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## **Innovative solutions for the “sandwich generation”. The report on the international project “4P – cross-sectoral policy initiative helping multigenerational families”**

Innowacyjne rozwiązania dla *sandwich generation*. Raport z międzynarodowego projektu „4P – międzysektorowa inicjatywa pomocy rodzinom wielopokoleniowym”

**Streszczenie:** Zaprezentowany poniżej tekst jest podsumowaniem fazy testów międzynarodowego projektu „4P – międzysektorowa inicjatywa pomocy rodzinom wielopokoleniowym”. Przedstawiono w nim dwa nowatorskie rozwiązania na rzecz *sandwich generation*: „placówkę opieki łączonej” oraz „manager opiekuna”. Te opisane i sprawdzone na grupie 140 osób metody mają na celu rozwiązanie problemów rodzinnych i zawodowych tzw. drugiego pokolenia, a więc osób w średnim wieku, będących opiekunami faktycznymi dwóch osób zależnych ze skrajnych pokoleń; tj. dziecka oraz osoby starszej (własnego rodzica lub dziadka).

**Słowa kluczowe:** *sandwich generation*; międzypokoleniowość; opiekun faktyczny

**Summary:** The text presented below is a summary of the test phase of the International project “4P – cross-sectoral policy initiative helping multigenerational families”. Two innovative solutions for the “sandwich generation” such as “combined care facility” and the “geriatric care manager” were introduced here. The solutions, described and tested on a group of 140 people, aim at solving family and professional problems of the so-called second-generation; that is the middle-aged people, being the actual caregivers for two dependant people originating from two extreme generations who are a child and an older person (parent or grandparent).

**Keywords:** sandwich generation; intergenerational approach; actual caregiver

## Introductory information

In the period from 1 February 2018 to 31 January 2021, The Polish Economic Society –regional branch in Bydgoszcz and the Laurea University of Applied Sciences have been carrying out the international and innovative project titled: “4P – cross-sectoral policy initiative helping multigenerational families”. The project is financed under the Operational Programme Knowledge Education Development, Priority IV –Social innovations and transnational cooperation, measure 4.3 –Transnational cooperation and its value amounts to PLN 1,146,726.21.

The aim of the project is to develop and practically implement (with the active participation of the transnational partner) the solutions addressed to the people (the so-called “sandwich generation”) who combine care for both their children and the dependent people (parents or grandparents who due to their age may expose limited ability of being self-reliant) with their professional life, including the development of the innovative platform 4P, integrating the cross-sectoral cooperation.

The product of the project is to be the development of the instruction and the IT tool which may be used by:

- employers and employers’ associations / organizations in order to organize and adjust the workplaces to be more worker-friendly and satisfy the needs of the sandwich generation, that is the people who care for their child and the dependant older person;
- social care institutions and social integration institutions, local government units, non-governmental organizations in order to integrate information about the possible forms of support for the sandwich generation, including the fact of implementing the institution of the geriatric care manager who will be described below;
- pre-school education centres and institutions – as regards the development of the model of creating the support centre for the elderly at the pre-school education centre (e.g. old people’s day care centre) and consequently creating the “combined care centres”;
- health care entities concerning diversification of the forms of support for the sandwich generation and the people they care for, including the concepts of creating the old people day care centres which offer complex health care.

Completion of the project will allow to implement the solution resulting in minimising the so-called organizational and psychological problems, identified by direct beneficiaries (actual caregivers from the sandwich gen-

eration), which result in a decrease in professional activity, financial problems (originating from inadequate professional activity) as well as lowering the standard of living.

The target group of the project consists in the entities participating in the test and implementation phase: five pre-school education centres, five health care institutions, five integration and social help institutions, five local government authorities and/or non-governmental organisations, thirteen employers and one hundred forty natural persons (the representatives of the “sandwich generation”).

Currently, the project is at the stage of working out the final version of the solution, which means that testing and its analyses have been completed. The information contained herein will include key findings and recommendations which result from the test phase of the project. In author’s opinion, two significant issues were presented in the article: the concept of creating the combined care centre and creating the “institution” of geriatric care manager.

## **Sandwich generation**

Although currently the members of different family generations rarely live together, the analyses of the family structure according to the kinship criterium indicate that the intergenerational relationships in the family are described by its members as significant and the long-lasting ones. There are close relationships between parents and children, including support in satisfying their needs at different stages of life. In the childhood period or adolescence, parents care for their children and help them achieve or maintain the state of being independent and during the ageing stage, the roles change. Adult children start to be the caregivers for their parents, look after them and help them satisfy their needs.

It was in the early 80s of the 20<sup>th</sup> century when it was first emphasised that fulfilment of the commitments concerning help provided to the family members constitutes a considerable burden for the adult members in the family, especially the members of the middle generation in the three-generation family. The first publications dedicated to the problems of providing help by the members of the middle generation in the family started to stress the emotional and economic problems experienced by the adult members of the families satisfying the needs of both their children and their parents. Being professionally active and subsequently providing help to the an-

cestors and descendants can lead to tiredness and problems in personal life, and the people finding themselves in such a situation are not properly supported. The conflict concerning the help-related relationships was also indicated, the background of which was the competition between the children and the ageing parents with respect to the financial resources owned by the middle generation (Grześkiewicz, Kahlau, 2019).

The sandwich generation usually refers to people aged 45 to 65 who are squeezed between two other generations: caring for and supporting their children who may still be minors or are not fully independent after becoming adults and their parents who live longer and become more dependant. The sandwich generation mainly consists of women. This is the population which can work and needs to choose between household duties and efficiency at the workplace. There are various justifications for calling this group the sandwich generation which should be considered in order to understand how they are perceived today. The population born after the Second World War, who became teenagers in the 60s and 70s of the previous century and who are currently at the age of the sandwich generation is also called “young elders”. Different academic papers refer to them as “middle-aged people”. The term “revolving generation” is used instead of the sandwich generation and the significance of this group is defined as the baby boomers generation which created a great division between generations born before and the generations born after them. The sandwich generation or the baby boomers generation was inspired by the ideals of independence, sexual liberation, gender equality and free market. These standards have significant impact on politics and the way how the society functions.

The members of the middle generation in the family who support their parents and children are most frequently defined as the **sandwich generation**. It is possible to find many other terms to define this phenomenon: *bridge generation*, *hinge generation*, *sandwich constellation*, *squeezed generation*, *stretched generation*, most of which stress the engagement in the duties, stretching responsibility of the **adult members of the family squeezed between two generations – for the sake of their children and their parents**, for whom they constitute a source of support. The members of the family helping their children and parents are also called the *pivot generation*, when the middle generation in the family reaches the so-called stage of the empty nest, that is when children become independent, leave home, they start to help the elderly parents who live on their own. The English language also has the term *boomerang kids* – “returning children”, referring to the situation when the members of the middle generation in the family, af-

ter the period of being responsible for their household on their own, need to combine with their elderly parents and add them to their household, and the reasons for such comebacks can be for example the divorce or finishing education away from the family home. When the reorganization of households solely involves adding the mother/father to the household of the adult child when they need help, when they cannot function themselves, this phenomenon is described as *baby gloomers*.

Baby Boomers mostly communicate with their children and their parents (if the parents are still alive). There is also a lot of communication with grandchildren, parents, and friends of the spouse, but as it comes to other relatives, it is relatively less frequent. The children of Baby Boomers are mainly in touch with their friends, next – their parents, a bit less with the parents and siblings of their spouse and even less with other relatives. Different life stages of various generations reflect the closeness of the relationship (Kärki, Marjanen, Hernandez, 2019).

The practical help is the most frequent form of support which was given or received. The majority of the older age groups provide practical help to their parents and almost the same amount concerns their children. Baby Boomers receive most of the practical help from their own children. Most of the adult children provide practical support to their parents and most of them receive practical help from them. The biggest differences between generations are seen among these who give practical support to their siblings and friends. Greater percentage of adult children than their parents provide practical support to these groups. Similarly, most adult children receive practical help from their siblings and friends. Adult children have more intimate relationships with their siblings than with their parents although Baby Boomers have more siblings (Kärki, Marjanen, Hernandez, 2019).

Both Baby Boomers and their adult children provide care for children and help in providing care. Most of care provided by Baby Boomers regards their grandchildren. The representatives of this generation also care for their parents and their spouses, but to a lesser degree than in case of their grandchildren. Adult children significantly receive most of the help in care for their child from their parents and from spouse's parents but many of them also receive some help in care for their children from their siblings and friends. As regards forms of support, caring for children and caring for the elderly person are the most diversified concerning gender. Significantly higher percentage of women provide both care for their children and the nursing one (Kärki, Marjanen, Hernandez, 2019).

The forms and the significance of support in each period of time differ depending on the stage of life. For instance, Baby Boomers are at the stage when they may need more practical support than the financial one. Adult children who learn or are at the beginning of their professional career may require more financial backup. For the adult children having their own children, the most significant form of help can be care for their children (Kärki, Marjanen, Hernandez, 2019).

However, coming back to the analysis of the notion “sandwich generation”, it should be emphasized that satisfying the needs of adolescent and adult children as well as elderly parents by the members of the middle generation in the family is analysed as the burdensome activity, colliding with other activities, mainly professional work. The problem currently gains its significance with regard to demographic and social processes in favour of fulfilling the role of the sandwich generation, as a result of extending the human lifespan and increasing the participation of the oldest generations in the population, delaying the age of becoming socially independent by the younger generation, individualisation of life and the crisis of the function of the nation as regards the organization of care for the youngest and the oldest generations.

There is not only one definition of the sandwich generation. Researchers investigating the phenomenon stress its various features. The broadest approach concerning this definition is the one where the sandwich situation described people engaged in performing different roles and duties, including the roles of parents, caregivers for the old people and their professional roles.

The most general definition of the category describes the sandwich generation as the adult members of the families functioning between requiring their help ageing parents and their children. It is generally the situation of simultaneous supporting children and parents who are the elderly. More narrowly, it is concurrent help but provided for dependent children and the elderly parents. The definitions take into account even more generations benefiting from family support and it is assumed the recipients of this help are not only children and parents of the middle generation but also their grandparents and grandchildren. Supporting relationships in broader terms, that is when the recipients of this help are not only parents but also the other oldest relatives, is described in the foreign literature in relation to the professional activity of the people providing help who belong to the middle generation. The overview of the definitions used in the research indicates two features as the constitutive criteria for the sandwich genera-

tion: being located in the three-generation family between children and parents who may be both the members of the shared household or they can run their own household and in the second approach: supporting children and parents simultaneously. The debate concerns how to understand and measure the help provided. Most frequently it is assumed that taking the historical point of view, help is provided by the middle generation to the ancestors and descendants at the same time. While measuring the phenomenon, such items were determined as the number of hours devoted to helping children and parents in one time slot and the situation criterium assumed e.g. minimum three hours a week which the representative of the middle generation devotes to helping parents when in this person's household there is at least one child or one hour a month when the person providing support works professionally. The definitions of the sandwich generation also indicate some social and demographic features significant for the analysis of the phenomenon: gender and age of the people giving help and their professional activity as well as the age of the recipients of help (Grotowska-Leder, Roszak, 2016).

The results of the research prove that these are more often women than men who perform the role of the sandwich generation. Even in the first publications dedicated to inter-family support, it was found that this role is performed by women who are the middle generation in the family. It was found that both in the traditional families and the contemporary ones, women are expected to perform the roles of caregivers in the families and men help their close relatives in the other way. Women who help are responsible for housekeeping and maintaining hygiene and the men provide financial help, giving money to satisfy other important needs. Only a few research results indicate that men perform the role of the sandwich generation (Grotowska-Leder, Roszak, 2016).

Analyses of the life stages reveal that the middle generation in the family usually consists of people aged 30–60 but some research even suggests the application of other solutions. Statistics published by Canada's General Social Survey assume that the role of the sandwich generation is performed by people aged 35–64, however, the practice reveals that even younger people aged 30 up to 64 should be taken into account, but it is also possible to find other age ranges, e.g. 45–56, 40–65. It should be noted that even the people who are in their 20s can perform the role of the sandwich with regard to the ageing parents (Kärki, Marjanen, Hernandez, 2019).

The findings also concern the age of the recipients of help who mainly belong to the descendants' group in the family. Young adults, due to the ex-

tension of the period of education, remain dependant on their parents significantly longer. Therefore, the subject literature suggests the following solutions – the dependent children are considered to be the people up to the age of 18 but also up to the age of 21 or even 25, when they finish their education. Definitely, less time was devoted to the age criterium of the members of the oldest generation who are the recipients of help in the family. It is assumed that generally the parent requires help as the oldest person in the family and due to the disability occurring at this stage of life. At least the age of 65 years is assumed as the turning point no matter if the person is the member of the sandwich household or whether this person runs own house (Wiktorowicz, Warwas, Kuba, Staszewska, Woszczyk, Stankiewicz, Kliombka-Jarzyna, 2016).

The other issue raised in the definitions of the sandwich generation is the professional situation of the people who perform such a function. The majority of authors are on the opinion that the sandwich supports members of two-family generations and is a person who is professionally active. Combining professional and family roles was mentioned in many publications dedicated to the sandwich generation. In the view of some of the researchers it is the necessary condition while others consider it to be the essential criterion (Grotowska-Leder, Roszak, 2016).

In the previous research concerning the sandwich generation, two research streams were indicated. The first one focuses on the significance of support available in the family for the younger and the oldest family members, the types of the help provided and the range and scale of the phenomenon while the second one focuses on problems resulting from performing the function of the sandwich generation for the sake of the younger and the older family members, with particular emphasis put on the conflict between the family and professional roles of the people engaged in helping their children and parents at the same time (Grotowska-Leder, Roszak, 2016).

Decentralisation of the system of support has an impact on the functioning of the family increasing the responsibility for the fate of the relatives. As far as providing social services is concerned, it obliges the local support centres to solve difficult problems of their citizens, but it does not accompany this process by providing appropriate financial support for the communes. As a result, the transfer of public funds at the local level is inadequate to the responsibilities of the local authorities which makes it impossible for the families to count on appropriate external help. The contemporary social welfare problems in Poland, characterized by limiting the functions providing support to the families, include: the process of ageing of the pop-



ulation described in earlier parts of the paper, which absorbs great amounts of financial resources from the guaranteed insurance system and changes in the field of work, consisting in making employment flexible, resulting in economic instability of the families. The members of the families who could be able to care for their relatives work but their employment does not protect their families against pauperisation. They do not have time to support their dependent members of the family or enough financial resources in order to take advantage of the commercial solutions in the long term. The family caregivers often bear the costs of providing support to their relatives and working actively at the same time. The need to help relatives, especially those who are not members of their household results in taking over these duties by one, sometimes appointed, member of the family, which results in overloading this person with duties. Consequently, support is limited as regards its scale and form (less help and its indirect forms) (Sadowska-Snar-ska (red.), 2007).

The idea of responsibility for the fate of the relatives is difficult to achieve, especially when the family earnings are low and the professional work does not provide basics to make a living for the members of the families, especially the ones with children. The support given to children by the parents generally focuses on satisfying basic (immediate) needs of low quality. Disposing of low financial resources in subsequent family generations greatly limits younger generations start in life, promotes intergenerational heredity of poverty. The social policy referring to the role of family support networks does not take into account difficulties originating from transformations which the family experiences as well as the unstable labour market. The currently available social package in Poland is insufficient to satisfy the needs of the family, especially the sandwich generation. Withdrawing of the public entities from providing help for the family weakened its potential. Lack of external support mobilizes families to a small extent, which can be a result of limited resources but also the institutional help is not always suitable for the needs of the family. Expectations concerning intensification of support provided within the family, including the intergenerational one as an alternative to the institutional help, has too many limitations regarding both the family transformation processes within the family and the general economic situation of the country and problems existing on the labour market (Sobczak-Michałowska, Kozubska (red.), 2010).

Table 1. Care for the child versus care for the senior member of the family – main differences

Category	Care for the child	Care for the senior member of the family
Situation of the caregiver	The caregiver is a person who is relatively young, entering the labour market	The caregiver is a mature person with professional experience (senior worker)
The level of dependence on the caregiver	Gradually decreasing dependence on the caregiver	Regularly increasing dependence on the caregiver, changing in time (critical episodes)
Time of providing care	Short and relatively easy to assess time spent on providing support	Difficult to assess time spent on providing support

Source: own study.

Caring for the ageing parents and satisfying their needs are so engaging that the adult daughter (adult son) has to do them and carry out at the expense of their children belonging to the household, which causes dissatisfaction of the remaining housemates. The older the children (last years at school or at university), the more difficult it is for the family to function in the new scheme. Although they understand the situation better, they need more life space. The sandwich generation bears the costs of ageing of the family members not only due to the need to reorganize the family but also as a result of decreasing the possessed financial resources for the previously incurred expenses, it is necessary to spend some of the funds on treatment and other needs of the dependent parents. Reorganization of the household is connected with sharing and adjusting rooms to the needs of the elderly person, which usually changes previous everyday functioning of the remaining members of the family. Therefore, the children of the ancestors requiring their children's support delay their moving, they try to satisfy the needs of the elderly in their places of living as long as it is possible, though it is not easy.

## Solutions and recommendations

Two innovative and essential solutions have been developed as part of the project: the combined care facility and the geriatric care manager. These solutions are discussed in detail below.

### **Combined care facility**

With reference to the discussed above, there is a need to implement permanent system solutions at the central level which aim at developing tools with regard to supporting creation (formal and legal and substantive) and (financial) running of the combined care facilities. The possible beneficiaries of the developed solution – the combined care facility – could be the natural persons belonging to the category of the so-called “sandwich generation”, including:

- the first type of people that is the actual caregivers around the age of 50 – simultaneously caring for a parent/parent-in-law aged 70+ and having a 30-year-old child and grandchildren;
- the second type of people that is the actual caregivers are in their 30s – simultaneously caring for young children who require permanent support and parents/parents-in-law and/or grandparents (people who are also dependent on others due to their disability or medical condition).

Combined care facilities would be the innovative solutions satisfying the real social needs, where the daily (stationary) care would be provided for the protégé of the sandwich generation, that is their children and dependent parents. Locating the care facility for children (e.g. a nursery school or a kindergarten) and the care facility for the elderly (e.g. day care centre or the senior club) at the same place has many advantages including:

- raising awareness of the young generation to the problem of disability and the needs of the elderly people;
- increasing effectiveness of educational processes due to joint exchange of experiences (possibility to involve seniors in the implementation of the curriculum for the seniors);
- learning and shaping new forms of integration and communication;
- satisfying the social need concerning both children and the elderly at the same time.

### **Advantages originating from setting up the combined care facility for the investor/the executive management body:**

- costs optimization while joining them in one centre (e.g. single cost of hiring a psychologist, single cost of hiring one speech therapist, single cost of the cleaning person, one director/head of the institution, one kitchen or a cheaper option of hiring a catering company due to the quantity, part of the common infrastructure, etc.);

- diversification of recipients and services which can provide stability of recruiting participants and functioning of the institution and its financial stability;
- image benefit which consists in creating and running the innovative centre which will definitely be a source of interest for the local media, which in turn can limit the cost of advertising;
- economic benefits relying on regular subsidies from the national budget as part of the educational subsidy in case when the day care centre creates the kindergarten within the scope of its business activity;
- the possibility to obtain financial funds from different external sources (in case of possessing two types of various organizational status: kindergarten – another various group of available funds and the day care centre – the other group of available financial resources);
- the possibility of providing additional services (extra paid) due to various recipients (e.g. additional hours of care, weekend care, additional classes developing cognitive functions, the therapeutic ones, etc.);
- the possibility to gain new experience both by the kindergarten workers and the employees of the day care centre;
- permanent binding and more effective cooperation between the “sandwich” and the centre due to his/her identification with the day care centre of the senior or a child;
- the possibility to start cooperation with similar institutions in the West (e.g. in Finland, the United States of America) and taking advantage from their experience;
- the possibility to cooperate with various institutions (e.g. universities which would be interested in the scientific research in such institutions);
- the possibility to gain volunteers to cooperate with or students to have their psychological or pedagogical practice.

***Advantages originating from opening and running the combined care facility for the actual caregivers (parents of the children/children and grandchildren of the elderly):***

- time advantage from driving a child and a senior to and picking up from one place;

- economic advantage – the institution providing combined care will be cheaper than two institutions providing separate range of services;
- economic advantage – enabling the “sandwich generation” to start gainful employment due to the institutional care provided for two dependent people;
- the possibility to have two dependents/proteges (the child and the grandmother/grandfather) staying at the same place which will provide both the first and the second one with a sense of security;
- gaining mental peace by the “sandwich generation” regarding two-generation care;
- satisfaction that his/her proteges take advantage of the innovative form of care.

***Advantages coming from creating and running the combined care facility for the proteges of the combined care facility (children and the elderly):***

- developing the emotional bond between the first and the third generation by their staying at the same institution;
- the possibility to engage the elderly in the institution in order to organize some of the classes for children and vice versa (e.g. children prepare the Nativity play and the seniors will make decorations, run the fairy tale therapy, run the kindergarten garden with the children, etc.);
- satisfaction taken from participating in the innovative form of care/educational and development activities;
- spending time with the relatives which provides both of the parties with a sense of security;
- easier adaptation of both the representatives of children and the elderly in the institution.

Smooth integration of the family life and work improves the well-being both at home and at the workplace. Coordination is extremely significant in case of a person who is a single parent or a worker who cares for an elderly, a disabled person, or a disabled member of the family.

The interesting option seems to be creating combined care facilities at the big companies (the institutions dedicated to the company’s employees), which definitely distinguishes the company in the context of care and the employee and will provide the employees with invaluable support and comfort of work.

***Geriatric care manager***

A “geriatric care manager” is a well-trained specialist functioning in the system of health protection and the social support system concerning support provided for the elderly people and the dependent ones. This is the professional “helper” whose main scope of activity is aimed at investigating the needs and providing help for the informal caregivers and their families. It is the person who knows the basic processes of ageing but also the fundamentals of social work and psychology. It is the “first contact” person for the families who in the face of various events undertook the role of the caregiver of the old person or who were in a situation which forced them to take such a decision.

In the situation when the older person cannot function on his/her own or requires permanent care there is a whole range of dilemmas as to the future of household functioning. As it comes from the caregivers’ reports, this task usually appears unexpectedly when they pick up the close relative from hospital or it is a result of the long-term care with the deterioration of the health condition of the protege. In emergency situations, such as hospital treatment of the elder member of the family, the family most often receives information about the need to provide 24-hour nursing assistance at the latest stage of the hospital stay. The health care institution gives the family only the brief information about the condition of the patient and the recommended medical type activities and rarely informs about the potential possibilities concerning healthcare services.

At the time of undertaking this task, the family caregivers neither have knowledge and qualifications concerning care for the elderly nor they know the principles of functioning of the social help system or support institutions. It causes that they are helpless and paralysed being exposed to the newly created problem.

Support for the legal caregivers both being at the initial stage or the ones caring for the elderly for a longer period of time may be performed by the person called the geriatric care manager. This type of post could function within structures of the Social Help Centres or in non-governmental organizations acting in the area of providing support for the elderly people running their activities within funds received for performing care services or financial grants obtained within the act on public benefit organizations and volunteering. The person holding this post should possess basic knowledge concerning performing care and healthcare services. The manager’s responsibilities would also include:

- Providing advisory services in form of telephone care or provided face to face within the existing consultancy point. During the first contact, the preliminary analysis of the health condition of the protege would be made which is particularly important in emergencies when indicating the fundamental care and healthcare activities may prevent deteriorating their health condition. The caring family would get the information package at the beginning which would enable them to undertake first caring activities and give them basic knowledge to search for further solutions.
- Guiding caregivers in access to the information concerning institutions acting for the sake of the elderly people as well as the legal caregivers and also leading them through the meanders of procedures and necessary formalities in order to access the financial services from the public funds.
- Providing advice and support concerning nursing and healthcare activities. The additional advantage would be the possibility to provide the healthcare instructions at the dependent person's house.
- Carrying out house audits aiming at checking the needs of the elderly person and the remaining members of the family. It is done to verify the undertaken activities to provide everyday care and to show the caregivers new solutions based on good practices. Additionally, within the auditing activities, verification of the potential hazards will be made and the obtained results would be the basis for working out recommendations concerning removing the potential causes of accidents such as: doorsteps in the flats, unstable pieces of furniture, hazardous fittings of the bathroom or the kitchen. Some proposals of introducing care or health services on the phone could appear within this publication.
- Providing medical consultation, medical home visits as well as preparing the map of caring needs and the care potential of the family together with presenting proposals of solutions to them.
- Psychological and emotional support and caregivers' supervision.
- Organizing the consultation point where specialist support could be obtained, that is legal advisory services, psychological or dietary advice as well as medical, geriatric or nursing consultation services.
- Organizing the support groups, workshops, trainings including searching for commercial offers as well as the ones financed from the public funds.

- Searching for help providing institutions offering daily, 24-hour or temporary, called reprieve care services.
- Obtaining information about the actual caregivers functioning in the local environment in order to build the relationships and contacts between them in order to enable them to share knowledge and support each other while performing care tasks.
- Cooperation with the Social Help Centre, which in accordance with the clauses of the act on social help, provides or commissions nursing or specialist care services.
- Cooperation with such institutions as the Third Age Universities, Senior Clubs, Day Care Centres and Social Help Centres which often are the organizers of the initiatives aimed at elderly people and their actual caregivers.
- Building partnership between institutions and organizations acting for the benefit of the dependent people and their caregivers in order to exchange knowledge, boost their organizational potential, and create joint undertakings or obtain external financial resources.
- Organization and coordination of care-related services aiming at increasing the comfort of functioning of the elderly people such as the transport services or mobile services such as the hairdresser.
- Being familiar with the principles of operation of rehabilitation equipment, the ability to use it in particular cases and the possibilities to obtain it from the specialist institutions.
- Coordination concerning access to long-term care, medical services which require long waiting, cooperation with a geriatrician and the dietary counselling centre.

It seems that the natural place for functioning of the geriatric care managers is the Social Help Centre, which is usually the first place where the actual caregivers direct their first steps. It is done on purpose as the employed there social workers during their studies learn the fundamentals of gerontology, psychology or sociotherapy. However, due to the lack of necessary financial resources, overloading workers of the Centres with tasks and problems in obtaining new social employees may make it impossible to create the selected workplace. In such a situation, one of the possibilities is to impose extra tasks on the worker within the previous scope of responsibilities and financing them through additional gratification.

The second solution is choosing the non-governmental organization caring for the elderly people or bringing such people together and commis-



sioning this person to run the consultation and information centre, where activities aiming at providing help for actual caregivers and dependents could be performed within the act on the public interest and volunteering. Such a solution seems to be the most optimal because it allows more flexibility in employing such a person and also in functioning of the manager himself or herself.

It could be essential to make the government authorities aware that within the senior-related policy, support for the sake of informal caregivers in form of geriatric care managers should be taken into account. Lobbying such solutions brings a range of advantages for the elderly person, the families who provide care as well as the public authorities.

The desired solution would be to locate the geriatric care manager in hospitals and this function could be performed by the worker employed as a social care worker. However, practice shows that not all the hospitals have a post of the social care worker in their structure or they employ too few of them to satisfy the needs of the patients.

Undertaking care tasks makes that the caregiver finds himself or herself in the centre of multi-layer problems, the sources of which are both the protege and the situation where the caregiver is. The consequence and at the same time the cause of this situation is stress connected with performing too many life roles, their looping, and the sense of lack of control over own life. The most frequent causes of stress include financial stress related to high costs of care, very often exceeding the family budget. Financial expenses are necessary for the home care equipment, medicine, transport costs, specialists and supporting caregivers. It also means decreasing professional effectiveness, very often lost chances for promotion, shorter working time, being absent which influences the amount of the income in a negative way. Additionally, lack of flexible human resources policy directed at supporting family caregivers forces them to choose early retirement, decreasing the workload or even its change.

The most frequently mentioned problems include: lack of preparation for the role of a caregiver, sleeplessness, tiredness, headaches and backaches, reduced concentration span, depression or overexcitement, financial stress, emotional and physical stress, looping of the performed social and family roles, lowered sense of control over own life, lack of full control over the situation where we are, low self-esteem and low competences, disturbances in family life, stressful situations connected with the behaviour of the protege, problems of legal, health, professional or psychological nature, sadness, anger, feeling guilty, loneliness or sorrow.

## Conclusion

Testing the developed tools within the project lasted from 1 January to 30 October 2019. Tests were carried out by eight mentors in kindergartens, at workplaces, health centres, local government organizations, non-governmental organizations, and social help organizations. Tools were tested on 140 people fulfilling the defined criteria of the sandwich generation. The following areas were analysed: the combined care facility, the geriatric care manager, new strategies for professional activation, specialist care provided within day care medical centres and numerous activities within multisectoral cooperation. Solutions used at the project's partner that is in Finland were implemented. The conclusions worded in the negotiation stage were used to introduce modifications and adjustments to the developed tools and the model. The project team is just at the stage of implementing the solution which will be followed by the extensive research performed by the beneficiaries and the recommendations for the practical solutions.

What comes as first right now is indisputable novelty and innovative character of the products and solutions developed within the project. To date, in Poland, there were no effectively working platforms integrating intersectoral activities for the sake of the people from the sandwich generation, that is integrating supporting institutions, employers, local organizations and institutions offering care services for the sake for the dependent. There were also no tools planned to be implemented in the project that is the initiator of local cooperation, the geriatric care manager, strategies to act for the sake of increasing professional activity of the people from the sandwich generation, or the combined care centres and day care centres functioning in accordance with the planned to be developed original, innovative instructions. All these developed solutions are undoubtedly in accordance with the expectations and social needs. Let us hope the regulations and legal mechanisms will be made soon and they will enable implementation of the developed solutions to the social practice in Poland. More information about the project can be found at the website: [www.4p.pte.bydgoszcz.pl](http://www.4p.pte.bydgoszcz.pl).

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