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Cooperation between Children and Seniors and Its Impact on the Quality of Life in Residential Care Conditions

Abstract

Cooperation between children's homes and facilities for seniors may be considered the most humane way of integration of both social groups living in residential care conditions. Therefore, development of various socio-educational programmes is a challenge that should be taken note of by any children's home and facility for seniors. Effectively filled time of children from children's homes may have a preventive effect against possible socio-pathological phenomena or work as prevention against ageism and support of intergenerational relations.

Keywords: *quality of life; senior's personality; child's personality; cooperation programme; subjective well-being.*

Introduction

Children's and adolescents' quality of life is considerably influenced by the environment in which they grow up, i.e. their primary family environment. The problem, however, is that the current family is undergoing a crisis and the whole society as well. The author Ch. G. Vella (1999) speaks of three causes of this fact. The first one is individualism replacing the family. Society is an aggregation of individualists exercising their right to autonomy, personal fulfilment, sexual satisfaction and all this is above the family. Autonomy and rights have replaced ethics and morality. The second main cause is the relation between "interdependence" and "independence". The family is determined by interdependence of its members. Notwithstanding,

today family coexistence is limited to the time of celebrations and holidays. The stability of the bond, clear roles within the family, identity and solidarity of the family are disappearing. The third cause is that we are becoming non-evaluating and moral assessment of behaviour is becoming a taboo. The right to assess has been given only to the media and newspaper front pages (in: Kravárová, M., 2010, p. 180). What is interesting is also the results of the research by Ľ. Sejčová (2006, p. 93), who studied the view of the quality of life of adolescents. She states that adolescents in single-parent families are not exposed to a considerable extent to an inappropriate environment, arguments or conflicts between parents and thus their quality of life is comparable to the quality of life of adolescents from two-parent, functional families. This means that the adolescents from functional families and from single-parent families have a significantly higher quality of life than the adolescents from two-parent, but dysfunctional families. The research found that young people are mostly satisfied with the quality of their life; the most satisfied with the relational performance quality of life. With age, dissatisfaction with the social quality of life rises a bit and dissatisfaction with the material quality of life and environment grows. Currently, the concept quality of life is preferred in various areas. It is an interdisciplinary concept and it does not relate only to the old age and people of the post-productive age. Naturally, the quality of life of clients living in residential facilities is closely connected with the quality of the provided social services. However, the quality of social service is not defined in legislation. Notwithstanding, this concept started to be taken account of in relation to social services when the social services act was passed. According to O. Matoušek, J. Koláčková, P. Kodymová (2005, p. 189), the indicator of good care is clients' (i.e. seniors') satisfaction, their relatively good health measurable by a decrease in morbidity and mortality, lower consumption of medicines, health-care and social services. The presented paper focuses on co-operation between children from children's homes and seniors from facilities for seniors, with the emphasis on raising the seniors' quality of life. A child may be a "facilitator" at the last stage of a senior's life. On the other hand, the senior may be the child's "advisor" on the child's journey of life.

1. Methodological Basis of the Quantitative and Qualitative Research

The major research problem was determined by means of three basic questions:

1. *What is the impact of the programme we have prepared for cooperation between clients of children's homes and facilities for seniors on the seniors' quality of life?*

2. *Does the cooperation programme we have prepared impact on an increase in the frequency of seniors' positive emotions and unemotional states in SEHP?* **3.** *Does the cooperation programme we have prepared affect a decrease in the frequency of seniors' negative emotions and unemotional states in SEHP?*

The research sample consisted of children from a children's home and seniors from a facility for seniors and a control group. The research sample of respondents from the children's home consisted of 10 children. In this case, it was a convenient selection. During the research 3 children left for lack of interest. 7 children remained in the programme. To preserve anonymity, the facility is not identified. The youngest respondent was 6. The oldest one was 14. The average age was 9.71. The research sample consisted of 6 male respondents and one female respondent. Three respondents were of a Romany origin. Respondents 1, 2 and 7 were siblings. Respondents 3 and 4 were also siblings. Four respondents attended elementary school. Two respondents attended special elementary school. One respondent attended a preschool facility. All the respondents had living biological parents. Respondents 1, 2 and 7 (siblings) had been living in the children's home for the longest time, i.e. 3 years. The research sample of respondents from the facility for seniors (experimental group) consisted of 10 seniors. In this case, it was a convenient selection. During the research three seniors left – two for a lack of interest and one due to health problems. 7 seniors remained in the programme. To preserve anonymity, the facility is not identified. The average age of the respondents was 62.28 (dispersion 50 – 72 years). 6 respondents were female. One respondent was of the male gender. One of the respondents had elementary education. Three had completed apprentice training and three had secondary education. The female respondent 6 had been in the facility for seniors for the longest time, i.e.11 years. The research sample of respondents from the facility for seniors (control group) consisted of 7 clients. It was a random selection. The only condition for the selection of this research sample related to the facility, i.e. the clients from the control group had to be from a facility for seniors. To preserve anonymity, the facility is not identified. The average age of the respondents was 72.57 (dispersion 60 – 90 years). 5 respondents were female. Two respondents were of the male gender. Four of the respondents from the facility for seniors had elementary education. One respondent had completed apprentice training. Two respondents had secondary education.

One of the key research methods applied in the study was the quasi-experiment. Another method was the structured interview. Also, two questionnaires were used: Slovak Index of the Quality of Life (Slovenský index kvality života SIKŽ) and the questionnaire of habitual subjective well-being (SEHP). To measure the

emotional component of the subjective well-being, the scale of habitual subjective well-being, SHSP by J. Džuko and C. Dalbert (1992) was used. The tool consists of two sub-scales (factors): 1. Frequency of positive emotions and unemotional states, FREQPOZ, including the following items: pleasure (3); physical vigour (5); joy (8); happiness (10).The other factor, i.e. frequency of negative emotions and unemotional states, FREQNEG, includes the following items: anger (1); feelings of guilt (2); shame (4); fear (6); pain (7); sorrow (9). The seniors answered by means of a 6-point scale: almost always; very often; often; sometimes; rarely; almost never (in: Balogová, B., 2005, p. 66). The SEHP questionnaire was filled in by each of the seniors individually (before and after application of the cooperation programme), to prevent wrong interpretation of individual questionnaire items. The results of the SIKŽ and SEHP questionnaires were processed using mathematical and statistical methods. The following were used to test the presented research hypotheses: calculation of arithmetic means; calculation of mean values – standard deviation; Programme R(r-project). In addition to the quantitative methods also methods of logical operations were used (analysis, synthesis, induction, deduction and comparison) for qualitative processing of the results of the research. The first research method used in the qualitative research was non-structured observation. The qualitative research methods included also case reports. The case reports of clients from the facility for seniors and those from the children's home participating in the research were published in a thesis (Zimermanová, M., 2012). The cooperation programme was divided into three basic stages: Stage 1: Selection of residential facilities and interviewing children and seniors before introducing the cooperation programme. Stage 2: Cooperation programme introduction to the children from the children's home and seniors from the facility for seniors (pretest). Stage 3: Cooperation programme evaluation (post-tests). The cooperation programme implementation was based on the programme "Way to Emotional Maturity"(Cesta k emocionálnej zrelosti) (Matula, Š., 1999) and "Educational Programme for Formation of Relations among Children in Children's Homes" (Výchovný program formovania vzťahov medzi deťmi v detských domovoch) (Lednická, J., 1999). Children from children's homes should be properly presented the real world, to which also the elderly belong. That was why the programme for formation of relations among children in children's homes was extended by formation of relations between children and seniors from the facility for seniors.

2. Interpretation and Analysis of Results of the Quantitative and Qualitative Research

The research data obtained with the use of the SIKŽ and SEHP questionnaires were evaluated only in relation to the formulated hypotheses. H1 was related to the Slovak Index of Quality of Life questionnaire (SIKŽ), H2 and H3 were related to the Habitual Subjective Well-being questionnaire (SEHP).

Hypothesis 1, whereby it was expected that following the application of the cooperation programme for clients of the facility for seniors and children's home the quality of life of the seniors would increase, was not confirmed. Table 1 presents descriptive statistics showing the obtained values in the variable Quality of Life Strongly above Average, measured by the Slovak Index of Quality of Life questionnaire. The values are divided into the experimental and control group measured in the pre-test and post-test.

Table 1: Descriptive Statistics of the Variable Quality of Life Strongly above Average

		Number	Mean	Standard deviation	Standard error	Minimum	Maximum
EG	Pre-test	7	49.14	18.26	6.90	14.00	72.00
	Post-test	7	52.71	17.99	6.80	18.00	77.00
CG	Pre-test	7	49.86	6.62	2.50	40.00	60.00
	Post-test	7	50.00	9.59	3.63	39.00	66.00

Source: *Own research*

Table 2: Results of the Paired t-Test for the Variable Quality of Life Strongly Above Average – Frequency of Positive Emotions and Unemotional States

	T-test value	Significance test p – value
EG	-0.09	0.9345
CG	-2.21	0.0692

Source: *Own research*

Based on the results of the paired t-test shown in Table 2 it can be said that there is no statistically proved difference in the values of the Quality of Life Strongly above Average in the individual groups.

Table 3: Results of the Independent Samples t-Test for the Variable Quality of Life Strongly Above Average

	T-test value	Significance test p – value
Pre-test	-0.1	0.925
Post-test	0.35	0.7307

Source: *Own research*

No statistically proved difference was found in the obtained values of the Quality of Life Strongly above Average between the compared groups, it was not found even after the application of the programme. However, it is important to mention in this connection that although the given hypothesis was not confirmed, the quality of life of the seniors after the implementation of the cooperation programme did not decline.

Hypothesis 2, whereby it was expected that the frequency of seniors' positive emotions and unemotional states in SEHP would increase after application of the cooperation programme for clients of the facility for seniors and children's home, was not confirmed.

Table 4 presents descriptive statistics showing the obtained values in the variable Frequency of Positive Emotions and Unemotional States measured by the questionnaire of the habitual subjective well-being (SEHP).

Table 4: Descriptive Statistics of the Variable Frequency of Positive Emotions and Unemotional States

		Number	Mean	Standard deviation	Standard error	Minimum	Maximum
EG	**Pre-test**	7	3.67	1.11	0.42	2.30	4.80
	Post-test	7	3.61	0.80	0.30	2.00	4.25
CG	**Pre-test**	7	3.76	0.48	0.18	3.30	4.70
	Post-test	7	3.68	1.33	0.50	1.00	5.00

Source: *Own research*

Table 5: Results of the Paired t-Test for the Variable Frequency of Negative Emotions and Unemotional States

	T – test value	Significance test p – value
EG	0.12	0.9053
CG	0.19	0.8579

Source: *Own research*

Based on the results presented in Table 5 it can be said that there was no statistically significant change in the obtained value of the frequency of positive emotions and unemotional states when compared before and after the programme application within the individual groups.

Table 6: Results of the Independent Samples t-Test for the Variable Frequency of Positive Emotions and Unemotional States

	T-test value	Significance test p – value
EG	-0.19	0.8539
CG	-0.12	0.9051

Source: *Own research*

Based on the results of the independent samples t-test in Table 6 it can be stated that before the programme application the compared groups showed no statistically significant difference in the values of the frequency of positive emotions and unemotional states. However, it is important that the frequency of the seniors' positive emotions and unemotional states in SEHP did not drop after the introduction of the cooperation programme. Other external untested variables possibly influencing the results of our research may include the adaptation strategy (constructive, substance abuse, defence, hostility and self-hatred), aspirations and expectations in life, how the seniors were placed in the facility (voluntarily or involuntarily), time factor, personality variables (personality of the programme implementer, personalities of the participants, gender, life experience, the seniors' involution changes, age, health conditions of the clients, etc.). We are aware of the external variables; some of them can be influenced (i.e. time, place, respondents, etc.), but some cannot (i.e. age; health conditions, adaptation strategy type, etc.).

Hypothesis 3, whereby it was expected that the seniors' frequency of negative emotions and unemotional states in SEHP would drop after application of the cooperation programme for the clients of the facility for seniors and children's home, was confirmed.

Table 7 presents descriptive statistics showing the obtained values in the variable Frequency of Negative Emotions and Unemotional States measured by the questionnaire of the habitual subjective well-being (SEHP).

Table 7: Descriptive Statistics of the Variable Frequency of Negative Emotions and Unemotional States

		Number	Mean	Standard deviation	Standard error	Minimum	Maximum
EG	**Pre-test**	7	2.47	0.54	0.20	1.70	3.20
	Post-test	7	2.41	0.39	0.15	2.00	2.80
CG	**Pre-test**	7	2.61	0.93	0.35	1.20	3.70
	Post-test	7	3.08	0.71	0.27	2.17	4.33

Source: *Own research*

Table 8: Results of the Paired T-test for the Variable Frequency of Negative Emotions and Unemotional States

	T – test value	Significance test p – value
EG	-0.92	0.3952
CG	0.39	0.7123

Source: *Own research*

Based on the results presented in Table 8 it can be stated that there was no statistically significant change in the obtained value of the frequency of negative emotions and unemotional states when compared before and after the programme application in the individual groups.

Table 9: Results of the Independent Samples t-Test for the Variable Frequency of Negative Emotions and Unemotional States

	T – test value	Significance test p – value
EG	-0.35	0.7307
CG	-2.19	0.0491

Source: *Own research*

The results in Table 9 confirmed the statistically proved difference of the test between the compared groups at the significance level of 0.05. The results confirmed Hypothesis 3 expecting differences in values between the control and the experimental groups after application of the test. The hypothesis confirmation is highly important as far as the improvement of seniors' quality of life is concerned. During the cooperation programme implementation new research questions

emerged for further extended research, such as: *What is the quality of life of children from children's homes? What influence do seniors from a facility for seniors have on the quality of life of children from children's homes? How can children from children's homes influence prevention and/or elimination of psychosomatic diseases of clients from a facility for seniors?* Also due to the mentioned new research questions we recommend doing further extended research of qualitative nature. Its aim should be to study the influence of the elderly from a facility for seniors on the quality of life of children and adolescents from children's homes. Inspirational could be also qualitative research aimed at finding out whether cooperation between the elderly and the children from institutional care prevents or eliminates symptoms or effects of various psychosomatic diseases in clients from a facility for seniors. The following are the seniors' statements obtained in the structured interviews conducted during the last meeting (after the programme) and also in our individual interview with each respondent when filling in the SIKŽ and SEHP questionnaires (post-test). The seniors were asked the following questions: *How did you perceive the meetings with the children from the children's home? Which activity did you like best? Did the time of your meetings with the children suit you? Would you like the programme to continue?*

Respondent 1:*"I saw in the children that they were interested, that's what I liked best about them. I thought that they wouldn't want to do anything. And just on the contrary. I enjoyed also guiding them in a game. I treated them like my grandsons. They should be working with people just like us, so that we always have something on. The programme could continue."*

Respondent 2: *"I perceived the whole programme as making our life in the facility for seniors more colourful. We have various activities here, but this was something different. Children from various schools come here occasionally, within the hobby group Skilful Hands. But we did not work with children from a children's home before. It was nice. The time of the meetings suited me, too. I think we could go on, but it would be good for the children to think about some matches that we could play with them, too."*

Respondent 3:*"My most beautiful experience was the game of energizer (game with pegs). Then the children began to bicker on the floor. They were all in one tangle. I normally laugh very little. But I tell you, I was laughing out loud as never before. It was the strongest experience for me. I like watching children. I have none of my own. I don't know how to talk with them. But I like observing them. When I am sad, I like to recall*

the children. What surprised me most was that the boy gave me his painting. It was nice. But the time of the meetings did not suit me very well. Meeting twice a month would do."

Respondent 4:"*I liked those little kids. They could even talk with us quite well. They were very nice. I liked the visit to the children's home very much. I hadn't been able to imagine how the children lived there. It was very interesting. Funny was the situation when we were playing cards and they were teaching us new games we did not know or had forgotten. Always, when the children left us, we all talked about them. I found these meetings interesting.*"

Respondent 5: "*I thought that children from a children's home are tearful and sad. What I did not think at all was that they would be that smiling, nice, and dotty from time to time as children. They taught me to play cards. This could mean nothing to somebody, but I have no children. That is why I found these meetings precious and interesting, and I think that the others did, too. The time of our meetings suited me.*"

Respondent 6 "*The children were very clever. I liked it how they got involved in various activities with us. The meeting with them always passed very fast for me. I remember the smallest preschool boy the best. He was a very nice and cute little boy. I would like our programme to continue. The time of our meetings suited me. There are still many activities we could do with the children.*"

Respondent 7:"*It was a great change for us. It was something new, since we have little contact with children. The children were very nice. My best memories are of the boy whom I taught to make baskets. I can imagine more sporting activities for the children outside. Watching them would be enough for us. I can also imagine reading something nice to the children (fairy-tales, stories), they could recite to us or we could play theatre together. I find our meetings positive. We can go on with them.*"

Before the application of the cooperation programme the children were asked the following questions in the structured interview: *1. When do you feel happy? 2. Have you been sad because of anything lately? 3. What has made you happy lately? 4. When did you last get angry with somebody (or something)? 5. Have you been afraid of anything lately? What has made you laugh lately?* The questions were drafted on the basis of the questionnaire of the habitual subjective well-being (SEHP) adapted for our purposes. The clients were asked 3 questions to express positive emotions and unemotional states and 3 questions to express negative emotions and unemotional states. The results of the interview are a part of the

case reports of the children's home clients and briefly supplement individual characteristics of the children – clients. To preserve anonymity, the case reports are not presented. They are presented in our paper (in: Zimermanová, M., 2012).

The children's comments on the course of the cooperation programme: After the application of the cooperation programme the whole group of seven children was asked the following questions within the structured interview:

"What game did you like best? What did you not like in our meetings? Would you like the programme to continue? What would you like to do with the seniors in another programme? The children enjoyed making baskets; the game of energizer, the game letter to letter and also painting figures from salt dough. All the children clearly agreed that the time of the meetings did not always suit them (i.e. we were at the children's home at 9:00 a.m.). They said that at weekends (that was the time of our meetings) they liked to sleep longer. Notwithstanding, all the children said that they would like the programme to continue. They spontaneously said that the male respondent 1 and the female respondent 7 were the nicest in the programme. The male role model in the child care at a children's home is of great importance for the child's personality development, which is why we believe that the boys' liking of respondent 1 (senior) was well-founded. None of the seniors was found unsympathetic. The children contemplated various sporting activities in another programme, which even the seniors would manage. They suggested walks in the park, a picnic, etc.

3. Conclusions and Recommendations for Practice

Our recommendations for practice concern both facilities, i.e. children's homes and facilities for seniors, as well as proposals for development of cooperation programmes within children's homes and seniors' facilities. Co-operation of any kind must be based on inner beliefs and full involvement of both residential facilities. Thus, the cooperation between both residential facilities should be naturally based on interlinked common plans of both facilities management. Development of an effective cooperation programme for clients of a children's home and a facility for seniors requires a comprehensive knowledge of the facilities as well as the clients and/or the groups to be worked with. Educational diagnostics may be helpful in the situation. What we consider important is targeted action of the developed programme on all the components of personality (i.e. the cognitive, emotional, vegetative-reflexive ones), while taking clients' individual specifics (or needs for special education) into account. Therefore, the clients' cooperation programme should be preceded by various hobby or cultural and social events with the aim for

the clients to get to know one another. Social bindings, forming a good foundation for further, whether official or informal, cooperation between both facilities, can be established between clients of both facilities also by means of various intervention programmes including also the cooperation programme with its individual sub-programmes. If the programme for clients is aimed at the development of their personalities, then the programme should have not only social, but also educational character. It is necessary to emphasise the requirement for education in seniors' facilities, which should be treated in legislation. The current system of senior care in Slovakia, with its accent on social facilities, does not seem to take the education of seniors in account. There are various reasons. According to C. Határ (2008, pp. 45–46) the cause may be found not only in the legislation, but also in the absence of finance, spaces, personal interest of some employees, but especially of appropriate staff (i.e. social andragogue) that should be in charge only of providing for residential educational care for seniors. When conducting various training courses, it is suggested to form groups (cooperation) among clients who can help one another. Considering the life histories of clients in both facilities, the work with possible events requires a sensitive approach. It is necessary to pay attention to the work of social workers in both facilities, who should initiate the cooperation. However, here it is necessary to mention and emphasize again the work of the profession of social andragogue, not treated in legislation, who would be most helpful and adequately qualified in connection with addressing the issues raised. Implementation of cooperation programmes in children's homes could be facilitated in particular by the tutor, special or therapeutical pedagogue or social pedagogue, who is perceived as an expert not only in social issues, but also in educational ones resulting in the common concept of the socio-educational care in children's homes. In cooperation programmes for clients from children's homes and facilities for seniors it is very important to choose the right time suiting both groups. Seniors are accustomed to stereotypes, disturbing which may have an adverse effect on the cooperation programme. Children should take into account their school duties, various hobby groups attended, as well as their meetings with biological parents. Every group of seniors and children is different. Therefore, seeking mutual compromises and subsequent agreements is very important in the given case. The appropriate group dynamics requires that the group of seniors has about the same number of men and women. It is also better for the group of children to work with approximately the same number of boys and girls. In the programme implemented we faced the problem that the boys missed the grandfather role model since in the senior group women prevailed, and it was the boys who prevailed in the group of children. It is also important to alternate visits between children and

seniors. If working with a group of seniors who have no considerable problems with the supporting-motion system (or other more serious health problems), visits by children and seniors at facilities should alternate. Otherwise, it may happen that during the cooperation programme implementation a stereotype appears, adversely effecting the children's approach to the cooperation. The intensity of meetings is individual. It depends on the needs of clients in both facilities and their possibilities. However, the minimum cooperation programme should run at least twice to four times a month, while the visits of children and seniors should alternate. Activities should focus on various socio-educational programmes. Children-seniors cooperation programme implementation should be attended always by two employees: one children's home employee, i.e. a social worker, special pedagogue or therapeutical pedagogue (as required) or, in the prospective context, also a social pedagogue, and one seniors' facility employee, i.e. a social worker or ergotherapist, or, in the future, social andragogue. Each employee may adequately intervene in his/her group, in case of various situations that may occur during the cooperation programme implementation. The presented recommendations are not comprehensive due to the pilot introduction of the cooperation programme in practice.

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