



# The impact of COVID-19 on older people with underlying health conditions in the UK, the USA, and Spain

COVID-19 Multi-Country Peer Research:  
Comparative Report

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This report is the result of a research project conducted by Justice Studio in collaboration with a group of volunteer peer researchers from Spain, the United Kingdom, and the United States of America.



### **About Justice Studio**

Justice Studio is a compassionate consultancy and research organisation specialised in social justice. We are at the vanguard of an alternative consultancy model motivated by empathy. Our consultants are knowledgeable and experienced in human rights and social protection. We champion the voices of those in society who are most disadvantaged and un-heard, such as older people, adults at risk, children, offenders, and communities affected by migration, conflict or unequal power relations.

### **Acknowledgments**

We would like to thank the participants and peer researchers who contributed with their time and effort to this research. Each of the peer researchers conducted in-depth qualitative interviews with participants at three points in time in the midst of the COVID-19 pandemic as they themselves were isolating. We are extremely grateful for their dedication and hard work.

# Executive Summary

## INTRODUCTION

When the COVID-19 pandemic struck the world, older people were advised to stay at home for their own protection. This was deemed particularly critical for older people with underlying health conditions who were identified as one of the most at-risk groups. In order to assess older people's understanding of these restrictions, as well as their impact on their lives, Justice Studio carried out independent research with a group of participants aged 65 and over in Spain, the United Kingdom, and the United States of America.

This research took place from March to July 2020, utilising the collaborative methodology of Peer Research. This method enabled us to reduce power imbalances in the research, whilst at the same time, providing meaningful activity to researchers and participants isolating in the three countries. In total, 31 participants participated in in-depth qualitative semi-structured interviews conducted over the telephone by Peer Researchers in Spain, the UK and the USA. In addition, an online survey was completed by 58 participants from across Spain. The survey was live from June to July 2020.

## INFORMATION

Participants across the three countries referred to similar sources when explaining how they obtained information about COVID-19. This mainly included television, radio, government information received through sources such as letters, and information received via family members. In the USA, participants received information about the coronavirus from the same media sources in addition to local alert systems, which were not mentioned by British and Spanish participants. In the UK, interviewees mentioned sources including newspapers, which were not mentioned by American and Spanish participants.

Across the three locations, the participants' opinions varied widely when considering the Government role throughout the pandemic. In the UK, there was a polarity regarding the perception of the reliability of information coming from the government. Some people trusted the information received, while others were highly critical of the role of the current Conservative government. A clear majority of British participants thought that the government should have instigated lockdown earlier than they did. Among British interviewees, a key difference regarding important issues of concern in relation to those raised by American and Spanish participants had to do with the impact of COVID-19 on care homes. Although none of the British participants were in care homes themselves, several articulated that the treatment of the elderly in care homes had been wrong, which Spanish and Americans did not comment on.

In the Spanish context, most participants were positive about the role of the government in sharing information regarding the impact of COVID-19, the measures and regulations. Reflecting on the role of the government, most participants stated that they felt much more relaxed after the Spanish President, and the Director of the Coordination Centre for Health Alerts and Emergencies of the Ministry of Health, reported the new measures and number of cases through press conferences.

## HEALTH

In the three countries, the COVID-19 pandemic had impacted the ways that participants would normally access their medical care to different degrees. In the UK, there was a mix of feelings about the extent to which participants were still able to receive this care. For some, there were absolutely no concerns, but others felt they were not getting enough attention. One of them stated that the treatment for his conditions had been "totally interrupted". This was different for Spanish participants since most did not experience issues accessing medical treatment during the pandemic. Apart from one, all of them confirmed that their treatment had continued throughout the months when the interviews took place, with three describing how treatment had been adapted to them being at home.

In the USA, some participants were still able to access medical treatment, but others faced challenges. Whilst some were happy to have their appointments move from in-person to virtual, others found this impeded their access. A key difference between the USA context and the Spanish and British ones had to do with the costs that health services involved. Meeting the costs of their own medical support was indeed a concern for some American participants. For example, one explained that because there was no insurance that paid for home help, and she did not qualify for Medicaid she had to meet the cost through her savings.

Differences were found among participants in the UK, USA and Spain in relation to their fitness and physical exercise. While in the USA and Spain physical activity remained low among the participants throughout the pandemic, in the UK most were active and tried to do what exercise they could. The extent to which they were able to exercise depended on both their own physical health, and the different stages of the lockdown restrictions.

Accessing food was a particular worry for people at the beginning of the lockdown measures. However, American, British, and Spanish participants described that they had obtained all the food they needed. In Spain, food was often provided by children, relatives, and friends. However, in the UK and the USA most participants were relying on supermarket deliveries for their food, which was not the case in Spain.

Participants across the three nations responded in very different ways to the question of whether the COVID-19 crisis had affected their mood and mental health. Most British participants emphasised that they were "fine" while Spanish interviewees dramatically described the impact of the pandemic on their mental health. Whilst in the three countries participants expressed fears, in general these were often focused on their loved ones.

In all three nations, the participants described significant changes in the way they conducted their lives because of the lockdown restrictions. Participants agreed with the fact that taking one day at a time and embracing a positive mental attitude were good strategies to stay calm throughout the lockdowns. The participants used a variety of methods to cope with isolation, and their fears. These included, among other activities, listening to music, cooking and baking, speaking with friends and relatives, and reading. While only one British participant referred to religion and faith as a source of comfort, this emerged as a critical tool for American participants, who highlighted their faith as a source of strength. Only one Spanish participant pointed to religion, by referring to conversations with her local priest as a comforting source.

## CONNECTIONS

In general, across the three countries, community support was considered significant, and participants described missing in-person meetings since online platforms could not provide them with the same degree of comfort as meeting people physically. Across the three countries, relatives and family members were described as important sources of support. Participants particularly highlighted the role of their grandchildren as positively impacting their mood and wellbeing when allowed to meet. However, the lack of contact during lockdown led to sadness and references to how much they missed their little ones. As the lockdown began to ease the participants were able to form bubbles and meet people outside, which increased their happiness and raised their optimism.

British, American, and Spanish participants differed regarding their skills to use online platforms and digital technology across their locations. However, it was obvious that for some of them there was a transition between our early interviews and the final ones in relation to how comfortable they felt using apps such as Zoom or WhatsApp. This points to the fact that the pandemic naturally led them to increasing their skills and knowledge around how to use phones, laptops and the software involved in doing so.

In Spain, peer research participants often discussed their access to cash throughout the pandemic in relation to community support. Most relied on their children and relatives to withdraw money from the bank with which they would subsequently buy the food they needed. In the UK, the participants were very diverse in terms of their wealth and income status. Nevertheless, the real disparity in terms of accessing money seemed to be between those who preferred to use cash and those who were happy to use electronic transactions. In the USA, participants used a mixture of cash and card to pay for the things they needed. As the pandemic went on, they realised that using cash was less acceptable.

## CONCLUSION

Despite differences among the participants' locations, they coincided in highlighting the impact that the pandemic had on their lives. Although no one lockdown experience was the same, there were some common themes running through our participants' stories in Spain, the UK, and the USA. As older people they shared a particular, and severe, threat from the coronavirus. This was something that very much affected some, whilst others were able to take it in their stride.

In the three countries, most participants required ongoing check-ups and support. As such, the lockdown measures created challenges to accessing their medical care to different degrees. While some were happy with how their medical treatment had been adapted, others expressed confusion about how to access services. The experiences of isolation were difficult for many of the participants in our study. Struggling with the measures that were imposed, the lack of connection, and often confused by the messages that they were receiving from the media, some participants' mental health was affected. However, others were really heartened by the support that was being shown in their communities.

The extent to which COVID-19 will impact our lives in the future is uncertain. While we navigate these turbulent times, let's learn from the voices of the older people in this report, so our collective response to the crisis can be carried out with more cooperation and solidarity in facing the challenges brought by the pandemic.

# 1. Introduction

When the COVID-19 pandemic struck the world, older people were advised to stay at home for their own protection. This was deemed particularly critical for older people with underlying health conditions who were identified as one of the most at-risk groups. Social isolation among older adults has been identified as a public health concern. As existing literature has noted,<sup>1</sup> social isolation often puts older adults at increasing risk of mental health issues such as depression, stress and anxiety. For those with other underlying health conditions (e.g. diabetes, cancer, cardiovascular issues), the risk can be even higher, particularly considering the absence of direct support at home when living alone.

Government advice on shielding during the COVID-19 pandemic presented further challenges to older people living in isolation, regarding, for example, access to food, money and carrying out everyday routines such as physical exercise. Additionally, while younger people increasingly relied on digital technologies to connect with their family and friends early on the pandemic, with less technological access and skills, some older people were at risk of being even more isolated.

When the lockdown measures were announced, Justice Studio, a female-led, compassionate consultancy organisation, rapidly designed and conducted pro bono research to both increase opportunities for connection between older people during the pandemic, as well as to provide a deeper understanding of the impact that such measures would have on adults aged 65+ with underlying health conditions in Spain, the United Kingdom, and the United States of America. This research, conducted with the assistance of peer researchers, took place from March to July 2020. This report sets out the comparative findings emerging from the three locations where our research was conducted.

## 1.1. Context

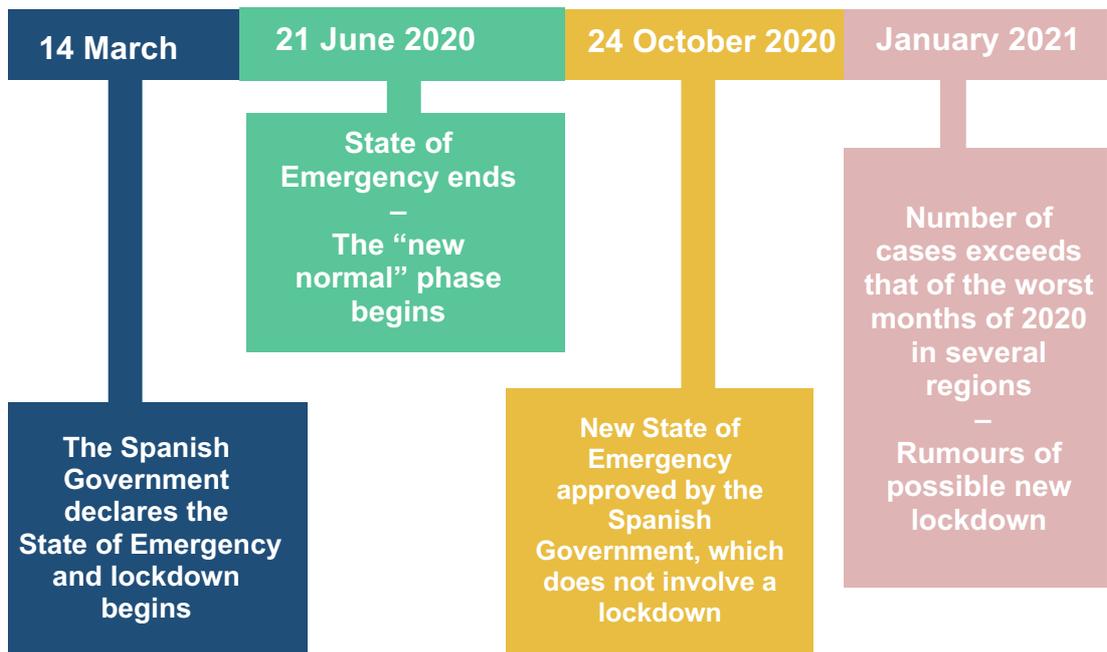
### 1.1.1. Responses to COVID-19 in each nation

In Spain, following an extraordinary Council of Ministers meeting, on the 14th of March 2020, the Spanish Government approved a Royal Decree to fight the coronavirus pandemic, declaring a State of Emergency. President Pedro Sánchez decided that the central Government would be the only authority with powers to confine the whole Spanish territory.

The diagram below sets out the timeline of the restrictions in Spain from 14<sup>th</sup> March 2020 to January 2021:

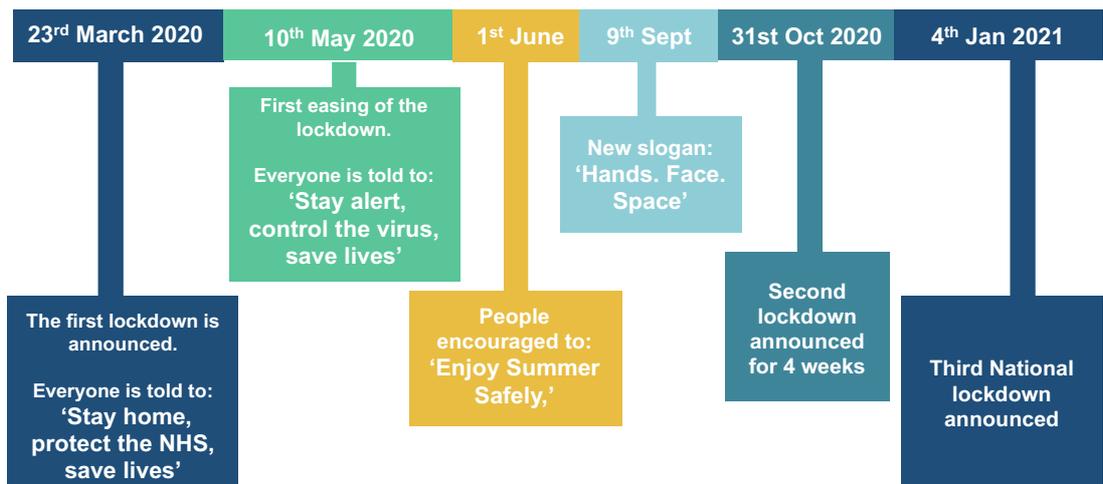
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<sup>1</sup> Armitage, R. and Nellums, L.B. (2020). COVID-19 and the consequences of isolating the elderly. The Lancet.



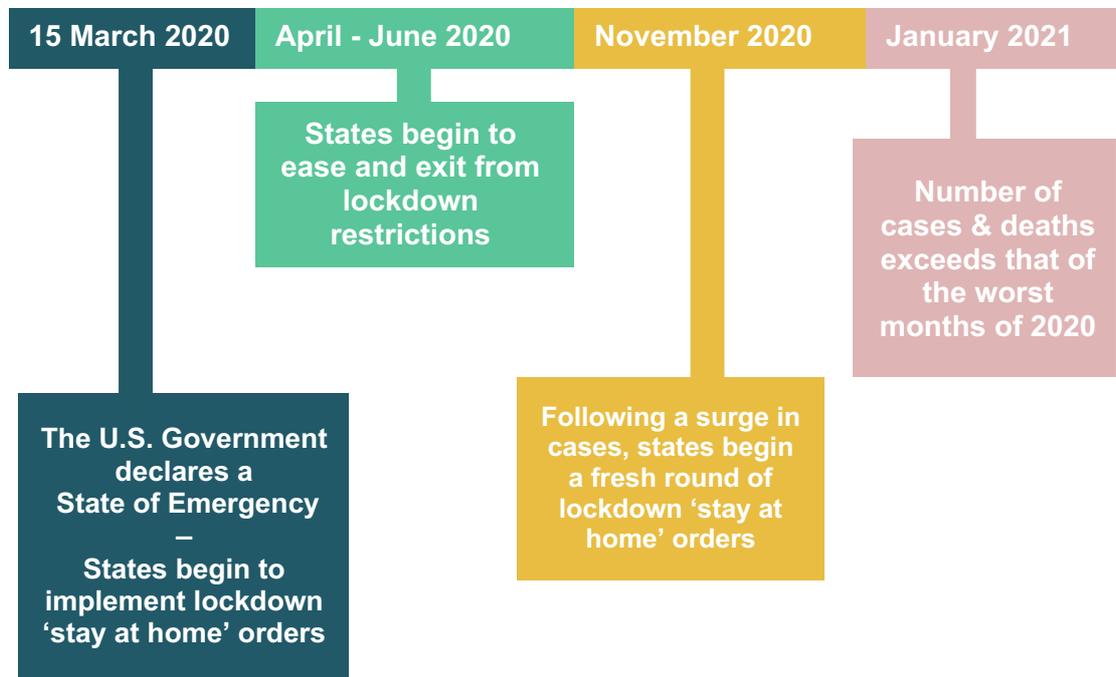
Restrictions in the UK began on 12<sup>th</sup> March 2020 with the suspension of some sporting and cultural events; however it wasn't until 23<sup>rd</sup> March that the first lockdown was announced. The Prime Minister Boris Johnson told the UK public that they would only be able to leave their homes for limited reasons. 'Clinically vulnerable' adults were told to "shield" which involved staying at home for 12 weeks without leaving the house for any reason.

The diagram below sets out the timeline of the restrictions in Great Britain from 23<sup>rd</sup> March 2020 to January 2021:



In the USA, on 13<sup>th</sup> March 2020, President Trump issued the Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak, declaring a national state of emergency. This included provisions such as suspending entry of foreign nationals from nations effected by COVID-19, the implementation of steps to expand testing capacity and measures

to increase supplies of personal protection equipment.<sup>2</sup> The diagram below sets out the timeline of the restrictions in the U.S from 15th March 2020 to January 2021:



At the time of writing this report in April 2021, all three countries had increased their vaccination rates to varying degrees. In the United Kingdom, 11.8% of the population has been fully vaccinated. In Spain, 6.7% of the citizens has received two doses. In the USA, the rate was higher, since 22.9% of the American people was already fully vaccinated.<sup>3</sup>

## 1.2. Methodology

This research used a peer research methodology. Peer research is a form of collaborative research whereby the researcher is a peer of the research participant. Peer research is different from other types of participatory approaches, such as consulting on information sheets and being involved in workshops, as it gives people with lived experience the opportunity to work alongside researchers in all stages of the project.<sup>4</sup> This methodology also has the capacity to empower participants by providing them with a voice and reducing power imbalances between researcher and participants, which can decrease bias and improve the quality of data collected.<sup>5</sup>

<sup>2</sup> The Whitehouse. (2020) Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak. Accessed here: <https://trumpwhitehouse.archives.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>

<sup>3</sup> Our World in Data. (2021).

<sup>4</sup> Di Lorito, C., Birt, L., Poland, F., Csipke, E., Gove, D., Diaz-Ponce, A., & Orrell, M. (2017). A synthesis of the evidence on peer research with potentially vulnerable adults: how this relates to dementia. *International journal of geriatric psychiatry*, 32(1), 58-67.

<sup>5</sup> Lushey, C. J., & Munro, E. R. (2015). Participatory peer research methodology: An effective method for obtaining young people’s perspectives on transitions from care to adulthood?. *Qualitative Social Work*, 14(4), 522-537.

Due to the swift spread of the COVID-19 pandemic, the research was designed by the Justice Studio team rapidly. It had two motivations:

- to provide meaningful activity to researchers and participants isolating in Spain, the United Kingdom, and the United States of America; thereby increasing connection and elevating loneliness;
- to collect unique and important data on the experiences of older people who were isolating during the first lockdown of the COVID-19 pandemic.

The research took place from March to July 2020, with fieldwork taking place predominately at three points in time: in April, May and July. Prior to starting the research, Justice Studio identified and trained peer researchers to conduct interviews with older people in isolation. This involved providing training on both research methods and ethical issues through two intensive sessions that took place online.

Following the preliminary sessions, Justice Studio co-designed semi-structured interview guides with the peer researchers before conducting the interviews. These interview topic guides included open-ended questions structured around a number of key themes:

- Information received
- Access to food
- Access to money
- Health issues
- Everyday activities
- Feelings and emotions
- Community support

In total, 31 in-depth qualitative semi-structured interviews were conducted in Spain with 11 participants. In the UK, 33 in-depth qualitative semi-structured interviews took place with 11 participants. In the USA, 18 in-depth qualitative semi-structured interviews were conducted with 9 research participants.

All of the participants have been given new names in order to protect their identities.

#### 1.2.1. Peer research participants profile: Older people in isolation

In Spain, out of the 11 older people interviewed, the majority (7) lived in urban locations and the remainder lived rurally. The vast majority (10) were women, with only one man participating. Most of them (9) lived by themselves, while two of them shared their house intermittently: one of them with her sister, who was also 70+.

In the UK, out of the 11 older people interviewed, the majority (8) lived in urban locations and the remainder lived in rural or suburban areas. The vast majority (7) were women, with four men participating.

In the USA, out of the 9 respondents we were only able to gather information on 5 of them due to data collection issues. Out of the 5 participants a majority (3) lived in suburban areas and the remainder lived in urban areas (2). The vast majority of participants (4) were women, with one man participating.

All participants had underlying health conditions at the time of conducting the interview. These included, among others, diabetes, cancer, liver disease, high blood protein, angina, and strokes.

## 2. Information

Information on COVID-related issues was valued by most participants as a source of knowledge to understand how to behave during the pandemic. However, discussing the role of media platforms, half of the participants believed that television channels had produced too much information, which rather than being informative and clarifying, had made things more confusing instead. Most participants highlighted the role of the government as the most trustworthy source of information.

### 2.1. Information sources

Participants across the three countries referred to similar sources when explaining how they obtained information about COVID-19. Participants reported using four main sources of information on the COVID-19 pandemic: television, radio, government information received through different sources (e.g. letters), and information received through family members. In the USA, participants received information about the coronavirus from a variety of media sources as well as local alert systems, which was not mentioned by British or Spanish participants.

A common experience shared by participants in Spain, the UK, and the USA contexts was that extensive media coverage had made things confusing for them across the three nations. When digesting a variety of news sources, from newspapers, to the television, and direct communications from the government, the participants felt confused. In addition to this, as the pandemic went on, some participants were affected by the quantity and depressing nature of the information. For example, one of the British participants said, "to start off with, I was inundated with the BBC news channel but now I've turned it off".

When discussing information received, our research findings illustrated similarities among geographical contexts. For example, Spanish participants considered that some media platforms were too biased and critical of the Government, which was in line with those based in the USA, who highlighted the very party-political nature of some media channels. British participants did not reflect on the potentially biased nature of information received.

### 2.2. Government role

Across the three locations, participants' opinions varied widely when considering the role of the government throughout the pandemic. In the UK, in terms of the perception of the reliability of information coming from the government, there was a polarity. Some people trusted the information received, while others were highly critical of the role of the current Conservative government. A clear majority of our British participants thought that the government should have instigated lockdown earlier than they did. Among British interviewees, a key difference regarding important issues of concern in relation to those raised by American and Spanish participants had to do with the impact of COVID-19 on care homes. Although none of the participants were in care homes themselves, several articulated that the

treatment of the elderly in care homes had been wrong. One of them was particularly angry at the British government's treatment of the people in care homes at the beginning of the pandemic

This was different to the Spanish case, where the vast majority of participants were positive about the role of the Spanish government in sharing information regarding the impact of COVID-19, the measures and regulations. Reflecting on the role of the government, most participants stated that they felt much more relaxed after the Spanish President, and the Director of the Coordination Centre for Health Alerts and Emergencies of the Ministry of Health, reported new measures and updated number of cases through press conferences.

In the USA, there was an extremely mixed opinion as to the federal government's role in providing information. The participants seemed to find their local State, county or town information more helpful than federal information.

# 3. Health

All participants across the three nations had underlying health conditions. The lockdown measures created barriers to accessing medical care to different degrees in each location. To varying degrees, it also created difficulties for accessing food and being able to exercise, that the participants managed in different ways. In turn, the pandemic, and the associated worry of it, had an impact on some of the participants' mental health.

## 3.1. Physical health

### 3.1.1. Medical treatment

In the UK, the lockdown measures that were imposed in March 2020 created barriers to the way that participants would normally access their medical care. There was a mix of feelings about the extent to which participants were still able to receive these services. Whilst for some, there were absolutely no concerns, others felt they were not getting enough attention for their medical needs. However, many of the participants were happy with how they were getting their prescriptions. Things had been less smooth for other British participants. One of them stated that the treatment for his conditions had been "totally interrupted".

This was different in the case of Spanish participants since most did not experience issues accessing medical treatment during the COVID-19 pandemic. Apart from one, all of them confirmed that their treatment had continued throughout the months when the interviews took place, with three describing how treatment had been adapted to them being at home. Some of the Spanish participants even noted positive impacts of the pandemic, including that they no longer had to follow a complex process to get their medication. Whereas before they had to go in person to the GP to pick up a prescription to later purchase medicines, this procedure had been simplified because of the pandemic allowing participants to withdraw them from the pharmacy directly.

In the USA, some participants were still able to access medical treatment during the pandemic, but others faced challenges. Whilst some participants were happy to have their appointments move from in-person to virtual, others found this impeded their access. A key difference between the USA context and the Spanish and British ones had to do with the costs that health services involved. Meeting the costs of their own medical support was indeed a concern for some American participants. For example, one of them explained that because there was no insurance that paid for home help, and she did not qualify for Medicaid, she had to meet the cost through her own savings.

### 3.1.2. Fitness and physical exercise

Differences were found among participants in the UK, the USA and Spain in relation to their fitness and physical exercise. For example, while in Spain physical activity remained low among the participants throughout the COVID-19 pandemic, in the UK, most of the participants were active and tried to do what exercise they could, whilst observing the guidelines from the government. The extent to which they were able to exercise depended on both their own physical health, and the

different stages of the lockdown restrictions. In the American context, most participants expressed similar statements to those of the Spanish interviewees to highlight their lack of physical exercise. In the three countries, several participants coincided in being concerned about putting on weight while being in isolation.

### 3.1.3. Access to food

Accessing food was a particular worry for people at the beginning of the lockdown measures. As people began to panic and bulk buy, and as there was less possibility for older people to visit the shops in person, strategies for obtaining food had to change. Reflecting on their food provision, the majority of Spanish participants declared that they had bought more canned food than usual early in the pandemic to stockpile, anticipating potential gaps on supermarket shelves. Food purchases became increasingly linked to stress. Participants employed terms such as “anxiety”, “a horrible panic”, “stress” and “uncertainty” to describe how they felt in relation to the possibility of not having access to the food they needed. This varied in the second and third rounds of interviews, when they felt more relaxed regarding their access to the food needed.

American, British, and Spanish participants described that they had obtained all the food they needed throughout the pandemic. In Spain and the UK, food was often provided by children, relatives, and friends. However, in the UK and the USA most participants were relying on supermarket deliveries for their food, which was not the case in Spain. An issue that we only identified in the UK context was related to the fact that some participants were in receipt of government food boxes, which none of the participants had access to in Spain and the USA.

In the USA, the participants described a variety of eating habits and access to food. Whilst some were doing all their own cooking, others were much more heavily relying on deliveries of prepared food. In Spain, when reflecting on their food needs, some of the participants said COVID-19 had affected their food intake describing how the stress brought by the pandemic had led them to eat less. For others, it was the opposite: they had started eating more and were worried about their weight.

## 3.2. Mental health

Participants across the three nations responded in very different ways to the question of whether the COVID-19 crisis had affected their mood and mental health. Whilst in some cases they expressed fears, these were often focused on their loved ones. When comparing the three countries, the Spanish context appears to be the one where participants described the strongest impact of the pandemic on their mental health.

### 3.2.1. Worries and concerns

Across the three nations, a majority of participants said that they were mostly scared for their loved ones. In the UK, participants were divided between those who emphasised that they were “fine” and those stating that the coronavirus was affecting them in terms of feeling more worried or scared. This was similar in the USA, where the participants reported either not being scared at all or being very scared. In opposition to the UK and USA cases, in Spain most participants

expressed signs of distress and discussed the impact of the pandemic on their mental health in detail.

The Spanish case was particularly worrying in terms of the mental health issues raised by participants. Several participants highlighted the impact of being in isolation on symptoms that were aligned with anxiety disorders. For some, feelings of anxiety appeared intermittently depending on the information received through media platforms. Around half described experiencing sadness caused by a combination of factors, pointing mainly to living in isolation, information regarding COVID-19 received through media channels, and not being able to meet their loved ones in person. Most participants considered that their experience of living in isolation during the COVID-19 pandemic had increased their feelings of anxiety, leading to the development of creative strategies to cope with such feelings.

In the USA, many of the participants' fears and concerns centred on their children. For some of them, fears were also related to the stress of the associated economic fallout on their family. This was also the case for Spanish participants, who were worried about the impact that COVID-19 could have on the financial situation of their loved ones. Most British participants did not reflect about these issues, since none of them mentioned worries about their or their relatives' financial security.

### 3.2.2. Changes in mental health

The evolution of the pandemic took different directions in each country in relation to its impact on the participants' mental health. While in the USA as things began to open up during the research period some participants noted feeling worse, this was the opposite in Spain. In fact, Spanish participants described how they had started to feel better as months passed since they had either got used to the situation or had been able to start meeting their loved ones as the country started changing the rules. Once the restrictions lifted in Spain, a majority of peer research participants described being able to go out and leave their house as a positive scenario that had had a beneficial impact on their mental health.

For some British participants, the lockdown started to influence their mood as the weeks passed. However, once the lockdown restrictions lifted, some older people were able to leave the house more, and for some of them, it meant that they were able to, for example, go on a holiday, which had a positive impact on their mood.

Across the three nations, a sense of uncertainty around the virus affected the participants, even when signs were positive regarding a decreasing number of infections. What made participants feel more optimistic about the future was the research that was ongoing for the vaccine, which many, in all three countries, described as positive steps.

### 3.2.3. Daily activities and strategies to cope

In all three nations, the participants described significant changes in the way they conducted their lives because of the lockdown restrictions. British, Spanish, and American participants agreed with the fact that taking one day at a time and embracing a positive mental attitude were good strategies to stay calm throughout the lockdowns. They used a variety of methods to cope with isolation, and their fears. These included, among other activities:

- Listening to music and watching ballet performances;
- Cleaning the house;
- Cooking and baking;
- Arts and crafts;
- Meditation;
- Having a more rigid routine;
- Speaking with relatives and friends on the phone;
- Reading

While only one British participant referred to religion and faith as a source of comfort, this emerged as a critical tool for American participants, who highlighted their faith as a source of strength. Only one Spanish participant pointed to religion, by referring to conversations with her local priest, as a comforting source.

# 4. Connections

Significant changes to their daily activities, coupled with the lack of physical connection with loved ones made life in isolation challenging for participants in the three nations. For them, social connections were useful in both practical terms, to obtain food or cash, but also acted as emotional sources of support to face the issues brought by the pandemic. Although many used a variety of technological mechanisms to keep in touch with their family and friends, many missed physical contact.

## 4.1. Community support

The special vulnerability of the participants in this research, together with the fear of becoming ill and the anguish over the wellbeing of their relatives, in many cases heightened the feeling of loneliness and helplessness. In the UK, the participants' differences in terms of their physical health led to variations in the amount of support they needed. Whether or not the participant had a partner also seemed to impact on how much support they might need from outside. A few of them had support from a range of places. These included volunteers calling for emotional support, and other people such as children, doctors, a medical centre, and neighbours. In contrast, other participants, who felt stronger, did not need any additional support, and instead supported others.

In Spain, following a similar pattern as in the UK, the participants highlighted the significant role of their family, friends, and neighbours as a key force of support throughout the research. Some considered that their permanent communication with family and friends had made them feel connected and accompanied despite not being able to meet in person. Relatives and friendship networks were raised as the two main sources of support whenever they needed anything from food to entertainment. As the Spanish government relaxed regulations, participants described their everyday life in an increasingly positive manner. This was mainly related to the possibility of meeting people, especially close family, and relatives.

In the USA, religion was raised as a critical source of community support for several participants, which was distinct from the Spanish and British cases, where participants seemed to be more secular. Those with connections to the church were receiving support from their religious leaders and congregations. Some of them were involved with online communities for support, while others were supported by social workers on the telephone.

In general, across the three countries, community support was described as significant, and participants described missing in-person meetings emphasising how online platforms could not provide them with the same degree of comfort as meeting people physically.

## 4.2. Family

As noted before, across the three countries, relatives and family members were described as important sources of support. Participants particularly highlighted the role of their grandchildren as positively impacting their mood and wellbeing when allowed to meet. However, the lack of contact during lockdown led to sadness and references to how much they missed their little ones. Among Spanish, British, and American participants, there was a noticeable change in the tone of voice as they talked fondly of their grandchildren. As the lockdown began to ease the participants were able to form bubbles and meet people outside, which increased their happiness and raised their optimism.

In the UK, the participants had a variety of friends and family members that they were unable to see because of lockdown. However, some of them were still seeing their children as they were providing them with support. In the USA, the participants were staying in touch with family and friends as much as they could. Some of them had managed to thrive in their social connections despite the restrictions by taking advantage of platforms such as Zoom. The participants explained how their children were checking in on them, and how comforting this was. A number of participants mentioned missing loved ones and physical touch.

## 4.3. Technology use

British, American, and Spanish participants differed regarding their ability to use online platforms and digital technology across their locations. However, it was obvious that for some of them there was a transition between our early interviews and the final ones in relation to how comfortable they felt using such tools. This points to the fact that the pandemic naturally led them to increasing their skills and knowledge around how to use phones, laptops and the software involved in doing so.

In Spain, phone calls and videocalls were the two key channels of communication used by research participants. All participants considered that phone calls had been an excellent medium to be in touch with their loved ones throughout the pandemic. While most peer research participants described that they only used phone calls to stay in touch with their loved ones, a minority referred to videocalls as their preferred means of communication. Those who were used to video-calling their relatives and friends highlighted the emotional aspect of being able to see faces on the screen, which seemed to emerge as a tool towards improving their mood.

In the USA, the participants were using a wide range of technology to keep in touch with their family and friends and stay connected. For example, some described using iPhone, iPad, Mac computers, Zoom, Facebook, and apps such as House Party. Others described how their children set them up on WhatsApp.

In the UK, the participants used a variety of technology to stay in touch with their loved ones, as well as to keep up with activities such as church services. Similarly to the Spanish and American cases, the computer literacy varied greatly from those very confident about using all sorts of different applications, to those who were not able to use a computer at all. Whilst some participants were confident

using technology, others struggled. This, in turn, affected their ability to connect with people remotely.

## 4.4. Access to cash

In the three countries, the majority of participants acknowledged that they did not have anyone dependent on them for money, but some described having responsibilities to support family members. Across all locations, several participants voiced concerns about their family members and how the pandemic was affecting them economically. In general, the participants believed that there would be an impact on the wider economy from the COVID-19 pandemic.

In Spain, peer research participants often discussed their access to cash throughout the pandemic in relation to community support. Most participants relied on their children and relatives to withdraw money from the bank with which they would subsequently buy the food or products they needed. All participants trusted their family members to use their debit or credit card to withdraw money, and none described being worried about their access to cash. A minority, who continued to buy their food at the supermarket by themselves, stated that they had withdrawn their own money throughout the pandemic.

In the UK, the participants were very diverse in terms of their wealth and income status. Ranging from those surviving on government pensions and benefits to those who had extensive savings and investments. Nevertheless, the real disparity in terms of accessing money during the lockdown seemed to be between those who preferred to use cash and those who were happy to use electronic transactions to pay for things.

In the USA, participants were using a mixture of cash and paying by card for the things they needed. As the pandemic went on, they realised that using cash was less acceptable. None of the American participants said they had any problems using internet or telephone banking systems, indeed most participants seemed comfortable using digital payments, which was different to the Spanish case, where they mostly relied on the support of relatives.

# 5. Conclusions

Despite differences among the participants' locations, they coincided in highlighting the impact that the pandemic had on their lives. Although no one lockdown experience was the same, there were some common themes running through our participants' stories in Spain, the UK, and the USA. As older people they shared a common threat from the coronavirus. This was something that very much affected some, whilst others were able to take it in their stride.

The participants coincided in highlighting the impact that the pandemic had on their lives. A key similarity among the three contexts had to do with the way they had received information about COVID-19. A common feeling of confusion emerged among British, Spanish, and American participants due to the overload of information received. This information led some of them to feel more worried and overwhelmed rather than better informed.

In the three countries, most participants required ongoing check-ups and support. As such, the lockdown measures created challenges to accessing their medical care. While some were happy with how their medical treatment had been adapted, others expressed confusion about how to access services. This was different in Spain, where most did not experience issues accessing treatment. Apart from one, all confirmed that their treatment had continued.

British participants were doing what exercise they could, but in the USA and Spain they mostly described that their physical activity had remained low. Additionally, differences were identified in the three countries regarding access to food. In the UK, some were in receipt of government food boxes, which none of the Spanish and American participants had. While in the UK and USA several participants relied on supermarket deliveries, this was not the case for any of the Spanish participants, who mostly depended on relatives and friends to receive food.

Reflecting on mental health, many of the participants said that the COVID-19 pandemic had affected them in terms of feeling more worried. However, their statements varied significantly between countries. For example, most British participants emphasised that they were "fine" while Spanish participants dramatically described the impact of the pandemic on their mental health. Despite this, Spanish, British, and American participants mostly said that they were scared for their loved ones.

Participants in the three countries used a variety of technologies to connect with their social circle. However, there were differences between the skills described by participants. While British and Americans seemed to be more tech-savvy, Spanish mostly resorted to phone calls to communicate with friends and relatives. Not being able to see them in real life had a big effect on the participants, and they expressed joy after meeting with them for the first time when regulations started to loosen.

The extent to which COVID-19 will impact our lives in the future is uncertain. While we navigate these turbulent times, let's learn from the voices of the older people in this report, so our collective response to the crisis can be carried out with more cooperation and solidarity in facing the challenges brought by the pandemic.