 'enhancing support' as a solution to digital access (Department for Science Innovation and Technology, 2025). Framing support as exclusively beneficial, without burden or cost for support recipients, glosses over how participants in my study found help with digital activities to be disempowering: obligating and intruding on others and undermining their own independence. The next section further examines marginalities created through helping relations.

### *8.3.2. Marginalities created through digital helping relations*

Through my Phase 1 interviews and focus group, I attended to how participants tried getting help with digital activities from various people in their social networks. Their accounts signified how some helpers, particularly their children, 'rushed' and were impatient which, as found in other research (Sturm et al., 2023), creates problems for individuals who may forget, so need explanations repeating and time to understand, digital activities. Participants experienced helpers giving unsolicited advice about and correcting how they engage digitally. Far from these helping relations 'supporting' participants to engage digitally, as described elsewhere (Abdallah et al., 2022; Money et al., 2024), my findings show how such helping relations exposed participants to remarks

about how they ought to engage digitally. Getting help involved others seeing into, expressing opinions on, and trying to change how participants engage digitally, which shaped participants' subsequent help-seeking practices. They spoke of limiting, and outright stopping, asking for help from particular people, as became evident in my ethnographic observations, where I did not encounter participants seeking help for those they said rushed or interfered with their digital activities. This shaped how they engaged digitally in practice. Such experiences could undermine and stifle the often-fewer experiences of fun and creativity participants had when engaging digitally, like sending messages using playful emojis, which may otherwise keep them engaging digitally despite the risks faced. It is important to be mindful of how these helping relations may instead limit older people's digital activities and so reinforce digital inequities. The latter have been seen to determine and widen socio-economic, health, and healthcare access inequalities (Bol et al., 2018; Robinson et al., 2015), which could further marginalise coastal-dwelling older people.

My ethnographic observations shed light on cases in which participants expected and experienced being sidelined during help-based interactions, which shaped how they then sought help and could engage digitally in practice. This created marginalities and depersonalising experiences as older people were less directly involved in doing, and interacting with services about, daily activities that concerned them. It also created cycles of dependency, as participants relied on others to engage digitally for them. The following section examines how policies of digital healthcare delivery and support for digital inclusion glosses such disempowering experiences of help.

#### *8.3.2.1. Depersonalising experiences through getting 'help'*

Focus group participants' accounts indicated how limitations they experienced with getting help from their friends or children, or due to having no one to ask for help, led them to join a digital support group. This aligns with findings of older people seeking digital skills training based on problems they had engaging with their informal support networks, related to their time, patience, or expertise (Geerts et al., 2023). Participants' verbal accounts in my study indicate that help in the digital support group and other situations often entailed what Gallistl et al. (2021: 5) call 'appropriation practices'; specifically, attempting to learn to use digital technologies, as well as instances of what Hänninen et

al. (2025) characterise as co-using digital devices with helpers. Yet, as I identified from one focus group participants' account and by ethnographically observing the digital support group, these helping relations instead seemed to involve volunteers often doing digital activities for participants. More accurately then, it seems participants' digital helping relations mirrored what Reneland-Forsman (2018: 340) conceives as 'marginalised' or 'borrowed' digital participation. This is because the help participants received entailed others engaging digitally on their behalf, often without participants trying to learn or actively do digital activities themselves. Such helping relations could create unexpectedly depersonalising situations.

Using a relational approach enabled me to notice how older people imbued digital features, devices, and processes with personally significant meanings. This perhaps made seemingly 'technical' processes more memorable. Paradoxically, relying on other peoples' help to input such personally significant information onto digital devices created highly impersonal interactions, which exposed how participants' expectations did not line up with helpers' expectations. A participant got 'shut out' of digital systems, for example, when a helper made a password that did not use features (capitalised letter) that represented their pet's name. Here, the 'warm' expertise of the helper (Hänninen et al., 2025) suddenly appeared cold and apart from participants' personal meanings. Contrasting how digital healthcare policies frame digital technologies as empowering people to manage their health-related activities easily and quickly (Department of Health and Social Care, 2025), my findings show how older people actively relying on 'help' from others to set up digital systems could create impersonal interactions that disempower them from accessing digital systems on their own. The following section elucidates how such depersonalising experiences created cycles of dependency, as participants relied on others to set up, engage with, and fix issues with digital technologies.

Focussing on a sample of primarily older women, my study identifies a gendered dimension to participants' digital help-seeking practices. Anne got help from a male volunteer/friend not entirely because she lacked digital know-how, but because she came to expect services would ignore and treat her unfairly based on being an older woman. She found services responded quicker when her male friend contacted them for her. Some older women may seek help from men in their social networks to contact

services digitally based on ageist and gender-related inequalities they find with being treated differently as older women, despite them knowing how to do such activities. This mirrors other UK-based older women's accounts of losing visibility as they age and being ignored within consumer, social, and public spaces, creating a nexus of ageism and sexism (Westwood, 2023). As digital technologies are more widely embedded into these settings, this may compound their complexity and further marginalise older women from managing activities on their own terms. When older women lean on others' help, they may get shut out from activities they want to do themselves, for instance if services do not ask to speak with them. This may add to their sense of diminishing agency in later life. Whether and how older woman engage digitally with services by themselves, or through others, may therefore depend on how they are treated as older women. Participants' accounts reflect experiences of 'invisibilization' in society commonly articulated by older women, as documented by Westwood (2023: 569), and could lead older women to depending on others for help, examined further below.

#### *8.3.2.2. Dependencies created through helping relations*

My ethnography illuminates how participants found unexpectedly impersonal interactions when getting help with digital activities in private and public settings. The way these interactions unfolded did not prepare participants for carrying out digital activities on their own. Rather, they came to rely on others to do digital activities for them, such as logging into the NHS App to order prescriptions. Digital healthcare researchers and government plans on digital inclusion recommend that people require 'support' and 'education' to engage digitally as, without this, they may depend more heavily on others to manage daily activities (Department for Science Innovation and Technology, 2025; Emmesjö et al., 2025). Yet, my study illuminates how older people sought help from others to engage digitally, whether from their children or volunteers, led them to depend on others to manage daily activities for them. This builds on research examining new dependencies created by assistive technologies for older people and those living with dementia (Lariviere et al., 2021; Milligan et al., 2011). Academic literature and policies advocating for enhanced digital support, as a direct solution to the problem of digital exclusion (Department for Science Innovation and Technology, 2025), overlooks how older people may experience cycles of dependencies created by relying on others for

digital help, as seen in my study. These dependencies, which participants saw as obligating various people, further contradict core promises in digital healthcare policy about how digital technologies will empower individuals to self-manage their health and care (Department of Health and Social Care, 2025; Department of Health and Social Care and NHS England, 2022).

Through my ethnography, I saw members continually attending digital support group sessions over 17 months. Whilst members said the group allowed them to chat and socially connect, perhaps motivating their attendance as found elsewhere (Age UK, 2025), participants came with questions and sought help from volunteers to do digital activities for them. Support in this setting therefore appeared to be an ongoing process, not a one-off event, made visible by my longitudinal ethnographic activities. More generally, getting help from people did not completely equip participants with skills they may need to do digital activities for themselves. This contrasts how the UK Government's Digital Inclusion Action Plan (Department for Science Innovation and Technology, 2025) seems to assume that support will automatically enable people to acquire essential skills needed to engage digitally. Based on coastal-dwelling older people's experiences of dealing with rapidly changing digital technologies and systems, that may suddenly appear 'strange', it is likely that this group will continually seek out and depend on help from others to continue accessing activities and information effectively and safely. Just as older people's digital interactions are ongoing and changeable processes, as Lindberg et al. (2022) argues, so are their helping-seeking practices. They may encounter many more new and unfamiliar requests to engage digitally, for which they may require a helping human touch to guide them, which may create further dependencies.

Participants' experiences of relying on other people to help them engage digitally or, more accurately, to do digital activities for them, links to Balcı and Aslan's (2025) findings. They framed older people depending on family support as a 'barrier' to them adopting digital technologies to manage their health, as they may avoid learning how to engage digitally themselves (Balci and Aslan, 2025). Whilst recognising how similar dependency cycles unfolded in my study, it is pertinent to view these help-related dependencies together with my participants' experiences of uncertain, unexplainable, shaky, and so perhaps risky connections. These experiences informed their firmly articulated, safety-based

reasoning for not engaging digitally in particular ways, or by themselves, without help from someone who knows how to engage digitally. As such, older people may understandably 'self-marginalise' from digital activities, to use Rasi-Heikkenen's (2022: 73) terminology, to protect their own safety. For example, avoiding risky online activities involving banking, shopping, or for some, digital health-related activities, as found in my study. Digitalisation may therefore actively disempower those who find they cannot confidently and safely manage their daily activities digitally and so seek out trusted people to do such activities for them. Paradoxically, my findings show how relying on others help in these ways could disempower coastal-dwelling older people by reducing their agency to manage activities that personally concern them.

Unlike the digital support group, where older people often depended on 'expert' volunteers to help do digital activities for them, those attending a sheltered social housing communal space seemed to co-depend on each other to do digital activities with which residents wanted help. Qualitative research shows that sheltered housing residents may seek help with digital activities from wardens or identify a specific resident as the 'tech expert' to help with digital activities (Beneito-Montagut et al., 2023). Yet, such dynamics more closely reflect relational dynamics between expert helpers (volunteers) and learners (older people) observed in the digital support group, compared with sheltered housing, in my study. Sheltered housing residents in my study often brought digital activities into the communal space to talk about and do with other residents, rather than one individual directing or solely doing the activity. Mirroring the ethnography of digital practices in a community centre for people experiencing homelessness by Stewart et al. (2025) then, the sheltered housing setting in my study seemingly provided a social system which embedded digital competence and enabled such competencies to relationally circulate through members doing digital activities together, rather than through one individual instructing another.

However, not having internet access in the sheltered housing communal space stifled what digital activities residents could do, or how far they could take them. Casselden, (2022: 704) argues that providing internet access in these settings provides a 'springboard' for residents' digital activities. If local authorities could provide such internet access, this could enable residents to borrow each other's digital know-how,

akin to how the ethnography of Stewart et al. (2025) found digital practices were more often socially extended, rather than individually embodied, amongst members of a community group who experienced socioeconomic disadvantage. Whilst I observed highly collaborative helping interactions in this sheltered housing setting, this may not represent those who did not enter this communal space. My observational gaze was restricted by how and where I could build relationships with residents, thus often not seeing how they engage digitally outside of the communal space. Whilst revealing socio-material features that enable and constrain collaborative helping interactions observed in this setting, my ethnography may obscure isolation experiences that have been reported in sheltered housing settings (Middleton, 1983), which may shape if and how some residents are willing and able to access help.

## 8.4. Reflecting on the suitability of shaky/shakiness and help as analytic concepts for critical gerontology

In this section, I briefly revisit the suitability and originality of my analytic concepts of shaky and help in and for critical gerontology and adjacent scholarship on socio-gerontechnology. Chapter 6 presents cases of participants' engaging in shaky digital connections. The terms shaky and shakiness share similarities with several terms used in critical gerontology and sociological research on ageing, particularly precarity and fragility. Grenier et al (2017) frame precarity in later life in relation to risk-related insecurities, drawing on critical geographies of precarity as 'life worlds characterised by uncertainty and insecurity' (Waite, 2009: 412). Sociological research situates precarity as a socio-political position of 'stable instability' which emerges through digital technologies, and where specific socioeconomic positions become reinforced by the way people engage with technologies (Kergel and Heidkamp, 2017: 4). Such definitions indicate that precarity denotes a broader socio-position in which older people may find themselves in modern societies, whereas shaky refers to coastal-dwelling individuals' lived realities of not having a stable foundation upon which to engage digitally, as a defining feature of their digital relationships. This lived experience is grounded in participants' actions of physically shaking or quivering their hands, in response to my questions of how they were getting on with a digital device. Whilst the concept of precarity helps situate these individual experiences within broader socio-political

contexts and possibly risk societies, discussed earlier (Beck, 1992), the construct of shakiness articulated in this thesis contributes an original account of coastal-dwelling older people's digital experiences, grounded in their own words and actions. As social worlds become increasingly digitalised, critical gerontology should further interrogate the relation and boundaries between experiences of shaky digital connections and older people's wider socio-political situations of precarity.

Socio-gerontechnological research discusses cycles of breaking, failure, repairing and tinkering that emerge in older people's digital interactions, which further resemble shaky connections (Kania-Lundholm and Manchester, 2022). In the context of Swedish Eldercare, Morris et al (2026) argue that instead of digital technologies becoming seamlessly integrated into care settings, they often generate unexpected effects and outright fail. Such fragilities and failures require repair, which Schwennesen (2021: 177) depict as a form of work that people do to make so-called 'ready-made' technologies usable. Wider socio-material analyses indicate how technology breakdowns act as a useful entry point for examining silent ways that technologies seep into daily routines (Alirezabeigi et al., 2020). Such theorisations provide a wider relational framework for conceptualising older people's shaky digital experiences, in identifying how digital technologies and functions entail instabilities, breakages, and failures that become apparent in particular social contexts. However, these terms do not elucidate how older people experiences such digital instabilities from their viewpoints. My thesis offers the analytic construct of shaky/shakiness to centre and more fully articulate how coastal-dwelling older people identify, experience, and navigate digital instabilities in practice, which critical gerontology can use to examine older people's digital relationalities.

The second analytic construct developed in this thesis concerns 'help' that participants sought and got with engaging digitally, which involved a range of social actors (see Chapter 7). This term relates closely to participants' experiences of shaky digital connections, often leading them to approach others to help them work, fix, and repair these connections, therefore mirroring socio-gerontechnology accounts of cycles of technological breakages and repair (Schwennesen, 2021). The construct of help is also similar conceptually to 'care', used widely in critical gerontology and socio-

gerontechnology (Peine et al., 2021), and 'support', often used in policies on digital inclusion (UK Government, 2025), examined below.

Care broadly refers to help that older people receive in their everyday lives, which typically involves a number of related activities and tasks (or work), alongside emotions and relationships that may contribute to meeting their needs (Barnes, 2012; Shaw et al., 2020). In my study, I identified how dependencies were built through older people relying on others to help them engage digitally, which could be understood as a form of care. Study participants did not encounter digital technologies being introduced into existing care relationships, but they found themselves being asked to engage digitally in daily situations, which required them to build relationships to get help from others. They did not seemingly define themselves as in need of care but articulated their wishes to stay independent and do daily activities for themselves, which contributed to them largely avoiding digital activities for which they needed help. Based on these experiences, the concept of care did not suitably reflect how participants characterised others' involvement in their digital activities, which differs from other ethnographies of older people engaging digitally (Greenhalgh et al., 2013; Lariviere et al,. 2021). Nonetheless, some participants became heavily dependent on others to access digital services. Therefore, further research is needed to examine how older people's ideals of self-sufficiency may be compromised by digitalisation, how this may lead them to get help and create ongoing dependencies that resemble or slip into care-based relationships.

My ethnography also presents critical cases whereby older people did not simply receive or depend on others for help with digital activities. Rather, as observed in a sheltered housing setting, the same older person may help, but also receive help from, another older person for digital activities (see Chapter 7). This highlights how getting help with engaging digitally manifested in complex ways in the everyday lives of coastal-dwelling older people, and how they used the word 'help' to describe diverse situations in which they interacted with others to use digital technologies. Whilst 'support' also connects closely with the construct of help, academic and policy discourses tend to narrowly frame support as a phenomenon that automatically, positively enables and improves how older people engage with digital technologies (see: Emmesjö et al., 2025; UK Government, 2025). 'Support' therefore did not seem suitable for depicting the fuller

spectrum of help relations I observed in my study, in terms of disempowering experiences. Overall, my thesis provides two original constructs for critical gerontology to pursue further in examining how older people navigate shaky digital connections and seek help in an increasingly digitalised world. The next section evaluates my conceptual and methodological approach for addressing the research problem.

## 8.5. Reflecting on my conceptual and methodological approach for exploring how older people engage digitally

From the outset of my research, I prioritised how participants saw and engaged with digital technologies in their own words and actions. My relational approach enabled me to attend to a diverse range of people and objects shaping their digital experiences in Phase 1 (interviews and a focus group). Pairing this approach with ethnographic observations better enabled me to see what participants do digitally in practice, and how their social relations may help and hinder these activities. This, for example, revealed how participants often did not use the objects they spoke of as 'helpful' for learning how to engage digitally, but instead relied on others in their networks to do digital activities for them. Enacting my relational approach by ethnographically being there in participants' everyday lives allowed me to identify unnoticed and unspoken features that affected how they could engage digitally, including sense-based experiences of pressing and place specific features, including how coastal town dereliction may erode in-person relationality in organisations and interpersonal interactions. My observations illuminated complexities with practices that Phase 1 participants spoke of using to manage risky connections; for example, how pressing not only mitigated but created strange and risky-looking encounters. Compared with methods that relied on verbal accounts then, ethnographic observations helped me more fully reach the potential of my relational approach by uncovering how participants engage digitally in practice.

Whilst ethnography helped me relationally examine my research problem, it is also important to recognise limits to my ethnographic gaze and unexpected ways digital technologies became embedded into and shaped my fieldwork encounters. I encountered several forms of digital data that informed my contact with participants and how I interpreted their digital practices. For example, by digitally interacting with participants through WhatsApp and telephone calls before my observations, and by

noticing their digital devices sharing 'reports' on their level of screen time use. Such metrics unexpectedly fell within the scope of my research questions on how older people engage digitally. Ethnographers should thoroughly consider how digital technologies may not only constitute their research object but may socially shape and act as a relevant data source within fieldwork encounters. Now having seen and described in detail how older people engage digitally in this coastal region, digital ethnographic methods could further elucidate this from within digital spaces that I now know participants interact, as an avenue for developing this research further.

### *8.5.1. Shifts in positionality through my ethnographic fieldwork*

At the start of my research, I outlined a set of initial boundaries to help guide my ethnographic fieldwork; specifically, defining my positioning as shifting situationally between participating in and observing older people's daily activities, reflecting Gold's (1958) account of observer-participant and participant-observer roles; and limiting directly participating in, or helping with, participants' digital activities. Here, I briefly reflect on a shift in my role towards an observer-as-participant and more directly engaging in participants' digital activities though and towards the end of my fieldwork.

Through continuing to meet and observe participants in two main settings (a digital support group; and a craft group), alongside other social settings, it is possible that I became more integrated into the routines of these settings, over my 17-month study period. For example, by taking up the same seat most weeks and joining in and undertaking activities, such as making and offering drinks, doing my own knitting, and socialising with group members. These practices reflect my efforts to be less obtrusive and avoid disrupting activities going on in particular settings, so as to observe participants' everyday lives and carry out my ethnography in a respectful manner. Whilst maintaining an overt position as a student researcher, these practices likely led me to background myself more fully as an observer-as-participant, therefore enacting the role of a participant-as-observer to a more limited extent as my fieldwork progressed. The kinds of situations in which I engaged with participants, such as crafting, playing games, walking and running errands, reinforced my positioning as an observer-as-participant (more participant than observer) by limiting the extent to which I could write detailed fieldnotes in-the-moment, during my observations. My positioning as increasingly

participating in, instead of simply observing, participants thus came about through me trying to enact my ethnographic methodological principles.

As my fieldwork continued, my positioning as an ethnographer also shifted in relation to participants' digital activities. Whilst originally not wanting to interfere with participants' digital activities, so they could ordinarily engage digitally in their own way, I realised that I could not always take-up the role of a participant-as-observer: observing their digital activities. Instead, I needed to participate or involve myself directly in the participants' digital activities in some cases, based on my ethical research principles. For instance, I repeatedly encountered participants encountering digital connections which they designated as unclear, uncertain, and risky, and for which they sought my advice and help to navigate. Such situations required me to actively reflect on how I could and should intervene or help with their digital activities, to protect them from potentially harmful digital connections. Not helping was not workable for supporting ongoing relationships and fulfilling my ethical duties. I needed to flexibly, situationally adjust my approach as an observing, participating, and helping ethnographer.

How older people saw me as someone to 'help' mirrors ethnographers' accounts of finding members trust them to help do digital tasks when observing digital support sessions, which also helped build rapport and enabled members to openly share their experiences (Gomez-Hernandez et al., 2022; Stewart et al., 2025). Whilst recognising my ethical duties to help in some cases, and how this helped me build relationality with participants, I needed to decide when and how not to help, especially for activities involving sensitive personal information, and to avoid reinforcing the dependencies identified above, particularly as I would eventually leave the field. This reveals the importance of researchers adjusting their position according to emergent situations in which older people may need, but not necessarily have access to, people to help them engage digitally, rather than employing a rigid, pre-defined approach that cannot respond to developing field relation. My overall shift towards participating in participants' daily activities, rather than solely observation, as my primary means of knowing therefore also reflected how I came to engage with them for digital-related activities.

## 8.6. Thesis contributions and limitations

The section evaluates the methodological, empirical, and conceptual contributions of my thesis for interdisciplinary researchers and practitioners within social gerontology, medical sociology, those studying human-technology relations, and stakeholders and policymakers delivering digital inclusion strategies and health and social care services. I identify transferability limitations, creating avenues for future research.

### *8.6.1. Methodological contributions*

Undertaking interviews and focus groups (Phase 1) and ethnographic observations (Phase 2) highlighted participants' tendencies to show, rather than verbalise, how they engage digitally, perhaps evidencing how they saw digital activities as 'technical' and so tricky to explain in words. Whilst Phase 1 identified how older people creatively used talk to make complex digital processes more understandable to themselves and others, focusing on their verbal accounts limited how far I could examine the research problem. As doing processes (Gallistl et al., 2021), participants found showing and enacting their digital activities whilst, or instead of, talking about them as more conducive for expressing how they engage digitally, possibly as they may not ordinarily talk about, or during, digital activities they do in everyday life. My findings highlight the value of using ethnography to attend directly to what older people do digitally in practice, which may differ from how they talk about or say they use digital technologies.

My findings indicate how ethnographic methodologies can help researchers describe in detail and disentangle routinised patterns of interactions, practices, and relations in which digital technologies may become deeply embedded, and which they may unexpectedly disrupt. Using a relational approach for my ethnography allowed me to notice behavioural practices participants engaged in to manage burdens they encountered with uncertain and risky-seeming digital encounters. How these insights became visible depended on the data collection methods used. During interviews and the focus group, participants spoke of actively pressing, or completely avoiding pressing, digital features they were unsure about, whereas my ethnographic observations uncovered complexities with how pressing could happen easily, by accident, and without participants' realising. Such accidental pressing then led to 'strange' digital encounters. Such practice-based insights deepened how I could understand the research problem by

revealing that participants did not have complete control over pressing and its consequences, and that these actions did not simply mitigate risk but created strange, risky-seeming encounters.

This thesis presents methodological and ethical dilemmas with how older people constructed me as someone to help them engage digitally, relating to my positionality. Researchers studying digital access experiences should actively consider how, and in which situations, they may need to intervene and help participants digitally, so as to protect them from harm. My study indicates it is important for researchers to reflect actively and moment-to-moment on the consequences of intervening, or not intervening, in situations where participants encounter digital challenges or risks, and how such practices shape understandings of the research problem. These findings highlight a need for researchers to consider how to manage participants' expectations and develop a strategy for leaving the field, when the researcher is no longer present to help them digitally.

### *8.6.2. Empirical contributions*

This thesis consists of the first study to explore how coastal-dwelling older people experience and engage with digital technologies for daily activities, including those relating to their health and care, taking place during a time of escalating digitalisation within health, social care, and public services. This consisted of two phases: semi-structured interviews and a focus group with seven participants, examining how they talk and experience digital technologies, alongside 185 hours of ethnographic observation, with ethnographic interviewing and gathering documentary data in the field, with five participants in a range of community situations. Using data collection methods which included, but did not solely rely on, older people's verbal accounts, alongside ethnographically observing digital practices unfold in everyday action contexts, highlighted situational, often unspoken complexities which shaped how could engage with and seek 'help' with digital technologies.

### *8.6.3. Conceptual contributions*

By exploring how older people talk about, experience, and engage with digital technologies in their own terms, my study calls into question mainstream digital

healthcare policy agendas which frame self-managing health and care digitally as not only empowering, but possible given how older people often depended, or resisted depending on, others to help access activities which increasingly involved digital pathways. The findings also problematise widespread assumptions, found in much literature and public policy, on the exclusively positive effects of support in enabling people to engage digitally. Yet, participants in my study shared depersonalising experiences and dependency costs related to asking for, and continually having to rely on, help to access activities digitally. Such findings became visible through the relational approach underpinning my thesis, uncovering participants' personally and contextually contingent digital relationships.

### *8.6.4. Limitations*

When considering how these findings transfer to other contexts, it is important to recognise variations in subjective and place identities within and between coastal communities (Bird et al., 2025). Such differences were visible in my interviews and focus group, with some participants sharing that Yarmouth *should* have a distinct digital contact number to order medical prescriptions, not share this with another coastal locality, roughly eight miles away. This highlights how coastal communities may see themselves distinctly in relation to place and so may perhaps have differing ideas and experiences about digital technologies compared with nearby areas. Whilst my thesis succeeds in providing thick, context-specific descriptions of how older people engage digitally by becoming immersed in a single coastal area, it would be valuable to examine similarities and differences with other coastal areas in the East of England and beyond. Many participants accessed a digital support group, which could represent a group who are more motivated to access community-based digital learning and social activities. The findings may thus not reflect those who are more socially or geographically isolated.

Whilst seeking to involve older people from diverse socio-demographic backgrounds and experiences across a wide spectrum of digital practices, my study consisted almost entirely of White British older women, most of whom lived alone, though who identified diverse experiences and viewpoints with digital technologies. My findings may thus not reflect older people from other ethnic groups and intersectional backgrounds; for example, older women with differing socio-cultural or religious expectations about

dependencies created through getting help (Wray, 2004). Despite using a flexible research design, enabling me to adapt my methods of recruiting to try involve other groups, these strategies were unsuccessful. Some older men may have chosen not to take part due to not having 'technical' digital know-how which, like the women in my study, they may have equated with masculinity (Lohan, 2000). Their choices to not participate may connect with my positionality as a younger-presenting women (Lefkowich, 2019), who may have appeared as 'tech-savvy' linked to my age (Beneito-Montagut et al., 2023). This may have evoked gender and age-related power dynamics related to technological 'expertise'. It is pertinent to note that the only male participant had a longstanding interest and work history related to 'computers', which enabled him to engage varied digital practices, which he discussed in nuanced ways. Perhaps this participant was more willing and able to talk with me about their digital activities given their specialist skills, compared to men who may feel they know less about the topic. This highlights important nuances to examine directly with older men in future research.

## 8.7. Summary

The findings of this study illuminate critical tensions between coastal-dwelling older peoples' experiences of engaging digitally as burdening and costly, and how digital healthcare policies exclusively positively frame digital technologies as empowering people to self-manage daily health-related activities and supporting patient choice (Department of Health and Social Care, 2025; Department of Health and Social Care and NHS England, 2022). My relational ethnographic approach helped here, enabling me to attend to how older people spoke of digital technologies in ambivalent ways, and unspoken sensory and situational features that shaped how they engaged digitally in practice. Participants situationally negotiated and resisted help from their relational networks to access digital activities. They articulated profound uncertainties about anticipating safety-affirming digital connections, yet also risky digital connections. Centring participants' viewpoints enabled me to see how they found taking on greater responsibilities to self-manage daily activities highly burdening and so not for their benefit, but for public services to reduce costs. Neoliberal agendas towards 'self' managing, underpinning UK digital health and social care policies, glosses over how coastal-dwelling older people wanted to connect in-person.

Participants faced burdens when trying to engage digitally in practice, and with getting help to engage digitally. They were navigating 'technical' and shaky digital activities, which local services and national policies overlooked through framing digital options, such as the NHS App, as convenient and easy to use (Department of Health and Social Care, 2025; Department of Health and Social Care and NHS England, 2022). In practice, I observed unspoken situational complexities that shaped how participants, and myself as a participant observer, could use digital technologies entailing highly perverse, unclear requirements and which responded unpredictably to touch-based commands. Participants saw digital technologies, and dereliction in the coastal town, as eroding opportunities for connecting with 'local people', as they preferred to engage. This contradicts public framings of digital delivery as affirming personal choice (Department of Health and Social Care, 2025). My ethnographic approach helped identify how participants came to depend on others to help them digitally, further questioning how policies state digital technologies will empower patients to self-manage their health activities (Department of Health and Social Care, 2025). Chains of people (volunteers, friends, family, staff, and strangers) did digital activities for some participants, whereas those unwilling to 'burden' others with help requests were more limited in how they could engage digitally. These relations entailed disempowering dependency encounters that undermined participants' independence, as they had to outsource activities they were expected to self-manage digitally. How participants' continually relied on others' help, and how such help could marginalise older people from managing their own daily activities, calls into question policies which seemingly frame support as a one-off solution to digital exclusion (Department for Science Innovation and Technology, 2025).

My study findings illuminate how ethnographic approaches can help uncover socio-material features which shape how older people engage digitally in ways they may not ordinarily notice, or which they may find difficult to verbally articulate. My personal experiences, as an ethnographer, suggests it is pertinent for researchers to consider how intervening or not intervening to help participants with uncertain digital connections could address methodological priorities, whilst fulfilling ethical duties to protect them from harm. As the first study of coastal-dwelling older people's digital technology experiences, my findings identify avenues for future research into how participants

engage digitally from inside digital spaces, and to more widely compare experiences within coastal communities that may harbour particular place identities. Current UK Government action plans commit to enhancing support for communities to become digitally included (Department for Science Innovation and Technology, 2025). Observing unexpected costs for older people in getting help illuminates a need for researchers, healthcare professionals, and policymakers to critically examine how getting or increasingly relying on digital support may affect older people's agency, and how to ensure their privacy and safety when accessing such support.

# Chapter 9: Conclusions

## 9.1. Introduction

The unresolved problem underpinning this research is that coastal-dwelling older people, who often require regular health and social care support, may seldom use the digital technologies now required to access support. In part, this seems to be due to socioeconomic inequalities and internet connectivity challenges within these areas, which could exacerbate health-related inequalities for coastal-dwelling older people (see Chapter 1). This study therefore posed the following research questions:

1. How do older people living in a coastal region engage with and use digital technologies in daily life, particularly to access health and social care activities in the community?
2. What roles and activities do friends, families, and social relations undertake when involved with older people who engage with and use digital technologies in daily life, particularly to access health and social care activities in a coastal region?

In reporting how I designed and implemented an ethnographic study, the findings of this thesis addresses each of these research questions to different degrees. Through observing digital interactions unfold directly within coastal-dwelling older people's everyday lives, I identified them navigating a growing number of requests to engage digitally or online in many services, which they could not, or did not want to, do. In relation to my first research question then, I found that how coastal-dwelling older people engage digitally often emerged through services asking or requiring them to engage in digital or online access, which often excluded participants, leaving them to feel they needed, but did not always want or get, help from others. Instead, older people often demonstrated and articulated wishes to engage in-person with many people and places, which they enacted through minimising, and in many cases avoiding, digital and online activities, particularly based on technical uncertainties and risk-related concerns.

Secondly, in taking a relational ethnographic approach, my thesis describes in detail everyday situations in which coastal-dwelling older people engage with digital technologies, including for health-related activities, for which they accessed varying levels of help from social actors. In particular, my thesis highlights how older people

seeking help from their friends, adult children, digital support group volunteers, and service professionals could generate unexpected disempowering and, paradoxically, unhelpful interactions, particularly when these individuals did digital activities for them. Whilst I observed several instances of these interactions between participants and the individuals they asked for help, my thesis does not provide a definitive answer for the roles and activities their social relations play in their digital activities. This is because I was not able to recruit into the study, and to directly observe, some social relations of participants who I found out had introduced them to and helped them with digital activities. For example, Camila's and Anne's adult children, who were often not around or available for my ethnographic observations. As such, there is scope to fulfil this research question to a greater degree through ethnographically observing participants alongside those who help them with digital technologies. This chapter draws some conclusions about what knowledge my research has contributed towards understanding older people's digital interactions and experiences in coastal contexts, and how this shaped their access to health and social care activities.

Section 9.2 identifies how my findings of participants' engaging with varyingly helpful and disempowering digital connections raises a need to better evidence policy assumptions about how digital technologies can empower and support choice for older people. In section 9.3, I illuminate the importance of my relational ethnographic approach for generating data on unspoken practices, routines, and assumptions shaping how participants engaged digitally. Section 9.4 identifies new directions that my research creates for examining coastal-dwelling older people's digital experiences. Section 9.5 concludes this thesis with implications for policy and health and social care practice.

## 9.2. Experiences of 'helpful' and disempowering digital technology interactions

This thesis provides experiential understandings of coastal-dwelling older people navigating digital connections, which they found were burdening and costly on their time, social, and emotional resources (see Chapter 6). Such experiential understandings provide fresh, detailed contextual insights of how digital technologies are increasingly present within and so shaping the social lives and care experiences of, older people, which research had not previously considered from perspectives of coastal living. My

ethnographic findings contest how UK government health and social care policies positively frame digital technologies as empowering patients to self-manage their health and care activities, enabling choice and making access easy (Department of Health and Social Care, 2025; Department of Health and Social Care and NHS England, 2022). My findings therefore also call into question how such policies may make accessing health and care services resemble other digital activities, widely promoted as universally easy, like 'online banking or shopping' (Department of Health and Social Care, 2025). Such assumptions fail to consider how the critical case of my study participants, in particular need of services access, in practice found such digital activities 'technical', worrying and risky for keeping personal information safe, and which they therefore avoided. Digitalising services on these misleading assumptions could detrimentally affect how coastal-dwelling older people, who require regular health and care support, can access services and fulfil demands to self-manage their needs. This thesis has presented detailed cases of older people heavily depending on others to help them engage digitally, so paradoxically preventing them from self-managing activities. Policy assumptions about how digital technologies can help and empower older people, thus need to be better evidenced and challenged.

My ethnography identifies how coastal-dwelling older people routinely accessed other people as sources of help with digital activities, and coming to depend on others to do digital activities for them (see Chapter 7). Acknowledging their experiences of dealing with complex, social, and emotional burdens, created through asking for and getting help, critically questions how national plans such as the Digital Inclusion Action Plan (Department for Science Innovation and Technology, 2025) frame digital support simply as a solution for equipping people with the essential skills required to 'get online safely and with confidence'. Even in settings set up to provide digital support, participants faced complex social obstacles in accessing support, when they encountered new, unfamiliar, and 'strange' digital features. This built, rather than removed, their increasingly heavy dependence in such settings on helpers. Getting help was thus an ongoing, socially negotiated process that participants articulated as vital for enabling them to access digital activities safely. Yet, getting help created dependencies that did not simply empower people to engage digitally, but often disempowered them from handling daily

activities themselves. The UK government agenda on digitalisation overlooks how coastal-dwelling older people found digital technologies as actually eroding how they could engage in-person, despite them valuing in-person relations. Such policies therefore cannot fulfil their promises of digital technologies affirming patient choices (Department of Health and Social Care, 2025). Observing coastal-dwelling older people's daily routines illuminates sharply how their opportunities for in-person relationality were depleting as resources depleted, with increasing dereliction in the town, alongside increasing digital-first or only service designs.

## 9.3. Using a relational ethnographic approach to examine coastal-dwelling older people's digital experiences

My relational ethnographic approach enabled me to generate three types of detailed contextualised insights about how coastal-dwelling older people engage with digital technologies: what people do digitally in practice; how digital technologies became apparent through disrupting routines; and relational features about how participants, me, and digital technologies shaped interactions. Each is now discussed in turn. First, undertaking participant observations enabled me to directly attend to how participants engaged digitally in practice whilst, or instead of solely, talking about these digital activities. This therefore illuminated *how* participants engage digitally in doing processes, beyond those activities which they say (such as pressing), which verbal accounts may have kept hidden (Gallistl et al., 2021).

Second, taking an ethnographic approach, which meant immersing myself in participants' lives, helped me identify ways in which digital technologies featured more and less in the context of their daily routines. Whilst many participants articulated choosing not to engage digitally, I found them in practice visiting social settings where activities they engaged in involved digital technologies, which were initially out of view. Such digital technologies became visible to participants, and me, through breaks, disruptions, and changes in the routines of a social setting (see Chapter 6). Using ethnography can thus help researchers identify complex, inconspicuous ways in which digital technologies are becoming diffused into society, by enabling them to immerse themselves as far as possible within daily routines, which may subtly change due to digital technologies. Such ethnographic insights raise critical questions for researchers

to pursue, especially concerning whether, and how far, older people have scope and can be enabled to enact their choices to not use, or resist, digital technologies in the complex and present context of digital technologies already framing, and underlying, many social activities we engage in.

Third, taking an active role as a participant-observer enabled me direct experience of digital activities that participants found 'technical', but seeing what these meant in everyday lives and relations in practice. My relational approach enabled me to examine how participants, me, and digital technologies interactively shaped how our fieldwork interactions unfolded. This underlined the need to consider digital interactions from several directions, not one prescriptive or standardised approach. This revealed how participants and I found digital activities 'technical' did not emerge from us simply lacking know-how as users, but from the expectations of digital technologies that users would and should act in highly specific ways. Taking a relational approach helped raise critical questions from shared experiences between participants and me about how digital technologies intended to support could place perverse demands on users' personal resources (attention, concentration, time, and energy). Such relational insights would not have been made available if using an individualist, techno-optimistic approach, which treats digital technologies as neutral entities and so attributes any challenges facing users to their lacking skills, not stemming from features of the digital technology itself (see Chapter 2). Taking a relational approach moved my research beyond deficit-oriented approaches, which negatively stereotype older people's technology non-use as from lacking skills (Rasi-Heikkinen, 2022). Instead, it showed more directly how specific experiences, practices, and interactions connecting with digital features may create accessibility challenges for different user groups. These findings therefore highlight a need for designers of digital technologies to include and engage with such relational, experiential insights from user groups when designing.

## 9.4. Implications and directions for future research

My challenges with diversifying my study sample, to include older men and ethically minoritised groups, underlines how future coastal-based research can and should seek to inclusively involve the digital experiences of those with these different intersectional identities. Throughout my ethnography, I engaged digitally with participants, such as

using WhatsApp, and found pertinent forms of digital data, such as a 'weekly report' of screentime use. As my activities spilled into digital spaces, and were shaped by digital data, future research could further examine how coastal-dwelling older people interact *within* digital platforms, using digital ethnographic approaches. Such research could yield fresh insights about what people do and articulate when interacting within digital spaces, which may have been unavailable to me through in-person observations.

Participants' experiences of uncertain and risky-seeming digital connections, particularly for keeping personal information safe, identifies a need for researchers examining digital inequalities, and policymakers designing digitalisation plans, to not only consider risks older people face in being digitally excluded, but also what they consider as risky in trying to become digitally included. My findings indicate that, for some individuals, once they learn to do a digital activity, such as sending messages on Facebook, this is not always easy and without risk. Indeed, I observed participants encountering unfamiliar and 'strange' looking connections, for example, from a brief, accidental press, which they felt they could not navigate safely and so created a sense of risk. My ethnographic data of participants becoming stuck with 'strange' digital connections adds the voices and presence of coastal-dwelling older people to medical sociological and critical gerontological scholarship on digital interactions. Attending to how digital interactions are socially contingent, rather than assuming digital technologies will have consistent effects across contexts, my ethnography aligns with such scholarship that calls for researchers to attend to processes and practices which stimulate and reveal unexpected risks, burdens, and paradoxes created by people engaging more fully in a digitalised world (Gallistl et al., 2021; Lupton, 2013, 2016; Ziebland et al., 2021). Observing where, when, and why older people came to depend on others for 'help' with digital activities develops specific, contextualised questions for researchers and policymakers about how digital support may not simply help but compromise, or put at risk, older people's privacy, security, and independence, particularly for their health and care activities. Such findings and the related questions they raise point to new research directions for examining digital inequalities, demonstrating how becoming digitally included cannot only *reduce* risk of health-related inequities, but also may create new related risks.

## 9.5. Implications for policy and health and social care practice

My study findings raise practical implications for health and social care professionals, services, and government policy, particularly for promoting coastal-dwelling older people's inclusion within digital services. Incidences of digitalisation are increasing exponentially, which coastal-dwelling older people may find shaky and 'technical'. Those delivering health and social care services must not assume that all service users will find engaging digitally, such as using the NHS App, easy. Assuming digital experiences are uniform for everyone may disempower and exclude coastal-dwelling older people, and other groups, from accessing vital health and social care services, possibly exacerbating inequities in their healthcare outcomes. In-person interactions played an important social function in coastal-dwelling older people's everyday lives. People in this study widely valued these over engaging digitally; when, for example, shopping, banking, and accessing healthcare support. Participants found they routinely had to gravitate towards people for help when engaging digitally in public settings. Services should therefore clearly inform older people about where they can access human help for digital activities, as many participants found such help assured them that their information would stay safe. As services now expect older people to 'self-manage' their health and care digitally (Department of Health and Social Care, 2025), it seems appropriate that these services should provide or signpost individuals to trusted services from which they can receive ongoing help to access services digitally.

Whilst services should be equipped to identify sources of help for those willing and able to engage digitally and get help, simply expecting older people to accept help may disempower, marginalise, and exclude them. Some older people may not seek help in order to avoid losing their independence, but struggle with digital technologies, thus excluding them from digital-only services. Public services must therefore continue to offer in-person options, to ensure older people can access services themselves. Some participants suggested that public services offering in-person options as well as digital options should be made a legal requirement, which policymakers should further consider. On this note, returning to participants' own words, I conclude with Anne's powerful account of being repeatedly told to ask for help to access a digital-only service:

> *They said: 'no, you have to do it online or on here. Could you just ask someone to help you?'... They always say that... I just want to do it myself. We always get told 'just ask someone'. But that's what I call passing the buck. I shouldn't have to ask my daughter or anyone else to do it. I want to do it*

Anne's words, and the findings of this research, identify complex burdens and costs placed on older people when getting help to access services digitally. Recognising this directly implicates professionals working with older people. Encouraging older people to 'just ask' for help disregards their disempowering experiences of getting help, and so potentially reduces their agency. Participants, including Anne, strongly argued that services should not assume that everyone will be willing and able to ask other people for help. People working in services must therefore avoid such assumptions, if they are to ensure older people can access services on their own terms, whether via digital connections or not. Whilst digital technologies are increasingly embedded into many activities and settings in Western societies, not all older people will be ready, willing, and able to acquire the 'technical' digital know-how or help they may need to embed digital technologies into their lives. Older people, living within and outside of coastal communities, may not consistently come to realise empowering and helpful benefits from digital technologies, but instead may face disempowering and marginalising experiences, whereby digital technologies impede how they wish to organise their lives on their own terms.

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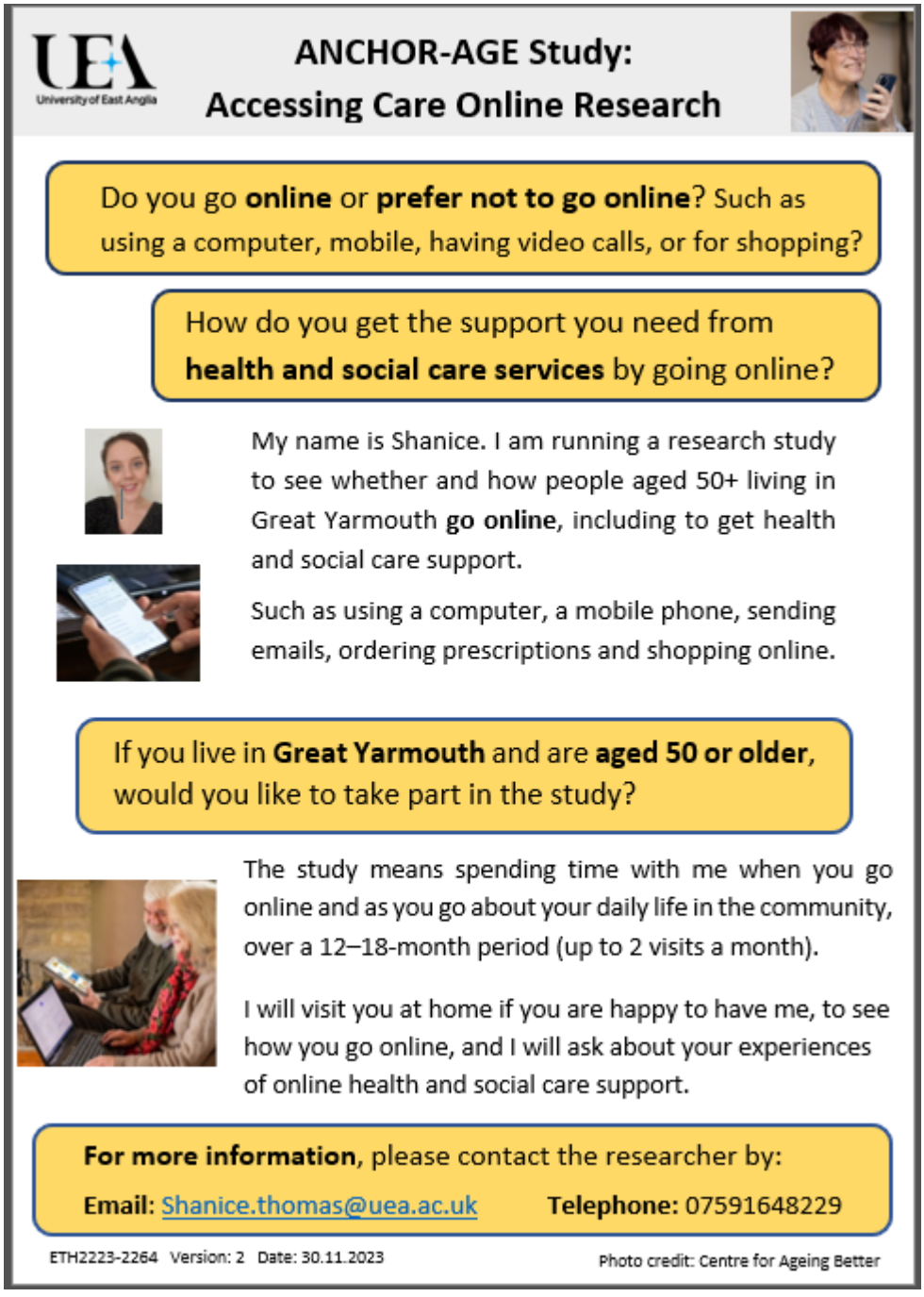
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# Appendices

## Appendix 1. Study poster revised from consulting with PI-SoCR contributors



## Appendix 2. PI-SoCR meeting notes (anonymised)

**Study title:** Exploring how older adults living in a deprived coastal community use digital/online devices and the Internet to access health and social care activities

**Resources related:** 1a. Item 1- Research Introduction Form (Shanice Thomas), 1b. Item 1 - Draft Study Advert PDF, and 1c. Item 1 - Draft Study Advert Word

**Presented by:** Shanice Thomas

Shanice, postgraduate researcher at University of East Anglia, introduced herself and her research project on digital exclusion.

How she plans to involve people: Great Yarmouth has high levels of depravation and digital exclusion. She would like to speak to people who tend to use (and not use) a range of digital devices. She wants to use the findings to identify the challenges people face.

**Questions about the project plan:**
**[PPI member]:** How do you intend to include harder to reach people and those who cannot use the internet?

**Shanice:** This is exactly why I want to do this research – there is a lot of research into individuals who do use those tools. She wants to work in the community rather than online. She is speaking with community groups to come along to their settings and get to know people. In terms of working with harder to reach groups – she started building relationships with local organisations in Great Yarmouth. There is a gap in terms of people who do not access services or those organisations. She is also in contact with the local radio station in Great Yarmouth.

**[PPI member]:** Knows of another project in her area – Voluntary Action Leicester. They have a befriending service and teach digital tech. There might be similar projects in Norfolk.

**[Group facilitator]:** CVS/Voluntary Action – Community Action Norfolk. They often have links to all local organisations. Library Service might be doing work with local organisations.

**[PPI member]:**

- Brought up issues with the accessibility of documents (an issue across all projects presented today). There were no image descriptions. [PPI member] recommends using the accessibility check functions on Word/PowerPoint (under the review section in the menu). Check Web Content Accessibility Guidelines (WCAG) for digital accessibility.
- Lots of organisations can support with accessible documents.
- Supporting older people in the project and how that affects ethics and privacy: check with ethics that you include support (personal assistants, carers) so that

somebody is able to support people being interviewed. Think about how it might affect privacy and the contributions if a carer or family member is present – is it the older person giving the opinion or the person supporting?

- Those from deprived areas are having to use mobile network – much more expensive than traditional broadband.
- Mentioned Dial Great Yarmouth.

**Shanice:** Wants to involve people from Gypsy Roma Communities and they may not have broadband.

**[PPI member]:** Is it a University of East Anglia funded project?
**Shanice:** Yes, funded through the faculty at University of East Anglia.

**[PPI member]:** Not clear what the benefit of the research is.
**Shanice:** Identifying the challenges and sharing findings with local services. That is something she wants to involve older people in designing.

**[PPI member]:** Are you currently involving services that use digital? Because you might have a struggle to get that message across
**Shanice:** Not directly involving health and social care services currently. Wants to focus on people's experiences first.
**[PPI member]:** Finds it hard to think that they have not done work exploring that question. What have they done in the past to get to where there are now? It is quite possible they have explored what the barriers are to digital inclusion and may have contributions.
**Shanice:** There has been work done but generally in terms of access (local council).

**[PPI member]:** Concerned Shanice is using such a small sample, which may be less persuasive.
**Shanice:** Plans to focus in depth on the experience of those people over a longer period of time. An in-depth account of 3-4 people's journeys.

**[PPI member]:** What does the literature say about digital use?
**Shanice:** In terms of older adults - people have been using digital tools a bit more, but research showed that people did not get online during COVID-19, for example.

**[PPI member]:** Is part of your focus on income or connectivity?
**Shanice:** Both – it is looking in-depth in these areas.

**[PPI member]** (via the Zoom chat)**:** I think the project plan is very clear. However, regarding the advert, the terms 'digital/online devices' might be replaced by examples of such devices.

**[Group facilitator]:** Brought up the lone working aspect. It is important to make sure that you are safe and have procedures for meeting people alone and going to people's homes. A clear safeguarding process is important.
**Shanice:** Working on this as part of ethics application.

**[PPI member]:** Mentioned the example of her General Practitioner surgery where you could only make appointments using the e-consult service (might be worth exploring what surgeries do).

**[PPI member]:** 'Nothing about us without us' – whatever your study evolves to do, make sure that you have people involved from the start as they will pick up aspects that you may miss out on. Doing things like 'you said, we did' formats could be helpful. I often get 'survey fatigue'. Now I have a rule that if I am not told what is going to happen, I will not participate. It is about preserving energy.

**[PPI member]:** Mentioned the Public Involvement in Research Impact (PRIT) Toolkit – a way of capturing Patient and Public Involvement impact.

**Shanice:** thanked everyone for their input.

## Appendix 3. Letter of ethical approval

**Study title:** Exploring Older Adults' Digital and Online Access to Health and Social Care Services in Great Yarmouth

**Application ID:** ETH2223-2264

Dear Shanice,

Your application was considered on 11th December 2023 by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

If your study involves NHS staff and facilities, you will require Health Research Authority (HRA) governance approval before you can start this project (even though you did not require NHS-REC ethics approval). Please consult the HRA webpage about the application required, which is submitted through the IRAS system.

This approval will expire on **22nd August 2025**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

Please can you send your report once your project is completed to the FMH S-REC (fmh.ethics@uea.ac.uk).

I would like to wish you every success with your project.

On behalf of the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee)

Yours sincerely,

Dr Paul Linsley

## Appendix 4. Participant information sheets (PIS)

- Phase 1 PIS

University of East Anglia

# Participant Information Sheet

# ANCHOR-AGE Study 1: Accessing Care Online Research

I am inviting you to take part in a research study about how people aged 50 or older in Great Yarmouth use the internet and go online. This can affect peoples' access to health and social care services. This is why the study is called "Accessing Care Online Research": the ANCHOR-AGE study. **We would like to speak to people who go online and people who don't or who only sometimes go online**, such as using a computer, mobile phone, or tablet. We would talk to you in either a group or one-to-one conversation. This information sheet tells you about the research study. Knowing what is involved will help you decide if you want to take part.

**Part 1** tells you what the study is about and what will happen if you take part.

**Part 2** gives you more information about how the study is being carried out.

Please read this sheet carefully and ask any questions about anything you would like to know. You do not have to take part in this research study – it is voluntary. So you choose if you would like to take part or not. Shanice Thomas, a doctoral research student at the University of East Anglia, is leading the study, and Professor Fiona Poland and Dr Linda Birt are supervising her work.

## Part 1

### What is the study about?

In this study, we want to find out how people aged 50 years and older living in or near Great Yarmouth do and do not go online and what they think about using online services to access health and social care support whether you do this often, sometimes, or not at all. You must live within 5 miles of Great Yarmouth to take part.

**'Going online'** can mean lots of things, such as using a computer, mobile phone, tablet. It can also include things like sending emails, text messages, having a video call, shopping or ordering repeat prescriptions online, having an alarm or health monitor to help you at home, and screens in shops or healthcare settings. I would like to hear about whether and how you go online and what activities you do and don't do when going online. We hope to use the findings to suggest ways to improve access to online and face-to-face health and social care services.

## What does the study involve?

The study involves talking about your experiences and views of going online. **You can choose to take part in a group conversation** with me (Shanice) and with about 4-6 participants, **or a one-to-one conversation** with Shanice. The conversation will take up to one hour and will be voice-recorded to help us remember what everyone says. I (Shanice) will ask questions about ways you go online and your experiences of trying to access health and social care services online. If you want to know what type of questions I will ask, please let me (Shanice) know. You do not have to talk about anything you are not comfortable with.

We will try to arrange the conversation for a day and time that is convenient for you. The conversation will take place in a public community setting in Great Yarmouth, such as [omitted] or a community centre. Before the conversation takes place, you will be asked to complete and sign a consent form, or you can give your consent verbally (which the researcher will voice record). You will then be asked some questions about your background to give us some context for the things you tell us.

## Do I have to take part?

No, you do not have to take part. You choose. If you decide to take part, you can stop taking part at any time and you do not need to explain why. At the start of the conversation, I will check you are happy to take part. If you decide not to take part, you do not have to give a reason and this will not affect any support you get from health, social or voluntary services.

If you decide to withdraw from the study, we will ask for your permission to use any results we have collected up until that point. **If you take part in a one-to-one conversation**, you will have **2 weeks** from the day the conversation took place to withdraw your information. You can withdraw your data by contacting me (Shanice)

using the details on page 5. **If you take part in a group conversation**, it will **not be possible to remove your individual data** once the conversation has started.

### Are there any risks or inconveniences with taking part?

We do not expect you to experience any major risks or inconveniences in taking part. Some people might find it hard or uncomfortable talking about their experiences of going online in a group or one-to-one conversation. You can choose what information you feel comfortable sharing. You do not have to talk about anything you do not want to.

### Are there any benefits from being in the study?

While there are no direct benefits to you from taking part, we do plan to share our findings with health and social care services in Great Yarmouth, about participants' experiences of accessing online and face-to-face services. There are no financial benefits/prizes for taking part.

## Part 2

### What happens after the study?

When the conversation has finished, if you want we will give you details about the next stage of the study. This next stage is optional and will involve spending more time with me (Shanice) as you go about your daily life and go online in the community. You can take part in a group or one-to-one conversation without taking part in this next stage.

### What will happen to the information I share in the study?

For you to take part in the study, we will need to collect some basic information that could identify you. We will need to collect: your first and last name; your contact details; your age, gender, and ethnicity; a recording of your voice in the group/one-to-one conversation (I will let you know when the recording begins and ends). Your personal data and information will only be used as outlined below, where you consent to this. I will follow the law on protecting your data (the Data Protection Act 2018 and UK General Data Protection Regulation/GDPR), and the University of East Anglia's Research Data Management Policy. I (Shanice) will securely store the information you provide on password-protected university systems. I will keep your identity strictly confidential, except as required by law. She and the study team may

publish study findings and use them for scholarly and educational purposes, such as teaching. While every effort will be made to protect your identity, if you decide to take part in this study there is a very small risk that you might be identifiable as the study and involves real life details.

The voice-recording of the conversation will be destroyed once the data has been analysed. The written copy of the conversation (called a 'transcript') will be kept for at least 10 years beyond the last date the data were used.

## Will my taking part in the study be kept private and confidential?

All the information collected about you in the study will be kept strictly confidential. Only I (Shanice) will have access to your personal information, but I will anonymise it as soon as possible. Only I (Shanice) will have access to the conversation recording. I will listen back to the conversation in private setting, so nobody else can hear, to create a written transcript. I will fully anonymise the transcript by removing any details that could identify you. This will include giving you a code name, which you are welcome to choose. Shanice and her study supervisors (Fiona Poland and Linda Birt) will analyse the anonymised transcripts by looking for shared and different experiences among participants.

The conversation will be held in a public community setting. While I will try my best to hold the conversation in a private room of the setting, this may not be possible. This means that **I cannot assure that what you say will be completely private and confidential**. It is important that you are comfortable with this to take part in the study. The only time Shanice will not keep your data confidential is if you tell her something or she sees something that may cause us concern for your or others' welfare**.** She may have to tell a relevant authority about this. She will usually discuss this with you before contacting that authority.

## What is the general data protection information I need to know?

According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process personal data when it is necessary to perform our public tasks as a University. As well as the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:

- The data controller is the University of East Anglia.

- For further information, you can contact the University's Data Protection Officer at dataprotection@uea.ac.uk
- You can also find out more about your data protection rights at the Information Commissioner's Office (ICO).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at dataprotection@uea.ac.uk.

## What if I would like further information about the study?

Please speak to Shanice if you have any questions about the study. You can contact Shanice by telephone on [mobile] or email: Shanice.thomas@uea.ac.uk. The study is funded by the Faculty of Medicine and Health Sciences at the University of East Anglia.

## Will I be told the results of the study?

You can choose to be sent a written summary of what we found when the study ends and is reported. If you would like this summary, please select this on the consent form. We will delete your contact details from our records once the summary has been sent to you. If you decide to take part in a **one-to-one interview**, you can choose to receive a copy of your written transcript, by selecting this option on the consent form.

## What if I have a complaint or any concerns about the study?

If there is a problem, please let the me (Shanice) know using the details on page 5. If you are concerned about the way this study is being conducted or you wish to make a complaint to someone outside the study, please contact Dean of School:

**Professor Kenda Crozier**
School of Health Sciences, University of East Anglia,
Norwich, NR4 7TJ
K.Crozier@uea.ac.uk 01603 597094

## ➢ How do I know that this study has been approved to take place?

To protect your safety, rights, wellbeing and dignity, the study has been approved by a Research Ethics Committee of the University of East Anglia (Faculty of Medicine and Health Sciences Subcommittee). Shanice has received an Enhanced Disclosure and Barring Service check about her.

## Contact details

If you have any questions about the study, or you are interested in taking part, then please contact the researcher:

**Shanice Thomas**
School of Health Sciences
University of East Anglia
NORWICH NR4 7TJ
Shanice.thomas@uea.ac.uk
[researcher telephone]



If you have any concerns, you can also raise these with my supervisor:

**Professor Fiona Poland**
School of Health Sciences
University of East Anglia
NORWICH NR4 7TJ
F.Poland@uea.ac.uk
01603 593630

Thank you for reading this. Please keep this sheet.

➢ Phase 2 PIS

University of East Anglia

# Participant Information Sheet

# ANCHOR-AGE Study 2: Accessing Care Online Research

I am inviting you to take part in a research study about how people aged 50 or older in Great Yarmouth use the internet and go online. This can affect peoples' access to health and social care services. The study is called the "Accessing Care Online Research" (ANCHOR-AGE) study. **We would like to speak to people who go online and people who don't or who only sometimes go online**, such as using a computer, mobile phone, or tablet. This information sheet tells you about the study. Knowing what is involved will help you decide if you want to take part in the study.

**Part 1** tells you what the study is about and what will happen if you take part.

**Part 2** gives you more information about how the study is being carried out.

Please read this sheet carefully and ask any questions about anything you would like to know. You do not have to take part in this research study – it is voluntary. So you choose if you would like to take part or not. Shanice Thomas, a doctoral research student at the University of East Anglia, is leading the study, and Professor Fiona Poland and Dr Linda Birt are supervising her work.

## Part 1

### What is the study about?

In this part of the ANCHOR-AGE study, we want to find out in more depth how people aged 50 years and older in Great Yarmouth do and do not go online. I (Shanice) would like to meet you on several occasions to see whether and how you go online in your daily life and what online activities you do and don't do.

'**Going online**' can mean lots of things, such as using a computer, mobile phone, tablet, having video calls, shopping online, and using/not using screens in shops or healthcare settings. I would like to see and talk to you about whether and how you go online, including **times when you are unable to go online or you choose not to**. This will help us to understand what it is like when you try to access health and

social care support online and face-to-face. We will share overall study findings with local services, and we hope to suggest ways to improve access to services.

## What will the study involve?

The study involves spending time with me (Shanice), and her observing you in places where you feel comfortable, when you go online and as you go about your daily life in the community. I would like to meet you on several occasions (up to 2 times a month) for up to 18 months. You can choose how often we meet and how long we spend together each time. In general, I will spend a couple of hours with you each time we meet. I do not expect each of our meeting to last more than 3 hours and it may take less time than this. You can end each meeting or stop taking part in the study at any point.

You can choose when and where we meet each time. If you choose to take part, we will have our first two meetings in a public setting, such as a café, library, or community centre of your choice, so we can get to know each other. After this, we can discuss meeting in other places where you go online, such as your home. You do not have to meet me anywhere you do not want to. I would like to see you in daily situations, such as when you visit a healthcare centre, going for a walk, shopping, meeting friends, and any other activities you do.

The study will involve me (Shanice) doing these activities with you:

- **I will see/look at** (‘**observe’**) how you go online. It is important you are comfortable with this to take part. You can choose what I do and do not observe and where each meeting/observation takes place.
- I may **ask you some questions** to help me understand what is going on. You do not have to answer anything you do not want to.
- I may **join-in with some activities** you do, such as going for a walk, coming to a shop with you, or taking part in social activities. I will only join-in when you are happy for me to, and when others taking part in and providing these activities are happy with this. However, I cannot use your device (e.g., computer) or contact health or social care services for you.
- **I will write notes** about the things I hear you say and see you doing. You are welcome to see my notes at any point. At the start of each meeting, I will check that you are happy for me to take notes during the observation.

You are welcome to bring a friend, family member or caregiver with you to any of our meetings. This person does not have to take part in the study to come to our meetings. If this person helps you to go online in some way, they can take part in the study as long as you are both happy for them to be included. To take part, you will need to complete a consent form or give your consent verbally (which I will voice record). I will then ask you some questions about your background to give some context for the notes I collect.

## Do I have to take part?

No, you do not have to take part. You choose. If you decide to take part, you can stop taking part at any time and you do not need to explain why. I will check you are happy to continue taking part at the start and end of each time we meet. I will contact you the day before each meeting to check you are happy to continue. If you decide not to take part, this will not affect any support you get from health, social or voluntary services.

If you decide to stop taking part, we will ask your permission to use any information or results we have collected up until that point. If you ask to withdraw your information from the study, it will be difficult to do this more than **two months** after your first observation as the analysis will have started, but **your information will be kept anonymous**. You can ask to withdraw your data by contacting Shanice, using her contact details on page 6.

## Are there any risks or inconveniences with taking part?

We do not expect you to experience any major risks or inconveniences in taking part. Some people find it strange being observed, but I will make sure you are comfortable and will respect where and when you would like to be observed and what things I observe. If anything about the study upsets you or you have any questions, please let me or my supervisor know using the details on page 6.

## Are there any benefits from being in the study?

There are no direct benefits to you from taking part. There are no financial benefits/prizes for taking part. We do plan however to share our findings with health and social care services in Great Yarmouth, about participants' experiences of accessing online and face-to-face services.

# Part 2

## What will happen to the information I share in the study?

For you to take part in the study, we will need to collect some basic information that could identify you. We will need to collect: your first and last name; your contact details; and your age, gender, ethnicity. Your personal data and information will only be used as outlined below, if you consent to this. I will follow the law on protecting your data (the Data Protection Act 2018 and UK General Data Protection Regulation/GDPR), and the Research Data Management Policy of the University of East Anglia. Shanice will securely store the information you provide on password-protected university systems. She will keep your identity strictly confidential, except if the law requires specific details to be shared. She and the study team may publish study findings and use them for scholarly and educational purposes, such as teaching. While every effort will be made to protect your identity, if you decide to take part in this study there is a very small risk that you might be identifiable as the study and results involves real life details.

The data will be kept for 10 years beyond the last date the data were used. Only I (Shanice) will have access to your personal information, but I will anonymise it as soon as possible. I will give you a code name so your information cannot be linked to you, which you are welcome to choose. All hard copies of the data will be anonymised with your name and personal identifying information removed. These documents will be stored in locked cabinets in secure university premises or temporarily in Shanice's home. After each meeting, I will type up my notes into an electronic file, which I will store in a password protected UEA storage system.

Only my supervisors (Fiona Poland and Linda Birt) and I will have access to the anonymised notes. Hard copies of my notes will be destroyed once the data has been analysed (expected September 2025). The remaining study data will be archived for at least 10 years, then destroyed. I will analyse the observation notes to create a written summary of your experiences of going online. If you took part in the previous part of the study, I will add this data to your case summary.

## Will my taking part in the study be kept private and confidential?

All information collected about you in this study will be kept strictly confidential. When we meet or go to public community settings, we will come across other people who may overhear us or see the things you do. This means that I cannot assure that taking part in the study will be completely private and confidential. It is important that you are comfortable with this to take part. You can stop or pause an

observation, or ask me to stop taking notes, at any stage. If we meet other people (such as your friends) together, I will let them know I am a researcher and that I will not include any personal identifiable information about them in my notes.

The only time Shanice will not keep your data confidential is if you tell her something or she sees something that may cause us concern for your or others' welfare**.** She may have to tell a relevant authority about this. She will usually discuss this with you before contacting that authority.

## What is the general data protection information I need to know?

According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process personal data when it is necessary to perform our public tasks as a University. As well as the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:

- The data controller is the University of East Anglia.
- For further information, you can contact the University's Data Protection Officer at dataprotection@uea.ac.uk
- You can also find out more about your data protection rights at the Information Commissioner's Office (ICO).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at dataprotection@uea.ac.uk.

## What if I would like further information about the study?

Please speak to Shanice if you have any questions about the study. You can contact me by telephone on [mobile] or email: Shanice.thomas@uea.ac.uk. The study is funded by the Faculty of Medicine and Health Sciences at the UEA.

## Will I be told the results of the study?

You can choose to be sent a written summary of what we found when the study ends and is reported. If you would like this summary, please select this option on the consent form. We will keep your contact details to send the summary to you, after which point, we will delete your contact details from our records. At the start of each meeting in the study, I will give you a short summary about the things I

noticed during our last meeting so you can share your thoughts and correct anything as we go along.

## What if I have a complaint or any concerns about the study?

If there is a problem, please let Shanice know using the contact details below. If you are concerned about the way this study is being conducted or you wish to make a complaint to someone outside the study, please contact the Dean of School:

**Professor Kenda Crozier**
School of Health Sciences, University of East Anglia
Norwich NR4 7TJ
K.Crozier@uea.ac.uk 01603 597094

## How do I know that this study has been approved to take place?

To protect your safety, rights, wellbeing and dignity, the study has been approved by a Research Ethics Committee of the University of East Anglia (Faculty of Medicine and Health Sciences Subcommittee). Shanice has received an enhanced Disclosure and Barring Service check.

## Contact details

If you have any questions about the study or you are interested in taking part, then please contact me (the researcher):



**Shanice Thomas**
School of Health Sciences, University of East Anglia
NORWICH NR4 7TJ
Shanice.thomas@uea.ac.uk
[researcher telephone]
Or you can raise any concerns with my supervisor:

**Fiona Poland**
School of Health Sciences, University of East Anglia
NORWICH NR4 7TJ
F.Poland@uea.ac.uk
01603 593630

Thank you for reading this. Please keep this sheet.

➢ Amended Phase 2 PIS (FMH-REC approved)

# The ANCHOR-AGE Study: Accessing Health and Care Online in Great Yarmouth

# Participant Information Sheet



## Who am I?

My name is Shanice. I am a student researcher from the University of East Anglia. I am running this research project, with the support of my supervisors: Fiona Poland and Linda Birt.





## What are we doing?

We would like to find out how older people in Great Yarmouth come into contact with **digital devices** and **go online**, which can affect people's access to health and social care services. The study is called the 'Accessing Care Online Research" (ANCHOR-AGE) study.



## Why are we doing this?

Many local services are asking people to '**go online**' to get information and support from services, including for health and social care. This includes sending emails, booking appointments, ordering medical prescriptions, or shopping with a mobile phone or tablet.

**Not everyone has digital devices or can use the internet**, and not everyone wants to. We want to find out **if and how digital and online activities work** for older people in Great Yarmouth, whether they go online or not. This study is **voluntary**. You choose if you take part or not.

# What do you want me to do?



I (Shanice, the student researcher) would like to **spend time** with older people, as they go about your daily life in the community and when they go online, such as when shopping, seeing friends, and other activities. I would like to spent time with you even if you **don't go online** much.

The study involves seeing me **up to 2 times a month**, for up to 10 months. **You choose** where and how often we meet, and how long we spend together (up to 3 hours a time). You can end our meeting or **stop taking part** at any time.

If you are **aged 50** years or older and live within 5 miles of Great Yarmouth, you can take part in the project. You can bring a friend or family member with you to any of our meetings. To take part, you will need to give your consent. I will then ask you some questions about your background to give me some context.



The study means that I (Shanice) will:

- **See** ('observe') you in daily life, including when you come into contact with online/digital devices. You choose what I do and do not observe
- **Ask you some questions** so I know what is going on. You do not have to answer anything you do not want to
- **Join-in** with some activities you do, such as walking, socialising or sports, if you are happy with this. But I cannot go online or contact health or social care services for you
- **Write notes** about the things I hear you say and see you doing. You can see my notes and you can tell me to stop taking notes at any point





## Who has to take part?

**No one** has to take part. It is **your choice**. If you change your mind about taking part, that is **absolutely fine**. You can stop taking part at any time, without saying why. This will not affect any support you get from health, social, or voluntary services. I will contact you the day before each meeting to check you are happy to carry on.

If you choose to **stop** taking part, we will ask your permission to use any information we have collected by that point. If you ask to withdraw your information from the study, it will be hard to do this from **two months** after our first meeting as the anslysis will have started. But your information will be anonymous. Please tell me (Shanice) if you would like to withdraw your information.

## Who can answer my questions?

I (Shanice) would be happy to answer any questions. You can contact me by phone/WhatsApp on 07591648229 or email: Shanice.thomas@uea.ac.uk

## What are the benefits of taking part?

There are no rewards for taking part in this project. Sharing your views will help me to **let local services know what people think** about accessing health and social care digitally. I hope to **recommend ways to make local services better** for older people in the area.

## Are there any risks to taking part?

This project would take up some of your time. It will not cost you anything. Some people find it strange being observed, but I will make sure you are comfortable and will respect your wishes. If anything about the study upsets you or you have any questions, please let us know (see last page for details).

While every effort will be made to protect your identity, there is a **very small risk** that you might be identifiable as the study involves real life details.

## How will you protect my information?

To take part in the study, we will need to collect some basic information that could identify you, including your first and last name; contact details; age, gender, and ethnicity. Only I (Shanice) will have access to your personal information, but I will anonymise it as soon as possible. I will remove your name and identifying details in the findings, so nobody can link what you say back to you. I will store all information safely on the **password-protected University of East Anglia system** and in locked cabinets at the university, following the law on protecting your data (Data Protection Act 2018 and UK General Data Protection Regulation).

I will keep your identity strictly **confidential**, except if the law requires specific details to be shared. I will make a digital copy of written information (consent forms) and destroy paper copies. I will **not** use your name or any personal details when writing about the study. Only my supervisors (Fiona Poland and Linda Birt) and I will have access to the anonymised notes. I will destory hard copies of my notes once the data has been analysed. We will keep the rest of your information for at least 10 years, then destroy it. We may publish study findings and use them for scholarly and educational purposes, such as teaching.

When we meet in public community settings, we will see other people who may hear/see what we say and do. This means that I cannot assure that taking part in the study will be completely confidential. It is **important that you are comfortable with this** to take part in the study.

You can stop or pause an observation, or ask me to stop taking notes, at any stage. If we meet other people (such as your friends) together, I will let them know I am a researcher and that I will not include any personal identifiable information about them in my notes.

Research Summary

## What will you do with my information?

I will keep the information you share private, unless anything is shared that might mean someone is in danger. I will **share what I find** with local community and voluntary organisations, the council, health and social care services, and other researchers to find ways of making services better for people. I will share the findings in **reports**, **presentations**, and **publications**. If you would like a **summary** of the findings at **the end of the study** (expected October 2025), please let me know.

## What if there is a problem?

If you are unhappy with anything, please let the me (Shanice) know. I will do my best to **listen** and **make changes** to the project in the future. If you are still concerned, please get in touch with **Kenda Crozier**, who is the Head of the School of Health Sciences at the University of East Anglia:
**Email –** K.Crozier@uea.ac.uk. Phone – 01603 597094

## Has this study been approved?

Yes. This study has been approved by the Faculty of Medicine and Health Sciences Ethics Subcommittee at the University of East Anglia ETH2223-2264. Shanice has received an Enhanced Disclosure and Barring Service check about her.

## If you would like to take part:



If you are interested or have any questions, please speak to **me** (**Shanice**). Or you can contact me by WhatsApp/phone: 07591648229 or by email: Shanice.Thomas@uea.ac.uk

If you have any concerns, you can also speak to my supervisor, **Fiona Poland**: telephone – 01603 593630 or email: F.Poland@uea.ac.uk

**Thank you** for reading this and considering taking part

## Appendix 5. Consent forms

- Phase 1 - Interviews

University of East Anglia

# Consent Form

## ANCHOR-AGE Study 1: Accessing Care Online Research

I, ..... [please write your full name], agree to take part in this research study. In giving my consent I state that:

| | Activities | Initials |
|---|---|---|
| 1 | I understand the purpose of the study, what I will be asked to do, and any risks or benefits involved. | |
| 2 | I have read the Participant Information Sheet (Version 2, Date 30/11/2023), which I may keep, for my records, and have been able to discuss my involvement in the study with the researchers if I wished to do so. | |
| 3 | The researcher has answered any questions that I had about the study and I am happy with the answers. | |
| 4 | I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future. | |
| 5 | I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study results. I also understand that I may refuse to answer any questions I don't wish to answer. | |
| 6 | I agree to the conversation (interview) being recorded (voice only). | |

| | | |
|---|---|---|
| 7 | I understand that the results of this study will be used in the way described in the information sheet, such as for publications, in a dissertation, and conference presentations. | |
| 8 | I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law. | |
| 9 | I understand that during the conversation/interview, information may be disclosed that requires the researchers to break confidentiality. This has been explained in more detail in the participant information sheet. | |

The following statements are optional. This means you may still take part in the research study without agreeing to it. Please leave this part blank if you do not agree to these statements:

| | | |
|---|---|---|
| 10. | I would like to receive feedback about the results of this study when it has finished. | |
| 11. | I agree for the researchers to keep my contact details in order to contact me about the next phase of the study. This has been explained in more detail in the participant information sheet. | |
| 12. | I would like to receive a written copy of the conversation (the transcript). | |

If you answered **YES** to statement 10, 11, or 12, please tell us how you would like to be contacted, by providing your home or email address:

☐ By post: _____

_____

☐ By email:_____

.....
**Signature**

.....
**PRINT name**

.....
**Date**

One copy of the consent form to be kept by the researcher, and one copy to be kept by the participant.

➢ Phase 1 Focus Group

University of East Anglia

## Consent Form

## ANCHOR-AGE Study 1: Accessing Care Online Research

I, ..... [please write your full name], agree to take part in this research study. In giving my consent I state that:

| | Activities | Initials |
|---|---|---|
| 1 | I understand the purpose of the study, what I will be asked to do, and any risks or benefits involved. | |
| 2 | I have read the Participant Information Sheet (Version 2, Date 30/11/2023), which I may keep, for my records, and have been able to discuss my involvement in the study with the researchers if I wished to do so. | |
| 3 | The researcher has answered any questions that I had about the study and I am happy with the answers. | |
| 4 | I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future. | |
| 5 | I understand that I may leave the group conversation ('focus group') at any time, if I do not wish to continue. I also understand that it will not be possible to withdraw my comments once the group has started, as it is a group discussion. | |
| 6 | I agree to the group conversation (focus group) being recorded (voice only). | |

| | | |
|---|---|---|
| 7 | I understand that the results of this study will be used in the way described in the information sheet, such as for publications, in a dissertation, and conference presentations. | |
| 8 | I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law. | |
| 9 | I understand that during the conversation (focus group), information may be disclosed that requires the researchers to break confidentiality. This has been explained in more detail in the participant information sheet. | |

The following statements are optional. This means you may still take part in the research study without agreeing to it. Please leave this part blank if you do not agree to these statements:

| | | |
|---|---|---|
| 10. | I would like to receive feedback about the results of this study when it has finished. | |
| 11. | I agree for the researchers to keep my contact details in order to contact me about the next phase of the study. This has been explained in more detail in the participant information sheet. | |

If you answered **YES** to statements 10 or 11, please tell us how you would like to be contacted, by providing your home or email address:

☐ By post: _____

_____

☐ By email:_____

.....

**Signature**

.....

**PRINT name**

.....

**Date**

One copy of the consent form to be kept by the researcher, and one copy to be kept by the participant.

➢ Phase 2 - Ethnographic observations and interviews

University of East Anglia

## Consent Form – Older Adults

## ANCHOR-AGE Study 2: Accessing Care Online Research

I, ..... [please write your full name], agree to take part in this research study. In giving my consent I state that:

| | Activities | Initials |
|---|---|---|
| 1 | I understand the purpose of the study, what I will be asked to do, and any risks or benefits involved. | |
| 2 | I have read the Participant Information Sheet (Version 2, Date 30/11/2023), which I may keep, for my records, and have been able to discuss my involvement in the study with the researchers if I wished to do so. | |
| 3 | The researcher has answered any questions that I had about the study and I am happy with the answers. | |
| 4 | I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future. | |
| 5 | I understand that I may stop participating in an observation at any time if I do not wish to continue. I also understand that it will not be possible to remove my data unless I am individually identified in some way. | |
| 6 | I understand that the results of this study will be used in the way described in the information sheet, such as for publications, in a dissertation, and conference presentations. | |
| 7 | I understand that personal information about me that is collected over the course of this project will be stored | |

| | | |
|---|---|---|
| | securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law. | |
| 8 | I understand that during the study, information may be disclosed or seen that requires the researchers to break confidentiality. This has been explained in more detail in the participant information sheet. | |

I consent to:

Being observed and asked questions for this study Yes ☐ No ☐

The following statement is optional. This means you may still take part in the research study without agreeing to it. Please leave this part blank if you do not agree to this:

| | Activities | Initials |
|---|---|---|
| 9 | I would like to receive feedback about the results of this study when it has finished. | |

If you answered **YES** to statement 9, please tell us how you would like to be contacted, by providing your home or email address:

☐ By post: _____

_____

☐ By email:_____

.....
**Signature**

.....
**PRINT name**

.....
**Date**

One copy of the consent form to be kept by the researcher, and one copy to be kept by the participant.

## Appendix 6. Letter of collaboration for recruitment site gatekeepers

Dear [gatekeeper/organisation name],

On [insert date] Shanice Thomas, Postgraduate Researcher at the University of East Anglia, approached [insert organisation name] about the ANCHOR-AGE (Accessing Care Online Research) Study. The study aims to find out if and how people aged 50 and older living in Great Yarmouth go online, particularly to access health and social care services. We wanted to explore how your organisation might be willing and able to help us make contact with community members for the ANCHOR-AGE study.

We are writing to confirm your interest and ability to enable the study, as an organisation that supports older people in the community. Please could you confirm that [insert organisation name] are willing and able to collaborate with us on the study, such as by:

- Continuing to stay in touch with the researcher to develop a good working relationship.
- Providing support by passing on study information in a way that works for you and community members. Examples may be, displaying study adverts and/or letting the researcher visit your community base to discuss the study with people who could take part in it.
- Providing a possible space to hold conversations, or for the researcher to contact older adults who may be interested in taking part.

Please let me (Shanice) know if you have any questions about this study. If you think you can help with it, please confirm this by **providing your details below** or by emailing Shanice (Shanice.thomas@uea.ac.uk) directly.

**Job Role:** _____

**Full name:** _____

**Signature:** _____

**Date:** _____

Thank you kindly for your time and consideration.

Best wishes,

Shanice Thomas
Postgraduate Researcher – University of East Anglia
Shanice.thomas@uea.ac.uk [researcher telephone]

## Appendix 7. Data collection instruments

- Phase 1 topic guide

### Introductions

1. Introduce myself and the study.
2. Thank participant/s for joining. "I will just run through some details about what will happen during our session today. Whilst I do this, could I ask each of you to write your name on these stickers/badges, so we know who each other are, if you are happy to?"
3. Health and safety: location of fire exits, toilets, refreshments, and hand sanitisers.
4. "The conversation will last for about 1 hour. We will cover a range of topics relating to your experiences and views of going online."
5. "Please do take a break at any time if you need to, and you can stop taking part at any point."
6. "I will keep everything you tell me today private and confidential, unless you tell me anything of concern where you or someone else might be at risk of harm. I will tell you if I need to do this."
7. "Your information will be anonymised. This means you will be given a code name and none of your personal information will be reported in the study. Please do not mention personal information about anyone else."
8. "I will record the conversation but will delete the recording when I have finished the analysis".

For focus groups:

9. Confidentiality: "To protect everyone's privacy, can I please ask for you to not tell anyone outside the group what we talk about today."
10. "We need to make sure everyone in the group has a chance to share their views.
11. "We would like to hear your views, even if they differ from one another."
12. "Please take turns speaking. If there is something you want to add, you can wave your hand to let me know".

For all activities (interviews and focus groups):

13. "Please feel free to ask me to clarify anything you do not understand at any time."
14. "Do you have any questions about the study or anything I have said before we start?"
15. "Can I check that you are happy to continue with the conversation?" Go around the table and verbally check each person is happy to continue.

### Main discussion

Share 3-4 pictures/photos of going online (only those approved for use under copyright) around the table: "Here are some pictures to help us think about what 'going online' might look like for some of us. Take a moment to have a look at them and think about

whether you use or have come across these things or things like this." Examples of pictures: landline phone; mobile phone; public service letter request to book an appointment online; tablet including Apps (e.g., Facebook and NHS App).

1. **Which of these sorts of things have you come across or used before**?

2. **What do you use these things** [devices as described by participant/s] **for**?

   Examples to explore as raised by participants: contacting friends, family, or public services (such as housing, healthcare); shopping; banking; for hobbies (e.g., music, videos); ordering prescriptions; sending emails and text messages.

3. **What is it like using the device** [as described by the participant/s]?

   Probes, if relevant:
   - What do you find [tricky/easy] when using [device as described by participants]?
   - Why do you prefer using [device x] rather than [device y]?
   - What kind of things do you do on [device x] that you don't do on [device y], if any?'

4. **Could you tell me more about when and where you <u>tend to go online</u> in these ways?** (E.g., at home, a friend's/family home, library, other setting).
   - **When did you each start doing these things online, and what made you start?**
   - How often do you do these online activities now?

   Probes, if relevant:
   - Are there any situations or places where you prefer not to go online?
   - Do you do these things [with device x] on your own or does anyone help you to do this? If so, who helps you and in what way?
   - **How do you find this** [going online alone / with support]? Are there any exceptions to this, e.g., times when you need some help or advice?

5. What's it been like trying to **access support for your health or care when going online** [repeat examples from participants as necessary]?

   Probes, if relevant:
   - You said you tried doing [activity x] before – **how did you find this?**
   - **If relevant: What aspects worked well and did not work so well?**

6. Over the course of this conversation, have any of your thoughts or views about going online changed? E.g., what going online means and what it is like?

7. **Is there anything else anyone wanted to say about going online to access health and social care support?**

**Conclusion**

1. “Thank you for taking part in this conversation today. I really appreciate the time you have given to share your views and experiences with me.”
2. “Does anyone have any last thoughts before I stop the recording?”
3. Debriefing: “I know that sometimes it can be hard talking about experiences of trying to access services.” Give participants a debrief sheet with contacts for services to approach.
4. If you let me know on the consent form, I will share a summary of the findings with you later. If you would like to receive this, please do let me know.

**<u>Images used in Phase 1</u>**

Image 1 – generated by the researcher

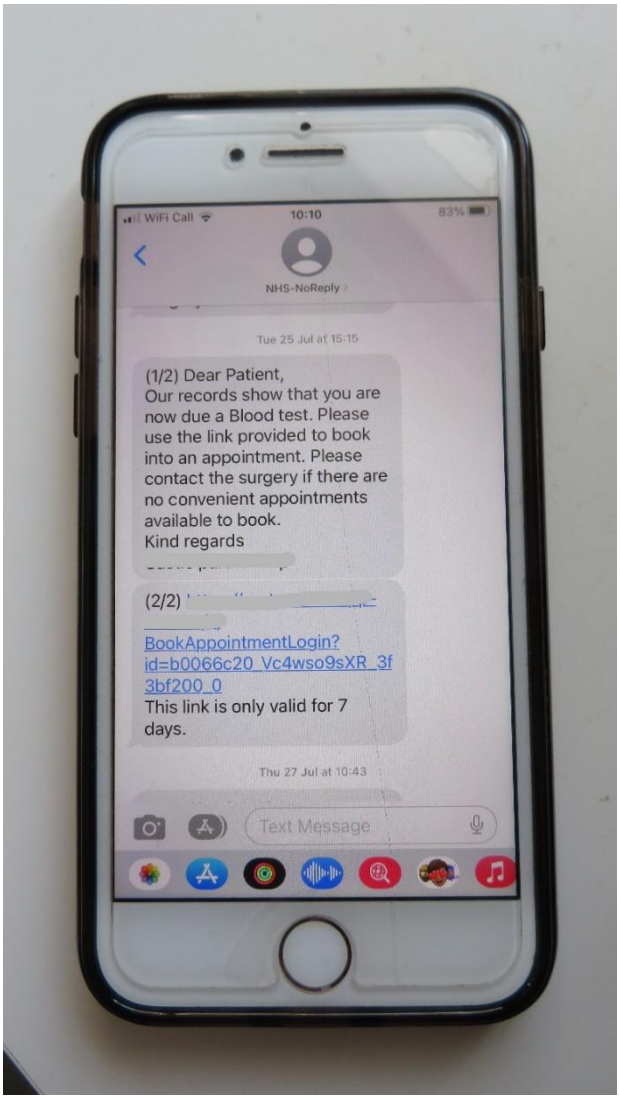


Image 2 – generated by the researcher



Image 3 - generated by the researcher



Image 4 - generated by the researcher

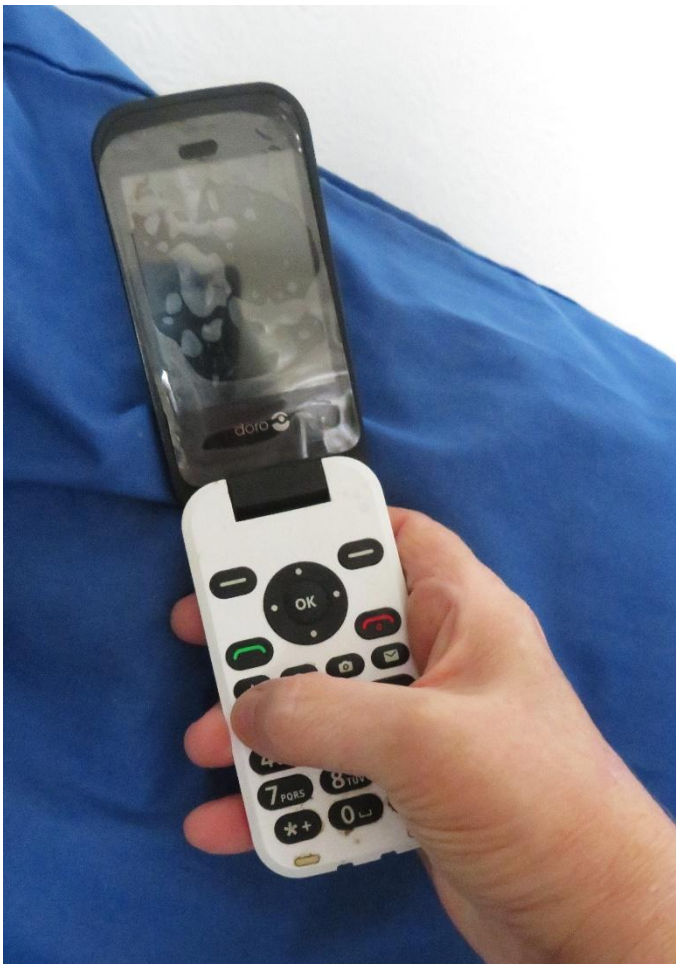



Image 5 – generated by the Centre for Ageing Better (2025) ‘age-positive image library’ (https://ageing-better.org.uk/news/age-positive-image-library-launched)



- Phase 2 ethnographic observations indicative guide

The researcher will observe participants as they go about their daily routines and when they engage with digital technologies. The observations will take place in a range of settings, including public and less public spaces. This indicative guide has been developed to inform the observations, whereby the researcher will broadly consider nine dimensions to guide their areas of focus (Spradley, 1979; Reeves et al., 2013). Informed by sensory ethnographic approaches (Pink, 2015), the researcher will also explore the multi-sensorial experiences of digital technologies and related objects during observations and when participating in activities, such as hearing, seeing, and touching devices. Based on this, the indicative dimensions listed below will inform the observations. The researcher will attend to these dimensions based on what reveals itself as, or what they deem to be, most relevant in each context. The researcher will record descriptive data relating to these dimensions in their fieldnotes, during and after observations:

1. **Space**: physical layout of the place(s) – e.g., community setting or private home.
2. **Social Actors**: range of people involved – e.g., social connectors/friends.
3. **Activity**: a set of related activities that occur
4. **Object**: the physical things that are present – e.g., assistive devices
5. **Act**: single actions people undertake
6. **Event**: activities that people carry out
7. **Time**: the sequencing of events that occur – by writing chronologically and noting timings in fieldnotes.
8. **Goal**: things that people are trying to accomplish
9. **Feeling**: emotions felt and expressed – e.g., indicated by participants' non-verbal expressions (such as shrugged shoulders, rolling eyes)

Additional dimension – 10. **Multi-sensorial**: what is being heard, seen, smelled, touched, tasted and what sensations are being experienced? E.g., the atmosphere created by smells, speech, and taste during communal activities, such as coffee mornings, or sounds during digital skills support sessions.

➢ Phase 2 ethnographic interviewing indicative guide

The researcher will conduct ethnographic interviews with Phase 2 participants by asking them brief questions in the context of their ongoing activities. The researcher will initiate these conversations during and after the observations to gather further information about the activities being observed, to better understand and clarify what these activities may mean to older adults and their social connectors. As ethnographic interviews will be held naturalistically, where questions are asked in response to what is being observed in the moment, it is not appropriate to specify pre-planned questions that will be asked. Some topic areas are likely to be relevant in many contexts and form the focus of potential questions to ask during observations. The researcher will formulate questions in ethnographic interviewing based on what they observe in the setting and the specific context of activities. The indicative questions below may be used to help the researcher to frame their questions and explore the extent to which what is being observed reflects participants' routine practices. The questions will typically be open-ended to generate rich insights and reflections from participants. Closed-ended questions can help probe for or clarify specific details about activities, to ask further open-ended questions.

Potential questions:

- Could you tell me more about what is going on here?
- What do you use this device or facility (e.g., computer, telephone, app) for?

Probes:

  - Why is that?
  - How do you go about that?
  - How do you find this works for you?
  - When do you do this?

- Why did you do [x] in that way?
- Is this the kind of thing you usually do when you do [activity – e.g., walk to the shop, contact your friend]? Probes: why is that? How do you find that?
- How often do you do [e.g., order your medication, visit the library, meet your friend]?
- What do you usually do with [person, e.g., friend] when you see them?
- Does [person] usually help you do [specific activity]? How do they help?

## Appendix 8. Examples of data analysis

- Phase 1 coding example – focus group transcript

| Coding labels | Speaker | Transcript | Thoughts and reflections |
|---|---|---|---|
| Questioning what changes will happen to landline phones<br><br>Digital terms: 'wireless' | Julie | Yeah yeah)) Will it be like a wireless then, [Eva]? Rather than go through wires? | Quite literal phrasing here to ask about changes in the workings of landline phones: 'not going through wires'<br><br>Something quite striking about this talk: "wireless" versus going "through wires" |
| Visible physical signs of digitisation, e.g., 'digging up ya pavement'<br><br>Geographic availability of fibre broadband | Eva | Yeah. But I dunno if where you stay they're digging up ya pavement or ya | Instant use of the visible physical process of 'digging up ya pavement' that Eva has witnessed to question if digital fibre is available in Julie's area. I wonder if this speaks to the ineffability of digitisation, e.g., the introduction of fibre. Describing the physical activities involved (digging up the pavement) almost makes digitisation more tangible, relatable, and so describable. Articulates how digital upgrades are visible to us on the surface |
| | Julie | Yeah yeah they ((have done in [nearby village in Great Yarmouth borough] | |
| Features of fibre broadband, e.g., 'purple wire' | Eva | Ya road)) and put a purple wire in | The 'purple wire' is quite a specific statement of the physicality of fibre broadband. Could demonstrate interest in the process, or again something about making the process of digitisation "more real" by describing its physical properties, the objects that join-up to make fibre broadband work |

| | | | |
|---|---|---|---|
| | Julie | Oh, yeah | |
| Finding a vocabulary for digital entities: “electric fibre thing” | Eva | Well, that’s a<br><br>electric fibre thing<br><br>so ((again | Indicates the role/influence of being in a group such as this, being exposed to different understandings about ‘digital’ |
| | Julie | Oh right)) | |
| Seeking in-person support for digital issues | Eva | I’m err with Vodaphone. You go in the shop and thump the counter and say ‘why isn’t this working?’. And that’s what they told me | |

➢ Clustering codes in Phase 1 Reflexive Thematic Analysis to generate initial themes)

Example 1

- Initial theme cluster: *Undoing "technical talk"*. Included codes:
  - Gesturing towards digital devices: '*on here*'
  - Describing the action, not name, of the game: '*knockin' the cars off*'
  - Ways of describing digitisation: '*they're on fibre stuff*'
  - Landlines will be digital, not go through a '*copper wire*'
  - Landlines are changing (going digital)
  - Questioning how landlines are changing: '*will it be wireless*' or go '*through wires*'
  - Visible physical signs of digitisation: '*digging up ya pavement*'
  - Features of fibre broadband: '*purple wire'*, *'electric fibre*'
  - Working out what to call something related to engaging digitally, e.g., *'a tower thing'*, '*a box*', '*a mast*'
  - Working out what to call a digital device: '*a tower*'
  - Describing '*things*' that go with digital devices in physical terms: '*a box*'
  - Questioning if you need to have a '*thing/box*' to use landlines
  - Not being able to remember the name of a digital device
  - Describing things on digital devices: '*three little dots*'
  - Getting help to understand information on digital devices for health appointments
  - Identifying a digital device based on how you interact with it: '*those little things you talk to'*

Example 2

- Initial theme cluster: *Preferring and opting for non-digital* options. Included codes:
  - Companies must provide alternatives to online
  - Preferring to talk to people in-person for banking
  - Hoping one never has to do online banking
  - Being '*lucky*' that Yarmouth has banks people can access
  - Access to in-person banks could change
  - People are nervous about online banking
  - Appreciating and accessing local in-person shops and facilities

- Predicting that shops will stop offering in-person contact
- '*Dreading*' not being able to have in-person contact with shops/services
- Older people don't need digital technologies or the internet
- Approaching local people and places as much as possible, e.g., shops
- Wanting to see and speak to people in shops/services in person
- Not concerned that accessing services solely in-person may limit choice
- Preferring to walk/go to places than do things online
- '*Poodling around*' on digital devices takes time
- All essential services are available in-person in the local area
- Doing things digitally or online puts the onus onto older people to act and manage things
- Not being able to access services that move to online only: '*I'm out then*'
- Expecting an alternative to online options for ordering medicines: '*there's gunna be an alternative*'
- Health services cannot '*cut you off*' by only offering online options
- Engaging digitally as a '*nightmare*'
- Using paper calendars to record appointments: '*the old fashioned way*'
- Not needing reminders on digital devices as paper calendars are '*priceless*'
- Not needing to do things digitally

➢ Example of coding and memoing ethnographic fieldnotes (Phase 2)

**Observation Record**

**Participants**: Camila and Pam

**Other actors**: Resident A; Resident B; Shanice (researcher)

**Location**: Community centre in sheltered housing [Great Yarmouth borough]

**Activity**: Craft and Coffee afternoon

**Time/Date**: [removed for anonymity]

About 15 minutes into the session, after chatting and catching up, making drinks and setting up our knitting activities, Camila and I chat about how far we have got with our knitting. We both agreed that knitting has taken a back seat since the weather has been so sunny and warm. I joke that I am surprised I remember how to knit, to which Camila laughs and mentions her son returning home this Sunday, after being away for several months: '*and [Dave's] back on Sunday*', she said and stopped her knitting, giving a side eye to me and curling her mouth down, as if she has been naughty, that her son would not be impressed with how far she has gotten with her knitting. I know from our conversations in the past that her son is a keen knitter; and that he often 'fixes' mistakes in her knitting, and that they send photos to each other of how their knitting is coming along on WhatsApp. I giggle at Camila's comment, pointing to the book in front of her: *"well you've got evidence of what you have been doing here"* I say; continuing to laugh: *"you've been doing other things!"*. Over the past couple of months, Camila and the rest of the group have been reading books by an author; they have been passing the books between themselves. Each person seems to finish each book within 2 weeks. Camila says the fictional books, by Elly Griffiths, are based in the Norfolk coast, including Yarmouth; and that she "*can't stop*" reading them. We both giggle and carry on quietly with our knitting, as the other ladies chat about making shoe boxes for a charity. Camila leans to my side and says: "*look, dunno what I've done there*"; she pulls gently either side of the wool to reveal a small gap. She has missed a few stitches. "*[Dave] will have to fix that for me*" she says, as she has said a few times in the past. Here, I recall the wool Camila is knitting with, a striking rainbow pattern, was a Christmas gift from her son.

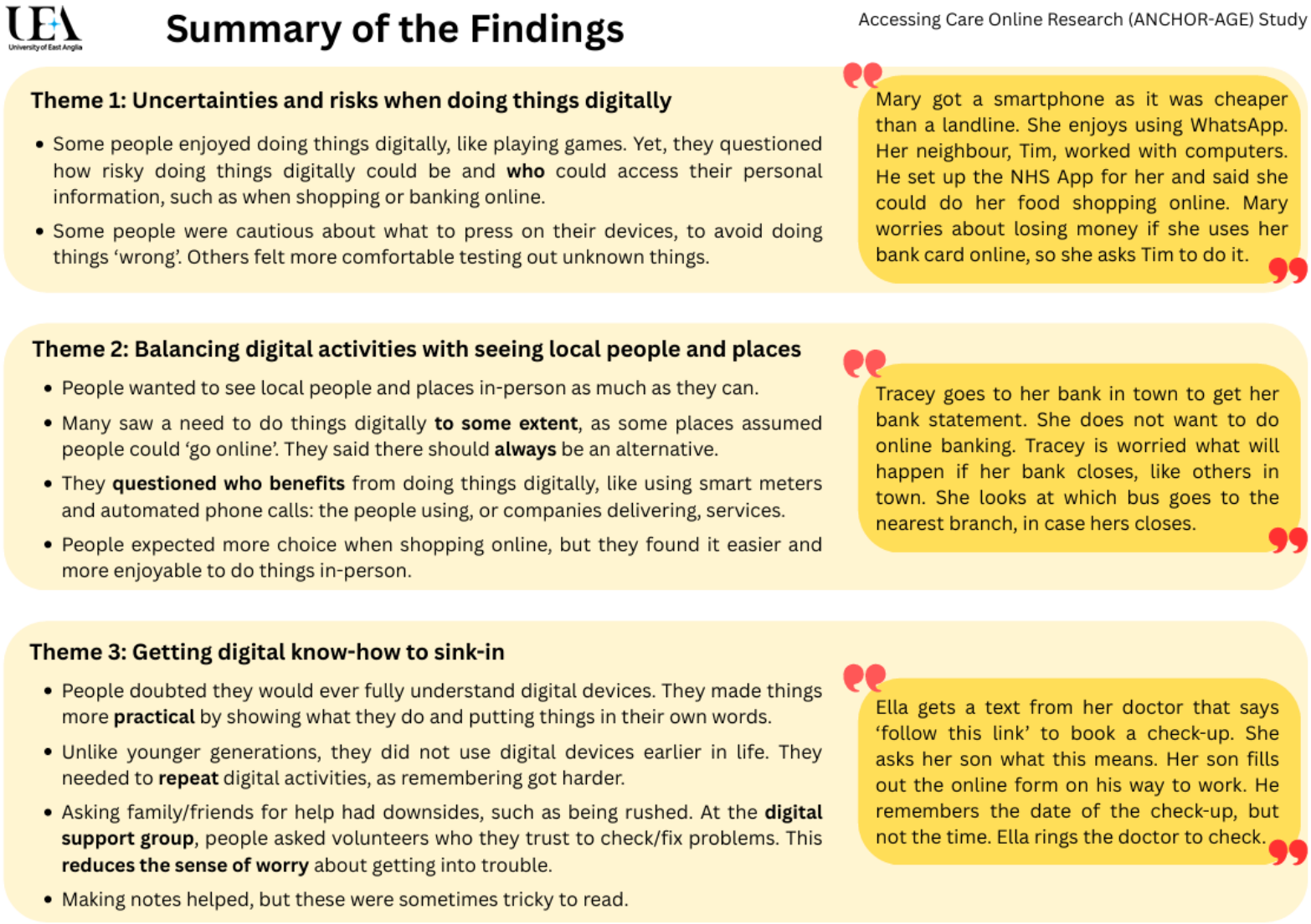
Memo: How Camila's son intervenes and 'fixes' her knitting activities when things go wrong very much reflects how she describes her son's role in putting her ‘right' when engaging digitally. Perhaps this more broadly reflects how they relate to one another; his helping with digital activities is akin to the way he helps her with her hobbies, which he shares interest, experience, and has skills in

Codes:

- Hobbies and social activities change with the seasons and weather
- Children helping with hobbies, e.g., fixing knitting mistakes
- Enjoying stories that are based locally

## Appendix 9. Dissemination

➢ Summary of findings (Phase 1) disseminated to participants (page 1 and 2)



UEA University of East Anglia

# Summary of the Findings

Accessing Care Online Research (ANCHOR-AGE) Study

### Theme 1: Uncertainties and risks when doing things digitally

- Some people enjoyed doing things digitally, like playing games. Yet, they questioned how risky doing things digitally could be and **who** could access their personal information, such as when shopping or banking online.
- Some people were cautious about what to press on their devices, to avoid doing things 'wrong'. Others felt more comfortable testing out unknown things.

> Mary got a smartphone as it was cheaper than a landline. She enjoys using WhatsApp. Her neighbour, Tim, worked with computers. He set up the NHS App for her and said she could do her food shopping online. Mary worries about losing money if she uses her bank card online, so she asks Tim to do it.

### Theme 2: Balancing digital activities with seeing local people and places

- People wanted to see local people and places in-person as much as they can.
- Many saw a need to do things digitally **to some extent**, as some places assumed people could 'go online'. They said there should **always** be an alternative.
- They **questioned who benefits** from doing things digitally, like using smart meters and automated phone calls: the people using, or companies delivering, services.
- People expected more choice when shopping online, but they found it easier and more enjoyable to do things in-person.

> Tracey goes to her bank in town to get her bank statement. She does not want to do online banking. Tracey is worried what will happen if her bank closes, like others in town. She looks at which bus goes to the nearest branch, in case hers closes.

### Theme 3: Getting digital know-how to sink-in

- People doubted they would ever fully understand digital devices. They made things more **practical** by showing what they do and putting things in their own words.
- Unlike younger generations, they did not use digital devices earlier in life. They needed to **repeat** digital activities, as remembering got harder.
- Asking family/friends for help had downsides, such as being rushed. At the **digital support group**, people asked volunteers who they trust to check/fix problems. This **reduces the sense of worry** about getting into trouble.
- Making notes helped, but these were sometimes tricky to read.

> Ella gets a text from her doctor that says 'follow this link' to book a check-up. She asks her son what this means. Her son fills out the online form on his way to work. He remembers the date of the check-up, but not the time. Ella rings the doctor to check.

**Thank you** for sharing your experiences in this project. This will help us to let local services know what people think about doing things digitally and how to make things more accessible.

If you have any questions, please get in touch with Shanice (student researcher, University of East Anglia) on 07591648229

➢ Summary of findings (Phase 1) disseminated to the Shore Setting gatekeeper about the 'digital support group'

