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Uniting

Co-design of an integrated intergenerational model: Uniting generations through shared spaces

Final report
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Suggested Citation

Thanks & Acknowledgement

Introduction

This report sets out the findings from the research project to develop an Westmead, based on analysis of research data collected from November 2022 to May 2023, and a co-design workshop in July 2023.

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Research aims

This research set out to:

1. Complete a review of the relevant literature to understand what is already known about the impact of intergenerational care models on wellbeing and development outcomes for young children, older adults, other community members, and staff, and to distil the core elements of program implementation that are most influential in determining positive outcomes.

2. Create a Theory of Change, using a co-design process, bringing together researcher knowledge of the existing evidence, the practice wisdom of Uniting, and the lived experience of the young children attending the early learning centre, the older adult residents, and their families and staff members as co-designers, with mutual accountability and shared power and decision-making.

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Recommendations

We make the following recommendations:

1. Adoption of the Intergenerational Model of Care in Appendix 1. This incorporates these Principles of practice:
   o Build ongoing relationships
   o People need to be able to opt out or observe
   o Use many different spaces
   o Draw on the volunteer resource of independent living residents, but in a way that does not ask too much of them
   o People share their passions
   o Free play interactions that are carefully structured
   o Identify cultural knowledges present and build sharing and connection
   o Create mechanisms for ongoing feedback and design
2. Establishment of an intergenerational committee, including representation from Residential Aged Care, independent living residents, and Early Learning. This committee develops a program, plans the activities and implementation, and gathers and considers feedback.
3. Each activity has two nominated facilitators, one to bring an aged care perspective, and one an early learning perspective. The facilitators plan the details, encourage connection, and facilitate the event.
4. Activities are regular, and well publicised.

Research design & methods

The research uses a combination of focus groups followed by a co-design workshop. Ethics approval was obtained from Western Sydney University (approval number: H15089). It is worth noting that there is an associated research project (approval number: 14739) that will conduct interviews with residents in aged care. This has not yet been undertaken due to COVID restrictions and safe COVID practices in aged care settings over the last few years.

Focus groups	Theory of Change drafted	Co-design workshop
November 2022 – May 2023	June 2023	14th July 2023
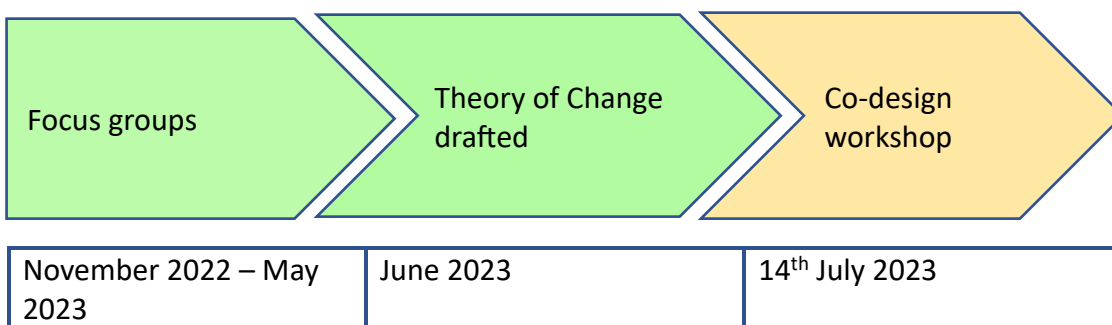
Focus groups

The focus groups were conducted in the period November 2022 to May 2023. Six focus groups were conducted with a range of stakeholders at Uniting Westmead. Written consent was obtained from all adult participants and from a parent or carer of the child participants. The child focus group was held in a familiar context to the children, in the Early Learning Centre. Children were free to leave the focus group and engage in other activities at any time. One researcher was consistently present across all focus groups, with either 1, 2 or 3 researchers in each focus group.

Those invited to focus groups were all staff across the Westmead Uniting Facility, volunteers at Uniting Westmead, parents of children in the Early Learning Centre, children in the Early Learning Centre, family members of aged care residents, and the Uniting leadership team. Most of the staff that attended the focus groups worked in the Early Learning Centre. Volunteers included residents of Independent Living apartments at Uniting Westmead, who had previously visited the Early Learning Centre to engage in activities with the children.

Focus group code	Participants	# participants	# researchers	Location
SV1	Staff and volunteers	7	1	Westmead Uniting
Children	Children at the Early Learning Centre	12	2	Westmead Uniting Early Learning Centre
SV2	Staff and volunteers at Westmead Uniting	3	2	Westmead Uniting
Parents	Parents and carers of children at the Early Learning Centre	6	2	Westmead Uniting
Leadership	Uniting Leadership	9	3	Online
AC family	Family members of aged care residents	1	1	Westmead Uniting
		Total = 38		

Table 1: Focus Groups

Co-design workshop

In the co-design workshop we:
- discussed and refined the draft Intergenerational Model of Care and the draft principles of practice,
- began development of an intergenerational program by considering the activities that were discussed in the focus groups, determining which spaces would be appropriate for these activities, and identifying practical requirements that need to be addressed.

There were 12 participants in the co-design workshop, from Uniting leadership, a family of an aged care resident, residents in independent living, and staff from the Uniting Westmead facility,

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including from aged care and the early learning centre. Four of these participants attended online. The online group left the workshop after the initial discussion of the focus group findings, and the group present in person developed the activity concepts. There were also four researchers participating, one from Uniting and three from Western Sydney University, one online and three in the room.

Literature review

The literature review was thematically conducted, retrieving publications relevant to challenge and/or support the analysis of the project's empirical findings. To prevent the study from being biased by particular theoretical or methodological perspectives, published research reviews were used as initial guides. Following Martins et al. (2019) we have taken the term 'intergenerational' to mean the involvement of non-adjacent generations who do not have a familial relationship. Publication selection and exclusion followed a hermeneutic process that moved in-between publications and themes, mainly addressing pre-schoolers, age care residents, and the impact of intergenerational programs. Former reviews in the field of intergenerational care were collected using Google's academic search engine, Google Scholar, and the university library database.

Research reviews

The primary search, applying the search words 'intergenerational program systematic review' resulted in 105 000 hits, showing a growing body of work on facilitating opportunities for intergenerational contact through shared space and programs. The search disclosed a prevalence of research addressing school-age children and youth. Among reviews including preschool children and theoretical perspectives within the field, three reviews were considered particularly relevant for our project – the review of Martins et al. (2019), Kuehne & Melville (2014), and Radford et al. (2018). The first was informative regarding both designs and outcomes. The second review was essential to get insights into the prevailing theoretical perspectives in intergenerational programs, while the third was considered highly relevant in this case due to its attention to pre-schoolers in Australia. In addition to the reviews, a comprehensive research protocol by Golenko et al. (2020) was also included as a relevant source, as it attends to organisational aspects of intergenerational programs, such as the impact on the organisation and how such programs can be designed, implemented and sustained.

Intergenerational programs and activities usually involve older adults of retirement age, together with younger adults such as college or university students, adolescents, children of school age, or infants and children under school age (Martins et al., 2019). Like the hits in our search results, Martins et al. (2019) reveal that children involved in these programs are likely to be school-aged children rather than infants and preschool children (Martins et al., 2019). While Martins et al. (2019) illuminate participant and stakeholder perspectives, Golenko et al. (2020) have looked into and identified key areas in need of further attention: the impact on older people and children; intergenerational learning; workforce development; socio-economic implications and costs; and program fidelity and sustainability.

The first and second reviews show that several authors have explored theoretical models underpinning intergenerational programs and activities, illuminating that much of the research does not actually identify an underlying theoretical framework (Kuehne & Melville, 2014; Martins et al., 2019; Vieira & Sousa, 2016). In cases where underlying theoretical positionings have been identified, these are diverse, including a wide range of perspectives such as contact theory, social capital theory, situated learning theory, empowerment theory, personality theory, human development theory and more.

Radford et al. (2018) examine intergenerational care models combining care for children and older adults. They identify three models in Australia for young children aged 0 to 5 and those over 65 that policymakers should consider. One is centre-based visitation, where young children and older adults are cared for in separate institutions, and one group visits the other. Usually, in this model, it is young people that visit older adults. However, this is more widespread outside of Australia due to the legislative requirements on childcare and preschools in Australia, making these visits difficult to organise. The second model is shared campus care, where the two institutions are on the same site. They may be co-located so that visits between the two are more manageable or may share a common space designed within the facility. The third model is a proposal by Radford et al. (2018) for a Family Day Care model where older adults and young children are cared for in the same household.

The reviews guided our reading and illuminated some central findings and tendencies within the field. We will here address the findings most relevant to our project and the discussion of the empirical findings of our study.

Findings and areas in need of attention

Based on the literature reviews, we can see that intergenerational contact, shared spaces, and contact appears to be expanding. This ranges from the design of public spaces, care facilities and housing (Henkin & Patterson, 2020; Kaplan et al., 2020) to formal school-based programs (Park, 2015). Uniting Westmead is a purpose built facility which is a shared campus between residential aged care, independent living and early childhood learning. Henkin and Patterson (2020) argue that having a shared campus is not enough, opportunities for the generations to connect must be actively provided in shared spaces. The literature revealed increased interest in intergenerational programs with preschool children in Australia (Cartmel et al., 2018; Radford et al., 2018; Rosa Hernandez et al., 2022).

Concerning theoretical perspectives, Vanderven (2011) notes the emergence of an intergenerational theory within life span theory, drawing on Erikson's concept of generativity. Generativity is a concern for nurturing and guiding the next generation, which is strong in mid-life. It takes the form of parenting activities and passing on the technical and cultural knowledge in a family, work or community context (Villar & Serrat, 2014). In later life, 'grand-generativity' is a more indirect form of generativity, less concerned with day-to-day nurturing but still concerned with 'caring for' and passing on knowledge and values to future generations with the beneficial effects of feeling loved and needed through the activity (Villar and Serat, 2014).

In their early exploration of the perspectives of children and older adults, their caregivers or family members, and staff (both aged care staff and early childhood educators), Heyman and Gutheil (2008) identified five key themes emerging from their qualitative work. The first was the emotion generated, particularly joy. The second was the challenges they identified to engagement. The other three were creating a family environment, building relationships, and that mutual respect and admiration is created. Successful intergenerational programs demonstrate benefits for both generations, promote awareness and understanding between generations, and embrace social and political problems relevant to the generations involved (Martins et al., 2019). However, there are mixed results about what these benefits are, in part due to the range of theoretical models underpinning the research.

Beneficial outcomes for participants have been identified for young children and aged care residents. Williams et al. (2012) found a positive effect for aged care residents in an intergenerational playgroup of changing attitudes to aged care and to child behaviour, increased intergenerational communication, reflections on childhood and enjoyment. Choi and Sohng (2018) found a significant increase in older adults' health-related quality of life, and a decrease in loneliness, depression, after an intergenerational program. In contrast, Low et al (2020) found no differences between aged care residents who participated in a program of activities with four-year-olds, and those who participated in usual activities, regarding quality of life, agitation and sense of community, but did find increased enjoyment of activities.

Research into outcomes for young children under school age initially focussed on whether their attitudes to older people improve as a result of the program, underpinned by contact theory. Bertram et al. (2018) found that four-year-old children associated older adults with being playful, and with dying. Although the perceptions of other generations held by older adults and college students in their study improved, the perceptions of the four-year-olds of older people showed little change. Heyman et al. (2011), on the other hand, found that preschool children who participated in an intergenerational program subsequently had more positive attitudes to older people, and perceived them as healthier, compared to a control group.

A number of studies have examined learning outcomes for young children. Choi and Sohng (2018) found that learning-related social skills among preschool children improved after an intergenerational program. Cartmel et al. (2018) have embarked on building an Intergenerational Model of Practice Framework for young children's learning. Their systematic review of qualitative literature uses Australia's Early Year's Learning Framework to analyse their findings, arguing that evidence-based pedagogy should be embedded in intergenerational care programs involving young children. Radford et al. (2018) argue that educational gains will be minimal without structured play, but could not identify an evaluation of intergenerational programs that examines the impact of either spontaneous or structured play. Other researchers have found that a balance in structure and spontaneity is required (Lux et al., 2020), with the building of relationships more important than overplanning the structure of tasks (Heyman & Gutheil, 2008).

The review of the literature found very little relating to intergenerational interactions between babies and older adults. An old study (St John, 2009) identified a socio-cultural exploration of a music making program for retired religious women ('Sisters'), and infants (3 to 16 months) with their caregiver, which stressed the importance of 'being with' each other and 'sharing in' the

music making (St John, 2009, p. 740). In practice, this meant that there were interactions between the babies and the religious Sisters, they were both involved in making music together, seating was arranged so that Sisters and babies were interspersed, with caregivers and babies able to move around to engage with those with limited mobility. Over time, ongoing relationships were built, enjoyment increased and the Sisters built an emotional connection to the caregivers. The activity of music was one that was important and familiar in the life of the Sisters, and the music sung and played were 'childhood chants and classic "oldies"' (p.741). St John (2009) discusses the importance of offering choices to participants in how they participate, because older people are in the process of losing independence and control over their lives, and infants are seeking increased independence and control. In addition, both generations may need more time to process information.

A particularly Australian contribution to the literature on intergenerational activities with young children is that of intergenerational playgroups, where parents and carers of children are also in attendance (Williams et al., 2012). One evaluation of such a playgroup considered the three attending generations, older adults, preschool children, and the parents and carers of the children (Rosa Hernandez et al., 2022). The aims of the playgroup were for children to develop their skills, parents to find peer support, and for older adults to reduce their isolation from the wider community. The themes around which the data was organised and discussed were learning from each other; appreciating the moment; connecting through play; and a sense of home and belonging. An evaluation of a similar program, which included older people with a degree of dementia, concluded that the playgroup provided meaningful engagement that fostered self-esteem, connectedness and friendship (Skropeta et al., 2014).

Stanley et al. (2021) address the sustainability of intergenerational playgroups through studying two intergenerational playgroups that have lasted for three years or more, finding three areas that contribute to sustainability. Firstly, there needs to be a mutual benefit to all stakeholders, children, parents, aged care professionals and residents. Secondly, strategies are required to encourage interaction and engagement, including welcoming people, good communication outside of the playgroups itself, being responsive to members' skills and interests, and choice of appropriate activities and room layout. Lastly, a skilled facilitator was important, someone able to make welcome three generations, move between structure and spontaneity in the programming, lead and step back, support others to build relationships, and be a champion of intergenerational practice. Kirsnan et al. (2022) discussed the facilitator role as vital, recommending that facilitators skilled at shifting between roles appropriately improve engagement, where these roles are supporting participants, initiating activities, role-modelling engaged behaviour, or re-focusing participants.

A body of work attends to organisational aspects of intergenerational programs, such as the impact on the organisation, and how such programs can be designed, implemented, and sustained. Lux et al. (2020) identified strategies for success, recommending encouragement of participation, supporting the developmental needs of the children and older adults, including emotional support, and intentional planning and facilitation. The latter includes such things as considering which children and adults might sit together, designing a balance between structure and spontaneity, and gathering participant feedback.

Williams et al. (2010) provide a number of recommendations including prior planning; establishing a resident playgroup committee; selection of an enclosed space with outdoor area and storage; communication with the people who will be involved, especially with regard to safety; appointment of a facilitator and giving residents particular roles; allowing interactions to be directed by participants and evolve over time; and provision of basic training for all staff in early childhood development and aged care. Their project resulted in the distribution of a pamphlet produced by a playgroup peak body, with guidance on how to set up an intergenerational playgroup (Playgroup Victoria, 2010). Whilst Uniting Westmead is not considering the establishment of a playgroup, these recommendations are useful to consider regarding planning, space, workforce requirements and the model of care.

Kirsnan et al. (2022) examine the key components that influence the level of engagement between children in childcare and aged care residents, where engagement is a combination of the length of time and quality of an interaction. Their study was over four sites, with 39 adult residents, 33 children, and 14 staff, using analysis of video recordings. They classify these components as participant characteristics; role of facilitator; type of activity; equipment; and environment. They found that engagement was highest when residents and children were paired, the facilitator was skilled and flexible, and activities were age appropriate and able to be done by all, together. Morita and Kobayashi (2013) also found that engagement was higher when an intergenerational program includes social activities involving playing games together, rather than residents observing or listening to children, and that enjoyment of the residents is also higher in these circumstances. The arrangement of people in the physical space is important. Outdoor or spacious environments that allow free movement improve interaction, but children may wander away outdoors if the activity is not appropriate (Kirsnan et al., 2022). Seating arrangement in a U shape rather than a circle allows better movement and engagement (Stanley et al., 2021).

Although some researchers exclude consideration of the participation of those with dementia (Park, 2015), a number of initiatives have successfully included this demographic. Radford et al. (2018) suggest that in some situations those with dementia should be screened out of participation, for example when aged care residents visit Early Learning Centres. Skropeta et al. (2014) report on the successful inclusion of those with mild to severe dementia in an intergenerational playgroup in the onsite café of an aged care facility. In this program, the leisure lifestyle co-ordinator promoted the playgroup and ensured that aged care policies and procedures were followed, diversional therapists facilitated interactions between the generations, and the playgroup facilitator was responsible for the activities and equipment. This suggests that including people with dementia may require the expertise of staff trained in recreational therapy and early learning to be involved, with clear responsibilities. Lux et al. (2020) also advocate for the inclusion of those with dementia. They found that children can be confused when those with dementia do not behave as they expect adults to do so, suggesting that children may need to be prepared for interactions with those with dementia.

The insights from the literature review regarding planning an intergenerational model of care are organised by the categories of: participants, physical spaces, learning, organisational and activities. Table two below sets out core elements within these categories that have been found to have an impact on outcomes.

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Category	Core element	Reference
Participants	Those with dementia can be included. This requires planning, staffing, and preparing the children for the behaviour they might encounter.	Skropeta et al. (2014) Lux et al. (2020)
Participants	The evidence base for including infants is sparse, but infants can also benefit.	St John (2009)
Participants	Having the same number of residents and children allows pairs to be formed, improving engagement.	Kirsnan et al. (2022)
Physical spaces	Consider both visitations between aged care residents and children, and use of shared space.	Radford et al. (2018)
Physical spaces	Outdoor or spacious environments that allow free movement improve interaction, but children may wander away outdoors if the activity is not appropriate. Seating at tables indoors where generations are not sitting interspersed with each other inhibits interaction. Seating arrangement in a U shape rather than a circle allows better movement and engagement.	Kirsnan et al. (2022) St John (2009) Stanley et al. (2021)
Learning	Design play activities embedded in an evidence based pedagogical model.	Cartmel et al. (2018)
Learning	Use elements of structured and spontaneous interactions.	Radford et al. (2018) Lux et al. (2020)
Organisational	Facilitators who are skilled at shifting between these roles appropriately improve engagement: supporting, initiating, role-modelling, or re-focusing.	Kirsnan et al. (2022)
Organisational	The commitment of facilitator and their manager is crucial. Appropriate skilled staff are required.	Stanley et al. (2021) Skropeta et al. (2014)
Organisational	Attend to legislative requirements.	Radford et al. (2018)
Organisational	Regular, long term contact has more impact.	Martins et al. (2019) Kirsnan et al. (2022)
Activities	Age appropriate activities are required, particularly for children. Mobility, physical condition and cognitive ability of the residents can limit their participation in some activities.	Kirsnan et al. (2022)
Activities	Paired activities which are less structured and more conversational engender high engagement, more enjoyment, and a bond can be established. Group activities are lower engagement, especially when the residents are just watching. High energy activities, especially, result in lower resident engagement. Individual activities like individual craft bring lowest engagement, higher when craft is done in a pair. Children are engaged by a number of activities with a short time spent on each.	Kirsnan et al. (2022) Morita and Kobayashi (2013)
Activities	Equipment and materials are essential. Familiar objects for children are helpful. Songs which both generations know improve engagement.	Kirsnan et al. (2022)

Table 2: Core elements in determining positive outcomes

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Findings

The findings from the research are set out below. First, we explore participants' views on the expected impact of a model of intergenerational care. Then, we propose eight principles of practice that can be used to guide the development of a program of activities that operationalise the intergenerational care model. Following this, we document the existing and proposed activities, identified by the focus groups, that could be elements of the intergenerational model of care at Uniting Westmead, while also noting some of the practical considerations that need to be explored in further detail. We then draw on these findings to propose a theory of change that articulates the goals of the intergenerational model of care. Finally, we set out a table of proposed activities, and recommendations for planning and implementation.

From our focus groups it was evident that some children and residents have been involved in intergenerational activities at Westmead Uniting. However, to date these have been organised on an ad-hoc basis. These events have been a useful exploration of what activities are possible, and what impact they have. This is an important stage in the development of the intergenerational model of care. Focus group participants also drew on their experiences in other settings, including in their own family, to explore the potential impact of intergenerational connection at Westmead. These findings articulate the perceived potential benefits of a more embedded intergenerational model of care. The expected impact of a model of intergenerational care has been organised around four themes: bridging the generation gap; building a Uniting community; meaning, purpose and joy; and learning and challenge.

Expected impact of an intergenerational model of care

Bridging the generation gap

> "so many little kids have no grandparents here. They don't have older people that are gonna give them a hug, or just sit on their lap." (SV2)

Bridging the 'generation gap' (SV1) was important to focus group participants. We heard that many children grow up without their grandparents, who are often overseas. This was corroborated in the focus group with children; for example, one child explained that 'my grandfather, he lives in India' (child). Many aged care residents never receive visits from children; even where grandparents live locally, parents might be too busy working to take children to visit their grandparents.

The different generations have limited opportunities to meet in the way that society is organised. A parent explained: 'we tend to see too much of compartmentalisation, they're segregated. And you've got this area for the elderly, this for the young, we need more integration, we need to make it easier for both of them [to meet]' (Parents). As a result, many children don't

spend time with older adults. One parent told a story that the first time her child had met a grandparent they were 'frightened' because 'that was the first time [they] had seen anyone old at all' (Parents).

Children spending time with older people was understood to be beneficial for both the children and the older adults: 'that relationship is quite special' (Parents). One way in which the relationship was special was that while parents may be busy, older people have 'time to sit down and listen to what [children]'ve got to say' (AC family). Describing what they did on a visit to grandparents overseas, a child described 'playing with them, cooking with them. I do everything with them. I usually play with them' (Children). The generations have 'different skills and communication' (SV1) and they each benefit from the other's perspectives and practices.

Building a Uniting community

"It models to me what I feel like community should be like: all the generations together, not each nuclear individual by itself" (Parents)

Creating opportunities for the two generations to make a connection with each other was situated in a wider vision of community, which was described as 'the philosophy of the village' (SV2). In this vision, 'everybody … get[s] engaged somehow, as part of the community' (SV2). In the leadership group we heard that: 'one of the main reasons I go to work every day is because of this great community that we have' (Leadership). For some participants, having children and older adults together in the facility was influential in their choice of facility: 'that's the reason why I joined Westmead in the first place, knowing … their vision of joining the two age groups' (SV1). Another example was provided of Independent Living residents actively choosing to buy a unit over the Early Learning Centre. The children notice the incidental contact driven by this proximity, saying of one resident 'he says hi from his house' (Children).

Some participants spoke about the benefit to children of having connections to others in a wider community: 'they need someone outside of their own family to bond with' (SV2). This was illustrated by one parent who recalled an activity day at the facility, with stalls, where their child wandered around, recognising and being recognised by residents. The child 'was so filled with confidence by having these relationships with people, it was really cool' (Parents). Some families did have grandparents involved in their children's lives, and saw further potential benefit in a wider community which included older people. One parent, who also worked (elsewhere) in early childhood, explained that an intergenerational program would support connecting children to community by creating an opportunity for children to act as citizens in their community. This, in turn, creates a sense of belonging for children.

This vision of community highlights the importance of a structured, ongoing program where long-term relationships can be built, and visits between the generations are predictable and regular, and planned. This would embed the vision for an intergenerational model of care 'in a real way, not just the one hour TV programme that you see. Something that is constantly here' (Leadership). The vision of community was explained as a foundational Uniting 'belief that an intergenerational campus and community can really provide a better quality of life, and

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particularly from the church perspective, we believe that everyone should be able to live life in full abundance' (Leadership).

Building on this view of community was a recognition that in Australia, and at Uniting Westmead, 'we all come from different perspectives and culture and faith' (SV1). Intergenerational activities could recognise and develop this rich cultural mix by, for example, sharing culturally grounded food, song and philosophy of life. One participant was interested in the opportunities for cross cultural communication, suggesting that this exploration could begin with simple questions like 'what do you call seniors in your culture?' (SV1). Whilst 'there's a rich mix of cultures in the Early Learning centre' (Parents), less was known about the cultural knowledges of the aged care residents, although there was a perception that this group was also diverse.

Related to the concept of living in community was the idea that people thrive when they are able to give something back to the community in which they live. This was articulated in this way by one volunteer:

> *"I think everybody needs to be needed. And so you know, if I had an hour to spare every week, and someone said to me, "we really need someone to come and tell the story to the kids in an interactive way, that will use your skills". Then immediately, I think, Oh, okay. Yes, I can use my skills (tick) two, they actually need me (tick). And three, I can give something of myself back to the village (tick). And four I might even like these little kids (tick)" (SV2).*

This connects to the following theme of creating meaning, purpose and joy.

Meaning, purpose and joy

> *"a sense of meaning, because a lot of [residents] say they're bored out of their brains with nothing to do. And when you come down with kids, you can interact sit on the floor with that's what I've seen, sit on the floor with them, and play games with them and the kids love it. I played with [a child in the early learning centre], we built a whole world of buildings. Because I like building." (SV2)*

This quote from a volunteer from Independent Living at Uniting Westmead illustrates how interactions between the generations can create a sense of meaning and purpose. It provides something to do to combat boredom, and pleasure is generated from the playfulness of the interaction. Furthermore, when the activity is focused on a passion that is important to the participants, it is even more valuable.

Happiness and joy were associated with intergenerational connection. A family member of a resident said of their relative's living area that 'you can hear the children laughing' (AC family). We were given this description of one event:

> *"we had a BBQ and we all gathered on the lawn, … We took 20 of our pre-schoolers up, and they brought the residents from residential aged care down. Oh, they just had a ball. We put on music, they did a few games and that the residents just sat there with just big smiles on their faces. They were just so, so happy." (Leadership)*

The two staff and volunteer groups, and the focus group with aged care family members, noted how older people might be bored, and that this can result in depression. In contrast, playing with children can 'make me feel good. You want to become a child again' (SV1). When discussing shared activities with their grandparent, the children most commonly named 'play' (Children). The respect generated in the interaction and relationship building also creates 'meaning and purpose in life' (SV2).

Three of the focus groups discussed the potential power of intergenerational connection for aged care residents with dementia. We were given an example, from another aged care setting, of how interacting with children could generate a response from people with dementia who usually did not engage with others.

> *"You'd watch people who were … nonverbal, or they were dysfunctional with dementia, and they'd have a kid on their lap, and they would get given a book purposefully upside down and around the wrong way and they would turn the book around, they'd move the hot cup of tea away from the kid and then they would read the book to the kid. That's absolutely amazing." (Leadership)*

Learning and challenge

"coming from, you know, the [Pacific] island[s] … we do things together all the time. And it's coming from a big family, as you know, all in one household. We do things together, so little children, I remember myself at a young age. I always follow and learn from my parents and my grandparents. Like, when we go to the plantation, with the spade and the shovel taking up to put potatoes in. They do it and then let us you know, follow them do the same thing. … or when they go fishing. We follow them and try to do the same. And now when I'm an adult and a mum now, I tried to do the same

Many participants spoke about how children learn from connecting and interacting with older people. As the children said, 'we were talking with them' (Children). Grandparents and residents 'share their knowledge and pass it down for future generations' (AC family), where 'old people love [doing] that' (AC family). Participants were of the view that children will learn to respect older people for their knowledge and experiences, and the sharing of that knowledge. In addition, interacting with older people provides children with an opportunity to understand other people's limitations. When asked if a resident had joined in a physical task, one child answered 'No. because they didn't try. Because they would fall down!' (Children).

A number of examples were given of what children might learn. These included learning about 'conversations and ethics … all the learning areas … socio, emotional, cognitive, empathy, social skill, care' (SV1), language development, or more specialist knowledge like engineering. More specific examples were that gardening could teach how to dig in the garden, pulling out weeds, and lead to improvements in vocabulary. One participant told us that when gardening with the children, one said: '"this is coriander" … Yes it was.'(SV2) Children can be introduced to new concepts with a 'cultural historical perspective to it' through story telling (Parents). If children are 'struggling with something they don't understand' (Parents) then they can benefit from hearing stories from older people.

Residents, too, can learn from children. In spending time with children, older people would 'find out what [children]'re interested in and what's the latest thing … [like] Smiggle' (AC family). Another example was given of residents being introduced to an Acknowledgement of Country through experiencing the Acknowledgement of Country used in the early learning centre. A further benefit for residents is being challenged to more physical movements by joining in the children's games, or accompanying them to play outside. For example: 'we were jumping in the flood and the residents got us' (Children).

As the quote at the beginning of this section demonstrates, passing on knowledge to children is intimately connected to cultural practices. Focus group participants discussed that parents can feel that their children are disconnected from family culture, particularly if they have migrated from overseas, and feel 'despair' that their children will not learn the cultural knowledge of the family (SV2). If the intergenerational care model could connect children and older people who

share a culture, where children might learn some of their own family's culture and language, 'parents would be ecstatic' (SV2).

The potential for intergenerational connections to play a role in supporting children to understand death and grief arose in discussions in the focus groups. Two examples were given of the death of a grandparent, two of the death of a resident, and two of the death of a pet. When a resident that the children had been corresponding with by letter during COVID restrictions did pass away, this loss was discussed with the children:

> *"it did open opportunities for those discussions. … it was interesting to hear the children's perspective about life and death. … So, yeah, it was a difficult conversation to have, because obviously I don't want to cause more anxiety in children, and worry. But at the same time, I know it is an important conversation to have."* (SV 1)

We heard that people with dementia might then remember and sing old songs, and nursery rhymes:

> "when you place a baby into their hands, they start smiling, and they start singing' (Leadership). One impact of this was on the family members, who 'could have them back for a while, and that's a real gift to give to the family as well." (SV2)

Children in the focus group were curious about death. In the child focus group we read a book about a boy that lived next to an aged care home (Fox & Vivas, 1989). One of the characters was 96, and one child asked, 'What if she dies when she is 100?' (Children). One of the parents also related how the children had responded to the death of a resident:

> *"I remember early on, one of the residents [had] recently died. And so there was lots of conversations in our house about you know, as you get older. The children wrote some cards, they wrote cards for the lady whose husband died. … and as you get older, what happens and how this lady might be feeling and so they would write a card and send it up and often would have conversations with her from her balcony looking down. So coming and checking in how she's going."* (Parents)

These examples demonstrated how relationships between children and older residents can create a context for children to ask questions about death, deal with emotions of grief and loss, and learn what to do to support others who are grieving.

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Principles of Practice

From the ways that people described the anticipated impact of an intergenerational model of care, the explanations that they gave of what they had seen occur on an ad hoc basis, and the motivations they described for intergenerational activities, we have developed seven principles of practice that can be used to guide the development of a program of shared intergenerational activities. Discussion in the co-design group added the eighth principle to this set.

The Principles of Practice	
1	Building ongoing relationships
2	People need to be able to opt out or observe
3	Use many different spaces
4	Draw on the volunteer resource of independent living residents, but in a way that does not ask too much of them.
5	People share their passions
6	Free play interactions that are carefully structured
7	Identify cultural knowledges present and build sharing and connection
8	Create mechanisms for ongoing feedback and design

Table 3: The Principles of Practice

Build ongoing relationships

In order to bridge the generation gap and build a Uniting community, it is important to build long term relationships between the generations. Activities should not be one off, ad hoc events. This was expressed as 'there has to be some kind of rhythm to that where they expect to see the same person again' (Parents) and 'it's important for the kids to know that someone will come back' (SV2). This requires on going and regular contact between children and residents, with the same children and adults involved over a long-term period.

People need to be able to opt out or observe

Participants were clear that both children and residents should be able to choose whether they wish to participate in intergenerational activities. One reflection was:

> *"I'm especially thinking about my elderly relative, because he gets more bad days and good days now. And so being able to opt out in a kind of just quiet, graceful way rather than be like, interrogated and just an opt in opt out last minute might be useful." (Parents)*

However, participants also recognised that both children and adults might need encouragement to join in: 'we just can encourage the child but we can't force the child to go...' (SV2). The parent with the elderly relative continued:

> *"But then also he's opting out all the time. I don't know man, just come along. You're isolating yourself now." (Parents)*

Strategies were suggested to overcome reluctance of children at the early stages when the residents are still strangers, or where particular children need support to be in new environment with new people. These strategies included making sure children are with a familiar caregiver; starting with small steps to build up confidence; create a social story to prepare people for what will happen, including photographs of new places and people.

For the residents, particularly given mobility considerations, it was important to structure activities so that they could participate in appropriate ways, which sometimes might mean sitting and observing children play. On the other hand, concern was expressed that the children may be used as entertainment to be watched by residents, rather than in a spirit of cultivating a reciprocal relationship. As an example, one independent living resident volunteer reflected that at an intergenerational BBQ they had felt as though the residents were 'watching the cute little kids' rather than joining in a shared activity.

> *"And so the role of observer I didn't like, and almost as though we were exploiting the little kids for our entertainment. And I felt very, very uncomfortable about that, and went off and had a coffee with my friend. You know, people were standing around saying, aren't they cute, and all of that, and I'm thinking, this is not what children are for, they're not for our entertainment. And I, I was actually, frankly, quite disturbed by that." (SV2)*

The volunteer's suggestion for how this could be done better was:

> *"if you're there, then get involved, you know, don't just stand around and observe, you know, so maybe you make little groups of things, and this little group is doing the passing the ball and this little group is, is creating the picture, and this little group is, is building a whatever. And this little group is, you know, pretending to make cakes or even making cakes or whatever Just so the adults there are committed to the kids. Not just using them as entertainment." (SV2)*

This points to a need find a balance where people engage to the extent that they wish, feel encouraged but not pressured to become involved, relationships are built over time, all are valued and respected, and the needs of different people are accommodated.

Use many different spaces

There are many different spaces in the Westmead Uniting facility. Many of these are communal spaces, some are tailored to specific people or activities. These include the aged care households, each with a kitchen, lounge and dining area, the purpose built early learning centre, a gym, the chapel, multi-functional rooms, a café and outdoor area. Parramatta Park is located close by, across the road. Many suggestions from the focus groups were that the children might visit the aged care households, or the aged care residents might visit the early learning centre. Different activities were seen as suitable in different places. For example, holding the babies was preferred, by educators, to be in the early learning centre where equipment such as change

facilities and bottles were close at hand. Sharing meals was an activity that could happen in the aged care households.

Other suggestions explored how communal areas could be utilized in intergenerational connection. Outdoor space was valued as a site for activities, as a nature based, day-to-day environment. The park was suggested for the beautiful, outdoor setting, but seen as requiring furniture for the older residents, and there was concern that the children would spread out and not interact. For this reason, a visit to the park was suggested for those in wheelchairs, and babies who would remain on rugs or in laps.

Communal spaces could become sites of both intentional connection, and more incidental encounters. Incidental encounters had happened in the café, for example as children were walking past on their way to an excursion:

> *"residents or elderly people are in the cafe [as we] pass [by and] it just brightens up [their day], you can see they smile like that. And yeah, some of them are more, you know, are happy to give a wave, some of them are a bit more chatty." (SV1)*

Alternatively, as suggested above, the café and outdoor area in the facility could be set up with a series of activity stations, where both generations do activities together.

Draw on the volunteer resource of independent living residents, but in a way that does not ask too much of them.

The staff and volunteer focus groups included participants who were resident at Westmead Uniting in the independent living units, who played a volunteer role in community activities, including at the early learning centre. It was noted that the volunteer base in aged care needed to be built up again, after the turmoil of the last few years.

> *"we lost a significant amount of volunteers that were really core to us being able to provide some of those extra pairs of hands where staff don't necessarily have the time because they're obviously delivering personal care services. So I think there's a piece of work there ... to reengage that source, which just actually helps enable some of these things to take place. (Leadership)*

It was evident that the role of the independent living residents was very important to the development and success of intergenerational activities: 'the impetus needs to come from independent living people, because they've got the overt skills and experience to draw on.' (SV2) Many of these residents have the skills, time and energy to volunteer, forming a rich base of knowledge and passion to draw on for intergenerational activities. This potential was recognised by the leadership team: 'that's where the church is at its best, is building community

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… how can we … ensur[e] that with very limited resources, we're getting the best impact from our volunteers and our wider community as part of this' (Leadership).

However, this model does rely on independent living volunteers taking on a significant workload. There should be ways to manage this commitment so that it suits the volunteer. For example, one participant commented 'I can do four or five weeks of [an activity], but don't ask me to do ten!' (SV2) The regularity of the activity needs to be balanced with what constitutes a reasonable commitment. One way of doing this is to have a few people involved in an ongoing activity: 'so if there were for example three people sharing a semester, that becomes a possibility.' (SV2) With this principle, too, a balance is required. This balance is between drawing on the rich knowledge of volunteers, whilst not overburdening them.

The literature review above drew attention to the need for skilled staff, with aged care and early childhood knowledge, and clear responsibilities, together with a requirement to adhere to policy, procedure and legislative requirements. Volunteers should supplement rather than replace this staffing requirement.

People share their passions

Activities that are structured around people sharing their passions will be more meaningful for those involved, and makes use of the rich base of skills and knowledge in the community.

> *"with [name of independent living resident] we did gardening and with that I think it's more like it's her interest doing gardening so I think in beneficial in both ways, that she's able to do something she loves at the same time children are learning from her about you know, gardening, looking after plants, taking care of the environment…"(SV1)*

In addition, both the aged care residents and the children have passions that can be identified and included in activities together. This can be the basis for residents to pass on skills and knowledge to the children.

Free play interactions that are carefully structured

A balance also needs to be found between structure and spontaneity. Structure is important so children and adults are prepared for what will happen. Staff in both aged care and the early learning centre would benefit from time to prepare and plan. However, participants in the Parents' focus group also explained that 'real experience' creates deeper learning and meaning for children. This means 'just talk about the things that are happening in the moment', create space for the unexpected, be in nature, 'and things just happen' (Parents). Relationships take time to build and grow organically, so the activities will also grow organically, within a structured framework.

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Unstructured free play is important, but does need some organisation around it. A way to do this was to create a space for children to make choices about engaging in activities, and not to have too many activities. Early learning educators are experts in how to structure activities in such a way as to do this. Aged care life is very planned, but it is important to also be spontaneous in intergenerational activities, within a safe, planned environment.

Identify cultural knowledges present and build sharing and connection

As discussed above, woven through the themes of the impact of intergenerational care, there are many cultures present at Westmead Uniting. These cultural knowledges are meaningful and valuable, and could be passed on to children. For those with dementia, being reminded of songs from childhood, which would also be embedded in people's cultural childhood, are powerful ways of creating connection and meaning. For these reasons, the content and activity of intergenerational connection should draw on a diverse range of sets of cultural and linguistic knowledge, and not be restricted to English language Anglo Christian cultures.

Create mechanisms for ongoing feedback and design

Feedback from residents and children should be obtained regularly, and used to review and improve the activity program. Some of the activities will be trialled, knowing that they might not be implemented in the best way the first time. Ongoing feedback can support improvements in implementation. Feedback is regularly received and sought from children and residents at the facility, and intergenerational activities are to be included in these processes.

Intergenerational model of care

The Intergenerational model of care (Table 4) is a theory of change for an intergenerational program of activities at Uniting Westmead. This model was drafted from the focus group findings, and discussed and refined in the co-design workshop.

Goals	Activities	The result of our actions
An intergenerational model of care where children, aged care residents, and independent living residents are connected across the Westmead Uniting community. **Staff, families and neighbours are also included in the community.**	We will actively facilitate connection between generations, with activities including: - Animals - Reading - Physical activities - Movie and popcorn - Singing - Cooking and eating together - Holding the babies - Looking at biographical photographs and sharing stories Early learning, aged care and facilities staff will work together to plan an ongoing program of activities, across multiple shared spaces	As a result, we will see: - Relationships between children and residents that generate joy, meaning and hope - Residents and children are stimulated through involvement in more activities - Children learn from the wisdom of residents, and residents learn from children - Residents and children have opportunities to give back to the community

Table 4: Uniting Intergenerational Care model Draft Theory of Change

Existing and proposed activities

The focus groups identified a number of existing activities, set out in table 5 below.

Types of activities	Examples of existing activities	Examples of proposed activities
Animal activities	Getting to know residents' dogs Visiting the chickens in the Early Learning Centre	Petting zoo visit
Arts and crafts	Construction / Science Technology Engineering Maths (STEM) activities Visually displaying children's art in shared spaces	Folk art Painting
Books and stories	Book exchange box	Story book reading Poetry group Communal library
Cooking and eating together	Sharing meals	Cooking Sharing cultural food Movies and popcorn Children having morning tea in the shared café space
Events	Open Day Barbecue	Pet zoo visit
Excursions		Going to the park, local museums, or the zoo
Gardening	At the Early Learning Centre	
Holding the babies		Aged care residents visit the Early Learning Centre to hold the babies, and/or help them get to sleep Babies visit the aged care residents
Letter writing	Correspondence between children and residents through letters, pictures and photographs	
Music	Carols in the chapel	Visiting residents in aged care and singing together Singing around a piano Finding and singing songs from different cultures Music morning tea where residents visit the babies
Physical activities	Stepping stones Ball throwing	Soccer drills Going to the gym
Sitting talking		Looking at photographs together Sharing cultural knowledge

Table 5: Existing and proposed activities identified in the focus groups

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A number of practical considerations were identified in the focus groups, but not discussed in detail. These included:

- Design activities suitable to a range of ability and mobility levels of both aged care residents and children
- Consent of residents and children to participate in the activities
- Safety of children and residents, including physical safety and COVID safety
- Group sizes
- Planning which residents and children would participate in which activities
- Preparing children to visit aged care residences where there may be people with dementia who are sometimes distressed
- Having clarity around the extent of the commitment for independent living volunteers
- Staffing requirements
- Insurance arrangements

In the co-design workshop, the activities identified in the focus groups were used to create a set of activity cards. These, together with a set of people cards, were used in a design process with a map of potential spaces loosely based on the Uniting Westmead floor plan (see Appendix 2). Small groups worked with the activity and people cards to discuss in more depth than the focus groups how the activities would be designed, who would participate, what the activity would be, and where it would take place. The groups also considered the practicalities identified on the focus groups and the literature review. They recorded their discussions on an activity sheet template (see Appendix 3), one for each activity that they considered. A summary of these activity sheets is shown in Table 6. This summary can be used as the basis for developing a program of intergenerational activities.

For all activities that are developed, the following were identified as required:

- Consent by parents required for incursions/ excursions, and for photographs to be taken.
- There is no obligation if children want to opt out.
- Making sure resources are sanitized regularly and wipes are available.
- Adequate staff to supervise both children and residents are required.
- Adequate insurance arrangements.

Following discussion in the co-design workshop, the following recommendations are made:

- Establishment of an intergenerational activity committee, including representation from Residential Aged Care, independent living residents, and Early Learning. This committee develops a program, plans the implementation, and gathers and considers feedback.
- Each activity has two nominated facilitators, one to bring an aged care perspective, and one an early learning perspective. The facilitators plan the details, encourage connection, and facilitate the event.
- Activities are regular, and well publicized.

What	Who and Where	Considerations
A regular series of events	In the outdoor shared space, where everyone is welcome	Open Day – a community gathering that includes singalong games, connecting with other people and making new friends.
		Gardening - Get your hands dirty, talk about the benefits of having a good environment, plant seeds and watch the plant grow.
		A maze activity - with each child paired with a resident to navigate the maze. We can use rope and witches' hats to make the maze.
		A smoking ceremony - develop relationships with local Aboriginal community with a view to engaging an Elder and their community to conduct a smoking ceremony, perhaps in Reconciliation Action Week or NAIDOC week.
		A morning tea for apartment residents to bring their pets to meet the children from early learning and aged care residents. The children are to be supervised by the Early Learning Centre staff. The aged care residents are to be escorted by the residential aged care (RAC) staff. Perhaps also invite parents of Early Learning Centre children, and Home Care supported clients. Risk assessment is required by both Early Learning Centre and RAC.
		Builder themed events - to connect with Stage Two construction created an educational program for residents, clients and children.
		Reading stories - seating arrangements to be reviewed for both residents and children. Encourage small groups of eight to 10 children with two residents. Plan small group conversations or activities around the books that are read. For example: adults read the book and the kids dress up and draw pictures; talk about the story and what was their favourite part. Ensure care is taken of residents' medical equipment and conditions.
Animals	In the outdoor area in the regular series above, or in the park, or by the chicken coop.	Animals bring happiness in people's life. They are good friends to people, and interactions with animals connect people Use existing animals on-site, for example the chickens, or animals belonging to residents. Make sure the animals can cope with many children present, taking into account the type of animal and its risk and harm for children. Perhaps third party animal providers could be used.
Letter writing	Residents and children do this whenever is convenient and deliver the letters to existing letterboxes.	Encourage young and old people to write letters, make their own cards, walk to the letterbox. Draw on the cards, or write about things you like and send it to your Uniting friends.

Music	Residents and children in the chapel or the independent living unit Community Room	A singalong to a selection of greatest hits, e.g. Gerry and the Pacemakers, The Rolling Stones, The Beatles. Use an electric piano.
Movies	In the community/ multipurpose rooms, with independent living residents, aged care residents and children	Have a short movie, then facilitate interactions around having a conversation about the movie, e.g., What have you learned from the movie? Is it safe to act like that at home? Create small groups. Popcorn could be something to look forward to but could be messy. Select short videos, that will appeal to young and old, for example, Bluey or Peppa Pig or Paw Patrol. Carers of aged care residents and children also attend.
Looking at photos together	Children, aged care residents and independent living unit residents in the chapel	Children can bring pictures they draw and talk about them. Show family albums, which will benefit both generations to reminisce.
Cooking	Residents and children aged four and five in the early childhood centre in the kitchen.	Easy recipes, for example Madeline biscuits, birthday cakes, or food linked to celebrations such as Divali, the Festival of Lights.
Craft	Independent living and residential care residents and children.	Split face portrait - this is a half photo, half drawing self-portrait, art which is easy and fun. Painting on rocks. Folk art – painting on wood.
STEM (science, technology, engineering and maths) activities	Independent living residents and older pre-school children, in the building area.	Participation by children or demonstrating by the volunteers. Up to eight children in a group up to two groups. Age-appropriate activities. The staff select appropriate children for the activity. Planning decisions include whether the activity is on a regular basis or ad hoc.

Table 6: Activities planned in the co-design workshop

Appendix 1: Intergenerational Model of Care

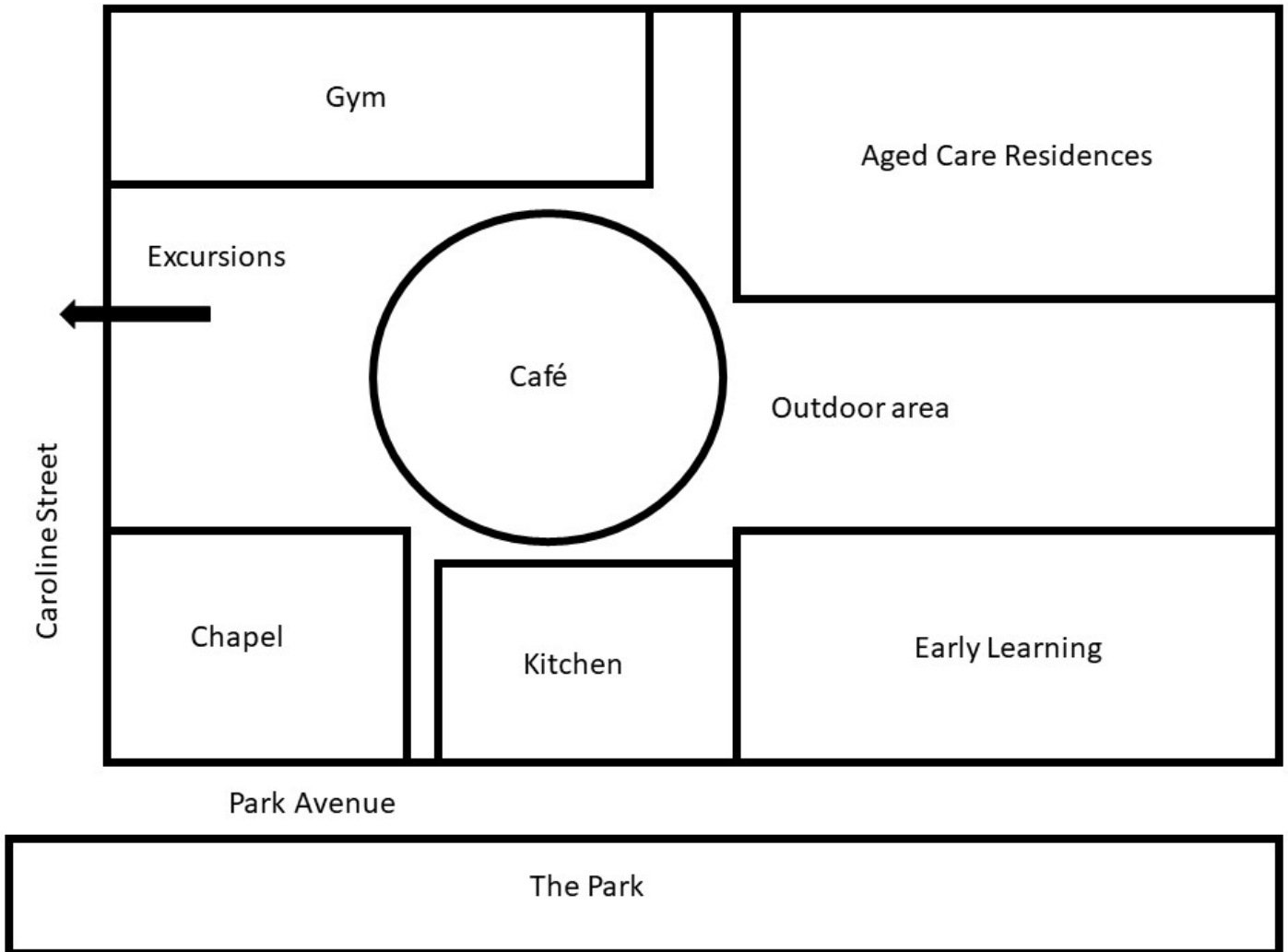| Goals	Activities	The result of our action
An intergenerational model of care where children, aged care residents, and independent living residents are connected across the Westmead Uniting community. Staff, families and neighbours are also included in the community.	We will actively facilitate connection between generations, with activities including: 　　　　Animals 　　　　Reading 　　　　Physical activities 　　　　Movie and popcorn 　　　　Singing 　　　　Cooking and eating together 　　　　Holding the babies 　　　　Looking at biographical photographs and sharing stories Early learning, aged care and facilities staff will work together to plan an ongoing program of activities, across multiple shared spaces	As a result, we will see: Relationships between children and residents that generate joy, meaning and hope Residents and children are stimulated through involvement in more activities Children learn from the wisdom of residents, and residents learn from children Residents and children have opportunities to give back to the community

Principles of Practice
- ❖ Build ongoing relationships
- ❖ People need to be able to opt out or observe
- ❖ Use many different spaces: communal areas such as café and gym, Aged Care, Early Learning, and places external to the facility.
- ❖ Draw on the volunteer resource of independent living residents, but in a way that does not ask too much of them.
- ❖ People share their passions
- ❖ Free play interactions that are carefully structured
- ❖ Identify cultural knowledges present and build sharing and connection
- ❖ Create mechanisms for ongoing feedback and design

Appendix 2: Co-design board

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Appendix 3: Activity sheet template

Who?	
Where?	
What?	
Practical considerations **Eg:** • **Design activities suitable to a range of ability and mobility levels of both aged care residents and children** • **Consent of residents and children to participate in the activities** • **Safety of children and residents, including physical safety and COVID safety** • **Group sizes** • **Planning which residents and children would participate in which activities** • **Preparing children to visit aged care residences where there may be people with dementia who are sometimes distressed** • **Having clarity around the extent of the commitment for independent living volunteers** • **Staffing requirements** • **Insurance arrangements**	
Other considerations or questions to be answered	

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