



# Digi-Ageing

overcoming loneliness

## Desk Research Report Lithuania

by MRU

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# Contents

1	Introduction.....	4
2	Executive Summary .....	5
3	The "old age" as a phase of life .....	7
3.1	Demographic data on ageing in Lithuania.....	7
3.2	Care structure for older people.....	9
3.3	"Images of old age" and their developments in our society.....	10
4	"Loneliness" and "Social Isolation" - a demarcation .....	11
4.1	Description of "Loneliness in old age" .....	11
4.2	Description of „Social Isolation in old age“ .....	13
4.4	Challenges and Risk factors for "loneliness in old age" .....	14
5	Socio-political aspects and measures.....	15
5.1	Special challenges posed by COVID-19 .....	15
5.2	Current measures for older people during the pandemic .....	16
6	Existing Networks to prevent loneliness in old age .....	18
6.1	Initiatives, programs and projects.....	18
6.2	Good examples for coping strategies.....	19
6.3	Possible cooperation partners for the project.....	20
7	Identification of "loneliness" – measures & tools.....	21
7.1	Needs of the elderly and the dangers of "loneliness in old age" .....	21
7.2	Needs of the health care sector to prevent "loneliness in old age" .....	22
7.3	Methods and Tools to identify and measure loneliness .....	22
7.4	Methods and Tools on preventing loneliness .....	27
7.6	Digital tools as an opportunity .....	28
8	Education, further training and awareness rising .....	29
8.1	Gerontological findings on the phenomenon of loneliness.....	29
8.2	Current measures in education and further training programs to prevent loneliness .....	30
8.3	Main learning gaps regarding "loneliness" .....	31
9	Glossary of terms for the Digi-Ageing project.....	32
10	Literature & Sources.....	37
11	Collection of links .....	39

# DIGI-AGEING -overcoming loneliness

## 1 Introduction

**"Loneliness in old age" is a well-known social phenomenon that still receives too little attention. However, the current pandemic clearly shows us that we need to pay more attention to the issue. Older people are increasingly isolated in this situation:** Those in care facilities are secluded for their own protection, others have little contact with friends and family or live entirely on their own. People caring for older people are often overwhelmed by the many safety precautions and challenges in their own daily lives. This is also true for family caregivers.

Since October 2020, the international Digi-Ageing consortium has been working on a comprehensive concept that addresses these challenges and develops appropriate measures to counteract the phenomenon of "loneliness in old age". One of the main goals is to increase competences in the use of digital tools in the elderly care sector and to create a strong network that develops joint solutions.

### Objectives

- Map the situation of elderly loneliness in Europe.
- Raise awareness about the theme.
- Establish networks and policy recommendations to coping the problem.
- Develop digital tools to diagnose and prevent loneliness.
- Provide strategies for lonely individuals, caregivers, family, and friends on how to combat loneliness in later life.
- Create blended training programs on prevention of elderly loneliness.

### Research Design for Desk Research

The present desk research has been carried out in each partner country to examine the phenomenon of "loneliness in old age" from different angles, to find a uniform perspective regarding the common goals of the project and to use terminology that is as consistent as possible. The results obtained in this way are later to be verified and supplemented by a field research in all participating countries.

## 2 Executive Summary

Lithuania as most of EU countries has an aging population. Population aging is both a universal and a unique phenomenon. The numbers of elderly people, retired people, disabled elderly, people who receive home help, social care, long term care, people living alone are increasing over years. There are differences between cities and rural areas, and in various elderly ages groups. Lithuania has no single, discrete long-term care scheme, it is financed by the municipalities and State and could include financial support and health or/and social services for those who are dependent on others.

At the beginning of 2019, the estimated resident population of Lithuania totalled 2 million 794.2 thousand persons, which is by 14.7 thousand (0.5 per cent) less than at the beginning of 2018. The decline in the resident population in 2018 was caused by negative net international migration and the natural decrease. The impact of negative natural population changes accounted for 77.6 per cent of the total decline (Official statistics portal, 2019). At the beginning of 2019, there were 552.4 thousand elderly people (aged 65 and older), or 19.8 per cent of the total resident population. Each seventh man and each fourth woman were aged 65 and older. Compared to the beginning of 2018, the number of elderly people increased by 0.6 thousand, or 0.1 per cent. Age dependency ratio in 2019 was 30, it is gradually increasing over years, in 2010 it was 26 (Official statistics portal, 2019; Statistical yearbook of Lithuania, 2019).

Social service needs are determined on an individual basis according to a person's dependence and the possibilities of them developing independence as a result of provision of the appropriate social services. Institutionalized social care is available to those with disabilities as well as the elderly in need. Long- term care and social cares is provided for elderly in Lithuania. Joint Report on Health care and long-term care systems and fiscal sustainability (2016) defines that in Lithuania there is no single, discrete long term care scheme, long term care is financed by the municipalities and State as a part of health care and social services. Long term healthcare is provided irrespective of the age of the person, according to the condition of their health and the progress of any disease or complication. Long term healthcare includes medical treatment, palliative care and nursing, it is designed to meet the needs of those who are dependent on others because of illness or disability. Home delivery of food or medicines are provided to seniors in all Lithuanian municipalities, and they only need to notify their municipality that they wish to receive such services. In addition to the usual social and health services, the country's municipalities also take care of the good emotional well-being of seniors during the quarantine period. Psychologists are ready to help remotely the elderly of all Lithuania to cope with emotional difficulties arising during the quarantine.

In the aging Lithuanian society, the aspects of the “loneliness” and social isolation of older people are becoming more and more relevant. Although often older people are reluctant to acknowledge these complexities of life. As various studies show, older people associate loneliness and social isolation with a failed life, their worthlessness as a person. Therefore, often instead of tackling these problems even more, they do not share them with friends or loved ones. Focusing on preventing the social isolation of older people and measures to strengthen social inclusion, including through

the use of information technology tools, would not only prolong life but also significantly improve their quality of life. A study of the loneliness of older people in Lithuania (Mikulioniene et al., 2018) showed that various manifestations of loneliness are to some extent characteristic of both those living alone and living together with others. Elderlies with a wider, stronger social network receive more support of this kind, and for others it becomes an insurmountable task. One of the obstacles to using the available social network is not acknowledging one's loneliness. Participants in the study noticeably shook the attribute of loneliness, claiming to have a wide range of relatives or friends who take care of them, as well as being very busy with social activities or household. Loneliness is often understood as a personal flaw, meaning inferior human value, so one does not want to be the one to be pitied. However, individual strategies are most often used - loneliness is left with loneliness. In addition, communication with children and grandchildren is not mentioned among the strategies for overcoming loneliness - when you feel lonely, communication is sought among the representatives of your generation.

In scientific discourse, social isolation is conceptualized in different ways, but many researchers agree that it is a multifaceted and dynamic process that has negative social, economic, political, and cultural consequences for people's lives. According to statistics (Eurostat, 2016; Social protection, 2015), 65 the threat of poverty or social isolation of the Lithuanian population aged and over is slightly higher than that of the entire population of the country as a whole, these rates were 36 and 29.3 percent, respectively (Eurostat, 2016). 65 m. and older men are relatively much less at risk of poverty or social isolation than women. In addition, this indicator for men in 2005-2015 was much more stable (ranging from 23 to 35%). Older people living in one-person households are particularly at risk of poverty or social isolation. According to some dimensions of social isolation, older people in Lithuania have to take the lowest position among older people in all EU countries. The results of the subjective self-assessment of physical security show that among the 28 EU countries in Lithuania, the proportion of older people who feel safe in the evening at dusk in the city where they live is the lowest.

At the beginning of 2020 the COVID-19 pandemic spread rapidly around the world and fundamentally changed people lives. Older people have not only faced increased infectivity and mortality threat, but also experienced emotional loneliness and poor mood. With the introduction of quarantine in the country, people are provided with the same services as before. During quarantine, the Ministry of Labour and Social Affairs recommends assessing a person's needs for social services remotely, discussing individual assistance needs and their intensity with the person or their relatives. Social workers visit those elderly that have no telephone and live-in single farmsteads. All the clients are informed that contact with a worker is allowed only when delivering food, medicine, ensuring the necessary personal hygiene, bringing fuel and water. However, social workers and volunteers taking care of elderly are advised to provide them with supplies of food or medicine for a longer period of time so that they can visit them less frequently and thus reduce the risk of contracting the virus.

## Part A) Loneliness in old age seen as a social phenomenon

### 3 The "old age" as a phase of life

Lithuania as most of EU countries has an aging population. The numbers of elderly people, retired people, disabled elderly, people who receive home help, social care, long term care, people living alone are increasing over years. There are differences between cities and rural areas, and in various elderly ages groups.

Lithuania has no single, discrete long-term care scheme, it is financed by the municipalities and State and could include financial support and health or/and social services for those who are dependent on others. Social service needs are determined on an individual basis according to a person's dependence and the possibilities of them developing independence as a result of provision of the appropriate social services. Institutionalised social care is available to those with disabilities as well as the elderly in need.

Perception of ageing in Lithuanian society varies from respect for the elderly to discrimination. However, the negative stereotypes are prevailing: poor health, often sick, lost sexuality, thinking and moving slowly, feel lonely, are conservative, does not innovate. Dominated media images mostly present them as recipient of old-age pension and social assistance, physically and legally powerless victims.

#### 3.1 Demographic data on ageing in Lithuania

- **The scope of the problem based on statistical data analysis**

At the beginning of 2019, the estimated [resident population](#) of Lithuania totalled 2 million 794.2 thousand persons, which is by 14.7 thousand (0.5 per cent) less than at the beginning of 2018. The decline in the resident population in 2018 was caused by negative [net international migration](#) and the [natural decrease](#). The impact of negative natural population changes accounted for 77.6 per cent of the total decline (Official statistics portal, 2019).

At the beginning of 2019, there were 552.4 thousand elderly people (aged 65 and older), or 19.8 per cent of the total resident population. Each seventh man and each fourth woman were aged 65 and older. Compared to the beginning of 2018, the number of elderly people increased by 0.6 thousand, or 0.1 per cent. Age dependency ratio in 2019 was 30, it is gradually increasing over years, in 2010 it was 26 (Official statistics portal, 2019; Statistical yearbook of Lithuania, 2019).

In 2018, 17.8 thousand persons received home help and social care at home, which is by 3.8 per cent less than in 2017 and 38.6 per cent more than in 2010. As in the previous years, the majority

(81.9 per cent) of the recipients of social services at home were persons of retirement age. Moreover, in 2018, 118 retirement-age persons and/or persons with disability received social care benefits and arranged the provision of social services at home themselves; against 2017, their number increased by 10.3 per cent (Statistical yearbook of Lithuania, 2019).

- **Number (and percentage) of elderly people living alone**

Percentage of persons living in one households age 65 and over is 33.1 per cent and it is close to such countries as Hungary, Sweden, the Netherlands. Census data show that in Lithuania, the number of people living alone in old age is growing rapidly: according to 1970 general census data, there were 49.0 thousand people and in the latest census of the Lithuanian population in 2011 - 53.8 thousand people aged 80 and over lived in single-person households. It shows how the total number of people aged 80 and over has risen dramatically, including those who live alone. The proportion of women aged 80-84 living in one-person households has increased even more sharply in two decades, from a third (33%) in 1989 census to half (48%) in 2011 census data (Mikulioniene et al., 2018).

- **Composition of the family nucleus**

The household structure of older people, when examining their marital status, reveals that 65.3 per cent of elderly who live alone are widows, of whom almost 86 per cent consists of women. The share of divorces in one-person households is 18.5 per cent, never married - 11.1 per cent and married 5.1 per cent. Data on the gender proportions and marital status of elderly should be interpreted with caution because of higher percentage of women in general population (Mikulioniene et al, 2018).

- **Percentage of people who are living in good physical and social/relational condition.**

Relative psychological wellbeing in 2015 In Lithuania was 70.6 per cent, meaning that in the Lithuanian population aged 50 and over, persons who feel meaning of life (subjective self-assessment) was almost a third less than 35-49 years old population group. It is the lowest among European countries (Mikulioniene et al, 2018).

- **Seniors that are living in elderly care centres (number and percentage)**

At the end of 2018, 6.1 thousand persons (by 4.5 per cent more than in 2017) lived in care institutions for the elderly, 6.5 thousand persons (by 1.4 per cent more than in 2017) – in care institutions for adults with disability and group living homes for adults with disability. In 2018, compared to 2017, the number of persons in continuing care retirement communities decreased by 11.9 per cent; 525 elderly persons and adults with disability were living in institutions of such type. Compared to 2010, the number of residents in all institutions for adults increased by one-fifth. (Statistical yearbook of Lithuania, 2019).



- **Life expectancy**

In 2018, [life expectancy at birth](#) for men was 70.9 years, for women – 80.6 years (in 2017, 70.7 years and 80.4 years respectively). The difference between life expectancy at birth for men and for women in 2018 was the same as in 2017 – 9.7 years (Statistical yearbook of Lithuania, 2019).

- **Differences between cities and rural regions**

There is difference of elderly population between regions. Utena, Alytus and Panevezys regions had the highest ratio of elderly: 24.6 – 23.2 per cent share of total number of residents (Official statistics portal, 2019).

### 3.2 Care structure for older people

Long- term care and social cares is provided for elderly in Lithuania. Joint Report on Health care and long-term care systems and fiscal sustainability (2016) defines that in Lithuania there is no single, discrete long term care scheme, long term care is financed by the municipalities and State as a part of health care and social services. It falls in cluster E which has little social insurance against long term care risks and correspondingly low public spending on formal care. The use of informal care is high and there is little to no informal care support, cash-benefits are modest/low.

In the country long term care includes financial support and health or/and social services for those who are dependent on others or who have lost their independence through illness.

Long term healthcare is provided irrespective of the age of the person, according to the condition of their health and the progress of any disease or complication. Long term healthcare includes medical treatment, palliative care and nursing, it is designed to meet the needs of those who are dependent on others because of illness or disability. According to an approved list of health conditions, someone may be identified as having special nursing or assistance needs and receive compensation for the associated costs. Compensation to cover nursing care is provided to persons identified as having a need for special nursing care. Primary healthcare facilities are responsible for the organisation and provision of nursing care services at home. Only patients referred by a doctor can receive long-term healthcare services. Long term medical treatment, palliative care and nursing are available for those covered by compulsory health insurance, irrespective of age according to their health and specific needs. Compensation for nursing costs amounts to 2.5 the basic level of compensation set by the Government (in 2017 it is EUR 280 a month). Compensation for assistance costs amounts to either half the basic compensation rate or is the same as this rate (EUR 56 or EUR 112, a month, respectively, in 2017) depending on the category into which an individual falls (Your social security rights in Lithuania, 2017).

Social care is provided not according to the age but to the degree of independence and the need for care. The main recipients are the elderly and those with disabilities. Social service needs are determined on an individual basis according to a person's dependence and the possibilities of them developing independence as a result of provision of the appropriate social services. Institutionalised

social care is available to those with disabilities as well as the elderly in need. Payment for social services is determined by the type of service required and someone's ability to pay. Those needing assistance are visited at home by social workers from the local government authority department responsible for the planning and administering of social services. Depending on their situation, the elderly and disabled may receive home assistance (of up to 10 hours a week), daily social care (from 3 hours a day, 5 days a week), in day-care centres or (from 2 to 8 hours a day up to 7 days a week) in their own home, or in residential care homes. Social service needs, including long term social care, are assessed by social workers (Your social security rights in Lithuania, 2017).

In 2019, 20.3 thousand persons received home help and social care at home, which is by 13.6 per cent more than in 2018. As in the previous years, the majority (76.3.2 per cent) of the recipients of social services at home were persons of retirement age and it increased by 5.8 % against 2018. Besides, in 2019, 125 retirement-age persons and/or persons with disability received social care benefits and arranged the provision of social services at home themselves; against 2018, their number increased by 5.9 per cent. At the end of 2019, 6.4 thousand persons lived in 127 care institutions for the elderly, 6.3 thousand persons – in 38 care institutions for adults with disability. 565 people lived in 30 independent living homes for elderly and adults with disability, what was 7.6 per cent more than in 2018 (Oficialios statistikos portalas, 2019).

### 3.3 "Images of old age" and their developments in our society

Old age is primarily understood as a biological individual aging and impaired functional capacity of the body. Although it is often thought that old people have a negative view of old age, the results of research shows that negative stereotypes about aging are attributed to both young and middle-aged and elderly people (Luo Lu, 2012). Stereotypes about aging are gaining ground still in childhood and intensifies throughout life (Marques, Lima, Abrams, Swift, 2014).

The data of 2001 study showed that the most important features of the Lithuanian population, according to which a person is classified as "old", categories are age, physical and mental health status (Mikulionienė, 2003). It can be said that in modern society the cult of youth and strength prevails, and beauty and strength are inseparable from youth. Emphasizing the value of a youthful appearance, consumerist society has a tendency to reinforce a negative image of later life (Powell, 2001). Dominated media images usually mostly present old people negatively as recipient of old-age pension and social assistance; "idle class"; physically and legally powerless victims; old age as a time of loss; repellent personalities; nevertheless, there are also very few positive features as image of active personalities; objects of occasional respect as well as natural and wise aging (Mikulionienė, 2006).

Attitudes of the Lithuanian population towards the elderly are from respect for the elderly to discrimination, for example that the right of pensioners to work should be restricted (Mikulionienė,

2003a; Mikulionienė, 2003b). There are negative stereotypes of old age in Lithuanian society regarding functional abilities and psychological characteristics (that old people are in poor health, often sick, lost sexuality, thinking and moving slowly, feel lonely, are conservative, does not innovate) (Mikulionienė, 1996).

Many believe that there is no more sex in old age, but sex depends on the general well-being of the body and the relationship between partners. Older people are often seen as a homogeneous group, attributed to supposedly universal traits and characteristics. Gray hair, wrinkles, belonging to the retirement class create the impression that the elderly are very similar to each other. There is also believe that as people get older, they usually become irritable and angry. Research data of 2013 Lithuanian population psychological well-being as satisfaction in various aspects of life results shows 60 year and older respondents were less likely to feel happy, however were more depressed, in a bad mood, had no one to talk to (Bagdomas, Kairys, Zamalijeva, 2017). V. Maslenikova and L. Bulotaitė (2013) propose to differentiate emotional experiences in old age as those living at home older people experience more positive emotions than those in the control group rather than in care facilities older residents experience fewer positive emotions. A person prone to neuroticism life and satisfaction with it in old age will be very different from life of an emotionally stable personality under constant other circumstances (Bagdomas, Kairys, Zamalijeva, 2017). However, research shows that the personal factor is very important when using self-assessment methods to assess life satisfaction or its aspects, subjective quality of life, psychological well-being and personal factors can be far stronger than economic, social, or even health factors (Bagdon et al., 2013).

## 4 "Loneliness" and "Social Isolation" - a demarcation

In the aging Lithuanian society, the aspects of the “loneliness” and social isolation of older people are becoming more and more relevant. Although often older people are reluctant to acknowledge these complexities of life. As various studies show, older people associate loneliness and social isolation with a failed life and their worthlessness as a person. Therefore, often instead of tackling these problems even more, they do not share them with friends or loved ones. Focusing on preventing the social isolation of older people and measures to strengthen social inclusion, including through the use of information technology tools, would not only prolong life but also significantly improve their quality of life.

### 4.1 Description of “Loneliness in old age”

The data of the population censuses in Lithuania show that the number of people living alone in old age is rapidly increasing: for example, if in 1970. At the time of the general census, there were 49 thousand people in Lithuania. 80 years of age and older, the latest census of the Lithuanian population revealed that in 2011 even 53.8 thousand. People aged 80 and over lived in single-person households. This shows a tremendous increase in the total number of people aged 80 and over, including those living alone. And the proportion of women aged 80-84 living in one-person

households has increased even more in two decades, from a third (33%) in the last census in 1989 to half (48%) in 2011 Mikulioniene et al., 2018).

A more in-depth analysis of the data from the three most recent Lithuanian censuses (1989, 2001 and 2011) reveals how the number of older people living alone has changed over the past two decades. Comparing the different age groups, living one by one is much more common among people aged 70 and older than among people aged 50-69, and in the first group the rates of living one by one are much more intense than in the second. In each older five-year age group, the proportion of people living alone was higher. e.g., 2011 The share of men living alone was 12% in the 50-54 age group and 26% in the 85 and older group. Thus, the prevalence of single life among men aged 85 and older was 2.1 times higher than among men aged 50-54. When comparing women by age group, the difference between 50-54-year elders and 80-84-year elders living alone was even more impressive at 3.4 times.

Historically, during the two decades under review (1989-2011), life one by one among the elderly in Lithuania continued to spread. It covered an increasing proportion of older people, and the fastest spread of the phenomenon was observed precisely among those aged 70 and over. The proportion of women and men living alone increased in each five-year-old age group, only at different rates: moderately, by 1 to 4 percentage points in all male age groups and female age groups up to 70 years; on average - 5 percentage points each in the groups of men aged 70 and older; sharply, even after 11-15 percentage points in the age groups of 70 years and older. In Lithuania, similarly to other European countries, the proportions of those living one by one are unevenly distributed in terms of the development of an individual's life. Examining the indicators of people living one by one by age groups, it becomes clear that in the perspective of an individual's life path there are two stages of life, when the probability of living one by one is higher - youth (20-29 years) and the other half of life. As the age ranges change to another, covering the fifth to ninth decades of life, it is noticeable that life one by one in each older age group includes an increasing proportion of people and at the ninth decade reaches such high values that it is far from present in any other age group. In this way, between the ages of 80 and 89, 40% live alone. Lithuanian people. Thus, the research (Mikulioniene, 2016) of the demographic structures of the Lithuanian population by age, sex and household composition allows to identify an obvious tendency of aging to spread one by one, which has not been clearly identified and perceived in the country so far.

A study of the loneliness of older people in Lithuania (Mikulioniene et al., 2018) showed that various manifestations of loneliness are to some extent characteristic of both those living alone and living together with others. What characterizes the loneliness experiences of single elderly people? The deaths of loved ones, the anticipation of one's own death, declining health, and the absence of a person you could rely on nearby provide an essential context. The study revealed that those with a wider, stronger social network receive more support of this kind, and for others it becomes an insurmountable task. One of the obstacles to using the available social network is not acknowledging one's loneliness. Participants in the study noticeably shook the attribute of loneliness, claiming to

have a wide range of relatives or friends who take care of them, as well as being very busy with social activities or household. Loneliness is often understood as a personal flaw, meaning inferior human value, so one does not want to be the one to be pitied. However, individual strategies are most often used - loneliness is left with loneliness. In addition, communication with children and grandchildren is not mentioned among the strategies for overcoming loneliness - when you feel lonely, communication is sought among the representatives of your generation (Mikulioniene et al., 2018).

## 4.2 Description of „Social Isolation in old age“

In scientific discourse, social isolation is conceptualized in different ways, but many researchers agree that it is a multifaceted and dynamic process that has negative social, economic, political, and cultural consequences for people's lives (Popay et al., 2008). The concept of social isolation remains debatable in the scientific literature. It is formed from individual elements: economic deprivation, participation, social recognition, access to services and goods, equality, social rights, and non-discrimination (McLachlan et al., 2013). The literature emphasizes the complexity and dynamics of social isolation (Burchardt, et al., 2009). Lithuanian researchers describe social isolation as a process in which factors beyond the control of an individual completely or partially limit his or her (or group of people's) ability to maintain relationships and participate in activities that are common to the society in which he or she lives. Social isolation affects the quality of life of people, as well as the justice and cohesion of society as a whole (Tereškinas, 2015, Mikulioniene et al., 2018). According to researchers, social isolation in one dimension or another, to one degree or another, can be experienced by any individual, even one who is not usually classified as socially marginalized.

According to the Lithuanian study of the loneliness of older people (Mikulioniene et al., 2018), one of the key arguments used by participants in their narratives to describe themselves as unworthy members of society is withdrawal from the labour market and the consequent loss of sense of need for others, the loss of social ties that were once created through employment. This result of the study is related to the results of a previous quantitative study conducted in Lithuania (Mikulionienė, 2003), which showed that about one-fifth of old-age pensioners associate retirement with the loss of feeling useful and social ties. The loss of the feeling that you are useless and the circle of communication you had was especially significant for people in good or very good health, with higher education, who did not start a family (unmarried) (Mikulionienė, 2003). A qualitative study of elderly parents belonging to a remote family living in care institutions revealed that the common denominator of the narratives of this group is the feeling of loneliness associated with the loss of their home and limited social networks (Gedvilaitė-Kordušienė, 2018).

#### 4.4 Challenges and Risk factors for "loneliness in old age"

According to older people's researchers (Ward et al., 2014), we still lack effective methodologies to reveal the diversity and diversity of social exclusion in different cultural and legal contexts. And the lack of such tools limits our ability to assess the prevalence of social exclusion of older people, identify risk factors and consequences, and understand how exclusion changes historically. It also directly affects society's ability to address the problem, develop effective policies and intervention practices. The authors, who examined the risk of social isolation of older people, provide their insights based on the results of the conducted research. According to British researchers (Scharf, T., Bartlam, B., 2008; Ward et al., 2014), the difficulties of conceptualizing and operationalizing the phenomenon due to its complex nature in the case of older people are exacerbated by different life experiences and different life deprivations. According to statistics (Eurostat, 2016; Social protection, 2015), 65 the threat of poverty or social isolation of the Lithuanian population aged and over is slightly higher than that of the entire population of the country as a whole, these rates were 36 and 29.3 percent, respectively (Eurostat, 2016). 65 m. and older men are relatively much less at risk of poverty or social isolation than women. In addition, this indicator for men in 2005-2015 was much more stable (ranging from 23 to 35%).

The risk of poverty or social isolation for women of the same age changed much more dynamically during this period. such 65 m. The share of women aged 1 and over fell sharply (from 52% in 2006 to 32.3% in 2010), but after 2011 this figure for older women began to rise sharply again in 2015 reached 41 percent. Older people living in one-person households are particularly at risk of poverty or social isolation. A comparison of these risks by income reveals that some low-income older people (65 years and older) are at risk of poverty or social exclusion at all (92–100%) (Eurostat, 2016). If the income level of older people living alone is average, the share of those at risk of poverty or social isolation is much lower and ranges from 10 to 30%. level (Eurostat, 2016). Assessing 65 m. and the development of the risk of poverty or social isolation of the Lithuanian population living in a one-person household in 2006–2015. no consistent one-way trend is observed. The share of older people at such risk increased during the observed period (from 61.2% in 2006 to 66.1% in 2007; from 40.2% in 2010 to 57.1% in 2015) and decreased from 66.1% in 2007 to 40.2% in 2010 (Eurostat, 2016).

The comparison of the elderly in Lithuania with the situation of the elderly in other EU Member States is not comforting. According to only one of the eleven comparable indicators - the employment rate of older people (55–64 years) - Lithuania can claim, if not the leaders, then at least the assembly of advanced countries. Judging by other indicators of social isolation, older people in Lithuania are still at the "tail" of the list of EU countries. The situation of older people in Lithuania is one of the worst in the EU in practically all dimensions of social isolation: risk of poverty or social isolation (objective indicator), accessibility of public transport (subjective), poverty level (objective), 60 average life expectancy of the population (probability indicator), 60 average life expectancy in good health (without illness and disability) (probability indicator), social relations (subjective), civil liberty (subjective). According to some dimensions of social isolation, older people in Lithuania have to take the lowest position among older people in all EU countries. The results of the subjective self-



assessment of physical security show that among the 28 EU countries in Lithuania, the proportion of older people who feel safe in the evening at dusk in the city where they live is the lowest. The other two cases where Lithuanian older people have to complete the list of EU countries point out that Lithuania, compared to the corresponding data of the EU-28 countries, has the largest gap between older people and younger levels of material and mental well-being (Mikulionienė, 2016).

## 5 Socio-political aspects and measures

The impact of the COVID-19 pandemic on the lives of older people is undoubtedly significant. It has caused untold fear, loneliness and suffering for elderly across the world. Most governments were not ready to meet the challenges of pandemic. It was a new situation and required new ways of tackling the problems. The non-governmental sector came to the aid of state institutions by offering the missing services and the opportunity to react flexibly to the situation.

### 5.1 Special challenges posed by COVID-19

- **Main challenges for elderly people, their families and for people who take care of them**

At the beginning of 2020 the COVID-19 pandemic spread rapidly around the world and fundamentally changed people lives. Older people have not only faced increased infectivity and mortality threat, but also experienced emotional loneliness and poor mood.

The epidemiological crisis and the quarantine measures have had a significant negative impact on the lives of many people, especially on elderly living alone. I. Gaižauskaitė and S. Mikulionienė (2020) research data (research participants: 108 elderly, mostly women, whose average age was 78.9 years living in one-person households, attended by Lithuanian Red Cross (LRC) volunteers) show that elderly living alone faced limitations in many areas of life: reduced access to doctors (74%); limited opportunities to meet directly with neighbours, friends, other acquaintances (71%), family members and relatives (65%); reduced access to get favourite food (52%), deteriorating mood (51%). Some important conclusions may be summarized on the basis of I. Gaižauskaitė and S. Mikulionienė (2020) research data. Firstly, despite their relatively low level of social loneliness of elderly, their emotional level of loneliness was very high. The study participants experienced a marked decline in communication opportunities and the absolute majority of them (82%) felt a lack of closeness to people. Secondly, the phone was the main communication tool for the elderly living alone during quarantine, although some people searched for safe direct communication alternatives. Some elderly living alone were able to take care of their own but more than two-thirds were actively searching for help. Thirdly, majority of elderly living alone needed the help from LRC, especially for food and medicine assistance or to go to doctors. The LRC volunteers was the main source of help as well as family members, relatives and the help of neighbours, friends, while the help of service providers was less significant or available. Some of the older people living alone tend not only to get assistance, but also to offer their help. Fourthly, communication with the LRC volunteers were a

significant support for the elderly living alone during quarantine. For some of them communication with LRC volunteers, was especially significant as emotional and informational support.

About 13.4 thousand people of respectable age and with a disability are taken care of in social care institutions all over Lithuania. There are a total of 209 social care institutions in Lithuania, but social care services are currently provided by 204 institutions. Coronavirus is currently detected in social care institutions: 528 cases - for employees; 1,280 cases for wards; 111 coronavirus wards died (main cause of death). (<https://socmin.lrv.lt/lt/veiklos-sritys/socialine-integracija/socialines-paslaugos/globos-istaigu-sarasai/covid-19-atvejai-socialines-globos-istaigose> )

## 5.2 Current measures for older people during the pandemic

With the introduction of quarantine in the country, people are provided with the same services as before. Social services center provide all the necessary services that were needed even before the emergency. For example, people receiving integrated care, home care services, home help services, vital health care and other services (food, medicine, etc.) are provided as often as necessary to meet their vital needs. For example, if an elderly or disabled person is unable to use services in a non-residential social service institution due to quarantine and his or her relatives cannot take care of him or her, social care or day social care services are provided at the person's home.

Social services, in particular home delivery of food or medicines, are provided to seniors in all Lithuanian municipalities, and they only need to notify their municipality that they wish to receive such services. However, during the meeting, both those who receive services and those who provide them must comply with the requirements of personal hygiene and use protective equipment (disposable gloves, disposable masks, etc.). It is also recommended to keep a distance of at least two meters during communication, and if necessary, service workers disinfect the surfaces in the home of the person being visited.

There are also some restrictions in delivering services. The frequency of visits has changed, the number of hours has decreased. Technical assistance measures for the disabled are not issued or accepted. The organization of transport (transportation) is also suspended, unless the doctor does not cancel the visits. During quarantine, the Ministry of Labour and Social Affairs recommends to assess a person's needs for social services remotely, discussing individual assistance needs and their intensity with the person or their relatives. Social workers visit those elderly that have no telephone and live-in single farmsteads. All the clients are informed that contact with a worker is allowed only when delivering food, medicine, ensuring the necessary personal hygiene, bringing fuel and water. However, social workers and volunteers taking care of elderly are advised to provide them with supplies of food or medicine for a longer period of time so that they can visit them less frequently and thus reduce the risk of contracting the virus.



In order to reduce the chances of the virus entering care facilities, it is recommended not to admit new residents to social services during the quarantine period, unless there is an urgent need for social services and the social services institution has separate premises and teams of staff working exclusively with new employees. Employees should be fully equipped with all personal protective equipment and disinfection equipment. Newly settled residents should be quarantined for at least 2 weeks. However, the main provision during this period, in order to control the prevalence of coronavirus infection among the population of social care homes, all of whom fall into the high-risk group, it is recommended to provide social care services at home.

In addition to the usual social and health services, the country's municipalities also take care of the good emotional well-being of seniors during the quarantine period. Psychologists are ready to help remotely the elderly of all Lithuania to cope with emotional difficulties arising during the quarantine. Seniors are invited to call the Silver Line. This is a free line of friendship, communication and emotional support specifically for elderly. The volunteers of this line are ready not only to listen to the seniors calling them, but also to provide them with the necessary information and answer questions about the pandemic, remind them how to behave during the quarantine period to minimize the risk of infection. Emotional help for adults is also offered by the "Hope Line", number. Specialists provide free anonymous psychological counselling to those who call this line.

State Social Insurance Fund Board "Sodra" recommends elderly, whenever possible, to get a pension in a bank account. A one-off payment of EUR 200 was paid to all pensioners.



## B) Networks, Tools and Measures

### 6 Existing Networks to prevent loneliness in old age

Every third senior in Lithuania lives on the edge of poverty or in social isolation. Even more difficult for those who are lonely and have disabilities. Elderly people often suffer from reduced mobility, impaired memory and impaired perceptions of reality. There are many social services or initiatives in Lithuania that help the elderly or disabled to live safely in their own homes. Assistance is diverse, including delivery of food, medicine, hygiene and / or other necessary goods, emergency assistance, emotional support, socialization, and help with communication.

The goal of the “Connected Lithuania” initiative is also to help people learn to use information technologies and the Internet efficiently, safely and responsibly and the opportunities it provides. The initiative will also target seniors, for that to the network is also connected to 1,200 librarians of the country, who advise the population on renewable public Internet access points. All of these initiatives are free of charge.

#### 6.1 Initiatives, programs and projects

The project “**Food on Wheels**” aims to reach the most poverty-stricken seniors who often lives without a hope to receive any help. For them hot soup it’s not only a chance to eat but also an opportunity to socialize with volunteers. The purpose of the project “Food on Wheels” is to provide necessary support for the one of the most vulnerable groups of Lithuania’s society – lonely and destitute old people. The project started in 1993 and today it covers 24 towns and villages of Lithuania. All-year round about 500 seniors receives food support. It is organized by Maltesers (the Order of Malta Relief Organisation) <https://www.aukok.lt/projects/?projectName=Maistas-ant-ratu&>.

“**Maisto bankas**” organization's volunteers every day go to 500 retail chains to collect food that is no longer sold but still fit for human consumption, inspects it after it is stored, sorts it and assigns it directly to missing or other non-governmental organizations (families for families, seniors, disabled people's). In 2019 “Maisto Bankas” support reached 138,089 people living in 214 different areas of Lithuania (<https://www.aukok.lt/projects/Lets-Share-2020>).

**Helpline** is a non-profit, remote care and assistive technology organization specializing in the remote care of the elderly, the sick, and the disabled. It is a social service that helps the elderly or disabled to live safely in their own homes. In the event of an accident, or just an uncomfortable fall, all they have to do is press one button (<http://pagalboslinija.lt/>).

The **"Silver Line"** helps to solve the problems of separation, loneliness and lack of communication of the elderly, giving the elderly the opportunity to enjoy a full life. It is a free friendship chat and emotional helpline for seniors. It offers the opportunity to have a telephone friend with whom a person can regularly talk on various topics, discuss current issues or just chat. Since the beginning of the quarantine, the number of emotional help calls has doubled: older people are worried about the pandemic, inquire about various aids, ask for physical help, ask about institutional work, look for like-minded phone conversations to find comfort, enlighten and diversify, protect themselves and others on a daily basis by adhering to the requirements of self-isolation and avoiding any live contact with other people (<https://www.sidabrinelinija.lt/>).

The **Red Noses Doctors Clowns** program, which has been running for a year, has revealed that individual communication with seniors helps them to open up, relax, socialize, feel important and loved, and become happier. The program aims to build deep relationships based on respect and empathy, to clarify the often monotonous and limited daily life of seniors, to improve their quality of life, to give more joy, to discover hidden or forgotten talents. Through artistic means and humour, doctors give clowns individual attention to seniors, recall memories, and improve both their emotional and physical health. Physician clowns regularly visit Seniors Social Care Homes every Friday and seek to visit other seniors' homes in the country. (<https://www.raudonosnosys.lt/veikla/programos-seniorams/>).

## 6.2 Good examples for coping strategies

The Utena District Municipality Administration, implementing the project **"Integrated Services for the Family in Utena District"**, together with the project partner - Utena District Social Services Center, started to provide food, medicine, hygiene and / or other necessary goods purchase and / or delivery service assistance paying taxes.

This service is intended to be provided during quarantine, restricted quarantine or emergency situations, when due to an outbreak or epidemic of COVID-19 disease (coronavirus infection) in the whole country, certain territories and / or facilities the public health protection and creates unforeseen difficulties in everyday life for vulnerable people.

The service can be provided to the elderly (from the age of 65) or people with disabilities, as these groups are at higher risk of developing severe coronavirus (COVID-19) disease and face many everyday household challenges due to various restrictions and safety requirements in the country. The service is provided if the person does not receive and is not entitled to regular social services. This service is provided once per person for 1 hour per week. Residents of Utena district who need the service of purchase and (or) delivery of food, medicine, hygiene and / or other necessary goods are invited to use this free service.

(<https://www.utenal.lt/index.php/lt/socialiniu-klausimu-aktualijos/1775-pagalba-pagyvenusiems-asmenims-ir-zmonems-su-negalia>).

Life insurance and pension company **AVIVA** is fighting the coronavirus and allocating 122 thousand euros to help single elderly in Lithuania. These funds are transferred to the Lithuanian Red Cross. They are designed to visit and help single elderly people during a pandemic. In response to the situation and taking into account the scale of the pandemic, AVIVA is now allocating 57 thousand Euros to the Lithuanian Red Cross. Another 65 thousand Euros have already reached Lithuania. With the help of this support, a special distance learning and information system for volunteers has been set up, which will allow volunteers to be contacted more quickly in order to help single elderly in emergency situations.

In particular, the focus is on increasing the number of volunteers so that as many lonely elderly people as possible can be assisted throughout Lithuania in the event of a pandemic. Many single Lithuanian elderlies are now completely dependent on the help of volunteers who visit them. Volunteers deliver food, medicine, or other essentials to them, and bring out pets as needed so seniors can stay home safely. AVIVA support will be used for the search for volunteers, training, organization and monitoring of their work, and the development of an alert system. Also, to cover volunteer expenses such as fuel, volunteer protection measures, food and essential supplies packages for elderly who cannot afford to buy them themselves. After receiving AVIVA funding, the Lithuanian Red Cross doubled the number of volunteers to 350 volunteers. The number of elderlies visited more than doubled to 410. It is planned to reach and visit 1000 grandparents soon. (<https://www.aviva.lt/lt/apie-mus/pranesimas/1582/>).

According to the Department of Statistics, only 40% of the country's population aged 65–74 use the Internet. This means that almost every second resident of this age has not yet discovered the possibilities offered by the Internet. There are sites dating sites for elderly "60+" and "Dating 60". Online communication is popular not only among young people, but also among seniors, who have also started looking for friends or even life companions on social networks and dating sites. This is especially true in this period of self-isolation, as seniors are at risk for coronavirus and cannot leave their homes without good reason, so they can only communicate with the help of technology. The project "Connected Lithuania" provides an opportunity to gain practical knowledge on how to use the Internet safely and learn useful things that can make life easier and make the day new. Everyone can deepen their digital literacy knowledge on the website [www.prisijungusi.lt](http://www.prisijungusi.lt). Theoretical and practical material is provided here for both beginners and advanced Internet and technology users. The project "Connected Lithuania" is implemented throughout Lithuania and is aimed at a large target group of the population - about 500 thousand individuals who still do not use the Internet or whose digital skills are insufficient. (<https://www.prisijungusi.lt/apie-projekta>).

### 6.3 Possible cooperation partners for the project

- Association of Heads of Municipalities Social Welfare Institutions;
- Anykščiai Social Care Home;
- Birštonas University of the Third Age (U3A);
- Fabijoniškės Social Services Center.

- Vilnius County Adam Mickiewicz Public Library

It is planned the Association and the Centres will help us to reveal the current situation of older people in institutions by analysing the attitudes of older people towards loneliness, possible ways of overcoming it using modern technologies.

Interviews with librarians and social workers working in social institutions will reveal their methods of working with older people, empowering them in a variety of activities to avoid social isolation and overcome loneliness.

Participation in U3A activities will help to reveal the attitudes of active older people towards loneliness and ways to overcome it.

All social partners involved in the project will be invited to present and test the new tool, thus actively contributing to the dissemination of the project activities. They will be invited to participate in the final multiplier event, share their views on the purposefulness and usefulness of the developed tool in helping older people to overcome loneliness.

We will use the partner connection network to reach the widest stakeholder audience.

## 7 Identification of “loneliness” – measures & tools

In modern societies, and at the same time in Lithuania, there is a tendency of an individual's separation from society and alienation from it, taking the form of an “epidemic of loneliness”. Social isolation is one of the states of loneliness that can threaten even human life. The researches show that there is a statistically significant relationship between social isolation and respondents' age, education, income, marital status, and place of residence.

Social exclusion affects people's quality of life, as well as the justice and cohesion of society as a whole. The opposite of social exclusion - social inclusion - is the nature of a relationship in which a person (or group of people) can participate fully in economic and social activities, maintain a relationship and realize themselves as a full member of society.

### 7.1 Needs of the elderly and the dangers of “loneliness in old age”

Older people living alone in Lithuania are more likely than those living with others to show signs of social isolation, as they are significantly less likely to participate in social activities that are most popular among older people, such as hospitality and so-called “social hour” in restaurants, museums, exhibitions, theatres and cinemas. Also, some are less active than others in active physical activity. The social networks of some living older people include the families of their children, the families of siblings, distant relatives, friends, acquaintances and neighbours. It is important for older people to have the support they need, and it is provided primarily by children, other close relatives and neighbours. The relationship with children, often the closest, most intensely maintained, is essentially instrumental, it meets the safety needs of older people - children are the people who provide the necessary help. However, the emotional connection, if enjoyed, still responds only to a part of the emotional communication needs, it does not replace (no longer) communication with a

partner or peers. The nature of relationships with friends is different - it has more equal commonality, emotionality, joy. Thus, the need to communicate is most satisfied with friends and acquaintances, usually peers, acquaintances for a long time. (Mikulionienė, Rapolienė, Valavičienė, 2018)

Over the past few decades, research has revealed biological, psychological and social changes in a person's aging process, their impact on a person's quality of life. Everyone has a unique experience of their own life. However, perceiving one's individuality and difference, one loses the feeling of "belonging to someone", which is treated as security. In this case, the loneliness of the individual can be felt as fear: the more a person separates from others, the more he feels lonely, misunderstood, there is a risk of social isolation. According to F. Riemann (2005), isolation and insecurity occur when the fear of becoming oneself arises, i.e., when a person in a critical situation does not accept himself as he is. The decline in the quality of the auto-conception (knowledge of oneself) and the impending death are identified as extremely strong stressors in the elderly. (Budriūnaitė, 2007).

## 7.2 Needs of the health care sector to prevent “loneliness in old age”

According to the Active Aging Index, which enables the environmental indicator, which includes psychological well-being, healthy life expectancy after 65 years, life expectancy, sustainability of social relations and computer literacy skills, Lithuania ranks 27th out of 28 countries. In terms of the indicator of relative psychological well-being, which means the comparison of psychological well-being between the 35-49 age group and those over 50, Lithuania is in the last place in Europe. This result reveals that with age, psychological well-being changes most negatively in Lithuania. As many as 18 percent have no one to turn to, which means that one in five older people has no one to turn to for help, and given that almost every second person lives alone, the situation becomes quite complicated. At-risk-of-poverty and / or social exclusion are more often experienced by people aged 65 and over than other residents in Lithuania. aged and older - as much as 37,73 percent. are at risk of poverty. According to the Institute of Hygiene, this population group accounts for about 39 percent of all suicides in Lithuania.

Putting it all together there is a very gloomy picture of an older person - alone and alone, at risk of poverty or social exclusion, with no one to turn to even in times of trouble. Understandably, not all seniors live in this way, some of them attend Third Age Universities, are active participants in society, living their lives to the fullest.

## 7.3 Methods and Tools to identify and measure loneliness

Instruments for measuring the prevalence of loneliness are being developed. However, the diversity of the phenomenon and the variety of conceptual and methodological approaches are debated by scientists. At present, only a few more or less approved loneliness scales are found in the scientific

literature: the **UCLA Loneliness scale** (Russel, Peplau, & Cutrona, 1980) and **De Jong Gierveld extended (11 items) and short (6 items) Loneliness scales** (Jong Gierveld, Kamphuis, 1985; Jong Gierveld, Tilburg, 2010). Another one is being developed in the scientific literature - **the Social and Emotional Loneliness Scale for Adults (SELT-S)** (DiTommaso, Brannen, Best, 2004).

**A. UCLA Loneliness scale** (Russel, Peplau, & Cutrona, 1980)

Directions: Indicate how often you feel the way described in each of the following statements. Circle one number for each.

Table The Revised UCLA Loneliness Scale				
Statement	Never	Rarely	Sometimes	Often
1. I feel in tune with the people around me		2	3	4
2. I lack companionship		2	3	4
3. There is no one I can turn to	1	2	3	4
4. I do not feel alone	1	2	3	4
5. I feel part of a group of friends	1	2	3	4
6. I have a lot in common with the people around me	1	2	3	4
7. I am no longer close to anyone		2	3	4
8. My interests and ideas are not shared by those around me	1	2	3	4
9. I am an outgoing person	1	2	3	4
10. There are people I feel close to	1	2	3	4
11. I feel left out	1	2	3	4
12. My social relationships are superficial		2	3	4
13. No one really knows me well		2	3	4
14. I feel isolated from others		2	3	4



15. I can find companionship when I want it		2	3	4
16. There are people who really understand me		2	3	4
17. I am unhappy being so withdrawn		2	3	4
18. People are around me but not with me		2	3	4
19. There are people I can talk to		2	3	4
20. There are people I can turn to		2	3	4

SOURCE: <https://pubmed.ncbi.nlm.nih.gov/7431205/>

Note: The total score is the sum of all 20 items.

Item should be reversed (i.e., 1 = 4, 2 = 3, 3 = 2, 4 = 1) before scoring.

The UCLA Loneliness Scale is a commonly used measure of loneliness. It was originally released in 1978 as a 20-item scale. It has since been revised several times, and shorter versions have been introduced for situations where 20 questions are too much, such as telephone surveys.

The scale is widely used in studies and surveys on loneliness. A 1992 study estimated the UCLA Loneliness Scale had been used in an estimated 80% of all empirical studies on loneliness.

**B. The Six-Item De Jong Gierveld Loneliness Scale** (Gierveld & Tilburg, 2006) is one of the two most internationally approved and recognized instruments for measuring loneliness (Coelho et al., 2018; UysalBozkir et al., 2017; Leung, Jong Gierveld, Lam, 2008) The De Jong Gierveld Loneliness Scale of 11 items and 6 items of the scale are presented in Table below. The loneliness scale ranges from 0 (not lonely) to 11 (extremely lonely). Researchers can use the scale as a one-dimensional measure or choose to use two subscales (one for emotional loneliness and one for social loneliness).

Table: Items of the 11-Item (original) and 6-Item (short) De Jong Gierveld Loneliness Scales				
Statement	Original Emotional Subscale	Original Social Subscale	Short Emotional Subscale	Short Social Subscale
1. There is always someone I can talk to about my		X		



day-to-day problems				
2. I miss having a really close friend	X			
3. I experience a general sense of emptiness	X		X	
4. There are plenty of people I can rely on when I have problems.		X		X
5. I miss the pleasure of the company of others	X			
6. I find my circle of friends and acquaintances too limited	X			
7. There are many people I can trust completely.		X		X
8. There are enough people I feel close to		X		X
9. I miss having people around	X		X	
10. I often feel rejected	X		X	
11. I can call on my friends whenever I need them.		X		

SOURCE: <https://www.researchgate.net/publication/227944425> A 6-Item Scale for Overall Emotional and Social Loneliness Confirmatory Tests on Survey Data

*Note: The introduction read, "Please indicate for each of the statements, the extent to which they apply to your situation, the way you feel now. Please circle the appropriate answer." Answer categories ("yes!" "yes," "more or less," "no," and "no!" or "yes," "more or less," and "no") differed for face-to-face interviews, telephone interviews, and mail questionnaires. In self-administered questionnaires, an example may be added between the introduction and the items. a. Item should be reversed before scoring.*

The scale can measure loneliness in general, social and emotional loneliness separately, or each of the six characteristics of loneliness statements separately. Three questions on the de Jong Gierveld scale focus on measuring the indicators of social loneliness: the resilience of the social network (“There are plenty of people I can rely on when I have problems.”), people’s trust (“There are many people I can trust completely”) and a sense of closeness to other people (“There are enough people I feel close to”). These questions only measure whether a person feels they will have at least one significant person on their social network, they do not provide information about the different sizes of these networks, i. i.e., whether a person has 1 or 10 such people. These three questions are considered to constitute the necessary core of minimum information that allows the degree of human social loneliness to be described as accurately as possible.

The other three questions on the scale form the framework for measuring emotional loneliness, which consists of the following statements: “I experience a general sense of emptiness”, “I miss having people around”, feelings, emotions about his relationship with other people. Nor is it intended to group respondents across the full spectrum of manifestations of emotional loneliness, but only to establish a critical threshold that separates those people who felt at least partially emotionally lonely during the study from those who did not.

### **The Social and Emotional Loneliness Scale for Adults (SELSA-S) (DiTommaso, Brannen, Best, 2004)**

The SELSA-S was designed to measure social and emotional (family and romantic) loneliness and has three subscales - social, family and romantic. However, it has not been found in the literature that this scale can be used to measure the loneliness of older people - this instrument usually examines the loneliness of young and middle-aged people.

Example of chosen scale:

Item	M	SD	Min	Max
I really belong in my family (Family1)	1.780	1.062	1	6
I feel part of my family (Family2)	1.722	1.079	1	6
My family really cares about me (Family3)	1.879	1.096	1	7
My family is important to me (Family4)	1.593	0.790	1	6
I feel close to my family (Family5)	1.886	1.042	1	7
I have a romantic partner with whom I share my most intimate thoughts and feelings (Romantic1)	3.593	2.310	1	7
I have a romantic or marital partner who gives me the support and encouragement I need (Romantic2)	3.582	2.328	1	7
I have an unmet need for a close romantic relationship (Romantic3)	3.352	2.044	1	7
I am in love with someone who is in love with me (Romantic4)	3.645	2.314	1	7
I have someone who fulfils my needs for intimacy (Romantic5)	3.344	2.112	1	7
I have a romantic partner to whose happiness I contribute (Romantic6)	3.659	2.308	1	7
I have friends that I can turn to for information (Social1)	1.484	0.718	1	5
I can depend upon my friends for help (Social2)	1.703	0.991	1	7
I have friends to whom I can talk about the pressures in my life (Social3)	1.670	0.912	1	6
I have a friend(s) with whom I can share my views (Social4)	1.648	1.068	1	7

SOURCE: <https://www.semanticscholar.org/paper/Measurement-equivalence-between-men-and-women-in-Pollet-Saxton/fab34f67f7ae2137c126e797ade0aa7f3326f1b2/figure/0>

*Note: Descriptive Statistics (N = 273) of Questionnaire Items (1-7 Scale; All Items Except Romantic3 Were Reverse-Scored, Such That Higher Scores Here Indicate Greater Loneliness).*

## 7.4 Methods and Tools on preventing loneliness

The „**Warm Visits**“ program is for single, mostly elderly people who rarely leave their homes due to health and other barriers without a circle of people close to them. Red Cross volunteers interact with, help and regularly visit their grandparents and become their new friends. <https://www.bernardinai.lt/2018-09-04-kas-trecias-senelis-lietuvoje-vienisas-lietuvos-raudonasis-kryzius-kviecia-tai-keisti/>

A "**Social Prescription**" for reducing the loneliness of older people in communities. The "social prescription" encourages primary care professionals to refer a patient with a non-medical cause of a health disorder to a link worker, who, together with the patient, selects appropriate target organizations for the activity. <https://epilietis.lrv.lt/lt/konsultacijos/viesoji-konsultacija-del-socialinio-recepto-vyresnio-amziaus-zmoniu-vienisumui-mazinti-bendruomenese>

The project "**Let's Stay Together**", which is funded by the Kelmė District Municipality Social Services Development and Quality Improvement Program. The idea of the project is to bring together local elderly people and seniors, directing the main activities to cultural activities, quality employment, promotion of a healthy lifestyle. <http://www.kraziai.lt/pabukime-kartu/>

**Clubs for seniors.** The goals of the club: to promote the activities of older people, active leisure, meaningful communication, to reduce loneliness, isolation, exclusion from society. Organised by librarians <https://www.vcb.lt/klubai-seniorams/>

- **Apps and other digital which are helpful:**

**Mobile Apps „112 Lietuva“.** For registered users, the app allows you to contact the General Help Center and call an emergency in several different ways. The user can select one of these methods in the main gadget window that opens.

**Viber** to communicate and video call with friends and relatives in case of smartphone possession.

**WhatsApp Messenger** to communicate and video call with friends and relatives in case of smartphone possession.

For advanced smartphone users it might be various applications: **GooglePlay** or **AppStore** firstly; **Navigation** or **Google Maps**, **Public Transport**, **Translator**, **Picture/Video**; different smart **Banking**; online shops; health controlling apps.

## 7.6 Digital tools as an opportunity

Generally, we can assume that Internet or smartphone usage among seniors in partners' countries is rising, although not rapidly. Seniors prefer classic media such as television, radio or newspapers to get their information. On the other hand, there is a group of active seniors who are not afraid to try and learn how to use new technologies. We can also say, that computer knowledge is more frequented among seniors than smartphones.

There exist various forms of senior education in the field of ICT. Most educational activities take place under the Universities of Third Age, which cover various study programmes, including developing ICT skills such as computer and Internet. Smartphone use is not that common a subject as it should be. Besides the U3As, there is wide range of activities organised for seniors on a local level or by non-government organizations. Some of them are free and some are paid. To help seniors socialize and become inclusive in society, governments also develop many activities for senior education characterized by various long-term plans to help the elderly be part of digital society.

Erasmus+ project "LOGASET - Location-based games as a contemporary, original, and innovative method of seniors' teaching and learning" <http://logaset.eu/> for adult education. We were teaching seniors the use of these applications became the didactic aim of the course. Each class was dedicated to a different application (i.e., Google Play/AppStore; WhatsApp, Google Maps, etc.) Jurczyk-Romanowska E. et al. (2019)

One of the key reflective aspects of the modern society is the application of the information communication technologies. According to SEB Bank and the information and communication technology company TEO, more and more people aged 65 and over are discovering the Internet and smart technology services to manage finances, communicate with relatives and spend their leisure time. Technological development, as a rule, has a large group of supporters even among seniors, however, many older adults have no skills, no intention nor possibilities to use digital devices, which are critical for successful function in the society. (Telia, 2016)

Lee Rainie and Barry Wellman (2012) shows that daily life is connected life, its rhythms driven by email, text messages, tweets and Facebook updates. Older people can have specific needs because they are perfectly aware of the possibilities that the latest smartphones have. „The promotion of the use of the global network by senior citizens can contribute to the realization of universal values embedded in the fundamental rights of the European Union – dignity, freedom, equality, solidarity, civic rights and justice” (Frackiewicz, 2007) Modern smartphone can be convinced to make life more enjoyable for seniors and to benefit society. Escape from technological innovations in no way makes life easier.

## C) Learning about "loneliness"

### 8 Education, further training and awareness rising

Issues of loneliness, social exclusion and social inclusion of older people, which are often not clearly discussed, but have a significant impact on seniors' well-being. What is the involvement and social networks of older people, what are the risks of loneliness and social exclusion, how can society contribute more to reducing the loneliness of older people? These and other questions are sought to be answered in national and international studies.

#### 8.1 Gerontological findings on the phenomenon of loneliness

Old age is a natural stage in the path of life, which some dream of as a period of "earned rest", others think it will not come. As it is still poorly researched in Lithuania, our fears and hopes related to this specific age are often only a reflection of common myths. There is growing concern in Lithuania about the aging of the population - and that concern is justified, demographic aging is actually happening - even faster than expected, so the situation calls for relatively rapid complex solutions. However, the social exclusion of older people has so far received little attention from Lithuanian researchers. (Mikulionienė, 2016; Čiburienė, Guščinskienė, 2012).

Gaižauskaitė, I., Vyšniauskienė, S. (2019) did a research about potential of elderly people for volunteering and about social support for lonely elderly. They aimed to understand better the phenomenon of loneliness in old age. In order to determine the potential for volunteering in Lithuania, a sociological study using focus group discussion method was implemented. Research results revealed that loneliness in older age is a multifaceted phenomenon. The most vulnerable are the elderly people whose medical condition limits their mobility and autonomy - they may feel lonely when living with family, relatives or caregivers. Older people who live alone (and may not have close family members or relatives) but are in good health, often prone to overcoming loneliness by participating in various activities or considering engaging in such activities. Research revealed the need to strengthen local inter-institutional cooperation in order to support elderly. The study found that local social support departments and voluntary organizations need to work very closely together. At the moment, their cooperation is insufficient. There is lack of information exchange between institutions and voluntary organizations.

Vedreckytė, J., Žiuliukienė, V. (2019) searched for of determinants of loneliness and provided social and psychological portrait of lonely respondents. The study revealed that existential loneliness arises when older people long for people they consider loved ones, with whom they can talk to, who understand them. Loneliness is experienced by the elderly who do not feel connected to a significant group of people. In another case, while they are among people, they are not satisfied with the quality of the relationship: do not feel good with those around them, do not feel in common with

them, want to belong to a group of friends that is hard to find. The third group of respondents experienced emotional loneliness in interpersonal communication. Older people feel rejected, separated, their communication with others is superficial, they and those around them no longer have anything to communicate about.

Mikulionienė, S., Rapolienė, G., Valavičienė, N. (2018) analysed the social exclusion of older people in Lithuania, especially those living alone. Older people value living alone because of freedom, independence, they maintain good relationships with loved ones. Still, such the form of life is often not their own choice but determined by circumstances such as a broken family, death of a spouse, divorce or inability to start a family, often living with parents before their death. In the cases of increasing loneliness, deteriorating health, growing insecurity, worrying about the future and increasing daily worries, single people living alone are considering various options like living with other people: moving into a care home, getting married / finding a partner, assume responsibility for long-term lease maintenance, and so on. But at the end, all alternatives are rejected as inappropriate, and life alone is accepted as inevitable. Such decision is affected by the ageing stigma, the general understanding when one should move into a nursing home so as not to cause worries to others.

Impact of leisure, culture and art on health. Research on the cultural needs of older people and people with disabilities is not systematically carried out, making it difficult for these groups to benefit from the cultural sector. In this analysis, the researchers reviewed the situation of leisure and cultural activity of elderly people and people with disabilities in Lithuania. The study reviewed research and evidence on the impact of leisure and the arts on health, effective practices in foreign countries, and documents regulating these practices at the international level. Reviewed how this is reflected in the strategies and strategic documents of the Lithuanian cultural, social and health care sectors. Provided some examples of inclusive leisure practices, and formulated recommendations for partnerships between the cultural, health and social security sectors. <https://lt.seniorai.com/laisvalaikio-kult%C5%ABros-ir-meno-povei>

## 8.2 Current measures in education and further training programs to prevent loneliness

At a national level, there is no many opportunities for education and training in relation to loneliness in elderly people and the importance of their social inclusion. It used to be Master studies of Social Gerontology at Mykolas Romeris University, unfortunately due to a lack of understanding of the importance of this program to society and insufficient number of students, the program could not be continued and was closed at about 2015. Currently, the subject of social gerontology is integrated into the general social work program and is found mostly in the bachelor's level social work programs of higher education institutions.

There is lack of specific training on loneliness in elderly people. Lastly "Erasmus +" the project "Innovative Health Professionals Training Program on Existential Loneliness among Older People" was implemented in Lithuania. More about project activities: <https://aloneproject.eu/>

### 8.3 Main learning gaps regarding “loneliness”

- **How is the issue of loneliness considered in training in the health sector?**

Loneliness is considered a social and health problem in health sector training. The project mentioned above “Innovative Health Professionals Training Program on Existential Loneliness among Older People” is aimed at health professionals.

- **Does the issue of help through digitization play a role in education and training?**

Unclear question, no information found.

During COVID-19 emergency many digitization gaps in educational have been carried out, mostly applied to pupils and students.

- **Recommendations for education and training**

No information has been found on this topic. Recommendations will be provided at the end of the Digi-Ageing project.



## 9 Glossary of terms for the Digi-Ageing project

Term	Definition/Description
<b>Active Ageing</b>	<p>Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.</p> <p><b>SOURCE:</b> Active Ageing: A Policy Framework. A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002.</p> <p><a href="http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf">http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf</a></p>
	<p>Active ageing is about adjusting our life practices to the fact that we live longer and are more resourceful and in better health than ever before, and about seizing the opportunities offered by these improvements. In practice it means adopting healthy life styles, working longer, retiring later and being active after retirement.</p> <p><b>SOURCE:</b> "New Paradigm in Ageing Policy", European Commission,</p> <p><a href="http://ec.europa.eu/employment_social/soc-prot/ageing/news/paradigm_en.htm">http://ec.europa.eu/employment_social/soc-prot/ageing/news/paradigm_en.htm</a></p>
<b>Ability to Benefit</b>	<p>The point at which an adult qualifies for selected programs or services based on achievement results. Assessments approved by OAEL may be used to establish an "ability to benefit" and may result in an individual's acceptance or rejection for programs or services based on assessment scores.</p> <p><b>SOURCE:</b> Adult Education, Glossary,</p> <p><a href="http://www.doe.virginia.gov/instruction/adulted/glossary.shtml">http://www.doe.virginia.gov/instruction/adulted/glossary.shtml</a></p>
<b>Adult Education</b>	<p>Adult Education services or instruction below the post-secondary level for individuals:</p> <ul style="list-style-type: none"> <li>• who have attained 16 years of age;</li> <li>• who are not enrolled or required to be enrolled in secondary school under State law;</li> <li>• who lack sufficient mastery of basic educational skills to enable them to function effectively in society;</li> <li>• who do not have a secondary school diploma or its recognized equivalent, and have not achieved an equivalent level of education; or (e) who are unable to speak, read, or write the English language.</li> </ul> <p><b>SOURCE:</b> Glossary of Adult Education Terms,</p> <p><a href="http://www-tcall.tamu.edu/docs/04esguide/glossary.htm">http://www-tcall.tamu.edu/docs/04esguide/glossary.htm</a></p>
<b>Adult Basic Education (ABE)</b>	<p>Programs and services that target adults functioning below the ninth-grade level based on an approved assessment.</p> <p><b>SOURCE:</b> Adult Education, Glossary,</p> <p><a href="http://www.doe.virginia.gov/instruction/adulted/glossary.shtml">http://www.doe.virginia.gov/instruction/adulted/glossary.shtml</a></p>
<b>Age Discrimination</b>	<p>Inappropriate behaviour (social pressure, restriction of rights) to people of all ages (young, middle and older) based on age stereotypes.</p> <p><b>SOURCE:</b> Mikulionienė S. 2011. <i>Socialinė gerontologija</i>. Vadovėlis. Vilnius: Mykolo Romerio leidybos centras. [Social gerontology: textbook]</p>
<b>Age Norms</b>	<p>Age-related behavioural rules, expectations, and standards governing the interaction of people. Age norms describe roles and behaviour, which are (not) acceptable and (un)desired for people of certain age.</p>



	<p><b>SOURCE:</b> Mikulionienė S. 2011. <i>Socialinė gerontologija</i>. Vadovėlis. Vilnius: Mykolo Romerio leidybos centras. [Social gerontology: textbook]</p>
<b>Ageing (of) Population</b>	<p>An ageing population is defined as a population in which the number of elderly (65+) is increasing relative to the number of 20–64-year-olds.</p> <p><b>SOURCE:</b> Population Europe: The Network of Europe's Leading Demographic Research Centres. Available at: <a href="http://www.population-europe.eu/Library/Glossary.aspx">http://www.population-europe.eu/Library/Glossary.aspx</a></p> <p>Aging of population (also known as demographic aging, and <u>population aging</u>) is a summary term for shifts in the age distribution (i.e., age structure) of a population toward older ages.</p> <p><b>SOURCE:</b> Gavrilov L.A., Heuveline P. "Aging of Population." In: Paul Demeny and Geoffrey McNicoll (Eds.) <i>The Encyclopedia of Population</i>. New York, Macmillan Reference USA, 2003. <a href="http://www.galegroup.com/-servlet/ItemDetailServlet?-region=9&amp;imprint=000&amp;titleCode=M333&amp;type=4&amp;id=174029">http://www.galegroup.com/-servlet/ItemDetailServlet?-region=9&amp;imprint=000&amp;titleCode=M333&amp;type=4&amp;id=174029</a></p>
<b>Assessment</b>	<p>Methods of measuring learner progress, including state approved assessments, non-approved testing, staff evaluation, and self-reporting of learners.</p> <p><b>SOURCE:</b> Adult Education, Glossary, <a href="http://www.doe.virginia.gov/instruction/adulted/glossary.shtml">http://www.doe.virginia.gov/instruction/adulted/glossary.shtml</a></p>
<b>Distance Learning</b>	<p>The learner has been matched with a teacher, tutor, or volunteer with whom he/she has regular interaction with regard to the content of the distance learning curriculum, and who provides support throughout the distance learning experience. Distance learning is characterized by all of the following:</p> <ul style="list-style-type: none"> <li>▪ A separation of place and/or time between the learner(s) and the instructor.</li> <li>▪ The use of standardized curriculum.</li> <li>▪ The delivery of education or training that employs technology in at least one of the following four categories: <ul style="list-style-type: none"> <li>• Computer Technology, such as the Internet or CD-ROM.</li> <li>• Video Technology, such as videoconferencing, cable, satellite linkage, and videotapes.</li> <li>• Audio graphic Technology, such as radio and audiotapes.</li> <li>• Telephone Technology, such as teleconferencing.</li> </ul> </li> </ul> <p>Support by a tutor, including help with content and assistance with technology, on line, on the telephone, or in person.</p> <p><b>SOURCE:</b> Adult Education, Glossary, <a href="http://www.doe.virginia.gov/instruction/adulted/glossary.shtml">http://www.doe.virginia.gov/instruction/adulted/glossary.shtml</a></p>
<b>Educational Activities</b>	<p>The activities of educating or instructing; activities that impart knowledge or skill.</p> <p><b>SOURCE:</b> <a href="http://dictionary.reference.com/browse/educational+activity">http://dictionary.reference.com/browse/educational+activity</a></p>
<b>Generations</b>	<p>The concept of generations is widely used in different ways:</p> <ul style="list-style-type: none"> <li>▪ <i>age groups</i> or individuals at given life stages, such as youth, adulthood and old age;</li> <li>▪ <i>historical generations</i>, defined as birth cohorts with particular characteristics (i.e., Baby Boomers);</li> <li>▪ <i>family generations</i> – that is family-based roles and structures (i.e., grandparent, parent, child, grandchild).</li> </ul> <p><b>SOURCE:</b> Hagestad, G.; Uhlenberg, P. 2007. <i>The Impact of Demographic Changes on Relations Between Age Groups and generations: A Comparative perspective</i>. Schaie, K.W.; Uhlenberg, P. (Eds.) <i>Social Structures: Demographic Change and the Well-Being of Older Adults</i>. Springer Books, New York, p. 239-261.</p>
<b>Gerontology</b>	<p>Gerontology is a multidisciplinary science studying ageing from biological, psychological, and social perspectives.</p> <p><b>SOURCE:</b> Phillips, Judith; Kristine Ajrouch, and Sarah Hillcoat-Nalletamby. <i>Key concepts in social gerontology</i>. London: Sage Publications, 2010. p. 118.</p>

<b>Healthy (Active) Ageing</b>	<p>Healthy ageing is the process of optimizing opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.</p> <p><b>SOURCE:</b> Healthy Ageing, EU-funded project 2004 – 2007.  <a href="http://www.fhi.se/Documents/English/International/conference-documentation/Healthy-ageing-project.pdf">http://www.fhi.se/Documents/English/International/conference-documentation/Healthy-ageing-project.pdf</a></p> <p>Healthy ageing describes the ongoing activities and behaviours you undertake to reduce the risk of illness and disease and increase your physical, emotional and mental health. It also means combating illness and disease with some basic lifestyle realignment that can result in a faster and more enduring recovery.</p> <p><b>SOURCE:</b> <a href="http://www.seniors.gov.au/internet/seniors/publishing.nsf/Content/Healthy+ageing">http://www.seniors.gov.au/internet/seniors/publishing.nsf/Content/Healthy+ageing</a></p>
<b>Independent Living</b>	<p>Living at home without the need for continuous help and with a degree of self-determination or control over one's activities.</p> <p><b>SOURCE:</b> A Glossary of Terms for Community Health Care and Services for Older Persons, Ageing and Health Technical Report, Volume 5, WHO Centre for Health Development, 2004.  <a href="http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf">http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf</a></p>
<b>Individual Ageing</b>	<p>A process whereby people accumulate years and progressively experience changes to their biological, social and psychological functioning as they move through different phases of the life course.</p> <p><b>SOURCE:</b> Phillips, Judith; Kristine Ajrouch, and Sarah Hillcoat-Nalletamby. <i>Key concepts in social gerontology</i>. London: Sage Publications, 2010. p. 12.</p>
<b>Learning Activities</b>	<p>Any activities of an individual organized with the intention to improve his/her knowledge, skills and competence.</p> <p>The two fundamental criteria to distinguish learning activities from non-learning activities are:</p> <ul style="list-style-type: none"> <li>▪ the activity must be intentional (as opposed to random learning), so the act has a predetermined purpose;</li> <li>▪ the activity is organized in some way, including being organized by the learner himself/herself; it typically involves the transfer of information in a broader sense (messages, ideas, knowledge, strategies).</li> </ul> <p><b>SOURCE:</b> Classification of Learning Activities – Manual. European Communities, 2006.</p>
<b>Older Senior Citizens / The “Fourth Age”</b>	<p>Older seniors are the group of people who are traditionally called the elderly. They are believed to be in the phase of their lives during which their physical, mental and social capacities and contributions to society gradually fade away. While we previously believed that people entered this group at retirement, we have now learned that this group consists of people in their eighties and nineties. We speak of the “older seniors” or the “fourth age.”</p> <p>The Fourth Age is characterized as a period of increasing frailty. Frailty is not just a series of diseases, but more the natural ageing process linked to becoming weaker and losing the possibility to overcome diseases and social problems. Thus, old age is also characterized by a number of medical and social problems. Old age ends with the death of the person.</p> <p><b>SOURCE:</b> Text Analysis Report (V2.10), “Technology and the Elderly in the Popular Media,” SENIOR project, Deliverable D1.2, pg. 9. <a href="http://globalseci.com/wp-content/uploads/2009/02/d12-text-analysisreport2.pdf">http://globalseci.com/wp-content/uploads/2009/02/d12-text-analysisreport2.pdf</a></p>
<b>Middle Age</b>	<p>The term “middle age” was a concept popularised in the 1960’s to indicate a grey area between adulthood (30-40 years old) and retirement (affecting those 65 years and older). “Extended middle age” is now the term commonly used to indicate a continuation of this period but a change in circumstances (e.g., retirement). During</p>

	<p>extended middle age, the main physical and mental abilities remain unaltered though the person is ageing and gradually forced into the role of the senior citizen. As such, he or she is better profiled in terms of desired activity patterns, job opportunities, desired life habits, desired conditions rather than medical and social needs.</p> <p>The “fourth age” applies to older senior citizens, people in their eighties and nineties. In this period, practically all people show substantial losses in physical mobility and cognitive functioning.</p> <p><b>SOURCE:</b> “Ethics of e-Inclusion of Older People,” Senior Discussion Paper No. 2008/01, April, 2008. <a href="http://www.cssc.eu/public/Ethics%20of%20e-Inclusion%20of%20older%20people%20-%20Bled%20%20Paper.pdf">http://www.cssc.eu/public/Ethics%20of%20e-Inclusion%20of%20older%20people%20-%20Bled%20%20Paper.pdf</a></p>
<b>Quality of Life</b>	<p>Is “an individual’s perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person’s physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment.” (WHO, 1994). As people age, their quality of life is largely determined by their ability to maintain autonomy and independence.</p> <p><b>SOURCE:</b> Active Ageing: A Policy Framework. A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002. <a href="http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf">http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf</a></p>
<b>Social Exclusion</b>	<p>Social exclusion is a social process, built on social inequalities and leading to the marginalisation of individuals and groups as regards societal goals. Social inequalities (related to a series of factors: gender, ethnicity, age, education, employment, income, professional status, housing, family structure, disability, geographical location, etc.) are the basic roots of social exclusion. Exclusion is defined in relation to a goal: in the case of this project, the development of the information society / knowledge society (digital exclusion or e-exclusion). Exclusion occurs when individuals or social groups are left behind or do not benefit from equal opportunities to achieve societal goals.</p> <p><b>SOURCE:</b> Analytic Framework – eInclusion and eAccessibility Priority Issues, eInclusion@EU Project: Strengthening eInclusion &amp; eAccessibility Across Europe, Deliverable 1.1, October 2004.</p> <p><a href="http://www.empirica.com/themen/einclusion/documents/einclusion_Analytic-framework.pdf">http://www.empirica.com/themen/einclusion/documents/einclusion_Analytic-framework.pdf</a></p>
<b>Social Inclusion</b>	<p>The process which ensures that those at risk of poverty and social exclusion have the opportunities and resources necessary to participate in economic and social life, securing a standard of living that is considered acceptable in the society in which they live.</p> <p><b>SOURCE:</b> Social Protection, Social Inclusion Glossary: Key terms explained, European Commission, <a href="http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/glossary_en.pdf">http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/glossary_en.pdf</a></p> <p>Social inclusion is not only the symmetric counterpart of social exclusion, aiming at including those who are at risk of exclusion. The process of social inclusion relies on three dimensions: (1) overcoming the disadvantages resulting from social inequalities, in order to avoid exclusion processes; (2) harnessing the opportunities offered by the targeted societal goals, in order to reduce existing inequalities and improve the quality of life in society; (3) fostering participation and empowerment in upcoming societal processes, in order to improve individual and collective expression, civic commitment and democratic participation.</p> <p><b>SOURCE:</b> Analytic Framework – eInclusion and eAccessibility Priority Issues, eInclusion@EU Project: Strengthening eInclusion &amp; eAccessibility Across Europe, Deliverable 1.1, October 2004.</p>

	<a href="http://www.empirica.com/themen/einclusion/documents/eInclusion_Analytic-framework.pdf">http://www.empirica.com/themen/einclusion/documents/eInclusion_Analytic-framework.pdf</a>
<b>Social Gerontology</b>	<p>Social Gerontology is a branch of gerontology, studying “social aspects of ageing”. It combines the knowledge on ageing (process), age (criteria) and older persons (population category) produced by different social sciences: sociology, demography, economics, social policy, social work, education science, gerogogics, etc.</p> <p><b>SOURCE:</b> Phillipson, Chris. Ageing. Cambridge: Polity Press, 2013, p.5.</p>
<b>Vulnerable Groups</b>	<p>Groups that experience a higher risk of poverty and social exclusion than the general population. Ethnic minorities, migrants, disabled people, the homeless, those struggling with substance abuse, isolated elderly people and children all often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.</p> <p><b>SOURCE:</b> Social Protection, Social Inclusion Glossary: Key terms explained, European Commission,  <a href="http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/glossary_en.pdf">http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/glossary_en.pdf</a></p>
<b>Third and Fourth Age</b>	<p>In the sociological tradition third and fourth ages are “phases of the life course identified in terms of functions and roles”. The third age is “the period for personal achievement and fulfilment”. The fourth age is “a time of dependence, decrepitude and death”.</p> <p><b>SOURCE:</b> Phillips, Judith; Kristine Ajrouch, and Sarah Hillcoat-Nalletamby. <i>Key concepts in social gerontology</i>. London : Sage Publications, 2010. p. 213; 215.</p>



## 10 Literature & Sources

1. Bagdonas A., Kairys A., & Zamalijeva O. (2017). The Guidelines of Researches of Senility, Aging and Functioning of Old People: a Biopsychosocial Approach. *Socialinė Teorija, Empirija, Politika Ir Praktika*, 15, 80-102. <https://doi.org/10.15388/STEPP.2017.15.10811>
2. Budriūnaitė A. (2007). Meilės ir mirties dialektika. Mokslinė monografija. Kaunas: Vytauto Didžiojo Universitetas.
3. Burchardt, T., Le Grand, J., Piachaud, D., (2009). Degrees of Exclusion: Developing a Dynamic, Multi-dimensional Measure. In *Understanding Social Exclusion*, eds. J. Hills, J. Le Grand, D. Piachaud. Oxford: Oxford University Press, p. 30–43.
4. Čiburienė, J. ir Guščinskienė, J. (2012). Vyresnio amžiaus žmonių įtrauktis į darbo rinką. Iš Iššūkiai ir socialinė atsakomybė versle = Challenges and social responsibility in business. Tarptautinės mokslinės–praktinės konferencijos pranešimų medžiaga = International applied research conference proceedings, Kolpingo kolegija (p. 97–103). Kaunas: Technologija.
5. DiTommaso, E., Brannen, C., & Best, L. A. (2004). Measurement and Validity Characteristics of the Short Version of the Social and Emotional Loneliness Scale for Adults. *Educational and Psychological Measurement*, 64(1), 99–119.
6. Frackiewicz, 2007
7. Gaižauskaitė I., Mikulionienė S. (2020). Elderly living alone: survival of coronavirus epidemic and quarantine conditions. Research report. Lietuvos socialinių tyrimų centras. Lietuvos Ruadonasis kryžius. [https://www.redcross.lt/sites/redcross.lt/files/ataskaita\\_lstc\\_lrk\\_galutine.pdf](https://www.redcross.lt/sites/redcross.lt/files/ataskaita_lstc_lrk_galutine.pdf)
8. Gaižauskaitė, I., Vyšniauskienė, S. (2019). Vyresnio amžiaus žmonių potencialas savanoriškai veiklai ir pagalba vienišiams vyresnio amžiaus žmonėms. Tyrimo ataskaita. Lietuvos socialinių tyrimų centras.
9. Gedvilaitė-Kordušienė, M., 2018. Loneliness in Lithuanian transnational families: I am happy if my children are happy, In: *Narratives of Loneliness: Multidisciplinary Perspectives of the 21st Century*, eds. Sagan, O. & Miller, London: Routledge.
10. Gierveld, Jenny & van Tilburg, Theo. (2006). A 6-Item Scale for Overall, Emotional, and Social Loneliness Confirmatory Tests on Survey Data. *Research on Aging*. 28 (5). DOI. 10.1177/0164027506289723. [https://www.researchgate.net/publication/227944425\\_A\\_6-Item\\_Scale\\_for\\_Overall\\_Emotional\\_and\\_Social\\_Loneliness\\_Confirmatory\\_Tests\\_on\\_Survey\\_Data](https://www.researchgate.net/publication/227944425_A_6-Item_Scale_for_Overall_Emotional_and_Social_Loneliness_Confirmatory_Tests_on_Survey_Data)
11. Joint Report on Health care and long-term care systems and fiscal sustainability (2016). European economy institutional papers, Volume 1. European Commission. ISBN 978-92-79-54349-4 (online).
12. Jurczyk-Romanowska E. et al. (2019) Location-based games as a contemporary, original, and innovative method of seniors' teaching and learning. Wrocław: First edition published in the University of Wrocław. Institute of Pedagogy, ISBN 978-83-62618-46-0]. The book is published under the CC-BY-SA 3.0 licence.
13. Long term care in Europe (2017). European Network of National Human Rights Institutions. <http://ennhri.org/Long-term-Care-in-Europe>
14. Luo Lu (2012). Aging and Quality of Life in Taiwan. *Journal of Alternative Medicine Research*, 4(3), 233-243.
15. Maslenikova, V. ir Bulotaitė, L., (2013). Emociniai išgyvenimai, emocijų reguliacija ir depresiškumas senatvėje. *Gerontologija*, t. 14 (3), p. 159–165.
16. Mikulionienė S. (2003). Pagyvenusių žmonių vaidmuo šeimoje ir visuomenėje. Stankūnienė V, Jonkarytė A, Mikulionienė S, Mitrikas AA, Maslauskaitė A. Šeimos revoliucija? : iššūkiai šeimos politikai. Vilnius: Socialinių tyrimų institutas, : 138–57
17. Mikulionienė S. (2003a) Pagarba, diskriminacija, neišprusimas? Požiūrio į pagyvenusius žmones analizė. *Filosofija. Sociologija*, 2: 59–62.



18. Mikulionienė S. (2003b) Vyresnio amžiaus žmonių socialinė apsauga: darbas, pensija, parama. - Stankūnienė V, Jonkarytė A, Mikulionienė S, Mitrikas AA, Maslauskaitė A. Šeimos revoliucija?: iššūkiai šeimos politikai. Vilnius: Socialinių tyrimų institutas.; 212–74.
19. Mikulionienė, S., 2003. Vyresnio amžiaus žmonių socialinė apsauga: darbas, pensija, parama. Stankūnienė, V., Jonkarytė, A., Mikulionienė, S., Mitrikas, A. A., Maslauskaitė, A. Šeimos revoliucija? Iššūkiai šeimos politikai. Vilnius: Socialinių tyrimų institutas, p. 212–274.
20. Mikulionienė, S., 2016. Lietuvos vyresnio amžiaus žmonių socialinės atskirties rizika: akademinis ir politinis diskursas. M. Taljūnaitė (sud.), Lietuvos gyventojų grupių socialinė integracija. Vilnius: Lietuvos socialinių tyrimų centras, p. 154–188.
21. Mikulionienė S. (1996). Trijų kartų požiūris į senatvę ir senus žmones. Lietuva socialinių pokyčių erdvėje. Vilnius: LSD, LFSI,
22. Mikulionienė S, Petkevičienė D. (2006). Senatvės įvaidžiai Lietuvos periodinėje spaudoje: tarp pagarbos ir baimės. Socialinis darbas.; 5(1): 38–49.
23. Mikulionienė, S., Rapolienė, G., Valavičienė, N. (2018). Vyresnio amžiaus žmonės, gyvenimas po vieną ir socialinė atskirtis. Lietuvos socialinių tyrimų centras.
24. Mikulionienė, S., Rapolienė, G., Valavičienė, N. (2018). Vyresnio amžiaus žmonės, gyvenimas po vieną ir socialinė atskirtis. Lietuvos socialinių tyrimų centras
25. Marques, S., Lima, M. L., Abrams, D., Swift, H. (2014). Will to Live in Older People's Medical Decisions: Immediate and Delayed Effects of Aging Stereotypes. Journal of Applied Social Psychology, 44(6), 399-408.
26. Oficial statistics portal (2019). 2019 m. Pagrindiniai šalies ekonominiai ir socialiniai rodikliai Demografija.
27. Oficialios statistikos portalas (2019) Socialinės paslaugos 2019 m. <https://osp.stat.gov.lt/informaciniai-pranesimai?articleId=7736424>
28. People at risk of poverty or social exclusion by age and sex [ilc\_peps01], Eurostat, (2016). <http://appsso.eurostat.ec.europa.eu/nui/show.do>.
29. Popay, J., S. Escorel, M. Hernandez, H. Johnston, J. Mathieson, and L. Respel, 2008. Understanding and tackling social exclusion: Final report Social Exclusion Knowledge Network. Lancaster: WHO Commission on Social Determinants of Health.
30. Powell JL. (2001). Theorizing the "Social" of Gerontology: The Case of the Social Philosophies of Age. Sincronia: Journal of Cultural Studies.; 4(2): 1–10.
31. Riemann, F. (2005). Pagrindinės baimės formos. Vilnius: Alma litera.
32. Russel, D., Peplau, L. A., Cutrona, C. E. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. Journal of Personality and Social Psychology, 39(3), 472–480
33. Scharf, T., Bartlam, B. (2008). Ageing and social exclusion in rural communities. Keating, N. (Ed.), Rural ageing: a good place to grow old? Bristol: Policy Press.
34. Social Protection Committee Indicators Sub-group (2015). Portfolio of EU Social Indicators
35. for the Monitoring of Progress Towards the EU Objectives for Social Protection and Social Inclusion, 2015 Update, prieiga internete <http://ec.europa.eu/social/main.jsp?catId=758&langId=en>.
36. Statistical yearbook of Lithuania (2019).
37. Sveikatos stiprinimo poreikio ir prieinamumo senjorams tyrimas. Ataskaita. Researchers group
38. Telia (2016) Šiuolaikiniai senjorai griaua mitus. <https://www.telia.lt/pranesimai-spaudai/siuolaikiniai-senjorai-griaua-mitus>
39. Tereškinas, A. (2015). Socialinės atskirties genealogijos: normatyvumas, pripažinimas, subjektyvi gerovė. Tereškinas A., Bučaitė-Vilkė J. (sud.) Socialinė atskirtis ir geras gyvenimas Lietuvoje, Kaunas: Vytauto Didžiojo universitetas, Vilnius: Versus Aureus, p. 15–38.

40. Vedreckytė, J., Žiuliukienė, V. (2019). Vienišumą lemiančių veiksnių analizė. Lietuvos socialinių tyrimų centras.
41. Ward, P., Walsh, K., Scharf, T., 2014. Measuring Old-Age Social Exclusion in a Cross-Border Context Findings of a comparative secondary analysis in Ireland and Northern Ireland. Irish Centre for Social Gerontology. National University of Ireland Galway, Galway, Ireland, January.
42. Your social security rights in Lithuania (2017). European Commission.

## 11 Collection of links

1. <https://socmin.lrv.lt/lt/naujienos/pandemija-tesiasi-kokia-valstybes-parama-siemet-dar-galite-pasinaudoti>
2. <https://www.aviva.lt/lt/apie-mus/pranesimas/1582/>
3. <https://www.utena.lt/index.php/lt/socialiniu-klausimu-aktualijos/1775-pagalba-pagyvenusiams-asmenims-ir-zmonems-su-negalia>
4. <https://www.prisijungusi.lt/apie-projekta>
5. <https://aloneproject.eu/>
6. <https://www.bernardinai.lt/2018-09-04-kas-trecias-senelis-lietuvoje-vienisas-lietuvos-raudonasis-kryzius-kviecia-tai-keisti/>
7. <https://epilietis.lrv.lt/lt/konsultacijos/viesoji-konsultacija-del-socialinio-recepto-vyresnio-amziaus-zmoniu-vienisumui-mazinti-bendruomenese>
8. <https://lt.seniorai.com/laisvalaikio-kult%C5%ABros-ir-meno-povei>
9. <https://www.vcb.lt/klubai-seniorams/>
10. <http://www.kraziai.lt/pabukime-kartu/>
11. <http://logaset.eu/>



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