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## **KOMUNIKACJA MIĘDZYPOKOLENIOWA W ODNIESIENIU DO POKOLENIA „SANDWICH”**

### **CARING AND SANDWICH GENERATION IN FINLAND**

**Abstrakt:** Artykuł przedstawia system wsparcia dla rodzin wielopokoleniowych realizowany przez system Państwa i organizacje pozarządowe w Finlandii. W tekście przedstawiono nowe pojęcie SANDWICH GENERATION - odnoszące się do pokolenia dorosłych członków rodzin, którzy z różnych względów muszą obejmować opieką zarówno starzejących się rodziców, jak i dorosłe dzieci, a częstokroć także wnuki, jednocześnie trudniąc się pracą zawodową.

**Słowa kluczowe:** sandwich generation, międzypokoleniowość, opieka społeczna w Finlandii

**Abstract:** The article presents a support system for extended families implemented by the State system and NGOs in Finland. The text presents a new concept of SANDWICH GENERATION - referring to the generation of adult family members, who for various reasons must take care of both aging parents and adult children, and often also grandchildren, while engaging in professional work. Abstract: The article presents a support system for extended families implemented by the State system and NGOs in Finland. The text presents a new concept of SANDWICH GENERATION - referring to the generation of adult family members, who for various reasons must take care of both aging parents and adult children, and often also grandchildren, while engaging in professional work.

**Keywords:** sandwich generation, intergenerational, social care in Finland

## **1 Background of the Sandwich generation in Finland**

### **1.1 Sandwich generation**

The Sandwich Generation (SG) comprises seniors aged between 45 and 65 years old, who are in between two other generations: the care and support of their children, who might still be underage or are not fully self-reliant after reaching adulthood and their parents, who are living longer and are getting more dependent. The sandwich generation, mostly confirmed by women (KÜNEMUND

2006, 11), is usually a population which is still in good condition to work and are caught in between family duties and their professional performance (Couples et familles: Génération Sandwich).

There are different other denominations to call this generational cohort, which are important to take into consideration to understand in which way they are being visible today. The increase of population after the Second World War who grew in their teenage years during the 60s and 70s, and which are in the rage age of the SG described before, are also known as the “Baby boomers”, also called the “young old” and in different academic texts they are called as “mid-lifers” (Thomas 2013, 122).

In the GENTRANS project (University of Helsinki, 2005) the term “pivot generation” instead of SG is used, and it defines the importance of this cohort as follows: *“The baby boomers have formed a great divide between the generations born before and generations born after. When they leave the scene, society will not be the same.”*

The SG or Baby Boomers generation grew inspired under the values of independency, sexual liberation, gender equality and free market. These standards have been deeply influencing the politics and the way society functions today (Thomas 2013, 122). It is within the 70s when in Finland the state support day care for children was created and the comprehensive pension system and welfare state was established (Pulkkinen 2017, 144). The elderly in Finland are living longer than ever before and are expected to function as independent as possible in order to facilitate the life of their caregivers (GENTRANS project 2005).

## 1.2 Intergenerational communication

Intergenerational means actions between generations. Generations in this context are divided into groups of Baby Boomers (age about 65), their Adult children (age about 36), Baby Boomers parents (age 75 and up) and grandchildren of Baby Boomers (Danielsbacka et al. 2013).

Baby Boomers keep most contact with their children, and their parents, (if parents are still alive). There is a lot of communication as well with grandchildren, spouse’s parents and friends, but to other relatives clearly less. Baby Boomers children keep the most contact with their friends and next most to their parents. Spouse’s parents and siblings they have fewer contacts and other relatives much less (Danielsbacka et al. 2013). The different life stages of generations reflect the closeness of connections (Elder & Kirkpatrick Johnson, 2003; Giele & Elder, 1998).

Practical aid is the most common form of aid given and received. Most of the older age groups provide practical help to their parents and almost the same

proportion of their children. Baby Boomers get the practical help most from their own children. The majority of adult children provide practical help to their parents, and most of them receive practical help from them. The greatest differences between generations apply to those who give practical help to their siblings and friends. A larger proportion of adult children than their parents gives practical help to these groups. Similarly, a larger proportion of adult children will get practical help from their siblings and friends. Adult children have relationships that are more intimate with their siblings than their parents, even though Baby Boomers have more siblings (Danielsbacka et al. 2013).

Both Baby Boomers and adult children provide some childcare and care assistance. Most caring are found in Baby Boomers groups with grandchildren. However, the Baby Boomer generation nurture their own and their spouse's parents, but the upward nurturing share is clearly smaller than nurturing grandchildren. Adult children receive by far the largest share of childcare help from their parents and the spouse's parents, but many also receive childcare assistance from siblings and friends. From the forms of aid, childcare and caring are the most gender divided. A much greater proportion of women, both provide and receive childcare and nursing assistance (Danielsbacka et al. 2013).

The forms and importance of aid at any given time, varies according to the stages of lives. For example, the Baby Boomers are at a stage where they may need practical help, but not so much financial support. Adult children who are studying or are on the beginning of their career may need more financial support. For adult children with their own small children, childcare can be the most important form of aid (Danielsbacka et al. 2013).

### **1.3 Integration of family life and work**

The smooth integration of family life and work improves wellbeing both at home and at work. Coordination is particularly important when it comes to a single-parent family or a worker who is in need of assistance from an elderly, disabled or disabled family member (Ministry of Social Affairs and Health, Finland 2018).

The respondents to the Ossi -project (2018) survey, answered the organisation of the timetables of the caring and work to be challenging: 1) Difficult to arrange shifts so that it is suitable with the caring needs for example school rides or special meetings. 2) Person who needs care may have visits related to a disability or illness that cause many job losses. 3) Carers feel an experience of an ever-present hurry. 4) Some of the respondents felt that the stress is related to the financial unbalance. 5) Some of the carers are not able to work related to their career interests because of caring (e.g. work having challenging working hours, heavy work or work travel). 6) Some had made changes to their work time or shifts (e.g. cannot do shift

work at different times or whole day work). 7) Some caregivers found challenging the lack of understanding of the employer or the co-workers towards caregivers. 8) Most of the caregivers found their own coping in that situation was one of the most challenging parts.

The support provided by the employer to support co-ordination and positive attitude towards the family will prevent conflicts between work and family (Ojanen 2017). In particular, the prejudices related to the combining of work and disadvantaged people need to be removed, as the emergence of acute care needs in the workplace has been felt to be prominent (Ojanen 2017, Kauppinen & Silfver-Kuhalampi 2015; Neal & Hammer 2007). When identifying the family should not be seen strictly in the form of adults and children or other care need, but the different nets and linkages between members. Family situations should be identified more specifically (Ojanen 2017).

#### 1.4 Current state

Nevertheless, the term of SG has different connotations depending on the culture and country. For instance, there are some authors that consider in America the SG population as highly vulnerable, being overly stressed by the common trend in the society to build the perfect childhood for their children and the care of the elderly with very little help from the state.

In Finland, on the contrary, SG are not left behind, considering the universal approach of the social welfare (Anttonen et al. 2003, 25). Traditionally, the law contemplating the care for the senior citizens has have a strong emphasis on public care services for older people, which is very similar to other Nordic welfare nations. Anyhow, the changes in the current elderly care policy in Finland has been transformed from that of a public supplier to that of an upholder for family caregivers, by restricting public services the state has added pressure on family caregivers to provide care. Therefore, family caregivers have been forced to be more present in the life of care receivers and their role and burden has increased more than ever before (Parkatti et al. 2004,10-11).

From a global perspective, there is a feeling that the SG population in Finland most pressing area is the care of their elderly parents. In fact, several studies have focused mainly on their role as caregivers, in which some of the main findings points out that juggling between work life and family caregiving can be highly stressful (RY-POLLI 2010,9).

In Finland only a minority of the carers are responsible of two-way caring. Most of the informal carers are old and are caring of their old spouse. From those carers who work at the same time, most are over 45 years old and their children are at least teenagers (Kauppinen & Silfver-Kuhalampi 2015). In 2017, the

expected retirement age was 61.2 years in the earnings-related pension scheme (ETK 2018) and people are expected to live 81,2 years (Findikaattori 2018). For that reason, there is not much of research about sandwich generation in Finland having small children and old parents needing help (Kauppinen & Silfver-Kuhalampi 2015).

Nevertheless, some dynamics among the SG are still not so visible in research. Such as SG people who are part of the labour market, who beside taking care of their senior relatives are also responsible for their children, children presenting special needs or young people who are NEET (Young people aged between 18-24 who are Not in employment, education or training). In the report “Education at a glance 2017” Finland presents 16.3% among this age group, one of the highest in the EU (OECD 2017, 312), situation that has become a political concern.

Hence, more research is needed in order to nuance even more the knowledge about the intricacy and intersectionality of the different subgroups among the SG in Finland (Jensen 2017) and this is paramount in order to define and ease their psychological needs and find effective solutions for each specific case.

Ojanen (2017) made a research that encourages the evaluation and development of measures to support reconciliation of work and family. Support for work and family coordination and load-bearing factors identification can prevent sickness absences and to reduce conflicts in families. Work organizations and the family policy of society should be developed continuously. The good health of employees reduces sick leave and supports the continuation of working careers. Wellbeing has positive effects on relationships and family life. In turn, these have many positive effects not only for human and social, but also for the work organization of organizations and the economy and productivity of society.

In the following pages we will approach the phenomena of SG in Finland, from the available sources in which the role of caregiver is widely used, which in one hand helps to identify the array of services to aid this segment of the population. But on the other hand this role leaves several voices out of the discussion, as it serves mainly the approach of the social policies, which aims that elderly people stay in their home as long as possible and in which family members are expected to take more responsibility for their elderly relatives (Parkatti et al. 2004,10-13). This situation has placed the SG in a pivotal place within the net of care supply.

## **2 The role of the caregivers in the families in Finland**

According to the kin selection, theory individuals tend to aid more their biological family members than other ones. On one hand, the biggest effort to help goes from older generation to the younger ones; the flow of assistance usually moves downward in the family line. On the second hand, the quantity of assis-

tance between generations differs by the form of given and received help. For instance, the youngest generation provides mostly help with small-tasks and practical aid to their parents, but they get greater quantity of practical and especially financial help from SG generation. Some studies have noted that siblings provide more help to sisters and their offspring than to brothers. In the same way, academics have detected that the maternal grandmothers have an important role for the grandchildren's wellbeing (Hämäläinen et al. 2009, 5). Nevertheless, it is important to mention that the kin theory is not ecstatic, and humans will not always act accordingly. For which, we have to take into account that there is always a subjective complexity of intergenerational interaction and communication between family members (Hämäläinen et al. 2017, 6).

In addition to the kin theory, gender seems to play important role influencing the way generations might help one another. Based on the kin keeper theory, due to psychological, cultural, and biological reasons, women are more willing to aid between the intergeneration of the family than men, particularly in the case of care. Therefore, based on this theory, it can be forecasted that compared to men, women belonging to the SG supply with help to their family members more frequently in both upward and downwards the kin line. Hämäläinen, quoting Euler (2011) argues, *“There could also be biases according to the gender of the recipients of support. The matrilateral effect hypothesis assumes that individuals have predispositions to provide more support to their matrilateral rather than their patrilateral kin, meaning that individuals belonging to the sandwich generation should provide more support to their daughters than to their sons and more to their mothers than to their fathers.”*

In the study denominated “Intergenerational transfers towards adult children and elderly parents” in Finland, the researchers concluded that regarding the direction of investments were similar among women and men. However, women were emotionally closer to their adult children than were men and provided more care to both elderly parents and adult children, while men gave more practical help to children than did women. Finally, the downward transfers were directed more often towards daughters than to sons by women (emotional closeness and childcare) and men (practical help and childcare). Women directed upward investment more often towards mothers than fathers (emotional closeness and care) (Hämäläinen et al. 2017).

## 2.1 Services for families with children in Finland

There are various options available for families with small children. After the parental leave period, families have three different options supported by society to arrange care for a child under school age. The options for childcare in Finland are municipal day care, private daycare and home childcare. If the child has a home

in Finland, the parent can apply for private care for Kela. A daycare provider must have a municipal approval. Support for private care can be provided if, a child under school age is in a private kindergarten; or the child has another private nurse (Infofinland 2018; STM 2018). Families with children are using childcare services widely. Still the amount of service usage is lower than in other Scandinavian countries (Figure 5) (Kela 2018).

When a child is nine months old, it is possible to ask for a childcare. One of the parents of children under 3 years of age can take care of a child and receive home care allowance. That year, when a child reaches six, most go to pre-school and everyone who completes seven years of that year goes to school (Infofinland 2018; STM 2018).

### Children in day care aged 3–5

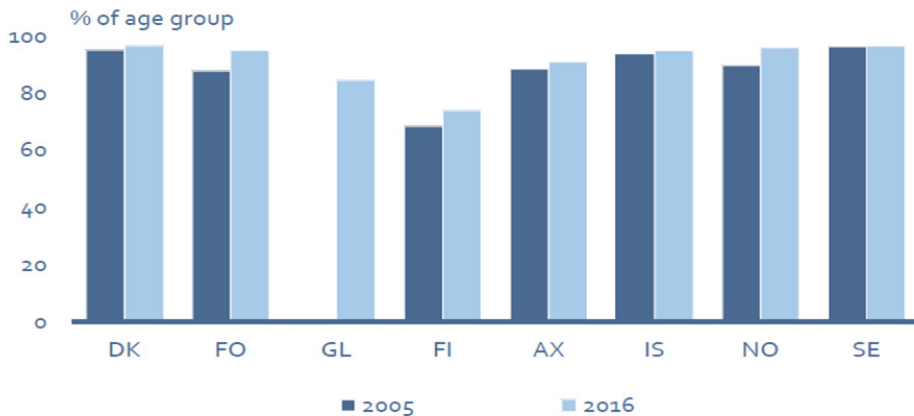


Figure 5: Children in day care aged 3–5 in different Scandinavian countries (and provinces) in years 2005 and 2016. (Source: Nordic Statistical Yearbook 2017, 41, Kela 2018)

## 2.2 Elderly Care Act and people suffering dementia

The Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for Older People (980/2012), which was passed in 2013, has as an aim to develop the elderly care system stressing on preventive care. Thereby, that the need for long-term care would be delayed and the cost of services would be curbed down. Moreover, it seeks to secure appropriate care for senior people in need. Even though the Act gives a feeling of progress, it continues to be disappointing in practice. Specially in the case for patients with dementia, who turn to be even more vulnerable (Hoppiana et al. 2017,226).



Hoppiana et al. (2017, 233) argues about the Elderly Care Act: *“The ongoing legal reforms create the possibility of improving existing laws and eliminate discriminatory practices”*. Nevertheless, in terms of those who are more in disadvantage she advocates that: *“(older) people with dementia can remain in an unequal position and are discriminated against.”* *“it seems that, instead, these reforms are being used to introduce new age- and illness-based distinctions and boundaries that do not help older people to receive better care and services and can even worsen the position of older people with dementia.”* Hoppiana contends (2017, 238) that based on the current disability legislation in Finland, people with dementia should be legally considered as disabled: *“In Finland the disability legislation is actually the framework through which stronger rights for older people with dementia could be secured, and legislation such as the Elderly Care Act is not a way to improve the rights of anyone.”* She strongly concludes that *“It is not an exaggeration to say that the Elderly Care Act is completely useless in this context. Indeed, the situation of older people with dementia shows that what is required is strong legislation that grants clear rights to services according to individual needs.”*

### 3 Informal care in Finland

In Finland, family care support consists of services for people in family care, fees and vacations for family caregivers and services that support family care. The services provided for informal care in Finland vary greatly depending on the municipality.

Informal care (family care) is care and attendance provided by family members or other persons close to elderly or handicapped people or people suffering from illnesses who live in their own homes and whose ability to function has weakened. A family caregiver can be a family member, other relative or other person close to the care recipient who can manage the task in terms of his or her own health and ability to function. In Finnish system, family caregivers sign a family care agreement with the municipality. However, they are not employees of the municipality, the care recipients or the guardians of the care recipients.

In Finnish law has set an Act of informal care (City of Helsinki 2018b). Act on Support for Informal Care has changed 1st of July 2016.

Law 2.12.2005/937 briefly:

*Informal carers' right to leave is set has been extended so that all informal carers who have signed an informal care agreement are entitled to at least two days of leave every calendar month. If the informal carer's leave has already been granted, the situation will not change.*

*According to the Act, a municipality may arrange training and complementary education as well as wellbeing and health check-ups for informal carers, if necessary. Helsinki utilises an electronic health check-up intended for informal carers.*

*The informal carer can have their leave monthly, or save the days up and take a longer period of leave. The statutory leave must mainly be taken during the calendar year. However, holiday days from December can be taken in January of the next year. Untaken leave will not be compensated for as money.*

*An informal carer is entitled to leave for any calendar month during which the carer is bound continuously or with only minor interruptions to provide around-the-clock or continuous daily care. They are not entitled to leave if the care they have provided has been interrupted by more than five days in one month.*

*If the client has been granted some other discretionary, short-term care, the granted informal care leave may affect the amount of other short-term care. The matter will be determined case-specifically.*

The Finnish Network for Organisations Supporting Family Caring (2015,6-7) states that “Over one million Finns help their relative or loved one in some way, and about 350 000 of them are so-called primary caregivers to their loved one and about 60 000 are in a binding and demanding informal care situation.” In 2018, slightly over 44 000 carers received support for informal care granted by the municipality pursuant to the Act on Support for Informal Care, which defines a caregiver as “a relative or another person who is close to the care receiver who has signed an informal care agreement with the municipality”. The estimate of the relative amount of caregivers varies from 300,000 to one million. The number of employed caregivers is estimated to be around 750 000. From those 44 000 of whom get the aid are 43% under 65 years old (STM 2018c) (Figure 1).

The reasons for becoming a caregiver are based due to “a situation in life when an illness and a disability, help and support are integrated into the ordinary life of the family in various ways. In an informal care situation, both the carer and the care receiver need support.” Many caregivers help their family members without help from the society.



Figure 1. Caregivers in Finland.

There is a big array of subcategories of caregivers, for instance, some of them are not able due to work or other reasons to provide physical aid, such as dressing, washing or feeding. *"The need for help is not always obvious. If one family member suffers from e.g. problems in brain activity or mental health, the relatives are left with many kinds of guiding and supervising tasks. Many help their loved one from another locality, i.e. they are so-called remote carers. Remote carers may care for their loved one also by phone and remote technology (The Finnish Network for Organisations Supporting Family Caring 2015, 6-7, Figure 1)"*.

In the future, the need for family and close relatives care, especially for older people, is estimated to grow strongly. This leads increasing need for comprehensive, wider accessible work and family co-ordination practices. The two-way care responsibilities (so called sandwich) have so far been less common in Finland, but the need for it is also expected to increase (Ojanen 2017; Sutela & Lehto 2014, 180).

Shemeikka et al. (2017) from Finnish Prime Minister's Office have done a review of Informal care in Finland in 2017. The conditions for getting support for informal care are estimated to be met in Finland for about 60,000 people. In 2015, only 45,300 of informal carers' had contract with the municipality (Terveyden ja hyvinvoinninlaitos 2016). According to a survey by the National Institute for Health and Welfare, 60 % of contracted caregivers were retired and 17 % worked in addition to caregiving. Almost 70 % of all caregivers were women (Linnosmaa et al., 2014). The majority of caregivers continue with the caregiving without the support of society, and some also besides of their work (Kattainen et al. 2008).

According to Vilko (2014), even some 350,000 Finns feel they are the main helper of their close ones (Table 1 and Figures 2-4).

Table 1: Indicators of informal care in Finland (THL 2018).

<b>Indicators of informal care in Finland</b>			
	<b>2017</b>	<b>2012</b>	<b>2007</b>
Under informal care 65 years of age during the year, % of the population of the same age	2,7	2,7	2,5
Under informal care 75 years of age during the year, % of the population of the same age	4,8	4,5	3,9
Under informal care 80 years of age during the year, % of the population of the same age	6	5,4	5,9
Under informal care 85 years of age during the year, % of the population of the same age	6,9	6,2	6
Informal care customers during the year / 1000 citizens	9	7	N/A
Total number of caregivers aged 65 during the year, services provided by the municipality	26757	21249	15374
Total number of caregivers aged 65 during the year, services provided by the municipality, % of the total population	0,0005 %	0,0004 %	0,0003 %
Total number of caregivers during the year, services provided by the municipality	46132	40492	32359
Total number of caregivers during the year, services provided by the municipality, % of the total population	0,0008 %	0,0007 %	0,0006 %
Informal care, 0-17 years of age during the year, services provided by the municipality	7851	5829	4239
Informal care, 0-64 years of age during the year, services provided by the municipality	15683	13575	11221
Informal care, 0-64 years of age during the year, services provided by the municipality, % of the total population	0,0003 %	0,0003 %	0,0002 %
Informal care, 18-64 years of age during the year, services provided by the municipality	7832	7746	6982
Informal care, 65-74 years of age during the year, services provided by the municipality	8006	6816	5782

Informal care, 75-79 years of age during the year, services provided by the municipality	6551	5789	N/A
Informal care, 75-84 years of age during the year, services provided by the municipality	14088	12572	10153
Informal care, 80-84 years of age during the year, services provided by the municipality	7537	6783	N/A
Informal care, at least 85 years of age during the year, services provided by the municipality	10109	7633	5830
Informal care, at least 85 years of age during the year, services provided by the municipality, % of the total population	0,0002 %	0,0001 %	0,0001 %
Informal care, financial support for caring, 1000 € (-2014)	N/A	173000	117722

(Finnish population in 2017: 5,503 M, 2012: 5,401 M and 2007: 5,277 M. Reference: Findikaattori 2018).

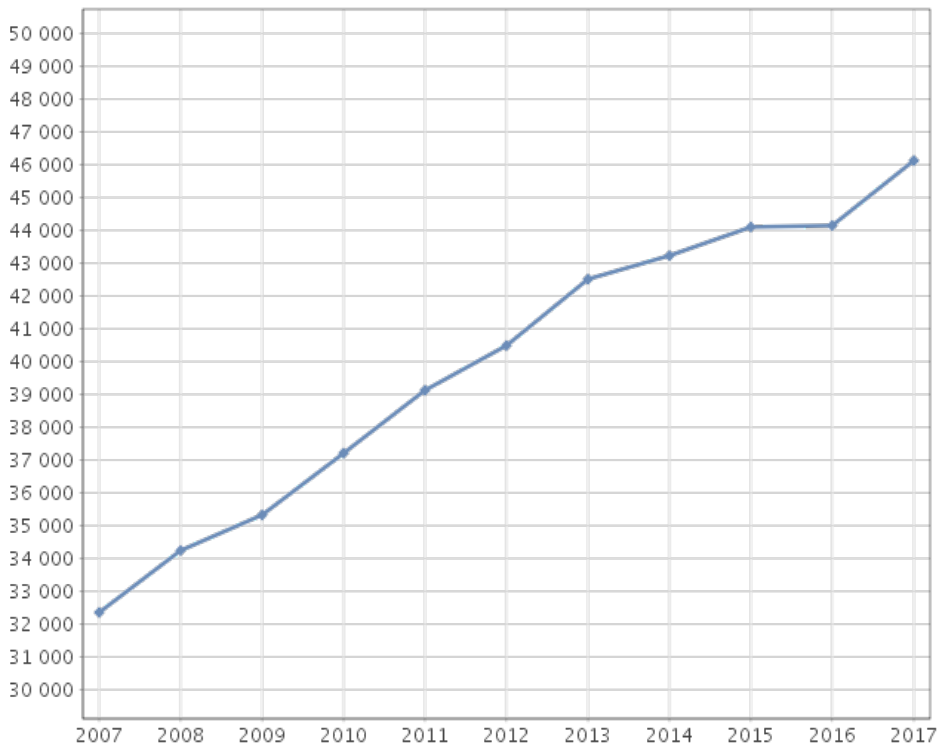


Figure 2: Total number of informal caregivers during the year (2007-2017), services provided by the municipality (THL 2018).

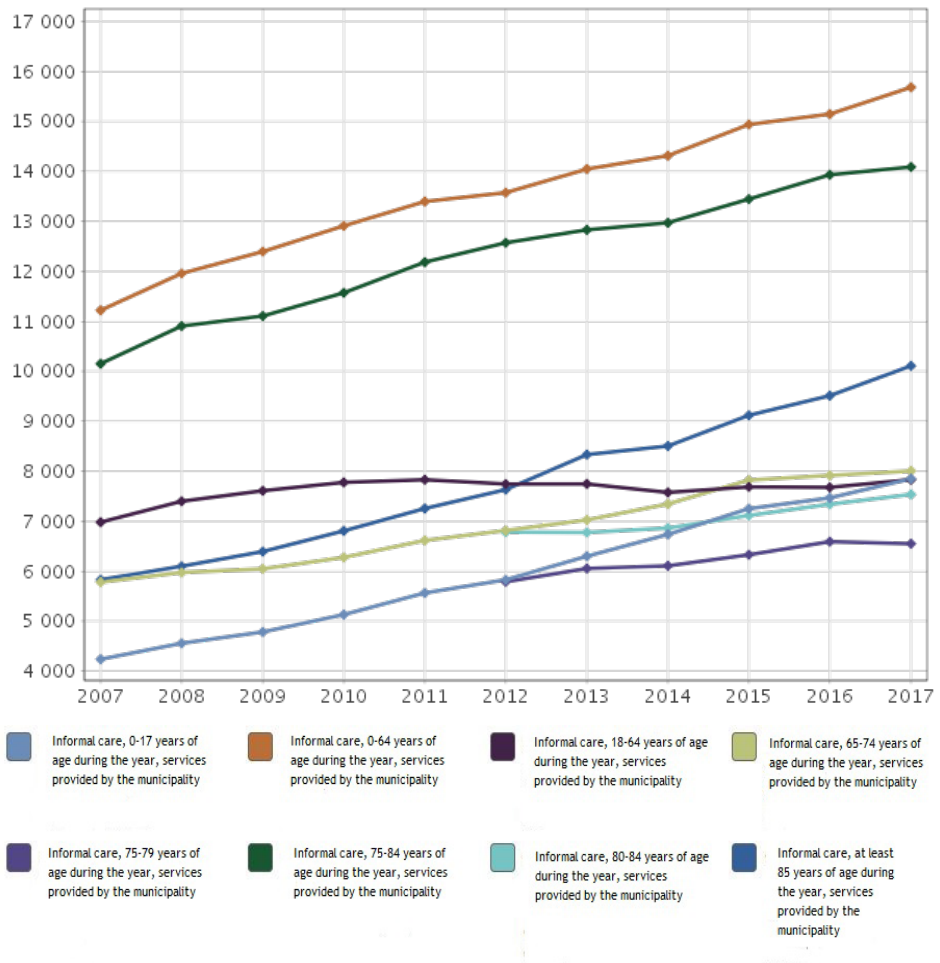


Figure 3: Number of those who are in need of informal care during the year (2007-2017), services provided by the municipality (THL 2018).

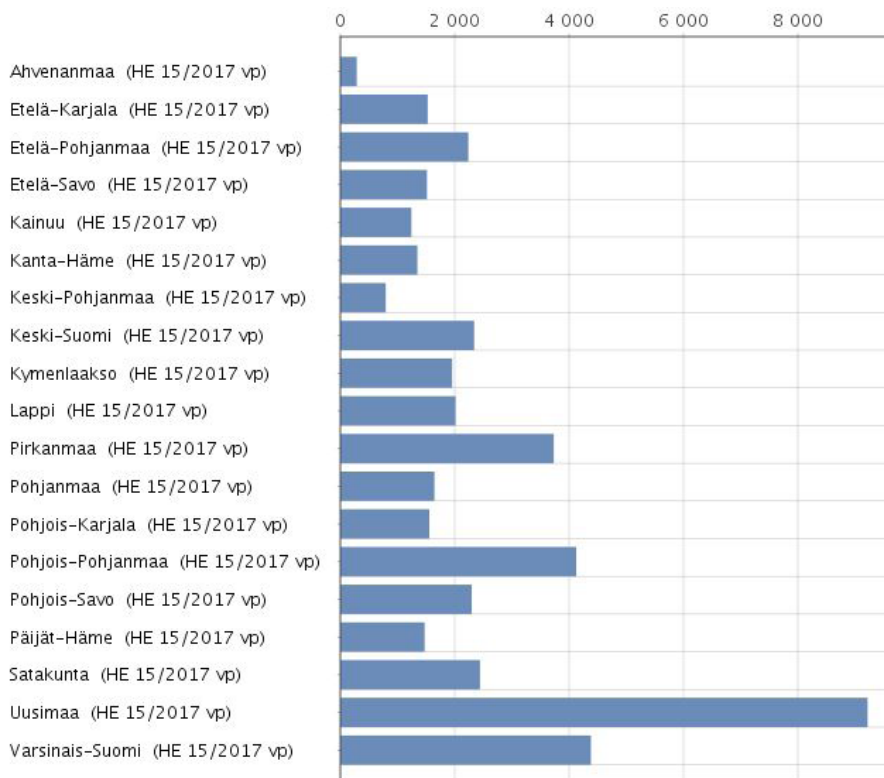


Figure 4: Total number of informal caregivers during the year 2017 in Finnish provinces, services provided by the municipality (THL 2018).

Data from the differences of the genders is not available.

In Finland government has set that: If necessary, the municipality must arrange coaching and training for the caregiver. Similarly, the municipality should arrange for welfare care and health inspections to the caregiver, as well as social and health services that support her wellbeing and care. Also, the budget of the municipalities for informal care has been increased in 2018 (Kuntaliitto.fi 2018, STM 2018b).

#### 4 Psychological burden of a Caregiver

Becoming a caregiver to a family member might not only have economic impact on the individuals but also in the whole society. Considering that, it demands moving from full-time to part-time work or leaving paid work entirely. Consequently, family care is likely to reduce work supply and tax revenues. Especially in countries where the women's labor force contribution rate tends to be high,

considering that many caregivers are mainly women. Additionally, it has been studied that informal care is cost effective for the state, but it poses an issue of gender equality as more women are put under the difficult situation to be caregivers (Määttä et al. 2017, 3-26). The primary purpose from a legal perspective, is to achieve that senior citizens stay at their homes as long as possible and only the ones with the most pressing needs of care are being allowed to stay under professional care, with the number of service user's beds been reduced, the demands toward family caring has increased considerably (Parkatti et al. 2004, 13).

There are concerns about the increase burden that informal caregivers have to put up with on every day basis. Based on surveys about the wellbeing of the members from the National Family Association promoting mental health in Finland, a big number of them have reported to be under risk of depression and low life satisfaction (Moressi 2010,6). Some studies have found that retiring SG people in Finland are overindulging in alcohol consumption, especially there are high rates of intake among women. Finland might have to deal with the social costs of having a very large cohort of SG people suffering from alcohol addiction (Yle 2013). Anyhow, there are not clear connections whether this phenomenon is connected with loss of social connection due to the retirement, overload of work and family care duties.

Complications that informal caregivers usually undergo are various depending to carers' conditions. The burden and struggles of caregivers can negatively impact on the relationship between caregivers and care receivers.

Being an informal caregiver might affect the way they live; for instance long shifts of care provision might cause caregivers physical weariness and unceasing stress and apprehension, which may also be a cause for depression. When the carers do not know about the ailments and the way to care for the care-receivers, the pressure increases further. Additionally, carers present difficulties in part taking into society and labor market, which can have negative impact on their social and financial situation. It is common to have economic difficulties due to care costs and for being unable to work (Kyung Seong 2016,4).

### **Support to overcome Caregivers' stress**

There are marked financial differences between municipalities in Finland and not all the services might be totally available everywhere (Parkatti et al 2004, 25). Nevertheless, there is an array of services in place to support the wellbeing of carers.

In accordance to the Family Carer Act (312/1992) informal caregivers are entitled to obtain the adequate training, for which the social and healthcare service system provides a varied forms of support for a carer. Nevertheless, these services



must be applied for; they are not provided automatically. (The Finnish Network for Organisations Supporting Family Caring 2015, 14.)

Additionally, the Social Welfare Act, informal caregivers should have an agreement with the municipalities recognizing their role as a family carer, including a service package planned in cooperation with the family and the officials, which defines the caregiver fee, duration of the work, their entitlement for free time and coverage against injuries. By law, informal caregivers have the right to a job alternation leave, which means that a person that has been working more than ten-years in can agree with the employer to take up to one sabbatical year off from work. During this work leave, the caregiver has the rights to receive 70% of the salary. Also, carers should have supervision that can assure that they are coping well and the municipalities should arrange this type of follow up (Moressi 2010,16).

Notwithstanding, the social welfare declaration gives rights to caregivers to seek for help, the issue is that many people do not acknowledge themselves as informal carers, some of them are not well informed where to obtain aid and do not apply for support until they are exhausted, or themselves face disease (Moressi 2010,16). One of the main issues is that these services are scattered, and it usually demands the extra work and effort to be informed. Education and training marks a watershed in helping to overcome caregivers needs, providing information about how problems gradually develops with an emphasis on preventative methods for mental health.

It is crucial for informal caregivers to have access to proper training in order for them to learn how detect the cause of distress and different methods to overcome these symptoms. Additionally, municipalities should count on an assessment about the specific needs of caregivers at the different phases of care in order to supply a timely support network available to ease their burden. (Montgomery et al. 2008, 52).

Several studies have shed evidence that for the caregiver to overcome stressful experiences in their caring performance, it is important inasmuch as to acquire both skills and knowledge (Given et al. 2008, 115). In Finland the topics expressing the need for more knowledge among the caregivers and which have been often brought up by them are: the need for advice in complicated situations (61%), and the need for information about medication and psychiatry (60%) (Moressi 2010, 8-15).

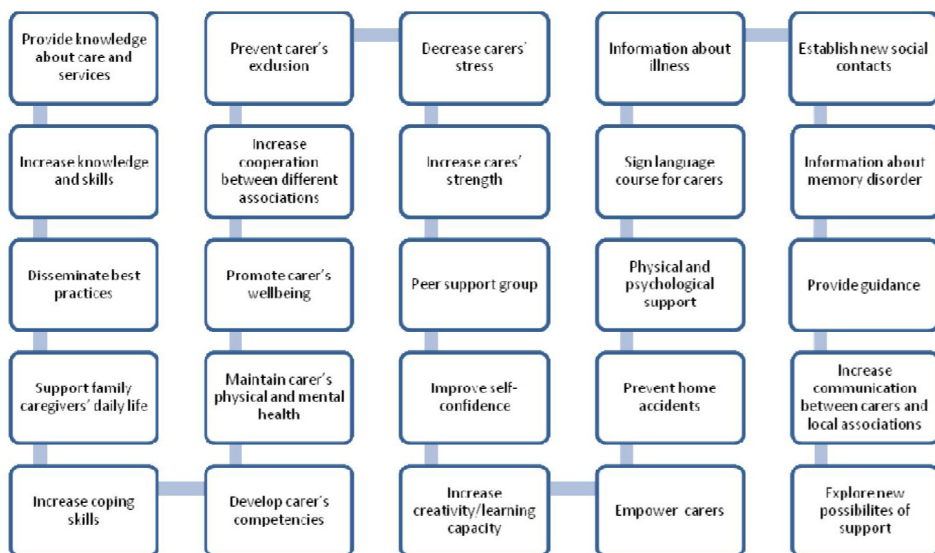
Given & Given (2008, 115) argue that informal carers frequently communicate that they do not receive enough guidance from the service providers on regards how to undertake the carer's role and about how to develop further skills. Hence, caregivers usually feel unprepared in their roles, which can lead to mental health issues and poor quality of caregiving.

The Finnish Association for the Welfare of Older People has undertaken several studies, which involved family carer's everyday life, their experiences, quality of services, support programmes, rehabilitation groups to prevent loneliness, among others. For instance, the project “*Circle of Friends*” is a group model for older people, who experience loneliness from time to time or perhaps every day. The aim is alleviate and prevent loneliness. It offers also training for elderly care professionals and volunteers. (VTKL - The Finnish Association for the Welfare of Older People.)

The services in place to inform better the carers could be summarized as follows (Moressi 2010, 24):

- Counselling service and advice are organized by different organizations with the aim to provide information about social and cultural activities, referrals to other services, health services, filling forms, seminars and trainings, etc.
- Self-help support groups are organized by the municipalities, different kind of projects for the informal carers and the Associations for family carers, which are mainly financed by RAY (Finland's Slot Machine Association).
- Practical training in caring, relaxation, caring for their own physical and mental health, service to help caregivers to manage crises. etc. These are services offered by voluntary institutions and partially offered by the municipalities.

Table 2: Aim of the support services offered for family carers (Moressi 2010, 51)



## **5 An example of social and health services in the city of Helsinki, Finland**

Social and health care services in Helsinki are being reformed to be easy access and giving extensive and comprehensive help and support for the citizens.

The services are to be brought together into three centres (Family Centres, Health and Well-Being Centres and Comprehensive Service Centres), which provides services in a comprehensive manner, under the same roof. The aim is to simultaneously improve the accessibility and the customer experience, effectiveness, productivity and staff experience of the services. The services will be produced in an integrated and solution-oriented manner instead of the current function-orientation. The emphasis of services will shift towards digital services. For that change, user-oriented digital services are developed further.

### **5.1 Family Centres**

Family Centres offer basic services for families with children, as well as early support and special support services. The services include maternity and child health clinics, home services, speech therapy, the family counselling office, physiotherapy and child welfare services.

Children and families with occasional service needs:

Services providing good access to maternity and child health care services, and agile and timely early support. Digital services with self-treatment and self-service options are also offered. The maternity and child health clinic team provides multidisciplinary early support for children and families.

Children and families with many service needs:

An integrated service package is offered, where the multidisciplinary service needs assessment is only conducted once and the child's and family's matters are coordinated by an appointed caseworker.

### **5.2 Health and Wellbeing Centres**

Health and wellbeing centres provide health care and social services for the working-age population. The services include health station, dental, psychiatric and substance abuse services; youth and adult social work and social guidance services; rehabilitation services; services for the disabled and laboratories (City of Helsinki 2018).

Health and wellbeing centres services are intended primarily for the adult population. Some of the services are also for children, young people and the elderly. The services are provided in a single building or in a networked manner at different locations.

- health station services
- psychiatric and substance abuse services
- youth and adult social services
- rehabilitation services for adults (physiotherapy and occupational therapy)
- oral health care services
- care management for the elderly
- services for the disabled
- support services (such as laboratory services) (City of Helsinki 2018)

### 5.3 Comprehensive Service Centres

Comprehensive service centres provide services for the elderly and those with multiple illnesses. The centres be low-threshold meeting places, where clients can receive help with different kinds of needs and problems when suffering from a reduced ability to function (City of Helsinki 2018).

The objective of the comprehensive service centres is to develop the model to ensure that all services for the elderly are available more easily in one place. The operating model includes, for example: integrated services, local services, electronic services, practical work, seeking work services, services in the home, and cooperation between health and wellbeing centres and family centres, other partners, organizations and the third sector (City of Helsinki 2018).

The comprehensive service centre is a low-threshold meeting place where operations are designed to support living at home for as long as possible. Clients receive the help they need with different kinds of needs and problems, when their own ability to function is reduced. The staff work both in the clients' homes as well as at the Comprehensive Service Centre, flexibly running different activities with the clients, according to their needs (City of Helsinki 2018).

In the comprehensive service centre clients will be able to receive services when they need them (City of Helsinki 2018):

- Services to support living at home
- Services to support social coping
- Outpatient health care and oral health care services
- Mental health and substance abuse services
- Rehabilitation services (physiotherapy, occupational therapy, speech therapy)

Some of the Comprehensive Service Centre services are also designed for those under 65 years of age, and some are aimed at users of services for those with disabilities. Activities carried out by the City's other administrative branches, associations and volunteers play a major role (City of Helsinki 2018).

## **6 Examples of the facilities for elderly care and informal care**

Gerontological rehabilitation for the elderly supports the goal of independent life. Gerontological rehabilitation aims at restoring and maintaining the highest functional ability of the elder in spite of illnesses and injuries, thereby enhancing his or her self-interest and quality of life (Koskinen et al. 2008).

The rehabilitation process in the city of Helsinki is a set of different measures that include the ability of a rehabilitator to understand and evaluate the ability of the rehabilitator to achieve the goals and systematic cooperation goals. The rehabilitation is carried out by a multiprofessional team, which usually includes a physician, a physiotherapist, an occupational therapist and a social worker, who are familiar with geriatrics. Also they have team meetings for group conversations for people in the same situation, where they have regular meetings with different kinds of actions.

### **6.1 The Northern informal care activity center, the city of Helsinki social welfare and health agency (belongs to Gerontological social work unit)**

The purpose of activity centres is to promote and support the informal carers and the care receivers and their wellbeing. Activity centres of informal care hold both open and closed groups. Peer support groups are available to male carers and former carers, for example. In addition, various exercise groups are organised. Coaching courses are offered to new carers. (<https://www.hel.fi/helsinki/en/administration/participate/contact/search-address/toimipistekuvaus?id=3191>). Once a week, the activity centres of informal care set up a café, where topical matters are discussed. Participation in the activities of the centre is free of charge. Small fee may be charged for excursions, meals and craft materials.

Support services for informal carers of a person over 65 years: the city provides several options for arranging the statutory vacations of support for informal care. In addition, other recreational vacations can be arranged for families giving informal care (City of Helsinki 2018c).

Informal carers are given support through various services In Finland, in the city of Helsinki:

- Activity centers of informal care: four regional locations

- Day activities
- Short-term care
- Daily part time care
- Home help service for informal care (mainly for customers aged over 65 years) at most 8 hours per month, 1 to 4 hours at a time
- Child minding services for children with special needs (under the age of 16) (City of Helsinki 2018c).

There are several ways to arrange the care during the carer's statutory vacation. Short-term care in the city's units or in purchased service units, Service voucher for short-term care for the service providers' units, approved as service voucher companies, Substitute carers (The carer can suggest a relative or another person who is close to the care receiver as the substitute carer. The eligibility of the substitute carer is assessed, based on the same requirements as the primary carer), Part time care, Day activities and Services purchased for home to assist the carer (City of Helsinki 2018c).

Prerequisites: A carer receiving support for informal care is entitled to, at least, three days of leave for any calendar month, during which the carer is bound continuously or with only minor interruptions (not exceeding five days) to provide around-the-clock or continuous daily care (City of Helsinki 2018c).

For informal carers is arranged wellbeing and health check-up and coaching. Those are done with the help of the electronic wellbeing and health check-up, an informal carer can receive focused information on wellbeing and health. After the check-ups, the carer can take part in electronic coaching programs, which are weight control, healthy diet, quitting smoking, reducing alcohol consumption, sleep coaching, stress control, Optimism, Positive interaction in a partnership, Good deeds, Relationship coaching, Being thankful, solving conflicts in a partnership and exercise programs: for asthmatics, diabetics, people with coronary artery disease or high blood pressure, people with musculoskeletal disorders (City of Helsinki 2018c).

If the informal carer takes care of a person at least 65 years of age, they can find out more about the matter through the support for informal carers or from the workers of an informal carers' activity centre. Those taking care of a person under the age of 65, can receive information from a worker of the support for informal care (City of Helsinki 2018c).

## 6.2 The Home Care Services

The home care services (domestic services and home nursing) unit of the Helsinki health centre organises nursing, care and the necessary support services in

order to maintain the health and functionality and offer care in cases of illness or disorders of the elderly, convalescents, patients suffering from chronic illnesses and disabled people over the age of 18. The objective is to secure the customer's active and safe living at home. Home nursing entails nursing and rehabilitation services prescribed by a doctor, taking place at home. A doctor's referral is required in order to receive home nursing services (City of Helsinki 2018c).

A person is entitled to home care services and related support services, if he/she needs help in daily activities, such as eating, washing, dressing, getting out of bed/chair, walking or visits to the toilet. If a customer needs home care services, he/she or a close relative can call the Home Care Services team leader of the area during the call-in hours, Monday to Friday 9–11 a.m. The first step is to complete a preliminary assessment, which can be conducted as a telephone interview. If it is assessed, based on this interview, that the customer is in need of extensive support, a home appointment for a further assessment is arranged with the customer (City of Helsinki 2018c).

Customers of the home care services receive the health care and nursing services they need at home, if it is not possible to organize these services in another fashion. An individual service and care plan is prepared for each customer of the home care services, recording the services provided by the home care services team. The plan is prepared together with the customer and his/her relative/other trusted person (City of Helsinki 2018c).

Customer fees for home care services: For temporary home nursing and domestic services, the charged fee is per visit by a doctor or a dentist or per visit by other home care services staff. For temporary domestic services, the customer fee charged corresponds to that of the temporary home nursing service fees. The number of services, the gross income of the household and the size of the family determine the monthly fee for continuous home care services (City of Helsinki 2018c).

### **6.3 Day activities for elderly**

In Finland, the city of Helsinki has day activity units for having activating and rehabilitating activities for elderly, to support caregivers and living at home. The services are meant for all elderly residents in Helsinki and for unemployed residents. The goal is to prevent the social isolation. Services include, for example, meals, social communality, leisure activities and physical exercises (handcraft groups, peer groups, social events such as: lectures, movies, visitors, parties, concerts and voluntary work) (City of Helsinki 2018c).

In day activity unit's elderly can have advisory services. Services include e.g. general counselling, social counselling (social benefits, different services avail-

able, life management), and technology counselling by Enter ry (seniors assistant organization), e.g. how to use laptop, Internet, smartphones etc (City of Helsinki 2018c).

#### **6.4 Nursing homes: 24-hour treatment facilities**

Elderly needing special help all day can have different kinds of periods and a varied of time period in nursing home. Nursing homes have actions of dementia care, psychogeriatric care, physically disabled care and social crisis care (City of Helsinki 2018c).

The city of Helsinki has developed a system of evaluation and rehabilitation department for elderly with problems. This department manages elderly customers who often have many problems, such as memory, mobility and social problems such as housing problems and wandering and somatic illnesses. The customers often come to the department from a hospital, from a crisis department or some directly from home. All customers come first through centralized service guidance (City of Helsinki 2018c).

The duration of the period of the stay in the elderly facilities varies from one week to six months. There is always one visit to customer's home (assistance assessment and mobility at home) and at least one meeting involving relatives, customer, carers and partners. The goal is always to support living at home and finding solutions to support it. Nonetheless, in Helsinki about 50% of customers are transferred to long-term housing, e.g. to an old-age home (City of Helsinki 2018c).

### **7 Guidelines for development**

This chapter gives suggestions and ideas on development solutions for better communication and care between generations even though in Finland only a minority of the carers are responsible of two-way caring. Because of that, in Finland has not studied much about sandwich generation in Finland (Kauppinen & Silfver-Kuhalampi 2015).

The gap between generations may increase if sufficient attention is not paid. Different forms of cooperation between generations may be worth to do. By cooperating with the school and older people can be able to achieve, besides generations getting closer, also more versatile interaction and team skills for the pupils. From a societal point of view, intergenerational cooperation can only achieve broader objectives if cooperation activities are based on carefully considered goals and planning (Mäki and Ojavalli 2008).



Coliving of young and old generation can give many positive outcomes, like learning from each other; respect each other, learning about history or new technologies. In Finland, one group tried a test where youngsters help pensioners to use social media. They made a TV-serie about that. It was popular for elderly (Yle 2018).

## 7.1 Best practices to coordinate work and other life in workplaces

The balance between work and family life can be improved, for example, through working time and work arrangements (such as sliding working hours, working hours bank, teleworking, personal agreement, part-time work), individual flexibility, and coaching supervisors. Successful reconciliation of work and family reduces stress and other psychosocial loads. A family-friendly job is also an attractive place to work (Ministry of Social Affairs and Health, Finland 2018; Ojanen 2017, Kauppinen & Silfver-Kuhlampi 2015). It is also important that, in addition to developing the balance methods, information on the availability of various methods should be improved (Ojanen 2017).

1. Flexibility in working hours. Work time flexibility and jointly agreed arrangements, such as working time banks and working hours, are the most important means of facilitating the reconciliation of work and life (TTL 2018).
2. Telework. Supporting guidance on telecommuting can be supported by encouraging guidance, good technical implementation, and the positive attitude of immediate managers (TTL 2018).
3. Functional substitute arrangements and good practices for returning to work. At working place, should be prepared for both predictable and unexpected absences. A working model is needed for example how to get familiar with work again and support the return of family leave (TTL 2018).
4. Written objectives and operating instructions. The superiors need support for their own work from top the direction of top management and the knowledge of the practices that support the integration of work and other life (TTL 2018).
5. Agreed Rules and Equity. There should be clear rules on the workplace that apply equally to all employees. However, fairness does not mean that everyone has the same rights and obligations, and that special situations are not taken into account. An open and positive atmosphere will enable discussion and negotiation of things together. It is good to be aware that, for example, single parenthood and caring responsibilities may be particularly challenging for life (TTL 2018).
6. Reconciliation of work and other life into staffing processes. Work management should follow the age structure of staff, care responsibilities and how

to reconcile work and life. For example, development discussions and atmosphere surveys provide an opportunity to address these issues. It also allows discussions between the two or the work community (TTL 2018).

7. Private life issues into health care cooperation and maintenance of work ability. It is a good idea to take part in the work and studies of occupational health care as well as family and family life issues affecting wellbeing at work. For example, identifying and counseling personalized situations is useful (TTL 2018).
8. Support staff for reconciling work and life. The workplace should have a clear definition of what the employee is doing. Recovery from workload is an important skill for us all. The solutions and methods of coping with work and life are unique, but everyone can practice self-knowledge and self-management. A supervisor or co-worker can provide support, and training can be provided (TTL 2018).
9. Childcare and other services that facilitate everyday life. At the workplace, it is worth discussing whether the staff is experiencing the need for services that support everyday life. If required, the employer can find out about the job opportunities for arranging or communicating them. One example is a sick childcare service provided by the workplace (TTL 2018).
10. Consideration of the family at the workplace. It would be good for a family to get to know the job and the workplace, as it helps to understand the work and requirements of the parent, spouse or child. For example, a common family event at the workplace is a good way to get to know each other. At the same time, the employer gets access to the employee's family, which is an important asset (TTL 2018).

Families with special children should have an official body that provides comprehensive support for family allowances and services and advises when needed to apply for support (Ossi-project 2018).

## **7.2 Suggestions from Anni Kallio's (2014) study**

### **The village Grandma and Grandpa Action**

In Mannerheim's Welfare Association's Wilderness and Wildlife Service, volunteer adults give their time to children, for example in day-care centers, family cafes and clubs. The aim is to support good childhood by strengthening the generation chain, increasing positive inter-generational interaction and interaction, transferring cultural heritage, creating active adult age groups with the opportunity to make voluntary volunteering and increase regional communality and solidarity with children.

### **Deputy Grandma and Grandpa Action**

The Center for Volunteering in the Talkoorenka, Kerava, started out in 2007 with Deputy Grandma and Grandpa, which aims to act as a bridge between different generations, to transfer cultural heritage and to support families with children in everyday life. The idea is to provide families with the opportunity to experience older people if their grandparents do not exist or live far away.

### **Godmother and Godfather Action**

The Small Family Association Mummila is an activity center in Vuosaari, Helsinki. Mummila offers the opportunity for three generations to get together, educating the godfather and the dangers of friends in the families, who have no relationship with their grandparents, as well as organizing a variety of activities and thematic groups for grandmothers and dances.

### **The camp Grannies**

The Best For Children Association's campus may be either camps for children or multicultural family camps. In order to reduce cultural misunderstandings, they are hoped to be an extra lap for the kids who need it. It is hoped that grandmothers and grandpas will bring their own childhood skills to camp, that is, things that may even be strangers to today's children such as forest trips, sauna heating, rescue, hunting or even flower wreaths. Grandparents can read fairy tales or even just chat with kids.

### **School grandfathers and grandmas**

There is a group of volunteer men (Kouluvaarit ry) over the age of 55 who want to be helping a primary school pupil and teacher in Turku. Saunalahti School in Espoo has been in school and grandma since 2009.

Grandmothers work in the classroom as support for learning, reading tales, excursions, as an extra hand in crafts and as well help for some students who need extra help. Grandparents have time to stop to help, tapping and reconcile. They are adult children's friends and their most important task is to be present. With these adults, students can do tasks, discuss and hear stories. They are developing a good and safe school environment and add value to learning with their own special expertise and life experience.

### **Homework Help**

LäksyHelppi is a joint project of the Finnish Red Cross Helsinki and Uusimaa District and HOK-Elanto, which provides assistance in homework assignments. The local Red Cross branches voluntarily set up homework groups in the Helsinki Metropolitan Area and Central Uusimaa. During holidays, they talk, play

and spend time together. LäksyHelppi is targeted especially for people who have moved to Finland, but they are welcome regardless of the background. The project improves motivation for schooling and prevents exclusion.

### **Neighborhoods Kitchen**

Along with eating, combines babies with the elderly. For example, at Helsinki's Kallio, open-air events have been organized as a theme “Do not eat alone!” The food is made together and most of the raw materials obtained from nearby companies. There are several public corporations in the neighborhood, and events have been organized in parks. The kitchenette has also been designed to provide cultural experiences, such as live music or poetry. The low-threshold evening events have thus convened to enjoy food, clubs and music.

### **Young people give help!**

Junnut Jeesii! organized by the Youth Center of the City of Helsinki project aims to help young people help seniors in everyday activities such as dealing with trade issues. In addition to shopping trips, young people have visited service centers to help seniors use cell phones and computers. The idea has also been to encounter of different generations.

### **Give Time to Elder**

4H Association has implemented this practice. Young people have been employed by the elderly in a health center, home care and dormitories. The company, association or private person could have purchased the hours by paying the required number of hours to the association's account (15e / h in year 2011 including the salary and the costs of employment and accounting) as a reference to Anna Aikaa Vanhukselle. 4H has hired a young people as well as work trials and 4H manages the timetables. Work hours can be bought as many as wanted. Employees who have worked, are published on the association's website except where the payer has not wanted to designate the publisher. Work hours could also be purchased for use on a particular item.

## **8 Developing intergenerational communication solutions and stimulating mutual development**

This chapter presents solutions for improving the situation of the sandwich generation, especially in the field of intergenerational communication and stimulating mutual development. This part is a summary of the previous chapters.

### **8.1 Description of the problematic situation in the psychological, social and communicational aspect from the point of view of the multigenerational family, including carers from “sandwich generation”, including problems in the carer - subject to care person resulting from deficiencies in communication/understanding.**

According to UNESCO, intergenerational projects and activities are the exchange of resources and the learning process between younger and older generations. It's sharing skills, experiences, knowledge. Dignity, rights and respect for people and overcoming stereotypes are the greatest values of such activities (A. Hatton-Yeo, T. Ohsako, Intergenerational programmes: public policy and research implications. An international perspective, The UNESCO Institute for Education, The Beth Johnson Foundation, 2000).

Persons who were raised in different social, cultural and historical circumstances may have a different approach to life, different view on solving problems within life experiences. This is especially evident among family members who share a significant age difference. In such conditions people from another generation may have a different way of thinking and different experiences resulting from the interpretation of events from another point of view. Each generation owes its spiritual character to the action of two factors: first, it is a collection of cultural and spiritual forms of existence at a time when the generation begins to educate and form. These forms can be assimilated or rejected, then they influence generations with social and political factors or the conditions of the surrounding life. The concept of cultural transgression of social groups is connected with the phenomenon of the new generation. The time frame, which clearly identifies a given social group as a generation, also specifies the specificity of the times in which this generation creates and develops. What distinguishes one generation from another in cultural terms is primarily a different attitude to cultural goods produced by “old” and “young” coexisting at the same time. Generation as a social group establishes a specific bond with each other, the purpose of which is to create together and at the same time the possibility of objectively defining it as a social identity. Individual members of the social group creating a given generation have similar expectations to themselves and think in a similar way. One of the members of a generational group can assume what ideals are important for other members of the same generation. This approach determines how to behave in specific social situations and create a specific social bond that can have a fundamental impact on the creation of new patterns. Hence the differences in the mutual perception of younger and older generations and the communication conflicts that often occur between them. Between generations, an increasingly significant cultural difference is observed, which consists of religious imaginations, knowledge, values, morals, customs, behavioral patterns, ideas, etc.

## **8.2 General guidelines in the area of optimization of intergenerational communication from the psychological and social point of view for the shared care of children, the elderly and the disabled**

One of the many competences necessary in the life of every human being are interpersonal competencies that affect the correct interpersonal communication, which means the level of efficiency in mutual communication of various information by interacting people - the ability to understand and clearly communicate their own messages to other people, as well as the correct reading messages broadcast by different channels by other people.

It is particularly important from the point of view of shared care, which should take into account the needs of both children, the elderly and/or the disabled, as well as carers who care for dependents. Organizing or supporting a shared care every time and within each activity should verify whether a given form of support takes into account the psycho-physical predispositions of support participants, also in the context of the transmission of appropriate and correct reception of the message content for various age groups of recipients. Such competences in the field of interpersonal communication are included in the so-called competence of a key, universal nature. Proper interpersonal communication, especially intergenerational communication, plays an important role in acquiring the competences needed in life. The most important goal of interpersonal contacts is to create such conditions and interpersonal atmosphere that fosters human development and the implementation of its constructive capabilities, which will allow the individual to develop and improve his skills as well as cope with the changing reality.

In acquiring key competences, proper communication in the family is crucial, especially between the younger and the older generation. It is important to take into account the differences between those communicating and the respect for these differences. It is parents and grandparents who are responsible for bringing up the young generation, for providing appropriate patterns of perception and understanding of reality, that is, for providing young people with necessary competences. However, nowadays, not only older people teach young people. Once a child came to a parent or grandfather for advice. Nowadays the situation is often reversed: it is the generation of older adults who come with their problems to children. These are often technical problems.

The pace of change is so huge that the knowledge of older generations can not explain the reality of the young. Therefore, in some aspects the roles are reversed: children are teachers of parents or grandparents, they show how to use a computer, a mobile phone or how to use the Internet. Media competences give

young people an edge over adults. This is the relationship of reversing the previously established order, an example of reverse socialization, where the acquisition of knowledge and skills takes place through the generation of elders from the younger generation.

Important in the context of intergenerational communication are issues regarding the competences that children and youth have acquired from their grandparents. The most frequently mentioned are:

- patience and humility,
- responsibility
- perseverance,
- giving advice in difficult life situations,
- honesty and good conduct and wisdom of life.

Grandmothers and grandparents indicated that they learned from their grandchildren:

- computer use (including playing on a computer),
- use of a mobile phone (especially text messaging),
- listening to fashionable music,
- active rest,
- tolerance and forbearance for other cultures and religions, and openness to new experiences and spontaneity.

Correct communication and appropriate intergenerational relationships help both grandchildren and grandparents to acquire important competences needed in everyday life.

In the area of intergenerational communication optimization from the psychological and social point of view for caring for children, the elderly and the disabled, it is important to:

- show participants the mutual benefits of communication,
- determine new social roles and allow to go beyond the stereotype,
- involve at least two generations, not connected with family ties,
- lead to mutual understanding between young and old generations,
- improve the self-esteem of both groups,
- help in solving local problems, meeting the needs of the involved generations.

The modern family is experiencing more and more crises, more and more tensions and conflicts. Noticeable is the increasing dysfunctionality of families and the weakening of emotional ties between its members. There may be many rea-

sons for this, including, among others, social, political and economic transformation. Family's disruption may also be influenced by the personal characteristics of family members, their psycho-physical features (eg disability), crisis-random events and, very often, communication disorders.

The starting point of many family problems is the incorrect communication process. The ideas of good and mature interpersonal communication are still too poorly disseminated, and no time is spent in the education process. Adults talk little with each other and with children, and moreover, they often do it in an inept way, which promotes conflicts and frustrations. Correct communication in the family is very important. It is thanks to it that emotional ties between family members can be strengthened and, consequently, the subjective quality of life in the family can be felt by them. Good communication and emotional ties are factors that limit conflicts and difficulties in the family and encourage the upbringing of children.

Interpersonal communication is very important, hence it is appropriate within the framework of shared care to shape the communication skills of children, parents, grandparents, and carers. A special type of communication and contact between people is empathy, which makes mutual relations more harmonious, satisfying, peaceful. Teaching empathy will improve communication in the “sandwich generation” realm.

Empathy is defined in the scientific literature in many different ways. In one of the definitions, it is treated as “empathic” emotional identification with another person and inspiration of feelings experienced by that person; getting into the experience of another person “(M. Dolan, R. Fullam, Empathy, antisocial behavior and personality pathology, 2007).

There are three qualitative components of empathy:

- 1) knowledge of what the other person feels,
- 2) feeling what the other person feels,
- 3) compassionate responding to someone's discomfort.

This definition reflects the essence of empathy, because it indicates the knowledge of the states experienced by the other person, the compassion of both positive and negative feelings, compassion in case of difficulties and the transfer of empathy into action, where one can talk about the appearance of pro-social behavior, i.e. care, caring, friendly behavior and charity. Empathy can be shown to others, both verbally and non-verbally, but the most important is its non-verbal aspect, because 90% or more of the emotions are transmitted non-verbally.

Empathy is associated with numerous benefits affecting interpersonal relationships. Among these benefits are listed:



- improving the ability to look from the point of view of another human being,
- increasing sensitivity to the feelings of others,
- improving listening skills.

According to A. DiBacco, empathy consists of:

- specific non-verbal communication,
- proper listening, right perception,
- favorable communication climate and
- sharing experiences and feelings (A. DiBacco, *Empathy and Interpersonal Communication: What We “Do” When We “Feel” Another*, Indianapolis 2008).

In the case of non-verbal messages, the ways of manifestation of empathy are: smile, nodding, using gestures signaling openness, looking into the eyes. An interesting indicator of empathy and good understanding is the so-called mimicry, i.e. imitating, taking on the attitude, expression and tone of the voice of the other person (J. H. Pfeifer, M. Dapretto, „Mirror, Mirror, in My Mind” : Empathy, Interpersonal Competence, and MirrorNeuron System, [w:] J. Decety, W. Ickes, (red.) *The Social Neuroscience of Empathy*, London 2009).

Many people have problems with proper listening to the other person, which often causes frustration, mutual misunderstanding or conflict. This is especially noticeable between generations when there is a significant age difference between the interlocutors. Often many problems in relations can be counteracted by a simple hearing, allowing the other person to fully express themselves, express their own feelings, needs or fears. Lack of effective listening can be a sign of disinterest in the other person or disappearance of caring for it. Relationships in which people do not listen to each other become shallow. Bad listeners are perceived as cold, indifferent, insensitive people. With people who do not listen to hardly anyone wants to communicate, talk about their internal states, needs, everyday worries.

Careful listening consists of:

- no interruption of others speech,
- the use of delicate verbal incentives (eg “I understand”, “uhm,”really?”; “Tell me more about...”), which make the other person to deepened response,
- keeping eye contact with the interlocutor,
- bending towards the interlocutor, while listening,
- sticking to the topic and avoiding the desire to end the statements for others.

Careful listening can also be supported by other types of listening, which actually constitute certain positive attitudes towards others. Among these types of listening, empathic listening and open listening are distinguished. Empathic

listening is based on the acceptance of an open attitude towards the messages of others. Sometimes it's hard for us to listen when the other person gets angry, criticizes or complains about himself, but one should be aware that each of us is trying to survive in this world, minimize his own pain or satisfy his own needs. Providing empathic listening can satisfy the essential needs of the interlocutor, reduce frustrations experienced by him, his internal conflicts, often unexpressed feelings. Open listening is about avoiding judgments of others, not trying to find fault in them.

Taking the time to devote attention to the other person is necessary to maintain good emotional ties in the family.

There are studies in the literature that indicate that rush destroys empathy and adversely affects pro-social behavior. In the case of our own undesirable behavior or our own failures, we are usually very understanding, we explain ourselves, explain our behavior by external, situational factors, independent of ourselves, our control. If we are able to give members of our own family a loan of confidence that we usually give ourselves, the chance of an emotional connection, feeling the feelings of the other person and adopting others perspective will increase.

A. Di Bacco presents two vibes, which may be characterized by communication - a defensive vibe and a supporting vibe. The first is related to dogmatism, the assessment of others and the tendency to over-control the situation, while the latter is associated with describing rather than assessing, openness to various points of view, authenticity, spontaneity and striving to solve problems together. The most common manifestation of empathy is sharing experiences, sharing feelings with another person. If we share experiences and feelings others are easier to understand and we become more sensitive to their needs and desires.

Excellent methods of verbal expression of empathy are provided by the method of transmitting four-part information to others and the reception of such information from them, the four elements consist of observations, feelings, needs and requests. To use this communication method effectively, you should learn:

- perception without ratings (describing facts),
- adequate expression of feelings (naming one's feelings without interpretation and judgment),
- taking over responsibility for one's own needs,
- expressing requests for specific actions (as opposed to demand).

### **8.3 Development guidelines (from the psychological and social point of view) for shared care - what solutions to use to stimulate the development of both sides in the case of shared care**

The key to success in stimulating the development of both sides (children, the elderly and/or the disabled) in the case of shared care is proper intergenerational education, taking into account the needs and differences of each age group, including their psychological and physical predispositions.

In the 21st century, in connection with the progressive aging of societies, it is necessary to implement the idea of “society for all age categories”, which serves, among others, intergenerational integration. One of the forms of intergenerational integration is intergenerational education.

Intergenerational activities aim at cooperation based on a common goal, mutually beneficial activities. They promote greater understanding and respect between generations and contribute to building the community in a coherent way. Intergenerational activities are inclusive activities based on a simple message that young and old have something to offer for themselves and the people around them.

Intergenerational integration and joint activities, eg cultural, are guided by a noble goal: life-long experience of every participant in the local community. People are becoming more open to tradition, to different opinions, and to the events around them. The most important thing, however, is to open oneself to each other, make contact, sincere smile and conversation. Young people and seniors get to know their worlds, find differences in them, but also look for common things. The new situation and new types of contacts require them to be open and empathize with the needs of others. Benefits of intergenerational interactions are better mutual understanding, establishing relationships and dialogue, sharing knowledge and supporting further development.

It is assumed that the participation of people representing different generations in intergenerational education is an excellent means to achieve intergenerational integration. Intergenerational education contributes to the creation of an intergenerational community. Thanks to the fact that people from different generations are in a common space, they experience common experiences, there is the possibility of communication and intergenerational dialogue. Participation in joint ventures of representatives of different generations contributes to the fact that the generations get to know each other better, become more open to the needs of people from other generations, it is also crucial for the sandwich generation. Intergenerational education also helps to eliminate intergenerational cultural distance. It all causes that every participant in intergenerational education enriches himself. In addition, intergenerational education is an excellent opportunity to

develop intergenerational contacts and deepen intergenerational relationships.

Intergenerational education also serves the implementation of the modern concept of education to the old age, in the old age and through the old age. Today, three main areas stand out in it:

- 1) education to the old age (includes educational activities towards younger generations),
- 2) education in the old age (includes educational activities implemented for the elderly),
- 3) education through the old age (concerns the educational aspects of staying among the elderly).

In this context it distinguishes in geragogy:

- education to the old age (preparation for the role of a senior),
- education in the old age (influence directed at seniors, learning a senior),
- education through the old age (intergenerational dialogue, transmission of values),
- education for the old age (gerontological training, process of preparing staff for working with seniors).

Intergenerational education can take various forms, formalized and informal, cyclical, systematic and spontaneous. This type of education takes place within intergenerational relations taking place in different environments: family, neighbors, friends, at the workplace.

It is important to introduce forms of intergenerational education on a larger scale in kindergartens and schools, among others through the organization of intergenerational integration meetings, joint activities, joint reading, artistic, theater, art, computer classes, culinary workshops, DIY, cultural or tourist events etc.

It is worth emphasizing that this form of education contributes to:

- showing or discovering the potential of people of all ages (older and younger can share their life experiences, knowledge and skills),
- better understanding of the needs of people of a given generation and satisfying the social needs of younger and older people (including the need of appreciation, the need to be needed),
- activating people of all ages in different areas of life,
- the acquisition of the habit of rational spending of free time,
- broadening one's horizons,
- developing the ability to perceive phenomena from different perspectives,

- acquisition of knowledge and skills in many fields, including gerontological education,
- acquisition of local government, communication, integration and organizational skills.

All this undoubtedly makes it possible to achieve a good quality of life for all participants of this education, regardless of their age. In the social dimension, in the aspect of intergenerational dialogue, because if intergenerational education activities, it comes to a better mutual understanding of people representing different generations, understanding between people of different ages, shaping favorable intergenerational relations, based on integration and solidarity, and, consequently, it comes to the increase in social integration and intergenerational solidarity.

Intergenerational education also contributes to:

- changes in negative stereotypes concerning various age groups,
- promoting a positive image of people belonging to different generations,
- shaping positive attitudes towards people of all ages,
- promoting the perception of different phases of life as the natural stages of human life,
- preventing social marginalization,
- promoting the independence of people of all ages, their activities and responsibilities.

If we undertake the implementation of formalized intergenerational education, then we should follow the appropriate rules. These rules are generally in line with the rules of working with the group. It should be remembered, however, that in the case of intergenerational education, it is a group of people of different ages, constituting a community of diversity, not only in terms of age, but also knowledge, skills, experience, habits, and professed values or the degree of physical and mental efficiency. The basic principle of implementing intergenerational education is to ensure proper interpersonal communication (more in Ch.8.2), including the creation of conditions for participants to establish an intergenerational dialogue based on understanding, tolerance, and kindness. It is also necessary to inspire members of different generations to undertake cooperation within jointly designed and implemented activities. To facilitate interpersonal communication, it is a good idea at the first intergenerational meeting to determine with all participants the rules that will be followed during meetings.

All intergenerational education activities should start with determining the resources found in people representing different generations. It is worth developing a so-called information bank, containing data on the participants of the class (their knowledge, skills, interests, passions, abilities). At the same time, you

should also obtain information on the expectations and needs of meeting participants. It is also extremely important to ensure that all participants of the class get to know each other. Here you can use the suggestions of activities in the field of fun pedagogy. Play activity brings a lot of positive effects to people of all ages, including learning about all participants. The subject matter of the classes offered to different generations should be interesting for both younger and older. It should be ensured that each participant can actively participate in the meeting. It is worth designing scenarios for all classes to enable each person to present their own resources. A significant facilitation of the implementation of this principle is a prior detailed diagnosis of the needs, expectations and possibilities of the participants of the classes. Intergenerational education activities should be evaluated by each participant. It is worth taking into account what participants liked and what did not get their acceptance, what values of intergenerational activities are perceived by the participants of classes and what they think should be modified and how the classes can be improved.

#### **8.4 Initiator of local care - cooperation of the local community for the provision of mutual care services - how to take into account the aspects of intergenerational communication**

The problem of services supporting caringly dependent people, mainly due to age, is growing year by year due to the growing number of older people, hence the increasingly common activities in the area of initiating mutual care services in the local community. In order to effectively introduce the initiator of local care into practice, one should keep in mind the guidelines from Ch. 8.1 - 8.3. It is extremely important to build a community bond, a sense of security for the participants of the local community. In order for it to exist, first it is necessary to build mutual trust through the proper knowledge of participants and improving communication between them. The person responsible for building the local community as the initiator of local care must take into account the aspects of intergenerational communication in his work in order to efficiently initiate the community's activity. A non-professional tutor should read the guidelines on intergenerational communication to build a community based on a sense of mutual respect and trust. It is very important to have an open approach to a group in need of support, a solid diagnosis and a fair discussion. Neighborly support translates directly, especially due to ties, to extending the period of independent functioning of an elderly or disabled person in the environment. The person providing assistance should reside in the closest vicinity of the person for whom the assistance is to be provided. The key determinant here is the time and opportunity to reach a person assisting a supported person. Experience and observations show that the recommended time is fifteen minutes. Neighbor/local help should be accompanied by trainings/

workshops on the ability to solve difficult situations or to improve the quality of services, but above all, both, the coordinator of such services and the community just needs meetings. There should be provided space for the exchange of experiences, information and insights among the participants of the neighborhood help. Implementation of local assistance services should be subject to ongoing monitoring by the neighborhood/local help organizer. Since the key element of neighborly help is to base on mutual ties, continuous monitoring is not recommended. For it can undermine mutual confidence. The method of monitoring should be adapted to the nature of support and specific conditions of the group of recipients, including intergenerational. The provider of neighborly support services should each time plan a way of monitoring based on local conditions, knowledge of recipients of this activity, resources etc.

Experience shows that the most effective are visits (eg coordinator) of a “social” nature (directly with a neighbor or with the whole group that uses support), and not in the form of gathering formal information. Based on meetings and constant contact (eg by phone), observations should be made and any further steps or interventions should be taken. In the event of a dispute between the user and the provider of assistance, an amicable solution should be sought.

The implementation of intergenerational activities in local communities may contribute to the strengthening of areas such as:

- building an active local community,
- strengthening the local community,
- promoting activities for civil society,
- reducing the level of crime and the feeling of being threatened by crime through a better understanding of generations,
- counteracting social isolation and discrimination on the grounds of age, strengthening neighborly contacts/bonds,
- lowering the feeling of exclusion.

All this can also strengthen the development of the local community, a sense of community. The elements determining the success of intergenerational activities at the local level are:

- understanding the needs of the local community,
- sense of security and mutual trust of participants,
- attentive/careful planning of “intergenerational bridges”,
- creating a culture of sharing,
- engaging participants,
- the composition of groups and the division of basic tasks,
- good marketing,

- activities allowing for getting to know each other,
- partner work,
- constant monitoring and evaluation of undertaken activities.

Support groups associating the carers of informal/actual dependent people (with the possible participation of the moderator) are mainly used for mutual assistance, exchange of experience, and advice. Carers often obtain information from informal sources: from friends, acquaintances and neighbors. Thus, support groups complement the formal (necessary) channel of information flow to carers. An additional function of the support group is the replacement of unnecessary equipment, eg rehabilitation. The potential economic dimension of such exchange is significant. However, the basic function of support groups for carers is mutual psychological support. Guardians, because of the lack of free time, prefer rare meetings (eg once a month), close to their place of residence. The answer to the lack of time and mobility of carers may be the organization of virtual support groups, online forums for exchanging experiences etc.

## **8.5 Psychological support for factual caregivers**

### **- how to take into account the aspects of intergenerational communication**

To effectively introduce psychological support into practice, keep in mind the guidelines from ch. 8.1 - 8.3.

Psychological support is crucial for carers who face everyday problems not only related to care, but also work or personal issues. The sudden need to take care of a loved one or person (in the case of a sandwich generation) often turns upside down. Carers often have to give up their plans for the coming months, and in some cases even for years, in the absence of time. While devoting most of their time to care, it is difficult to maintain natural social relationships. Often this is also connected with the necessity to give up professional work, which can not be reconciled with the constant care of dependents.

The whole situation requires huge commitment and it seems natural that it should arouse the anger of the guardians. Meanwhile, they often suppress these types of feelings because they feel they are out of place, that they can not complain about changes in their lives, because the person they look after is in a much worse situation.

Taking on too many responsibilities and suppressing emotions translates into depression in some cases. Research shows that it appears more often in female than male caregivers and can affect even every one in two women dealing with sick/dependent relatives. In these types of situations, a condition called a “care-



giver's syndrome" may develop. It appears in people who for a few months or years deal with a dependent person. They can be recognized after the appearance of various types of anxiety ("I can not do it", "nobody will help me", "I give too little of myself"). Such thinking can lead to frustration. There is insomnia, irritability, a feeling of constant fatigue. In some cases, the symptoms from the patient are transferred to the caregiver. Finally - the body stops functioning properly and psychosomatic symptoms occur. They can occur in the form of headaches, high blood pressure, ulcers, and even heart disease and diabetes. In a word - the guardian may need care soon.

This is why psychological support is very important, preferably free of charge, individual or group, workshops or other forms of support that improve the mental health of the caregiver. When organizing psychological support, one should take into account the possibility of participating in therapies of different generations, eg parents with children, which can have a very positive effect on the aspects of intergenerational communication. Eliminating conflicts on the caregiver - protegee line can significantly minimize the stress associated with the exercise of caring functions.

Examples of support that can be provided to care-givers in this regard include educational and consulting support for informal caregivers, including support groups in specific thematic groups (including, for example, virtual and telephone groups), organization of individual psychological counseling and care training and practices (including mobile/non-stationary forms), team assistantship (in mobile/non-stationary forms) - help in "care management" ("care managers" services). It is important to relieve the caregiver by providing "relief"/"respite"/"foster care" services, enabling a temporary round-the-clock stay of a dependent person under professional care in the case of periodic inability to care by her guardian.

Real caregivers often report their concerns, their stress often results from the lack of professional knowledge on the proper care, especially on the sick. The recommended response to the lack of caring responsibilities among non-formal/formal caregivers of dependent persons (next to the launch of managerial services) are training and care courses. Therefore, trainings should cover a variety of topics - from basic care for a dependent person (eg caring for a lying person - rules of movement, bedding changes, washing, selecting absorbent materials, first aid, anti-bedsores prophylaxis), detailed issues in the field specific diseases, the knowledge of which is lacking even experienced caregivers, as well as in the field of intergenerational communication. The lack of guardian's time may be a limitation for this form of support, which is why it is important to raise the level of their knowledge also in forms that reach recipients (mobile/non-stationary). Therefore, trainings should also have an individual dimension, which means that services are also provided at the place of providing care for a dependent person.

## **8.6 Carer manager - institutional help in organizing caring responsibilities - how to take into account the aspects of intergenerational communication**

The indicated solution to many problems of informal/actual caregivers of dependent persons, especially those related to lack of information and care competence, are care managing people. The service would be all about being a “care manager”, ie controlling the situation on the spot, providing advice, instruction, information, could also be a link between the family and various types of institutions. Both service functions are particularly important in the initial stages of care. Assistantship, management or in other words an individual consultancy service should have the character of a mobile service, which means that services are provided at the place of care for a dependent person. It is advisable that this service be carried out by the team. The main purpose of individual counseling services for carers is to provide substantive support (eg support from, among others, a doctor, nurse, psychologist, physiotherapist, social worker) facilitating the implementation of care in the home environment. The guardian should be individually agreed on the date of the first, diagnostic visit of the team (as well as subsequent visits already providing support) in the place of care, which will verify the needs, and then develop an individual help and support plan, based on the findings or recommendations for care home. The manager of the supervisor should also have and use knowledge in the field of intergenerational communication in his work, it is important that he shares this knowledge with the actual caregivers, eg as part of individual counseling or conducting workshops containing aspects of intergenerational communication. It is important that by working with his family he knows the values, needs and motivations of representatives of different generations, including both the elderly and the younger. Should look for solutions to improve cooperation with representatives of generations, find differences and similarities in generations, work out ways to improve intergenerational communication, including: effective listening, assertive techniques, proper and understandable language for a given generation, problems of individual family members, different perspectives and prevention of problems, proper information flow, non-verbal communication and the proper transmission of emotions. Improving intergenerational communication in the family can definitely improve the quality of life of both the caregiver and those under care.

Another form of facilitating access to care-giving knowledge, saving time for carers of dependent people, is phone consultancy (hotline). For the success of the hotline, the competence and sensitivity of people serving it and the maximum availability over time are crucial. The hotline could also act as a helpline (stress line) or it can be activated separately. Persons covered by support in the area of individual advisory services additionally may be covered by phone support within the hotline, preferably 24 hours a day.

## **8.7 Strategy for increasing the professional activity of people from “sandwich generation” - what an employer can do to facilitate the reconciliation of private and professional caregivers - how to take into account the aspects of intergenerational communication**

The proposals for Finnish solutions are presented in detail in Ch.7. In summary, the most frequent forms of support for factual caregivers in Europe and the USA can be mentioned. Each time, employers should take into account the individual needs and situation of their employees, as discussed in more detail in Ch.7.

In order to take into account the aspects of intergenerational communication, it is necessary to properly assess the situation and individual approach to the problems faced by a given employee. Proper diagnosis will enable the selection of tools adequate to the needs of the employee. Examples of activities for intergenerational communication that can be used by the employer are, for example, sending for a communication training, organizing a family picnic, adjusting the incentive system to individual employee needs, eg a voucher for family activities or a meeting with a psychologist.

## **Conclusions**

Support for “sandwich generation” caregivers should be multifaceted and multi-track. It is crucial to consider the intergenerational communication aspects when organizing comprehensive support. The role of training necessary for carers, from basic care over a dependent person to detailed trainings in intergenerational communication, solving problems and conflict situations is emphasized. The lack of guardian’s time may be a limitation for this form of support, which is why it is important to raise the level of their knowledge also in forms that reach recipients (mobile/non-stationary). Therefore, training should also have an individual dimension. Local support groups and care managers prove to be extremely helpful, hence it is recommended to implement both institutional assistance and help development in the local environment.

## **9 Conclusion**

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Despite the variety of activities and efforts to support caregivers, there is need to enhance some crucial services. Experts have e.g. emphasized about the important role of peer-support groups for caregivers. In Finland this service where carers can meet, interact and learn from each other; share their experiences in groups or individually are arranged by different institutions in different areas. In some bigger cities there are many possibilities to have peer-support. These are spaces, which facilitates psychological support, and increase the care's social and professional network. For example, Red Cross have support groups for informal carers all over the country (Punainen Risti 2018).

When in Finnish law for informal care (2.12.2005/937) says that there needs to be arranged training and rehabilitation for carers, there are quite much that kind of support for informal carers. Through websites of cities, municipalities and caretaker associations in Finland can be found different kinds of actions arranged (e.g. Punainen Risti 2018b; City of Helsinki 2018b; Jyväskylä.fi 2018; Lapin kuntoutus 2018). Even though there is the availability of trainings, seminars and workshops offered by an array of different organizations, they take place only during one day (Moressi 2010, 52) and most likely carers cannot go through all the important information about the scattered services in the social welfare.

Clarke (2001,86), in study about the empowerment of training for caregivers, found out the importance of training and wellbeing which could be applied for Finland: *“In terms of training, which attempts to result in the empowerment of individuals, health and social care agencies must concentrate far more on deconstructing policy passed down to them from the government, and critically determine how such policy objectives are expected to be achieved through training. In so doing they must make explicit any supposed linkages between training content and training design, and its posited impact on individual behaviour or self agency. It may then be easier to determine the nature of any relationships that exist between enhancing individuals' psychological empowerment through training, and greater participation and power both at the organisational and community levels. The potential contribution of training to enhance the empowerment of carers might then be more clearly identified.”*

As an example of the courses available: The Red Cross organizes Finnish caregivers for courses on (Punainen Risti 2018b):

- The Care at Home course provides information on the practical skills needed in home care, including the maintenance and promotion of health as well as diseases and their care. In addition, they are familiarized with emergency care, homelessness and their prevention, and familiarize themselves with the social and health services provided by society.
- The wellbeing of everyday life is a combination of several hours of meeting. The course includes, among other things, a physical fitness measurement to identify the condition of the participants, to get acquainted with different forms of exercise, and to discuss and guide on well-being, wellbeing and health.
- The Healthcare Customer Course examines how to prepare for a doctor's visit and what kind of things to deal with healthcare professionals.
- Day of wellness gives the caregiver the opportunity for recreation and self-indulgence, as well as the opportunity to meet other carers and consider their own care as a caregiver with the help of expert trainers.

In Finland, there are several initiatives in the field of gerontechnology, which main purpose is the creation of assistive devices that benefit the everyday life of the caregivers and care-receivers. For instance, there has been the innovation of different types of security devices, such as night alarms, security telephones, locomotion detection, and robotics, among others.

Virtual home care can be used to help and is cost-effective. The service of the City of Helsinki is designed so that the customer does not have to know how to use the service, but the customer service manages the connection and, if necessary, rumors about the customer's location (Super 2017).

Robotics can be used in a way that increases elderly people independence and reduces their social isolation. Robotics are tested widely and the outcomes of the tests with elderly are prominent. In the pilot with Pepper robot the feedback from elderly people, professionals and stakeholders were very positive and encouraging for planning the future pilots using Pepper. Still the usage of robotics is in the piloting stage and needs more studies of it (Lehto 2017).

As a conclusion, in Finland there are not many two-way caring persons, also called sandwiched. Still, the amount of people who are caring their children, disabled, sick or elderly the number is high. Finland has a wide and trusted childcare system. In addition, support for informal care is available everywhere in Finland. The research, knowledge and understanding of the situations of the carers' needs still improvements. Some ideas of the future developments have already started to use and in the level of the government, the will to make improvements is high now.

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