



# Starting Young: Lifelong Lessons from Intergenerational Care and Learning

Lorraine George  
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# Preliminaries

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## Acknowledgements

I would like to thank the Winston Churchill Memorial Trust (WCMT) for the wonderful opportunity to travel to research best practice and for their help and support in sharing what I have learnt.

I would also like to thank my employers, Torbay Council and my hardworking colleagues in the Early Years Advisory Team, in encouraging me to apply for a Fellowship and dealing with the extra work that came from my absence.

My thanks also go to the hosts, staff, residents and children of the co-located settings that I visited, for their welcome and patience in answering all of my questions.

Lastly, a very special thank you to my family that I have probably neglected over the last year in preparing for this incredible opportunity and to my husband for his encouragement and endless support in enabling me to focus on my adventure and who came with me, in his own words, 'just to drive the car and carry the bags'; thank you.

## About the author

I have worked with early years (0 – 5 year olds) children for twenty years, initially as a Registered Childminder running my own childcare business and currently as a Development Worker based in the Early Years Advisory Team, working for Torbay Local Authority. Whilst the main part of my job role is training and supporting registered childminders, as a Development Worker I also initiate and develop innovative projects within the community and source funding for them. In 2017 I have project managed 'Making Bridges with Music', a primarily Lottery funded pilot which involved Childminders bringing children in to residential care homes to explore music and song writing with the residents, in partnership with community artists & musicians. This has been an incredible project to be involved in and one which has enabled me to follow my passion for intergenerational learning.

## Disclaimer

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*The views and opinions expressed in this report and its content are those of the author and not of the Winston Churchill Memorial Trust or Torbay Council which has no responsibility or liability for any part of the report.*

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<sup>1</sup> <http://unitedforallages.com/wp-content/uploads/2017/12/The-Making-Bridges-with-Music-Evaluation-Report-Final-Version.pdf>

# Abbreviations and glossary

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**Age UK:** is the UK's largest charity for older people dedicated to helping everyone make the most of later life.

**Bingo Bucks:** Pretend/Play money given to residents as an incentive to engage in activities.

**Book Buddy programmes:** Book Buddy programmes comprise of regular targeted shared reading time with the residents either coming in to the classroom or the children taking books out in to the care home space.

**Co-location:** Shared service site.

**Care Quality Commission (CQC):** is a non-departmental public body of the Department of Health and Social Care established to regulate and inspect health and social care services in England.

**Early Years Foundation Stage (EYFS):** sets standards for the learning, development and care of children from birth to 5 years old which all schools and Ofsted-registered early years providers must follow.

**Head Start:** Head Start is a federally funded programme that every state can offer young children. There are 2 programs: Early Head Start (birth to 3) and Head Start (3 and 4 yr. olds). These programs have very specific federal educational guidelines/standards that are followed in every state and delivery is monitored by an Education Coordinator.

**Kindergarten (K):** In the US children usually start kindergarten at the age of 5yrs and attend before starting Elementary School.

## **Leuven Well- being and Involvement Scales**

This tool focuses on two central indicators of quality early years provision, namely children's 'well-being' and 'involvement' and uses a five point scale to measure and assess the levels within these areas.

**National Association for the Education of Young Children (NAEYC)** is a professional membership organisation within the US that works to promote high-quality early learning for all young children, birth through age 8, by connecting early childhood practice, policy, and research.

**Ofsted** is the Office for Standards in Education, Children's Services and Skills. They inspect and regulate services that care for children and young people and services providing education and skills for learners of all ages.

**Pre-Kindergarten (Pre-K):** Classroom based pre-school programme for children below the age of 5yrs.

**Qualitative research:** This is primarily exploratory research and is used to gain an understanding of underlying reasons, opinions, and motivations.

**Quantitative research:** This is used to quantify the problem by way of generating numerical data or data that can be transformed into usable statistics such as quantifying attitudes or opinions.

**WCMT:** Winston Churchill Memorial Trust.

# Executive summary

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Intergenerational learning comprises of a wide range of differing projects and initiatives that bring generations together; these exist in different formats. Due to the nature of these projects and the difficulty in objectively measuring outcomes, there is a lack of quantitative evidence that proves the effectiveness of this type of engagement. However, there is a growing body of qualitative evidence that suggests that regular engagement between the ages benefits both the old and the young as well as also impacting favourably upon staff, employers and the community and also possibly reducing overhead costs by co-locating care in the same building.

This Fellowship focused on the following:

- Investigating how co-located settings were established and the different business models that are used
- Exploring co-located care within the US as a means of raising awareness of the mutual benefits of intergenerational learning
- Considering whether these models could be replicated in the UK.

## Major findings

That daily interactions between children and residents as part of an intergenerational programme impacts favourably not only upon both groups of participants but also upon staff, employers and the community.

That the co-located model should not be restricted to early years or the provision of child day care, but works equally well as a satellite school based provision, such as a reception class or year one class.

That young children due to their non-judgemental nature, are often drawn to the most vulnerable residents regardless of impairment, disability or ability to communicate, enabling intergenerational programmes as best practice, to be inclusive and open to all.

That co-location works beneficially for all parties across a range of business models from non-profit to private, although cutting costs should not be the only consideration as in reality direct short-term savings may be minimal.

That co-location can work at its very best in terms of mutual benefits, to both the young and the old, regardless of size i.e. converted resident bedroom space is just as effective as a large purpose built classroom facility as long as best practice is observed.

The role of the Liaison person working between the childcare provision and the elder care provision is key in terms of effective intergenerational best practice and works best when the role is ring-fenced to enable the Liaison to know both the children and residents well enough, to ensure that all interactions, both spontaneous and planned are positive.

That one person committed to sharing their intergenerational vision can make a difference by influencing, supporting and initiating others in the creation of new co-located settings as in the case of Oklahoma and Kansas.

That whilst many find the idea of co-location inspirational, a clear shared vision between partners is essential, along with a long term commitment to remain involved in the process to ensure the vision becomes reality.

## Recommendations:

1. Further research which evidences the impact of intergenerational learning upon both ages should be carried out and widely shared to encourage investment and policy making within this area.
2. That co-location should be looked at in terms of creating satellite classrooms within residential care homes as well as the provision of childcare.
3. Link residential care homes to early years provisions to consider how they can engage with each other on a regular basis.
4. Set up focused co-located projects within the UK specifically for young children whose learning is vulnerable, to determine the difference that co-location makes to their personal, social and emotional development in terms of their 'school readiness' and outcomes for learning.
5. Raise awareness of the benefits of intergenerational learning by incorporating information about this approach within childcare and adult social care modules as part of a recognised qualification.

# Introduction

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## Context and background

The old saying ‘if you stay around long enough things come back in to fashion’ is certainly true when applied to intergenerational learning, the bringing together of the old and the young to learn from each other and benefit from being in each other’s company. Traditionally, the elderly and the young were looked after together within the family home and then due to a raft of societal changes, they are now segregated, with some having very little contact with the other. Ironically the concept of co-located care, the bringing together of generations under one roof to care for and learn from each other, is now perceived as innovative and pioneering with impressive mutual benefits coming from these interactions, yet in reality it is simply how we used to live, supporting each other through our ages and stages, as part of a family and community, valuing the wisdom and experience of our elders.

When I stumbled across some intergenerational film footage online, in the summer of 2016 taken in Providence Mount St Vincent, (a residential nursing care facility in Seattle), I was overwhelmed by the riches that came from these interactions and saddened by how much has been lost by the way in which we live now, separated and apart. I then became aware of the growing interest in intergenerational learning within the UK, particularly through the model of co-located care and this led me to apply for and gratefully receive a Travel Fellowship from the Winston Churchill Memorial Trust (WCMT) in 2017. This award enabled me to spend four weeks travelling in the US visiting a range of established co-located care models.

To understand how intergenerational co-location works in the US it is important to have some knowledge of the provision of early year’s education and adult social care within America. The provision of both services have been affected by Government austerity measures as in the UK.

The provision of early year’s education in the US is complex and varies from state to state dependent upon their delivery of Federal guidance. On 24th Feb 2009 President Barack Obama made it a goal of his administration to ensure that every child “had access to a complete and competitive education from the day they are born”<sup>2</sup>. He also acknowledged “we know that the most formative learning comes in those first years of life”<sup>3</sup>. Unlike the UK in which it is mandatory for all early years registered provision to follow the national guidance set out in the Early Years Statutory Framework (unless they formally apply to opt out), in the US there is no mandatory early years framework or curriculum, nor is there a state wide mandatory starting age for elementary (primary) school. In the US, attendance at school for children under five when they may join Kindergarten (depending upon the state), is not compulsory therefore the provision of pre-kindergarten (Pre-k) care and education varies tremendously according to the finances and circumstances of the State and local school districts. Pre-K programmes are not used primarily for childcare but to provide children with an opportunity to interact with other children and prepare them for Kindergarten. It is generally accepted that children who do not attend some sort of pre-schooling are at a disadvantage when entering Kindergarten, especially children with English as a second language. As a consequence many states offer targeted pre-school programmes such as Head Start for their most vulnerable children and families.

In terms of Adult Social Care the US health insurance system is not universal and the majority of social care costs are paid for privately by individuals. Most Americans enter residential homes as private payers spending their assets until they qualify for Medicaid coverage which is the main source of public funding covering nursing homes and some home nursing (for those on low incomes who have spent their assets). The majority of nursing homes in the US are for-profit, with others run by non-profit providers and a small

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<sup>2</sup> Public Papers of the President of the US: Barack Obama, 2009, pg24

<sup>3</sup> As above

amount of government run facilities. There is also an initiative towards supporting patients to stay within their own homes through home nursing or outreach programmes, as people often prefer to stay at home for as long as possible and this is a cheaper and more cost effective option. Provision is very similar to the UK with one main exception being the amount of local provision available to clients. Due to the geographical size of the US for example, if someone has a stroke they may not be able to access services locally and may therefore be living in residential care some distance from their family and community.

Co-location originated in the 1970's in Japan and then spread to other areas of the world developing in the US from the 1990's in small pockets of practice in Seattle, then Oklahoma and Kansas. Although various business models were established, fundamentally they all provide childcare or school education (or both) through community partnerships, within residential care/nursing facilities. This Fellowship enabled me to visit seven intergenerational co-located settings, spread across three states, to meet with a wide range of stakeholders, speaking to over a hundred people involved in co-located care at varying levels, to explore how co-location works and consider how it can be replicated by others within the UK (see itinerary appendix 1).

## Aims and objectives

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The focus of this report is on gathering evidence from intergenerational co-located sites to add weight to the current interest that is now occurring within the UK around creating co-located care i.e. childcare or education based within residential care homes, where “both generations interact during regularly scheduled intergenerational activities, as well as through informal encounters<sup>4</sup>” and the mutual benefits that may come from this.

My intention was to gather evidence and testimonies around the following areas:

- What practical issues were involved in setting up and how did they involve others in their vision and journey?
- What benefits does intergenerational learning bring the participants, particularly children and how is the environment structured to meet their differing needs?
- What training had to be introduced and how is the curriculum interpreted and developed for children whilst also ensuring that seniors grow and learn alongside?
- How does intergenerational learning impact upon everyone, what difference does it make to our well-being and why is it so relevant for today?

Additional themes materialised as I travelled that I felt were really key and would be remiss if omitted, these were:

- The advantages of having satellite school class rooms as part of co-located provision and partnerships with the local School District.
- The essential role of the liaison person within the setting that works between both the childcare and the elder care side.
- How and why children are drawn to the most vulnerable residents, people who are often post verbal and cannot physically engage in activities.

With such a wide ranging brief and limited time (four weeks) it would not be possible to carry out an in depth study of intergenerational co-located practice therefore my intention was to gather an overview of co-located practice through:

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<sup>4</sup> Intergenerational Shared Site: Making the case. Generations United 2006



- Listening to and recording testimony in response to focused questions through interviews
- Gathering evidence and carrying out visual observations of intergenerational practice
- Encouraging people to complete an online survey
- Reflection during my travels using an online blog.

For my full methodology, itinerary and case studies see appendix 1

For the online survey and results see appendix 3

## Report overview

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This report covers the aims of my Fellowship and documents not only my personal exploration and observations about intergenerational co-located care but also important testimony from those involved in the programmes; it then concludes with my key findings and recommendations. This Fellowship aims to contribute to the growing call for ‘evidence’ to demonstrate the mutual benefits that arise from intergenerational co-location, particularly for children, with a view to adding weight to the debate on this innovative type of care and education provision within the UK.

I truly believe that you only have to observe good intergenerational practice to understand the difference that it makes to the lives of both the elderly and the young. The challenge for me has been to try to capture the joy and measure of these interactions in words.

One of the children that I met in the US asked me “Why don’t the kids in England go to school with their Grandmas and Grandpas?” I hope that my report echoes his question.

(N.B. children are encouraged to call the residents Grandma or Grandpa, followed by their first name e.g. Grandma Mary)

## Key themes

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1. Practical considerations in setting up, community partnerships and the impact of co-location upon others.
2. The benefits of co-location for (a) children and (b) residents and to what extent can it be fully inclusive.
3. The role played by the environment in facilitating age to age programmes.
4. Staff training, the role of the liaison worker and intergenerational activities, exploring how they meet the curriculum yet also meet the needs of the residents

# Key benefits of intergenerational co-location for stakeholders

## Children

- Improvement in language development, reading and literacy skills with Book Buddy programmes
- Targeting vulnerable children can build childrens self esteem and confidence, improving their well-being and ability to learn

## Residents

- Increased socialisation and engagement
- Improved sense of well-being through surrogate grandparent role
- More physically active

## Schools

- Children are better prepared for school after spending a year in a nurturing environment
- Developing co-locations for school nursery or reception classes will create additional space within schools

## Residential Care Homes & Nurseries

- Unique selling point in a competative market & potential cost savings through sharing resources
- Onsite childcare provision for employees
- Improvement in staff recruitment & retention

## Staff

- Provision of childcare or education on site
- Improved job satisfaction as staff are attracted by the ethos around intergenerational learning

## Communities

- Increased footfall in to the care home improves peoples perceptions of care homes
- Opportunities for volunteers
- Improvement in community spirit

## Practical considerations in setting up, community partnerships and the impact of co-location upon others.

Whilst every co-located setting has to generally deal with two regulators, one for the adult care sector and another for the childcare or school provision, the US, despite the existence of co-located settings, does not yet have specific central or even state legislation or requirements around intergenerational care. As a consequence every facility wanting to co-locate has to find its own way unless they can tap in to an existing co-located setting or network for support.

Co-location is about merging two vulnerable populations together and the potential benefits are huge in terms of improving the quality of lives for residents and children alike. Co-location will also have an extraordinary impact upon its community, it will bring a wide range of people in to a care home that ordinarily would never set foot through the door and that in itself presents an incredible opportunity to bring the community together. Finding like-minded partners within the community to help achieve a co-located outcome is essential. During my trip I visited several different types of co-located business models both private and non-profit with different community partners, all of the models work well in terms of shared goals and a clear vision around intergenerational practice.

Types of partnerships	Setting
<b>Public School District- Pre-K Faith based Care Home (non-profit)</b>	Methodist & Nance Elementary Clinton, Oklahoma  The Commons Enid, Oklahoma
<b>Public School District - Pre-K &amp; Kindergarten Private Care Home</b>	Grace Living Jenks, Oklahoma
<b>Public School District - Pre-K Private Care Home</b>	Windsor Place Iola, Kansas
<b>Public School District - Kindergarten Private Care Home</b>	Windsor Place Coffeyville, Kansas
<b>Faith based Care provision (non-profit) with in house childcare &amp; Pre k &amp; Kindergarten</b>	Providence Mount St. Vincent Seattle
<b>Non-profit Adult Day Services with in house childcare &amp; Pre K &amp; Kindergarten</b>	Woven Life Oklahoma City

*(See itinerary for more details)*

One of the questions I had in planning my trip was - ‘Why is this innovative approach happening in small rural towns in the mid-west instead of large cities? I asked this question continually throughout my visit and pondered on it in my blog. One of the conclusions that I came to was that it was down to people, people who saw the difference that this approach made to others lives and who were committed to dedicating their time to making it happen and were happy to share their vision with others. One of these people was Don Greiner the CEO of Grace Living Centres in Oklahoma, he had an idea to install a playground for children so that his care home residents could watch them play, but it didn’t come to fruition. However his idea about bringing residents and children together came to the attention of the School District Superintendent who suggested they meet and the co-located classroom developed from there. Together they worked in partnership around an intergenerational programme for Pre-K and Kindergarten children within his residential homes, this was the first in Oklahoma in 1999 and they have been responsible for inspiring many others in and around the state.

Many of the settings that I visited ultimately started their journey towards co-location initially through regular visits from local toddler groups or schools and then when feeling that a weekly visit from children wasn’t enough, community partnerships were formed to look at co-locating provision. When I interviewed Monte Coffman, Executive Director of Windsor Place, Coffeyville, he explained that classes from the local school would “come over to the care home once a week for an hour throughout the year but after a while it left us and the residents feeling empty and [they] then decided that [they] wanted something more significant - sometimes it’s like the perfect storm moment” when things come together and the moment is right. Sometimes the impetus came from the School District Superintendent, sometimes from Nursing Home Directors or CEO’s. However it was instigated, both partners have to want it at the same time for it to happen; sufficiency has to meet need, to create interest in developing a successful co-located partnership within the community.

Whilst the idea of co-located childcare is bearing fruit in the UK with the newly opened Apples & Honey Nightingale, the concept of co-locating school provision i.e. Reception and Year one classes would be completely new to the UK and it would require support and policy change from the Department for Education and ultimately Government, as decisions about re-siting classrooms now fall out of Local Authority powers. Within the US co-locating school provision is a local decision and one that ultimately relies upon community and business providers and their relationship with the local School Board and the School District Superintendent.

However this does not mean that co-locating classrooms in the UK is impossible, it would still depend on sufficiency and demand and the process would follow a similar path as described in the following table, there would however, need to be changes at policy level to enable co-location to respond to a local need.

To help others establish intergenerational classrooms in the US, ‘Uniting Wonder with Wisdom<sup>5</sup>’ was written, which collated the journey that Windsor Place undertook to set up their Age to Age programme in Coffeyville. What is particularly interesting in this document is that it describes the sufficiency need of the school district in the US for more classroom space at a time when nursing homes were not full, which echoes the situation in many places in the UK at the moment.

What they don’t lose sight of in this document is the reason behind the co- location i.e. the positive difference that it makes to residents and children’s lives; this should be the driving force behind the desire to co-locate provision.

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<sup>5</sup> Uniting Wonder With Wisdom: An Intergenerational Classroom Replication Guide funded by Hulda B. and Maurice L. Rothschild Foundation. Funded by Hulda B. and Maurice L. Rothschild Foundation

## Summary of co-location journey for Windsor Place, Coffeyville

1	Have you got unused available space within your residential care home that would lend itself for conversion or can you provide new buildings to create co-located intergenerational space?
2	Find a community childcare partner/local School District with a similar vision
3	Hold regular all partner meetings to determine engagement and ensure that there are 'clear vision and sturdy goals' around the understanding of intergenerational practice and how it would work on a practical level.
4	Work out how much it will cost. Co-location does not always mean a new build, it can be converted space which can work equally well. Don't forget to think about the implications that may come from where you site your building and also access to outdoor playground space which ideally should also be accessible for residents.
5	Who is going to pay or where are you going to find the funds?
6	Meet with your community and all the stakeholders to address concerns & get them on board with your vision.
7	Engage with both regulators (which in the UK would be Ofsted & CQC) and other agencies such as Planning, Fire Dept. etc.
8	Create an intergenerational shared best practice ideal, formulating policies and procedures that reflect this for both the Childcare provider/School and the Care Home.
9	Design the environment, discuss the curriculum & the intergenerational activities that will come out of this. Plan and train staff to ensure a positive transition for all participants.
10	Give thought as to how will you evaluate practice to know that what you are doing meets the curriculum guidance for the children to ensure they continue to make progress and the residents continue to grow and learn alongside.

From my observations of intergenerational co-location I would say that in terms of best practice, effective co-location requires the following:

- Ring fenced Liaison/Activity Director post (this is discussed in section 4)
- Collaborative workers that are on board with both partners vision
- Teachers and staff that are able to work independently in an offsite environment
- A passion for working with the elderly along with a commitment for the programme to be truly inclusive
- A love of children and the joy and innocence that they bring to the setting
- A whole setting commitment to best intergenerational practice
- A good working relationship between care home and childcare setting or school with clear expectations
- An appropriate space for children to be but also spaces across the facility for children to visit and engage with residents
- Involvement and support from the parents, families and the wider community

In the online survey the top three benefits to the community from co-location were chosen as:

- The breaking down of stereotypes around both the young and the old
- The creation of ties and friendships within the community
- The promotion of partnerships between different agencies

An intergenerational programme focuses on creating citizens that are compassionate around disability and difference. By bringing the community in to the care home it reduces isolation and helps to create a sense of family for everyone involved particularly as both children and residents embrace the surrogate grandparent role. Here children learn about equality in age and they can then apply the same principles to race and gender. They have a deeper understanding of diversity and difference, bringing people together not dividing them. The fact that for most intergenerational programmes there is a waiting list or a lottery for places demonstrates the community support for the programme; this is also a good marketing tool for the care home.

## **Benefits of co-location for (a) children and (b) residents and to what extent can it be fully inclusive?**

### **(a) Benefits of co-location for children – (see case studies in appendix 1)**

There is no doubt that more rigorous research is needed to ‘prove’ the effectiveness of intergenerational practice specifically between young children and the elderly, hence its inclusion within my recommendations. A review of literature around intergenerational practice states that ‘the evidence base is still weak and this is particularly the case with regard to the outcomes arising from intergenerational practice<sup>6</sup>’. The difficulty around proving outcomes arises because ‘both ‘hard’ and ‘soft’ outcomes are difficult to quantify as they are often diffuse and long term’<sup>7</sup> and therefore the outcomes are best described as ‘potential rather than proven’<sup>8</sup>. Several settings that I visited have gathered data around the improvement in reading and literacy based on the Book Buddy programmes and others mentioned that they were considering how they can evidence the impact that they know co-location has upon children’s development. A quantitative longitudinal study by Washington State University is currently being carried out upon students who have attended an Age to Age programme to examine the long term impact of an intergenerational placement, with the results hopefully expected by May 2018. However, whilst we wait for research to be carried out, we should not ignore the overwhelming amount of qualitative anecdotal evidence that already exists. These testimonies document the impact of intergenerational programmes at a deeply personal level for both adults and children and demonstrate the impact that participating in intergenerational projects have made to them, they are equally valuable and I make no apologies for including them so heavily within my report. During my visits when discussing outcomes from intergenerational participation for children, the feedback I received from stakeholders was overwhelmingly positive (see case studies appendix 1). Sixty eight per cent of those responding to the online survey (see appendix 3) said that they felt that this type of care specifically impacted upon the educational achievements of the children, as well as their social and emotional development.

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<sup>6</sup> Intergenerational practice: A review of the literature Springate I., Atkinson, M. and Martin, K. (2008) (LGA Research Report /F/SR262). Slough: NFER

<sup>7</sup> Pain, R. (2005). Intergenerational Relations and Practice in the Development of Sustainable Communities. Durham: International Centre for Regional Regeneration and Development Studies.

<sup>8</sup> Granville, G. (2002) A Review of Intergenerational Practice in the UK. Stoke-on-Trent: Beth Johnson Foundation

In the online survey participants were asked what did they think were the top three benefits for children and the feedback was:

1. Providing opportunities for children to improve their communication and language skills
2. Meeting a more diverse range of people and role model
- 3 & 4 (joint). Understanding that the ageing process is normal & providing an opportunity for [children] to give and feel needed.

### Transitions in to settings

Across the settings I visited there is a slight variance in how the co-located intergenerational programme is offered, with most settings having to offer places on a lottery system and others a waiting list, because of over subscription (see itinerary appendix 1). In some settings children spend the whole week in the care home, whilst in others it is four days or four and half days and time is then spent at the public school site to access other services or to acclimatise the children to the school site.

Regardless of this slight difference all the settings have very similar transitions for children and families in to their co-located space.

- Before children start families are invited in to have a look around and then attend a Q & A session so that they have an opportunity to raise any concerns with Teachers and staff, including a Care Home representative. It is important at this stage to reassure families regarding any concerns that they may have and it may be useful to include parents who have had children go through an intergenerational programme as part of the Q & A session.
- On starting, children are then gradually introduced to the residents as part of a staggered introduction plan for example, for the first few weeks the children stay within their space and learn about the routines and activities that they will be taking part in with the residents.
- Children are encouraged to think about what it might be like to be old or have a disability, how that might make them feel and the importance of treating someone kindly and respectfully. Great emphasis is placed upon the children understanding that this is the residents home and behaviour should be appropriate such as knocking on residents doors when touring the facility and always saying 'hi' or 'good morning' when you walk past people, even if you have already spoken to them (because the resident may not remember).
- There will be discussions around ground rules particularly hygiene and germs and how they are spread and the different strategies that are used to model this to children such as not touching handrails, 'hand on hip, finger on lip' and the importance of regular hand sanitising.
- Children are then gradually introduced to the residents by saying good morning on arrival to the residents that are waiting to meet them and then saying/singing a goodbye song when they leave.
- After about 4-6 weeks children then start to have activity sessions with a small group of residents and then are taken out to visit other areas of the facility. Children are not forced to engage with residents, if they don't want to shake hands they can high five or wave to them and they watch the Teacher model shaking residents' hands and calling them by their first name.

In all settings shy or nervous children continue to be supported more closely until they feel more comfortable in the environment; "when they start in August they are shy and quiet but by the end of the year they know all the residents names, sit on their laps and are not afraid at all" said the Activity Director at Windsor Place, Iola.



## Curriculum and intergenerational planning

As previously mentioned, the US does not have a national early years curriculum therefore the delivery of the curriculum varies from state to state depending upon the support and circumstances of the local school districts. Some of the settings that I visited follow the early years guidance set by the National Association for the Education of Young Children (NAEYC) but this is not compulsory and settings can opt out which some do. The need for a universal Federal early years curriculum is generally acknowledged and there is a current drive by the NAEYC calling for Government to ‘define and fully fund access to high quality early childhood education’<sup>9</sup>

The settings that I visited have kindly agreed to share their daily and weekly intergenerational timetabling (see appendix 2) which demonstrate how they link the curriculum through intergenerational activities, pitching them at a level that ensures that residents can learn alongside the children.

Their planning is initially no different to early year’s settings in the UK:

- Start with their curriculum guidance
- Decide their learning aspect focus
- Map out the activities, opportunities and resources they need to provide for the children to reach their goals

But within an intergenerational setting both the Teacher and the Liaison/Activity Director then plan the following:

- Which activities can be offered as intergenerational activities for a session that would last about forty five minutes to an hour?
- How they can be adjusted to incorporate an appropriate learning experience for the residents and is it pitched correctly to ensure that residents feel engaged rather than patronised?
- Will any additional or different resources be needed to suit the needs of the residents as well as the children?
- Where would the sessions take place?

This is an important consideration in order to create a sense of community. For example within the settings I visited there was a mixture of classroom based activities where the residents come accompanied in to the classroom and also activities based in different parts of the facility where the children go out accompanied to engage with the residents.

One of the strengths of co-located intergenerational programmes is the regularity with which interactions both planned and spontaneous happen and this is what sets it apart from a weekly visit from a nursery for example. Providence Mount was the first co-located setting I experienced and my first impression as I was shown around observing children across the facility engaging with residents, was how normal it all felt, for me as a visitor but more importantly for the children and the residents. I commented in my blog<sup>10</sup> that the ‘sense of home and community was palpable from the minute you walk in the door’ and that it was the embodiment of the philosophy ‘it takes a village to raise a child’. The strength of colocation here and in the other settings that I visited, lies in its normalcy which comes from bringing children in to the facility on a regular basis so that interactions are not forced and but natural and holistic. As well as the children that are based in the facility, some of the settings, particularly those that have satellite school classrooms have also developed programmes for children of other ages to visit and interact with the residents because of the benefits for the children. Some have After School Clubs or summer play schemes or older children that may be part of a citizenship programme and it was interesting to note how many staff mentioned that

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<sup>9</sup> NAEYC Federal agenda –[www.americaforearlyed.org](http://www.americaforearlyed.org)

<sup>10</sup> <https://intergenerationallearningthebenefitsofcolocatedcare.wordpress.com/>



when older children visited they could tell which children had not come from a co-located setting because they were more wary of the residents and less comfortable around them and their disabilities.

### Improvement in children's literacy, communication and reading skills

Most of the settings that I visited commented upon an improvement in children's literacy and reading skills as a result of their Book Buddy programmes, with pupils coming from intergenerational co-located programmes needing less reading intervention once they entered first grade, than their peers from non-intergenerational programmes and this difference was reflected in their data (see Grace Living Center - Appendix 4). The programmes are very popular with residents and children alike and offer a unique opportunity for both the residents and children to 'teach' the other, particularly for residents with dementia or Alzheimer's. I observed the children not chosen for a Book Buddies session, groaning loudly because



Grace Living- Book Buddy Programme

it wasn't their turn; the children love sharing books, it improves their empathy and understanding as well as their reading and literacy skills. At the start of term the residents are more likely to read with the child following, then as the child grows in confidence, the child leads, narrating the story for the resident with both discussing what they see. I also observed children supporting the resident by turning the pages when they weren't able to, or the child reminding the resident about what had happened in the story because the resident had forgotten due to dementia.

The children benefitted by the extension of vocabulary, the discussion, the 'I wonder why...' questions posed by the residents that encourage deeper thinking, the importance of making eye contact and listening effectively, not to mention the fun and the one to one attention and active listening that is given to them which makes them feel valued and listened to. Some settings also have audio books for the Grandmas and Grandpas who cannot read or are sight impaired so that the resident and the child can still share a book together; everyone is enabled to take part in this should they wish to. I observed one Grandpa in Windsor Place, Coffeyville, having to read the same book that four boys had self-selected to read to him, one after the other and he enjoyed reading to them all because, (as he explained to me later), he wasn't a good reader in school, but became a huge reader as



Windsor Place, Iola - Role Play

an adult; it was therefore very important to him that he encouraged the children to share his love of reading. The many parents that I interviewed confirmed that "my child has a better vocabulary because of the Grandmas" and a former student that I spoke to said "they taught us and we taught them" acknowledging this unique dual teacher role.

Dramatic play or role play is also important in language development as residents and children are encouraged to engage in daily life scenarios such as cooking the dinner or going to the shops. These interactions help both residents and children to be present together in the moment, whilst also enabling the resident to link to and remember their past, whilst the child learns in the present. There is no doubt that daily interactions foster more opportunities to grow language and vocabulary for children. Engaging with the elderly requires good listening skills and lots of repetition of words in conversation, consequently children based in co-located care settings have the opportunity to learn exceptional communication skills at a very early age. Alongside this they also have to learn strategies to deal with the residents' often poor speech, such as speaking up, enunciating more clearly and making eye contact as well as learning how to respond to

residents that don't or can't actively communicate with them. One parent said that their child really struggles to connect with children, "so this programme really suited him as it has kids and adults. Here he is in his comfort zone, he talks about the Grandmas and Grandpas all the time at home and what he's learnt...they help him to focus".

### Improving self-esteem and confidence in children



The Commons

Through intergenerational engagement children also improve their self-esteem and confidence, with both staff and parents stating that quiet and shy children in particular really blossom from their interactions with the residents. Settings often match children to a specific resident, for example in The Commons, if a child is shy or nervous they will be paired with a Grandma who will comfort them and they find that it then doesn't take long for children to become comfortable and more socially aware. Settings also support children by approaching a resident with them if they are nervous, helping them to make the first of several introductions. For one parent the

main benefit of placing her child in a co-located setting was for "the interactions and encouragement she received" from the Grandmas and Grandpas. Being in a position to help others, builds children's self-esteem and this improves their ability to learn; "children who feel good about themselves learn, and intergenerational children feel better about themselves" so therefore learn better - Chris Smith from The Commons, commented. At Windsor Place, Iola, I observed a Grandma sitting with a small group of children cutting out Halloween shapes with corn-starch and shaving foam dough and a little girl supporting the Grandma to cut out the shapes, offering her words of encouragement and modelling the actions for her; this simple gesture was second nature for this child. I also observed a child that couldn't read, choose a Grandma as a Book Buddy that couldn't turn the pages and because the Grandma couldn't tell the story the child then imagined what it was about and verbally told that story to the Grandma. The benefits were confirmed when I interviewed a former intergenerational student who said "I liked being needed, it felt good helping people, it felt different".

In Windsor Place Iola, the age to age programme is targeted towards vulnerable families specifically because of its nurturing environment. The children who attend here will benefit in terms of their personal, social and emotional development from developing relationships with surrogate grandparents who have unconditional love, time and patience to give them; these grandparents genuinely love these children and the children, when you ask them this question, know that and love them in return. Parents overwhelmingly felt that spending a year or two in an intergenerational setting helped to prepare the children for school, not just in terms of their academic achievement but also from a personal and emotional stance.

#### Observation

On one occasion when the children returned to the class after Breakfast Buddies, the Teacher praised a child for 'being a good encourager' because despite his 'Grandma' not communicating or engaging (the resident had dementia) he had carried on talking to her. When asked why he had done that the child said "because it made [Grandma] feel happy". When I spoke to the child afterwards and asked him whether it mattered if the Grandmas looked asleep or didn't speak, he said that sometimes the Grandmas weren't asleep and he knew that they could hear him and that made him happy.

The importance of communicating with non-verbal or post-verbal residents had obviously been discussed and modelled to him previously and he felt totally comfortable in doing this because he felt it made a difference to that resident.

## Enabling children to understand and value difference

Intergenerational co-location enables the children to understand that it is as important to give as to receive, which is a huge life lesson specifically at a young age when the child's main focus is themselves. For many of the parents that I spoke to, their child learning to be socially responsible, was an important benefit to them; "my child has learnt soft skills such as how to care for others and kindness - he finds it empowering". Interacting frequently with elders helps to create a sense of community in which children feel wanted and needed. They learn how to empathise and help people and do things for others, as the



Grace Living – Classroom activity

message that they consistently hear and see being modelled around them is 'how can I make that person's day? During my observations I continually saw children being drawn to the most vulnerable and incapacitated residents that often can't or don't talk, or are very limited in their ability to move or engage. When I had conversations about this with staff, they said that whilst children do tend to have a favourite resident, it was also very common for children to be attracted to the quieter non-verbal residents, which intrigued me. Children have the ability to take people at face value in a very non-judgemental way and possibly they sense that these residents are more

vulnerable and feel sorry for them, prompting them to make friends. A member of staff told me that she had seen one of the children take off one of her own bracelets and put it on the wrist of a sleeping resident and whenever she saw her, she would just gently push her sleeve up to see if it was still there and this obviously gave her pleasure.

Witnessing children's empathy with the most vulnerable residents demonstrates that co-location can be totally inclusive. It could, and should, include the most disabled and incapacitated residents because the children see past outward appearances and learn that physical disabilities do not define a person. A staff member and parent explained to me that because of the co-location "my child comes home and talks about the other kids and adults without mentioning disability at all".

### Observation

One moment in particular at Grace Living, encapsulated the impact that being in an intergenerational setting has upon children. I was following the Liaison Worker who was taking a group of children to visit residents in different parts of the facility. Some of the students were pre-kindergarten so had been at the setting for about seven weeks and some were kindergarten and this was their second year of the programme. Before we left the classroom the Liaison Worker had reminded the children about their behaviour and good manners and to be mindful of what they said and did. As we entered one of the residents room a few minutes later one of the younger students immediately commented loudly about a smell and before the Liaison could take the child to one side an older child quietly went up to the younger child and told him that he shouldn't say things like that because this was Grandmas home and if she heard him it would hurt her feelings; the younger child was suitably chastened by his peer. Obviously having been in the intergenerational programme for a year already and developed relationships with the residents, he was very protective around what was appropriate behaviour and treatment of his elderly friends and he had become a great role model for his peers.



### Children benefiting from diverse relationships

Within co-location the residents play a major part in the children's lives as surrogate grandparents and as such become important role models to them. America is a vast country and many of the children do not see or have regular access to their grandparents, although in some of the settings I visited there were children with relations on site which families liked. The parents I interviewed saw the residents as valuable people who were still actively living their lives, and had wisdom and love to share with their children, but



Windsor Place, Coffeyville – Maths/Bingo activity

they also expected them to remind their children about manners and how to behave and the importance of listening to their elders. Staff reflected that the children listened to residents and behaved well within their company, with Grandmas telling the children to “pack away when you’ve been told” and the children doing so. Most of the children that I spoke to could name their favourite Grandma or Grandpa and could tell you why they liked them and parents view this as a really positive aspect of co-location, “I like the extra connections that they make with people here and the life experiences that are shared with them. The relationships that they make here are special and they learn things that they wouldn’t learn elsewhere”. The

children in particular loved hearing about the residents own lives, especially their childhood which resonated with them on many levels. It was interesting when interviewing parents that the majority of them said that when sharing news about their day, the children speak predominantly about the residents and their stories ; “she talks about the Grandmas and Grandpas all the time, how they sewed and she’s learnt a lot about their lives and history”. Having daily contact with a wide range of people enables the children to feel very comfortable around disability and difference to the extent that this feels normal to them, it feels like being at home; “it was like bringing your family to school” said a child to me.

### Experiencing loss

During my interviews with parents at Clinton & Coffeyville several parents discussed the close emotional bonds and relationships that their child had forged with a particular resident and how their whole family had become involved visiting residents during the school holidays and buying gifts for them. Several parents shared with me how much the residents families had appreciated the child’s love for their family member and the huge difference they had made to their lives, often, in quite a short time. Whilst this is a positive aspect of intergenerational learning, potentially it can also become a negative aspect when the resident dies and the effect this may have upon a child that they may have formed a close bond with. The death of residents is often raised as a concern by those new to the idea of co-location yet in all my discussions with those who have experienced co-location, it is not a huge issue and I didn’t meet anyone that said it had been traumatic for a child. In fact parents whose children had formed a close relationship with a resident said that they had followed the child’s lead when they had expressed a desire to attend the residents funeral, with one parent stating that they had allowed their child to say goodbye to the resident and view the open casket because they had expressed a wish to do so. The parents I spoke to see death as a natural progression and believe that their child grew emotionally because of their experience, it was not one that they wanted to avoid as they felt it was inevitable that at some point in their child’s life, someone would die. The possibility of a death occurring did not outweigh the vast benefits that come from developing loving relationships with residents and this belief was also mirrored in the conversations that I had with older intergenerational students (see appendix case study 3). Staff said that children dealt well with the death of a resident because they generally don’t see it as a finality and they supported the child on an age appropriate basis. One of the settings said that they would only tell the children that a resident has died if a child specifically asks where the person is, then they spend time with the children discussing

what the resident did for them and how they helped them. They also talk about how they can help the family i.e. make a card or a book to give them and the children often visit the family to pass on their sympathies.

Many of the parents and staff that I interviewed spoke about the close emotional bonds that the children developed with residents and how sad the children and residents became when the time came for them to leave the setting. A former student said “we called them friends, being with them made them happier” another said “they were special, it was nice seeing them every day”. Many parents explained that they often visited the care home in the holidays and continued to visit after children had left the setting because their child wanted to see their ‘friends’ and as a consequence, families also developed close relationships with residents. In one of the care homes this desire to visit led to the development of a volunteer programme which helped the residents to cope with the children’s absence in the holidays. In the same way that settings transitioned children in to their co-located facility, they also had to prepare children to leave and for many residents and children alike, this was very emotional. In the online survey a parent said “I was very pleased and excited that my child was in the first class [of the intergenerational care programme] he loved going to school every day and he looked forward to working with the older generation. It was very moving at the end of the school programme and I think that the students and the residents were emotional when they had to say goodbye”. I think one parent in particular summed up their family’s belief in the value of co-location, when asked why they would recommend it to others they replied, “Because it won’t just change your child, it will change your family”.

#### **(b) Benefits of co-location for residents – (see case studies appendix 1)**

There is certainly far more evidence around the beneficial impact of intergenerational projects amongst the elderly such as ‘improved cognitive functions, as well as benefits in the emotional and social dimensions of well-being<sup>11</sup>.’ Age UK have funded a recent evidence review of ‘Intergenerational Connections<sup>12</sup>’ which explores and summarises the different types of intergenerational contact and the impact they have upon the elderly which will help service providers in their project funding decisions. However I am mindful of a comment made to me by Kevin Hime, Clinton School District Superintendent, when I asked him whether he had any data to prove that intergenerational programmes have a beneficial impact, and he replied “you would have a harder job proving that it’s not a good thing to do, than proving it is”. Certainly throughout my trip the mutual benefits of co-location were clear in all the settings that I visited and this was reinforced by anecdotes and comments from residents, their families and staff alike.

In the online survey results the top three benefits for residents were listed as:

1. (Joint first) An opportunity to give and feel needed by others and it improves residents’ sense of well-being by providing a sense of purpose
2. Residents can relive the memories of their own children and families

These results were supported by the dozens of anecdotes that I heard, detailing the improvements in residents physical and mental health as well as their sense of well-being through their daily involvement with children, for example a Grandpa with Parkinson’s who shakes badly until set a cutting task with children and then stops shaking or a Grandma with dementia who cannot find her way to the classroom on her own, but once brought in to the classroom can function really well with the children.

<sup>11</sup> Park, A-La (2014) Do intergenerational activities do any good for older adult’s well-being?: a brief review. Journal of Gerontology & Geriatric Research, 3 (5). p. 181.

<sup>12</sup> Drury, L., Abrams, D., & Swift, H.J., (2017). Making intergenerational connections: What are they, why do they matter & how to make more of them. London: AgeUK.

## Types of activities and engagement

The types of intergenerational activities provided for the residents and children varied from place to place offering activities such as those listed in the table below.

Examples of intergenerational activities and engagement
Exercise classes, usually seated, either with appropriate equipment or movement based, often with music
Formally greeting the children when they arrive & depart & hearing about their day
Bingo or similar maths based session
Dramatic or role play-scenario/story
Care home social events - ice cream socials, community stuff
Sharing lunches
Art & music sessions
Crafts, usually linked to a seasonal or curriculum led theme
Going out in to the playground with the children at play times
Gardening, usually in raised beds, to grow produce for the residents and/or children
Going in to the classrooms to watch or join in a specific activity
Book Buddy programme, the reading and sharing of stories

Some of the many questions that I asked during my visits were around the residents' active level of engagement, which in one facility was around thirty per cent and why some residents joined in everything and others didn't. It occurred to me that residents take from the intergenerational programme what they need i.e. some want full engagement and will turn up for everything and can be quite possessive of the children (which may need careful monitoring), some will select an activity that they are comfortable in "I joined the exercise class, but I prefer to watch, I prefer reading" said one Grandma in Coffeyville and some prefer not to engage at all "I prefer not to do the activities with them but I do like that they are here" said a Grandma in Clinton. Some people may choose not to engage because of their physical or mental health and their reasons may be quite complex for example, those with dementia may not be involved because they haven't understood what has been said to them, some may not be confident readers or are unable to read now, those with a hearing loss or wear a hearing aid may find the noise of children's company too painful, some physically disabled residents may need a tremendous amount of support to be included and don't like to ask for help and one resident told me that some of her friends don't want to engage because "some may be sad because of how their family treated them", which is incredibly moving. Some of the settings offer additional inducements such as 'Bingo Bucks' to the residents to engage in specific activities such as exercise classes because they are so beneficial to the residents physical and mental health. Bingo Bucks can then be spent in the 'Bingo Buck Store' on various products which the residents enjoy.

Time must be spent discussing ground rules with the residents around how to interact appropriately with the children such as no kissing on the mouth, holding them too tightly or swearing for example and this

must always be closely monitored. Equally it is also important for the children to understand ground rules as to their behaviour around the residents and helping them to understand that residents' joints may be painful, or their skin very fragile and different strategies are offered to help with this such as soft fist or elbow bumping rather than hand shaking or high fives.



Windsor Place, Lola – Classroom activity

Coffeyville, the Grandmas and Grandpas that come in to the classroom come as official 'volunteers' with the understanding that they are there to specifically help and support the Teacher. Creating a 'volunteer role' cleverly avoids this dilemma as the residents are there to directly help and support the children as facilitators, therefore it doesn't matter if the activity is perceived as childish, yet the resident also benefits from taking part.

### Becoming more physically active

#### Observation

I observed a child paired with a non-verbal resident during an exercise class involving very simple hand and arm movements. Whenever it was time to do a movement or dance together the child just patted the resident gently on the shoulder. You could tell that the resident enjoyed the gesture and the child felt that they had connected and were both taking an active part in the session.

The intergenerational activities with the children increase the amount of physical activity that the residents get involved in which then improves their health. These activities often include singing and actions which helps the residents to be more sociable, which then impacts upon their well-being. Exercises classes last about thirty to forty minutes and although seated at times, require the residents to move about in partnership with the children. The children act as great motivators and are patient and kind in supporting both the residents understanding of the task as well as their ability to carry it out and will give repeated instructions to their adult partner without

becoming impatient. At Grace Living I observed an exercise class to music with the children having learnt how to 'dab' in the classroom, demonstrate this move to the residents. It was great fun to watch and you can see just how much everyone enjoys taking part, from residents just moving a hand or tapping a foot to others standing with support to try the simple moves; this can be viewed [here](https://www.facebook.com/Grace-Living-Center-Jenks-166024930151443/?fref=ts)<sup>13</sup>. In Windsor Place, Lola, I watched the children taking part in a whiteboard led physical activity and the Grandma who had been present in the classroom for about thirty minutes asked a staff member to help her stand up with her walker so that she could copy the children and take part. The children encouraged her when she stood and told her that she was doing great which pleased her immensely.

<sup>13</sup> <https://www.facebook.com/Grace-Living-Center-Jenks-166024930151443/?fref=ts>



## Increased socialisation and improved well-being

Whilst the reasons for engagement varied, one theme was consistent throughout and this was, how the promise of engagement with the children drew residents from their rooms just by staff saying that the children needed them in one way or another, ‘these kids need someone to hear them read’ for example. Staff told me the intergenerational programme brought people in to the care home that residents wouldn’t normally see and interact with, and that they had residents who barely left their room until the children arrived. It made me smile to observe for myself that as soon as children left their classroom space, residents would appear – the children were like a magnet attracting Grandmas and Grandpas as they walked through the facility. A member of staff told me that “all the residents love the kids, even the ornery ones” and these may be the residents that just get sheer enjoyment from hearing them play or watching them run about the playground and want nothing more.



Grace Living – Outside the classroom  
Pumpkin activity

For the residents who need skilled nursing or are in secure areas such as some Alzheimer’s or dementia patients and are unable to move freely about the facility, the children are accompanied on visits to either just say hi and exchange news about their day or to take part in an activity within that specific area. From my observations the children were always well received wherever they went, even the residents that can’t interact still enjoy the children and benefit from seeing them; a staff member said “I love the energy and smiles my residents have with the kids” and “just seeing the children brings them joy”. Activities often take place outside the setting to include the residents that don’t like to come in to the classroom.

At Grace Living for example, they have tables placed directly outside their classrooms so that others can see and hear and be encouraged to take part. The residents are given information beforehand about the focus of the activity and what to discuss with the children and other residents then stop by, join in and copy what they see being modelled.

Another theme that came out of discussions with parents was their belief that engaging daily with children benefited the residents, which in turn then benefited their community, explaining that the residents’ mental health was just as important for their family as their child’s. All parents felt that both children and residents benefited from daily contact with each other and they also said that being involved in an intergenerational programme had changed their perceptions of care homes. In interviews with residents’ families, they said



Methodist, Clinton – Exercise activity

that they had specifically chosen the care home because of the intergenerational programme. One resident’s family member said that their dad had loved the kids and he saw them every day, they became his surrogate grandkids and he called them his ‘homeboys’. This family felt that the programme ‘improved his demeanour and his health’ because he felt that he had a sense of purpose and that through him and the other elders, children were learning to be compassionate and kind, adding a richness to each other’s lives. Within minutes of speaking to residents it is clear that they see themselves as surrogate grandparents and they embrace it happily. One resident told me that despite having fourteen grandchildren and eight great-

grandchildren, the nearest lived four hours’ drive away, so seeing the children in the setting every day was a great joy to her - “I get to hug my grandkids in my head and the school kids in reality”.



Many of the residents became very emotional and cried when asked what difference the children made to their lives, “they take our grandchildren’s place in our hearts” said a Grandma in Clinton. One parent said that it was important to them as a family to send their child to a co-located setting because ‘they wanted to replicate what they had experienced themselves as children’ i.e. having grandparents and the special relationship that grandparents develop with children. Being part of an intergenerational programme enables the residents to feel loved and valued and it adds a sense of purpose to their lives which would ultimately be much quieter and very different if the children were not there; residents feel that they are still living a life here rather than having lived one elsewhere.

One of the things that therefore must be considered as part of co-located care has to be the dramatic change that takes place within the care home when the children are not there. When I spoke to residents about this many of them became visibly distressed because they miss the children so much. The staff said that during the holidays the residents continually ask when the children will be returning and although they give great thought to how they can occupy the residents during this time it can be hard on the residents’ emotional wellbeing because, as one resident pointed out, “the kids give a real boost to the day”. Some settings use the holidays as time to plan and prepare activities including the residents in the preparations so that the residents are still thinking about the children to try and lift their mood. Others hold community open days to bring additional people in to the care home or run a volunteer visiting programme to keep residents occupied. When I spoke to one resident about how she coped when the children weren’t there she said that the place felt empty, “it’s really bad, too quiet, I try to keep myself busy and do more activities”, she then became very emotional and started to cry. To console her, I then said that at least there’s extra things to do in the holidays to which she replied that she wasn’t talking about the holidays, she was just talking about the weekends. This dramatic change in the quality of their day particularly for the residents who are fully engaged with the children, must be given thought so that during the weekends or the holidays when the children are not there, additional things are in place that will prevent residents from feeling lonely and isolated.

#### “Not everyone that is teacher looks like a teacher” (parental quote)

When I asked residents what their role was, many of them stated that they were ‘helping the Teacher’ and there is no doubt that their role in supporting children’s learning gives the residents motivation, a sense of purpose and boosts their self-esteem; one Grandma said “children can tell that we’re interested in what they have to say, we encourage them and that helps them”. For the residents that choose to become involved in the Book Buddy programmes to support the children’s reading and understanding, a commitment to the programme is required and some of the residents do this consistently every single day that the children are there. Parents also view the residents as role models and Teachers, commenting

##### Observation

I observed a classroom based session with some residents helping the children to decorate their pumpkins. The children had all sketched the plan of their pumpkin face and one child became upset because it wasn’t working out as she thought it should. The Grandma sat next to her was incredibly supportive, patted her on the hand and said that she would help her. The child responded to her support and together they finished the pumpkin. The Teacher then singled them out at the end of the session and said “you two are a good team - well done” and you could see the sense of pride and achievement in both the child’s and the residents’ faces.

upon how their children learn from them and I certainly observed residents offering direction and support, praising the children when a job is done well and equally keeping them in check. Yet when you observe intergenerational sessions taking place, the teaching role is often reciprocal between the resident and the child, which is lovely to watch, with members of staff subtly supporting both the resident and the children during these interactions. These activities also give residents opportunities to use skills that otherwise may not be used on a regular basis such as writing, using scissors, working out number patterns, colouring or reading aloud which keeps their minds alert and these skills fresh. Children are often paired with

specific residents depending upon the needs of the child and the resident at the time and there is no doubt that the residents are good role models and teachers.

Many of the residents mentioned how much they enjoyed the telling of their own social history and how important this is to them in leaving some sort of heritage legacy behind them, especially if they have no grandchildren or see little of their own family. My observations confirmed that the children are certainly captivated by their stories and parents also commented during interviews upon the residents stories that the children repeated at home; Grandpa Bill's nose being frozen during a two mile walk to school in the winter when he was six years old was a firm favourite from Coffeyville. The residents remembering and sharing their own childhoods validates their importance as the story teller, as well as passing on cultural heritage to the children on site and as one Grandpa told me "these stories are important and if I don't tell them, who will?"

### **Observation**

One of my favourite observations was of a 'Mystery Game' which I watched in the classroom at Windsor Place, Coffeyville. With four residents in the room the Liaison Worker gives the children a clue about one of the residents or children such as 'this person used to be a maths teacher' or 'their Mum works at the Elementary School' and the children or residents have to guess who it is; this can be viewed **here**.

It is obvious that the game is played regularly and is a favourite for both the children and the residents as you can see the joy with which they both take part. You can see how much it means to the residents for their lives to be seen of value and they love the fact that the children know about their previous lives. What is particularly lovely to see is the Teacher in the film clip subtly reminding one of the residents at the end of the clip that it is their daughter that they are speaking of because the resident has momentarily forgotten.

### **The importance of skin-ship**

It has been a privilege to observe the mutual benefits that co-located care offers. One thing in particular stands out from my observations and that is the sheer joy that the residents experience when they interact with the children, whether just watching them, hand holding, or engaging in an activity, the residents faces light up when the children walk in to the room; it is clearly evident that the presence of children brings them happiness and improves their well-being. The importance of skin ship i.e. touch or non-verbal ways of connection, must not be underestimated in the beneficial effect that they can have upon participants health and well-being; "we forget that without nurture or and touch, or when locked in orphanages babies die. And adults falter...touch is primal, it helps us forge connections and construct a sense of self"<sup>14</sup>

Residents told me "They help me, they make me happy, they are so cheerful and smart", "I love the kids and I love coming every day, the children are full of beans, I read them stories, do puzzles and dancing and I like it when they climb on our laps". Staff told me anecdotes about residents not wanting to take their medicine because they wanted to be awake and focus on the children and one mentioned a non-verbal Grandma who never speaks but when she's outside with the children, will talk in short sentences commenting upon what they're doing. Connecting with the children regularly through the day changes the atmosphere within the home, they bring an innocence and an energy that makes the residents feel needed and loved and for those with dementia or Alzheimer's there's a connection at some level that brings the children and the resident in to the present to share a moment together.

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<sup>14</sup> <https://www.thetimes.co.uk/magazine/the-times-magazine/spinal-column-we-all-benefit-from-a-tender-touch>

## The role played by the environment in facilitating age to age programmes

### Planning an intergenerational environment

I specifically mentioned the importance of environment in my **blog**<sup>15</sup> whilst I was visiting Grace Living Centre in Jenks, Oklahoma and wrote “What works really well here is how the environment has been structured to bring both ages together as much as possible, such as viewing windows, raised gardening beds, room in the classes for wheelchairs and children having lunch at tables outside their classroom so that they can interact with the Grandmas and Grandpas as they move through the foyer to their lunch. The subtle planning considerations that have been given to these finer details allow intergenerational interactions to become an integral part of the ebb and flow of daily life for the residents and children”.

Creating an intergenerational environment really needs thought, not just in terms of size and space for wheelchairs but in how it can subtly bring generations together so that spontaneous interactions as well as planned activities can happen. In fact even before environments are drawn and planned, there needs to be a fundamental conversation between all partners around what their vision is, what are they trying to create, it is not as simple as placing a room within a building; it must be more than just a functional space to work well as an intergenerational space.



Windsor Place, Coffeyville – Classroom entrance

To create a sense of community and home, thought needs to be given first to the community that the residents and children come from, for example, in Windsor Place, Coffeyville, the front of the co-located classroom is painted to resemble an old fashioned mid-west schoolhouse and the entrance has a bell that is rung at the start of the school day. This simple feature works on so many different levels - the look and noise of the bell provokes memories for the residents of their school days and encourages them to come in to the space whilst the old fashioned image generates conversations with the students about the residents' social history and their childhood.

### The siting of accessible childcare/classroom space

The siting of the co-located space also needs careful thought to ensure that both ages are brought together formally and informally throughout the day. For example if a space was allocated in the centre of a building, where would the playground space be, would the day consist of walking to and fro from one space to another? This is not necessarily a disadvantage as there are huge benefits in families bringing children in to care home space and children having access to the whole facility, however consideration would have to be given to staff time in supervising the constant movement of children from one area to another. The practicalities of entering a secure space would also mean that staff would have to be on hand to receive children from parents or buses, and also oversee their departure, this may be an easier process if the children are located at the edge of a facility as the distance is reduced and the process is quicker. In ‘Uniting Wonder with Wisdom’ a guidance document created about the development of Windsor Place Age to Age programmes points out that “many parents and children may initially be uncomfortable with the nursing home environment, so making it more welcoming and accessible is important<sup>16</sup>”.

The childcare or classroom space for the children within the locations that I visited were a mixture of both converted and purpose built spaces and their environments all worked well in terms of promoting intergenerational interactions. To create a sense of community, viewing windows were placed in to the

<sup>15</sup> <https://intergenerationallearningthebenefitsofcolocatedcare.wordpress.com/>

<sup>16</sup> Uniting Wonder With Wisdom: An Intergenerational Classroom Replication Guide funded by Hulda B. and Maurice L. Rothschild Foundation.

walls of the classroom or in lounges adjoining playgrounds so that residents can watch the children work and play and wave to them or decide to join them. When visiting I noticed that residents access different



Windsor Place, Coffeyville – Classroom viewing window

types of intergenerational engagement for example some residents prefer to go in to the classrooms, some just come to exercise classes and equally some just love to watch and hear the children play outside, an accessible environment needs to facilitate all of these interactions. Classroom spaces should be big enough to enable the residents with wheelchairs to visit and take part and thought must be given to appropriate furniture for adults to be safe and comfortable when they visit, along with additional room for care home staff to support the residents' engagement.

### Outdoor areas

Outdoor areas need to be planned and considered along with access and security and these need to be an extension of intergenerational space. Whilst there is an obvious need for appropriate resources for children such as climbing frames, swings etc. thought should also be given as to where they are placed to ensure a safe environment for all ages. An intergenerational outdoor environment should be more than just equipment, it needs to be wheelchair friendly with wide paths and flat areas, raised planting beds designed for wheelchairs to slide under to enable both ages to garden together, seats placed together to encourage communication, natural areas of light and shade need to be included, along with resources that encourage playful interactions between the ages. Ideally residents should be able to access this space independently or supported by staff to do so and engage with the children at their preferred level i.e. just watching or joining an activity.

### Intergenerational spaces

A big arrival/greeting area is essential so that residents who wish to, can wait for children to arrive or to say goodbye to them as they leave. As an observer I felt that this routine was very important not only for the children to be warmly welcomed on their arrival but also for the residents who want to be part of this process. I spoke to a number of residents during my visits and asked how they felt having children on site



Grace Living – Musical exercise session

and one resident in particular stuck in my mind, she said that the only reason that she got up every morning was to greet every child as they arrived and to make sure that she was there to say goodbye to every child as they left so that “they knew that they were loved”; an environment that enables this to happen is crucial. Equally at the end of the day children are given time to choose a resident to share their news with or they may sing a song as part of their departure and a big space is needed to enable this to happen. Specific areas for combined activities should also be available within the environment so that residents and children can sit together, whether for book sharing, community lunches, exercise or other

activities. In all the settings I visited adult seating is used in these areas on the premise that children sit perfectly well on adult sized furniture at home. Time was specifically allocated during the day for more formal ‘Teacher led’ activities and these created opportunities for both the children and the adults to support and teach each other; this is a unique element of intergenerational practice that benefits both



ages. Where these areas are sited can determine how inclusive and attractive the activity is to others in terms of engagement.



Grace Living – Outside classroom area

In Grace Living (photo on the left) activities are often held outside the classroom in a big space so that residents passing by can first watch from a distance and then be encouraged by the Liaison Worker to actually join in along with staff or anyone else that just happens to be passing by. If this activity was held in a closed room or even in the classroom itself only a few residents would be able to engage and it would not be so inclusive. The environment in this instance creates a sense of community within the care home and offers the children rich learning opportunities in their engagement with others.

### Accessing all of the facility

It is also important that intergenerational spaces are not fixed with the children designated to just one part of the building with the feeling that you are crossing some sort of divide. Spontaneous interactions are incredibly rich and joyful because of the nature of the interaction and they can only happen outside of the co-located space. During my trip I witnessed dozens of moments when children were outside of 'their space' in the care environment (obviously accompanied) and how their presence drew residents out of their rooms and caused staff to stop and engage; children within care environments create joy and make everyone's day just that bit better. In Providence Mount in Seattle, there are shared spaces across all five floors of the facility for both ages to meet and interact and even the very youngest children are brought out and about. New children as part of their transition are taken out in to the facility in a buggy as a one to one with a member of staff so that they can be closely supported in viewing and understanding this very special environment. Then as they become more accustomed to it they can be trundled around in twos or threes to meet up with Grandmas and Grandpas in other parts of the building.



Grace Living – Children visiting residents

In most of the locations that I visited time was specifically planned in to the course of the day for groups of children to visit residents who may not be able to access intergenerational activities such as residents who are bedbound or in secure units and I particularly enjoyed watching these moments when children moved around inside the facility, not just because children are an attraction in themselves and they truly are, but in seeing how confident and at home the children feel, in an environment that most adults would not feel comfortable in at all.

Being part of an intergenerational programme becomes normal to the children and whereas as an adult I may see disability or impairment and residents living within a facility, the children don't, they just see Grandmas and Grandpas living in their home and the environment plays an important role in this.

## Training for intergenerational workers and intergenerational activities- (see case studies 8 -11 appendix 1)

As preparation for my trip I asked interested bodies within the UK what information would be useful to bring back to further the development of co-located settings in the UK. Two themes cropped up continually, one was training i.e. how are intergenerational staff trained and was a particular training programme used and the other was, does co-location and its unique provision, entice staff to join and also encourage them to stay?

With regard to training, I discovered that the settings I visited all trained staff in house around intergenerational best practice, starting with their induction process and then as part of an ongoing staff training plan. They did not use, nor were aware of, a specific intergenerational training programme but trained their own staff in response to the intergenerational needs that they individually felt needed addressing and their ideas, particularly around activities, have developed through trial and error. Both childcare and adult care staff work in similar ways with their clients and although in most of the settings I visited the staff work solely with one age group, they are expected and trained in house, to work sympathetically with the other age group and have a good understanding of their needs and a willingness to do both.

In the online survey (see appendix 3) out of nineteen staff replies, eleven staff members said that they received training in one group only and five in both age groups, (three people did not complete this section). The staff responses in the survey also confirm that they enjoyed working within co-located care:

- “I love the feel of a community and being a part of a programme that was able to build strong relationships with both children and the elderly. I was able to see the impact it made from both sides and how it made a difference in everyone’s life”.
- “I love working with both ages”.
- “I felt a part of two educational communities”.

From the responses in the survey as well as my interviews with staff, their dedication to their job is clear and also more importantly was the way in which they embraced the ethos of co-located care i.e. in the creation of a community that values each and every participant. When I visited Providence Mount, Marie Hoover, Director of the ILG, said that they employed people with ‘a good heart’ and I have seen this ethos reflected everywhere.

There is no doubt that the staff enjoy working in this type of care provision; in the online survey for example, sixteen out of nineteen people said that they felt happier working in an intergenerational environment and when asked why they said:

- “I think it is a beautiful experience to witness the [children] interact with the Grandmas and Grandpas...the intergenerational programme has really enriched my life”.
- “It was one of the most rewarding opportunities of my life”.
- “I really enjoy the work I am doing and the difference it makes in our community”.

When I interviewed staff I was overwhelmed by the love that they had for their work despite describing the work as ‘hard and often depressing’, but by bringing the children and elderly together they felt it created a happier environment to work in and one that gave them a great deal of satisfaction; “It makes me feel good to know that we are making a difference in both age groups”. Staff feel that the presence of children in their work place made their day more varied and the children, they felt, brought an energy in to the care home making the day more exciting and a happier place to be in. I often smiled to myself when I observed the children going out and about in the care home, because whatever they were doing, the staff passing by joined in, they couldn’t help themselves, whether it was dancing or exercising or painting pumpkins, they just joined in as part of their community.

When I spoke to employees about whether the intergenerational programme attracted them to work in the care home they were in, an overwhelming amount said yes. Many were attracted by the provision of childcare (often at a reduced rate) or school care for their own child on site, for some it was because they felt that this work benefitted their community or because it was more personally satisfying and for others because it gave them an opportunity to be part of an innovative provision that was truly inclusive. This type of programme, said one member of staff, who moved from another childcare provision to work in a co-located setting, “lays the ground work for accepting difference and I wanted to be part of it”.

For all of these reasons I would conclude that an intergenerational programme attracts employees and that once they start to work there, they are more likely to stay because their job feels so much more rewarding:

- “I like working for people that take the risk to improve care for the elderly”.
- “I love my job and have no desire to change jobs”.

Monte Coffman, the Executive Director of Windsor Place Coffeyville, has kindly given me permission to share his staff turnover chart from the last twenty two years (see appendix 4) and from this evidence he concludes that “employees are happier and do like having the children here. Our turnover of staff has dropped and has sustained. Every year we have employee’s children here, I definitely think it’s a draw for staff”.

What became increasingly obvious as my trip developed, was that the role of the Liaison or Activity Director (some settings had both) who work between the care home provision and the child care provision, was key to effective good intergenerational practice. It is their in-depth knowledge of both residents and children on a day to day basis that ensures that all the intergenerational activities, both spontaneous and those that are planned, are positive for both participants. Please see the following chart with regard to best practice suggestions for the Liaison role within an intergenerational setting; these suggestions were collated during interviews with those carrying out this role.

Equally, as good practice, you ideally need a teacher who values the elderly and can understand the nature of adult care so that they can work in harmony together.

### **Best practice for the role of Liaison/Activity Director**

Have time ring-fenced to enable them to carry out their role effectively

Be trained in medical conditions which affect the residents e.g. dementia

Personally know residents and have knowledge of any medical conditions so that on a daily basis they can decide which of the residents can participate and in what activity they can achieve good outcomes

Have a good relationship with the Teacher to gather the same information about the children and be the type of person that can take instruction from the Teacher

Have dedicated time in the classroom to get to know the children so that they can respect the Liaison's authority & have a rota system to ensure that all children have equal access to engage in activities

Be on the lookout to see if a residents capabilities change and if their skills should be better used elsewhere

Be able to subtly orchestrate intergenerational interactions so that each participant feels they have achieved and been recognised

Be involved in regular planning meetings with the teachers to discuss how to link intergenerational activities in to the children's curriculum

Involve children in setting appropriate ground rules around how they behave with residents and how they can treat the residents respectfully

Monitor residents behaviour to ensure that it is appropriate when engaging with children

Get to know parents well, possibly be involved in the drop off and collection of children to achieve this

Be aware that sharing information about participants should always be on a need to know basis only

Have sufficient knowledge of the environment and participants to ensure that everyone stays safe

Balance their role so that they have rapport with and the support of staff as well as management

Have clear schedules with changes on both sides communicated regularly

Be a champion and good role model for intergenerational practice and get to know and involve the community well



# Conclusion

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The aim of my Fellowship was to research intergenerational co-location within the US and to consider whether it could be replicated in the UK. My research explored how partnerships are developed, how facilities and environments are planned, how the early years curriculum is interpreted to be shared with residents through activities and interactions and the benefits that co-locating childcare or school classrooms within a residential care home has upon the participants, staff, families and the wider community.

Since my return I have thought about the many common factors that the UK shares with the US, these include:

- The way in which we now live our lives, has weakened the role of older people within our society, particularly in their capacity as teachers and role models
- That children have fewer opportunities to interact, understand and learn from a diverse range of people
- The way in which we separate elders, often living in isolation either at home or within a care facility
- That children are spending an increasing amount of time in school or in childcare, again often segregated by age
- That people are living longer and having less contact with each other
- That families, often ‘time poor’ and without the help of extended family, are less able to prepare children for transitions in to schools and as a consequence many children are personally, emotionally and socially behind their peers which impacts upon their ability to learn
- That Schools pressured by numbers and budgets, are unable to create extra space, whilst local residential care homes in a changing market may have room to spare

Prior to my Fellowship I had presumed that this innovative approach was only to be found in major cities but it thrives and works in rural towns in the mid-west.

I had presumed that that Federal or State policy would exist to help settings co-locate, with funds to develop new facilities, but this isn’t the case.

I had also presumed that an intergenerational ‘manual’ existed, covering policies, procedures and training, but it doesn’t. Yet, in spite of this and the lack of recognition and support from the US Government, in a culture of universal reduction in budgets for childcare, education and adult social care, intergenerational co-location is thriving and making a huge difference to those involved in it.

Co-located intergenerational learning programmes are now addressing these factors within their communities in the US, it therefore makes sense to give co-location serious consideration in the UK. Given the current focus in the UK around social mobility, closing the attainment gap, improving school readiness and a need to develop young children’s language and literacy skills, intergenerational care could make a significant contribution to this agenda.

Surely if it can thrive in the US, from the ‘bottom up’, imagine what could be achieved if in the UK it was supported from the ‘top down’.

**“I like things to happen, and if they don’t happen I like to make them happen.”<sup>17</sup>**

**Winston Churchill**

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<sup>17</sup> [https://www.brainyquote.com/authors/winston\\_churchill](https://www.brainyquote.com/authors/winston_churchill)

# Recommendations for intergenerational practice within the UK

## Recommendation 1

Further research which evidences the impact of intergenerational learning upon both ages should be carried out and widely shared to encourage investment and policy making within this area.

‘**Mixing Matters**’<sup>18</sup> published in Jan 2018 captures the growth of intergenerational learning within the UK and the vast array of models in which it is being delivered. There is no doubt that people are becoming increasingly aware of the benefits of this approach for the individual and for our society, but consideration should be given to how they can all measure and evidence their success.

A recent report from Age UK ‘**Making Intergenerational connections: an Evidence Review**’<sup>19</sup> points out that ‘intergenerational programmes are often seen as ‘nice to have’ rather than necessary. So in a time of restricted funds priorities turn to other more pressing needs’. After comparing a range of intergenerational programmes the review clarifies the conditions which are more likely to give good outcomes which will help agencies to focus where their limited money should be spent to make the most difference and this is good news for future planning. It would make sense therefore to ensure that as part of any new funded intergenerational programme that evidence based outcomes are always required and that a central body collate this information to share with others.

Ultimately however, we need to look to the longer established programmes such as those within the US to develop a way of evidencing the benefits that they see on a daily basis. Hopefully the longitudinal research currently being carried out in partnership with Windsor Place will demonstrate long term impact. This will be a step in the right direction which can then be shared at an international level.

## Recommendation 2

That co-location should be looked at in terms of creating satellite classrooms within residential care homes as well as for the provision of childcare.

Intergenerational co-location should not just be about childcare, but also about creating new opportunities to bring different ages together. Within the US, satellite Kindergarten (Reception) classes can already be found based within care homes, with the Elementary School site one or two miles away. Co-located classrooms would be a new and innovative approach within the UK and one which would require policy change and clear direction from the DfE and Government to enable co-location to respond to a local need.

The benefits of this are many:

**For children** - the opportunity to experience diversity and difference through building positive relationships with surrogate Grandma’s and Grandpa’s. Success would be measured through an improvement in their emergent reading skills (as part of a Book Buddy’ programme) as well as an improvement in their self-esteem and confidence.

**For residents** - an improvement in their health and well-being.

**For Schools** - additional space within school by moving nurseries and reception classes to an off-school site. The nurturing environment would positively impact upon the young children in terms of their social and emotional development, as well as the community with whom they would have better links.

<sup>18</sup> <http://unitedforallages.com/wp-content/uploads/2018/01/Mixing-Matters-United-for-All-Ages-paper-Jan-2018-.pdf>

<sup>19</sup> [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb\\_2017\\_making\\_intergenerational\\_connections.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_2017_making_intergenerational_connections.pdf)

### **Recommendation 3**

**Link residential care homes to early years provisions to consider how they can engage with each other on a regular basis.**

Linking care homes to early year's providers can be carried out in a variety of different ways, from care homes having regular visits from an early year's provider, to actually locating a nursery on site. There are other options as well for example as part of the EYFS Statutory Framework<sup>20</sup> fifty per cent rule Childminders can now work half of their time on non-domestic premises, so they could potentially work from a room inside a care home providing childcare for staff as well as daily engagement with residents.

Support could be offered from Local Authorities who could link Care Home Managers with their early year's providers to facilitate contacts through workshops or open days. Success could be measured through the new intergenerational programmes starting up within the community.

Clear guidance should be written setting out the processes involved in establishing a co-located setting in the UK, this would encourage the childcare and elder care sector to engage in conversations about joint working; the guidance should be applicable to all regardless of business model or size of venue and also look at the impact that this innovative way of working could have upon attracting and retaining staff as an incentive to participation.

A step by step setting-up guide could be created to ensure Ofsted and CQC compliance along with documents such as a shared agreement template, ideas for activities and intergenerational best practice etc. This process should include guidance on intergenerational best practice and the shared environment, to ensure that all interactions between residents and children (of all ages) are considered and positive.

### **Recommendation 4**

**Set up focused co-located projects within the UK specifically for young children whose learning is vulnerable, to determine the difference that co-location makes to their personal, social and emotional development in terms of their 'school readiness' and outcomes for learning.**

Consider linking Nurseries/Pre-Schools or Childminders with a high number of vulnerable two and three year olds to a local care home for daily contact with the residents. Use the Leuven Scales to measure levels of engagement and well-being to determine progress particularly in the Prime areas, specifically Personal, Social Emotional development (PSED) and Speech & Language.

The benefits would include: an improvement in children's speech & language and also an improvement in their confidence and self-esteem through developing relationships with surrogate grandparents who can give them time and attention. This would help them to become active confident learners ready for their transition in to school. Success would be measured through use of the Leuven Scales.

<sup>20</sup> [https://www.foundationyears.org.uk/files/2017/03/EYFS\\_STATUTORY\\_FRAMEWORK\\_2017.pdf](https://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf)

#### **Recommendation 5**

**Raise awareness of the benefits of intergenerational learning by incorporating information about this approach within childcare and adult social care modules as part of a recognised qualification.**

Raise the profile of intergenerational learning by including it as part of a nationally recognised qualification such as the Level 3 Diploma in Health and Social care (Adults) and the Level 3 in Childcare and Education (Children).

Introducing intergenerational learning as part of a care based education framework will support learners in understanding the positive health and social benefits which come from age-based interactions and encourage them upon qualifying and working in a care environment, to seek or establish intergenerational programmes.

# Appendices

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The following appendices are available with the supporting document:

***Appendices - Starting Young: Lifelong Lessons from Intergenerational Care and Learning, Lorraine George 2017***

- Appendix one
  - Fellowship locations and itinerary
  - Methodology
  - Case studies
  - Locations and URL's
- Appendix two
  - Examples of intergenerational timetabling, visits and activities
- Appendix three
  - Online survey & results
- Appendix four
  - Staff turnover chart from Windsor Place, Coffeyville
  - Grace Living Centre impact of Book Buddy Programme