

## Chapter 4

# Intergenerational Strategies for Sustaining Families and Family Life

**Abstract** Families in all their configurations are the key social group within which different generations are embedded and supported. Against a backdrop of normative, social and demographic changes, intergenerational relationships within families are under considerable strain in terms of social and health care as well as economic and infrastructural capacity challenges. This chapter aims to explore how families are/could be supported through formally organized intergenerational programs across a broad array of geographies and contexts. To this end, the inter-connectedness of generations within families is acknowledged and these intergenerational programs—to support and complement the family—are briefly described. In the main, these programs focus on family support in two contexts: caring for older adults with chronic health conditions, and grandparents and other relatives raising children. Some principles and a range of examples on intergenerational strategies for supporting families in both contexts are also provided.

### 4.1 Introduction

This chapter explores several “pathways” through which intergenerational programs and practices can help strengthen and sustain families.

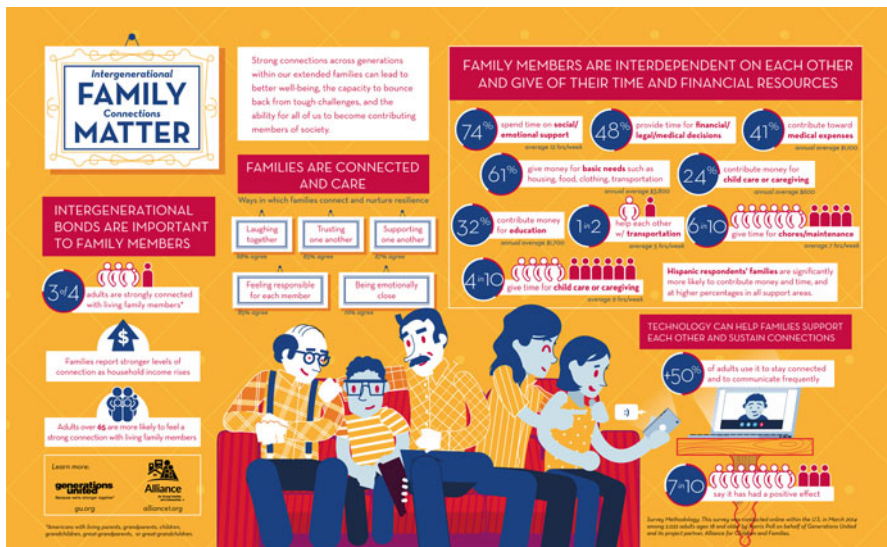
Though often taken for granted, strong families—across the entire pluralism of family forms—are arguably the most crucial building block in creating an enduring and vibrant society. Amidst normative, social and demographic changes, intergenerational connections within families play a critical role in terms of resilience and success at the individual, family, community and societal levels.

Families are resilient to change and strong in many contexts, continuing to provide care for, and also receive care from, older people. In many countries, a societal expectation exists that adult children will look after their parents in old age, the so called *intergenerational contract*. Interdependence is a norm across the globe—particularly intergenerational interdependence through the family. Whereas friends are increasingly important in the social fabric of older people’s lives with greater independence, it is in the family where care is exchanged and where the interdependency lies across generations.

In some countries the state plays an indirect role in fostering family-based caregiving. For example, in Singapore housing policies positively enable adult children to live closer to parents but may serve to disadvantage children who want to live further away from their parents. In Japan, long-term care insurance rules enable older people to afford a range of care options, which could in turn reduce their reliance on the family for care, although cultural traditions still lead to a higher than expected number of multigenerational households. This suggests that even where options exist to promote external care, the family may remain the main care provider for elderly parents.

Changes are highlighted even where we see strong family bonds: the reduction in multigenerational households and institutional care (with a few exceptions); changes in attitudes, migration patterns and demographics; and changes in the patterns of reciprocity. Globalization has also opened up the possibilities of transnational care even across continents (India), and changed the ebb and flow between urban and rural areas.

*Intergenerational interdependence*, a recurring theme throughout this book, has special meaning in the context of family relations and family life. Family members are interdependent in terms of caregiving, emotional support, and financial and other resources that flow among family members. As one exemplification of this concept, Fig. 4.1, below, presents an infographic developed by Generations United and Alliance for Children and Families as a complement to their 2014 report, “Intergenerational Family Connections: The Relationships that Support a Strong America” (Generations United, 2014).



**Fig. 4.1** “Intergenerational Family Connections Matter” infographic. This infographic was created as a complementary resource for the 2014 report, “Intergenerational Family Connections: The Relationships that Support a Strong America,” developed by Generations United and Alliance for Children and Families

Though of particular relevance to the U.S. case, the core dynamics of complex interdependencies and how these interface with family well-being (as illustrated in Fig. 4.1) are generally the same in the European, Asian, Latin American and African contexts. For example, as one of only seven countries in sub-Saharan Africa (SSA)<sup>1</sup> to provide social pensions to the over 60 share of their populations, the majority of older South Africans receive a non-contributory pension. This is a means-tested grant paid to some 2.7 million women and men from the age of 60, worth approximately \$100 per month. Although specifically paid to older individuals, these grants are pooled and redistributed—especially by black African females—at household and community levels to generally provide childcare and care for disabled, ill and unemployed individuals or members in the household (Barrientos et al., 2003; Ferreira, 2004a, 2004b, 2006; Sagner & Mtati, 1999).

However, in a 2015 report by the UK's Government Office for Science which examined how an aging population is affecting relationships between the generations, a fair amount of attention is focused on pressures on family relationships in various contexts—including health care, financial outcomes (wealth accumulation vs. debt), housing arrangements, and employment practices (Keating, Kwan, Hillcoat-Nalletamby, & Burholt, 2015).

The report states:

“From a societal perspective, families are seen as a backstop against concerns about unsustainable health, economic and social care systems in the face of rising proportions of older adults in comparison to working-age populations. Yet there are tensions between increasing expectations of families to care for dependent members and concern about their capacity to do so” (p. 6).

In the next section, we review some of these challenges faced by families with extensive caregiving needs, such as when caring for a frail or ill elderly relative or when a grandparent or other relative is left to care for a child. When it comes to considering ways to support such families, we advocate in favor of working to establish a “continuum of support” at the state/family and public/private interface. Components of such a continuum might thus include formal programs run by human service agencies and community organizations, inter-organizational networks and coalitions, and informal family- and community-based support systems. The basic premise, however, is that it is helpful to think beyond the roles and responsibilities taken by human service professionals and overburdened family caregivers.

We further propose three interlinked principles for interventions aimed at strengthening or complementing family caregiving support systems:

1. Such interventions should be appropriately contextualized within the “world” of the participants.
2. Efforts should be made to ensure that any “outside” family support interventions are synchronized with families’ needs for information, resources, and emotional and instrumental support.

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<sup>1</sup>Other countries are Botswana, Lesotho, Swaziland, Mauritius, Namibia and most recently Zanzibar.

3. Family strengths as well as problems should be taken into account when developing and conducting intervention programs. This entails working to empower care recipients and family caregivers to become more knowledgeable, proactive, and effective in their efforts to find needed services and strengthen their family situations.

Later in the chapter, we present some intergenerational strategies for strengthening and sustaining families in other contexts, including when there is no particular challenge or dysfunction. These examples illustrate the importance of challenging age-segregated interventions, engaging entire families, promoting communication with regard to issues of shared interest and concern, and establishing family practices that instill a stronger sense of family identity, greater family cohesion, and sustainable family traditions.

## 4.2 Support for Family Caregiving

Caregiving is simultaneously a health care issue, family issue, community issue, and broader societal issue and includes diverse exchanges, both tangible and intangible, by individuals to each other (Kahn & Antonucci, 1980). Before we provide a range of examples on intergenerational strategies for supporting families we endeavor to provide two departure points in assessing such initiatives in both home and community settings.

### 4.2.1 A “circle of care” as Foundational Concept

The topic of caregiving goes beyond focusing solely on meeting the needs of the person receiving care. As in the previous chapter (in the segment on “intergenerational approaches for supporting vulnerable and underserved populations at home and in community settings”), we draw upon the “circle of care” concept to reflect values of mutual support and reciprocal care. Here, this foundational concept provides a broader and more holistic way of viewing the family caregiving dynamic. By meeting the needs of an elderly family member that individual is likely to be in a better position to help meet the needs of others in the family. An elderly relative who, for example, receives needed assistance with shopping and cooking is better able to continue to live in the community and be available to assist a young family member who might need help with homework. Such agency does not depend on what the older adults are not able to do, but instead on what they can do. Even if a senior family member has mobility challenges, that individual is still able to engage a child in storytelling, writing, and word play. In this sense, the act of receiving assistance does not relegate the senior to a passive role in life, nor cut off their capacity to provide meaningful care and support for other family members.

### ***4.2.2 A Comparative and International Perspective***

While individual regions are at different stages of demographic transition, the overall trend is clear: population aging is a global phenomenon. As population demographics shift, policy changes and programmatic interventions are needed to support families in terms of their care needs. Against this backdrop family caregiving across the lifespan is an international issue. As noted on the website of IACO (International Alliance of Carer Organizations), a global coalition incorporated in 2012, “Caregiving is truly an international phenomenon. No nation is without family caregivers, and the ways in which nations support the needs of caregivers are many.”

However, there is not necessarily a convergence of policies and/or social initiatives in ‘one-size-fits-all’ approaches. Rather, against the background of the mentioned changing demographic trends, this section embeds intergenerational programmatic interventions in different geographies and multidisciplinary configurations. There is a heterogeneity of experiences and inequalities in relation to well-being, that exist between aging families located at different intersections in the social structure, with a particular focus on socio-economic and geographical (rural-urban) position, gender and age (Hoffman, 2014b).

An explicit global perspective on aging families and their experiences seeks to discern and understand impacts of major trends such as international and domestic migration, diffusion of information technology, and widening inter- and intra-country inequality. It also addresses differences and similarities between regions. Accordingly, when considering perceptions and practices related to family caregiving, it is necessary to pay attention to factors related to culture and country (place and space), including local traditions, trajectories of social and demographic change, family structures, economic resources, institutional frameworks, and national policies. Hence, we take a comparative and international perspective when considering family caregiving issues. In so doing, we draw distinctions between the types of family caregiving challenges faced by different countries. Of particular relevance for this aspect of family caregiving is the subset of intergenerational studies literature as well as the broader family studies and cross-cultural literature that focus on cultural differences in terms of family experiences, obligations and behavior towards older generations and by older family members to younger generations.

Dhemba and Dhemba (2015) note differences in the plight of older persons in developing regions, such as in SSA, compared to wealthier countries, including the U.S. and Western Europe. The rise in the proportion of older persons in the more developed regions of the world, at least up to now, happened against the background of increasing employment, rising living standards, and an overall expansion of state resources. In contrast, most caregiving in the more developing regions of the world, and specifically SSA, is negotiated within contexts of family poverty and constrained societal development, which manifest in lower life expectancy, scarcity of resources, lack of institutional support, risk of serious illness, social protection measures for vulnerable groups including older adults, and socio-economic pressures on traditions and norms for family caregiving.

A common theme in the literature is how caregiving norms and traditions are in flux in most developing countries experiencing rapid urbanization pressures. This raises concerns about the nature of, and possible shifts in, normative perspectives and expectations regarding the appropriate role of family and formal care provision as well as the adequacy of care and its impacts on the well-being of both care recipients and care providers (Aboderin & Hoffman, 2015). There is a likely disconnect between normative conceptions, policy approaches and programmatic interventions for aging families in Africa and the realities of intergenerational relations and support in these regions. In view of this, a critical perspective is called for to examine the extent to which western gerontological perspectives on family caregiving, dependencies, and intergenerational support (Fine & Glendinning, 2005; Rummery & Fine, 2012) are able to capture these developing world realities.

Within the Asian context, a study conducted by Knodel and Napaporn (2011) documents some of the ways in which family traditions of providing personal care for dependent children and older adults are under pressure in Thailand (also see Fan, 2007; Wong & Leung, 2012 for the Asian experience). The significant role that grandparents play in the care of young children can become problematic when the size of families decreases, when children's parents migrate away to find employment, and when elderly family members develop care needs themselves (also see Hoffman, 2014a for the South African reality). Such trends also have serious implications for filial elder care, and this often leads to shifts in living arrangements. To address such circumstances, the Thai government is exploring pilot programs to address the issue. One such effort is aimed at expanding community-based intergenerational home-care assistance through paid volunteers. Thailand is not alone in seeking ways to supplement family caregiving with additional home-based support for older adults. We see examples of such efforts across the globe as will be discussed below.

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In this next section, we focus on family caregiving in two contexts: caring for older adults with chronic health conditions; and grandparents and other relatives raising children. We endeavor to provide some principles and a wide range of examples on intergenerational strategies for supporting families in both contexts.

First we describe several examples in which intergenerational initiatives could be configured to support families caring for older adult relatives.

## 4.3 Eldercare

### 4.3.1 *Intergenerational Home Visitation Schemes*

Intergenerational service learning programs involving high school- and college-aged youth, represent an important source of additional support for older adults who are isolated, frail, and/or burdened with chronic illness, and their families. The potential benefits of such programs in terms of impact on the youth as well as the service

recipients are well-documented (e.g., Blieszner & Artale, 2001; Roodin, Brown, & Shedlock, 2013). What receives less attention is how family caregivers fit into the equation.

An instructive example is the *Visiting Aphasia Scheme*, which is the site of one of the case studies highlighted in Finn and Scharf's (2012) report on intergenerational programs in Ireland. This program was developed by the Speech and Language Therapy department at the University of Limerick as a means to counteract the isolation that many older people with aphasia (following stroke) experience as a result of their communication disability. Annually, 28–30 students are paired with 14–15 older people with aphasia as conversation partners for an hour a week in a variety of settings, including hospitals, nursing homes and the person's own home.

The program was successful overall, however, it worked best in the domiciliary setting rather than the hospital setting due to several factors, including the increased involvement of supportive net of kin at home and the absence of constraints posed by hospital policies. The meetings that took place in homes were more conducive to the formation of friendships (and, in some cases, continued contact) between the adults with aphasia and the students than meetings that took place in clinical settings (Finn & Scharf, 2012).

### 4.3.2 *Caring for the Caregiver*

Caregivers often have health-related problems associated with the demands (and stresses) associated with providing care for their loved ones. For instance, one study found that one-third of family caregivers of people with dementia were depressed (Covinsky et al., 2003). In being the primary caregiver for a relative with dementia, for example, it is commonplace for caregivers to experience social isolation. They lose out on needed social and emotional support (including from those who share similar challenges) as well as instrumental support which includes learning about local services and how to access them (Adler & Mehta, 2014).

There is a growing body of research indicating that support for these caregivers contributes not only to their own health but also to the quality of care they provide for their loved ones (Gaugler, Zarit, & Nikzad, 2006). Intergenerational programs have a role to play in providing respite (planned temporary relief by substitute care) for stressed and time-strapped caregivers. Caregivers who receive emotional support, respite, and companionship from youth volunteers (as well as from older adult volunteers) report reduced feelings of stress and isolation and an improved sense of security and self-esteem (Osborne & Bullock, 2000; Power & Maluccio, 1998). Time Out is a program in which college students provide respite services for families caring for a frail older adult. Of the families participating in the program, 89% felt that the respite care relieved the stress of caregiving and 96% attributed their ability to keep their relative at home to program participation (Campbell, 2002).

Support for caregivers can also take the form of technological aids (e.g., for finding needed information and resources), and better access to medical care.

### **4.3.3 *Communication Training for Family Caregivers and Caregiver Professionals***

In many families, members could use help communicating and working together effectively, particularly in times of stress, such as when care needs escalate and important care-related decisions need to be made.

Communication specialists, who are primarily concerned with the *relational* nature of communication, that is, how “the communication behavior that takes place between two or more individuals defines their relationship” (Nussbaum, Pecchioni, Robinson, & Thompson, 2000, p. 2), have a role to play in helping family members (including the primary care provider and the individual(s) receiving the care) to communicate more openly and effectively with one another.

The literature on intergenerational communication includes some strategies for helping family members to traverse the emotional and physical distance between them (Williams & Nussbaum, 2013). Some recommendations for improving family communication include: establishing two-sided (two-way) communication channels; and framing communication to be low pressure (not forced), non-judgmental and tied to family members’ real life experiences.

Communication training programs could also be structured to help those who provide and receive care to tailor/adapt their communication behavior to the “specific other” rather than the categorical or “generalized” other. This is relevant in the context of helping family members to gain a greater awareness of how age-related stereotypes might inadvertently influence how family members communicate, including during times in which they provide and receive care from one another (Ryan, Meredith, & MacLean, 1995).

## **4.4 Grandparents and Other Relatives Raising Children**

*Kinship care* is defined as the full-time care, nurturing and protection of children by grandparents, stepparents, or any adult who has a kinship bond with a child. These families are known as “kinship families” or “grandfamilies.” There are many reasons for the raising of children by grandparents or other relatives, few of which are positive. They include parental incarceration, drug abuse, death, divorce, teen pregnancy, mental health issues, poverty, neglect, family violence and (particularly in the case of Southern Africa) HIV/AIDS. In Southern Africa, HIV/AIDS is known as ‘the grandmothers’ disease’. Although older persons themselves are at risk of being infected, the major impact of HIV/AIDS they experience is at the level of managing the care of their ailing children and/or caring for their grandchildren. First described by Kelso (1994), the term refers to those children who have been orphaned by losing one or both their parents as a result of AIDS and are cared



for by their grandmothers (also see Wilson & Adamchak, 2000). The term neatly encapsulates the gendered and intergenerational nature of these relationships through the prism of downward support.

In the U.S., families in which children are being raised by grandparents are diverse ethnically, geographically, and economically. As might be expected, the causes, needs, and experiences of these families vary widely. However, beyond these differences there are also trends that are common among grandfamilies. For example, while not a definitive characteristic of these families, poverty rates have been shown to be 60 % higher among grandparents raising grandchildren than among other grandparents in the U.S. In addition, the problems that these families confront relate to widely experienced challenges associated with child care, health services, housing, legal issues, and education. The caregivers themselves are also more likely to be in poor physical health, and to suffer from depression (Littlewood, 2014).

In this section, we describe a wide range of interventions aimed at supporting grandfamilies, including support groups for relative caregivers, kinship family retreats, supportive public policies, alternative public housing facilities, and resource centers. However, relative to the numbers of these families, such services still only exist on a small scale. For there to be an expansion of services, and a broader adoption of supportive legislation, there needs to be a greater level of public awareness of the difficulties that many of these families face.

Efforts to build public awareness around kinship caregiving challenges include television call-in shows, radio segments, and public forums focused on related themes. There are some curricula with information and multi-media materials that could be useful in planning and running such public forums.<sup>2</sup>

An ambitious but appropriate goal is to work toward creating an integrated web of programs, support systems, interagency collaboration systems, and social policies designed to help grandfamilies navigate the challenges they face. This entails framing the many threads of possible intervention into complementary levels of action focused on:

- **Strengthening families:** Includes efforts to provide family members with emotional and instrumental support and improve family communication dynamics.
- **Strengthening individual agencies:** Includes efforts to train staff and improve programs and services offered.
- **Strengthening service delivery systems:** Includes efforts to establish broader grandfamily-friendly policies and ensure that there is interagency collaboration and cooperation in providing services to grandfamilies.

The intent is not simply to expand or extend programs and policies in the grandfamilies arena, but rather to create a continuum of support (as described earlier in

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<sup>2</sup>One such multi-media resource is “Grandparents Raising Grandchildren: Doubly Stressed, Triply Blessed,” developed by Penn State Extension (Kaplan, Hanhardt, & Crago, 2011).

this chapter) and promote a culture of “reflective practice” which draws upon evidence-based approaches for making a positive difference in the lives of members of grandfamilies (Kaplan & Perez-Porter, 2014). It is also important to recognize the resiliency of many grandfamilies and acknowledge and build upon relative caregivers’ adaptive abilities, readiness to learn, and motivation to succeed (Hayslip & Smith, 2013).

#### ***4.4.1 Support Groups and Other Family-to-Family Support Systems***

“I thought I had the baddest kids in the world. When I got [to the support group] and heard other grandparents speak, it was comforting for me to know that there are some other bad ones. It helped me to deal with them.” (Support group participant in Georgia, quoted by King et al., 2009, p. 233)

Research on relative caregiver families highlights the sense of social isolation that many family members feel. Support group participants appreciate the opportunity to share and discuss common concerns and trade insights (Jones, Chipungu, & Hutton, 2003). Many also serve an educational function. As an example, they may invite professionals to speak on specific items of interest at support group meetings. Some support groups also take on a proactive advocacy component as they work toward making changes in local, regional, and/or national policies.

Another form of family-to-family support is peer mentoring. A good example is Maine Kids-Kin’s “Grandfamily to Grandfamily” program for relative caregivers unable to make support group meetings. Program director Barbara Kates describes the program as follows:

“Volunteers complete a five hour training to raise awareness of listening skills, remain non-judgmental, accessing resources, understanding boundaries, and maintaining records. When relative caregivers call our office, we offer them the option of talking to another grandparent trained in supporting their peers. If the caller agrees, we will match him or her with a volunteer and the volunteer will begin with weekly contacts for the first month. The pair will then continue as needed for up to 6 months. We began matching pairs this year, but the initial survey from participants tells us how much they appreciate the volunteers and knowing they are not alone” (Kates, 2009, p. 3).

#### ***4.4.2 “Kinship Navigator” Programs***

“Kinship Navigator” programs provide relative caregivers with a single point of entry for learning about services they might need in many areas, including health, financial assistance, legal assistance, and housing. They are effective in helping

caregivers not only obtain a better understanding of the services available to them, but also the routes they must follow to obtain these services. This is particularly valuable when service delivery systems are fragmented, uncoordinated, and with gaps in certain service areas (Cox, 2009; Generations United, 2008). Some kinship navigator programs go beyond helping relative caregivers with service information and referrals. For example, the Florida Kinship Center which runs a navigator program also offers a “warmline” so that relative caregivers receive emotional support as they work to navigate the complex and often disjointed array of agency services (Littlewood & Strozier, 2009).

### 4.4.3 *Respite Care*

For many grandparents taking on parental roles, it is the sudden lack of free time and the inability to come and go as they please that is one of the most difficult adjustments. This concern is reflected in the following quotes from grandparents raising their grandchildren:

“Having all four children here is overwhelming at times. Children are time-suckers. They are so demanding. The hardest part is not having any time to myself, not really having my own life” (Volunteers of America, 2012, p. 14).

I don’t have the freedom I once had because I have to worry about someone being there for them. So any appointments I have or anything I want to do, I have to take them with me or ask and take them to their other grandmother’s. I was getting used to sleeping in and now I’ve got to make sure I’m up to get the oldest one off to school...by that time the little one is up” (Volunteers of America, 2012, p. 14).

The case for respite care services for kinship care providers is summarized in a policy brief from the Family Strengthening Policy Center (2007):

“High-quality, accessible respite care is essential to the well-being of all family members and to the long-term sustainability of the grandfamily arrangement. While respite providers engage children in positive social and educational activities, the grandparent or relative has time to participate in support groups, obtain services so the family can function effectively, or secure health services that protect their ability to raise children (Family Strengthening Policy Center, 2007, p. 1).

A good example of a senior volunteer program approach to providing respite care to grandparent-caregivers is run by the Southwest Michigan AAA (Area Agency on Aging). They carefully match volunteers and families, train volunteers, maintain regular contact with families and volunteers, and evaluate program impact on all involved. During their weekly visits, the family-friendly volunteers engage children and youth in educational and recreational activities while relieving grandparents of caregiving responsibilities (Family Strengthening Policy Center, 2007).

#### 4.4.4 *Kinship Family Retreats*

*Kinship family retreats* represent a holistic approach for supporting children and their caregivers. Whereas most programs for relative caregiver families target the adult care provider, kinship family retreats are designed for the entire family.

A kinship family retreat is like a camp for grandfamilies; it provides a safe, stress-free setting for family members to spend time together and strengthen their relationships. Crago and Kaplan (2011) describe a weekend mini-camp model, with families arriving and getting settled on a Friday evening and for the remainder of the weekend taking part in family meals, hands-on workshops for caregivers and children, and a wide range of recreational activities. The workshops for the caregivers include topics such as stress management, conflict resolution, parent education, and life skills education. Workshops and activities for the children and youth address issues related to anger, stress, self-confidence, and family communication strategies.

An activity that works well at these retreats involves having each family make a “family banner” which tells a story about their family. Families work on their banners during family time or other free time during the retreat and they present and display their banners at the closing family celebration event. Working on the banners provides families with time and opportunity to discuss issues related to family identity, and this contributes to a sense of family unity. This is particularly important for kinship families with members who have experienced upheaval and are struggling to adapt to new family dynamics. It is also a way to help grandfamilies generate ideas for new family activity traditions.

Families participating in the retreats tend to appreciate not having to think or worry about treatment, therapy, or referrals. They are not there as ‘families in need.’ They are simply families spending some quality time together. As one grandparent put it after participating in a retreat organized by Penn State Extension in 2008, ‘It’s been a weekend where we’re all the same—we’re all normal’ (Crago & Kaplan, 2011, p. 1).

#### 4.4.5 *Advocacy*

Some organizations, such as the National Committee of Grandparents for Children’s Rights (NCGCR), have a strong advocacy component. The mission of NCGCR is to advocate and lobby for substantial legislative changes that protect the rights of grandparents to secure their grandchildren’s health, happiness and well-being.

Grandparents Plus (<http://www.grandparentsplus.org.uk/>) is another organization with a policy and social change orientation. Based, in the UK, they work to support grandparents and the wider family by:

- *Campaigning for change* so that grandparents’ many contributions to children’s well-being and care is valued and understood.

- *Providing evidence, policy solutions and training* so that grandparents get the services and support they need to help children thrive.
- *Building alliances and networks* so that grandparents can have a voice and support each other, especially when they become children’s full-time caregivers.

#### **4.4.6 Housing for Grandparents Raising Grandchildren**

A trend in the U.S. is the development of new apartment housing geared specifically to grandfamilies. Grandfamily housing projects generally provide an array of support services, educational programs, and recreational activities as well as low rent accommodations.

The first such facility in the U.S., GrandFamilies House (Boston, Massachusetts) was established in 1998 by Boston Aging Concerns Young and Old United (BAC-You) after four years of research, planning, and collaboration with other organizations. This facility was designed to be accessible for older adults (e.g., with grab bars in the bathrooms and other “universal design” features) and safe for children (e.g., with protective covers over outlets and playgrounds viewable from apartment windows). The facility includes an on-site pre-school and an after-school and computer learning center which adds to the possibilities for intergenerational engagement (Gottlieb & Silverstein, 2003).

Similar developments have emerged in Chicago, the Bronx (New York City), Hartford (Connecticut), Baton Rouge (Louisiana), and Kansas City (Missouri) (Gentile, 2014). GrandFamily Apartments in New York City, developed by Presbyterian Senior Services and the Westside Federation for Senior and Supportive Housing, Inc., provides what administrators call a “one stop shop” to housing, social services, support services, youth programs and entitlement assistance. Building amenities include a library, playground, and roof garden. In Chicago, Illinois, grandfamilies share the Coppin House housing complex with other families. This facility consists of a 54-unit, two-building complex; 24 of the units are taken by grandfamilies and the remaining units are for young adults moving out of the foster care system (West, 2009).

In their evaluation of GrandFamilies House in Boston four years after it opened, Gottlieb and Silverstein (2003) suggested several factors related to planning, space, and design issues that should be taken into consideration when developing such facilities.

“To meet the complex needs of elders and children of varying ages, adequate common space is needed. Ideally, there should be a large community room—large enough for youth activities, dances, and parties, but designed with the flexibility to be broken down into smaller spaces as needed. The community room should be available regularly and should be located apart from residential units (perhaps adjacent to management offices), to minimize noise disturbance. On-site programming should also be housed apart from residential units. There should be adequate outdoor space for a children’s playground, seating areas for elders, family cookouts, and recreation space for youth” (p. 25–26).

Other recommendations from Gottlieb and Silverstein (2003) are to include prospective tenants and neighbors in the initiative planning process, and conduct a preliminary assessment of the proposed neighborhood in terms of the availability of elder and youth programs and services, access to shopping and public transportation, and potential safety issues.

## **4.5 Technological Tools to Strengthen Family Communication and Caregiving**

### ***4.5.1 Introduction***

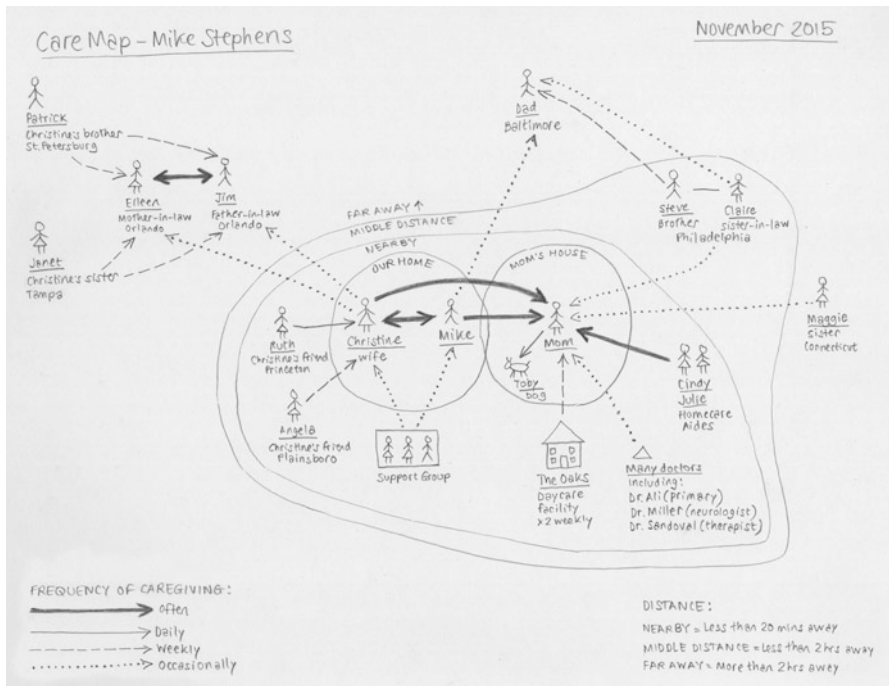
Demographic changes and subsequent increasing social and health care needs are occurring in parallel with exponential growth in the application of information and communications technology (ICT). ICTs have the potential both to intensify social and health care delivery, and also to ‘disburden’ social and health care systems (Bowes & McColgan, 2013; Braun, Catalani, Wimbush, & Israelski, 2013). From a family communication perspective, this is an exciting and positive development and the penetration specifically of mobile technology is particularly deep in SSA. Statistics provided by the International Telecommunications Union (2013) indicate that people living in low-income regions are today the majority owners of mobile phones.

Technology is playing a continual expanding role in helping family members to connect with one another even when living far apart. We know from those who study family dynamics that family relationships are not static; they need to grow and evolve along with the needs, abilities, and interests of individual family members to form more cohesive relationships. The more opportunities family members have to engage, support, and learn from and with one another, the better. Accordingly any technology, tool or solution designed to strengthen family relationships should be flexible and multi-faceted enough to allow patterns of communication to evolve over time. So we need to determine how technology can foster intergenerational understanding and relationship enhancement. One of the biggest challenges we face in our techno-social age is determining how ‘high tech’ can become ‘high touch’ (Sánchez, Kaplan, & Bradley, 2015).

In recent years, there has been a surge in attention paid to how technology-based solutions have the potential to lighten the burden that falls on family caregivers. In the following sections, we look at two technology-enabled systems with caregiving applications within and outside of families and consider some ways in which technology can be used to enhance grandparent-grandchild communication and strengthen relationships across the potential barrier of geographic distance.

### 4.5.2 Family Care Mapping

As noted by Adler and Mehta (2014) in their report on outcomes from the roundtable “Catalyzing Technology to Support Family Caregiving” convened by the (U.S.) National Alliance for Caregiving, technological innovation can support family caregiving by inspiring more family conversations, learning, and joint plans of action aimed at improving the care system for older family members. They further describe the *Atlas of Caregiving* pilot project which led to the development of a system to help families create *family care maps*. These are “dynamic system maps” of family-specific, complex family caregiving landscapes. A care map is a helpful way to visually display all the individuals who are providing care, the relationships between them, and the services that are involved. This process can be used to support a family’s efforts to strengthen their care networks, thereby shifting the burden from individual caregivers to multiple caregivers. Figure 4.2, below, provides an example of one family’s care situation in family care map form.



**Fig. 4.2** Family Care Map. An example of one family’s *family care map*. The Atlas of Caregiving website (<http://atlasofcaregiving.com/put-your-family-caregiving-on-the-map>) provides a 5-min video documenting the process. [Published with permission Rajiv Mehta, director of the Atlas of Caregiving Pilot project]

Rajiv Mehta, Principal Investigator of the Atlas of Caregiving project, notes that the care map seems to have struck a chord with many. A recent line of interest took the form of a community foundation in Santa Barbara, CA organizing a series of care map workshops for small groups of family caregivers and social workers. Mr. Mehta showed participants how to draw a care map, helped them draw their own, and then led discussions about their reflections on what they created.

Participating caregivers reported:

- finding some solace in discovering that they weren't alone;
- becoming more aware of the support they already enjoyed as well as additional levels of support that they could potentially call upon; and
- gaining ideas from hearing about other people's circumstances (Mehta & Nafus, 2016).

Kathleen Kelly, Executive Director of the Family Caregiver Alliance (U.S.), stated, "Each family is unique, with unique dynamics, strengths, capacities, and resources. Care mapping provides the opportunity for caregivers to increase awareness of their own care system and illuminate where additional assistance may be needed" (Mehta & Nafus, 2016, p. iv). By making the caregiving challenge seem more finite and manageable, this is likely to reduce stress on the part of the caregiver and lead to more sustainable caregiving scenarios.

As a function of its capacity to diagram the people involved in particular care situations, the care map tool also has broader research applications. For example, it is a useful tool for teams of researchers studying novel methods, including the role of technological advancements, for gaining a better understanding of the challenges faced by family caregivers (Mehta & Nafus, 2016).

### ***4.5.3 Community Care Networks***

The "BCN Smart City" initiative in Barcelona, Spain involves a host of initiatives aimed at improving the quality of life for all local residents. Several of these projects hone in on the goal of establishing care networks for isolated older adults on both family and community levels. The Vincles BCN project was launched by the City Council's Area of Quality of Life, Equality and Sport as a small social experiment aimed at developing technology-enhanced methods using i-Pads to tap into family networks, community care networks, "proximity circles," and "trust networks" in support of isolated older adults.

Another initiative designed to establish a community care network for isolated older adults in Barcelona, and complementary to family support, is the RADARS project. A network of social service providers, shopkeepers, neighbors, volunteers (including from the Red Cross), and professionals from local associations work together to provide support to help residents, 75 years of age



and older, to continue living in their own homes. One component of this support system is a “Telephone Monitoring Platform” through which volunteers keep RADARS project clientele informed about local social services as well as social activities.

These programs do not aim to replace family care but generally aim to complement it through facilitating access to useful resources through technology.

#### ***4.5.4 An Aid to Long Distance Grandparenting and Family Remembrance***

In an increasingly globalized world, geographical distance has a profound impact on the quality of relationships between family members across generations. A 65-year old grandfather living in England who is dissatisfied with the communication (or lack thereof) with his grandchildren living in the U.S. relates his experience as follows:

“It’s interesting, very, very, very rarely do we contact them, and that’s not because we don’t want to it’s because, our son will say ‘do you want to talk to granddad?’ and they’ll say ‘no’, because they’re doing something else, but I think it’s as much to do with ... they don’t know us, they don’t know us” (Tarrant, 2015, pp. 294–295).

This quote illustrates the difficulty with long-distance communication, even with an array of ITC options available. Although the advances in ITC options provide family members with additional ways to communicate over great distances, it seems challenging to get the connection started and to sustain the relationships.

However, new and updated technology is being utilized, and applications are being developed, to help family members stay in contact and maintain lines of social support across geographic distance. This is consistent with other research reported in the literature which notes that families seeking to extend communication and relationships over great distances, is one of the major reasons for learning about and using new technologies (e.g., AARP, 2012; Harley, Veter, Fitzpatrick, & Kurniawan, 2012). For example, Ee Ching (Candice) Ng, who is currently on the faculty in the School of Art Design & Media at Nanyang Technological University, Singapore, developed the following two prototype devices to preserve family history and help younger family members engage with and remember their older relatives:

- The “Digital Heirloom:” Family members work with an older adult relative to create recordings that highlight cherished family memories with that individual. These recordings are then embedded in a device that plays back voice audio clips when triggered by a motion sensor. See Fig. 4.3, below.
- The “Remember Me - Inheritance Kit:” These kits contain personal items that belong to a cherished family member. By embedding a memory chip that contains



**Fig. 4.3** Digital Heirlooms. Digital Heirloom devices could be stationary or mobile, as pictured above. Published with permission from Ee Ching (Candice) Ng

personal recordings, stories, histories and messages into these items, they provide a living, personalized record of that person’s existence. See Fig. 4.4, below.

Images of these devices were presented as a poster exhibit at the 2011 Generations United conference (Ng & Kaplan, 2011). The title of the poster captures the intergenerational dimension of these objects: “Human Bonding Artifacts - Two ideas for using emerging technologies to strengthen intergenerational relationships within the family.”

## REMEMBER ME - INHERITANCE KITS

NEW ARTIFACTS FOR REMEMBERING

What is it?

'Remember Me - Inheritance Kit' contains personal items that belong to a cherished family member. By embedding a memory chip that contains personal recordings, stories, histories and messages into these items, they provide a living, personalised record of that person's existence.

**REMEMBER ME - INHERITANCE KITS**

Personal diary with RFID (embedded data) chip

Smoking pipe with RFID (embedded data) chip

RFID (embedded data) chip reader; Will display audio and visual information stored in the RFID chips that are swiped over the surface

Personalized container for 'Remember Me' items

Antique watch with RFID (embedded data) chip

**Technological Elements**

- RFID ID-20 Reader
- RFID 125 Mhz Chip
- Arduino Uno Microcontroller
- Processing Programming Environment
- Arduino Programming Environment

**Fig. 4.4** Remember Me - Inheritance Kits. Published with permission from Ee Ching (Candice) Ng

Although still a long way toward optimally engaging cohorts of older generations digitally with their younger family members—especially in view of digital inequalities across generations and regions—new computer-based technologies provide opportunities for intergenerational links. With the necessary support such a (re)engagement could transcend generational divisions as well as physical distances that often exist among family members (Harley et al., 2012).

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