



Digi-Ageing

overcoming loneliness

Field Research Report Lithuania

by MRU

Final version: May 2021

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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.

In the Digi-Ageing project, extensive desk research has already 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 now to be verified and supplemented by the present field research.

1.1 Research Design for Field Research

In each of the partner countries, at least 10 persons will be interviewed who, either professionally or privately, are entrusted with the care of older people or offer education and training in the care sector. We have agreed on the following target groups for the surveys:

Group 1. Geriatric Caregivers/Nursing Staff/ Social workers (min. of 6 pax)

Group 2. Relatives who care for older people (min. of 2 pax)

Group 3. Persons working in institutions that offer training in geriatric care (min. of 2 pax)

We decided to apply a very flexible research design, so that all partners have the possibility to use best fitting methodology within their own framework and with their own resources. So, partners can carry out interviews (in person, by telephone, online) or via focus groups.

1.3 Description of the research process in Lithuania

Method. Focus group method was chosen for the qualitative research. The focus group method is particularly suitable for discussing different experiences, uncovering the reasons for the chosen behaviour, anticipating possibilities for improving the problem situation, etc. The method is particularly valuable because when working in a discussion group, some participants ask questions and others provide answers, thus ensuring the generation of new ideas and opinions on the chosen problem (Rupšienė, 2007). The focus group method was used in this study to reveal the experiences of seniors in health promotion, what health promotion services are used by the seniors, what motivates them to promote health promotion, what are the barriers to health promotion.

The interview method was chosen to conduct the research with Group 2 - relatives, as this method allows us to get closer to people's perceptions, meanings, definition of situations and construction of reality (Luobikienė, 2011). A focused structured interview type was chosen for the study. This method was chosen because of its advantages, such as the possibility to clarify, expand or adjust questions during the interview process, to capture verbal responses and the resulting interview is more comprehensive (Bitinas et al., 2008). As Gaižauskaitė, Valavičienė (2016) argue, the interview method perfectly reflects the assumptions of qualitative methodology, allows for the collection of rich and unique data, and allows for an in-depth insight into the perspectives of the research participants.

Survey instrument. A questionnaire developed by the project's expert team was used to prepare the questions for the focus group discussion. The same questions were asked in all countries, both of the focus group participants and of the individual interviewees. Informants and focus group participants were asked about their experiences of loneliness, its recognition and coping strategies.

Organisation of the study. 2 focus group interviews with professionals and lecturers and 6 face-to-face interviews with family carers of the elderly. Focus group discussions and interviews were conducted between February and April 2021. The duration of each session was approximately 1 - 1.5 hours. All participants took part in the study voluntarily. Potential participants were first briefed on the purpose of the study and the method to be used. They were given time to decide whether to participate in the study. Participants verbally confirmed their consent at the beginning of the focus group discussions and completed questionnaires.

In the introductory part, the researchers presented the aim of the study, the process, data recording, ethical issues of confidentiality and anonymity, and then moved on to the main topics of the study.

The data were recorded and dictated into a Dictaphone. Verbal consent was obtained from the subjects prior to the recording of data. The audio recordings of the discussions were listened to and transcripts of the participants' statements were made. The data were analysed, interpreted and conclusions drawn. This qualitative research report presents the summarised results of the

research, i.e., a summary analysis of the responses to the research questions from all the discussions and individual interviews.

Research ethics. All participants in the focus group and face-to-face interviews took part in the study voluntarily. All informants agreed to participate in the focus group discussion or interviews. The informants were informed about the aim and objectives of the study, the course of the discussion, the use of the data, and the possibility of withdrawing from the study if the participant found it unacceptable (Kardelis, 2016; Rupšienė, 2007): a) no one except the research team can use the information provided without the consent of the subject; b) the report contains de-personalised information - subjects' names have been changed.

Analysis of survey data. The recording of the focus group discussion is transcribed. The result of the transcription of the data is the text. Qualitative content analysis is chosen for data analysis - a creative thinking process to decode the meanings in the text, to understand and identify the most needed health promotion tools for seniors and the possibilities of their provision.

The text analysis was carried out in the following stages: sequential reading of the data, identification of the primary elements, dividing the data into meaningful analytical units, dividing these units into subcategories, highlighting the categories, and interpreting the content data (Žydzūnaitė, Sabaliauskas, 2017).

1.4 Socio-demographic data of interviewees

Criterion selection was used to achieve the research objective (Žydzūnaitė, Sabaliauskas, 2017). The criteria were used to form the sample:

Group 1. Geriatric Caregivers/Nursing Staff/ Social workers (min. of 6 pax)

Group 2. Relatives who care for older people (min. of 2 pax)

Group 3. Persons working in institutions that offer training in geriatric care (min. of 2 pax)

17 informants participated in the surveys: 6 in focus group 1, 5 in focus group 2 and 6 in face-to-face interviews. Most of participants were females (n=16) and male (n=1). Participants were in 2 age groups 25-45 (n=6) and 46-65 (n=11).

No.	Role (Group 1 – 3)	Gender (d/f/m)	Age Groups: 25 - 45 46 – 65 > 65	Format: Focus Group or 1-1 Interview	Interview: in person or online	Country
1.	Group 1/ LT SL1	F	45-65	Focus group 1	On-line	Lithuania
2.	Group 1/ LT SD2	F	25-45	Focus group 1	On-line	Lithuania
3.	Group 1/ LT SL3	F	45-65	Focus group 1	On-line	Lithuania

4.	Group 1/ LT SD4	F	45-65	Focus group 1	On-line	Lithuania
5.	Group 1/ LT SL5	F	25-45	Focus group 1	On-line	Lithuania
6.	Group 1/ LT SD6	F	25-45	Focus group 1	On-line	Lithuania
7.	Group 2/ LT1	F	45-65	1-1 Interview	On-line	Lithuania
8.	Group 2/ LT2	F	45-65	1-1 Interview	On-line	Lithuania
9.	Group 2/ LT3	F	45-65	1-1 Interview	On-line	Lithuania
10.	Group 2/ LT4	F	45-65	1-1 Interview	On-line	Lithuania
11.	Group 2/ LT5	F	25-45	1-1 Interview	On-line	Lithuania
12.	Group 2/ LT6	F	45-65	1-1 Interview	On-line	Lithuania
13.	Group 3/ LT T1	F	45-65	Focus group 2	On-line	Lithuania
14.	Group 3/ LT T2	F	25-45	Focus group 2	On-line	Lithuania
15.	Group 3/ LT T3	M	25-45	Focus group 2	On-line	Lithuania
16.	Group 3/ LT T4	F	45-65	Focus group 2	On-line	Lithuania
17.	Group 3/ LT T5	F	45-65	Focus group 2	On-line	Lithuania

2 Executive Summary

A qualitative research strategy was chosen for the study. Two focus group discussions were organised to uncover the subjects' experiences of caring for the elderly. 6 professionals and 5 lecturers participated in the focus group discussions. 6 individual interviews were also organised and conducted through online digital platforms.

Informants mention various characteristics of loneliness, such as emotional and social loneliness, personal rejection, not being able to communicate as often as they wish, as well seniors' personal temperament as being extravert or introvert may play important role. Expectation of ideal relationship and lack of common interests may lead to loneliness up to informants as well as pandemic period has increased the level of loneliness of elderlies.

The most important things older people need are more communication, special attention and participation in various activities.

The main incentive to use ICT in their work, the informants said, is the empowerment of the elderly through ICT, but it is important to have the technological tools and to have a person who is trained to use them and could share their knowledge with elderlies.

In response to the question of how they deal with loneliness and what kind of help they get, who they turn to, care staff/social workers identified the challenges of working in the context of providing services to overcome loneliness: heavy workload, extra control by authorities, stopping the activities, lack of help. When referring to how carers deal with loneliness and who they turn to when they need help, they mentioned various activities: having rituals, opportunity to be together, organising leisure time, support of family members, being with friends, etc.

The topic of how to recognise loneliness revealed the following possibilities: recognising it from emotions, recognising it from behaviour; recognising it from health (mental and physical). Lonely people can be identified by emotions such as indifference, anger, sadness, boredom, attention demand, longing, willingness to communicate. Sometimes they express loneliness openly – just to say it. Sometimes loneliness may be associated with depression.

Some methods of preventing loneliness were identified by the research participants: personal and interpersonal relations, occupational activities, hobbies and ICT – if it is correctly adapted to physical or psychical person's condition.

The study showed that it is very important to take into account factors such as motivation for change, the age of the employees, and certain conditions, in this case the pandemic, when organising training. When assessing employees' motivation for change, it should be noted that employees may view training with enthusiasm, understanding its need and benefits, but on the other hand, staff can be passive and unmotivated to change and to accept innovation. Motivation to learn can depend on age. The survey data partly reinforces the stereotype that older workers are less inclined to improve their knowledge and skills and less inclined to change and innovate

Participants in the survey indicate that they are interested in a variety of training topics: suicide and suicide prevention, communication, Prevention measures, ICT topics. A relevant topic might be the use of technology in the leisure activities of older people. There are mixed views on ICT topics. On the one hand, it is stressed that there is no need to learn about ICT because older people do not use technology much, On the other hand, there are some relevant themes about the ethics of using technology.

A fundamental change during a pandemic is the restriction of human contact. Participants in the study found it difficult to adapt to the restriction of contact and emphasised the continuing need for direct contact because: want to be in a relationship, Live contact is different and gives more emotions, distance is tiring. A lesson that could be learnt from the pandemic timeline is that there is a balance to be struck between the use of IT and face-to-face contact

4 Main findings via the Interviews

4.1 Important findings on the topic of loneliness in old age

How is loneliness defined in older age? Informants raised several characteristics of loneliness in the interviews and focus groups:

Personal rejection. "Loneliness is more of a rejection of a person <...> "you can be very lonely when you are among people" (LT SL5); "the old person, as a stereotype, is a nuisance" (LT SL5). **Emotional loneliness.** "It's the emotional loneliness of not really having those close, trustworthy people around to talk to at all." (LT T4); "that feeling of loneliness is how you feel. You feel needed, do you have someone to talk to. That loneliness probably depends on how you feel about it" (LT3) "it's not the people around you who make you feel lonely" (LT3). **Social loneliness.** "A person who has no relatives, maybe few or no acquaintances, no friends, and who lives alone, taking care of himself or herself" (LT6); "And social loneliness, when I practically do not feel like a full member of society, I am somewhere on the margins, a marginal." (LT T4); "Loneliness - just decreasing the possibility of communication" (LT4); "I imagine you are so alone, when you don't even have a TV, a radio, a book, I imagine you are so alone" (LT1). **Isolation.** "Isolation is when a person is separated by some external obstacles beyond his control, but to be isolated is not necessarily to be lonely, and isolation for me has more to do with temporary limitations (LT2); Loneliness and isolation are probably interrelated and mutually influencing, and the constant going down, the narrowing of needs and opportunities, and the increase of loneliness. (LT4). **Not being able to communicate as often as you want.** "It could be the frequency, that maybe I am not satisfied with how often I talk to others, too much or too little" (LT T4); "one needs to experience everything inside and there is no one to share it with, so for me it is loneliness, I'm lonely then" (LT T5); "he doesn't have the opportunity to be in close contact with other people, where he can be listened to, he doesn't have the opportunity to share, and it's not necessarily whether or not he is around other people, it's just an opportunity to communicate, to build relationships and interactions" (LT T2). **Personal temperament.** "These can be overlapping and temperamental aspects. Someone who is an extraverted personality might have a tendency to talk more, and someone who is an introvert, there is this loneliness, he doesn't find those people" (EN T2); "But the other person, if he is more closed, he would like to socialize, but it's very difficult to approach him and to talk to him. They just don't want to communicate, they shut themselves in and sit" (LT SL3); "there is also a certain group that doesn't really want that close communication, it's just enough to be given" (LT SD2).

Expectations and the difference between ideal and actual relationships. "Loneliness is that subjective feeling in my understanding of it that a person feels a contradiction between the relationships, the social relationships, that he has and the ones that in his mind seem to be good for him. Between the imaginary good, the good relationships and the real ones that I have" (LT T4); "your need to socialise, to be somewhere, to belong to someone is greater than what you have in reality. And the saddest thing is probably" (LT T3). **No common interests.** "There is a compatibility of interests and discovering people who care about the same issues. (LT T2); "loneliness is, at least in our case, when you were just in your own circle and you had enough of your other half and there was no more of her and there was a void,"

(LT5); "well, I don't have anybody to talk to, to talk to about things that are important to me. Other people may not be interested in those things. Well, I'm terribly lonely and then technology won't help" (LT T5).

The impact of a pandemic. "It was very bad during the first quarantine when we couldn't come, so it's getting that. But she already knows how to deal with it. She tries to call her friends then, or something like that." (LT5); "the pandemic crisis, that the loneliness, the level of loneliness of older people, which was there before, before the crisis, has been hit hard. If they were talking about older people having to stay at home and just don't go to them, don't infect them, and this talk about social distance, it seems to me to be nonsense," (EN T4).

Older people need to avoid feeling lonely. The informants gave some insights from their experiences.

- **More communication.** "They come to the health post to take their blood pressure or temperature and they, they forget what they came for. You talk to them, you talk to them and, of course, the best thing is that it's always on some funny topics, not about diseases, not about corona virus, pandemics and so on. So, you talk, you talk and you leave with a completely different mood." (EN SL3).
- **Attention.** "The desire to be important" (LT1); "they walk around freely, or they are closed, they still feel that loneliness, I think. They need more attention, whether they can go outside or not, but still that attention - it's always needed" (LT SD4).
- **Participation.** "In our retirement home, everyone is very willing to participate. Those who don't have serious health problems, let's say they are physically able to go downstairs, to participate... take an inkwell in their hands, take part in a cooking class, make a sandwich, I don't know... dance... go outside, do some exercise with the physiotherapist, well, in the sense that if they are physically able to do it, then they really participate." (LT SD6); "Grandpas, oh my gosh, how they participate in all kinds of mind games like that... and they don't have the time... or a very good friend of mine, a senior citizen from my pedagogical days, he's 95 years old in the spring, so he belongs to thirteen organisations." (LT T5); and wants to leave (LT SD2).

What is the role of ICT in reducing loneliness among older people?

ICT empowers seniors. "It's the old people who have mastered technology, who have computers, who have laptops, who have different tools and who are active in social network communications and are using it, that's what I think is great here. Well, it's the technology that opens up communication, it's probably not a debate for anybody" (LT T1); "Information technology, I think, is very empowering for people. And I think now that in this age of information and technology, there are fewer of those who are lonely, who feel that loneliness. You can live alone, but you can communicate not only with people in Lithuania" (EN T5).

What are the reasons why not all seniors use ICT?

No ICT due to lack of finance. *"They don't have much of that technology" (EN SD4); "Apparently, the problem is if a person, because of, I don't know, financial difficulties, because they can't get a quality one, because they don't have the internet at home, because they don't have those means of communication, then obviously their possibility of social communication is severely limited." (LT T1).*

Lack of ICT skills. *"You need a person to train you to use these technologies" (LT T3); "when she has learned how to use the phone, she has learned how to use the computer, well not the computer, she has a tablet. And she's socialising a lot now, quite a lot." (LT5); "And then later on, we would say, if people who have, or don't have, some kind of mental health difficulties or problems and they need help on how to use IT, that's another topic." (EN T1).*

What measures would be useful for older people?

Information in one place. *"different websites, different websites, and then it's very difficult for seniors to find their way around" (LT T1); "sometimes there's not enough information for people to look in one place, the information is very scattered, and for example, I don't know where there are in the whole of Vilnius city, you go to one place and you look where there are events, I don't know, about exercise, about this, about that, about this, about that, where there are, but you don't need to wander around and look in a lot of places, that's it" (LT T1).* **A platform for communication.** *"The idea of a time bank, that if there was a platform where those who need to chat and maybe do some small services would register" (LT T4) "on such a platform they would meet each other." (LT T4).*

4.2 What we learned about existing networks and external help

In response to the question of how they deal with loneliness and what kind of help they get, who they turn to, care staff/social workers identified several aspects: the challenges of working in the context of providing services to overcome loneliness. Staff noted the **heavy workload**, *"it is a huge workload to prepare the new procedures"* (SD2), **control by external authorities** *"more stress, more work, more demands, and no help"* (SL1), **stopping of the institution's activities** *"We are very much behind, we are involved in a project, we can't do any meetings anymore, so we are behind in dates everywhere. It's complicated"* (SD2) and **just the lack of help** *"It's just that we've pulled the whole situation together ourselves. We've all been ill and we're really helping ourselves. Nobody from outside helped us"* (SL1).

When referring to how carers deal with loneliness and who they turn to when they need help, they mentioned **various activities: having rituals** *"<...>we have this ritual, and it's very useful, because then you stop, and then I come from the computer, and then we sit down for fifteen or twenty minutes, because at half-past eleven there is the rosary, and then there is a rosary, and that's what the ritual is like"* (LT1). Just *"Nothing special, you just try as hard as you can, work allows you to be together, just the opportunity to be together, you live together, just like you used to with your husband, your children, just like now, somehow you don't even think that you need to do anything"*

special here"<...> (LT2), **tries to organize leisure time** *"Maybe not because of loneliness, but somehow she makes sure that she has something to read, when the books are over, that she can bring them from the library, because before the quarantine, she used to do it by herself, <. ...> These are everyday worries, of course, when it was possible, we would plan, we would discuss what play, what film to go to, and then I would watch it, not according to myself, but so that she would like it"* (LT2), **attention and support from close family members** *"my circle of close people is obviously supportive, encouraging and encouraging. These are the closest"* (LT4) *'my sister, our husbands, our grandchildren, they are all very sociable, they used to call, they used to come when they could, they used to come, somehow she has a very good relationship with everybody'* (LT2), **communication with her friends** *"she also has girlfriends, so they call each other, but in a normal way, I'm laughing, I'm laughing, that according to the timetable, they call each other once a week or so, if she called one time she'll be calling the next time, then she will call the other one next. So, there are people, she communicates and willingly"* (LT2), also **participation in the University of the Third Age**, *"it was the University of the Third Age, she really liked it. Somehow now she doesn't really want to go to online. But when there were those lectures, once a week, she really liked it. She went there to hang out, she made friends"* (LT5).

Foster carers noted that there is a **lack of institutional support** and that **they are often left on their own** *"And externally, to have some kind of state institution, some kind of offer of help or understanding, I really miss that a lot. You have to look for it yourself"* (LT4). Foster carers mentioned that they **get help from social workers** *"There are social workers. There was one of them, maybe a couple of them. Well, there were some, a very gentle woman. And we went to chemotherapy together, she was a support for me and a support for my mother <....> those people are really like angels, so gentle, so nice. I sometimes don't have as much patience as they have. I respect these women. Everything is prompt, fast"* (LT6). Aware of the **heavy workload of social workers**, carers mentioned that it would be a great help to them if **there was such a communication service** *"To have a service like that, to be paid, to call, to enquire. It would be a very important good thing to have emotional support"* (LT6).

In response to the question of what tools they present in their training to reduce loneliness and what recommendations they make on the use of digital tools to address loneliness in the elderly, the lecturers conducting the training for social workers mentioned that they are talking about **the application of various technological advances in the lives of the elderly**, and not only for them, but for the society in general *"It's about making the environment, specifically the home environment, comfortable for older people, not just older people - all the things they talk about there are practically suitable for anybody <...> A sensor for opening the fridge, for example; if a person hasn't opened the fridge in a day, go and see what's happened there"* (LT T4). However, the lecturers highlighted the following as important highlights in training social workers and future social workers/students to deal with loneliness of older people: the **dissemination of positive information** *" they show new material and they show new initiatives and it is really fun for me, while the same care homes in Lithuania exchange some ideas with each other and in the end it is really fun for me, working with students"* (LT T1); **learning teamwork and forming networks working on the same**

topic "actually with social workers in the topic of teamwork we talk about networks, especially when we are talking about providing complex assistance in identifying problems, namely to find the institutions, the professionals who can contribute to the solution of the problem. This is where the students model [knowledge and skills] according to the cases of those professionals" (LT T2).

4.3 Ways to identify loneliness

The topic of **how to recognise loneliness** revealed the following possibilities: recognising it from emotions, recognising it from behaviour; recognising it from health (mental and physical).

Research participants say that **lonely people can be identified by emotions** such as

- **Indifference** *It's what she says, for example, when you start talking about food, I tell her to make it, she says, "Why do I need it? I'm here alone, I don't cook, I don't like to cook for myself (LT5); I think she is becoming more and more withdrawn and it's obvious, less and less need to communicate, to talk, it's getting harder to hear, it's getting harder to understand, to comprehend. And the speed is slowing down, both in thinking and in perception (LT4);*
- **Anger** *Her anger at me, claims that things are not as she would like them to be. These claims to the whole world, that her husband has been unkind, that she has lost one child, that her life is not what it could be. Most of the time it is anger, aggression. She is so angry (LT6). It's a kind of anger attacks - how to get attention by doing something wrong, just to get attention (LT SD2).*
- **Sadness** *I'm alone, I'm sad sometimes (LT5); And you can see by the person who is sad (LT SL1).*
- **Boredom** *But when she sometimes says, oh, I counted some puppies through the window today, I almost star crying when I imagine her standing there at the window and counting puppies (LT2).*

Research participants say that **lonely people can be identified by:**

- **closed behaviour** *Because, of course, there are also lonely people who are more closed, that it is a character trait, that he is so closed, that he does not speak and that he is quietly calm and quiet in that loneliness. It's a character thing, of course (LT SD4); Thoughtful, withdrawn or... it shows (LT SL1);*
- **attention demand** *That lack of attention is expressed too much by some, I think, because of loneliness (LT SL1); And anyway, this is one of the symptoms where you can already tell that someone is sad or something is wrong - when they complain about their health, when there are no serious health problems. Just wanting attention (LT SD2);*
- **willingness to communicate** *Maybe it's the desire to communicate? Although again, I don't know how much it's loneliness, how much it's just, well, a normal state when you don't see someone for a while, so you share what's going on, how the day's gone, what you're going to do tomorrow (LT2); She lost two sisters, she also wants to talk, the lack of communication is big (LT6);*

- **Waiting/longing** *I don't even know, maybe it's the waiting for something to happen, to come, she used to say all the time that you're always waiting for something, for the newspapers to come, for a friend to come, when you're coming and then everything else is rotated and planned around that, because if the newspapers come, or the pension comes, you have to be at home (LT2).*

Loneliness can be expressed openly *she used to say openly that she felt lonely (LT2); they even tell us themselves that "it's lonely here, I miss visiting relatives". It's just that they themselves are the ones who usually say it (LT SL1); Anyway, this is one group who say it themselves, then we try to explain why and what we can do differently (LT SD2) or hidden That loneliness again... Let's say there's occupation going on, and there can be a lot of work going on with a person... but he may still feel lonely inside (LT SD2); Well, first of all, a person can be lonely, but participate in occupational activities, in that sense. His participation does not mean that he does not feel that feeling. One can be among people, but the feeling doesn't go away (LT SD6).*

Research participants associate loneliness with depression *Well, it's just that sometimes you go to a care home and you see him sitting alone and swaying. It's already a symptom of depression (LT T5); I'm somehow heard from the nurses in some care homes, I don't know if it's in all of them, 80 or 70 percent of the population is on antidepressants (LT T3); or the change in physical health I imagine that it mainly depends on the person's state of health, that loneliness (LT T3); Maybe the physical condition of the person is poorer, the person is suffering from Parkinson's, he has no control of emotions. The loneliness with that disease intensifies feeling (LT6).*

4.4 How to best prevent loneliness in old age

The following **methods of preventing loneliness** were identified by the research participants: personal and interpersonal relations, occupational activities and ICT.

Personal and interpersonal relations could be initiated and maintained by older adults themselves *I would imagine, if I were you, I would think that you would have to make an effort yourself, to pay attention in some way so that you could get attention yourself. You have to do something (LT3); Well, a little bit of that kind of desire to live, that kind of activity, that kind of curiosity (LT5).*

Everyday communication also mentioned as meaning for prevention *You are making some plans, bringing more grandchildren. She gets tired, but I think it gets her out of the household (LT5); But what stuck out to me the most were the words of one of the students, who said: I saw really lonely seniors who need contact with others. And then I thought about my own immediate environment (LT T2).*

Being together, everyday connectedness could also prevent loneliness *It is important to feel that there is somebody around (LT3); When you are obviously in contact, working, and you see that just being together is probably important (LT T2).*

Important prevention mean could be **rituals** like drinking coffee together *for example we know all the time that we have coffee at eleven o'clock, my mother likes good coffee (LT1), There is also a tradition that she likes a lot, we have coffee with her in the morning, it means, I call her and we drink coffee (LT5) or watching TV together There is also this ritual, now when we telecommute, we listen to the mass on the Lithuanian second TV, we listen to all of them, if the sister is there, all of them (LT1) or praying together and in the evening [granddaughter] prays with her. She likes it very much; she prays and goes to bed (LT5).*

Older adults **tend to communicate with others but not among themselves** *they are not always so interesting to each other (LT T3); the time they need to be listened to. And if they meet each other, it's like, they're not really interested, and they don't really have that communication, because then there's no other person to listen to them. As we are employees, we listen to them, we discuss with them. And if it's one to one, they are just not interested. They usually go to the staff, but they don't communicate with each other (LT SL5).*

They **value attention from outside** *I have to give a big plus to that community, the leader of the community sends her a message about their other meetings, events, congratulations on holidays, even a call. She is very happy about that (LT2); Here again, apparently some of them just have that one visiting care worker who visits them and maybe that loneliness or solitude is somehow dispelled with the provision of those services (LT T1).*

Motivation, involvement also was mentioned by research participants *Yes, we motivate, yeah, to some activities (LT SL5); It's really important to communicate, to involve, and to clarify those strategies, how to involve, it's very important for the social workers and the assistants of the social worker, to see that person, to recognise the signs (LT T5).*

Various occupational activities are also defined as loneliness prevention tools:

- **Organised activities** are mentioned: *The other thing is, at a certain age, you've left the labour market, and where you could go out, be with people, so then those examples are probably all seniors' clubs, right? (LT T 3); In our country, before the pandemic, it was a lot occupational activities and every month concerts, and children from kindergarten (LT SD2);*
- **Hobbies** *I had an auntie, so my auntie, living in a care home, she had a favourite job - handicrafts. And here was therapy for her. Others read books (LT6); I say "find an activity for that, or read a book, or knit, or take part in something like that". But they don't really want to do that (LT SL5); Of course it was good when we could travel, she liked travelling a lot. She used to say, well, I go once and I have the whole year to think about (LT5);*
- **Engaging in new activities:** *And anyway, everybody cares, the grandchildren, they give some special gifts, a crossword book, yarn for knitting, I order newspapers here now, and she goes to the newsagent's shop on Thursday and Saturday to buy the Weekly. That's what she walks at the same time (LT2); Another thing, photos are good for her all the time, I used to make albums like that, so*

she used to look at those albums all the time (LT5); I send her films, she liked online museums very much, she used to watch them every evening (LT5).

ICT could be used for preventing loneliness. It **should be adapted to physical or psychical person's condition** *But it should be very clear, because today's people speak very fast, and old people need to speak slowly, with a different rhythm, not shouting, but calmly (LT1); But her reaction is not that anymore, anything that is supposed to be without any apropos of time and some kind of a very simple use of pressing one or two buttons (LT2); One thing is physical things, health, eyes, reaction, but also this, I don't know, lack of need for something new, I don't even know, with age there is, at least with my mother and other people I know, a kind of lack of confidence, maybe, a kind of a lack of willingness to take on those challenges, to do something innovative (LT2).*

Help of others could be very valuable *Obviously they are not alone, we don't have anybody who can use it on their own (LT SD2); Whether there is a need or not, I think it depends on the staff - it needs more time and effort to attract (LT SD2).*

Research participants believe **that older adults could learn using ICT** *I think maybe she would, just to get the phone to turn on easily (LT1); Of course, she would learn, she's bright, and it's easy, but I think it would be stressful for her, and for her learning (LT2).*

ICT is used for communication. *With everybody else, it's a phone, of course, for friends, sisters, well, with grandchildren, they use messenger (LT2); Yeah, we use Viber sometimes, during the first quarantine, we tried to celebrate Easter with messenger (LT SD2); Oh, we do it on TV, video, we do it on messenger and if there is no picture, just steam, then - where's the picture, and [name] shouts where's the picture (LT1).*

The topics should be attractive to older adults *She wants to go on the internet and find out about medicines, about healthy living (LT6); Maybe they should have psychological help so that they can talk to someone about the loss and get through it (LT T4); There was even the idea of maybe somehow doing that, we also thought of maybe doing some kind of mass remotely sometimes, because that's kind of possible (LT SD4).*

4.5 Education & Training regarding the theme

The study showed that it is very important to take into account factors such as **motivation for change, the age of the employees, and certain conditions, in this case the pandemic, when organising training.** When assessing employees' motivation for change, it should be noted that **employees may view training with enthusiasm, understanding its need and benefits: 100 per cent in favour of the training (LT SL5); <...> always in favour of training (LT SL5); Training is of course necessary (LT SD2); In general, training is always good, it's nice (EN SD 6); It's like the administration is trying to encourage or motivate the staff. (LT SD6).**

But on the other hand, **staff can be passive and unmotivated to change and to accept innovation:** *training is of course necessary, but in our institution, it is <...> a lack of motivation for the staff themselves to change. I mean, when you want to do something new with a client, with a resident, you have to accept something new yourself <...> and that's where it starts, that the employee is not inclined to change... (LT SD2).*

Motivation to learn can depend on age. The survey data partly reinforces **the stereotype** that older workers are less inclined to improve their knowledge and skills and less inclined to change and innovate: *there is an age difference between workers. Well, in my case, I'm one of the younger ones, it's with older workers - not all of them, really, but it's a difficult challenge. It's hard for them to pass on the knowledge they have gained from the training and there is already something to do. And for him/her to pass on something new to the resident, that is a problem for us (LT SD2); Let's say a nurse's assistant, or a social worker's assistant - women who are over fifty years of age, so they are so...well, really, as my colleagues have said, they need to educate themselves, and then the other one (LT SD6).* Unfortunately, such statements should be interpreted with caution, taking into account the extent to which this is real practice and the extent to which it is a difference in attitude between generations and stereotypes.

The results of the study showed that **living in extreme conditions**, such as in this case a pandemic, **can reduce the motivation of workers to learn**, as more important needs arise, such as holidays and rest: *These days it is important for all of us to recuperate and rest from what has happened. This is what we did in February. March was easier, we were waiting for warmer weather so we could go outside. We're recovering now, so for the time being, these things have not been on our minds. And now we are just standing up, we need to recover, we need to recover, we can go on holiday, we can rest. Because if you get overworked at work, you pass it on to the residents, because they feel the strain all the time too (LT SD6).*

Participants in the survey indicate that they are **interested in a variety of training topics:**

- **Loneliness, activation and empowerment** of older people: *I'm thinking now that the key underlying issue is that loneliness can be included, that activation and empowerment of individuals. So, for me here, maybe next to loneliness, <...> to involve them somewhere, to empower them - those are the main problems (LT SD 4);*
- According to client situations, for example **on suicide and suicide prevention:** *And I have been in trainings there on suicide prevention. Because actually sometimes out of that despair, out of that sadness, people start to, almost, have these thoughts in their head. So, you talk, you talk, you communicate. Because it comes every day, or at least you say "good morning, how did you sleep" and that is enough for the person (EN SL5);*
- About **communication:** *to communicate and support <...> them how to involve those seniors, how to involve them, how to do celebrations, why is it important <...> and why is it important to involve them, what are their interests (LT T5); we are talking about those who are lacking in communication,*

who would have a group like this once a week, so that they would survive from one to the next (LT T4)

- **Prevention measures:** *but also, injury prevention, prevention of loneliness (LT T5);*
- **Different topics:** *I don't know, I don't have any special wishes for this day, for this one... Well, to tell you the truth, I don't know for today... And I don't know about special training. For us it's all right anyway, some kind of that goes not only to collect hours, but also to be interesting personally for somebody, it really goes, we pass courses now remotely, something like that. And anyway, there are no special requests. That's about it (LT SD 6); <...> it's all good to motivate a bit, to move towards a prefect (LT SL 1).*

There are **mixed views on ICT topics**. On the one hand, it is stressed that there is no need to learn about ICT because older people do not use technology much: *as for the Apps, I don't know, I don't have any ideas and it is really very busy sometimes and I, for example, don't really think about any Apps. God forbid we keep up with what we are doing, with all the paperwork and with the residents, well, everything is all over the place and I don't know. Apps would probably make it difficult for me these days. I'm not talking about messenger, that standard, Skype, WhatsApp, communication, who can communicate remotely, ... There is no need for some complicated Apps these days (LT SD6); It's the technologies that I wouldn't go into at the first question (LT T 5); but the elderly, they are very much opposed, in the sense that they don't want to go "no no no no, what do you want from me here, I want a simple phone with knobs on it", for example, and "to have a simple conversation" ... (LT SD6).*

On the other hand, there are some relevant themes about the ethics of using technology: *I have discussed these ethical issues more with students because they are very much linked to technology, to what extent a person allows others to monitor him or her, or other people to have access to see his or her data, <...> whether or not it's ethical, and these issues have been discussed more (LT T4).*

A relevant topic might be the use of technology in the leisure activities of older people: *why not have a digital classroom for older people (LT T4).*

The usefulness of the training is not in doubt:

- It helps you to update your knowledge, to communicate, it gives you ideas for practice: *you still look and you know, but when you take part in training you update your knowledge, you communicate, you hear, you always hear something new that you can then apply in your work, in your practice ... (LT SL5).*
- *When you do this kind of work, you can't really be just a medical worker. You are also a social worker, a social worker's assistant, and whatever you want to be - a comforter, an intercessor, well, you have to work with them a lot, you have to work with them a lot (EN SL5).*
- To fulfil multiple roles: *The new knowledge gained during the training often gives us the impetus to act: and really helps us a lot, and gives us some momentum for some time. Well, it's like you are*

pushed, and you do things, and some innovations come up, and you try to implement something at work. And then we stop again, we get back on track again, and then it gets lost. Then it's back to training again, all over again. It's a bit of a boost. (LT SD 6).

4.6 Changes due to the Pandemic: Main need identified

A fundamental change during a pandemic is the restriction of human contact. Participants in the study found it difficult to adapt to the restriction of contact and emphasised the continuing need for direct contact because:

- **You want to be in a relationship:** *if the social workers, what I have noticed is that they want that direct contact. Like there was that in between the two waves, so then maybe very "can you do so and so". To come and be in direct contact <...> and the social workers are getting tired of that indirect contact, as they say themselves "we are tired, we want you, but we will want you when the direct contact is possible" (LT T5); Of course, you're always modelling, looking for a better one, but there's this feeling inside me that it's already flowing, I need to stabilise somewhere, to concentrate and to emerge... ...but anyway, I just want to stop and just be in the relationship, that's how I feel now (LT T2).*
- **Live contact is different:** *That's my experience, so far, the feeling is that it's not that I want contact. It's probably better all the time, because ... It's good that we can see each other, so that's good, isn't it. But that live contact is different (LT T2).*
- **Live contact gives more emotions:** *my experience of it is that I'm more for the care home and the visiting care workers, obviously there's social workers and nurses coming in. And assistants, and, in a word, that group of people. And then when I would go to them directly to somewhere where they live, well, I would leave after the lectures with a kind of elation, because there was such a lively relationship, with the cases, people would talk bravely about their experiences, interfering with the way the material is prepared there (LT T1); and I don't know if that direct contact would help, but maybe with a direct one I have worked with three students in the same social work course, but somehow at least it is better and it is a completely different feeling (LT T5);*
- **Distance is tiring:** *I mean, somehow from the students' experience, now they also say "tired of distance", don't they, and it's hard to believe that this is the generation where you have to look all the time and you have to go everywhere with your technology during lectures. But now we are tired of it (LT T3);*

Remote working with families may have contributed to the regression of the results: *the only thing to note is that many of them, what else they have noticed, say "well, you know, we do", those who work with families with risk factors say "we are going back 10 years, our remote working is taking all our work away". I can sort of do that (LT T5).*

On the other hand, it is possible to see **the benefits of technology, especially in the learning process during the pandemic**: *It is very easy, it is convenient on the one hand, it saves time, it saves actually energy because the variety - it allows you to maybe see different sides (LT T2); Although in any case, I would say I am in favour of this kind of possibility of distance learning because I myself have been involved in all kinds of trainings in foreign universities for a long time now, so that it's a lecture canned and available from anywhere and free of charge, that's a big value <... > such distance learning is no less valuable to me and it doesn't matter that I can't touch the lecturer or actually ask him something, but there are some great lecturers that it is enough just to listen to them.. (LT T4); Then everybody was very happy that at least in this way they could see each other, talk to each other, share their worries <...> because they had to endure that period of darkness, didn't they, because in the darkness it seemed like there would be no end to the quarantine, because here it is one thing in the springtime when they announce it, and another thing in the autumn time. So, I think that this is really what the technology was about, the possibility for people to at least have that kind of contact when they can't have any other kind of contact anymore (LT T3).*

A lesson that could be learnt from the pandemic timeline is that there is a balance to be struck between the use of IT and face-to-face contact: *It would be good to find a balance in being able to do both, but also to be able to be in contact with the living. And then I imagine maybe when we come back from the pandemic, that's the relationship and I feel, personally, I'll support that, because IT is convenient well and yet if it complements the direct relationship, I think it should be well even better. But I'm talking about teaching here (LT T2); as we started in contact <...> you make a connection, you have that relationship and then, let's say, then you can continue over the distance. <...> there is some way out, isn't there, from the fact that you can't go out anymore, everything is closed there, you can't meet anymore and so on. But since the relationship has already been established before... so we're going on like this... We were successful and we joked, we said "we ate a lot of salt together" (LT T3); Of course, <...> you have to accept everything in a normal way. And the good things, if they are too much, they are too much, if you are tired and need rest. And especially if you are so attached to a computer, to a stationary place. But, well, it is up to the individual to adjust (LT 4).*

4.7 Other relevant inputs & outcomes

The study showed that **prevention of loneliness among older people can be implemented**:

- **By opening institutions to the community and creating a home-like environment** in institutions: *and why they feel lonely and uncared for. This is perhaps one of the things that maybe our care institutions, and now in general there is a big question mark as to how they will continue to exist after all these pandemics and what their image is. But that maybe they could be somehow more open to the public, to reduce the ghetto impression because they are closed. Because there is a high concentration of similar people, the others are afraid to go in, and they are afraid of maybe something else (LT T4);*

- **Creating home-like conditions in institutions:** *well, there is definitely a fear of contact, so that maybe they could be more mixed, more like home-like conditions, to take away the closedness, that you can really go in there at any time, or you can run away <...> I think it's important to change the environment that these older people are in <...> when you create a home environment and then that person feels more like home, not in some kind of state institution where nobody cares about you, like a screw on a conveyor belt (EN T4).*
- **Changing attitudes in society:** *also changing attitudes in society in general, probably most people feel lonely and useless, and even those who don't live in institutions, in institutions, just because of the attitude that well, you're old here, you're useless here, you're just a burden to us. And maybe it is also broadcast by family members, and in the street, in public places, that you feel like you have a fifth leg, that this attitude could be different (LT T4).*
- **Empowering older people** to see their own value and to get rid of stereotypes: *Of course, and there is a lot of psychology involved, older people themselves also take on the attitude that, well, I'm already here, where am I already here, and sort of accept the stereotypes that they are somehow less valuable, or less valuable, or second class, or less needy (LT T4);*
- **Integrating scientific knowledge into the provision of social services:** *maybe one more point <...> talking again about the links between science and practice, I know that abroad there are called AgeLabs where old people's homes participate in such programmes <...> like laboratories of ageing become. But at the same time, for those old people, if they are curious, new people come, researchers come, and they ask this question, and they ask that question, and life becomes more interesting. And at the same time, maybe there's still some financial exchange, maybe the benefits for them increase. That's the kind of thing it could be. But, of course, not every old people's home could be connected to such a network (LT T4).*
- **Social networks help people to communicate during a pandemic:** *it's me who participates, I'm always happy to see them, what they are doing there, what kind of information I see through those. No, they seem to have added me as a friend, I add them as a friend, and it's fun to see how the care institution is doing. Especially the ones when I see that I've been there, because they are changing, they are showing new material, they are showing all kinds of initiatives and it's really fun for me, while the same care institutions in Lithuania are exchanging some ideas with each other (LT T1); because we are also just there for 'temporary' and networking, and praise. And I see that it is very important for people to see them and to write a comment, that's what you do (LT T5); I saw some pictures they uploaded <...> when we were lecturing there, both with the staff and with the residents, well, that's great, I like it (LT T1).*

6 Case Studies of Lithuania

6.1 Case Study 1: “Lina” – Lithuania

Pseudonym: Lina

Gender: Female

Age group: 45 – 65;

Role: Group 1 - A formal caregiver and works in social care center for elderly.

Slogan: It would be great if you could find a short slogan/motto for the person; This makes the reading more interesting

About my current situation. I am a caregiver. The institution where I work is not large, has a population of about thirty, therefore, we are a large family. In my opinion, loneliness is not very relevant for the residents of these houses: almost everyone has loved ones who try to communicate as much as possible with the elderly residents.

My key issues. I don't think loneliness is very relevant to the residents of the house I work in. Even the old ones themselves sometimes do not want to take part in the activities offered to them, maybe they just want to be alone. Of course, the existing quarantine conditions stopped various activities, trips. If in the past a lot of different children's teams came and did events, then everything stopped in the conditions of quarantine. Even if some records were sent by schools or kindergartens, it was not possible to bring all the residents of the care home into one hall (gatherings were forbidden to protect the health of the residents in order to avoid infections). So again, it's a gravity opportunity to help people communicate. Therefore, the activities were organized only inside the institution. It is also more difficult for loved ones to facilitate contact with the elderly residents of the institution now, but we, the social workers, help us to communicate by phone, by distance communication. I think those older people who live alone at home and only receive services are probably more likely to feel lonely. I notice the loneliness in this house when the elderly start complaining about health problems, even though I think the person doesn't really have major health problems. Sometimes seniors seeking attention express it during anger attacks and the help of health professionals is already needed here. But we always try to notice our residents and help them, to communicate with them.

My coping strategies. The situation of the pandemic in the institution was quite difficult, especially the period when almost all employees fell ill at the same time and the services had to be provided. Unfortunately, it was difficult to get some serious help from outside, more than just the information provided and the increasing requirements to fill in various documents, how many security measures are there, how is it protected. At that time, and the residents of the institution were quite angry, life was limited, people felt isolated. To reduce this, multimedia was used to show a variety of movies, helping to connect with loved ones to communicate over the internet.

If I could make a wish – related to outcomes of the project (including ICT/Apps, etc.). My main requirements, my personal needs related to the tools to be developed. Most of the residents have telephones, they communicated with their relatives with their help, but in order to be able to connect to the Internet themselves, there are no such ones in this institution. Maybe it would be good to teach them, but just not enough time and no tools. Another thing is that the relatives themselves do not know how to use new technological means, perhaps more grandchildren here. The social workers themselves are also of different ages. Younger employees seek to learn something new, participate in various trainings, unfortunately older employees often lack motivation, the desire to learn something, to apply some innovations in their work. However, the situation is expected to change, the institution participates in the assessment of the implementation of the quality system, the aim is to work as actively as possible not only with customers, the elderly, but also with employees so that living and working conditions are as responsive as possible.

6.2 Case Study 2 “Amelija” – Lithuania

Pseudonym: Amelija

Gender: Female

Age group: <45

Role: Group 2 - Relatives who care for older people - Lawyer

Slogan: Patience and love are needed on both sides. Accept it as it is, just for God to give strength and love and that's it. You have to do your duty well, so that when you leave there is no regret. May it be harder for me, but I will know that I have done everything that was necessary. But if she doesn't like it, I'll try to explain, but what am I going to do.

About my current situation. I am “Amelija” a caregiver of my elderly mother. Well, I can only comment from my own practical experience, when it was actually the two of them, and looking after each other, and what's most interesting is that they had a few families that they interacted with, but not many. Several families, friends. There was a sort of isolation, just several families and children and grandchildren and that's it. And one passes away and another has left alone, and you don't have anybody to have a coffee with like you used to, you don't have anybody to talk to and so on. And that's probably the hardest period of the year - two years probably. When you're rediscovering, you have to have the strength to find new social contacts. And it has been particularly interesting for me to see how my mother, who had very few friends, now has a lot of friends in that time. And she, thanks to the social and those connections, not only the phone, but also other communications, facebook, viber, you know, it's always “pip...pip...pip...” with her. So she, thanks to one of her relatives, has learnt how to use the smartphone, she has learnt how to use the computer, well not the computer, she has a tablet. And she's socialising a lot now, quite a lot. She has a few friends who only use the phone and others use other tools. And she really socialises every day, I probably don't socialise with that many friends in one day - that's how much she socialises. So maybe the loneliness is there, at least in our case, where you were just in your own circle and you had enough of your partner and he was gone and there was a void because the kids don't have that

much time anyway because they work. And then it was necessary, and I'm very glad that my mother didn't go into depression, but started to look for friends, classmates in her own way. And it seems to me that now she has such a social bubble, where she has to call every week and to talk.

My key issues. It's a bit of a joy to live, such activity, such curiosity. I liked the way my mother became interested in information technology. She uses Youtube to find all sorts of preservation, she looks for songs for it, something else, and then she shares it with her friends, they have something to talk about. I think it takes a willingness from the old person herself, a willingness not to sit back, a willingness to be curious, a willingness to experience something like that. I think that who doesn't have a garden, because for seniors it's such a liberation to farm, that's it. It's a pity that we don't have this kind of volunteering for seniors, there could be more of it. The University of the Third Age is one example, but I think seniors could volunteer more. And we need somebody to help us to clarify how to find the information, from a public institution or from somewhere. They might not look for it themselves. But if somebody came and said that you are very much needed in the kindergarten to follow a story 1 time a week, that would be awfully good. Or you could come to the orphanage, tell a story, support that child or something like that. Or, for example, for the older men, someone teaches 80-year-olds to swim as a volunteer too. Or something else, involving them in volunteering, I think they would feel needed. I know a senior citizen who was made redundant just before she retired, she was very broke, but they got her involved in volunteering at the University of the Third Age. She became an assistant to the dean there, and she gave tours and managed the photo archive. To show a little bit where you can volunteer if you want to, where you are needed.

My coping strategies. I bring my daughters, I send her movies, she loves the online museums, she watches them every night. Then I used to bring her products and she used to make dinner for us. When she knows those traditions, then the grandchildren will come, then [the daughter] needs to make some food, then she lovingly asks, what are you going to do here? Of course, it was good when we could travel, she loved travelling. She used to say, well, I go once and I have the whole year to think about. The other thing is, pictures are good for her all the time, I used to make albums like that, so she used to look at those albums all the time. There is also a tradition that she likes very much, in the morning she and I have coffee, which means that I call her and we have coffee, and in the evening, granddaughter prays with her. She likes it very much; she prays and goes to bed. Maybe the rituals of family traditions that she has been looking forward to are so peculiar, and the weekly ritual is that the grandchildren come on Friday. She also has gardening, she harvests it, it's her hobby. I know that needlework is not her thing, because of her old age, because of her hands and her eyes, but she could. And the animals are also very distracting, in the morning she has to go to the chickens or the dog and they make her feel needed. It's good for her that she has a car, that she can go to the shop by herself, so that's also an outlet somewhere, that she can do it herself. That's probably it.

If I could make a wish – related to outcomes of the project (including ICT/Apps, etc.). My main requirements, my personal needs related to the tools to be developed. I don't remember the name, but when my dad died, I had an app so that you could set your psychological sensitivity every

day. It was all about psychological state, good, bad, or very bad. And I used to mark every day. When I was having a hard time it was relevant, because I would see that it was once good. I think it's a temporary tool, you don't have to use it all the time. But when you are having a hard time you can use it, and when you are not lonely you don't use it. That's today's assessment. For me, the two months have been very cool. The Apps was broader, but it was important for me to see the statistics so that you are not sick all the time. It motivates me to keep going and to enjoy it. Maybe it would help if you clicked - I'm lonely today, but it will pass. And this is more about setting or overcoming? For me it helped me to overcome my sadness, my bad mood and to enjoy the good mood. Ooo, I hit 10 today - how nice. It helped me to survive.

7 Links, Literature & Sources

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